EMD ASSESSMENT & INTERVENTION NOTE

To bed # @ Assessment by: Date: @

RESPIRATORY

☐ Normal Effort
☐ Cough

Dyspnea
☐ Mild
☐ Moderate
☐ Severe
☐ Accessory Muscle
☐ Use
☐ Retractions
☐ Grunting
☐ Orthopnea
☐ Stridor

R L Breath Sounds
☐ Clear
☐ Wheezing
☐ Crackles
☐ Diminished

CIRCULATION

Pulse
☐ Reg ☐ Irreg

Capillary Refill
☐ <2 Sec ☐ >2 Sec

Mucous Membrane/Skin
Color: ☐ Pink ☐ Pale ☐ Flushed ☐ Cyanotic ☐ Jaundiced

Temp: ☐ Cool ☐ Warm ☐ Hot

Condition: ☐ Dry ☐ Moist ☐ Diaphoretic ☐ Intact ☐ Broken
☐ Laceration ☐ Contusion
☐ Rash ☐ Abrasions
Location: _____

SPECIAL CONSIDERATION

Primary Language other than English: ☐Spanish ☐Tagalog ☐Other ☐Interpreter used
Needs Identified: ☐ Cultural ☐ Spiritual ☐ Other Social Work consulted

Learning Preference
☐ Written ☐ Instruct Patient
☐ Verbal ☐ Educate family/SO
☐ Demonstration

Barriers
☐ None
☐ Language
☐ Cognitive

Support
☐ Live Alone
☐ Family/other

GYN/GU ☐ NA

Since Triage:
_____Voids
☐ Freq. ☐ Urgency
☐ Vag/penile drainage
☐ Vag bleeding
Pads _____
☐ Clots ☐ Tissue

MUSCULOSKELETAL ☐NA

RU	RL	LU	LL	
☐	☐	☐	☐	Pulses
☐	☐	☐	☐	Pain
☐	☐	☐	☐	Pallor
☐	☐	☐	☐	Paralysis
☐	☐	☐	☐	Swelling
☐	☐	☐	☐	Deformity
☐	☐	☐	☐	Numbness

GI ☐ NA

Bowel Sounds:
☐ Normal
☐ Hypoactive
☐ Hyperactive

Abdomen:
☐ Normal
☐ Flat
☐ Soft
☐ Distended
☐ Firm

PO Intake:
Last _____

Since Triage:
☐Nausea
☐Emesis x____
☐ Hematemesis
☐ Diarrhea x __
☐ Rectal bleeding

_____cc po.

PSYCHOSOCIAL/NEURO

☐ Alert & oriented x _____
☐ Visual Changes
☐ PERRLA or ☐ See Notes
☐ Appropriate
☐ Reported Baseline
☐ Uncooperative
☐ Anxious
☐ Crying
☐ Withdrawn
☐ Agitated
☐ Suicidal/Homicidal
☐ Developmentally Appropriate

Speech:
☐ Coherent
☐ Incoherent
☐ Moaning
☐ Slurred
☐ Aphasic
☐ Pt's normal
☐ Appropriate for age

ENT:
Drainage_____
Other:

INTERVENTIONS

☐ Cardiac Monitoring
☐ EKG to MD @_____
☐ O2_____L/min via _____
☐ Safety Rails x _____
☐ Bed in low position
☐ Seizure Pads
☐ Call bell in reach
☐ C-collar ☐ Removed per _____
☐ Backboard ☐ Removed per ___
☐ Ice/Elevation
☐ Blood/lab draw
☐ Suicide precautions
☐ Safety Contract
☐ Escort/Security
☐ Isolation precautions

PAIN

Location: _____
Scale (0-10)_____
Duration _____
Quality _____
Causes _____
Relieves _____

PEDIATRICS

☐ Active ☐ Playful ☐ Quiet ☐ Talkative
Cry: ☐ Strong ☐ Weak ☐ Consolable ☐ Inconsolable

TIME	BP	P	R	TEMP	PULSE OX O2 SOURCE	RHYTHM	PAIN SCALE	TIME	NARRATIVE NURSING NOTE

ADDRESSOGRAPH

Initials	SIGNATURE

EMD ASSESSMENT & INTERVENTION NOTE

Date:

TIME	IV CATHETER, SITE, SOLUTION	INITIAL	TIME	INTAKE IV	INTAKE ORAL	TIME	OUTPUT URINE	OUTPUT OTHER

ALLERGIES:

Time	Medication & Dose	Route & Site	Initials	Response

Time	Nursing Note	Time	Nursing Note

PATIENT DISPOSITION

☐ Home ☐ Duty/Command ☐ Admitted/Transferred/Referred to _____

☐ Pt. Admin Notified Report called to: _____

Able to verbalize D/C instructions: ☐ PT ☐ Significant Other ☐ Parent/Guardian

Left @ _____ by: ☐ POV ☐ Duty Driver ☐ Ambulance ☐ Other

Via: ☐ Wheelchair ☐ Gurney ☐ Ambulatory ☐ Crutches ☐ Stroller

☐ Carried ☐ Without Assistance ☐ IV/D/C'd catheter intact

With: ☐ Oxygen ☐ ACLS provider, meds, and equipment

Belongings with: ☐ Patient ☐ Family ☐ Patient Affairs ☐ Security

Valuables to: ☐ Patient ☐ Family ☐ Inventoried

Initials	Signature