Acute Care Visit (2012)

Participant ID

_____
((do not change this value))

OMB Number (0915-XXXX) Expiration date (XX/XX/20XX)

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Team site:

☐ Team 1 - Site A
☐ Team 1 - Site B
☐ Team 1 - Site C
☐ Team 1 - Site D
☐ Team 1 - Site E

Reviewer's initials: _____

Date of chart review: _____

Acute Care Visit Information

Date of visit: _____

Primary reason for visit

☐ Pain
☐ Fever
☐ Fever and Pain
☐ Other

Specify   _____

Is the patient less than one year old?   ☐ Yes   ☐ No

Patient 's age in months (0 for under 1 month old):   _____
(number between 0 and 11)

Patient's age in years: _____
(number)

Date/time of registration: _____
(registration refers to the time when the patient gave their name and other personal/insurance information to the registrar upon arrival to the ED or infusion center/day hospital)

Date/time of triage: _____
(time when patient nurse provides brief, focused assessment of chief complaint and vital signs and assigns patient's acuity level)

Time from registration to triage: _____
(minutes)

Fever Care

Maximum temperature on presentation or by history:

_____
(C)

Was a broad spectrum IV antibiotic ordered? ☐ Yes ☐ No ☐ Not available

Date/time of IV antibiotic order:

_____
(leave blank if unknown)

Date/time of IV antibiotic administration:

_____

Minutes to first antibiotic dose:

_____
(minutes between triage and first antibiotic administration)

Did the patient have a CBC drawn within 60 minutes of registration? ☐ Yes ☐ No ☐ Not available

Did the patient have a reticulocyte count drawn within 60 minutes of registration? ☐ Yes ☐ No ☐ Not available

Did the patient have blood culture sent within 60 minutes of registration? ☐ Yes ☐ No ☐ Not available

Did the patient have pulse oximetry performed within 60 minutes of registration? ☐ Yes ☐ No ☐ Not available

Pain Care

Was a quantitative pain assessment scale (0-10 scale) used for pain assessment? ☐ Yes ☐ No ☐ Not available

Date/Time of initial pain assessment:

_____

Minutes between pain assessment and triage:

_____

Did patient have moderate-severe pain? ☐ Yes ☐ No ☐ Not available

Date/time of first IV pain med administration:

_____
(leave blank if unknown)

Minutes to first IV pain med dose

_____
(minutes between triage and time of administration of first analgesic dose)

Date/time of first oral pain med administration, if administered

_____

Pain Medications Administered (Check All that Apply):

Opioid, short-acting, oral:
☐ Codeine
☐ Codeine with Acetaminophen (Tylenol with Codeine; Capital with Codeine)
☐ Hydrocodone
☐ Oxycodone
☐ Oxycodone with Acetaminophen (Percocet,Endocet, Roxicet)
☐ Hydromorphone with Acetaminophen (Vicodin)
☐ Hydromorphone (Dilaudid)
☐ Morphine
☐ Other

Opioid, short-acting, parenteral:

☐ Codeine
☐ Nalbuphine hydrochloride (Nubain)
☐ Fentanyl
☐ Hydromorphone (Dilaudid)
☐ Morphine
☐ Other

Non-Opioid, oral:

☐ Acetaminophen (Tylenol)
☐ Ibuprofen (Advil, Motrin)
☐ Ketamine (Ketanets, Ketaset, Ketalar)
☐ Ketorolac (Toradol)
☐ Other

Non-Opioid, parenteral:

☐ Ketorolac (Toradol)
☐ Ketamine (Ketanets, Ketaset, Ketalar)
☐ Other

Opioid, long-acting:

☐ Oxycodone ER (Oxycontin)
☐ Morphine ER (MSContin)
☐ Methadone (Dolophine, Methadone Intensol), Methadose)
☐ Fentanyl transdermal (Duragesic)
☐ Other

Other pain medications administered: _____

What date/ time was the patient's pain re-assessed after first IV pain medication dose using a quantitative pain assessment scale (0-10 scale)? _____

Minutes between pain med administration and pain reassessment time _____

Notes

Comments: _____