EMERGENCY DEPARTMENT PHYSICIAN'S RECORD

PATIENT'S NAME: _____ **DATE OF BIRTH:** _____ **AGE:** _____ **SEX:** M / F

INFORMANT: []patient []spouse []sibling []interpreter []other: _____ []Family present []No history available

DATE: _____ **TIME:** _____ **PATIENT'S PHYSICIAN:** _____

PRESENTATION

CHIEF COMPLAINT / PRESENT ILLNESS CC1 Location CC2 Quality CC3 Severity CC4 Duration CC5 Timing CC6 Context CC7 Modifying Factors
CC8 Associated Signs And Symptoms []CC9 Status of three or more chronic or inactive conditions documented.

[]Nursing Record and Vital Signs Reviewed

[]See Physician Continuation Notes

TREATMENT

(T1A)**LAB / (T1B)X-RAY / MEDS, & TREATMENTS**	**ORDERED/DONE/COMPLETED**	(T2)**ANALYSIS AND RESPONSE**
(T1C)[]EKG []CARDIAC MONITOR		
[]CXR []ABD XRay		
[]CBC		
[]LYTES []RENAL []GLUCOSE		
[]LIVER		
[]AMYLASE/LIPASE		
[]U/A []FOLEY		
[]CARDIAC ENZYMES		
[]IV		
[]IV		
[]O2 []ABG (T3)[]OLD RECORDS (also see PH2)		(T4)[]DIRECT VISUAL & INTERPRETATION IMAGE, TRACING, SPECIMEN

(T5)PHYSICIAN CONSULTATIONS: _____ (T6)[] Discussion with radiologist (T7)[] Discussion/History with family

(T8)NOTIFICATION: []Social services []Protective services []Justice of the peace []Animal control []Poison control []Law enforcement []Patient representative

DIAGNOSIS

DIFFERENTIAL DIAGNOSIS: _____

DIAGNOSIS	**STATUS**	**DIAGNOSIS**	**STATUS**
1.		4.	
2.		5.	
3.		6.	

STATUS: (A) Improved **(B)**Well Controlled **(C)**Resolving **(D)**Resolved **(E)**inadequately Controlled **(F)**Worsening **(G)**Failing to change as expected.

DISPOSITION

Prescription(s): _____

_____

Other: _____

[] Instruction Sheet Given On:

[] Released [] Admitted [] Observation [] DOA []Expired [] AMA

[] Follow up with (physician/specialist) on: [] Return to Emergency Department if any problems before follow up.

[] Transferred to: _____ by Private Car / Ambulance / Helicopter / Other.

Attending/Staff Physician notified of disposition: [] Yes [] No Name: _____ Time: _____

Discharge: Date: _____ Time: _____ **Condition**: []Stable []Good []Fair []Poor []Critical

Method:[]Walk []Carried []Crutches Wheelchair []Stretcher **Accompanied by**:[]Self []Family []Friend []Parent []Other: _____

_____ _____ _____

Print Physician's Name Physician's Signature Date

MEDICATIONS: []See Other Notes

ALLERGIES: []No Known Allergies []See Other Notes

CARDIOVASCULAR - P H Y S I C A L E X A M - CARDIOVASCULAR

(any 3 of A1 to A7 counts as 1 element)

!A CONSTITUTIONAL A! []See Other Notes

A1 **SITTING BP** _____ / _____ **STANDING BP** _____ / _____ A2 **SUPINE BP** _____ / _____

A3 **P** _____ A4 **R** _____ A5 **T** _____ (C / F) A6 **HT** _____ A7 **WT** _____ (lbs / kg)

A8 **GENERAL APPEARANCE:**

A9 COMMUNICATION ABILITY: Quality of Voice:

B HEAD AND FACE B []Normal

B1 INSPECTION HEAD & FACE:

B2 PALPATION/PERCUSSION FACE: []sinus tenderness

B3 SALIVARY GLANDS:

B4 FACIAL STRENGTH:

C EYES C []Normal

C1 VISUAL ACUITY:

C2 VISUAL FIELD:

C3 OCULAR ADNEXAE: Lids: Lacrimal Glands & Drainage: Orbits: Lymph Nodes:

C4 **CONJUNCTIVAE & LIDS:** []xanthelasma

C5 PUPILS AND IRISES: Shape: Reaction: Size: Morphology:

C6 OPTHALMOSCOPIC EXAM: []C12 done without pupil dilation

C7 OCULAR MOTILITY: Primary Gaze Alignment:

C8 SLIT LAMP EXAM CORNEAS: Epithelium: Stroma: Endothelium: Tear Film:

C9 SLIT LAMP EXAM ANTERIOR CHAMBERS: Depth: Cells: Flare:

C10 SLIT LAMP EXAM LENSES: Clarity: Anterior & Posterior Capsule: Cortex: Nucleus:

C11 INTRAOCULAR PRESSURE:

C12 DILATED PUPILS OPTHALMOSCOPIC EXAM:

C12a OPTIC DISCS: Size: C/D Ratio: Appearance:

C12b POSTERIOR SEGMENTS: Retina: Vessels:

D EARS, NOSE, MOUTH AND THROAT D []Normal

D1 EXTERNAL EARS & NOSE:

D2 OTOSCOPIC: Pneumo-otoscopy:[]normal tm motility

D3 HEARING: Whispered Voice: Finger Rub: Tuning Fork:

D4 NASAL EXAM: Mucosa: Septum: Turbinates:

D5 **LIPS, TEETH, GUMS, & PALATE:**

D6 **OROPHARYNX:** []pallor. []cyanosis. []normal moisture. Oral Mucosa: Tongue: Tonsils:

D7 PHARYNGEAL WALLS AND PYRIFORM SINUSES:

D8 MIRROR EXAM OF LARYNX: Epiglottis: Vocal Cords: Mobility of Larynx:

D9 MIRROR EXAM OF NASOPHARYNX: Mucosa: Adenoids: Eustachian Tubes: Posterior Choanae:

(mirror exam not required in children)

E NECK E []Normal

E1 NECK:

E2 **THYROID:** E3 **JUGULAR VEINS:**

!F RESPIRATORY F! []Normal

F1 **LUNG AUSCULTATION:** []normal breath sounds []rales []rhonchi []wheezes

F2 **RESPIRATORY EFFORT:** F4 CHEST INSPECTION:

F3 CHEST PERCUSSION: F5 CHEST PALPATION:

!G CARDIOVASCULAR G! []Normal

G1 **PALPATION OF HEART:**

G2 **AUSCULTATION OF HEART:**

G3 **PERIPHERAL VASCULAR SYSTEM:** []edema []varicosities []tenderness Pulses: Temperature:

G4 **CAROTID ARTERIES:** []no bruits G7 BLOOD PRESSURE: RT LEG LT LEG

G5 **FEMORAL ARTERIES:** G8 **ABDOMINAL AORTA:**

G6 **BLOOD PRESSURE:** RT ARM LT ARM G9 **PEDAL PULSES:**

Problem Focused: one to five elements. Expanded Problem Focused: at least six elements. Detailed: at least twelve elements

Comprehensive: at least one element from each systems/body areas and all elements in systems/body area identified with "!".

H CHEST (BREASTS) H []Normal

H1 APPEARANCE:

H2 PALPATION BREASTS & AXILLAE:

!J GASTROINTESTINAL (ABDOMEN) J! []Normal

J1 **ABDOMEN:** []no masses []nontender []normal bowel sounds

J2 **LIVER & SPLEEN:** []not enlarged

J3 HERNIA: []absent []present

J4 ANUS, PERINEUM, & RECTUM:

J5 **STOOL OCCULT BLOOD:** []negative []positive

K GENITOURINARY K []Normal

MALE

K1 ANUS & PERINEUM INSPECTION:

K2 SCROTUM:

K3 PENIS:

K4 EPIDIDYMIDES:

K5 TESTES:

K6 URETHRAL MEATUS:

K7 DIGITAL RECTAL

K7a PROSTATE GLAND:

K7b SEMINAL VESICLES:

K7c SPHINCTER TONE: HEMORRHOIDS: RECTAL MASSES:

FEMALE

K8 DIGITAL RECTAL EXAM

K8a SPHINCTER TONE: HEMORRHOIDS: RECTAL MASSES:

K9 PELVIC EXAMINATION

K9a EXTERNAL GENITALIA:

K9b URETHRA:

K9c URETHRAL MEATUS:

K9d BLADDER:

K9e VAGINA:

K9f CERVIX:

K9g UTERUS:

K9h ADNEXA/PARAMETRIA:

K9i ANUS AND PERINEUM:

L LYMPHATIC L []Normal

L1 NECK PALPATION:

L2 AXILLAE PALPATION:

L3 GROIN PALPATION:

L4 OTHER:

M MUSCULOSKELETAL M []Normal

M1 **BACK:** []kyphosis []scoliosis

M2 **GAIT & STATION:** []able to exercise

M3 JOINTS, BONES, & MUSCLES/TENDONS

M3a HEAD & NECK

INSPECTION/PALPATION:

RANGE OF MOTION: []pain []normal

STABILITY:

M3aa **MUSCLE STRENGTH & TONE:**

M3aa []atrophy []abnormal movements

M3b SPINE, RIBS, & PELVIS

INSPECTION/PALPATION:

RANGE OF MOTION: []pain []normal

STABILITY:

M3ba MUSCLE STRENGTH & TONE:

M3ba []atrophy []abnormal movements

----------PROGRESS / RECHECKS (include time)**----------**

N EXTREMITIES N []Normal

N1 JOINTS, BONES, & MUSCLES

N1a RIGHT UPPER EXTREMITY

INSPECTION/PALPATION: []clubbing []cyanosis []ischemia

RANGE OF MOTION: []pain

STABILITY:

N1aa MUSCLE STRENGTH & TONE: []atrophy []abnormal movement

N1b LEFT UPPER EXTREMITY

INSPECTION/PALPATION: []clubbing []cyanosis []ischemia

RANGE OF MOTION: []pain

STABILITY:

N1ba MUSCLE STRENGTH & TONE: []atrophy []abnormal movement

N1c RIGHT LOWER EXTREMITY

INSPECTION/PALPATION: []clubbing []cyanosis []ischemia

RANGE OF MOTION: []pain

STABILITY:

N1ca MUSCLE STRENGTH & TONE: []atrophy []abnormal movement

N1d LEFT LOWER EXTREMITY

INSPECTION/PALPATION: []clubbing []cyanosis []ischemia

RANGE OF MOTION: []pain

STABILITY:

N1da MUSCLE STRENGTH & TONE: []atrophy []abnormal movement

N2 **DIGITS & NAILS (INSPECTION AND/OR PALPATION):** []clubbing []cyanosis []ischemia

P SKIN P []Normal

P1 ECCRINE & APOCRINE GLANDS (INSPECTION):

P2 HAIR (INSPECTION): Scalp: Eyebrows: Face: Chest: Pubic: Extremities:

P3 **SKIN & SUBCUTANEOUS TISSUE (INSPECTION AND PALPATION)** SKIN TURGOR: []normal []decreased

P3a HEAD AND NECK:

P3b CHEST, BREASTS, & BACK:

P3c SPINE RIBS AND PELVIS:

P3d ABDOMEN:

P3e GENITALIA:

P3f RIGHT UPPER EXTREMITY:

P3g LEFT UPPER EXTREMITY:

P3h RIGHT LOWER EXTREMITY:

P3i LEFT LOWER EXTREMITY:

P3j SCALP PALPATION:

R NEUROLOGIC R []Normal

R1 CRANIAL NERVES:

1st-Smell: []normal

2nd -Visual acuity, Visual fields, Fundi: []normal

3rd 4th 6th-Pupils, Eye movements: []normal

5th-Facial sensation, Corneal reflexes: []normal

7th-Facial symmetry, Strength: []normal

8th-Hearing with tuning fork, Whispered voice: []normal

9th 10th -Uvula elevation, Gag reflex: []normal

11th-Shoulder shrug strength: []normal

12th-Tongue protrusion: []normal

NOTES:

R2 ATTENTION SPAN AND CONCENTRATION:

R3 LANGUAGE: []naming objects normally []repeating phrases normally []has spontaneous speech

R4 FUND OF KNOWLEDGE: []current events normal []past history normal []vocabulary normal

R5 COORDINATION: []finger/nose normal []heel/knee/shin normal []fine motor normal

RAPID ALTERNATING MOVEMENTS: []upper extremities normal []lower extremities normal

R6 DEEP TENDON RELEXES: []babinski negative []babinski positive

R7 SENSORY EXAM: []touch normal []pin normal []vibration normal []proprioception normal

!S (NEUROLOGICAL / PSYCHIATRIC S! []Normal

S1 JUDGEMENT & INSIGHT:

S2 **MENTAL STATUS**

S2a **ORIENTATION:** []time []person []place

S2b MEMORY: []recent memory normal []remote memory normal

S2c **MOOD & AFFECT:** []depression []anxiety []agitation []hypomania []lability

S3 ASSOCIATIONS: []loose []tangential []circumstantial []intact

S4 THOUGHT PROCESSES: []logical []illogical []tangential

Rate Of Thoughts: Abstract Reasoning: Computation:

S5 SPEECH: Rate: Volume: Articulation: Coherence: Spontaneity:

S6 ABNORMAL THOUGHT: []hallucinations []delusions []preoccupation with violence

[]homicidal ideation []suicidal ideation []obsessions