

PHYSICIAN DOWNTIME REMINDERS

UAB EMERGENCY DEPARTMENT

USE THIS SHEET FOR ALL INITIAL ORDERS. ALL SUBSEQUENT ORDERS GO ON A NEW SHEET (NEXT PAGE)

Emergency Services Patient Care
Downtime Orders

KEYPLATE

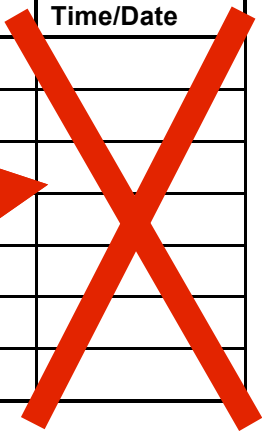
ALLERGIES:

LABS	IMAGING	Indication
<input type="checkbox"/> CBC/Diff	<input type="checkbox"/> Lactic Acid	<input type="checkbox"/> Chest Xray - PA Lateral
<input type="checkbox"/> BMP	<input type="checkbox"/> ABG	<input type="checkbox"/> Chest Xray - Portable
<input type="checkbox"/> UA	<input type="checkbox"/> Blood culture X2	<input type="checkbox"/> CT Head without contrast
<input type="checkbox"/> UCG	<input type="checkbox"/> Urine culture	<input type="checkbox"/> CT C-Spine without contrast
<input type="checkbox"/> Beta-HCG Quant	<input type="checkbox"/> Urine Drug Screen	<input type="checkbox"/> US Tranvag [OB] [NonOB]
<input type="checkbox"/> CK	<input type="checkbox"/> Alcohol Level	<input type="checkbox"/> CT Abd/Pelvis w/o contrast
<input type="checkbox"/> CK-MB	Additional Labs	<input type="checkbox"/> CT Abd/Pelvis with contrast
<input type="checkbox"/> Troponin	Additional Imaging	_____
<input type="checkbox"/> BNP	_____	_____
<input type="checkbox"/> Lipase	_____	_____
<input type="checkbox"/> Hepatic Function P.	_____	_____
<input type="checkbox"/> Type & [Screen] [Rh]	_____	_____

MEDICATIONS		Verified by Time/Date
<input type="checkbox"/> Morphine - 4 mg IV – Once	<input type="checkbox"/> 0.9% Sodium Chloride 500 mL Bolus	_____
<input type="checkbox"/> Hydromorphone - 1 mg IV – Once	<input type="checkbox"/> 0.9% Sodium Chloride 1000 mL Bolus	
<input type="checkbox"/> Ondansetron - 4 mg IV – Once	<input type="checkbox"/> 0.9% Sodium Chloride 2000 mL Bolus	

Orders*	Verified by Time/Date

**- SIGN & DATE AT "LIP" LINE
- DO NOT TOUCH "VERIFIED BY"**



*Write legibly with ballpoint pen. New orders must be written on a new sheet and signed.

LIP SIGNATURE _____ TIME _____ DATE _____

RN SIGNATURE _____ TIME _____ DATE _____



UAB Emergency Department 1802 6th Avenue South Birmingham, AL 35233
UAB Highlands Emergency Dept 1201 11th Avenue South Birmingham, AL 35205

Chief Complaint MEDICAL PROBLEM (adult)

Basic Information Hx: Pt/Spouse/ Significant Other/ Father/ Mother/ Child/ Guardian/ Interp/ Other/ Time: Amb: BLS ALS //Police
Vital signs: Per nurse notes / WNL / T P R BP SaO2
Medications: Per nurses notes/ None/ Per list/ Reconciled /
Allergies:-intolerances: Per nursing notes: substances reactions / NKDA /
Immunizations: Per nurses notes / Influenza / Pneumococcal / Tetanus: less than 5 yrs 5-10 yrs more than 10 yrs
History limitation: None / Clinical condition / Physical impairment / Cognitive impairment / Language barrier /
Menstrual-Preg hx: NA / Per nurses notes / LMP G P SAb TAb / Preg: N Y unknown/

History of Present Illness

WHEN YOU CHOOSE A TEMPLATE, STAMP EACH PAGE WITH PATIENT INFO.

Duration/Timing Symptom duration: / hrs days wks mos Si
Location Symptoms: As noted / Describe /
Quality/Severity Symptom quality: As noted / Describe /
Modifying Factors Exacerbating: None / Activity / Mitigating: None / Rest /
Context Prior similar symptoms: None/ Describe /
Assoc Signs & Symptoms Constitution: Neg / Fever / Chills / Sweats / Malaise / Gen weakness / Decreased LOC

Review of Systems

See HPI for- Constitution
Eye: Neg / R / L / Pain / Eyelid inflammation / Conjunctival inflammation / Vision change /
ENT: Neg / R L Ear: pain disch / Nose: congestion disch bleed / Mouth: pain swelling / Throat: pain swelling hoarse /
CV: Neg / Chest pain / Palpitations / Tachycardia / Bradycardia / Syncope /
Resp: Neg / SOB at rest / SOB with exercise / Orthopnea / Cough / Wheezing / Stridor /
GI: Neg / Nausea / Poor PO intake: solids liquids / Vomiting / Hematemesis / Diarrhea /
GU - M / F: Neg / Dysuria / Hematuria / Urine: decre incre / Urethral disch / R_L Testicle: pain mass / Abnl menses / Vag: bleed disch / R_L pelvic pain /
MS: Neg / R / L / Hand / Shoulder / Arm / Knee / Leg / Neck / Back / General / Stiff / Pain / Chronic / Acute /
Skin: Neg / Jaundice / Rash / Pruritus /
Neuro: Neg / Confusion / R L Hearing loss / R L Vision loss / Diplopia / Abnl: speech motor sensation balance / HA / Seizure /
Psych: Neg / Anxiety / Depression / Mania / Ideation: suicidal homicidal delusional / Hallucinations /
Endocrine: Neg / Polydipsia / Polyuria / Heat cold tolerance / Cushingoid /
Hemel/Lymph: Neg / Lymphadenopathy / Easy bruising / Prolonged bleeding / Anemia /
Allergy/Immuno: Neg / Allergies as noted / Recurrent infections / HIV: CD4# , Viral Load /
Other significant: All systems otherwise neg /

Past Family Social Hx

For additional (circle) PMH SH FMH - See HPI / See dictation / See med record dated
PMH/PSH: Neg / CAD HTN Angina A.Fib MI CHF Mur / Asthma / GERD / CA/ CRF / High chol / Hypothyroid / DM: type1 type 2 /
FMH: Reviewed-not significant / Asthma COPD / CAD / HTN / MI / DM / CA / Seizures / Unknown
Social History: Concerns for: neglect abuse living-situation / ETOH: occ mod heavy / Tobacco pk-yrs/ Drug abuse /

Examination

Limited by: Clinical condition /
General: WNL / Mild distress / Mod distress / Sev distress /
Skin: WNL / Pale / Jaundice / Cyanotic / Mottled / Diaphoretic / Ashen / Tenting / Erythema / Petechiae / Macules / Papules / Vesicles / mm cm / Discrete / Confluent R / L / Hand / Arm / Lower leg / Thigh / Face / Scalp / Trunk / Genitalia /
Head Scalp: WNL / R / L / Occipital / Parietal / Temporal / Frontal / Erythema / Bruises / Swelling / Tenderness /
Face: WNL / R / L / Infraorbital / Cheek / Maxilla / Ethmoid / Jaw / Erythema / Bruises / Swelling / Tenderness /
Eye: WNL / PERRL / Scleral icterus / Abnl EOM / Nystagmus: hor vert / R L Lid inflammation / R L Conjunctiva inflammation / Abnl pupil: R L / R L Pappilledema / A - V nicking /
ENT: WNL / R L TM: dull red bulging / R L Naris: congestion blood / Dry mucous membranes / Tongue: swelling bruising lesions / Pharynx erythema / R L Tonsil: swelling exudates / Absent gag /
Neck: WNL / Supple / Tenderness: spinous process paraspinal / Enlarged thyroid / Stiffness / Painful ROM /
Heart: WNL / Reg rate & rhythm / Bradycardia / Tachycardia / Extra beats / Irregular / S3 / S4 / Syst mur /6 at , rad to / Dias /6 at , rad to /



UAB Emergency Department
1802 6th Avenue South
Birmingham, AL 35233

UAB Highlands Emergency Dept
1201 11th Avenue South
Birmingham, AL 35205

STAMP ME TOO

Additional Information:

Lined area for additional information.

SIGN EVERY CHART AND PRINT NAME LEGIBLY!

FAILURE TO SIGN AND PRINT NAME PREVENTS BILLING AND UPLOADING OF DOCUMENT TO IMPACT.

Diagram showing four green arrows pointing to signature lines in the bottom section of the chart.

Resident / Mid-level signature: _____

Date/Time: _____

I have personally performed the key portions of the history and physical examination. I discussed these findings and the assessment and plans outlined above by the resident or MLP and agree with any exceptions and/or additions noted.

Attending signature: _____

Date/Time: _____