



CENTRAL GENERAL HOSPITAL

1234 John Doe Blvd, Sometown, ST 55555 Phone:(111) 222-3333

Age: 26y Race: Caucasian

Room:

Name: Doe Jane

DOB: 12/31/1981 Sex: F

Accnt.#

MR #

EMERGENCY PHYSICIAN RECORD: FOOT / ANKLE INJURY / PAIN

Time Seen: ___/___/___:___ Historian: patient EMS caretaker History limited by: Translator

CHIEF COMPLAINT pain to injury to
 R L B ankle foot toe #

HISTORY OF PRESENT ILLNESS
Onset: _____
Severity of pain: none mild moderate severe
Pain scale (1 - 10): _____ Pain quality: _____
Location of pain: R L B
 ankle foot toe #
Associated Injury _____

Cause of injury:
fall direct blow laceration
burn twisted puncture crush injury

Plantar puncture: nail
 clean dirty unknown barefoot shoes

Work Related
Exacerbation of pain: nothing weight bearing
movement weight bearing
Associated symptoms: none
fever chills paresthesia numbness

Similar symptoms previously
Tetanus status: <5yrs >5yrs >10yrs UTD UNK
Additional History: Old records requested/reviewed

PMH/SH/FH/MEDICATION/ALLERGIES
 Reviewed on nurse's notes

PAST MEDICAL HISTORY Agree with nurse's notes
 none Arthritis * Asthma Cancer COPD Diabetes * DVT Gout HTN
Pulmonary emboli

SURGERIES Agree with nurse's notes
 none

FAMILY HISTORY Agree with nurse's notes
 none CAD CVA Diabetes * HTN

SOCIAL HISTORY Agree with nurse's notes
alcohol tobacco drug abuse
lives: alone spouse family nursing home
 occupation _____

MEDICATIONS none Agree with nurse's notes

ALLERGIES Agree with nurse's notes
 NKDA

REVIEW OF SYSTEMS
 ROS: ALL SYSTEMS REVIEWED AND NEGATIVE EXCEPT AS INDICATED
 ROS can not be obtained; patient unable to answer questions
Check box if system is normal:
 General: fever chills weight loss
 Eyes: visual complaints
 ENT: sore throat nasal congestion
 Resp: cough wheeze SOB DOE
 CV: chest pain
 GI: melena hematochezia heart burn
constipation esophageal reflux symptoms
 GU: flank pain urgency frequency
hematuria dysuria
decreased urine output LNMP ___/___/___
 Skeletal: calf pain leg pain
back pain arthralgia
 Skin: rash
 Neuro / Psych: headache anxiety confusion
focal weakness
 Endocrine: weight change polyuria polydypsia

PHYSICAL EXAM Vital signs reviewed VS stable
HR ___ Bp ___ / ___ RR ___ T ___ SaO2% ___

APPEARANCE
NL distressed mild moderate severe
ANKLE
NL tenderness (see diagram)
neurovascular swelling edema
exam NL pain on motion pain on weight bearing
decreased ROM
decreased sensation
obvious deformity (see diagram)
ligamentous pain ligamentous instability
laceration (see diagram)

FOOT
NL obvious deformity (see diagram)
swelling abrasion
ecchymosis tenderness
laceration (see diagram)
decreased ROM
puncture wound (see diagram)

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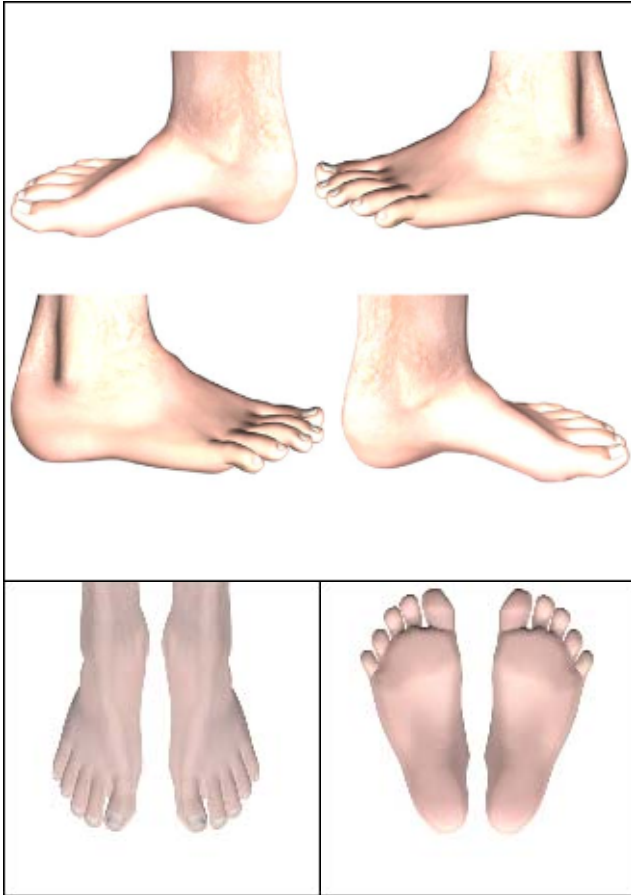
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PHYSICAL EXAM

ANKLE / FOOT NEUROVASCULAR EXAM

- NL dorsalis pedis decreased pulses R L B
- NL posterior tibialis *dorsalis pedis* *posterior tibialis*
- NL sensory exam prolonged capillary refill
- NL motor exam decreased sensation
decreased plantar flexion
decreased dorsiflexion



HEENT

- NL evidence of head injury
atraumatic contusion laceration
- PERRL unequal pupils R _____ mm L _____ mm
- EOMI papilledema dry oral mucosa

NECK

- NL cervical adenopathy meningismus
tender muscle spasm

CARDIOPULMONARY

- NL breath sounds wheezing R L B
rales R L B
rhonchi R L B
respiratory distress
- RRR abnormal rate *slow* *fast*
abnormal rhythm *regular* *irregular*
murmur _____ /6 *systolic* *diastolic*
S3 gallop S4 gallop

ABDOMEN - GI / GU

- nontender tenderness
- soft guarding rebound
- NL bowel sounds bowel sounds: *increased* *decreased*
- organomegaly flank tenderness
- CVA tenderness R L B

RECTAL

- NL rectal tone heme positive

BACK

- NL midline tenderness muscular tenderness

SKIN

- NL diaphoresis cyanosis pallor

NEUROLOGICAL

- alert somnolent obtunded
- gait NL ataxia aphasia nystagmus
- CN II-XII intact visual field deficit _____
- gag reflex intact focal weakness
 face *RUE* *RLE* *LUE* *LLE*
- finger-nose NL focal sensory deficit
 face *RUE* *RLE* *LUE* *LLE*
- pronator drift R L B
- facial weakness
- reflexes equal abnormal response to noxious stimuli
- heel-shin NL *extensor* *flexor*
- Babinski positive R L B

PSYCHIATRIC

- oriented x3 *person* *place* *time*
- mood NL depressed
- affect NL

DDX *toe* _____ *foot* *ankle* *tibia* *fibula*

- contusion abrasion sprain fracture
- dislocation laceration plantar puncture

ED COURSE

Treatment Response

- Tt / Td IM
- subungal hematoma drained

Empty box for ED course notes.

Time: ___/___/___ :___ Patient care is being transferred to Dr. _____; all pertinent history, physical findings and diagnostic studies have been communicated to the receiving physician.

CRITICAL CARE TIME: 30 - 74 minutes 75 - 104 minutes (Time for other billable procedures or teaching not included)

RADIOGRAPHS

- Ankle R L B
NL
- Foot R L B
NL

Other Radiographs:

Empty box for other radiographs.

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CBC: NL

WBC	HGB	HCT	PLT	Segs (%)	Bands (%)	Lymphs (%)	Mono	Eos

BMP: NL

Na	K	Cl	HO3	BUN	Glucose	Creatinine

IMMOBILIZATION

- Application by: ED physician nurse tech
- post-op shoe
- sugar-tong ankle plaster splint
- sugar-tong ankle fiberglass splint
- posterior ankle plaster splint
- posterior ankle fiberglass splint

PUNCTURE WOUND MANAGEMENT:

- Location of puncture wound: _____
- plantar surface foot R L B
- wound surface cleansed shurclens betadine
- wound surface opened with # _____ scalpel blade
- wound irrigated saline shurclens betadine
- sterile dressing applied
- prophylactic antibiotics

WOUND REPAIR NOTE

- Description: _____ linear stellate
- Location: _____ Length: _____ cm smooth margins
- Anesthesia: _____ irregular margins
- topical LET TAC _____ contaminated
- local digital regional crushed tissue
- lidocaine bupivacaine 1% 2%
- epinephrine: with without
- other: _____ (cc)
- Cleansing:
- irrigation saline shurclens betadine _____ (cc)
- debridement foreign body removal
- Wound Repair:
- wound edges revised
- staples _____ steri-strips only skin adhesive
- | # | suture size | material | technique |
|------|-------------|--|--|
| SKIN | | <input type="checkbox"/> nylon <input type="checkbox"/> prolene | <input type="checkbox"/> simple <input type="checkbox"/> mattress <input type="checkbox"/> running |
| SubQ | | <input type="checkbox"/> vicryl <input type="checkbox"/> chromic | <input type="checkbox"/> simple <input type="checkbox"/> mattress <input type="checkbox"/> running |
| Deep | | <input type="checkbox"/> vicryl <input type="checkbox"/> chromic | <input type="checkbox"/> simple <input type="checkbox"/> mattress <input type="checkbox"/> running |

See Additional Wound Repair Sheet

Comments:

old records reviewed
admission orders written & discussed with admitting MD

discussed with Dr. _____

Time: ____/____/____ : ____

- counseled patient family
- test results diagnosis follow-up

Discussed risk of infection

- I HAVE PERFORMED A MEDICAL SCREENING EVALUATION
- NO EMERGENCY MEDICAL CONDITION EXISTS
- FURTHER EVALUATION NEEDED TO RULE OUT AN EMC

CLINICAL IMPRESSION

Diagnoses: _____

DISPOSITION:

Disposition type: _____

Condition: _____

Follow up with: _____

ED PMD on-call _____ in _____ days

Special instructions:

Discharge instructions:

Rx:

Ready for discharge

ATTENDING NOTE:

- Note reviewed Resident NP PA
- I have performed face to face evaluation of the patient
- Labs reviewed
- X-ray reviewed
- I agree with above diagnosis
- I have reviewed the above treatment plan / concur

See Addendum Sheet

10/20/2008

Resident / NP / PA

MD / DO

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