



UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES

SAIFAI, ETAWAH (U.P.)-206130

DEPARTMENT OF EMERGENCY MEDICINE

ED CASE RECORD

Name & Address : Age/Sex : Date..... Arrival Time
 Referred from : Brought by : Hospital No.....
 MLC Registered at

TRIAGE	Arrival Mode : <input type="checkbox"/> Ambulance <input type="checkbox"/> Public <input type="checkbox"/> Private	Time :																																
	Responsiveness : <input type="checkbox"/> Alert <input type="checkbox"/> Verbal <input type="checkbox"/> Painful <input type="checkbox"/> Unresponsive	<table border="1"> <tr> <th colspan="10">Numerical Pain Score</th> </tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> <tr> <td colspan="3">No Pain</td> <td colspan="4">Moderate Pain</td> <td colspan="4">Severe Pain</td> </tr> </table>	Numerical Pain Score										0	1	2	3	4	5	6	7	8	9	10	No Pain			Moderate Pain				Severe Pain			
	Numerical Pain Score																																	
	0	1	2	3	4	5	6	7	8	9	10																							
No Pain			Moderate Pain				Severe Pain																											
10 Sec PR : <input type="checkbox"/> <10 <input type="checkbox"/> 10-18 <input type="checkbox"/> >18 <input type="checkbox"/> No Pulse																																		
Respiration <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Gasping/apnea																																		
Triage Category : <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Resuscitation Bay																																		

Chief complaint/EMS information :

PRIMARY SURVEY	BREATHING	<input type="checkbox"/> Patent <input type="checkbox"/> Threatened <input type="checkbox"/> Compromised <input type="checkbox"/> C- Spine
	AIRWAY	Intervention : <input type="checkbox"/> Airway Opening <input type="checkbox"/> Suction <input type="checkbox"/> OPA/NPA <input type="checkbox"/> Endotracheal Intubation <input type="checkbox"/> Surgical Airway
	BREATHING	RR : SPO2 : Air Entry Subcutaneous Emphysema : <input type="checkbox"/> Yes <input type="checkbox"/> NO Tracheal Position : Midline <input type="checkbox"/> Shifted to Rt <input type="checkbox"/> Lt <input type="checkbox"/> Intervention : <input type="checkbox"/> Face Mask/nasal <input type="checkbox"/> Nebulisation <input type="checkbox"/> NIV <input type="checkbox"/> Invasive Ventilation <input type="checkbox"/> Needle decompression <input type="checkbox"/> ICD
	CIRCULATION	PR : BP : CRT : Distended neck veins <input type="checkbox"/> Yes <input type="checkbox"/> NO Heart sounds Active Bleeding <input type="checkbox"/> Yes <input type="checkbox"/> NO Pelvic Compression & Distraction <input type="checkbox"/> +ve <input type="checkbox"/> -ve Intervention : <input type="checkbox"/> IV Line <input type="checkbox"/> IV Crystalloids <input type="checkbox"/> IV Colloids <input type="checkbox"/> Central Line <input type="checkbox"/> Blood Transfusion <input type="checkbox"/> Compression Bandage <input type="checkbox"/> Splinting <input type="checkbox"/> Vasopressors
ADJUNCTS	DISABILITY	GCS : Pupils : Temp: FND : QSOFA Score : Log Roll : RBS : Intervention : Intervention :
	DISABILITY	<input type="checkbox"/> Chest X-Ray <input type="checkbox"/> Blood Gas Analysis <input type="checkbox"/> NG Tube <input type="checkbox"/> Urinary Catheter <input type="checkbox"/> ECG
	DISABILITY	

E- FAST / 2D Screening Echo :

HOPI :

LIFE STYLE & COMORBIDITIES :

- Smoking Alcohol Tobacco
 DM HTN CAD CKD COPD CLD PTB Other

DRUG ALLERGY/ANAPHYLAXIS :

LAST MEAL :

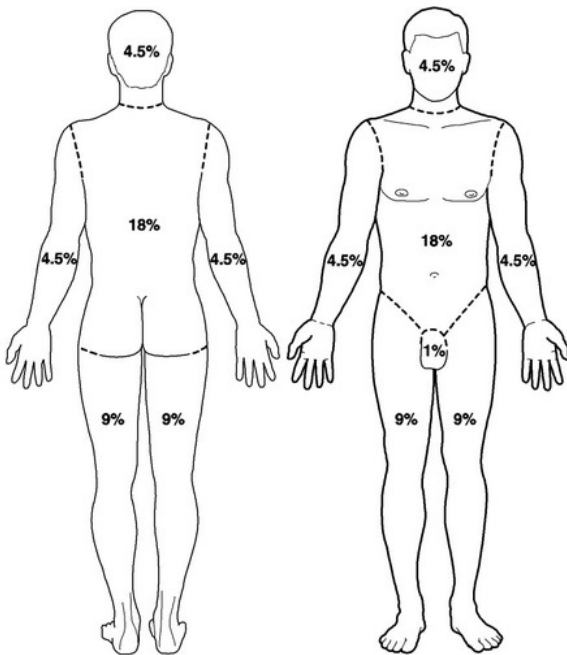
PAST MEDICAL/SURGICAL HISTORY :

FAMILY HISTORY :

GYNAECOLOGICAL HISTORY : G P L A LMP : MENARCHE
 MENOPAUSE

- Pallor Icterus Cyanosis Clubbing Lymphadenopathy Edema Thyroid Varicose Veins

SECONDARY SURVEY



Head & Neck :

Vision :

ENT :

Local Examination/Additional Physical Findings :

ID Marks :

- 1.
- 2.

Cardiac Examination :

SECONDARY SURVEY

Chest/Breast Examination :

Abdomen/Back Examination :

External Genitalia

Hernial Orifices :

Neurological Examination :

Differential Diagnosis / Provisional Diagnosis :

TREATMENT

Date & Time	Drugs	Dose	Route	Doctor Name & Sign	Staff Sign.	Current Medications Treatment Received

Procedure/Additional Notes

ANCILLARY TESTS	TESTS		TIME	RESULTS
	Lab Investigation			
Radiology				

CONSULTATIONS	TIME	Service	PLAN

Additional Notes/Shifting Notes/Discharge Advice :

Patient Disposition : ICU Ward Discharge OP LAMA Absconded Expired

EM Staff Nurse :	EM Consultant :
Signature :	Signature :
Time :	Time :