

Emergency Patient Assessment

Patient Details

Name	MR. KOTIAH GAVINI	Age / Gender	59 YRS / MALE
Adm. No. / Dt.	SUV180600249 / 11 JUN 2018 04:22	UMR No.	SU-14040664
Ward / Room / Bed	CASUALITY - 1 / CASUALITY - 1 / ER02	Mobile No	9246491199
Doctor Name	DR. ORTHOPEADIC DEPT(ORTHOPEADIC)		

Triage Assessment

RED :- IMMEDIATE LIFE THREATENING (RESPIRATIONS : > 30 /MIN, PERFUSION CAPILLARY REFILL : > 2 SECS, MENTAL STATUS : UNABLE TO FOLLOW SIMPLE COMMANDS)

Pre-Arrival Information

Source Of Referral To ED	SELF-REFERRAL	INFORMATION
Mode Of Transportation	SELF	AMBULANCE
Date And Time Of Arrival	12:00	2021-10-27
MLC		
MLC		
MLC Details		

History Of Present Illness

History Of Present Illness	TEST
Past Medical And Surgical History	TEST1

Medication Reconciliation

Drug Name	Dose	Frequency	Date & Time Last Taken
PARACETMOL	250	8	27 OCT, 2021 12:00

Personal Social And Economical History

Marital Status	MARRIED	MARRIED
Occupation		ENGINEER
Appetite	DECREASED	
Bowels	REGULAR	
Micturition	ABNORMAL	
Alcohol	NO	NO HABIT
Smoking	YES	NO HABIT
Tobacco	NO	
Recreational Drugs	NO	
Sexual Abuse	NO	
Financial Status	DEPENDENT	RELATIVES
Others		TEST3

Primary Assessment

Airway	PRIMARY ASSESSMENT1
Intervention	PRIMARY ASSESSMENT2
Breathing	PRIMARY ASSESSMENT3
Circulation	PRIMARY ASSESSMENT4
Disability	PRIMARY ASSESSMENT5
Exposure	PRIMARY ASSESSMENT6
Others	PRIMARY ASSESSMENT7

Glasgow Coma Scale (7/15)

Motor Response	EXTENSOR POSTURING TO PAIN -2
Verbal Response	IN-APPROPRIATE SPEECH -3
Eye Opening	EYE OPENING IN RESPONSE TO PAIN -2


Vital Signs

Capture Date & Time : 27 Oct, 2021 11:28

Height(Cms)	170	Weight (Kg)	65	BMI (Kg/M ²)	22.45
BP Sit (MmHg)	110 / 98	BP Stand (MmHg)	111 / 89	BP Sup (MmHg)	110 / 97
R.Rate (Min)	56	Pulse (Min)	89	Temp (*F)	78
Heart Rate (Min)	67	BSA (/M2)	1.63	SPO2 (%)	67
GRBS (Mg/Dl)	45				

Pain Scale (Wong-Baker Pain Scale)-8 (Pain Score-4 And Above-Inform Duty Doctor)

Informed Doctor	DR.INTERNAL MEDICINE	Pain	7	Pain Location	5
Pain Character	7	Pain Acute	CHRONIC (MORE THAN 8 WEEKS)		

 8 Hurts Whole Lot	Modifying Factor Which Is Decreasing Pain	PAIN12
	Modifying Factor Which Is Increasing Pain	PAIN
	Action Plan	PAIN3
	Intervention	NO

Fall Risk Assessment (Morse Fall Scale)

TOTAL SCORE-100 (High Risk(90 Above) -NOT ALLOW THE PATIENT TO MOVE FROM THE BED)					
History Of Fall	Secondary Diagnosis	Ambulatory Aid	IV Or IV Access	Gait	Mental Status
YES-25	YES-15	CRUTCHES/CANE/WALKER-15	YES-20	WEAK-10	OVER ESTIMATES OR FORGETS LIMITATIONS-15

Allergies

Medication	NO	TESTS1
Blood Transfusion	NO	TEST

Secondary Assessment

Pallor	NO	ASSESSMENT1
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Cyanosis	NO	ASSESSMENT2
Club-Bing	YES	ASSESSMENT3
Koilonycmia	YES	ASSESSMENT4
Lymphadenopathy	NO	ASSESSMENT5
JVP Raised	NO	ASSESSMENT6
Patient Appearance	NO	ASSESSMENT7
Ictericia	NO	ASSESSMENT8

Assessment

Cardiovascular System Examination	ASSESSMENT1
Respiratory System Examination	ASSESSMENT2
Central Nervous System Examination	ASSESSMENT3
Musculoskeletal System Examination	ASSESSMENT4
Gastro-Intestinal System	ASSESSMENT5
Genito-Urinary System	ASSESSMENT6
ENT	ASSESSMENT7
Ophthalmology	ASSESSMENT
List Of Injuries	ASSESSMENT8
Others	ASSESSMENT9

Before Admission Any Investigations Suggested

FINDINGS	TEST12
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ER Notes

NOTES

Provisional Diagnosis

MR BRAIN

Investigations

Service Name	Indication	Stat
ARTHROGRAPHY	TEST1	NO
CAT SCAN - HEAD	TEST2	NO

Integrated Plan of Care on Admission With Measurable Goals

Plan Of Care	INTEGRATED1
Measurable Goals	INTEGRATED2
Expected Out Come	INTEGRATED3
Others	INTEGRATED4

Medications

Medication	Dosage	Frequency	Route	Days	Qty	Indication
CIPROLET TABLET	500	EVERY 8 HOURS	ORAL	2	6	--

SATAVAREX GRANULES -200GM	250	EVERY 8 HOURS	ORAL	2	1	--
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Initial Assessment Done By EMR ADMIN

Initial Assessment Date 27 Oct 2021 11:35

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