

DATE: _____ TIME SEEN: _____ on arrival RM: _____ EMS Arrival
 TRANSFER FROM: _____ see transfer record
 TREATMENT PTA: by patient EMTs paramedics _____
 aspirin nitro O₂ lasix albuterol tx defib X _____ cardioversion
 epi X _____ atropine X _____ vasopressin amiodarone IV / IO _____
 HISTORIAN: patient spouse paramedics _____
 ___ HX / ___ EXAM LIMITED BY: _____
 unable to obtain

HPI

initial complaint(s): collapsed found unresponsive dyspnea
 chest pain abdominal pain back pain

onset / duration: _____ min / hrs / days ago
 down-time before ACLS: _____ minutes unknown

timing: still present improved _____
 intermittent episodes lasting _____ occurred _____ times
 return of spontaneous circulation at scene en route _____

context:
 arrest witnessed bystander CPR _____
 trauma: yes no maybe _____

initial findings: by paramedics / EMTs

mentation	respirations	pulse	rhythm
unresponsive	none	none	asystole
lethargic	agonal	weak	Vfib / Vtach
alert	normal	strong	PEA tachy / brady
			sinus _____

HR _____ BP _____ Glucose _____ mg / dl

associated symptoms:
 nausea / vomiting _____ palpitations _____
 sweating _____ cough blood / sputum _____
 shortness of breath _____ weakness / dizziness _____

ROS

CONST recent illness / fever _____ recent injury _____	EYES problem with vision _____
MS neck / back pain _____ calf pain (R / L) _____	ENT sore throat _____
LYMPH ankle swelling (R / L) _____	SKIN rash _____
GI abdominal pain _____ black stools _____	ENDO recent weight change _____
GU problems urinating _____ LNMP _____ preg post-menop _____	NEURO headache _____ fainting _____
<input type="checkbox"/> except as marked positive, all systems above reviewed and found negative	PSYCH anxiety / depression _____

• CVS / RESP / GI / NEURO components also addressed in HPI

PAST HX ___no chronic diseases *ACS risk factors

*cardiac disease Afib CAD CHF MI	CVA / TIA deficit (R / L)
*diabetes Type 1 Type 2 _____ diet / oral / insulin _____	GI disease _____ GERD peptic ulcer GI bleed
*hypertension _____	gall stones hepatitis pancreatitis
*hyperlipidemia _____	immunocompromise _____ HIV malignancy steroids transplant
DVT / PE risk factors: cast cancer _____ recent surgery leg swelling bedridden _____ paralysis prior DVT/PE _____	kidney disease / dialysis _____ lung disease _____
TAD / AAA risk factors: _____ pregnancy connective tissue dz _____ Marfan's Ehlers-Danlos _____	asthma COPD pneumothorax _____

___old records reviewed / summary: _____

Surgeries / Procedures ___none

cardiac bypass _____	cholecystectomy _____
cardiac cath / stent _____	appendectomy _____
pacemaker / ICD _____	hysterectomy _____
stress test _____	dental work recent _____
CT / MRI / ECHO _____	

Immunizations: influenza / pneumovax UTD / referred to PCP

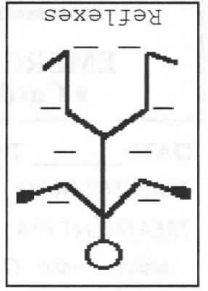
Medications ___none see nurses note aspirin within 24 hrs coumadin clopidogrel BCP's _____	Allergies ___NKDA see nurses note _____
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SOCIAL HX smoker ___ppd / never / past / quit: _____ ago
 tobacco: use / dependence _____ nicotine: use / dependence _____
 drugs _____ alcohol (recent / heavy / occasional) screening _____

FAMILY HX *CAD (under 55 / over 55) DVT/PE AAA/TAD

Circle positives, backslash negatives, check normals

6230.184.07-18



NEURO

_____ pupils reactive

_____ unresponsive / agitated / confused
 _____ pupils fixed, dilated
 _____ unequal pupils
 _____ size- R _____ mm L _____ mm
 _____ no motor responses
 _____ abnormal response to pain
 _____ withdraws flexion extension
 _____ Babinski reflex (R/L)
 _____ reflexes absent

HEAD / NECK

_____ pharynx clear

_____ head trauma
 _____ c-spine tenderness
 _____ tracheal deviation

ABDOMEN / GU

_____ soft, no mass

_____ distension
 _____ hepatomegaly / splenomegaly
 _____ mass
 _____ guarding: generalized R U Q L U Q L U Q

CVS

_____ spontaneous pulse present

_____ no spontaneous pulse (R/L)
 _____ chest compressions
 _____ pulse w/ CPR: none poor good
 _____ heart sounds absent
 _____ irregularly irregular rhythm
 _____ extrasystoles (occasional / frequent)
 _____ JVD present
 _____ murmur grade _____ /6 sys / dias
 _____ gallop (S3 / S4)

RESPIRATORY

_____ breath sounds equal bilaterally
 _____ lungs clear

_____ no spontaneous respirations
 _____ bag-valve-mask in use
 _____ ET tube / bag-valve
 _____ agonal respirations
 _____ decreased breath sounds (R/L)
 _____ wheezes / rales / rhonchi (R/L)

General Appearance

_____ no evidence of trauma

_____ unresponsive

PHYSICAL EXAM - INITIAL

Nursing Assessment Reviewed Vitals Reviewed
 _____ V/S BP _____ HR _____ RR _____ Temp _____

PROCEDURES & INTERVENTIONS

_____ CPR
 _____ intubated by: ED physician
 _____ with # _____ ET tube curved / straight blade nasal / oral
 _____ Premedication: _____
 _____ RSI etomidate succinylcholine vecuronium
 _____ Post-intubation- breath sounds equal
 _____ Pulse Ox: _____ End-tidal CO₂: good color change
 _____ central line placed _____ estimated blood loss _____ mL
 _____ sterile barrier technique chlorhexidine femoral
 _____ right / left internal jugular subclavian
 _____ ultrasound guidance: sterile technique
 _____ pacemaker external / transvenous
 _____ defibrillated x _____ cardioverted

INITIAL RHYTHM - in ED

_____ asystole
 _____ V. Fib
 _____ tachy / brady
 _____ sinus rhythm
 _____ heart block 1° 2° 3°
 _____ V. Tach
 _____ rate= _____
 _____ A. Fib

SKIN

_____ no rash
 _____ intact

_____ pallor
 _____ cyanosis
 _____ dependent lividity
 _____ pressure ulcer: location _____
 _____ depth / stage: 1 2 3 4

BACK

_____ no signs of trauma

_____ lividity present

EXTREMITIES

_____ no signs of trauma

_____ rigidity
 _____ pedal edema (R/L)

Circle **positives**, backslash ~~negatives~~, check **normals**

6230.184.07-18

Template Complete See Addendum (Dictated / Template # _____) MD / DO

CARDIOVERSION

Procedure discussed with Patient / Guardian and consent obtained.

cardioverted at _____]
 post cardioversion rate _____
 post cardioversion rhythm _____
 NSR _____ a-fib _____ a-flutter _____ V-tach _____ V-fib _____

INTRAVENOUS LINE

estimated blood loss _____ mL

intraosseous line placed _____ -gauge / fr line Betadine prep
 anesthesia _____ mL local lidocaine / bupivacaine
 position- sternal tibia R / L _____

CENTRAL LINE

estimated blood loss _____ mL

central line placed _____ -lumen _____ -gauge prep: chlorhexidine
 maximum sterile barrier technique U/S assisted: sterile technique
 anesthesia _____ mL local lidocaine / _____
 position- R / L subclavian internal jugular (post / ant / inf approach) femoral
 secured good blood return position confirmed on CXR

INTUBATION

intubated with # _____ ETT curved / straight blade nasal / oral
 preoxygenated / premedicated
 placement confirmed by: auscultation CXR placement corrected

PROGRESS - Continued
 Also see CPR Flow Sheet
 Time _____
 unchanged improved re-examined