

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 _____