

EMERGENCY
 DEPT RECORD

HOSPITAL #:
 EMERGENCY ROOM #:

PATIENT NAME: Last First Middle SEX: ☐ F ☐ M AGE: ADMIN. DATE: TIME IN:

HEIGHT: WEIGHT: IMMUNIZATIONS CURRENT: ☐ Y ☐ N ALLERGIES:

CONDITION ON ADMISSION: ☐ Good ☐ Fair ☐ Stable ☐ Critical ☐ Guarded BROUGHT IN BY: ☐ Self ☐ Police ☐ EMS ☐ Family ☐ Other: Brought in by: ☐ Amb ☐ Stretcher ☐ W/C ☐ Parent's Arms

ER MD: FAMILY MD: LAST TETNUS:

TIME: TEMP PULSE RESP B / P PULSE OX GCS TS CURRENT PRESCRIPTION MEDICATION SIGNIFICANT MEDICAL HISTORY

USED ANY OF THE FOLLOWING IN THE PAST 72 HRS? YES NO QTC Meds Herbs / Vitamins Street Drugs Alcohol Tobacco If "Yes", name & amount: NURSING ASSESSMENT & HISTORY

PHYSICAL FINDINGS PROBLEM ORIENTED PHYSICAL EXAM:

LAB & IMAG CBC CHEM EKG CXR URINALYSIS (Voided, CCMS, Cath) OTHER:

DIAG

PHYSICIAN ORDERS and TX I O

DISPOSITION OF CASE: ☐ Critical ☐ Admitted: ☐ Fair ☐ Guarded ☐ Transferred: ☐ Facility: CONDITION ON DISCHARGE: ☐ Improved ☐ Stable ☐ Guarded ☐ Critical ☐ Deceased ☐ Other: MODE OF DISCHARGE: ☐ Ambulatory ☐ W / C ☐ Parent's Arms ☐ Other: TIME OF DISCHARGE: PHYSICIAN'S SIGNATURE: DATE: NURSE'S SIGNATURE: DATE:

Emergency Room Record T Sheet

R Sanford

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Table of Contents Emergency Room Record T Sheet

1. Understanding the eBook Emergency Room Record T Sheet
 - The Rise of Digital Reading Emergency Room Record T Sheet
 - Advantages of eBooks Over Traditional Books
2. Identifying Emergency Room Record T Sheet
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Emergency Room Record T Sheet
 - User-Friendly Interface
4. Exploring eBook Recommendations from Emergency Room Record T Sheet
 - Personalized Recommendations

- Emergency Room Record T Sheet User Reviews and Ratings
- Emergency Room Record T Sheet and Bestseller Lists
- 5. Accessing Emergency Room Record T Sheet Free and Paid eBooks
 - Emergency Room Record T Sheet Public Domain eBooks
 - Emergency Room Record T Sheet eBook Subscription Services
 - Emergency Room Record T Sheet Budget-Friendly Options
- 6. Navigating Emergency Room Record T Sheet eBook Formats
 - ePub, PDF, MOBI, and More
 - Emergency Room Record T Sheet Compatibility with Devices
 - Emergency Room Record T Sheet Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Emergency Room Record T Sheet
 - Highlighting and Note-Taking Emergency Room Record T Sheet
 - Interactive Elements Emergency Room Record T Sheet
- 8. Staying Engaged with Emergency Room Record T Sheet
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Emergency Room Record T Sheet
- 9. Balancing eBooks and Physical Books Emergency Room Record T Sheet
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Emergency Room Record T Sheet
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Emergency Room Record T Sheet
 - Setting Reading Goals Emergency Room Record T Sheet
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Emergency Room Record T Sheet
 - Fact-Checking eBook Content of Emergency Room Record T Sheet

- Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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