

EMERGENCY NURSING RECORD

Lower Extremity Trauma

AGE ACUITY: 1 2 3 4 5 DATE _____ TIME _____

HISTORY: patient paramedics family _____
 BARRIERS: learning communication interpreter _____

ARRIVAL MODE: car EMS police _____

IMMUNIZATIONS: tetanus _____ years UTD _____
 flu _____ pneumovax _____

TREATMENT PTA see EMS report IV O₂ c-collar backboard
 last blood glucose _____ mg/dL

VITALS Height _____ Weight _____ kg
 BP _____ / _____ P _____ RR _____ Temp _____ ° F TM O R
 SpO₂ _____ % RA / _____ L O₂ via NC / mask

PAIN LEVEL (1/10) current: _____ /10 max _____ /10 acceptable _____ /10
 analgesic used: Wong-Baker FLACC _____

CHIEF COMPLAINT _____
 onset _____ just PTA _____ min / hrs / days ago

tingling / numbness _____ redness / swelling _____
 weakness _____ tenderness _____
 pain / unable to bear weight _____ snapping / popping sensation _____

MECHANISM
 fall / direct blow _____ bite _____
 twisting _____ cut with _____
 crush / jammed _____ burn _____

ALLERGIES NKDA
 PCN / ASA / sulfa / codeine / iodine / latex _____

MEDS none see med list _____
 Med Reconciliation Form on chart / updated

PAST MEDICAL HX
 gout / DVT / chronic back pain / intervertebral disc disease
 asthma / HTN / diabetes: Type 1 / Type 2 diet / oral / insulin _____

past surgeries none _____

LNMP _____ pregnant / postmenop / hyst _____

SOCIAL HX occupation _____
 * smoked in past 12 months _____ ppd _____ quit date _____
 drugs / alcohol _____
 smoking / alcohol cessation counseling _____

SCREENINGS
 infectious disease risk hepatitis / HIV / TB exposure / symptoms _____

physically hurt or threatened by someone close _____
 fall risk _____ suicide risk _____

RN Signature _____

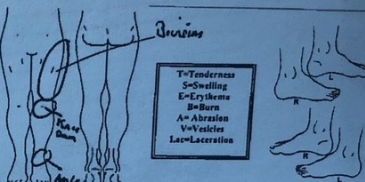
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TIME TO ROOM: 1700 ROOM: 4
 PRIMARY ASSESSMENT TIME: 1700

Airway patent _____ compromised _____
 Breathing unlabored _____ labored / respiratory distress _____
 Circulation nml _____ pale / diaphoretic _____
 neuro awake alert _____ lethargic / obtunded _____

SECONDARY ASSESSMENT

LOWER EXTREMITIES see diagram
 nml inspection _____ tenderness / swelling _____
 non-tender _____ limited ROM _____
 no edema _____ active passive functional due to pain _____
 nml ROM _____ joint swelling _____
 no deformity _____ deformity _____
 hip pain on leg movement _____



SKIN warm/dry _____ cool / cyanotic _____
 intact _____ pressure ulcers sacrum hip heel _____

NEURO oriented x 4 _____ disoriented to _____
 person place time situation _____

CVS regular rate _____ tachycardia / bradycardia _____
 pulses strong / equal _____ pulse deficit _____

CHEST nml breath sounds _____ wheezing / rales / rhonchi _____

ABBOMEN tenderness / rigid / distended _____
 soft / non-tender _____ catheter present _____

FUNCTIONAL / NUTRITIONAL ASSESSMENT
 independent ADL _____ assisted / total care _____
 appears well _____ obese / malnourished _____
 nourished / hydrated _____ recent weight loss / gain _____

ADDITIONAL FINDINGS
 PT state she was pushed out of her patrol vehicle
 to the ground, PT kept her fingers against the
 vehicle's door. PT states she was possible struck with an
 INITIAL ACTIONS object (cell phone) to the leg. flush

TIME	INITIAL ACTIONS	INITIAL ACTIONS	INITIAL ACTIONS
1700	ID / allergy band	applied / verified	17
	disrobed / gownned	blanket provided	
	ice pack	elevation / immobilization	
	bandage	dressing	
	bed low position	side rails up x1 x2	
	call light in reach	head of bed elevated	

Nurse Signature _____

PT find a positive report
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