

Shrishankara Superspeciality Hospital

**Plot No 58, Opposite Galaxy Hospital, Near Dr Ban's Prasad Hospital,
Old Borban Factory Area, Nanded. ☎ 96577 13801**

EMERGENCY ROOM ASSESSMENT FORM

Name: _____ Age: _____ Gender: Male/Female

UHID: _____ Casualty/OPD No.: _____ Date: _____ Time of Arrival: -----

Relative's Name, Address & Telephone No :

Emergency care prior arrival: Yes No

Mode of arrival: AMB Stretcher Walk Wheel chair Crutches Other

Allergic To : Yes No If Yes, Describe:

Present Complaints & Duration:

Vital signs

Time	Temp	BP	Resp	HR	SpO2	BSL

In case of Mass casualty :

Triage Code : Red Yellow Green Black

Past History:

Significant Tests done/ Laboratory reports:

Physical Examination:

Head/Eyes/Ears/Throat/Neck: _____ Heart: _____

Chest/Lungs: _____ Abdomen: _____

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Extremities/Spine:

Neurological Examination:

Any other findings:

Pain: Yes No

Intensity: (Rate your pain using the pain scale)

Visual Analogue Scale

1 2 3 4 5 6 7 8 9 10



WONG-BAKER pain rating scale

No Pain Worst Possible pain

Location: _____

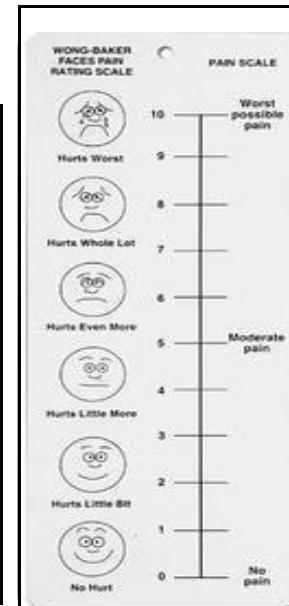
Duration: _____

Quality: Constant Intermittent

Character: Lacerating Burning Radiating

Aggravating Factors:

Relieving factors: Rest Medication Others



Treatment given:

Procedures Done

Provisional Diagnosis: _____

Advice on further Treatment/ Discharge

Mode of Discharge : Sent Home Expired Admit Transfer To -

Time of completion of assessment	Physician Name & Sign	Nurses Name & Sign