**Appendix 6: Medical Chart Abstraction Form**

Medical Chart Abstraction Form

Form Approved

OMB No. 0923-XXXX

Exp. Date XX/XX/20XX

Reviewer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Review: \_\_\_ / \_\_\_ / \_\_\_\_ Data entered: \_\_\_ / \_\_\_ / \_\_\_\_

Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID: \_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Demographics**

**DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_ **Sex:**  □ Male □ Female □ N/A **Ethnicity:** □ Hispanic □ Not Hispanic

 MM DD YYYY

**Insurance:** **Race:** (check all that apply)

□ Private □ Medicare/Medicaid/Government program □ American Indian/ Alaskan Native □ Asian □ Black

□ None □ N/A □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Native Hawaiian/ Pacific Islander □ White

**Visit Information**

**Date of Visit:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ Time of arrival: \_\_\_\_:\_\_\_\_ □ am □ pm

 MM DD YYYY

**Chief Complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mode of arrival:** **Was the patient admitted?** □ Y □ N

□ Helicopter If yes,

□ Ambulance □ Admitted to monitored ward or ICU

□ POV # Days: \_\_\_\_\_\_

□ Public transportation (bus, taxi, etc.) □ Admitted to unmonitored ward

□ On foot # Days: \_\_\_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Initial Vital Signs:** Height: \_\_\_\_\_\_\_\_\_ □ cm □ in Weight: \_\_\_\_\_\_\_\_ □ kg □ lb

Temp (°F): \_\_\_\_\_\_\_\_ Heart Rate: \_\_\_\_\_\_\_ Respiratory Rate: \_\_\_\_\_\_\_ BP (mmHg): \_\_\_\_\_\_ / \_\_\_\_\_\_\_

O2 sat: \_\_\_\_\_\_\_\_ Supplemental O2? □ Y □ N □ N/A If yes, delivery method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History** (check all that apply)

□ Asthma □ Congestive heart failure **Medications:**

□ COPD □ Breastfeeding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Depression □ Pregnant

□ Diabetes □ Tobacco use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ GERD (Reflux) □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Hypertension \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Malignancy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Myocardial infarction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS E-11 Atlanta, Georgia 30333; ATTN: PRA (0923-XXXX)

**Signs and Symptoms**

Check box if sign or symptom is present in the medical record (for this encounter). If date of onset is different from date of presentation, indicate in date column.

Sign/Symptom Date

**General**

□ Chills \_\_\_ / \_\_\_ / \_\_\_\_

□ Fever (>100.4 °F) \_\_\_ / \_\_\_ / \_\_\_\_

□ Fatigue/Malaise \_\_\_ / \_\_\_ / \_\_\_\_

□ Hypothermia (<95.0 °F) \_\_\_ / \_\_\_ / \_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_\_

**Eye**

□ Corneal abrasion \_\_\_ / \_\_\_ / \_\_\_\_

□ Increased tearing \_\_\_ / \_\_\_ / \_\_\_\_

□ Irritation/Pain \_\_\_ / \_\_\_ / \_\_\_\_

□ Itching/Pruritis \_\_\_ / \_\_\_ / \_\_\_\_

□ Miosis \_\_\_ / \_\_\_ / \_\_\_\_

□ Mydriasis \_\_\_ / \_\_\_ / \_\_\_\_

□ Visual changes \_\_\_ / \_\_\_ / \_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_\_

**Cardiovascular**

□ Bradycardia \_\_\_ / \_\_\_ / \_\_\_\_

□ Cardiac arrest \_\_\_ / \_\_\_ / \_\_\_\_

□ Chest pain \_\_\_ / \_\_\_ / \_\_\_\_

□ Hypertension \_\_\_ / \_\_\_ / \_\_\_\_

□ Hypotension \_\_\_ / \_\_\_ / \_\_\_\_

□ Palpitations \_\_\_ / \_\_\_ / \_\_\_\_

□ Tachycardia \_\_\_ / \_\_\_ / \_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_\_

**Respiratory**

□ Chest tightness \_\_\_ / \_\_\_ / \_\_\_\_

□ Cough \_\_\_ / \_\_\_ / \_\_\_\_

□ Cyanosis \_\_\_ / \_\_\_ / \_\_\_\_

□ Dyspnea/ SOB \_\_\_ / \_\_\_ / \_\_\_\_

□ Hyperventilation/Tachypnea \_\_\_ / \_\_\_ / \_\_\_\_

□ Lower airway pain/irritation \_\_\_ / \_\_\_ / \_\_\_\_

□ Nose bleed \_\_\_ / \_\_\_ / \_\_\_\_

□ Pleuritic chest pain \_\_\_ / \_\_\_ / \_\_\_\_

□ Phlegm/Congestion \_\_\_ / \_\_\_ / \_\_\_\_

□ Runny nose \_\_\_ / \_\_\_ / \_\_\_\_

□ Stridor \_\_\_ / \_\_\_ / \_\_\_\_

□ Upper airway pain/irritation \_\_\_ / \_\_\_ / \_\_\_\_

□ Wheezing \_\_\_ / \_\_\_ / \_\_\_\_ □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_\_

Sign/Symptom Date

**Gastrointestinal**

□ Abdominal pain \_\_\_ / \_\_\_ / \_\_\_\_

□ Anorexia \_\_\_ / \_\_\_ / \_\_\_\_

□ Constipation \_\_\_ / \_\_\_ / \_\_\_\_

□ Diarrhea \_\_\_ / \_\_\_ / \_\_\_\_

□ Nausea \_\_\_ / \_\_\_ / \_\_\_\_

□ Vomiting \_\_\_ / \_\_\_ / \_\_\_\_

**Nervous System**

□ Ataxia \_\_\_ / \_\_\_ / \_\_\_\_

□ Confusion \_\_\_ / \_\_\_ / \_\_\_\_

□ Dizzy/Vertigo \_\_\_ / \_\_\_ / \_\_\_\_

□ Fainting \_\_\_ / \_\_\_ / \_\_\_\_

□ Fasciculations \_\_\_ / \_\_\_ / \_\_\_\_

□ Headache \_\_\_ / \_\_\_ / \_\_\_\_

□ Hyperactive/anxiety/irritable \_\_\_ / \_\_\_ / \_\_\_\_

□ Lightheaded \_\_\_ / \_\_\_ / \_\_\_\_

□ Loss of balance \_\_\_ / \_\_\_ / \_\_\_\_

□ Memory loss \_\_\_ / \_\_\_ / \_\_\_\_

□ Muscle pain \_\_\_ / \_\_\_ / \_\_\_\_

□ Muscle rigidity \_\_\_ / \_\_\_ / \_\_\_\_

□ Muscle weakness \_\_\_ / \_\_\_ / \_\_\_\_

□ Paralysis \_\_\_ / \_\_\_ / \_\_\_\_

□ Peripheral neuropathy \_\_\_ / \_\_\_ / \_\_\_\_

□ Salivation \_\_\_ / \_\_\_ / \_\_\_\_

□ Tingling/Numbness \_\_\_ / \_\_\_ / \_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_\_

**Skin**

□ Burns \_\_\_ / \_\_\_ / \_\_\_\_

□ Edema/Swelling \_\_\_ / \_\_\_ / \_\_\_\_

□ Erythema/Redness/Flushing \_\_\_ / \_\_\_ / \_\_\_\_

□ Hives/Welts \_\_\_ / \_\_\_ / \_\_\_\_

□ Irritation/Pain \_\_\_ / \_\_\_ / \_\_\_\_

□ Itching/Pruritis \_\_\_ / \_\_\_ / \_\_\_\_

□ Rash \_\_\_ / \_\_\_ / \_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_

**Decontamination**

Was the patient decontaminated? □ Yes □ No □ N/A How was the patient decontaminated? (check all that apply)

If yes, where was the patient decontaminated? □ Clothing removed

□ In the field/At site □ Water

□ At hospital □ Soap and water

□ Both □ N/A

□ N/A □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Imaging**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Type of Imaging | Location | Contrast | Acute Findings | Description of Acute Findings |
| \_\_\_ / \_\_\_ / \_\_\_\_ | □ X-ray□ CT □ MRI □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | □ Y□ N | □ Y□ N |  |
| \_\_\_ / \_\_\_ / \_\_\_\_ | □ X-ray□ CT □ MRI □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | □ Y□ N | □ Y□ N |  |
| \_\_\_ / \_\_\_ / \_\_\_\_ | □ X-ray□ CT □ MRI □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | □ Y□ N | □ Y□ N |  |
| \_\_\_ / \_\_\_ / \_\_\_\_ | □ X-ray□ CT □ MRI □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | □ Y□ N | □ Y□ N |  |

**EKG**

|  |  |  |
| --- | --- | --- |
| Date | Findings | Description of EKG Findings |
| \_\_\_ / \_\_\_ / \_\_\_\_ | □ WNL□ Abnl, consistent□ Abnl, new |  |
| \_\_\_ / \_\_\_ / \_\_\_\_ | □ WNL□ Abnl, consistent□ Abnl, new |  |

WNL- within normal limits

Abnl, consistent- Abnormal finding, consistent with medical history or previous disease

Abnl, new- Abnormal finding, may indicate the presence of new disease

**Lab Values (See key below for check box explanations)**

**(Only record actual value if it is initially abnormal or becomes abnormal. Do not record normal values.)**

|  |  |  |
| --- | --- | --- |
| Lab |  | Repeat Lab Values (if necessary) |
| Na\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| K\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other  | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cl\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| HCO3-\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other  | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| BUN\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cr\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other  | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Glu\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hgb\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other  | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hct\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| WBC\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other  | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Plts\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Ca2+\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| AST\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other  | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ALT\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total Bili\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other  | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Alk Phos\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other:\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other  | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other:\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other:\_\_\_\_\_\_\_ | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other  | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Urinalysis**

|  |  |  |
| --- | --- | --- |
|  | Date: \_\_\_ / \_\_\_ / \_\_\_\_ | Repeat Lab Values (if necessary) |
| pH | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Specific Gravity | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Protein | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other  | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Glucose | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Ketones | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other  | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| WBC | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| RBC | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other  | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Bilirubin | □ WNL□ Abnl, CI □ Abnl, C Dz□ Abnl, exposure□ Abnl, other | Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_\_:\_\_\_\_ □ am □ pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

WNL- Within normal limits

Abnl, CI- Abnormal, Clinically insignificant (To be determined with NCEH Toxicologists)

Abnl, C Dz- Abnormal finding, consistent with documented chronic disease

Abnl, exposure- Abnormal finding, potentially associated with the exposure

Abnl, other- Clinically significant abnormality, related to other disease process

**Pulmonary Function Tests**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Predicted Value | Measured Value | % Predicted |
| Forced Vital Capacity |  |  |  |
| Forced Expiratory Volume (FEV1) |  |  |  |
| FEV1/FVC |  |  |  |
| Peak Expiratory Flow Rate |  |  |  |
| Forced Inspiratory Vital Capacity |  |  |  |
| Forced Expiratory Flow |  |  |  |

**Arterial Blood Gas (ABG) Flow Sheet**

|  |  |  |  |
| --- | --- | --- | --- |
| Date  | Date  | Date  | Date  |
| Time | Time | Time | Time |
| pH | pH | pH | pH |
| pO2 | pO2 | pO2 | pO2 |
| pCO2 | pCO2 | pCO2 | pCO2 |
| HCO3- | HCO3- | HCO3- | HCO3- |
| O2 sat | O2 sat | O2 sat | O2 sat |
| Supplemental O2 □ Y □ N □ N/A If Yes, □ NC/FM □ NRB □ CPAP □ Mechanical Vent. | Supplemental O2 □ Y □ N □ N/A If Yes, □ NC/FM □ NRB □ CPAP □ Mechanical Vent. | Supplemental O2 □ Y □ N □ N/A If Yes, □ NC/FM □ NRB □ CPAP □ Mechanical Vent. | Supplemental O2 □ Y □ N □ N/A If Yes, □ NC/FM □ NRB □ CPAP □ Mechanical Vent. |

**Medications (new medications that were initiated or prescribed during this visit/admission)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Indication | Given during this visit? | Continued after discharge? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Consults**

□ Cardiology: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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□ Dermatology: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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□ ENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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□ Ophthalmology: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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□ Pulmonary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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□ Poison Control: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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□ Psychiatry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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□ Social Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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□ Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Outcomes**

Primary Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ICD-9 Codes

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Discharge**

□ LWBS □ Discharged from ED: Date: \_\_\_ / \_\_\_ /\_\_\_\_ Time: \_\_\_\_: \_\_\_\_\_ □ am □ pm

□ Admitted: \_\_\_ / \_\_\_ /\_\_\_\_ Discharge information: Date: \_\_\_ / \_\_\_ /\_\_\_\_ Time: \_\_\_\_: \_\_\_\_\_ □ am □ pm

□ Died: \_\_\_ / \_\_\_ /\_\_\_\_ Cause of death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LWBS- Left without being seen