

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:

- **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:

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:

- **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:

- **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)