

#19 A Hand / Wrist
- 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

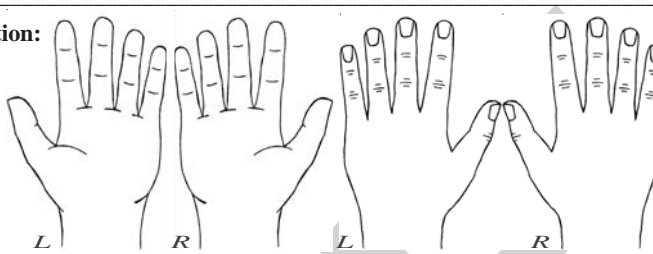
Pulse Ox on: room air O₂: _____ **Last Blood Glucose:** _____ **Weight:** lb kg stated measured

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

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

Chief Complaint / History of Present Illness: _____

Quality: pain swelling weakness change in sensation rash

Location: 

Injury: no known injury fall direct blow laceration jammed digit burn

Associated Symptoms: pain with motion numbness tingling fever / chills redness increased warmth

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: _____

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 _____

#19 B Hand / Wrist
- 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:

Name: _____ DOB / Age: _____

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

Nutritional / Functional: normal, independent ADLs appears well nourished

Hand / Wrist: no swelling swelling
 no rash tenderness
 nontender limited ROM
 normal ROM deformity
 pulse deficit
 sensory deficit
 redness or rash

Upper Arm: nontender tenderness
 normal ROM limited ROM

CV: regular rate tachycardia
 regular rhythm bradycardia

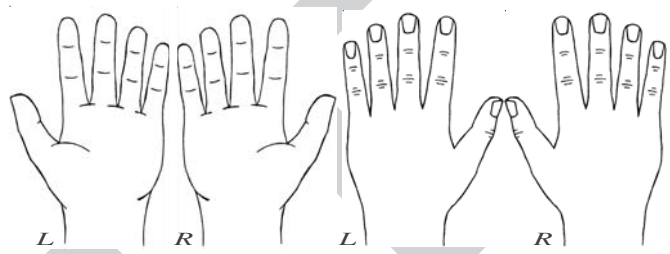
Resp: no respiratory distress respiratory distress
 breath sounds clear and equal decreased breath sounds

Abd: soft tenderness
 nontender guarding or rebound

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

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

