

DEPARTMENT OF EMERGENCY / TRAUMA

Patient Initial Assessment Record

kauvery
hospital

Name: <u>Mr. P. Raj Kumar</u> Age / Sex: <u>21 y / M</u>	UHID No..... IP No.....
Mobile No: <u>93194957</u>	Date & Time of Arrival: <u>22/9/2022 10:50am</u>
ER Consultant: <u>Dr. Revanth</u> ER Nurse: <u>SP. N. V. R.</u>	Consultant: <u>Dr. Revanth</u>

ARRIVAL MODE	<input type="checkbox"/> Ambulance	<input checked="" type="checkbox"/> Wheel Chair	<input checked="" type="checkbox"/> Walk In	PREVIOUS ADMISSION	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	IF YES Date:.....
REFERRAL FROM	<input type="checkbox"/> Physician.....			<input type="checkbox"/> Hospital.....		<input checked="" type="checkbox"/> Self	
MLC	<input type="checkbox"/> Non MLC	<input checked="" type="checkbox"/> Valuables handed over to Patient's attender and signed for.....					

TRIAGE PRIORITY

Red

Yellow

Green

Black

Vital Time of Assessment 10:50am

Pulse	B.P.	Resp Rate	SpO2	Temp	CBG	GCS Score	Pain Score
<u>82b/min</u>	<u>130/90mmHg</u>	<u>20b/min</u>	<u>98%</u>	<u>(A)</u>	<u>-</u>	<u>15/15</u>	<u>4/10</u>

Co morbidities: HT / DM / CAD / CVA / CKD / HYPOTHYROID / COPD / PT / BA / Seizure / NONE

Allergies (specify)	<u>Nil</u>	Last Meal:..... <u>2</u>Hrs back
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Chief Complaints, duration and presenting history :

H/o Accidental twist of Rgt Ankle while playing Basketball
today at yesterday evening.
c/o pain and swelling over Rgt Ankle
No other injuries.

Social History: Smoking ☐ Tobacco ☐ Ethanol ☐ Drug Abuse ☐ Adverse social circumstances if any

Findings on examination :

4/4 - Tenderness (+) over Lateral malleolus of
Right Ankle
no Swelling
No deformity
Movements - Painful

Investigations :

Provisional Diagnosis.....

R Ankle Sprain

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Internal Referral

Specialties Involved	Name	Time Called	Time Seen	Signature
1. Emergency Medicine				
2.				
3.				
4.				

TREATMENT Given In ER :

Xray R foot & ankle ^{AP} _{Lat}
↓
No Bony Injury

- Adm
- ① Crutch Bandage
 - ② Rest
 - ③ foot Elevation
 - ④ Ice Pack application
 - ⑤ Tab. ZERODOL SP 1mg } 4 days
 - ⑥ Tab. Par 40 1-20 } 4 days
- Advised Rx for 3 to 4 days
orthopedic consult
- Review aft 4 days

Disposition : Discharged ☒ Discharge AMA ☐ OP Referral ☐ Deceased ☐ Admitted ☐

Dept. _____ Ward / ICU. _____ Consultant.....

Prescription Advice :

DRUG	STRENGTH	DOSE	FREQUENCY	ROUTE	DURATION

AT TIME OF TRANSFER / DISCHARGE / REFERRAL : AM / PM

Pulse	B.P	Resp Rate	SpO2	Temp	GCS Score	Pain Score

Attending Doctor's Name _____ Signature : _____ Date: _____ Time : _____

Pt's Present condition & Prognosis clearly explained to the attenders : YES ☐ NO ☐ Signature : _____

KAUVERY 24X7 AMBULANCE Hotline number : +91 75500 22275

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