

Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

13083



4 - ER URGENT

000001

PRE-HOSPITAL CARE

O2 <input checked="" type="checkbox"/>	Monitor	CPR	C-collar <input checked="" type="checkbox"/>	Splint
Field IV NS 500cc	Ambu	ET Tube	Spineboard <input checked="" type="checkbox"/>	
Amount Infused	Airway	Medicines		

NURSING ASSESSMENT / OBJECTIVE DATA BASE

FILL IN OR CIRCLE WHERE APPROPRIATE TO CHIEF COMPLAINT

VENTILATION

RESPIRATION: Regular Shallow Labored
 Retractions Nasal Flaring

BREATH SOUNDS: Clear R/L Crackles R/L
 Stridor Wheezes Exp-Inspir R/L
 Coarse R/L Diminished BS R/L

COUGH: Yes No

PRODUCTIVE: Yes No

SPUTUM: N/A

CIRCULATION

SKIN TYPE: Warm Cool Dry Moist

SKIN COLOR: Normal Pale Cyanotic Hot

NAIL BEDS: Pink Cyanotic Capillary Refill

EDEMA: Absent Present Other _____

PULSES: Radial: Yes No
 Padial: Yes No

NEURO

GLASGOW COMA SCALE

EYE OPENING
 4 - Spontaneous
 3 - To Speech
 2 - To Pain
 1 - Unresponsive

MOTOR RESPONSE
 6 - Obeys Commands
 5 - Localizes Pain
 4 - Withdraws
 3 - Flexion
 2 - Extension
 1 - None

VERBAL RESPONSE
 5 - Oriented
 4 - Confused
 3 - Inappropriate
 2 - Incomprehensible
 1 - None

Pupils:
 R Size: 4mm
 Reaction: 4+
 L Size: 4mm
 Reaction: 4+

Grips:
 R: grasp
 L: grasp

Pushes:
 R: _____
 L: _____

N/A

BEHAVIOR
 Cooperative
 Confused

OTHER
 Unresponsive
 Anxious
 Restless
 Combative

Slurred Speech:
 Yes No

Facial Symmetry:
 Yes No

MAE:
 Yes No

SKIN INTEGRITY

LEGEND

- A - Abrasion
- AM - Amputation
- Br - Bruises
- B - Burn
- C - Contusion
- FxC - Closed Fx
- FxO - Open Fx
- GW - Gun Wound
- I - Intact
- L - Laceration
- T - Tenderness
- P - Paralysis
- R - Rash
- SW - Stab Wound

GASTRO INTESTINAL / GENITAL URINARY

Abdomen: Flat Distended Rounded Large
 Soft Tender Firm Rigid
 RUQ LUQ RLQ LLQ
 Nontender

Bowel Sounds: Present Absent Hypoactive Hyperactive

Associated Symptoms:
 Nausea Vomiting Diarrhea Constipation
 Dysuria Hematuria N/A

COMFORT

PAIN: Location: low back
 Motion/Sensation: _____

ADULT PAIN SCALE 0 1 2 3 4 5 6 7 8 9 10

PEDS PAIN SCALE

Quality/Duration/Pattern: _____

TRIAGE Signature: _____

Time: 16:25

ASSESSMENT / INTERVENTION

<input type="checkbox"/> O2 _____	<input type="checkbox"/> Suction	<input type="checkbox"/> Ice	<input type="checkbox"/> Wound Cleansed
<input type="checkbox"/> Heplock	<input type="checkbox"/> Position of Comfort	<input type="checkbox"/> Elevation	<input type="checkbox"/> Dressing
<input type="checkbox"/> Cardiac Monitor	<input type="checkbox"/> Patient Undressed	<input type="checkbox"/> Sling	<input type="checkbox"/> Other
<input type="checkbox"/> NIBP	<input type="checkbox"/> Siderails Up	<input type="checkbox"/> Splint	
<input type="checkbox"/> Oximetry	<input type="checkbox"/> Call Bell In Reach	<input type="checkbox"/> Spine Immobilizer	

000003

RN's Signature: _____

Aftercare Instructions

for Thursday, August 20, 1998, 11:11 pm
Birthdate:

FOLLOW THE INSTRUCTIONS BELOW.

You were treated today by M.D.

Call as soon as possible to make an appointment to see Dr. MONDAY. You can reach Dr. at

NO FOOTBALL TILL OKED BY YOUR DOCTOR

MANAGED CARE INFORMATION:

If you are covered by a managed care plan which utilizes primary care physicians (PCPs), please see your assigned PCP for follow up care. If you have difficulty arranging an appointment, contact your plan's member services department.

WORKMANS COMPENSATION/I.C.A. INFORMATION:

If you have filed a claim with the Industrial Commission of Arizona (I.C.A.). You MUST take your Emergency Department Discharge Instructions and/or your work release to your supervisor or your Employee Health Office as soon as possible. Your employer will make sure that the treatment ordered for you and the referral Doctor that the Emergency Department has suggested for your follow up care are covered under your Industrial Insurance Plan. Your employer may have some additional instructions or requirements that must be met before you are allowed to return to work. Failure to follow your instructions may result in non-payment of your claim by Workman's Compensation.

Were you satisfied with the care and treatment you received in the Emergency Department?

YES NO

Are there any issues you would like to discuss with the supervisor before leaving?

YES NO

"I understand the above instructions, and those discussed in the Emergency Department."

TODAY YOUR DIAGNOSIS IS:
VASO-VAGAL SYNCOPE (Fainting.) or ORTHOSTATIC HYPOTENSION
Fainting happens when your blood pressure falls for a short time. It comes back up to normal after fainting. Fainting is more likely if you are tired or if you are low on fluids (dehydrated). This can happen with infections and other illnesses. It can also happen when one changes positions quickly. It will not harm you unless you fall when you faint and hit something hard.

Do the following:
- Sit down or lie down if you feel faint or dizzy.
- Sit or stand up slowly.
- Drink extra liquids. Try to drink 8 large glasses of water or juice each day

Call your doctor if you have:
- a lot of fainting
- any new or severe symptoms

CHEST PAIN:
The Emergency Room Physician has determined that your chest pain does not require you to be hospitalized at this time. This decision was based on your description of your symptoms, your examination, and any tests which have been done while you were in the Emergency Room.

The exact cause of chest pain is not always evident and certain changes in your condition may require you to be re-evaluated.

If any of the following occur, you should either contact your family physician or return to the Emergency Room

- 1. Chest pain increases in severity, spreads to other areas of your body.
- 2. Chest pain is accompanied by nausea, difficulty in breathing, or severe or unusual sweating.
- 3. Your temperature rises over 101.5 degrees.
- 4. You cough up blood
- 5. You become dizzy or lightheaded.
- 6. You feel palpitations or pounding in your chest.

THESE ARE YOUR FOLLOW-UP INSTRUCTIONS!

SIGN

[REDACTED]

Aftercare Instructions

for [REDACTED], Thursday, August 20, 1998, 11:11 pm
Birthdate: [REDACTED]

[REDACTED] OR RESPONSIBLE PERSON

AS ALWAYS, YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY. Please follow the instructions above carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, CALL OR VISIT YOUR DOCTOR RIGHT AWAY. If you can't reach your doctor, return to the Emergency Department.

IMPORTANT: We have examined and treated you today on an emergency basis only. This is not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. It is impossible to recognize and treat all injuries or illnesses in a single Emergency Department visit. you will be referred back to your private physician or the specialist on call. The test results will be sent to this doctor.

X-rays taken here are given a preliminary reading and a radiologist will give a final reading within 24 hrs. If there is a difference, you will be informed. X-rays do not always show injury or disease, and fractures may not be revealed on initial x-rays

BILLING INFORMATION:
You will be receiving separate bills from the hospital, the radiologist, and the E.R. doctor, for the services at the time of your visit.

EMERGENCY PHYSICIANS:
If you have any questions regarding your physicians bill, [REDACTED] can be reached at [REDACTED]

TEST RESULTS:
If the doctor of your choice is not on our staff, the results can be obtained, with written consent, from our Medical Records Department. Please contact them during regular business hours

MEDICAL RECORDS:
If you need a copy of your ER medical records - Please call the Medical Records Department at [REDACTED] Monday - Friday from 8:00 - 4:30 to make arrangements. The complete ER record often includes dictated reports from other departments (ER MD, Radiology, etc) and it takes time to obtain, sort and copy ALL components of the chart.

MEDICATION:
The Emergency Department DOES NOT refill prescriptions. If you feel you need more medication, please contact your physician or the physician we referred you to