EMERGENCY CARE DATA-FLOW SHEET

(This form is subject to the privacy act of 1974)

Date_____ Age_____

Weight_____

❑ ACTUAL ❑ ESTIMATED ❑ VERBAL

VITAL SIGNS

Functions to MONITOR
(e.g. pain, dyspnea, peak flow, breath sounds, agitation)

BLOOD

TRE
Intak

TIME	BP	P	R	T	Pulse OX	Rhythm	Pain 0-10	Peak Flow			ABG's pH/pCO_2/pO_2	BASE Excess Deficit	HCO_3	Hgb	K+	Oxygen	FLUIDS/ IV Li #1	#2

Initial Exam (physician):
Monitor pattern_____
ECG_____
Lungs: breath sounds bilateral?_____
Heart sounds_____ JVD_____
Abdomen: bowel sounds_____
Rectal sph tone_____ Stool heme_____
Femoral pulses_____ Pedal pulses_____
Capillary refill_____
Immobilization status_____

GLASGOW COMA SCALE

EYES	Spontaneously	4
	To Verbal Command	3
	To Pain	2
	No Response	1
MOTOR	Obeys	6
	Localizes Pain	5
	Withdrawal (Pain)	4
	Flexion (Pain)	3
	Extension (Pain)	2
	No Response	1
VERBAL	Oriented & Converses	5
	Disoriented & Converses	4
	Inappropriate Words	3
	Incomprehensible Sounds	2
	No Response	1

Pupils

1 •
2 ●
3 ●
4 ●
5 ●
6 ●

X-RAYS:

C-Spine_____
Chest_____
Pelvis_____
Other_____

E-Tube (time & size)_____
NG Tube_____
Foley_____

(Use DIAGRAM on back side for burns and injuries)

LABS:

Amylase__
BUN/Creati
CK_____
CKMB____
Troponin__
Glucose__
Mg_____
Na_____
Pro T/ INR_
PTT_____
WBC_____
Platelets__

Name_____ M.R.#_____

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