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13a

Hospital Name:______________________________

EMERGENCY NURSING RECORD
Flu Like Sx / Flu Exposure
Fall 2009 – Spring 2010

TRIAGE
DATE __________ TIME__________

emergent urgent non-urgent

NAME:________________________
D.O.B:____________ AGE:______ M / F
HISTORIAN: patient paramedics family________
ARRIVAL MODE: car [3]EMS[3] police________
PCP: none ________________
^IMMUNIZATIONS: current / referral________
Flu (*seasonal / H1N1*)________ pneumovax________

TREATMENT PTA see EMS report IV O_2________
last blood glucose__________ ★ ASA__________

VITALS
BP____/____ P____ RR____ temp____ *TM O R Ax*
SaO_2____________ RA / O_2____________

PAIN LEVEL current: ____/10 max ____ /10 acceptable____/10
scale used ________ quality________ location________

CHIEF COMPLAINT flu like symptoms *flu exposure________
*exposure to influenza type A / B / novel H1N1 *suspected / confirmed*
started ____ *hrs / days ago* *sudden onset*________
recent travel______ days ago location: ________

*fever / chills________
*runny nose________
*sinus pain / drainage________
*sore throat / hoarseness________
*cough *dry productive*________
body aches________
lethargic________
SOB / wheezing________
vomiting / diarrhea________

ALLERGIES NKDA ________
drug - PCN / ASA / sulfa / latex / codeine / iodine________
food -________

MEDS none see med list________

PAST MEDICAL HX negative
asthma / heart dz. / HTN / COPD / diabetes: *insulin*________
past surgeries *none*________

SOCIAL HX
attends school *name*________
# of people living in home________ lives in *house apt other*________
★ have you smoked in past 12 months ____ppd counseling performed
drugs / alcohol________
^TB exposure / symptoms________
^has been physically hurt or threatened by someone close________
^fall risk screen completed________

LNMP____ *G*____ *P*____ *Ab*____ pregnant / postmenop / hyst

RN Signature ________________

**=see CDC protocols on back of order sheet*

TIME TO ROOM:__________ ROOM:__________

[1]INITIAL ASSESSMENT[1] TIME:__________

GENERAL APPEARANCE
__no acute distress
__alert
__mild / moderate / severe distress________
__anxious / decreased LOC________

^FUNCTIONAL / NUTRITIONAL ASSESSMENT
__independent ADL
__appears well nourished / hydrated
__assisted / total care________
__obese / malnourished________
__recent weight loss / gain________

RESPIRATORY
__no resp distress
__nml breath sounds
__mild / moderate / severe distress________
__wheezing / rales / rhonchi________
__decreased breath sounds________
__retractions / splinting________
__accessory muscle use________
__orthopnea / exertional SOB / tripod________
__stridor________

CVS
__regular rate
__pulses strong
__cap refill less than 2 sec
__skin warm & dry
__tachycardia / bradycardia________
__pulse deficit________
__cap refill greater than 2 sec________
__cool / diaphoretic________
__pale / cyanotic / mottled________

NEURO
__oriented x 3
__disoriented to *person / place / time*________
__confused________
__weakness / sensory loss________

ENT
__nml ENT inspection
__nasal drainage________
__sputum________
__sinus pain / pressure________

ABDOMEN
__nml inspection
__soft, non-tender
__bowel sounds nml
__tenderness / guarding / rebound________
__rigid / distended________
__bowel sounds *hyper hypo absent*________

EXTREMITIES
__non-tender
__moves all extremities
__no pedal edema
__calf tenderness________
__limited ROM________
__pedal edema________

ADDITIONAL FINDINGS

INITIAL ACTIONS

TIME			INIT
	*face mask	*isolation *respiratory neg*	
	Infectious dz info discussed with patient / family		
	ID band applied	ID band verified	
	disrobed / gowned	blanket provided	
	bed low position	side rails up x1 x2	
	call light in reach	head of bed elevated	

Nurse Signature ________________

^ protocol available ★ core measures for Pneumonia / AMI

Pt. Name____

ACTIONS

TIME		INIT
	[4]cardiac monitor[4]	
	pulse oximeter O_2 ____L via NC / [5]mask[5] / [5]NRB[5]	
	[2]Accu-Chek[2]	
	[3]emesis / incontinence care[3]	
	ready for Dr eval. notified doctor / seen by Dr	
	social worker intervention [3]*limited*[3] [5]*extended*[5]	
	isolation *respiratory* *negative vent*	

IV STARTS [3]lock[3] [4]IV fluid[4]

TIME	#	site	gauge	attempts	complications	INIT

IV / MEDICATION INFUSION RECORD

Start Time	Solution / Med	Type / Pump	Rate ml / hr	Stop Time	Amount Infused	INIT
	Response: no change improved					
	Response: no change improved					
	Response: no change improved					

MEDICATIONS

★ ASA / antibiotics / thrombolytics / pneumovax

Time	Medication	Dose	Route	Site	INIT
	Response: no change improved				
	Response: no change improved				
	Response: no change improved				
	Response: no change improved				
	Response: no change improved				

[1]immunizations[1] [2]OTC[2] [3]prescription PO / SL / TOPICAL[3]
[4]parenteral meds[4] [5]blood products[5] [cc]crit care med[cc]

PROCEDURES

TIME		INIT
	12-lead EKG performed	
	notified	
	bronchodilator treatment *nebulizer* *inhaler*	
	x [3]1[3]	
	x [4]2[4]	
	x [5]3[5]	
	[3]Foley[3] fr. mL return	
	lab drawn / sent by ED tech / [3]nurse[3] / lab	
	[2]clean catch[2] / [2]urine pregnancy test[2] *results back*	
	ABG drawn by nurse / MD / RT	
	★ blood Cx drawn	
	awaiting physician review	
	to Xray [3]single[3] [4]multi[4] w/ [5]*monitor*[5] / [5]*nurse*[5] / *O_2 / tech*	
	return to room	
	★ to cath lab *for PCI / other*	

VITAL SIGNS

TIME	BP	P	RR	T	SaO_2	GCS	Pain	Pupils	INIT
							/10		
							/10		
							/10		
							/10		
							/10		

RESPIRATORY REASSESSMENT

TIME					
Pulse Ox					
Respiratory Rate					
Pulse					
Breath Sounds					
Peak Flow					
INIT					

ADDITIONAL NOTES

____

____

____

____

INTAKE__________________ **OUTPUT**__________________

__IV / saline lock discontinued: Total Amt Infused__________

Time________Initials__________

PROPERTY TO:

__patient __family __security __safe __see patient belongings list

DISPOSITION

__**discharged** *home police nursing home* [3]*ME*[3] [3]*funeral home*[3]

__verbal / written instructions / [3]RX given[3] to: *patient* __________

__verbalized understanding

__^learning barriers addressed__________________

__accompanied by / driver__________________

__[5]**admitted / transferred**[5] to__________________

__report to__________________ time__________

__transfer documentation completed

__notified family / police / ME __________

__[1]**left AMA / LWBS**[1] *signed AMA sheet refused* __________

__physician notified of:__________________

Discharge Vitals

*BP*________ *HR*______ *RR*________ *Temp*________ *SaO_2*______

__pain level at discharge _____/10

CONDITION

__unchanged __improved __stable __other______________

Depart Time_________ Mode: *walk crutches W/C stretcher ambulance*

Discharge Nurse Signature ______________________

☐ Continuation Sheet ☐ **Highest E / M Level**

SIGNATURE	INITIAL

^ protocol available ★ core measures for Pneumonia / AMI

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