Disclaimer: This document is intended to be an ***example*** for ED documentation, not definitive. Each hospital must consult appropriate legal authorities prior to implementing this or similar forms. Under ***no circumstances*** is Triage First, Inc., responsible for decisions made respecting the use of or dissemination of this form.

Emergency Department Triage

TRIAGE FIRST, INC.
P.O. Box 1924, Fairview, NC 28730
828-628-8029

ED ROOM #

NAME:

DATE: SEX: M F AGE:

TRIAGE ACUITY: 1 2 3 4 5

Trauma Priority: Code Trauma ☐ Trauma Alert ☐

ARRIVE	TRIAGE	TO ED ROOM
SEEN BY MD	PMD TIME	TIME D/C
ADM CALLED	TO ADM BED	ADM BED #

CHIEF COMPLAINT

MODE OF ARRIVAL: GAIT____________________

☐ AMBULATORY ☐ W/C ☐ STRETCHER ☐ CARRIED ☐ OTHER

TX PRIOR TO ARRIVAL:

TRANSPORTER: ☐ SELF ☐ FRIEND ☐ POLICE ☐ PARENT/FAMILY/SPOUSE ☐ AMBULANCE

PRIMARY LANGUAGE: ☐ ENGLISH ☐ SPANISH ☐ OTHER:________

INTERPRETER: ☐ PROFESSIONAL ☐ FAMILY ☐ EMPLOYEE

SIGNATURE RAPID TRIAGE NURSE:

SUBJECTIVE

TB SCREEN
☐ COUGH > 3 WKS ☐ FEVER/CHILLS
☐ NIGHT SWEATS ☐ HEMOPTYSIS
☐ TIRES EASILY ☐ WEIGHT LOSS___ LB. X _____

TETANUS
☐ < 5 YRS ☐ > 5 YRS ☐ UNSURE

IMMUNIZ.
☐ UTD ☐ NOT

ALLERGIES
AGENT(S)/REACTION(S)________________
☐NKA

DV SUSPECTED
☐ YES ☐ NO
IF "YES" IS SIGNIFICANT OTHER PRESENT?
☐ YES ☐ NO

PAIN HISTORY

PROVOKES____________________ ☐NOTHING
PALLIATES____________________ ☐NOTHING
QUALITY ☐ SHARP ☐ DULL ☐ACHE ☐HEAVY ☐TIGHT ☐PRESSURE ☐CRAMPING ☐BURNING ☐THROBBING
REGION____________________
RADIATES____________________ ☐NONE
SEVERITY/SCALE: 0 1 2 3 4 5 6 7 8 9 10
MILD MOD SEVERE
TIMING ONSET:____________________
TEMPORAL ASSOCIATED SxS
____

PAST MEDICAL/ SURGICAL HISTORY
☐NONE ☐UNKNOWN ☐ SEIZURES ☐ DIABETES ☐ HTN ☐ CVA ☐ PSYCH ☐ COPD ☐ CA ☐ TB ☐ CARDIAC ☐ CHF
☐ASTHMA ☐ IMMUNOSUPRESSED ☐ ARTHRITIS ☐ HIATAL HERNIA ☐ OM ☐ SMOKER ______ppd x ______yrs.
☐SMOKER IN HOME LMP________ NOTE:________________

CURRENT MEDS AND DOSE
☐ NONE ☐ UNKNOWN/INCOMPLETE INFO ☐ SEE MEDICATONS LIST ☐ COMPLIANT ☐ NON-COMPLIANT

VITAL SIGNS

B.P		PULSE	TEMP	RESP	Sp02	WGT	VISUAL ACUITY
B.P (R) /	☐ AUTO ☐ MAN		☐ O ☐ R ☐ T ☐ AX		☐ RA	☐ ACTUAL ☐ EST ☐ STATED	Ⓡ Ⓛ ☐ COR ☐ UNCOR
B.P (L) /	☐ AUTO ☐ MAN						

NEURO

EYES OPENING
(4) ☐ SPONTANEOUSLY
(3) ☐ TO SPEECH AND SHOUT
(2) ☐ TO PAIN
(1) ☐ NONE

BEST VERBAL RESP.
(5) ☐ **ADULT/PEDS >5** - ORIENTED & CONVERSES
☐ **PEDS <5** - APPROPRIATE WORDS; SMILES; ORIENTED TO SOUND; FOLLOWS OBJECTS; CRIES APPROPRIATELY
(4) ☐ **ADULT/PEDS >5** - DISORIENTED & CONVERSES
☐ **PEDS <5** - INAPPROPRIATE WORDS; IRRITABLE CRY
(3) ☐ **ADULT/PEDS >5** - INAPPROPRIATE WORDS
☐ **PEDS <5** - PERSISTENT CRYING/SCREAMING
(2) ☐ **ADULT/PEDS >5** - INCOMPREHENSIBLE SOUNDS
☐ **PEDS <5** - GRUNTS/MOANS
(1) ☐ **NO RESPONSE**

BEST MOTOR RESP.
(6) ☐ OBEYS COMMANDS, NORMAL SPONTANEOUS MOVEMENT
(5) ☐ WITHDRAWS TO TOUCH, LOCALIZES PAIN
(4) ☐ WITHDRAWS TO PAIN
(3) ☐ ABNORMAL FLEXION TO PAIN (DECORTICATE)
(2) ☐ ABNORMAL EXTENSION TO PAIN (DECEREBRATE)
(1) ☐ NONE

PUPILS
☐ PERRL ☐ UNEQUAL ☐ FIXED ☐ PINPOINT ☐ DILATED ☐ NOT ASSESSED

NEURO

BEHAVIOR
☐ COOPERATIVE ☐ UNCOOPERATIVE ☐ AGITATED ☐ ANXIOUS ☐ VERBALLY ABUSIVE ☐ COMBATIVE

RESPIRATORY

AIRWAY
☐ CLEAR ☐ PARTIALLY OBSTRUCT. ☐ OBSTRUCTED

BREATHING
☐ EVEN/NONLABORED ☐ LABORED ☐ NASAL FLARING ☐ EXPIRATORY GRUNT ☐ RETRACTIONS ☐ AUDIBLE WHEEZES ☐ STRIDOR ☐ CTA ☐ DIMINISHED L < > R ☐ CRACKLES ☐ RUBS ☐ WHEEZES ☐ RALES

PEDIATRICS

PEDS
☐ DIET__________
☐ DIAPERS
☐ PARENT(S) IMPRESSIONS:

CIRCULATION

PULSE
☐ REGULAR ☐ IRREGULAR ☐ RADIAL PULSE PALPABLE

SKIN
☐ WARM ☐ COOL ☐ HOT ☐ NORMAL SKIN COLOR ☐ PALE ☐ FLUSHED ☐ ASHEN ☐ MOTTLED ☐ JAUNDICED ☐ CYANOTIC ☐ DRY / NORMAL TURGOR ☐ TENTING ☐ DIAPHORETIC ☐ INTEGUMENT INTACT (VISIBLE) ☐ LACERAT/AVULSION ☐ ABRASION ☐ ECCHYMOSIS ☐ PUNCTURE WOUND ☐ RASH ☐ BURN

CAP REFILL
☐ < 2 SEC. ☐ > 2 SEC.

CIRCULATION

MUCUS MEMB.
☐ PINK ☐ PALE ☐ CYANOTIC ☐ MOIST ☐ STICKY ☐ DRY ☐ CRACKED

BLEEDING
☐NONE ☐CONTROLLED ☐UNCONTROLLED

MUSCULO- SKELETAL

EDEMA ☐ NONE
DISCOLOR-ATION ☐ NONE
TENDER ☐ NONE
DEFORMITY ☐ NONE
CSM ☐ INTACT ☐ ALTERED CIRCULATION ☐ ALTERED SENSATION ☐ ALTERED MOTOR FUNCT.

☐ UNABLE TO COMPLETE ASSESSMENT DUE TO: ☐ SEVERITY OF PATIENT CONDITION ☐ CPR IN PROGRESS ☐ UNCOOPERATIVE ☐ PATIENT CLOTHING ☐ NAD

OBJECTIVE STATEMENT

DISPOSITION
☐ FAST TRACK ☐ TREATMENT AREA ☐ WAITING AREA ☐ NOTIFY CHG NURSE ☐ OBSERVE @ TRIAGE

TRANSPORT
☐ AMB ☐ W/C ☐ CRUTCHES ☐ STRETCHER ☐ CARRIED

REFERRALS
☐ ED SOCIAL WORKER
☐ PSYCH CONSULT
☐ INTERPRETER:__________

Initials	Signature

IMMEDIATE INTERVENTION
☐ NONE ☐ CONTRACT FOR SAFETY ☐ SECURITY OBS ☐ WEAPONS SEARCH ☐ EMOTL SUPPORT-PATIENT ☐ EMOTL SUPPORT-FAMILY ☐ DRESSING ☐ C-COLLAR ☐ SPLINT ☐ PT MASKED ☐ ELEVATION ☐ RINGS REMOVED ☐ NPO ☐ ICE ☐ MED

PROCEDURES / INTERVENTIONS

Time	Initials	
		OXYGEN @ _____ L NC NRB
		☐CONTINUOUS SP02
		CARDIAC MONITOR RHYTHM ______
		CAPILLARY GLUCOSE ______
		ICE/ELEVATION OF ______
		COMPLEX DRESSING
		CONTACT PRECAUTIONS
		AIRBORNE PRECAUTIONS
		☐NEG ☐POS PRESSURE
		ROOM SECURED
		OTHER

TESTS
☐ NONE ☐ X-RAY ☐ LAB ☐ RECORDS ☐ EKG

OTHER
☐ RETURN TO TRIAGE IF SYMPTOMS CHANGE OR WORSEN
☐ PROTOCOL:__________

ORTHOSTATIC		(lying)	(sitting)	(standing)
TIME	BP			
	P			

NOTE

NURSE REASSESSMENTS: TIME

TIME TIME

SIGNATURE COMPREHENSIVE TRIAGE NURSE:

SIGNATURE PRIMARY NURSE: