



ER/URGENT CARE NURSING ASSESSMENT FORM

Triage Level Level 0 Level I Level II Level III Level IV Level V
 Encounter ID
 Patient Last Name First Name
 Encounter Date DOB Age
 Date/Time Nurse UserID Nurse Name
 Reason for Visit

| TEMP | PULSE | BP | RESP | SPO ₂ | WEIGHT | HEIGHT | BMI |
|------|-------|----|------|------------------|--------|--------|-----|
|------|-------|----|------|------------------|--------|--------|-----|

Pain Assessment:

FACES PAIN ASSESSMENT TOOL

0 1 2 3 4 5 6 7 8 9 10

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No Pain Severe Pain

Location
 Frequency
 Duration
 Radiation No Yes
 Pattern Constant Intermittent

Screening Influenza-like Illness

Do you sneeze/ cough/ have shortness of breath? Yes No
 Do you have a fever or have you been feeling feverish in the last 24 hours? Yes No

Allergies Yes No Unknown
 Comments

Bleeding Yes No OB Trauma
 Controlled Moderate Hemorrhage

Skin: Intact Other

Cardiovascular/Respiratory

Shortness of Breath: Yes No Freq
 Occurs: How Long
 Ambulating Resting Eating
 Relieved by: Worsens
 Coughing: Yes No Non-Productive
 Amount Productive
 How Long Color
 Cardiac Monitor Rate:
 Yes No NA Rhythm:
 SAO₂ O'SAT%

Comments
 YES NO YES NO
 Normal Mottled
 Diaphoretic Cyanotic
 Pale Irregular Pulse

Respirations
 YES NO YES NO
 Normal Coughing
 Apneic Wheezing
 Weak Resp Retracting
 Dyspneic

Lungs Auscultation Clear Right Left
 Comments:

Mental Status
 Alert/Oriented
 Verbally Responsive
 Responds to Pain
 Aphasic
 Combative
 Unresponsive
Physical Assessment
 Color
 Pink
 Mottled
 Cyanotic
 Jaundiced
 Pale
 Skin
 Warm
 Cool
 Hot
 Dry
 Diaphoretic

Medications Yes No Unknown
 Comments

Neurovascular N/A Site
 RA LA RL LL
 COLOR PINK
 PALE
 TEMP WARM
 COOL
 MOTION FULL
 PARTIAL
 SENSATION NUMBNESS
 INTACT PAIN
 TINGLING

Abdomen:

Normal Flat Distended Continuous
 Vomiting Diarrhea Intermittent
 Hematemesis Melena How Long
 Bowel Sounds Present Absent
 Comments

OB/GYN:

VAG D/C COLOR
 QUANT/PAD CT
 BLEEDING
 FHT

Neurological:

NORMAL PUPILS
 Paralysis Sensory Loss

Time Assessment Completed

Nurse signature: