

ER ADULT TRIAGE NOTE

DATE:	TIME:	ARRIVED BY:	Pt ACCOMPANIED BY:	ESI CAT																																				
NAME	DOB	VERIFIED NAME/DOB.	YES	NO																																				
FAMILY, DEFINED BY AND INCLUSION APPROVED BY Pt.			TRIAGED BY:																																					
CHIEF COMPLAINT:		started- hrs days ago																																						
HTN	blood sugar	SEE 2 nd PAGE FOR ADDITIONAL NOTES																																						
SOB	fever	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">VITALS:</td> <td colspan="2" style="text-align: center;">/10</td> </tr> <tr> <td>BP</td> <td>/</td> <td colspan="2">PAIN SCALE:</td> </tr> <tr> <td>HR</td> <td></td> <td colspan="2">QUALITY:</td> </tr> <tr> <td>RR</td> <td></td> <td colspan="2">LOCATION:</td> </tr> <tr> <td>Temp</td> <td>F</td> <td colspan="2">ONSET:</td> </tr> <tr> <td>SpO2</td> <td>%</td> <td colspan="2">DURATION:</td> </tr> <tr> <td>Height</td> <td>in cm</td> <td colspan="2">ALLEVIATING:</td> </tr> <tr> <td>Weight</td> <td>lbs kg</td> <td colspan="2">PRECIPITATING:</td> </tr> <tr> <td>BMI</td> <td>BSA sm</td> <td colspan="2" style="text-align: center;">Provider Notified if greater or equal to 4</td> </tr> </table>			VITALS:		/10		BP	/	PAIN SCALE:		HR		QUALITY:		RR		LOCATION:		Temp	F	ONSET:		SpO2	%	DURATION:		Height	in cm	ALLEVIATING:		Weight	lbs kg	PRECIPITATING:		BMI	BSA sm	Provider Notified if greater or equal to 4	
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cough	chills																																							
chest pain	problems urinating																																							
nausea	back pain																																							
vomiting	diarrhea																																							
abdominal pain	headache																																							
chemical exposure	seizure																																							
Trauma/Injury:																																								
Syncope	LOC																																							
SUBSTANCE USE:		MORSE FALLS RISK ASSESSMENT:		NEEDS ASSESSMENT:																																				
NONE COUNSELING DONE OR REFERRAL MADE TOBACCO PPD ETOH STREET DRUGS		1) HISTORY OF FALLS? 25 = YES 0 = NO 2) SECONDARY DIAGNOSIS? 25 = YES 0 = NO 3) IV/HEPARIN LOCK? 25 = YES 0 = NO 4) AMBULATORY AID? 30 = FURNITURE 15 = CRUTCHES/CANE/WALKER 0 = NONE/BEDREST/WHEELCHAIR/NURSE 5) GAIT/TRANSFERRING? 25 = YES 0 = NO 6) MENTAL STATUS? 15 = FORGETS LIMITATIONS 0 = ORIENTED TO OWN ABILITY 7) ENTER SCORE? 8) IF FALLS RISK IS 25 OR HIGHER, DID YOU PLACE FALLS WRISTBAND ON PATIENT? YES		1) WHAT LANGUAGE DO YOU PREFER TO HAVE YOUR MEDICAL CARE DISCUSSED ? ENGLISH OTHER: 2) DO YOU HAVE ANY BARRIERS TO LEARNING? 3) ARE YOU SUFFERING FROM ANY OF THE FOLLOWING TYPES OF ABUSE? 4) DO YOU HAVE A LIVING WILL OR ADVANCED DIRECTIVE? YES NO N/A 5) IF YES, DO YOU HAVE A COPY ON FILE AT GLWACH? YES NO N/A 6) WOULD YOU LIKE INFORMATION ON LIVING WILLS OR ADVANCED DIRECTIVES? YES NO N/A																																				
ALLERGIES: NKDA																																								
FOOD																																								
RELATED TO INJURY/ACCIDENT																																								
DATE:	TIME:																																							
PLACE OF ACCIDENT/INJURY																																								
LOCATION OF ACCIDENT																																								
RELATED CAUSE CODE																																								
Female ONLY Data: LMP		U-Unknown	Could you be pregnant?	YES	NO																																			
Hysterectomy		Tubal		Pregnant for	Wks based on LMP																																			
Joint Commission / AAAHC / NCQA / HIS Related																																								
Pt Overall Feeling?		Does Patient Feel Safe at home?		YES	NO																																			
Active Duty YES NO		Any Hospitalizations, specialty care, ER visits, since your last Appointment?		YES	NO																																			
PHQ-2: Over the past 2 weeks, how often have you been bothered by any of the following problems?																																								
1) Little interest or pleasure in doing things.		2) Feeling Depressed or Hopeless.		Positive PHQ-2 (Score 3 or Greater)? If Yes																																				
0 = Not at all	SCORE	0 = Not at all	SCORE	Alert Provider, Document Suicidal and/or Homicidal																																				
1 = Several days		1 = Several days		Ideation below and accomplish Full PHQ-9 via TSWF-																																				
2 = More than half the days		2 = More than half the days		CORE 2 nd Screening tab																																				
3 = Nearly every day		3 = Nearly every day																																						
NO PHQ-2 Depression Screen Negative			YES PHQ-2 Depression Screen Positive. SCORE:																																					
3) Thinking about Suicide?		YES	NO																																					
4) Thinking about Homicide?		YES	NO																																					

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NAME		DOB	VERIFIED NAME/DOB.	YES NO
FAMILY, DEFINED BY AND INCLUSION APPROVED BY Pt.			TRIAGED BY:	
				D-STICK: TIME: / TIME: /
AUTOCITE MEDICATIONS CONFIRMED		YES	NO	
MED's HAVE BEEN RECONCILED AND A LIST GIVEN TO Pt.		YES	NO	
CURRENT MEDICATION:	DOSAGE:	FREQUENCY:		
ADDITIONAL NOTES:				