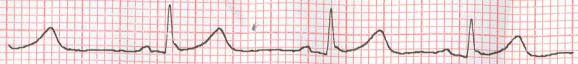


25mm/s 0.5~25Hz

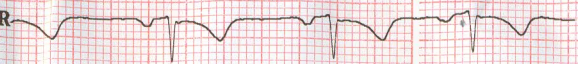
10mm/mV

I



10mm/mV

aVR

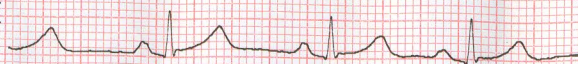


10mm/mV

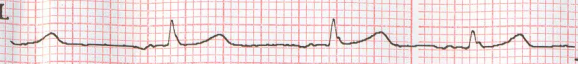
V1



II



aVL



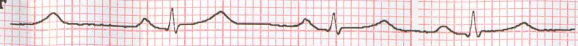
V2



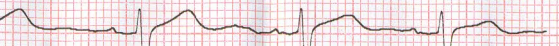
III



aVF



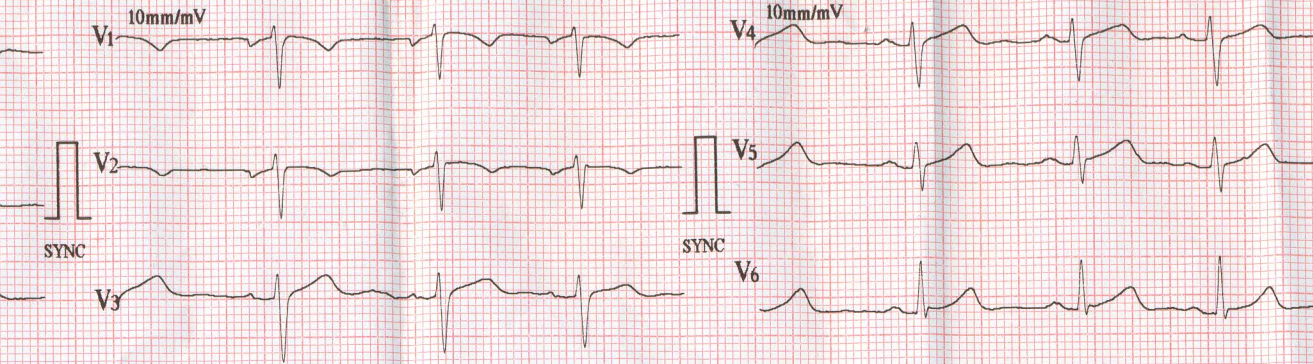
V3



II

10mm/mV





ID : 1540

Name: SadiaSex : FemaleAge : 36 yrs

HR : 69 bpm
R-R : 867 ms
P-R : 154 ms
QRS : 90 ms
QT/QTc : 374/401 ms
P/QRS/T : 58/21/31 °
RV5/SV1 : 0.380/0.630 mV
RV5+SV1 : 1.010 mV

----- Sinus Arrhythmia
----- Mild Left Axis Deviation

Unconfirmed report Verified by: _____



Memon Medical Institute Hospital

Hospital Project of Memon Health and Education Foundation

DEPARTMENT NAME: NURSING SERVICES

FORM TITLE : TRIAGE ASSESSMENT FORM

Date of ER admission: 27/8/15 Receiving Time: 0233

Vital signs on arrival:

B.P 141/85 mmHg
HR 87 /min
RR 22 /min
O2 sat 100 %
Temp 98.6 °C
Wt _____ Kg (as per patient condition)

Chief complain

Cholestasis
Hypertension

Cirrhosis, ascites
Cholestasis No fever
AS 500
Sed - 100 mg
Joint Swelling present.

Management (investigation/medication):

ECC. 1000
3. 2000 mg
3. 2000 mg
3. 2000 mg

Risek Sachet 20
Tab Naben fte
Tab Tramadol 50mg
1 x 505

Further plan:

Triage Level:

Emergent (level 1) _____
(Will be attended in 1-2 minutes)

Urgent (level 2) _____
(Will be attended in 10-20 minutes)

Non Urgent (level 3) _____
(Will be attended within 20 minutes)

Name & Signature of Triage Doctor

Name & Signature of Triage Nurse/Technician

Note: Original copy to be saved in file and carbon copy to be given to patient/attendant.