

13a Hospital Name: \_\_\_\_\_

**EMERGENCY NURSING RECORD**  
**Pediatric Flu Like Sx / Flu Exposure 2009**

**TRIAGE** DATE \_\_\_\_\_ TIME \_\_\_\_\_  
 emergent urgent non-urgent

NAME: \_\_\_\_\_  
 D.O.B: \_\_\_\_\_ AGE: \_\_\_\_\_ M / F  
 HISTORIAN: parent patient paramedics \_\_\_\_\_  
 ARRIVAL MODE: car EMS police \_\_\_\_\_  
 PCP: none \_\_\_\_\_  
 ^IMMUNIZATIONS: current / referral \_\_\_\_\_  
 flu \_\_\_\_\_ pneumovax \_\_\_\_\_

TREATMENT PTA see EMS report IV O<sub>2</sub> \_\_\_\_\_  
 last blood glucose \_\_\_\_\_

**VITALS** Weight \_\_\_\_\_  
 BP \_\_\_\_\_ / \_\_\_\_\_ P \_\_\_\_\_ RR \_\_\_\_\_ temp \_\_\_\_\_ TM O R Ax  
 SaO<sub>2</sub> \_\_\_\_\_ RA / O<sub>2</sub> \_\_\_\_\_

**PAIN LEVEL** current: \_\_\_\_\_/10 max \_\_\_\_\_/10 acceptable \_\_\_\_\_/10  
 scale used \_\_\_\_\_ quality \_\_\_\_\_ location \_\_\_\_\_

**CHIEF COMPLAINT** \*flu like symptoms \*flu exposure \_\_\_\_\_  
 started \_\_\_\_\_ hrs / days ago sudden onset \_\_\_\_\_  
 recent travel \_\_\_\_\_ days ago location: \*Mexico \_\_\_\_\_  
 \*exposure to influenza type A or H1N1 (swine flu) suspected / confirmed

\*fever / chills \_\_\_\_\_ body aches \_\_\_\_\_  
 \*runny nose \_\_\_\_\_ lethargic \_\_\_\_\_  
 \*sinus pain / drainage \_\_\_\_\_ SOB / wheezing \_\_\_\_\_  
 \*sore throat / hoarseness \_\_\_\_\_ vomiting / diarrhea \_\_\_\_\_  
 \*cough dry productive \_\_\_\_\_

**ALLERGIES** NKDA \_\_\_\_\_  
 drug - PCN / ASA / sulfa / latex / codeine / iodine \_\_\_\_\_  
 food - \_\_\_\_\_

**MEDS** none see med list

**PAST MEDICAL HX** negative  
 pneumonia / bronchitis / asthma / diabetes: insulin \_\_\_\_\_  
 past surgeries none

**SOCIAL HX**  
 attends daycare / school name \_\_\_\_\_  
 # of people living in home \_\_\_\_\_ lives in house apt other \_\_\_\_\_

smoker 2<sup>nd</sup> hand \_\_\_\_\_  
 alcohol / drug use \_\_\_\_\_  
 ^TB exposure / symptoms \_\_\_\_\_  
 ^suspect abuse / neglect \_\_\_\_\_

**LNMP** \_\_\_\_\_ G \_\_\_\_\_ P \_\_\_\_\_ Ab \_\_\_\_\_ pregnant

TIME TO ROOM: \_\_\_\_\_ ROOM: \_\_\_\_\_

**INITIAL ASSESSMENT** TIME: \_\_\_\_\_

**GENERAL APPEARANCE**  
 \_\_\_ no acute distress \_\_\_ mild / moderate / severe distress  
 \_\_\_ alert \_\_\_ anxious / decreased LOC

**^FUNCTIONAL / NUTRITIONAL ASSESSMENT**  
 \_\_\_ development - \_\_\_ obese / malnourished  
 \_\_\_ age appropriate \_\_\_ recent weight loss / gain  
 \_\_\_ appears well  
 \_\_\_ nourished / hydrated

**RESPIRATORY**  
 \_\_\_ no resp distress \_\_\_ mild / moderate / severe distress  
 \_\_\_ nml breath sounds \_\_\_ wheezing / rales / rhonchi  
 \_\_\_ decreased breath sounds  
 \_\_\_ retractions / splinting  
 \_\_\_ accessory muscle use  
 \_\_\_ orthopnea / exertional SOB / tripod  
 \_\_\_ stridor

**CVS**  
 \_\_\_ regular rate \_\_\_ tachycardia / bradycardia  
 \_\_\_ pulses strong \_\_\_ pulse deficit  
 \_\_\_ cap refill less than 2 sec \_\_\_ cap refill greater than 2 sec  
 \_\_\_ skin warm & dry \_\_\_ 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 \_\_\_ tenderness / guarding / rebound  
 \_\_\_ soft, non-tender \_\_\_ rigid / distended  
 \_\_\_ bowel sounds nml \_\_\_ bowel sounds hyper hypo absent

**EXTREMITIES**  
 \_\_\_ non-tender \_\_\_ calf tenderness  
 \_\_\_ moves all extremities \_\_\_ limited ROM  
 \_\_\_ no pedal edema \_\_\_ pedal edema

**ADDITIONAL FINDINGS**

**INITIAL ACTIONS**

TIME	INIT
	*face mask *isolation respiratory neg
	Infectious dz info discussed with parent / caregiver
	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
	held by parent caregiver

RN Signature \_\_\_\_\_

\*= see CDC protocols on reverse of ordersheet

Nurse Signature \_\_\_\_\_

**ACTIONS**

TIME	INIT
agency notified	
cardiac monitor	
pulse oximeter	O <sub>2</sub> _____ L via
Accu-Chek	
ready for Dr eval.	notified doctor / seen by Dr

**IV STARTS** lock \_\_\_\_\_

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**

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

**PROCEDURES**

TIME	INIT
bronchodilator treatment	nebulizer inhaler
x 1	x 2 x 3
lab drawn / sent	by ED tech / nurse / lab
*nasal swab per CDC protocol	
awaiting physician review	
ABGs	drawn by ED tech / nurse / lab
to Xray	w/ monitor / nurse / O <sub>2</sub> / tech
return to room	

**RESPIRATORY / CVS REASSESSMENT**

TIME					
Pulse Ox					
Respiratory Rate					
Peak Flow					
Cap Refill					
Distal Pulses					
INIT					

**VITAL SIGNS** see monitor report

TIME	BP	P	RR	T	SaO <sub>2</sub>	Rhythm	Pain	Pupils	INIT
							/10		
							/10		
							/10		
							/10		
							/10		

**ADDITIONAL NOTES**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INTAKE**

\_\_\_\_\_  
 IV / saline lock discontinued: \_\_\_\_\_  
 \_\_\_\_\_ Time \_\_\_\_\_ Initials \_\_\_\_\_

**OUTPUT**

**PROPERTY TO:**

\_\_\_\_patient \_\_\_\_family \_\_\_\_security \_\_\_\_safe \_\_\_\_see patient belongings list

**DISPOSITION**

\_\_\_\_discharged home school daycare ME funeral home  
 \_\_\_\_verbal / written instructions / RX given to: parent \_\_\_\_\_  
 \_\_\_\_verbalized understanding  
 \_\_\_\_^learning barriers addressed  
 \_\_\_\_accompanied by \_\_\_\_\_  
 \_\_\_\_adequate support network \_\_\_\_\_  
 \_\_\_\_social service / referral \_\_\_\_\_  
 \_\_\_\_admitted / transferred to \_\_\_\_\_  
 \_\_\_\_report to \_\_\_\_\_ time \_\_\_\_\_  
 \_\_\_\_transfer documentation completed  
 \_\_\_\_notified family / police / ME / health department / CDC  
 \_\_\_\_left AMA / LWBS signed AMA sheet refused \_\_\_\_\_  
 \_\_\_\_physician notified of: \_\_\_\_\_

**Discharge Vitals**

BP \_\_\_\_\_ HR \_\_\_\_\_ RR \_\_\_\_\_ Temp \_\_\_\_\_ SaO<sub>2</sub> \_\_\_\_\_  
 \_\_\_\_pain level at discharge \_\_\_\_/10

**CONDITION**

\_\_\_\_unchanged \_\_\_\_improved \_\_\_\_stable \_\_\_\_other \_\_\_\_\_  
 Depart Time \_\_\_\_\_ Mode: walk carried crutches W/C stretcher ambulance

**Discharge Nurse Signature** \_\_\_\_\_

Continuation Sheet

SIGNATURE	INITIAL