ED ROOM #

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

Arrive to ED Room
Triage
To ED Room

Triage Acuity: 1 2 3 4 5
Trauma Priority: Code Trauma Trauma Alert

Chief Complaint:

<table>
<thead>
<tr>
<th>NAME:</th>
<th>DATE:</th>
<th>SEX: M F AGE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mode of Arrival: GAT
- Ambulatory
- W/C
- Stretcher
- CARRIED
- Other

TX Prior to Arrival:

Signatures:
- Initials
- Signature

Discharge: 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.

Signature: Comprehensive Triage Nurse:

Signature: Primary Nurse: