EMERGENCY – ONGOING RECORD OF CARE AND NEEDS ASSESSMENT

DATE

TIME

VITAL SIGNS

230													
220													
210													
200													
190													
180													
170													
160													
150													
140													
130													
120													
110													
100													
90													
80													
70													
60													
50													
40													
30													
20													
Temp													
Resp													
SaO_2													
Pain*(0-10)-*													
ID													

B
P
v
^
P
●

3sHealth
better together

WOUND/DRESSING

Site:

Dressing type:

Packing: *(describe include count)*

Notes:

INTAKE AND OUTPUT RECORD

TIME	ORAL	EMESIS	URINE	DRAINAGE	ID
Total					

IV FLUIDS

TIME	IV SOLUTION / AMOUNT	RATE	ADDITIVES	NEEDLE / SIZE / TYPE / SITE	AMT ABSORBED	COMMENTS	ID
				Total			

MEDICATIONS

TIME	MEDICATION	DOSE	ROUTE	FREQ	COMMENTS	ID

Name and location of pharmacy:

Medication Reconciliation Done: : ☐ Yes ☐ No

DO NOT COPY

DATE	TIME	NOTES

NEEDS ASSESSMENT - CONCURRENT

DETERMINERS	D	E	N	DETERMINERS	D	E	N
Resuscitation (min ÷ 6 x # cg)				Respiratory treatment	1	1	1
Emergent	6	6	6	Suctioning	2	2	2
Urgent	4	4	4	Tubes	1	1	1
Less-urgent	2	2	2	Skin/Wound	2	2	2
Non-urgent	1	1	1	Specimen collection	1	1	1
Initial assessment	1	1	1	Special procedures	3	3	3
Hygiene/Skin/Oral	3	3	3	Teaching (patient/sig other)	1	1	1
Undress/Dress	1	1	1	Safety measures	1	1	1
Mobility: Restricted/Assist	3	3	3	Emotional (patient/sig other)	1	1	1
NPO/Feeding	1	1	1	Behavioral management	3	3	3
Assessment: 1- 3x	1	1	1	Communication difficulties	1	1	1
q½ - q1h	2	2	2	Preop preparation	1	1	1
q15m - Constant	6	6	6	Admit/Transfer	1	1	1
I & O	1	1	1	Death	1	1	1
Medication(s)	1	1	1	Transport (min ÷ 6)			
IV/Blood products	3	3	3	Phone Contact (min ÷ 6)			
TOTAL A				TOTAL B			

TOTAL A + B		CATEGORY	ID
Days			
Evenings			
Nights			

CATEGORY	
1	1-7
2	8-14
3	15-21
4	22-28
5	29-35
6	35 or more

DO NOT COPY