

East Jefferson General Hospital (EJGH)

Off-Site Location Screening Tool

Off-Site Location: _____

Chief Complaint (*in patient's words*): _____

Observations: _____

Vital Signs (if able): BP _____ Pulse _____ Respirations _____ Temperature _____

Circulation

- ☐ Good pulse
- ☐ No obvious bleeding
- ☐ Capillary refill < 2 seconds
- ☐ Weak or absent pulse

Airway/Breathing

- ☐ No respiratory distress
- ☐ Respiratory rate rapid/labored
- ☐ Respirations shallow
- ☐ Obvious respiratory distress

Neuro Status

- ☐ Awake/alert/oriented
- ☐ Confused/abnormal

Care Instructions: _____

Received from: _____

Care Provided: _____

You have presented for treatment to an EJGH facility that does not provide all of the services you may require to evaluate and/or treat your medical emergency. Options for appropriate treatment include EJGH Emergency Department, the closest hospital emergency department, or Health Finders at 456-5000.

- ☐ EMS called 911 — Emergency & EJGH Emergency Department contacted (454-4377).
- ☐ EMS called nonemergency.
- ☐ Patient chooses to go to another facility by private vehicle.
- ☐ Patient chooses to go to _____ emergency department by private vehicle.
- ☐ Patient chooses to leave and seek care on his or her own.

Patient Signature: _____

Signature of EJGH Team Member: _____