**NURSING NOTES**

**ED Adult Pre-Assessment (Triage) Note [Date of Service: 16-May-2017 15:55, Authored: 16-May-2017 15:55]- for Visit: 0004985739 459***, Complete, Entered, Signed in Full, General*

**Triage Information:**

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| --- | --- |
| **Triage Information** | Nurse Zelaya, Tanya saw JONES, ANN at 05/16/17 15:55. The patient has a chief complaint of LIGHTHEADEDNESS and was triaged to a level LEV3. Patient was brought SN. |

**Travel Assessment:**

|  |  |
| --- | --- |
| **Have you traveled outside the US in the last 21 days?** | No |
| **Have you had close contact with someone who had a contagious disease?** | No |

**Quick Triage:**

**Arrival Info:**

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| --- |
| **Mode of Arrival:** Stretcher |
| **Means of Arrival:** Other Ambulance, FDNY |
| **Preferred Language:** English |
| **Accompanied by:** Daughter |

**Interpreter Services:**

Services Required? No.

**Chief Complaint/Subjective:**

|  |  |
| --- | --- |
| **Chief Complaint/Subjective** | lightheadedness |

**Vital Signs:**

* **Temperature (C) degrees C:** 36.9
* **Temp Source:** Oral
* **Heart Rate:** 65
* **SpO2 (Pulse Ox) SpO2 (Pulse Ox) (%):** 95
* **O2 Source:** Room air
* **Respiratory Rate, Patient (bpm) Respiratory Rate, Patient (bpm):** 18
* **NIBP Systolic:** 100
* **NIBP Diastolic:** 65
* **BP Site:** NIBP LA
* **BP Means of Measurement:** Automatic
* **Position:** Supine

**Mental Status:**

|  |
| --- |
| **Mental Status:** Alert |
| **Alert to::** Person Place Time |

**Pain Assessment:**

**Pain Assessment:**

|  |  |
| --- | --- |
| **Pain Scale** | 0, Numeric 0-10 scale, |
| **Effect on physical activity** | No effect |

**Isolation Precautions:**

|  |
| --- |
| **Isolation:** No |

**Pneumonia Like Illness:**

|  |  |
| --- | --- |
| **Pneumonia Like Illness:** | No |

**Allergies:**

|  |  |
| --- | --- |
| **Allergen/Product** | **Reaction** |
| **NKDA** |  |

|  |  |
| --- | --- |
| **I have updated or confirmed the items in the allergy manager** | Yes |

**Assessment/Interventions:**

**Treatment Prior to Arrival:**

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| --- |
| **Treatment Prior to Arrival:** See Ambulance Record |

|  |
| --- |
| **Triage Interventions (reminder-order is needed for EKG, O2, fingersticks):** stretcher |
| **Airway:** Clear |
| **Breathing:** Non-labored |
| **Breath Sounds:** CTA b/l |
| **Circulation:** Regular |
| **Skin:** Warm |

**Past Medical & Social History:**

|  |
| --- |
| **Past Medical History:** HTN, Hypercholesterolemia |
| **Past Surgeries:** Appendectomy |

**Pregnancy and Lactation:**

Is patient pregnant? Not applicable.

Is patient breastfeeding? Not applicable.

**Mandatory Screenings:**

**Primary Medical Doctor Questions:**

* **Does patient have a Primary Medical Doctor?**

Yes, has PMD, no changes required

**Tetanus/Immunization:**

|  |
| --- |
| **Tetanus:** NA |

**Falls Risk Assessment:**

|  |
| --- |
| **Falls Risk:** Yes |
| **High Risk Safety Measures::** Reinforce use of assistive devices Yellow Wrist Band Applied |

**Suicide Risk:**

|  |
| --- |
| **In the last month, have you had thoughts of suicide?:** N/A |
| **In the last month, did you have thoughts that you would be better off dead?:** N/A |
| **Suicide Risk:** N/A |

**Multi-Drug Resistant Organisms:**

|  |
| --- |
| **Any history of drug resistant organisms?:** Unknown |

**Abuse/Neglect/Violence:**

|  |
| --- |
| **Any evidence of abuse/neglect/violence?:** No |

**Reportable Condition:**

|  |
| --- |
| **Reportable Condition:** No |

**Triage Comments:**

**Triage Comments:**

|  |
| --- |
| **Triage Comments:** pt here with lightheadedness today. Pt answering questions appropriately, awake, alert. Daughter at bedside. |

**Emergency Severity Index:**

|  |  |
| --- | --- |
| **ESI Level** | 3 |

**Electronic Signatures:**

**Zelaya, Tanya (Nurse)** (Signed 16-May-2017 15:55)

***Authored:*** *Vital Signs/Pain Assessment, Allergies, Home Medications Review, Screenings, Focused Assessments, Advance Directives*

**ED Nursing Assessment Note [Date of Service: 16-May-2017 16:15, Authored: 16-May-2017 16:15]- for Visit: 0004985739 459***, Complete, Entered, Signed in Full, General*

**Pain Assessment:**

**Pain Assessment:**

|  |  |
| --- | --- |
| **Effect on physical activity** | No effect |

**Allergies:**

|  |  |
| --- | --- |
| **Allergen/Product** | **Reaction** |
| **NKDA** |  |

**Home Medications Review:**

**Home Medications Review (OMR):**

Launch Outpatient Medication Review (OMR).

Home Medications have been reviewed and saved as Complete.

**Screenings:**

**Alcohol/Tobacco:**

 Tobacco Use/Smoking History: Unknown if ever smoked.

**Nutritional Screen:**

Does the adult or pediatric patient have any non-healing wounds and/or pressure ulcers? No.

**Falls Risk Assessment:**

|  |
| --- |
| **Falls Risk:** Yes |
| **High Risk Safety Measures::** Reinforce use of assistive devices Yellow Wrist Band Applied |

**FALL RISK-Complete All Items:**

|  |  |
| --- | --- |
| **Fall(s) in past 7 days** | 0 - No |
| **Impaired mobility and does not use Assistive Device.** | 0 - No |
| **Meds: Taking 1 or more sedatives** | 0 - No |
| **Gender = Male** | 0 - No |
| **Impaired Cognition** | 0 - No |
| **Risk for BLEEDING and/or FRACTURE from e.g.**  **anticoagulant/antiplatelet**  **therapy, coagulopathy,**  **decreased platelets-**  **e.g.uremia** | 0 - No |
| **Other Risk Factors** | 0 - NO |
| **Total Fall Risk Score** | 0 |
| **Fall-Injury Risk Level** | Low Fall-Injury risk = 6 or less |

**Fall Prevention Safety Measures:**

|  |  |
| --- | --- |
| **Fall Prevention Safety Measures** | Provided the approved patient education resource on safety. Reviewed with patient/family their shared responsibility in fall prevention: Orientation to immediate surroundings |

**Isolation Precautions:**

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| --- |
| **Isolation:** No |

**Focused Assessments:**

**Neurological:**

|  |  |
| --- | --- |
| **WNL:** | Alert and oriented to person, place, time. Responds appropriate |

**Respiratory:**

|  |  |
| --- | --- |
| **Respiratory Comments** | Breath sounds CTA b/l |

**Pregnancy and Lactation:**

Is patient pregnant? Not applicable.

Is patient breastfeeding? Not applicable.

**Advance Directive:**

|  |  |
| --- | --- |
| **Does patient have an advance directive?** | Unknown if patient has an advance directive |

**Electronic Signatures:**

**Ellis, Emma (Nurse)** (Signed 16-May-2017 16:15)

***Authored:*** *Vital Signs/Pain Assessment, Allergies, Home Medications Review, Screenings, Focused Assessments, Advance Directives*

***Last Updated:*** *16-May-2017 16:15 by Ellis, Emma (Nurse)*