



# ED NOTES TEMPLATE

Name:	DOB:	Date & Time:
MRN	Mode of Arrival: <input type="checkbox"/> EMS <input type="checkbox"/> POV <input type="checkbox"/> Police <input type="checkbox"/> Other: ____	Triage Acuity (ESI): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
CC:		
HPI:		
Onset/Duration:	Location/Radiation:	Severity (1-10):
Associated Symptoms & Risk Factors:	Aggravating/Alleviating Factors:	Pre-Hospital Treatment:
Pre-Hospital Treatment:		
ROS General: <input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Fatigue <input type="checkbox"/> Weakness  Cardiac: <input type="checkbox"/> Chest Pain <input type="checkbox"/> Palpitations <input type="checkbox"/> Syncope  Respiratory: <input type="checkbox"/> Dyspnea <input type="checkbox"/> Cough <input type="checkbox"/> Wheezing <input type="checkbox"/> Hemoptysis  Neuro: <input type="checkbox"/> Headache <input type="checkbox"/> Dizziness <input type="checkbox"/> Weakness <input type="checkbox"/> Seizure  GI: <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> GI Bleed  GU: <input type="checkbox"/> Dysuria <input type="checkbox"/> Hematuria <input type="checkbox"/> Retention	Physical Exam (PE) – Critical Findings First  Vitals: T: __ BP: / HR: __ RR: __ SpO <sub>2</sub> : __%  Gen: <input type="checkbox"/> NAD <input type="checkbox"/> Mild distress <input type="checkbox"/> Mod distress <input type="checkbox"/> Toxic-appearing <input type="checkbox"/> AMS <input type="checkbox"/> Unresponsive <input type="checkbox"/> Dehydrated  HEENT: <input type="checkbox"/> NCAT <input type="checkbox"/> PERRL <input type="checkbox"/> EOMI <input type="checkbox"/> MMM <input type="checkbox"/> OP clear <input type="checkbox"/> Signs of trauma <input type="checkbox"/> Neck supple <input type="checkbox"/> JVD+/-  Resp: <input type="checkbox"/> CTAB <input type="checkbox"/> Wheezes <input type="checkbox"/> Rales <input type="checkbox"/> Rhonchi <input type="checkbox"/> ↓ BS <input type="checkbox"/> Accessory muscle use <input type="checkbox"/> RD noted  CV: <input type="checkbox"/> RRR <input type="checkbox"/> Tachy <input type="checkbox"/> Brady <input type="checkbox"/> Murmur <input type="checkbox"/> Rubs <input type="checkbox"/> Gallops <input type="checkbox"/> Cap refill <2 sec <input type="checkbox"/> Pulses 2+ BL <input type="checkbox"/> JVD <input type="checkbox"/> LE edema (1+ to 4+)	
Dx Workup & Results (Only include critical tests & when reviewed.)  Labs: ____ Imaging: ____ EKG: ____ POCUS (if applicable): ____	Neuro: <input type="checkbox"/> A&O x__ <input type="checkbox"/> AMS <input type="checkbox"/> Confused <input type="checkbox"/> Unresponsive <input type="checkbox"/> CN II-XII intact <input type="checkbox"/> Motor 5/5 BL <input type="checkbox"/> ↓ Sensation in ____ <input type="checkbox"/> DTRs 2+ BL <input type="checkbox"/> Gait nl <input type="checkbox"/> +Romberg <input type="checkbox"/> Tremors	
Disposition & Plan <input type="checkbox"/> Admit to: ____ <input type="checkbox"/> Transfer to: ____ <input type="checkbox"/> DC w/: ____ <input type="checkbox"/> Consults: ____	Skin: <input type="checkbox"/> W/D <input type="checkbox"/> Cool/clamy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Rash <input type="checkbox"/> Erythema <input type="checkbox"/> Ecchymosis <input type="checkbox"/> Lac <input type="checkbox"/> S/Sx of infxn	
Signature:	Date:	MDM (Medical Decision-Making) – Core of the ED Note Working Dx & DDx: ____ Risk Stratification: ____ Therapeutic Interventions: ____ Response to Tx: ____