Progress Notes

Presenting Health Problem

- Airway
  - Patient
  - Compromised
  - No respiratory distress
  - Mild distress
  - Moderate distress
  - Severe distress
- Breathing
  - No respiratory distress
  - Mild distress
  - Moderate distress
  - Severe distress
- Breathing Sounds
  - N/A
  - Equal, clear bilaterally
  - Crackles
  - Wheezes
  - Other
- Circulation
  - Skin colour
  - Edema
  - Skin temperature
  - Diaphoresis
- Radial Pulse
  - Strong
  - Regular
  - Weak
  - Irregular
- Hydration
  - Well hydrated
  - Mild dehydration
  - Moderate dehydration
  - Severe dehydration
- Neurologic
  - See Neuro Vital Sign Record Page 3
- Abdomen
  - N/A
- Bowel Sounds
  - Normal
  - Distention
- Guarding
  - Rigidity
- Genito-Urinary
  - N/A
  - Dysuria
  - Hamartia
  - Frequency
  - Flank pain
  - Right
  - Left
- Gynecologic
  - N/A
  - Last menstrual period
  - Gravid/Para
  - Vaginal bleeding
  - Amount
  - Duration
- Pain
  - N/A
  - Pain score
  - Location
  - Radiation
  - Quality
  - Time of onset
  - Proved by/Avoided by
- Skin Integrity
  - N/A
  - Intact
  - Pressure injury Stage 1-4, Unstaging
  - Other
- Symptom
  - N/A
  - Nausea
  - Vomiting
  - Diarrhea
  - Last bowel movement
- Social Situation
  - Language Spoken
  - Lives with family/friend
  - Lives alone
  - Has CCAC
  - Clothing/Belongings/Own Medications given to:
    - With patient
    - In family
    - In Security
  - Falls Risk
    - No
    - Falls in the last 6 months
    - ALOC
    - Urinary/bowel frequency or urgency
    - Impaired mobility
    - Yes - clinical intuition or 2 or more criteria present
    - Additional high risk safety measures implemented as applicable
  - ISAR (For all Patients greater than 65)
    - N/A
  1) Before the illness or injury that brought you to the Emergency, did you need someone to help you on a regular basis?
  2) In the last 24 hours, have you needed more help than usual?
  3) Have you been hospitalized for one or more nights during the past six months?
  4) In general, do you have problem with your vision?
  5) In general, do you have serious problem with your memory?
  6) Do you take six or more medications every day?
    Positive test is 2 or more
- Confusion Assessment Method (CAM) Screen for Delirium
  - Yes
  - No
  - Positive if all items in Box 1 yes and at least one item in Box 2 yes.

Initial Assessment by Print Name

Signature

Initials