

#8A **Dyspnea**
- Nursing Triage Notes and Data Base -
 check box or (circle) word(s) if affirmative, ~~strike~~ word(s) if negative, note additional findings

Date: _____ **Time:** _____ emergent urgent non-urgent

Allergies: NKDA dyes / contrast
 latex / adhesives
 food:

IMPORTANT PRINTING INSTRUCTIONS:
 For best results, print this sample BartCharts ED Template at 100%. In other words, when printing, do not "pagescale" or "shrink to fit".

Name: _____ DOB / Age: _____

P: _____ **BP:** _____ / _____ **RR:** _____ **T:** _____ oral tymp rectal
Pulse Ox on: room air O₂ : _____ **Last Blood Glucose:** _____ **Weight:** 1b kg
 stated measured

Arrived by: EMS walk-in wheelchair **Historian:** patient family / friend EMS **PMD:** _____

EMS Treatment PTA: see EMS report IV O₂ Meds: _____ **Pain:** at present (0-10): _____ at worst (0-10): _____

Chief Complaint / History of Present Illness: _____

Quality: shortness of breath dyspnea on exertion wheezing / asthma chest congestion
 chest pain cough / URI symptoms fevers / chills palpitations

Associated Symptoms:

Past Medical History: HTN MI high cholest. CHF COPD PE DVT A-fib DM GERD CVA/TIA seizure dementia

Last Menstrual Period: _____

Immunizations: current influenza current pneumococcal
 Tetanus: < 5 years > 5 years unsure N/A

Surgical History: CABG coronary artery stent
 angioplasty pacemaker / AICD

Medications	Dose	Frequency	Medications / Vitamins / OTC Meds	Dose	Frequency

Social, Psychological, and Functional Risk Assessment:

Tobacco: _____ packs / day for _____ years current? yes no

ETOH: _____ drinks per: day week last drink _____

Substance Abuse: _____ last use _____

Home Circumstances: lives alone w/ family or friend nursing home
 assisted living group home shelter homeless

Has patient been physically harmed or threatened in the last year? yes no

Does patient appear malnourished? yes no

signature _____ printed name _____ title _____ date _____ time _____

signature _____ printed name _____ title _____ date _____ time _____

#8 B **Dyspnea**
- Nursing Assessment and Treatment Notes -
 check box or (circle) word(s) if affirmative, ~~strike~~-word(s) if negative, note additional findings

Date: _____ **Time:** _____ **Room:** _____

Allergies: NKDA see RN Triage Notes dyes / contrast
 latex / adhesives
 food:

IMPORTANT PRINTING INSTRUCTIONS:

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Name: _____ DOB / Age: _____

Initial Assessment: **General:** Distress: none mild moderate severe

Nutritional / Functional: normal, independent ADLs appears well nourished

EENT: external facial exam appears normal nasal drainage
 pupils equal, round, reactive epistaxis

CV: regular rate pulses strong tachycardia jugular venous distention
 regular rhythm normal cap refill bradycardia slow cap refill
 irregular rhythm pulse deficit

Resp: no respiratory distress mild distress rales
 breath sounds clear and equal mod. distress rhonchi
 severe distress wheezing

Abd: soft normal inspection tenderness distention
 nontender bowel sounds present guarding rigidity
 rebound abnormal bowel sounds:

Skin: warm, dry no cyanosis diaphoresis rash:

Extrem: moves all extremities nontender limited ROM tenderness:
 no pedal edema pedal edema

Neuro: alert & oriented to person, place, time disoriented to person weakness
 no apparent neurologic deficit disoriented to place confusion
 disoriented to time decreased LOC

Psych: calm anxious uncooperative
 cooperative agitated

Additional Findings:

Initial Assessment completed by: _____

VITAL SIGNS								
Time	Initials	P	BP	RR	T	Pulse Ox	Rhythm	Pain (0-10)

IV Fluids					
Time	Initials	Solution	Location / Site	Rate	Amount In

IV Starts				
Time	Initials	Location	Gauge	# attempts

initials	signature	printed name	initials	signature	printed name
initials	signature	printed name	initials	signature	printed name

