



PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

EMERGENCY DEPARTMENT SCREENING ASSESSMENT

Arrival Time: _____ Triage Time: _____ Family Present
 Means of arrival: EMS Self Other _____

CC: _____
 HPI: _____

 P.E. _____

PMH Denies
 CAD MI HTN ↑ Lipids
 Stroke Asthma COPD Thyroid
 DM Seizure HIV Psychiatric
 CA _____
 Other: _____

 Surgeries: _____

 Isolation status: None
 Droplet Contact Airborne Protective

Vital Signs	BP	P	R	T	Pain <input type="checkbox"/> N/A	O2Sat <input type="checkbox"/> N/A	Wt.
				PO / Rect / Ax	/10		
Triage Category: 1 2 3 4 5				Location: Adult Pediatric CPC Express Care			

Hearing Impaired Y N
 Visually Impaired Y N
 Tetanus Status NA date _____
 LMP NA date _____
 Language other than English _____

FALL RISK ASSESSMENT

1. Fall in past 3 months	Y	N
2. Impaired judgement	Y	N
3. Agitation	Y	N
4. Impaired gait	Y	N

If any of the above answers are YES, patient is "at risk" for fall.
 Place a "Fall Risk" armband on patient.

Interpreter service used: _____
 Interpreter _____ Cyacom _____ Medbridge _____
 Additional Information: _____

Screening RN Signature _____

TRIAGE INTERVENTIONS & REASSESSMENT									
Time	BP	P	R	T	02%	Pain (0-10)			Medications/ Nursing Notes