

TM Demo Hospital # 1
123 Hospital Road
Anytown, XX, 90000
(555) 555-5555



Emergency Department - Nursing Triage Notes
Registered Date of Service: 12/8/2008 8:10:00AM

TRIAGE SCORE:

Does the patient require immediate life-saving intervention?
Is there acute confusion?
Is there a pre-existent, high risk situation?
Is there severe pain with objective clinical observation and a subjective pain rated as 7/10? YES. Level 2.
How many different resources are needed? None.
Are there "danger zone" vital signs?

[0811 DDM]

CHIEF COMPLAINT:

The patient is registered by the clerical staff complaining of "abd pain weak" [0811 DDM]

HISTORICAL DATA:

MODE OF ARRIVAL: The patient arrived by private vehicle.

HISTORIAN: The patient's history is gathered from the patient.

TRIAGE NOTE:

The patient presents complaining of poorly described, generalized abdominal pain with symptoms beginning 2 days prior to arrival. There has been increased weakness. There has been 2 episodes of diarrhea and no vomiting. Pain does not radiate. There has been a tactile fever. There has been no urinary symptoms. bloody stools. Recently discharged from hospital 3 day prior. [0811 DDM]

NURSING HISTORY:

Tetanus History: The patient's tetanus status is up to date. Last bowel movement was shortly prior to arrival. Last meal was shortly prior to arrival. [0811 DDM]

ALAN FORSTATER
555 PATIENT WAY
PITTSBURG PA, 01234
(000) 000-0000

Pt Acct #: V888888888
Date: 12/8/2008
MRN: 98133
Age: 54Y

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TRIAGE ASSESSMENT:

GENERAL: Appears well developed, well nourished. The patient is anxious. The patient is in fair condition.
RESPIRATORY: Breath sounds are equal, bilaterally. There is no wheezing. There is nonproductive cough.
CARDIOVASCULAR: Rate is irregular, rhythm is rapid.
INTEGUMENTARY: Skin is warm and dry.
ABDOMINAL: Bowel sounds are decreased. There is right flank tenderness. Abdomen has moderate distension. [0811 DDM]

TRIAGE INTERVENTIONS:

NURSING : ID band verified and placed on to patient. [0811 DDM]

RISK ASSESSMENT:

DOMESTIC VIOLENCE: Patient states they are free from physical harm and lives in safe environment.
FALL: The patient is at risk for falling due to present condition.
LATEX SCREEN: Patient has no potential for latex allergic response.
TUBERCULOSIS: There are no symptoms identified. [0811 DDM]

CURRENT MEDICATIONS:

Imodium, Dosage: No Dose mg capsule
*white BP pill, Dosage: No Dose
Valium
*Heart pill, Dosage: No Dose

PAST MEDICAL HISTORY:

Diabetes mellitus, insulin dependent, hypertension, inflammatory bowel disease, atrial fibrillation.

PAST SURGICAL HISTORY:

Appendectomy, cholecystectomy.

SOCIAL HISTORY:

The patient's social history is currently unavailable because of the patient's condition.

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FAMILY HISTORY:

The patient's family history is currently unavailable because of the patient's condition.

VITAL SIGNS:

Vital Signs:

Time	User	Temp(F/C)	Resp.	Pulse	B.P.	Pulse-Ox	Pain
0814	DDM	102.0/38.8	Rectal 27	120	90/60	Left Arm 88 Room Air	5
0836	CTT	102.0/38.8	24	120	90/60	88 Room Air	

ORDERS:

Medications Ordered:

Ordered	User	Source	Ordering Prac.	Order	Current Status
0830	CTT	Written	Thompson, Chris	dopamine drip (800 mg/250 ml)	New Order (0830)
0830	CTT	Written	Thompson, Chris	Flagyl injectable	New Order (0830)
0830	CTT	Written	Thompson, Chris	gentamicin injectable	New Order (0830)
0830	CTT	Written	Thompson, Chris	Cipro injectable	New Order (0830)

Given By	Medication	Loc.	Via	Response	Needle
Size Attempts	Dressing				
	dopamine drip (800 mg/250 ml), Dosage: 100 micrograms/minute,				
Route:	IVPB ---- -- Unknown				
	Flagyl injectable, Dosage: 1 gram,				
Route:	IVPB				
	gentamicin injectable, Dosage: 100 mg,				
Route:	IVP				
	Cipro injectable, Dosage: 400 mg,				
Route:	IVPB				

ALLERGIES:

Medication Allergies: penicillin.

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Electronic Signature:

DDM Mitchell, Donna RN

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