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					TREATMENT Intake & Output					MEDICATIONS						
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/BLOOD IV Lines #1	#2	#3	TOTAL: IN	OUT						NOTES	Initials

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/Creatinine_____

CK_____

CKMB_____

Troponin_____

Glucose_____

Mg_____

Na_____

Pro T/ INR_____

PTT_____

WBC_____

Platelets_____

URINE

RBC_____

WBC_____

Preg. Test_____

Toxic Screen_____

Other_____

DRUG LEVELS:

Acetaminophen_____

Alcohol_____

Digoxin_____

Dilantin_____

Phenobarb_____

Theophylline_____

OTHER:

_____

_____

_____

_____

_____

CRITICAL CARE TIME:

_____

DISPOSITION:

☐ Discharge

☐ Admit (Rm #_____)

☐ AMA

☐ LWT

☐ Transfer to_____

CONDITION:

☐ Improved

☐ Satisfactory

☐ Unstable

☐ Expired

☐ Mode:_____

Medication instructions given _____Y _____N

Discharge instructions given _____Y _____N

Pt verbalizes understanding _____Y _____N

RN SIGNATURE	INTIALS
LPN/HM SIGNATURE	INTIALS
RT SIGNATURE	INTIALS
MD SIGNATURE	INTIALS

Name_____ M.R.#_____

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