



### EMERGENCY NURSING ASSESSMENT

#### PRESENTING COMPLAINTS:

C/o Fever with chills;  
Bilateral pedal oedema since  
1 week.

TRIAGE PRIORITY:  1  2  3  4  5

Date: 5/10/24 Time: 10 AM

#### PAST MEDICAL / SURGICAL HISTORY:

4/c/o inguinal hernia.

#### ALLERGIES: YES/NO

PAIN:  YES  NO

Onset: today Location: Abdomen Duration: presence Aggravation With: \_\_\_\_\_

Characteristic: Sharp / Dull / Aching / Constant / Intermittent / Pressure / Tightness / Squeezing / Heavy

- Neonatal Infant Pain Scale (0-1 Month)
- Wong And Baker Pain Scale (7-16 Years)
- CPOT

- FLACC Scale (2 Months - 7 Years)
- Visual Analogue Pain Scale (>16yrs)

Pain Scale Score: 7/10

#### FALL RISK SCREENING FOR ADULT:

- Age more than 65 years
- Walks with assistance
- History of fall in last 3 months
- Any neurological Problem (vertigo, seizure) etc

#### FALL RISK SCREENING (FOR PAEDIATRIC)

- H/O fall in last 3 months
- neurological problem (vertigo, seizure) etc
- deranged mobility

(In case of 2 or more criteria met initiate, detailed fall assessment and fall prevention protocol is followed)

PRESSURE SORE SCALE: PRESENT: \_\_\_\_\_ ABSENT:  GRADE: \_\_\_\_\_

BRADEN SCALE SCORE: 19/23

#### PROCEDURE DONE

RT TUBE: YES/NO(IF YES) Size: 16F Inserted by: Outside

E.T TUBE: YES/NO(IF YES) Size: \_\_\_\_\_ Specify: \_\_\_\_\_

PERIPHERAL LINE: YES/NO(IF YES) Size: 20G Site: 20G Inserted By: B.Sirur

FOLEY'S CATHETER: YES/NO(IF YES) Size: 14G Inserted By: outside

OXYGEN THERAPY: YES/NO \_\_\_\_\_

Assessment completed at 10.10 AM

ANY OTHER: N.I.

Staff Name: Aziz

Emp. ID: Mav'