

CentegraHealthSystem



B1117900323
DULBERG, PAUL R
M 41Y
06/28/2011
0000109381

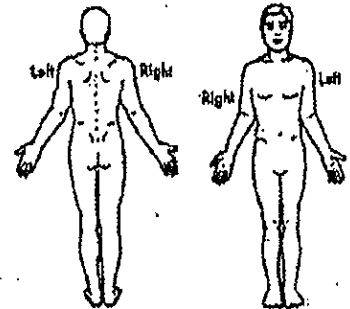
ADMISSION ASSESSMENT

Do you currently have pain? ☒ Yes ⁹⁻¹⁰ (1-10) ☐ No If yes, is it ☐ Chronic ☐ New Onset
Type of pain: ☐ Burning ☐ Dull Pressure ☐ Cramping ☐ Heavy ☐ Sharp ☐ Achy
☐ Other: _____
Pain Scale used: ☐ Wong Baker ☐ FLACC ☐ Numeric

ALCOHOL INTAKE: ☒ Never ☐ Occasionally ☐ DAILY
Type: _____ Amount: _____ Last Drink: _____
STREET/REC DRUGS: ☒ Never ☐ Occasionally ☐ DAILY
Type: _____ Amount: _____ Last Used: _____
TOBACCO HISTORY: ☐ Never ☐ Occasionally ☒ DAILY
Type: 1 PK/D Amount: _____ Date Quit: _____

Mark drawing with number:

1. Abrasion
2. Amputation
3. Avulsion
4. Bleeding
5. Burn
6. Bruise
7. Deformity
8. Fracture
9. GSW
10. Hematoma
11. Laceration
12. Pain
13. Stab wound
14. Foreign body
15. Pressure ulcer
16. Leg ulcer



Neurological: ☐ NA
LOC: ☐ Yes ☐ No
☒ Conscious ☐ Unconscious
☒ Alert ☒ Oriented X 3
☐ Crying ☐ Lethargic ☐ MAE
☐ Slurred speech
☐ Irritable
☐ Combative
Pupils: ☐ NA ☒ PERL R L
Reactive: ☐ ☐
Sluggish: ☐ ☐
Fixed: ☐ ☐
Nonreactive: ☐ ☐
Pupil size: _____
AVPU: ☐ A ☐ V ☐ P ☐ U
GCS: _____

Cardiac/Circulatory: ☐ NA
☐ Pink ☐ Warm ☐ Dry ☐ Cool
☐ Hot ☐ Flushed ☐ Diaphoretic
☐ Dusky ☐ Ashen ☐ Jaundice
☐ Pale ☐ Clammy ☐ Cyanotic
RADIAL PULSES R L
Present: ☒ ☒
Absent: ☐ ☐
PEDAL Present: ☒
Absent: ☐
Cap Refill: ☒ <2 Sec ☐ >2 Sec
Ankle edema: ☐ Yes ☒ No
Monitor: _____

Lung Sounds: ☐ NA R L
Clear: ☒ ☒
Rales: ☐ ☐
Wheezing: ☐ ☐
Rhonchi: ☐ ☐
Diminished: ☐ ☐
Absent: ☐ ☐

EENT: ☐ NA ☒ Denies
VISUAL ACUITY: ☐ NA

L: _____ R: _____
☐ Correction ☐ No Correction

Ear Drainage: ☐ Yes ☐ No
Describe: _____
Epistaxis: ☐ NA R L
Controlled: ☐ ☐
Uncontrolled: ☐ ☐

THROAT:
☐ Diff. swallowing
☐ Diff. speaking
☐ Drooling

GI/Abdominal: ☐ NA ☐ Denies
☒ Soft ☐ Distended ☐ Firm
☐ Nontender ☐ Tender
Bowel sounds: ☐ Present ☐ Absent
☐ Hypoactive ☐ Hyperactive
Last BM: _____
☐ Diarrhea x _____ ☒ Denies
☐ Vomiting x _____ ☒ Denies
☐ Nausea ☐ Yes ☒ No
Last oral intake: _____
Comments: _____

Genito-Urinary: ☐ NA ☒ Denies
URINARY: ☐ NA
☐ Frequency ☐ Pain
☐ Hematuria ☐ Incontinent
☐ Unable to void ☐ CUD
VAGINAL/PENILE: ☐ NA
☐ Discharge ☐ Bleeding
Character: _____
Amount: _____

FALL RISK ASSESSMENT

☐ Medically unsafe to be independently mobile
☐ Unaware or forgetful of physical limitations
☐ Recent history of falls
ANY POSITIVE ANSWER INDICATES ENHANCED FALL RISK ☐ No risks noted

(1455) Pt accompanied to ED by co-worker for laceration of chin and 40 (R) forearm. Pt out to X-ray (1505). Pt placed in ERT (1505). Dr Ford at 1523 (1523) Pt medicated as ordered. Wound irrigated and cleaned. Dr Ford for suturing (1713) DC instructions to pt. All questions addressed. Pt verbalized understanding.

Associate Signature/Initials: WSP

Associate Signature/Initials: _____



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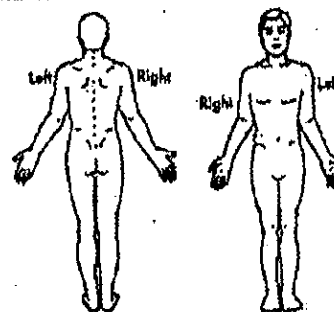
ADMISSION ASSESSMENT

Do you currently have pain? ☒ Yes 9-10 (1-10) ☐ No If yes, is it ☐ Chronic ☐ New Onset
Type of pain: ☐ Burning ☐ Dull Pressure ☐ Cramping ☐ Heavy ☐ Sharp ☐ Achy
☐ Other: _____
Pain Scale used: ☐ Wong Baker ☐ FLACC ☐ Numeric

ALCOHOL INTAKE: ☒ Never ☐ Occasionally ☐ DAILY
Type: _____ Amount: _____ Last Drink: _____
STREET/REC DRUGS: ☒ Never ☐ Occasionally ☐ DAILY
Type: _____ Amount: _____ Last Used: _____
TOBACCO HISTORY: ☐ Never ☐ Occasionally ☒ DAILY
Type: 1 PK 10 Amount: _____ Date Quit: _____

Mark drawing with number:

1. Abrasion
2. Amputation
3. Avulsion
4. Bleeding
5. Burn
6. Bruise
7. Deformity
8. Fracture
9. GSW
10. Hematoma
11. Laceration
12. Pain
13. Stab wound
14. Foreign body
15. Pressure ulcer
16. Leg ulcer



Neurological ☐ NA
LOC ☐ Yes ☒ No
☒ Conscious ☐ Unconscious
☒ Alert ☒ Oriented X 3
☐ Crying ☐ Lethargic ☐ MAE
☐ Slurred speech
☐ Irritable
☐ Combative
Pupils ☐ NA ☒ PERL R L PEDAL Present: ☒
Reactive ☐ ☐
Sluggish ☐ ☐
Fixed ☐ ☐
Nonreactive ☐ ☐
Pupil size
AVPU ☐ A ☐ V ☐ P ☐ U
GCS: _____

Cardiac/Circulatory: ☐ NA
☒ Pink ☐ Warm ☐ Dry ☐ Cool
☐ Hot ☐ Flushed ☐ Diaphoretic
☐ Dusky ☐ Ashen ☐ Jaundice
☐ Pale ☐ Clammy ☐ Cyanotic
RADIAL PULSES R L
Present ☒ ☒
Absent ☐ ☐
Cap Refill ☐ <2 Sec ☐ >2 Sec
Ankle edema ☐ Yes ☒ No
Monitor: _____

Respiratory ☒ NA
☐ Distress ☐ None ☐ Mild
☐ Moderate ☐ Severe
☐ Stridor ☐ Nasal Flaring
☐ Retractions
☐ Productive cough: _____
☐ Unproductive cough

Lung Sounds ☐ NA R L
Clear ☒ ☒
Rales ☐ ☐
Wheezing ☐ ☐
Rhonchi ☐ ☐
Diminished ☐ ☐
Absent ☐ ☐

EENT: ☐ NA ☒ Denies
VISUAL ACUITY ☐ NA
L: _____ R: _____
☐ Correction ☐ No Correction

Ear Drainage: ☐ Yes ☒ No
Describe: _____
Epistaxis: ☐ NA R L
Controlled ☐ ☐
Uncontrolled ☐ ☐

THROAT:
☐ Diff. swallowing
☐ Diff. speaking
☐ Drooling

GI/Abdominal: ☐ NA ☒ Denies
☐ Soft ☐ Distended ☐ Firm
☐ Nontender ☐ Tender
Bowel sounds: ☐ Present ☐ Absent
☐ Hypoactive ☐ Hyperactive
Last BM: _____
☐ Diarrhea x _____ ☒ Denies
☐ Vomiting x _____ ☒ Denies
☐ Nausea ☐ Yes ☒ No
Last oral intake: _____

Comments: _____
Genito-Urinary: ☐ NA ☒ Denies
URINARY ☐ NA
☐ Frequency ☐ Pain
☐ Hematuria ☐ Incontinent
☐ Unable to void ☐ CUD
VAGINAL/PENILE ☐ NA
☐ Discharge ☐ Bleeding
Character: _____
Amount: _____

FALL RISK ASSESSMENT

☐ Medically unsafe to be
independently mobile
☐ Unaware or forgetful
of physical limitations
☐ Recent history of falls

ANY POSITIVE ANSWER INDICATES ENHANCED FALL RISK ☐ No risks noted

1455 Pt accompanied to ED by co-worker for "a
laceration by chainsaw to (R) forearm. Pt
out to Xray (1505), Pt back in ER# (8)
Dr Ford att leaded (1532) Pt medicated
as ordered (1532) Wound irrigated and
cleaned. Dr Ford for sutures (1713) DC
instructions to pt. All questions addressed
Pt verbalized understanding.

Associate Signature/Initials: WSP/abid

Associate Signature/Initials: _____

EMERGENCY ADMISSION ASSESSMENT
PRINTED BY: S180422
DATE 12/08/2011

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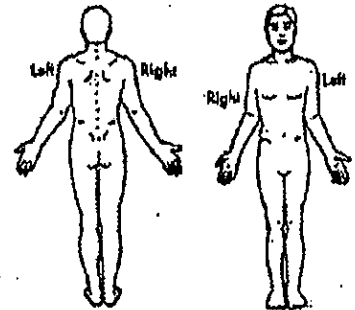
ADMISSION ASSESSMENT

Do you currently have pain? ☒ Yes 9-10 (1-10) ☐ No If yes, is it ☐ Chronic ☐ Now Onset
Type of pain: ☐ Burning ☐ Dull Pressure ☐ Cramping ☐ Heavy ☐ Sharp ☐ Achy
☐ Other: _____
Pain Scale used: ☐ Wong Baker ☐ FLACC ☐ Numeric

ALCOHOL INTAKE: ☒ Never ☐ Occasionally ☐ DAILY
Type: _____ Amount: _____ Last Drink: _____
STREET/REC DRUGS: ☒ Never ☐ Occasionally ☐ DAILY
Type: _____ Amount: _____ Last Used: _____
TOBACCO HISTORY: ☐ Never ☐ Occasionally ☒ DAILY
Type: 1 PK 10 Amount: _____ Date Quit: _____

Mark drawing with number:

1. Abrasion
2. Amputation
3. Avulsion
4. Bleeding
5. Burn
6. Bruise
7. Deformity
8. Fracture
9. GSW
10. Hematoma
11. Laceration
12. Pain
13. Stab wound
14. Foreign body
15. Pressure ulcer
16. Leg ulcer



Neurological ☐ NA
LOC ☐ Yes ☐ No
☒ Conscious ☐ Unconscious
☒ Alert ☒ Oriented X 3
☐ Crying ☐ Lethargic ☐ MAE
☐ Slurred speech
☐ Irritable
☐ Combative
Pupils ☒ NA ☒ PERL R L
Reactive ☐ ☐
Sluggish ☐ ☐
Fixed ☐ ☐
Nonreactive ☐ ☐
Pupil size
AVPU ☐ A ☐ V ☐ P ☐ U
GCS: _____

Cardiac/Circulatory: ☐ NA
☒ Pink ☐ Warm ☐ Dry ☐ Cool
☐ Hot ☐ Flushed ☐ Diaphoretic
☐ Dusky ☐ Ashen ☐ Jaundice
☐ Pale ☐ Clammy ☐ Cyanotic
RADIAL PULSES R L
Present ☒ ☒
Absent ☐ ☐
PEDAL Present: ☒
Absent ☐ ☐
Cap Refill ☒ <2 Sec ☐ >2 Sec
Ankle edema ☐ Yes ☒ No
Monitor: _____

Lung Sounds ☐ NA R L
Clear ☒ ☒
Rales ☐ ☐
Wheezing ☐ ☐
Rhonchi ☐ ☐
Diminished ☐ ☐
Absent ☐ ☐

EENT: ☐ NA ☒ Denies
VISUAL ACUITY ☐ NA
L. _____ R. _____
☐ Correction ☐ No Correction

Ear Drainage: ☐ Yes ☐ No
Describe: _____
Epistaxis: ☐ NA R L
Controlled ☐ ☐
Uncontrolled ☐ ☐
THROAT:
☐ Diff. swallowing
☐ Diff. speaking
☐ Drooling

GI/Abdominal: ☐ NA ☐ Denies
☐ Soft ☐ Distended ☐ Firm
☒ Nontender ☐ Tender
Bowel sounds: ☐ Present ☐ Absent
☐ Hypoactive ☐ Hyperactive
Last BM: _____
☐ Diarrhea x _____ ☒ Denies
☐ Vomiting x _____ ☒ Denies
☐ Nausea ☐ Yes ☒ No
Last oral intake: _____
Comments: _____

Genito-Urinary: ☐ NA ☒ Denies
URINARY ☐ NA
☐ Frequency ☐ Pain
☐ Hematuria ☐ Incontinent
☐ Unable to void ☐ CUD
VAGINAL/PENILE ☐ NA
☐ Discharge ☐ Bleeding
Character: _____
Amount: _____

FALL RISK ASSESSMENT

☐ Medically unsafe to be independently mobile
☐ Unaware or forgetful of physical limitations
☐ Recent history of falls
ANY POSITIVE ANSWER INDICATES ENHANCED FALL RISK ☐ No risks noted

1455 Pt accompanied to ED by co-worker for laceration. By chairman to (R) forearm. Pt out to xray (1505). Pt back in ER# (18). Dr Ford all wounds (1522) Pt medicated as ordered (1600) Wound irrigated and cleaned. Dr Ford to xray (1713) Dr instructions to pt. All questions addressed. Pt verbalized understanding.

Associate Signature/Initials: WJ Dubois

Associate Signature/Initials: _____



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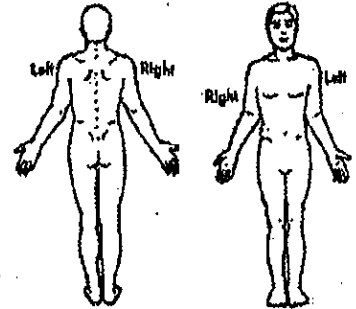
ADMISSION ASSESSMENT

Do you currently have pain? ☒ Yes ⁹⁻¹⁰ (1-10) ☐ No If yes, is it ☐ Chronic ☐ New Onset
Type of pain: ☐ Burning ☐ Dull Pressure ☐ Cramping ☐ Heavy ☐ Sharp ☐ Achy
☐ Other: _____
Pain Scale used: ☐ Wong Baker ☐ FLACC ☐ Numeric

ALCOHOL INTAKE: ☒ Never ☐ Occasionally ☐ DAILY
Type: _____ Amount: _____ Last Drink: _____
STREET/REC DRUGS: ☒ Never ☐ Occasionally ☐ DAILY
Type: _____ Amount: _____ Last Used: _____
TOBACCO HISTORY: ☐ Never ☐ Occasionally ☒ DAILY
Type: 1 PK/D Amount: _____ Date Quit: _____

Mark drawing with number:

1. Abrasion
2. Amputation
3. Avulsion
4. Bleeding
5. Burn
6. Bruise
7. Deformity
8. Fracture
9. GSW
10. Hematoma
11. Laceration
12. Pain
13. Stab wound
14. Foreign body
15. Pressure ulcer
16. Leg ulcer



Neurological ☐ NA
LOC ☐ Yes ☐ No
☒ Conscious ☐ Unconscious
☒ Alert ☒ Oriented X 3
☐ Crying ☐ Lethargic ☐ MAE
☐ Slurred speech
☐ Irritable
☐ Combative
Pupils ☐ NA ☒ PERL R L
Reactive ☐ ☐
Sluggish ☐ ☐
Fixed ☐ ☐
Nonreactive ☐ ☐
Pupil size
AVPU ☐ A ☐ V ☐ P ☐ U
GCS: _____

Cardiac/Circulatory: ☐ NA
☒ Pink ☐ Warm ☐ Dry ☐ Cool
☐ Hot ☐ Flushed ☐ Diaphoretic
☐ Dusky ☐ Ashen ☐ Jaundice
☐ Pale ☐ Clammy ☐ Cyanotic
RADIAL PULSES R L
Present ☒ ☒
Absent ☐ ☐
PEDAL Present: ☒ ☒
Absent ☐ ☐
Cap Refill ☒ <2 Sec ☐ >2 Sec
Ankle edema ☐ Yes ☒ No
Monitor: _____

Lung Sounds ☐ NA R L
Clear ☒ ☒
Rales ☐ ☐
Wheezing ☐ ☐
Rhonchi ☐ ☐
Diminished ☐ ☐
Absent ☐ ☐

EENT: ☐ NA ☒ Denies
VISUAL ACUITY ☐ NA

L: _____ R: _____
☐ Correction ☐ No Correction

Ear Drainage: ☐ Yes ☐ No
Describe: _____
Epistaxis: ☐ NA R L
Controlled ☐ ☐
Uncontrolled ☐ ☐
THROAT:
☐ Diff. swallowing
☐ Diff. speaking
☐ Drooling

GI/Abdominal: ☐ NA ☐ Denies
☒ Soft ☐ Distended ☐ Firm
☒ Nontender ☐ Tender
Bowel sounds: ☐ Present ☐ Absent
☐ Hypoactive ☐ Hyperactive
Last BM: _____
☐ Diarrhea x _____ ☒ Denies
☐ Vomiting x _____ ☒ Denies
☐ Nausea ☐ Yes ☒ No
Last oral intake: _____
Comments: _____

Genito-Urinary: ☐ NA ☒ Denies
URINARY ☐ NA
☐ Frequency ☐ Pain
☐ Hematuria ☐ Incontinent
☐ Unable to void ☐ CUD
VAGINAL/PENILE ☐ NA
☐ Discharge ☐ Bleeding
Character: _____
Amount: _____

FALL RISK ASSESSMENT

☐ Medically unsafe to be independently mobile
☐ Unaware or forgetful of physical limitations
☐ Recent history of falls

Respiratory ☒ NA
☐ Distress ☐ None ☐ Mild
☐ Moderate ☐ Severe
☐ Stridor ☐ Nasal Flaring
☐ Retractions
☐ Productive cough: _____
☐ Unproductive cough

ANY POSITIVE ANSWER INDICATES ENHANCED FALL RISK ☐ No risks noted

1455 Pt accompanied to ED by co-worker for 4" laceration of chin and 4" (R) forearm. Pt out to X-ray (1505). Pt back in ER (1518). Dr Ford at head of bed (1522) Pt medicated as ordered. Dr Ford wound irrigated and cleaned. Dr Ford for sutures (1713) Pt instructions to pt. All questions addressed. Pt verbalized understanding.

Associate Signature/Initials: WJ DUBO

Associate Signature/Initials: _____

Centegra Hospital-McHenry

CentegraHealthSystem



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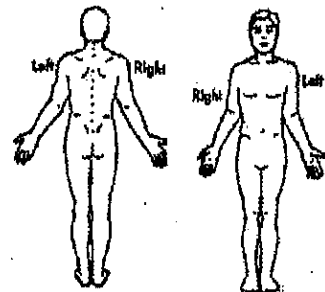
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Type: _____ Amount: _____ Last Drink: _____
STREET/REC DRUGS: ☒ Never ☐ Occasionally ☐ DAILY
Type: _____ Amount: _____ Last Used: _____
TOBACCO HISTORY: ☐ Never ☐ Occasionally ☒ DAILY
Type: 1 PRV Amount: _____ Date Quit: _____

Mark drawing with number:

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Nonreactive ☐ ☐
Pupil size _____
AVPU ☐ A ☐ V ☐ P ☐ U
GCS: _____

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☐ Pale ☐ Clammy ☐ Cyanotic
RADIAL PULSES R L
Present ☒ ☒
Absent ☐ ☐
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Ankle edema ☐ Yes ☒ No
Monitor: _____

Lung Sounds ☐ NA R L
Clear ☒ ☒
Rales ☐ ☐
Wheezing ☐ ☐
Rhonchi ☐ ☐
Diminished ☐ ☐
Absent ☐ ☐

EENT: ☐ NA ☒ Denies
VISUAL ACUITY ☐ NA
L: _____ R: _____
☐ Correction ☐ No Correction

Ear Drainage: ☐ Yes ☐ No
Describe: _____
Epistaxis: ☐ NA R L
Controlled ☐ ☐
Uncontrolled ☐ ☐
THROAT:
☐ Diff. swallowing
☐ Diff. speaking
☐ Drooling

GI/Abdominal: ☐ NA ☐ Denies
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Last BM: _____
☐ Diarrhea x _____ Denies
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☐ Nausea ☐ Yes ☒ No
Last oral intake: _____
Comments: _____

Genito-Urinary: ☐ NA ☒ Denies
URINARY ☐ NA
☐ Frequency ☐ Pain
☐ Hematuria ☐ Incontinent
☐ Unable to void ☐ CLUD
VAGINAL/PENILE ☐ NA
☐ Discharge ☐ Bleeding
Character: _____
Amount: _____

FALL RISK ASSESSMENT

☐ Medically unsafe to be independently mobile
☐ Unaware or forgetful of physical limitations
☐ Recent history of falls

ANY POSITIVE ANSWER INDICATES ENHANCED FALL RISK ☐ No risks noted

1455 Pt accompanied to ED by co-worker for 4" laceration by chainsaw to (R) forearm. Pt cut to xray (1505). Pt placed in ERT 18. Dr Ford att (1522) Pt medicated as ordered (1523) Wound irrigated and cleaned. Dr Ford for suturing (1713) Dr instructions to pt. All questions addressed. Pt verbalized understanding.

Associate Signature/Initials: WSD

Associate Signature/Initials: _____

EMERGENCY ADMISSION ASSESSMENT

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