EMERGENCY DEPARTMENT MEDICAL RECORD

						TX RECEIVED PRIOR TO ARRIVAL ☐		RECORDS REQUESTED ☐
NOTIFIED: ☐ Police ☐ Family ☐ NA ☐ Other:						☐ IV ☐ O_2 ☐ Drugs ☐ Backboard ☐ Splints		
DATE:	NAME:					M F	AGE:	DOB:
TIME TRIAGED	ARRIVAL: PRIVATE POLICE AMBULANCE			WEIGHT Kg	LAST TETANUS	SMOKER	IMMUNIZ	TRIAGE LEVEL 1 2 3 4
	DOMESTIC VIOLENCE ☐YES ☐ NO			lb		☐ Y ☐ N	☐ Y ☐ N	
Infection Control Measures: NA ☐ Y ☐				BODY MAP: Y ☐ NA ☐		FORENSIC EX: ☐Y ☐NA		Psychosocial Intervention: ☐ Y ☐ NA

CC/HPI:
ABCs WNL ☐

ED PHYSICIAN:
PRIVATE MD:

ALLERGIES/REACTIONS:

MEDICATIONS: ☐ NONE

TIME	B/P	PULSE	RESP	TEMP	O_2SAT liter / route	PAIN 0 - 10	Repeat Vitals: (BP/P) Sitting / Standing
							VISUAL ACUITY: OD 20/ OS 20/ OU 20/

LMP_____ HYST | PREG: DENIES EDC_____ EGA_____ | GR_____ PARA_____ AB_____

CC/HX: (Time Seen)

TRIAGE NURSE SIGNATURE

TIME	LAB ORDERS	INI	TIME

Time	PHYSICIAN ORDERS	INI	TIME

Physical Exam:

DIAGNOSIS:

Physician Signature: ☐ DICTATED

Referral: Time Consult called

DISPOSITION ☐ADMIT ☐ OBSERVE ☐ TRANSFER ☐ OTHER

☐ ***NO EMERGENT MEDICAL CONDITION PRESENT UPON DISCHARGE***

ADDITIONAL DOCUMENTATION ☐YES ☐ NO