

30a
Hospital Name: _____
EMERGENCY PHYSICIAN RECORD
◆Flu Like Sx / Flu Exposure◆
 Fall 2009 – Spring 2010

DATE: _____ TIME: _____ on arrival ROOM: _____ EMS Arrival
 HISTORIAN: patient spouse paramedics _____
 ___HX / ___EXAM LIMITED BY: _____
 TRANSFER FROM: _____ see transfer record

HPI

chief complaint: fever flu exposure cough sore throat
 body aches sinus pain chills _____
onset / duration: _____ hrs / days ago
 _____ constant sudden-onset
 _____ intermittent episodes
 _____ lasting _____
 _____ worse / persistent
 _____ since _____

context:
 *exposure to flu type A / B / novel H1N1 suspected / confirmed / unknown
 recent travel _____ days ago location: _____
 CO exposure _____ recent tick bite _____
 recent camping _____

severity: mild moderate severe (1/10) _____

associated symptoms:
 *fever / chills _____ earache _____
 *runny nose _____ chest pain _____
 *sinus pain / drainage _____ shortness of breath _____
 *sore throat / hoarseness _____ mild moderate severe
 *cough dry / productive _____ hurts to breathe _____
 allergy / hay fever _____ headache _____
 sweating _____ weakness _____
 _____ lethargic _____
 _____ nausea / vomiting _____
 _____ diarrhea _____

worsened by: deep breath _____

Similar symptoms previously _____

 Recently seen / treated by doctor / hospitalized _____

*=see CDC protocols on page 2 of order sheet ^=high risk condition

ROS

EYES
 eye problems redness itching _____
MS / SKIN
 joint pain _____
 muscle aches _____
 rash _____
GI / GU
 abdominal pain _____
 diarrhea _____
 problems urinating _____
LNMP _____ ^preg premenstrual
 tampon usage _____
CVS
 palpitations _____
NEURO / PSCYH
 fainting _____
 dizziness _____
 confusion _____
 anxiety / depression _____
LYMPH
 leg / ankle swelling _____
 swollen glands _____
 all systems neg except as marked

• CONST / ENT / CVS / RESP / NEURO components also addressed in HPI

PAST HX

^cancer chemo / rad tx _____ ^cardiac disease _____
 ^lung disease _____ A-Fib angina CAD CHF AMI
 asthma COPD pneumothorax diabetes Type 1 Type 2 _____
 pseudomonas bronchiectasis diet / oral / insulin _____
 pneumonia bronchitis TB GI bleed / ^cirrhosis _____
 DVT / PE risk factors: cast cancer hypertension _____
 recent surgery leg swelling bedridden ^hepatitis / ^HIV _____
 paralysis prior DVT/PE _____
 ^stroke _____

 _____old records ordered / summary: _____

Surgeries / Procedures _____ none
 cardiac bypass / stent _____ hysterectomy / BTL / C-section _____
 cholecystectomy _____

Immunizations: influenza / H1N1 / pneumovax UTD / referred to PCP

Medications _____ none see nurses note
 aspirin coumadin clopidogrel NSAID
Allergies _____ NKDA
 see nurses note

SOCIAL HX attends school name _____
 Work hx / animal exposure: _____
 # of people living in home _____ lives in house apt other _____
 smoker _____ PPD drugs _____
 alcohol (recent / heavy / occasional) _____

FAMILY HX _____ negative DVT / PE _____

Nursing Assessment Reviewed Vitals Reviewed _____

PHYSICAL EXAM

General Appearance _____ mild / moderate / severe distress _____
 ___no acute distress _____ anxious / lethargic _____
 ___alert _____

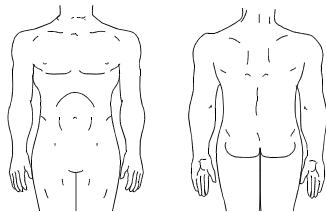
EENT _____ pain on percussion over sinuses _____
 ___eyes nml inspection _____ frontal / maxillary / ethmoid _____
 ___nml ENT inspection _____ scleral icterus / pale conjunctivae _____
 ___lids & conjunct. nml _____ conjunctival erythema / exudate _____
 ___PERRL _____ EOM palsy / anisocoria _____
 ___ears nml _____ TM erythema / dullness (R / L) _____
 ___loss of TM landmarks (R / L) _____
 ___TM obscured by cerumen / exudate (R / L) _____

_____ nose nml _____ rhinorrhea / mucosal edema _____
 ___purulent nasal drainage _____

_____ pharynx nml _____ mouth ulcerations _____
 ___airway nml _____ pharyngeal erythema _____
 ___tonsillar exudate / swelling _____
 ___peritonsillar mass / trismus _____
 ___muffled / hoarse voice _____

NECK _____ lymphadenopathy _____
 ___nml inspection _____ meningismus _____
 ___supple _____ Kernig's sign / Brudzinski's sign _____

RESPIRATORY _____ respiratory distress _____
 ___no resp. distress _____ splinting / retractions / accessory muscle use _____
 ___breath sounds nml _____ prolonged expirations _____
 ___decreased air movement / stridor _____
 ___wheezes / rales / rhonchi _____



T=tenderness
 R=rebound
 m=mild
 mod=moderate
 sv=severe

ABDOMEN _____ tenderness _____
 ___non-tender _____ hepatomegaly / splenomegaly / mass _____
 ___no organomegaly _____ abnml bowel sounds _____
 ___no distention _____

CVS _____ irregularly irregular rhythm _____
 ___reg. rate & rhythm _____ extrasystoles (occasional / frequent) _____
 ___heart sounds nml _____ tachycardia / bradycardia _____
 ___JVD present _____
 ___murmur grade ___/6 sys / dias _____
 ___gallop (S3 / S4) _____
 ___decreased pulse(s) _____

SKIN _____ cyanosis / diaphoresis / pallor _____
 ___color nml, no rash _____ skin rash _____
 ___warm, dry _____ embolic lesions / signs of IVDA _____
 ___no petechiae _____ decubitus _____

EXTREMITIES _____ pedal edema _____
 ___non-tender _____ calf tenderness / Homan's sign _____
 ___nml ROM _____ joint swelling _____
 ___no pedal edema _____

NEURO / PSYCH _____ disoriented to person / place / time _____
 ___oriented x3 _____ facial palsy _____
 ___CN's nml as tested _____ weakness / sensory loss _____
 ___motor nml _____ depressed mood / affect _____
 ___sensation nml _____
 ___mood / affect nml _____

LABS & XRAYS

*Rapid Flu _____	CBC	Chemistries	UA
*DFA / IFA _____	normal except _____	normal except _____	normal except _____
*RT-PCR _____	WBC _____	Na _____	dip: _____
Mono Spot _____	Hgb _____	K _____	_____
Strep Screen _____	Hct _____	CO2 _____	_____
Cultures sent	Platelets _____	Gluc _____	ABGs
blood x _____	segs _____	BUN _____	RA / ___ LO2 _____
sputum _____	bands _____	Creat _____	pH _____
*viral _____	lymphs _____	_____	pCO2 _____
			pO2 _____

CXR Interp. by me Reviewed by me Discsd w/ radiologist
 ___nml / NAD ___no infiltrates ___nml heart size ___nml mediastinum

Pulse Ox ___% on RA / ___ L O₂ *Interp:* nml / hypoxic *Time:* _____

Treatment
 ___pt. does not meet CDC recommendations for antiviral treatment
 ___patients positive for influenza B can be given either antiviral agent Zanamivir _____ Oseltamivir _____
 ___patients positive for influenza A use Zanamivir _____
 ___patients positive for influenza A and B can be given either antiviral agent Zanamivir _____ Oseltamivir _____

PROGRESS

Time _____ unchanged improved re-examined
 air movement: good fair poor

antibiotics given _____
 ♦ **CAP** - SaO₂ / VS / MSE / antibiotic(s) / pathogen / BC / CXR or CT / transfer _____

Clinical Tool Box
___ CDC protocol
___ PERC / Well's PE
___ CURB-65 / PORT

Discussed with Dr. _____ Additional history from: _____
 will see patient in: ED / hospital / office family caretaker paramedics
 Counseled patient / family regarding: ___ Rx given _____
 lab / rad. results diagnosis need for follow-up _____
CRIT CARE TIME (excluding separately billable procedures) _____ min

CLINICAL IMPRESSION

Influenza A B H1N1(swine) suspected probable *confirmed	
Influenza Like Illness	Cellulitis / Necrotizing Faciitis
Fever	CO Exposure
Asthma - acute exacerbation	Endocarditis
Bronchitis - acute asthmatic	Malaria
Dyspnea - acute	Meningitis
Pharyngitis - Strep Mono	Neutropenia
Pyelonephritis	♦ Pneumonia
Sinusitis	Pulmonary Embolism
Upper Respiratory Infection	Toxic Shock Syndrome
Viral Syndrome	Sepsis

DISPOSITION- home transferred _____
 admitted ___POA decubitus / UTI (foley) _____

CONDITION- unchanged improved stable _____
 Care transferred to Dr. _____ Time: _____
 Template Complete See Addendum (Dictated / Template # _____)

PHYSICIAN SIGNATURE- _____
 Template Complete