



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 #

Nursing Documentation : Triage

Date ___/___/___ :___ Source: Patient EMS other: _____ Weight: _____ Height: _____
 Immunization: _____ Last Tetanus: _____ Head circumference: _____ Birth weight: _____ Birth height: _____
 Pneumonia vacc.: _____ PMD: _____
 Influenza vacc.: _____ Pregnant #weeks: _____ LNMP: ___/___/___ Lactating Grav: _____ Para: _____ Ab: _____ EDC: ___/___/___

Allergies: NKDA

Chief Complaint / Reason for visit: Fall
 Return visit same day
 Return visit within 72 hours
 Workers compensation

MODE / METHOD OF ACCESS

Arrival Mode: _____	Treatment Prior to Arrival:				
Entered by: _____	None	Splint(s)	Airway	ACLS Protocol	Medications
Admitted from: _____	Ice	C-collar/Backboard	Intubation	IV	Decon
	Dressing(s)	O2 Therapy	Monitor	CPR	Glucose _____

VITAL SIGNS TAKEN: SITTING LAYING STANDING

Time	Temp	Route	Pulse	Resp	SBP	DBP	Pulse Ox	O ₂
___/___/___ :___								

Orthostatic Vital Signs

	Lay	Sit	Stand
Pulse			
SBP			
DBP			

Airway: clear obstructed intubated Breathing: WNL
 Neuro: oriented x4 person place time situation
 dementia decreased LOC unconscious/comatose
 Skin: warm & dry hot cool cold clammy diaphoretic pale

ADVANCE DIRECTIVES DNR LIVING WILL NONE Information Given

Exposure history: HIV AIDS SARS STD symptoms: _____

Social history: tobacco _____ alcohol _____
 substance abuse _____

Lives alone Someone to care for you at home Travelled out of the country within last 30 days
 Afraid at home Recent positive TB skin test Night sweats in last 6 months
 Coughing up blood Currently being treated for TB Unplanned weight loss >10 lbs in past 6 months

PAST MEDICAL HISTORY

none Alzheimer Anxiety Arthritis * Asthma Autism Back pain Bi-polar Blind * Bronchitis
 Cancer Cataract CHF Constipation COPD CVA Depression Diabetes * Diverticulitis
 Dysrhythmia Ectopic * GI bleed Glaucoma HTN Kidney stones MI Migraine Osteoporosis
 Parkinson's Pneumonia Prostate Schizophrenia Seizures Thyroid * TIA Ulcers UTI

SURGERIES

none Appendectomy Arthroplasty Back surgery/fusion CABG Cardiac catheterization
 Cholecystectomy Craniotomy Gastric bypass Gastric resection Hysterectomy
 Inguinal hernia repair Neck surgery/fusion Tonsillectomy Umbilical hernia repair

MEDICATIONS none

Pain Intensity Rate: _____ @ rest: _____
 Onset: _____ min _____ hrs _____ days _____ weeks
 Location: _____
 Severity: none mild moderate severe
 Radiation of pain: _____

Precipitating factors: _____

Trauma Assessment: Trauma
 Assault Stab GSW
 Fire Fall
 MVC Speed(mph): _____
 Impact: Rear Front T-Bone
 Driver Passenger Front Rear
 Airbag Restrained
 Motorcycle Bicycle Helmet
 Other _____

TRIAGE INTERVENTION(s):
 None Ice / Elevation
 EKG Dressing / Splint
 C-Collar Respiratory Precautions
 Glucose _____
 Visual Acuity
 R20/ _____ L20/ _____ B20/ _____

Triage Category: _____ Triage Disposition Time: ___/___/___ :___ Triage Nurse Signature: _____ Triage Nurse Initials: _____

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