



Patient ID:

Name:

Age: Sex: M ☐ F ☐

Date of arrival:

Plot 15 Road 71
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EMERGENCY TRIAGE RECORDS

www.uhlbd.com

Presenting Complaint: _____

Mode of arrival:		Accompanied by:		Allergy:		
<input type="checkbox"/> Walk-In		<input type="checkbox"/> Relative				
<input type="checkbox"/> Wheelchair		<input type="checkbox"/> Friends				
<input type="checkbox"/> Trolley		<input type="checkbox"/> Others				
Vital Sign's:						
Temp:°C/F		B/P:/.....mmhg		Pulse:/min		
Weight:Kg		O ₂ Sat:%		Glucometer:mmol/L		
General Condition:		Level of Consciousness:		Mental Status:		
<input type="checkbox"/> Dyspnea		<input type="checkbox"/> Fully Conscious		<input type="checkbox"/> Oriented		
<input type="checkbox"/> In Pain		<input type="checkbox"/> Semiconscious		<input type="checkbox"/> Confused		
<input type="checkbox"/> Dehydrated/Weak		<input type="checkbox"/> Unconscious		<input type="checkbox"/> Restless		
Medication Given:						
Date	Time	Medication	Dosage	Route	Order By	Given By
• Lab Investigation..... (<input type="checkbox"/> Not Ordered <input type="checkbox"/> Awaiting Results)						
• X-Ray: IVD:						
• Referred to Specialist:..... <input type="checkbox"/> Admission <input type="checkbox"/> Clinic						
• Nurse's Report:						
Date of Discharge/Transfer: Time:am/pm						