| Vital Signs | | | | | Repeat Temp: #1_____@_____ #2_____@_____ | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Time | B/P | Pulse | Resp. | SpO2 | Pain | Time | B/P | Pulse | Resp. | SpO2 | Pain |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| Medications | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Time | Drug | Dose | Route | Effect | Init. | Time | Drug | Dose | Route | Effect | Init. |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

**Nursing Narrative**

| | |
|---|---|
| | **DISCHARGE** |
| | Discharge Time: |
| | Patient pain level at discharge: Location: Level: /10 |
| | Any further pain intervention: None ☐ Yes, see note ☐ |
| | EXITCARE Handouts: |
| | Patient / Parent / Guardian--Verbalized Understanding ☐ |
| | Patient Departed via: ☐ Ambulation ☐ Other: |
| | **ADMISSION / TRANSFER** |
| | Report Called to: RN: Time: |
| | Belongings with: Patient ☐ Family ☐ |
| | Transfer via: Gurney ☐ W/C ☐ RN Escort ☐ O2/Monitors ☐ |

| **Continued on Additional Pages** ☐ | INT | Signature/Stamp | INT | Signature/Stamp |
|---|---|---|---|---|
| **Addressograph:** | | | | |
| | | | | |

**NHBREM 6320/141 (REV 6/07)**

# Naval Hospital Bremerton Emergency Department Nursing Note

| Date:_____ Time: _____ Age: _____ | B/P | Pulse: | Resp: | Temp: | SPO2: | Wgt: | ESI TRIAGE CATEGORY 1 2 3 4 5 |
|---|---|---|---|---|---|---|---|

**Chief Complaint**: _____

**Medications**: (Prescription/OTC/Herbal):

**None** ☐

**NKDA** ☐ **Immunizations UTD? Yes** ☐ **No** ☐

**Allergies:** **Reaction:**

_____ → _____

_____ → _____

**Latex Allergy :** Yes ☐ No ☐

**Past Medical Hx**: **Denies** ☐

| | | |
|---|---|---|
| HTN ☐ | CAD ☐ | Asthma ☐ |
| AMI ☐ | Diabetes ☐ | Anxiety ☐ |
| RAD ☐ | PE ☐ | Depress ☐ |
| DVT ☐ | CVA ☐ | |
| COPD ☐ | GERD ☐ | |

Other:_____

**Surgical HX: Denies** ☐

| | |
|---|---|
| Tonsillectomy | ☐ |
| Hysterectomy | ☐ |
| Appendectomy | ☐ |
| Cholecystectomy | ☐ |
| CABG | ☐ |

Other:_____

**Do you feel safe at home? Yes** ☐ **No** ☐ **Have you and/or a family member been physically, emotionally, or verbally threatened /hurt by someone? Yes** ☐ **No**

**Barriers to Assessment: None Language Cognitive Age Other**

**GYN:** **Denies** ☐

LMP: _____ ☐ Vaginal D/C: Description:_____

☐ Vaginal Bleeding Pads/hour:_____

☐ Pregnant: EDC:_____ G_____ P_____ AB_____

**PAIN**: **Denies** ☐ **Location**: _____ **Current :** _____/10

**Description:** Throbbing Sharp Dull Pressure

Pediatric:

## ASSESSMENT

| CARDIAC: | RESPIRATORY: | A&O x 1 2 3 4 | GI: Denies ☐ | ENT: Denies ☐ | Skin: Denies ☐ |
|---|---|---|---|---|---|
| Skin Warm/Dry ☐ | Non labored/Reg ☐ | NEURO: N/A ☐ | Nausea ☐ | Sore throat ☐ | Laceration ☐ |
| Diaphoretic ☐ | Shallow ☐ | Pupils Reactive ☐ | Vomiting x _____ | Congestion ☐ | Rash ☐ |
| Pale ☐ | Labored ☐ | Age Appropriate ☐ | Hematemesis ☐ | Ear Pain ☐ | Contusion ☐ |
| Cyanotic ☐ | Retractions ☐ | Gait Steady ☐ | Diarrhea x _____ | Ear D/C ☐ | Abrasion ☐ |
| Equal Pulses ☐ | **Breath Sounds R / L** | Gait Unsteady ☐ | Bloody Stool ☐ | **Mus/skl: Denies** ☐ | Location_____ |
| **Chest Pain: Denies** ☐ | Clear ☐ ☐ | Weakness ☐ | Tarry Stool ☐ | See Diagram ☐ | _____ |
| Onset_____ | Rhonchi ☐ ☐ | Facial Droop ☐ | **GU: Denies** ☐ | Bleeding ☐ | Description:_____ |
| Precipating_____ | Rales ☐ ☐ | Drowsy ☐ | Dysuria ☐ | Swelling ☐ | _____ |
| Radiation_____ | Wheezing ☐ ☐ | Unresponsive to: | Urgency ☐ | Ecchymosis ☐ | _____ |
| | Diminished ☐ ☐ | Verbal Stimuli ☐ | Frequency ☐ | Pulse__Motor __ | |
| | | Painful Stimuli ☐ | CVA Tenderness ☐ | Sensation __ (+/-) | See CC Note: ☐ |

## INTERVENTIONS

**Oxygen**

02 _____ Liters Via: ☐ Nasal Cannula ☐ NRB Mask

☐ Nasal Airway/Size:_____ ☐ Oral Airway/Size_____

Initial Peak Flow:____ After 1st ____ 2nd ____ 3rd _____

Unable to perform secondary to: ☐ Age ☐ Distress ☐ LOC

**Interventions**

☐ Side rails up ☐ Seizure Pads ☐ Call light

**IV #1: Gauge____ Site _____@_____ D/C'd Intact** ☐

**IV #2: Gauge____ Site _____@_____ D/C'd Intact** ☐

**IV #3: Gauge____ Site _____@_____ D/C'd Intact** ☐

| Intake | | | Output | | |
|---|---|---|---|---|---|
| Time | Type | Volume | Time | Type | Volume |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Straight Catheter ☐ Foley Catheter ☐

Total Input:_____ Total Output:_____

Addressograph

**RN Signature/Stamp:**

**NHBREM 6320/141 (REV 6/07)**

**Originator: ER Kept in Medical Jacket**