US NAVAL HOSPITAL ROTA SPAIN EMERGENCY DEPARTMENT NURSING NOTE

Date: **Check-in time:** **Age:** **Sex:** **M** **F** **PCM**

Chief Complaint/Assessment:

BP	PULSE	RESP	TEMP	O2 SAT	PAIN	LOC	Domestic Violence Screen
			A O R			A V P U	(in a relationship/situation where you have been hurt/threatened) Yes No UTA

ESI **(circle category)**

Category: 5 4 3 2 1

Visit related to deployment. ☐ YES ☐ NO

Barriers to communication. ☐ YES ☐ NO (comment on nursing note if yes)

Visual Acuity: ☐ **NA** OD 20/ OS 20/ OU 20/

Time to Bed: **Signature** **Initials**

RESPIRATORY
- ☐ Normal Effort
- ☐ Full sentences
- ☐ Dyspnea
- ☐ Clear
- ☐ Wheezing
- ☐ Rales
- ☐ Diminished
- ☐ Absent

G.I./ABDOMINAL ☐ **NA**
- ☐ Bowel Sounds
- ☐ Soft ☐ Rigid
- ☐ Distended
- ☐ Guarding ☐ Tender
- ☐ Constipation
- ☐ Diarrhea
- ☐ Nausea
- ☐ Vomiting x ____ per hr
- ☐ Hematemesis
- ☐ Coffee Ground emesis
- ☐ Rectal Bleeding
- ☐ Dark Tarry Stools

CIRCULATION

Pulse: ☐ Reg ☐ Irreg ☐ Bounding ☐ Weak

Skin Color: ☐ Pink ☐ Pale ☐ Cyanotic ☐ Ashen ☐ Jaundiced

Skin Temp: ☐ Cool ☐ Warm ☐ Hot

Condition: ☐ Dry ☐ Moist

Cap Refill: _____**sec**.

EXTREMITIES ☐ **NA**	**RUE**	**LUE**	**RLE**	**LLE**
Motor strength 5/5				
Pulses				
Cap refill				
Pain				
Numbness				
Swelling				
Deformity				
Pallor/Pale				

PEDIATRICS ☐ **NA**

Development c/w age: ☐ Yes ☐ No
- ☐ Active
- ☐ Playful
- ☐ Good Eye Contact
- ☐ Talkative
- ☐ Interactive with staff
- ☐ Sleeping ☐ Quiet
- ☐ Strong cry
- ☐ Weak cry
- ☐ Consolable
- ☐ Inconsolable

#____ wet diapers In past 24 hours.

SOCIAL
- ☐ Tobacco use
- ☐ Alcohol use

SAFETY INTERVENTIONS
- ☐ Call bell
- ☐ Safety rails X2
- ☐ Bed in low position
- ☐ Seizure pads
- ☐ Isolation precautions

REPRODUCTIVE ☐ **NA**

LMP____

Grava_____ Para____

☐ Pregnant

EDC_____

☐ Vag/Penile Discharge

☐ Vag bleeding with _____pads/last hr.

☐ Clots ☐ Tissue

G. U. ☐ **NA**
- ☐ Flank Pain
- ☐ Dysuria
- ☐ Hematuria
- ☐ Frequency
- ☐ Unable to void.

PSYCHOLOGICAL

☐ Suicidal/Homicidal ideation ☐ yes ☐ no ☐ **NA**

Eye contact: ☐ yes ☐ no

Affect: ☐ normal ☐ flat

Speech: ☐ normal ☐ slurred ☐ pressured ☐ aphasic

Safety: Escort with patient? ☐ yes ☐ no ☐ NA

Patient Contracted for Safety? ☐ yes ☐ no

ASSESSEMENT BY: (signature and stamp) **TIME:**

ADDRESSOGRAPH

PATIENT DISPOSITION

☐ Home ☐ Duty ☐ SIQ ☐ Transferred ☐ Admitted

☐ AMA ☐ LWBS Triaged to: _____

TIME: _____ **Discharged by:** _____

Accompanied by: ☐ Parent ☐ Spouse ☐ Other

Valuables: ☐ With pt ☐ With family ☐ With sig. other ☐ Pt affairs

Admitted to: _____ **Report called to:** _____

Time: _____

Discharge instructions given: ☐ Yes ☐ No

Willing to learn: ☐ Yes ☐ No **Learning Barriers:** ☐ Y ☐ N

PT/Guardian/Spouse Verbalized Understanding: ☐ Y ☐ N

Teaching: ☐ RX Other: _____

TIME	*BP*	*P*	*R*	*TEMP*	*SAT / O2*	*Rhythm*	*PAIN*

TIME	MEDICATION	DOSE	ROUTE	INIT	RESPONSE

TIME	IV SITE	GAUGE	VOL/RATE/ FLUID	STOP TIME	INIT

Time	Intake type	Intake Amt	Output Type	Output Amt
	Total Intake:		Total Output:	

TIME	NARRATIVE	INIT