

# EMERGENCY NURSING RECORD

Date \_\_\_\_\_ Time \_\_\_\_\_ Time EMS called \_\_\_\_\_ Time EMS arrived \_\_\_\_\_

Name of patient \_\_\_\_\_ DOB \_\_\_\_\_  Male  Female

Allergies \_\_\_\_\_

Describe events leading to emergency \_\_\_\_\_

\_\_\_\_\_

Historian/accompanied by \_\_\_\_\_

## What type of emergency? (circle or check)

1. Chest pain How pain started \_\_\_\_\_

Nausea/vomiting  Shortness of breath  Pressure  Tightness  Indigestion  Burning

Pain:  Sharp  Dull  Stabbing  Aching  Numbness  Location \_\_\_\_\_

Pain radiates to:  Jaw  Arm  Back

2. Shortness of breath

3. Asthma exacerbation

4. Allergic reaction  Hives  Rash  Facial swelling  Difficulty breathing

5. Diabetic shock

6. Seizures Time \_\_\_\_\_ Length \_\_\_\_\_

Unresponsive  Visual disturbance  Headache  Incontinent

Tremors  Tonic-clonic seizure involving \_\_\_\_\_ extremities

Eye gaze  R  L

7. Other \_\_\_\_\_

## Vital signs

Time	BP	Pulse/RR	Pulse ox	Blood glucose	Pain
					/10
					/10
					/10
					/10
					/10

## General appearance

No acute distress

Mild  Moderate  Severe distress

Alert

Anxious  Decreased level of consciousness

No barriers

Learning barriers:  Cognitive  Language  Emotion  Other

continued ►



**FPM Toolbox** To find more practice resources, visit <https://www.aafp.org/fpm/toolbox>.

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**Respiratory**

- No respiratory distress
- Normal breath sounds
- Mild     Moderate     Severe distress
- Wheezing     Crackles     Stridor
- Decreased breath sounds

**CVS**

- Regular rate
- Pulses strong
- Skin warm and dry
- Tachycardia     Bradycardia     Irregular rhythm
- Pulse deficit
- Cool     Diaphoretic
- Pale     Cyanotic     Flushed

**Neuro**

- Oriented
- Cooperative
- Speech appropriate
- Moves all extremities
- Disoriented to Person     Place     Time
- Agitated     Confused     Memory loss
- Nonverbal     Speech slurred     Facial droop
- Weakness     Sensory loss     Which extremity \_\_\_\_\_

**Time/Procedures**

- ECG
- AED used
- O2 at 2L-nasal cannula
- CPR started
- CPR stopped
- Assisted ventilation with bag valve mask
- IV access \_\_\_\_\_

**Medications**

Time	Medication	Dose	Route	Site

**Discharge instructions** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of person in charge of record keeping \_\_\_\_\_

Medical provider \_\_\_\_\_