

EMERGENCY FLOW SHEET

Patient Name:		SSN:		DOB:		
Date:		Time:		Recorder:		
Reason for today's visit: <input type="checkbox"/> Shots <input type="checkbox"/> STD Tx <input type="checkbox"/> Other:						
Medications/Shots given today prior to emergency:						
Patient Complaints/Symptoms:						
Time 911 called: _____ by _____						
Initial Assessment	Skin Color:	Skin Cond:	LOC:	Orientation:	Resp. Effort:	Pupils:
	<input type="checkbox"/> pink <input type="checkbox"/> pale <input type="checkbox"/> gray <input type="checkbox"/> flushed <input type="checkbox"/> cyanotic	<input type="checkbox"/> warm <input type="checkbox"/> cool <input type="checkbox"/> dry <input type="checkbox"/> diaphoretic <input type="checkbox"/> rash (describe)	<input type="checkbox"/> awake <input type="checkbox"/> alert <input type="checkbox"/> unconscious <input type="checkbox"/> semi-conscious	<input type="checkbox"/> person <input type="checkbox"/> place <input type="checkbox"/> time	<input type="checkbox"/> easy/non-labored <input type="checkbox"/> labored <input type="checkbox"/> shallow	<input type="checkbox"/> dilated <input type="checkbox"/> equal <input type="checkbox"/> normal <input type="checkbox"/> PERL <input type="checkbox"/> fixed
Vital Signs:	Time:	Time:	Time:	Time:	Time:	Time:
	BP: /	BP: /	BP: /	BP: /	BP: /	BP: /
	Pulse:	Pulse:	Pulse:	Pulse:	Pulse:	Pulse:
	Resp:	Resp:	Resp:	Resp:	Resp:	Resp:
Temp:	Temp:	Temp:	Temp:	Temp:	Temp:	Temp:
Medications:						
Time:			Time:			
Treatment: <input type="checkbox"/> oxygen <input type="checkbox"/> benadryl <input type="checkbox"/> epinephrine <input type="checkbox"/> naloxone			Treatment: <input type="checkbox"/> oxygen <input type="checkbox"/> benadryl <input type="checkbox"/> epinephrine <input type="checkbox"/> naloxone			
Dose:			Dose:			
Route: <input type="checkbox"/> oral <input type="checkbox"/> SQ <input type="checkbox"/> IM <input type="checkbox"/> facemask			Route: <input type="checkbox"/> oral <input type="checkbox"/> SQ <input type="checkbox"/> IM <input type="checkbox"/> facemask			
Time:			Time:			
Treatment: <input type="checkbox"/> oxygen <input type="checkbox"/> benadryl <input type="checkbox"/> epinephrine <input type="checkbox"/> naloxone			Treatment: <input type="checkbox"/> oxygen <input type="checkbox"/> benadryl <input type="checkbox"/> epinephrine <input type="checkbox"/> naloxone			
Dose:			Dose:			
Route: <input type="checkbox"/> oral <input type="checkbox"/> SQ <input type="checkbox"/> IM <input type="checkbox"/> facemask			Route: <input type="checkbox"/> oral <input type="checkbox"/> SQ <input type="checkbox"/> IM <input type="checkbox"/> facemask			
CPR Started: Time: _____ by _____						
AED applied: Time:		Shocks given (time):				
Additional Assessment	Skin Color:	Skin Cond:	LOC:	Orientation:	Resp. Effort:	Pupils:
	<input type="checkbox"/> pink <input type="checkbox"/> pale <input type="checkbox"/> gray <input type="checkbox"/> flushed <input type="checkbox"/> cyanotic	<input type="checkbox"/> warm <input type="checkbox"/> cool <input type="checkbox"/> dry <input type="checkbox"/> diaphoretic <input type="checkbox"/> rash (describe)	<input type="checkbox"/> awake <input type="checkbox"/> alert <input type="checkbox"/> unconscious <input type="checkbox"/> semi-conscious	<input type="checkbox"/> person <input type="checkbox"/> place <input type="checkbox"/> time	<input type="checkbox"/> easy/non-labored <input type="checkbox"/> labored <input type="checkbox"/> shallow	<input type="checkbox"/> dilated <input type="checkbox"/> equal <input type="checkbox"/> normal <input type="checkbox"/> PERL <input type="checkbox"/> fixed
Ambulance Arrives: Time:		Ambulance Service:				
Time transported by ambulance:		to		Hospital		
Condition of patient at transfer:						
Additional Notes:						
Staff Responding: _____						