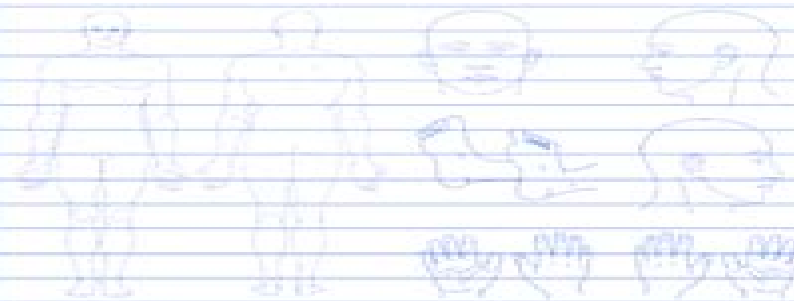


## EMERGENCY DEPARTMENT RECORD

|                                                                                                                                                                                                                                |      |                                                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                                                                                                |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|
| MEDICAL RECORD #:                                                                                                                                                                                                              |      | ACCOUNT #:                                                                                                                                                           |       | AGE:                                                                                                                                                                                                                                                                                                         |                                                                                             | DATE:                                                                                                                          |          |
| AGE:                                                                                                                                                                                                                           | DOB: | MO:                                                                                                                                                                  | DO:   | MO:                                                                                                                                                                                                                                                                                                          | DO:                                                                                         | SEX:                                                                                                                           |          |
| ER PHYSICIAN:                                                                                                                                                                                                                  |      | FACILITY PHYSICIAN:                                                                                                                                                  |       | TIME IN:                                                                                                                                                                                                                                                                                                     | REG TIME:                                                                                   | READY TO BE SEEN:                                                                                                              | AD TIME: |
| Accident:                                                                                                                                                                                                                      |      | Place:                                                                                                                                                               |       | Accident Date/Time:                                                                                                                                                                                                                                                                                          |                                                                                             | Police Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                      |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                       |      |                                                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                              |                                                                                             | Insurance:                                                                                                                     |          |
| Condition on Arrival:                                                                                                                                                                                                          |      | <input type="checkbox"/> ALERT <input type="checkbox"/> VERBAL <input type="checkbox"/> PAINFUL <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> STRAUB |       | Accompanied by: <input type="checkbox"/> Self <input type="checkbox"/> Other:                                                                                                                                                                                                                                |                                                                                             | Mode of arrival: <input type="checkbox"/> Ambulatory <input type="checkbox"/> Stretcher                                        |          |
| <input type="checkbox"/> Other (specify):                                                                                                                                                                                      |      |                                                                                                                                                                      |       | Police Name:                                                                                                                                                                                                                                                                                                 |                                                                                             | Badge #:                                                                                                                       |          |
| Information from: <input type="checkbox"/> Patient <input type="checkbox"/> Interpreter                                                                                                                                        |      | Name:                                                                                                                                                                |       | <input type="checkbox"/> Other:                                                                                                                                                                                                                                                                              |                                                                                             | Name:                                                                                                                          |          |
| Triage Time:                                                                                                                                                                                                                   |      | Triage Complaint:                                                                                                                                                    |       | PMH:                                                                                                                                                                                                                                                                                                         |                                                                                             |                                                                                                                                |          |
|                                                                                                                                                                                                                                |      |                                                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                                                                                                |          |
|                                                                                                                                                                                                                                |      |                                                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                                                                                                |          |
|                                                                                                                                                                                                                                |      |                                                                                                                                                                      |       | ETOH <input type="checkbox"/> Yes <input type="checkbox"/> No    SMOKER <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Smoking Cessation:                                                                                                                                 |                                                                                             |                                                                                                                                |          |
| Allergies:                                                                                                                                                                                                                     |      | VACCINATIONS: (complete vaccination assessment form & give vaccine(s) if indicated)                                                                                  |       |                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                                                                                                |          |
|                                                                                                                                                                                                                                |      | MEDICATIONS: (See Medication ID & Reconciliation Form <input type="checkbox"/> Rx Med list <input type="checkbox"/>                                                  |       |                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                                                                                                |          |
| SIGNATURE:                                                                                                                                                                                                                     |      | RN/UPN:                                                                                                                                                              |       | ENCOURAGE USE OF PRE-PRINTED ORDER FORMS                                                                                                                                                                                                                                                                     |                                                                                             |                                                                                                                                |          |
| Time:                                                                                                                                                                                                                          | BP:  | HR:                                                                                                                                                                  | Resp: | SPO2:                                                                                                                                                                                                                                                                                                        | Temp:                                                                                       | Wt:                                                                                                                            | HL:      |
|                                                                                                                                                                                                                                |      |                                                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                              | Arterial <input type="checkbox"/> PR <input type="checkbox"/> Oral <input type="checkbox"/> | Kg:                                                                                                                            | IN:      |
| TRADE: <input type="checkbox"/> EMERGENCY <input type="checkbox"/> URGENT <input type="checkbox"/> Non-Urgent                                                                                                                  |      | LMP:                                                                                                                                                                 |       | PHT & LOCATION:                                                                                                                                                                                                                                                                                              |                                                                                             | Visual Acuity: Right Left Both                                                                                                 |          |
|                                                                                                                                                                                                                                |      |                                                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                              |                                                                                             | PAIN: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Acute <input type="checkbox"/> Chronic |          |
|                                                                                                                                                                                                                                |      |                                                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                              |                                                                                             | ONSET:                                                                                                                         |          |
|                                                                                                                                                                                                                                |      |                                                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                              |                                                                                             | PAIN-Location: Type/Quality: <input type="checkbox"/> Cramping <input type="checkbox"/> Burning <input type="checkbox"/> Other |          |
| *CCU Labs include: CBC, CK, CKMB, Troponin, BMP, Magnesium                                                                                                                                                                     |      |                                                                                                                                                                      |       | Scale 1-10                                                                                                                                                                                                                                                                                                   |                                                                                             |                                                                                                                                |          |
| Physician Notes:                                                                                                                                                                                                               |      |                                                                                                                                                                      |       | TIME                                                                                                                                                                                                                                                                                                         |                                                                                             |                                                                                                                                |          |
| Pneumonia: <input type="checkbox"/> Pulse Ox, <input type="checkbox"/> BC x 2, <input type="checkbox"/> Antibiotics, <input type="checkbox"/> Smoke Cessation                                                                  |      |                                                                                                                                                                      |       | Lab: <input type="checkbox"/> CBC <input type="checkbox"/> BMP <input type="checkbox"/> CMP <input type="checkbox"/> GCU* <input type="checkbox"/> UA <input type="checkbox"/> PT/PTT <input type="checkbox"/> BSHOG <input type="checkbox"/> EKG <input type="checkbox"/> PCKR <input type="checkbox"/> BNP |                                                                                             |                                                                                                                                |          |
| CHF: <input type="checkbox"/> Pulse Ox, <input type="checkbox"/> EKG, <input type="checkbox"/> CXR, <input type="checkbox"/> Smoke Cessation, <input type="checkbox"/> LVF Assess                                              |      |                                                                                                                                                                      |       | MID INITIALS:                                                                                                                                                                                                                                                                                                |                                                                                             |                                                                                                                                |          |
| ACS: <input type="checkbox"/> ASA, <input type="checkbox"/> B-Blocker, <input type="checkbox"/> ACEI, <input type="checkbox"/> Smoke Cessation                                                                                 |      |                                                                                                                                                                      |       | NURSE'S INIT & TIME                                                                                                                                                                                                                                                                                          |                                                                                             |                                                                                                                                |          |
| CVA: <input type="checkbox"/> Sx Onset, <input type="checkbox"/> Sx Intensity, <input type="checkbox"/> Stroke Scales                                                                                                          |      |                                                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                                                                                                |          |
|                                                                                                                                               |      |                                                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                                                                                                |          |
| Dx Imp. <input type="checkbox"/> Stable <input type="checkbox"/> Resolved <input type="checkbox"/> Improved <input type="checkbox"/> Discharged <input type="checkbox"/> Worsened <input type="checkbox"/> Chief Complaint/Dx: |      |                                                                                                                                                                      |       | Disposition: Time: <input type="checkbox"/> Home <input type="checkbox"/> Admit <input type="checkbox"/> Other: <input type="checkbox"/> FAST TRACK                                                                                                                                                          |                                                                                             |                                                                                                                                |          |
|                                                                                                                                                                                                                                |      |                                                                                                                                                                      |       | Transfer to: <input type="checkbox"/> Accepting Physician:                                                                                                                                                                                                                                                   |                                                                                             |                                                                                                                                |          |
|                                                                                                                                                                                                                                |      |                                                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                                                                                                |          |
| <input type="checkbox"/> See your private physician in _____ days, if not improved.                                                                                                                                            |      |                                                                                                                                                                      |       | Values & Clothing: Given to: <input type="checkbox"/> Relative <input type="checkbox"/> Patient <input type="checkbox"/> Admit / BO                                                                                                                                                                          |                                                                                             |                                                                                                                                |          |
| <input type="checkbox"/> Follow-up instructions sheet given.                                                                                                                                                                   |      |                                                                                                                                                                      |       | <input type="checkbox"/> Other: Signature:                                                                                                                                                                                                                                                                   |                                                                                             |                                                                                                                                |          |
| Private Physician / Consultant                                                                                                                                                                                                 |      | Date/Time                                                                                                                                                            |       | ER Physician:                                                                                                                                                                                                                                                                                                |                                                                                             | Date/Time # <input type="checkbox"/> Dictated                                                                                  |          |

# Emergency Room Medical Dictation Templates

**E Durkheim**



## **Emergency Room Medical Dictation Templates:**

Family Emergent/Urgent and Ambulatory Care, Second Edition Sheila Sanning Shea, Karen Sue Hoyt, 2020-05-31 Praise for the First Edition This is the best pocket guide in the market It is easy to use and straight to the point with up to date information I highly recommend it for anyone practicing in fast paced settings Pedro Colio DNP APRN FNP C ENP C CCRN Emergency Department Educator Nurse Practitioner El Centro Regional Medical Center Updated to promote ultra quick access to current information NPs need daily Now in its second edition this reference guide for nurse practitioners and other health care providers in emergency medical screening fast track and or primary care family settings continues to provide ultra quick access to key assessment and management information The Pocket NP delivers a wealth of information for assessment and management of the most commonly encountered problems in fast track settings Arranged in a logical head to toe format it includes the history physical examination and essential medical decision making considerations needed to walk you step by step through a typical patient encounter New to the Second Edition Updated medical decision making sections with documentation templates Updated pharmacology and drug administration information New ultrasound dictation templates for each section where it is performed New tables including eye chart for vision in trauma patients New ultrasound images New line drawings depicting various conditions Updated clinical guidelines Key Features Provides ultra quick access to patient treatment information Offers easy to use framework for quickly locating critical knowledge Presents templates for identifying normal and abnormal presentations Delivers content in logical head to toe format Includes time tested Tips and Don't Miss boxes with bullet points of critical information Provides anatomic illustrations that assist in diagnosis management of conditions Contains billing information

**Family Emergent/Urgent and Ambulatory Care** Sheila Sanning Shea, Karen Sue Hoyt, 2024-08-14 Now in its third edition this quick reference for nurse practitioners and other health care providers continues to provide rapid access to key assessment and management information for adult and gerontology patients With its concise format the resource provides current evidence based guidelines for the most commonly encountered problems found in this population in urgent and emergent settings The pocket guide is arranged in a logical head to toe format and includes the history physical examination and essential medical decision making considerations needed to walk the clinician step by step through a typical patient encounter A variety of templates for dictation documentation can be mixed and matched as needed to assist the clinician with the development of patient records The book also contains frequently used anatomical illustrations and templates to assist in identification of normal and abnormal presentations New to the Third Edition Integrates new content on geriatric care throughout Delivers the most current evidence based guidelines Includes ultrasound figures and tables Key Features Provides speedy access to patient treatment information with easy to use framework Includes templates to assist in identification of normal and abnormal presentations Contains a rapid review of systems Unfolds content in a logical head to toe format Presents figures and anatomic illustrations

to assist in diagnosis management of conditions      **Medical Transcription - E-Book** Marcy O. Diehl, 2016-06-13 Master the fundamentals of medical transcription and meet the challenges of the evolving medical transcription field with Medical Transcription Techniques and Procedures 7th Edition Respected authority Marcy O Diehl delivers proven practical training in the skills and technology essential to your success including proofreading editing speech recognition technology and more This new edition also reflects an increased emphasis on medical editing and other related fields to keep you current with the changing medical transcription profession and fully prepare you for your role in health information management Comprehensive coverage and practical exercises demonstrate fundamental editing transcription concepts and boost your proficiency in Punctuation Capitalization Numbers Abbreviations and symbols Word endings Formation of plural forms Exercises and helpful hints enhance your proofreading and editing skills and help you prevent common errors Extensive practice and review exercises on Evolve reinforce your understanding and give you the experience to confidently move into the transcription workforce New chapter highlights the transcriptionist's emerging role as a medical editor and how it impacts health information management and patient safety Take Note boxes provide quick access to key editing transcription tips From the Field sections deliver helpful insight from practicing medical transcriptionists Updated information familiarizes you with the latest medical transcription equipment Live transcription exercises help you meet the Association for Healthcare Documentation Integrity ADHI's live transcription requirement and practice applying your transcription skills to scenarios commonly encountered in practice Additional exercises test your ability to edit voice recognition software generated reports

**Geriatric Emergent/Urgent and Ambulatory Care, Second Edition** Sheila Sanning Shea, Karen Sue Hoyt, 2020-05-31 Praise for the First Edition The pocket NP guide is an easy to use clinical companion guiding the assessment diagnosis and treatment of common presentations to the emergency setting I personally use this resource in my clinical practice and also recommend it to all of my students I highly recommend the pocket NP guide for any practitioners working or thinking of working in the emergency setting Theresa Campo DNP FNP C ENP BC FAANP Updated to promote ultra quick access to current information NPs need daily Now in its second edition this reference guide for nurse practitioners and other health care providers in emergency medical screening fast track and or geriatric settings continues to provide ultra quick access to key assessment and management information The Pocket NP delivers a wealth of information for assessment and management of the most commonly encountered problems in fast track settings Arranged in a logical head to toe format it includes the history physical examination and essential medical decision making considerations needed to walk you step by step through a typical patient encounter New to the Second Edition Updated medical decision making sections with documentation templates Updated pharmacology and drug administration information New ultrasound dictation templates for each section where it is performed New tables including eye chart for vision in trauma patients New ultrasound images New line drawings depicting various conditions Updated clinical guidelines Key Features Provides ultra quick access to

patient treatment information Offers easy to use framework for quickly locating critical knowledge Presents templates for identifying normal and abnormal presentations Delivers content in logical head to toe format Includes time tested Tips and Don't Miss boxes with bullet points of critical information Provides anatomic illustrations that assist in diagnosis management of conditions Contains billing information      *Pediatric Emergent/Urgent and Ambulatory Care, Second Edition* Sheila Sanning Shea, Karen Sue Hoyt, 2020-05-31 Praise for the First Edition This is one of the most useful pocket guides that I have used It is a must have for every nurse practitioner who works in the ED urgent care or primary care setting Nicole Martinez MSN RN FNP BC ENP C PHN Emergency Nurse Practitioner Scripps Mercy Hospital Updated to promote ultra quick access to current information NPs need daily Now in its second edition this reference guide for nurse practitioners and other health care providers in emergency medical screening fast track and or pediatric settings continues to provide ultra quick access to key assessment and management information The Pocket NP delivers a wealth of information for assessment and management of the most commonly encountered problems in fast track settings Arranged in a logical head to toe format it includes the history physical examination and essential medical decision making considerations needed to walk you step by step through a typical patient encounter New to the Second Edition Updated medical decision making sections with documentation templates Updated pharmacology and drug administration information New ultrasound dictation templates for each section where it is performed New tables including eye chart for vision in trauma patients New ultrasound images New line drawings depicting various conditions Updated clinical guidelines Key Features Provides ultra quick access to patient treatment information Offers easy to use framework for quickly locating critical knowledge Presents templates for identifying normal and abnormal presentations Delivers content in logical head to toe format Includes time tested Tips and Don't Miss boxes with bullet points of critical information Provides anatomic illustrations that assist in diagnosis management of conditions Contains billing information      *Geriatric Emergent/Urgent and Ambulatory Care* Sheila Sanning Shea, Karen Sue Hoyt, 2016-01-20 Fast track medical settings call for at your fingertips information Here is an easy to use quick reference guide for nurse practitioners and other health care providers in emergency medical screening fast track and or primary care settings with family patients In a concise optimally organized format that includes current evidence based guidelines the resource delivers a wealth of information for assessment and management of the most commonly encountered problems in these settings Concise yet packed with crucial knowledge The Pocket NP is arranged in a logical head to toe format that includes the history and physical examination and essential medical decision making considerations The material is organized in a true rapidaccess format with salient information presented for maximum efficiency and speed of retrieval A variety of templates for dictation documentation are provided to assist the clinician with the development of a concise and logical patient record These templates can be mixed and matched as needed and using a specific template for focused patient problems e g knee pain will facilitate assessment fine tuning Also included are frequently used illustrations for anatomical

records as well as templates to assist in identification of normal and abnormal presentations Additional helpful features include Tips and Don't Miss boxes with bullet points of critical information a rapid review of systems billing information and a dedicated page for NP Survival Information and notes Key Features Provides ultra quick access to patient treatment information Offers easy to use framework for quickly locating critical information Presents templates for identifying normal and abnormal presentations Contains a rapid review of systems Delivers content in head to toe format Includes Tips and Don't Miss boxes with bullet points of critical information      Pediatric Emergent/Urgent and Ambulatory Care Sheila Sanning Shea,Karen Sue Hoyt,Kathleen Sanders Jordan,2024-08-03 AJN Book of the Year Award Winner Now in its third edition this quick reference for nurse practitioners and other health care providers continues to provide rapid access to key assessment and management information for pediatric patients With its concise format the resource provides current evidence based guidelines for the most commonly encountered problems found in this population in urgent and emergent settings The pocket guide is arranged in a logical head to toe format and includes the history physical examination and essential medical decision making considerations needed to walk the clinician step by step through a typical patient encounter A variety of templates for dictation documentation can be mixed and matched as needed to assist the clinician with the development of patient records The book also contains frequently used anatomical illustrations and templates to assist in identification of normal and abnormal presentations New to the Third Edition Updates crucial evidence based clinical guidelines Delivers ultrasound figures and tables Key Features Provides at a glance access to patient treatment information Offers templates assisting in identification of normal and abnormal presentations Contains a rapid review of systems Unfolds content in a head to toe format Includes figures and anatomic information assisting in management diagnosis of conditions Contains information about billing      *Health Informatics: Practical Guide for Healthcare and Information Technology Professionals (Fifth Edition)* Robert E Hoyt,Nora Bailey,Ann Yoshihashi,2012 Health Informatics HI focuses on the application of information technology IT to the field of medicine to improve individual and population healthcare delivery education and research This extensively updated fifth edition reflects the current knowledge in Health Informatics and provides learning objectives key points case studies and references Topics include HI Overview Healthcare Data Information and Knowledge Electronic Health Records Practice Management Systems Health Information Exchange Data Standards Architectures of Information Systems Health Information Privacy and Security HI Ethics Consumer HI Mobile Technology Online Medical Resources Search Engines Evidence Based Medicine and Clinical Practice Guidelines Disease Management and Registries Quality Improvement Strategies Patient Safety Electronic Prescribing Telemedicine Picture Archiving and Communication Systems Bioinformatics Public HI E Research Available as a printed copy and E book      Healthcare Information Systems Kevin Beaver,2002-12-23 The move to manage medicine from a financial perspective i.e managed care has added huge layers of bureaucratic and administrative functions to healthcare The need to have the ability to track patient medical records mandated by government

legislation such as HIPAA is bringing new technologies and processes into the healthcare arena A univer **Health Informatics: Practical Guide for Healthcare and Information Technology Professionals (Sixth Edition)** Robert E. Hoyt, Ann K. Yoshihashi, 2014 Health Informatics HI focuses on the application of Information Technology IT to the field of medicine to improve individual and population healthcare delivery education and research This extensively updated fifth edition reflects the current knowledge in Health Informatics and provides learning objectives key points case studies and references

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