Hilo Medical Center

We Care for Our Community

☐ Ka'u Hospital
☐ Hale Ho'ola Hamakua

EMERGENCY DEPARTMENT RECORD

MEDICAL RECORD #	ACCOUNT #	ROOM #	DATE

NAME	LAST	FIRST	MIDDLE	DOB / /	AGE	SEX ☐ Male ☐ Female

ER PHYSICIAN	PRIVATE PHYSICIAN	TIME IN	REG TIME	READY TO BE SEEN	MD TIME	DISCHARGE TIME/DATE

Accident: ☐ Yes ☐ No	Place:	Accident Date/Time:	Police Notified: ☐ Yes ☐ No Dispatcher Time: Notified by:	Insurance

Condition on Arrival: ☐ ALERT ☐ VERBAL ☐ PAINFUL ☐ UNCONSCIOUS ☐ STIMULI
☐ Other (specify):

Accompanied by: ☐ Self ☐ Other ☐ Police Name: Badge #:

Mode of arrival: ☐ Ambulatory ☐ Stretcher ☐ W/C ☐ Police ☐ Medics #

Information from: ☐ Patient ☐ Interpreter Name: ☐ Other: Name:

Triage Time	Triage Complaint:	PMH:

ETOH ☐ Yes ☐ No   SMOKER ☐ Yes ☐ No   ☐ Smoking Cessation

Allergies:

VACCINATIONS: (complete vaccination assessment form & give vaccine(s) if indicated)

MEDICATIONS: (See Medication ID & Reconciliation Form ☐ Pt. Med list ☐)

SIGNATURE: _____ RN/LPN

ENCOURAGE USE OF PRE-PRINTED ORDER FORMS

Time:	BP:	HR:	Resp:	SPO2:	Temp: ☐ Ax ☐ R ☐ Oral	Wt: ___ Kg:	Ht:	PAIN: ☐ Yes ☐ No	☐ Acute ☐ Chronic	ONSET:	PAIN LOCATION

TRIAGE: ☐ EMERGENT ☐ URGENT ☐ Non-Urgent	LMP:	FHT & LOCATION	DT:	Visual Acuity: Right Left Both	PAIN-Duration ☐ Cramping ☐ Squeezing	Type/Quality ☐ Stabbing ☐ Burning ☐ Other	Scale 1-10

*CCU labs include: CBC, CK, CKMB, Troponin, BMP; Magnesium		TIME	M.D. ORDERS	M.D. INITIALS	NURSE'S INIT & TIME

Physician Notes:

Pneumonia: ☐ Pulse Ox., ☐ BC × 2, ☐ Antibiotics, ☐ Smoke Cessation

CHF: ☐ Pulse Ox, ☐ EKG, ☐ CXR, ☐ Smoke Cessation, ☐ LVF Assess

ACS: ☐ ASA, ☐ B-Blocker, ☐ ACEI, ☐ Smoke Cessation

CVA: ☐ Sx Onset, ☐ Sx Intensity, ☐ Stroke Scales

Lab: ☐ CBC ☐ BMP ☐ CMP ☐ CCU*
☐ UA ☐ PT PTT ☐ BHCG
☐ EKG ☐ PCXR ☐ BNP

Dx Imp. ☐ Stable ☐ Resolved ☐ Improved ☐ Discharged ☐ Worsened ☐ Critical Care

Chief Complaint/DX:

Disposition: Time: _____ ☐ Home ☐ Admit ☐ Other ☐ FAST TRACK

Transfer to: Accepting Physician:

☐ See your private physician in _____ days, if not improved
☐ Follow-up instructions sheet given.

Valuables & Clothing: Given to: ☐ Relative ☐ Patient ☐ Admit / BO
☐ Other: Signature:

Private Physician / Consultant	Date/Time	ER Physician	Date/Time	#	☐ Dictated

FORM 500-2541 Rev. 5/07

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DJ Losen

Er Documentation Templates:

Er Documentation Templates Book Review: Unveiling the Magic of Language

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