

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

Respiratory

___ No respiratory distress

___ Mild | Moderate | Severe distress

___ Normal breath sounds

___ Wheezing | Crackles | Stridor

___ Decreased breath sounds

CVS

___ Regular rate

___ Tachycardia | Bradycardia | Irregular rhythm

___ Pulses strong

___ Pulse deficit

___ Skin warm and dry

___ 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 _____