



2A - Cough / Sore Throat / URI

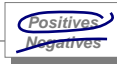
Time: _____ Primary MD: _____
Room: _____ Specialist: _____

Mode of Arrival: private auto
EMS
police
wheelchair van
Historian: patient
family
friend
caretaker
EMS
old chart
Hx limited by: AMS
unconscious
dementia
acuity
Prehospital orders: [] see EMS flowsheet



AAEM Services
555 East Wells Street, Suite 1100
Milwaukee, WI 53202-3823
(800) 884-2236

Chief Complaint: cough / sore throat / runny nose / fever
sinus pain - pressure - discharge / earache



History of Present

Duration: _____ minutes / hours / days / weeks / months / years
Onset: just prior to arrival today @: _____ yesterday

Timing:
still occurring
episodic, lasting _____
improving
worsening
comes and goes

Pain Severity:
mild
moderate
severe
_____ (1-10)

Modifying Factors:
Aggravating: [] none

Alleviating: [] none

Current / Associated Symptoms:

cough
sputum
clear
yellow
green
bloody
trouble breathing
shortness of breath
wheezing
stridor

sore throat
painful / unable to swallow
saliva
liquids
solids
swollen neck nodes
neck pain
muffled voice
nasal discharge
facial pain
earache - R / L
headache
fever / chills
myalgias

chest pain
pleuritic
tight
with cough

Quality Measures:

pneumonia:
vital signs
O₂ saturations
mental status
empiric antibiotics

Context / Narrative:

recent exotic travel
bird / animal / pet exposure
smoke / toxic fume inhalation
caustic / corrosive ingestion
ill contact

Other Data Reviewed:

EKG:
respiratory therapy:
old records: [] requested [] reviewed
[] summarized [] unavailable
additional Hx from family / caretaker / other

Prior Similar Episodes:

workup:
diagnosis:
treatment:

Review of System

Constitutional: fever
chills
malaise
Respiratory: cough
shortness of breath
Skin: pruritus
rash
All / Imm: hay fever
arthritis
HIV
Neurologic: headache
numbness
weakness
Heme / Lymph: easy bruising
nodes
CA
blood thinners
Eyes: vision problem
discharge
eye pain
GI: abdominal pain
N / V / D
ENT: ear pain
hearing loss
nasal / sinus
congest / disch
sore throat
CV: chest pain
CAD Hx
syncope
MSK: myalgias
pain:
DVT / PE Hx
Psychiatric: anxiety
depression
Endocrine: DM
thyroid disease

[] All systems reviewed & negative except as noted above.

Family, Social History:

Medications: [] see nursing note
Allergies: [] see nursing note
[] NKDA

[] nursing note reviewed

Past Medical History: [] negative [] noncontributory
strep cardiac disease asthma
history CAD angina COPD
exposure CHF
sinusitis history hypertension IDDM / NIDDM
mononucleosis

Surgical History: [] negative [] noncontributory
CABG appendectomy cholecystectomy
splenectomy T&A sinus
TM tubes

Immunization Status: [] up to date
Hib as child: flu shot DT
yes Pneumovax DPT
no

Family History: [] unknown [] noncontributory
CAD hypertension CVA
father diabetes mellitus cancer
mother
sibling

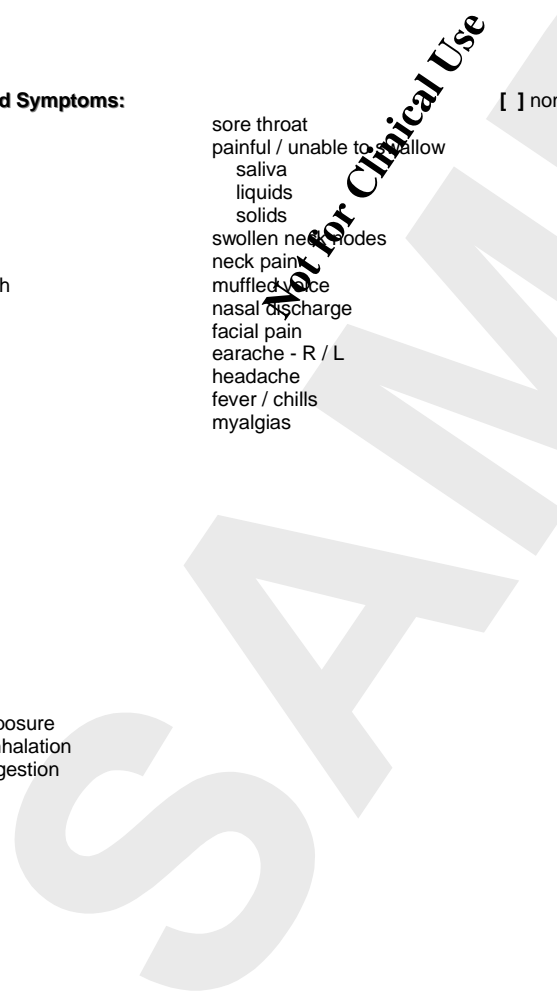
Social History:
tobacco alcohol drugs
ppd social THC
yrs daily cocaine
quit yrs binge _____ amphetamines

occupation: _____

L1-3: 1-3 elements; L4-5: 4+ elements

of 3 areas
L1-3: 1-3 elements; L4-5: 4+ elements

of 3 areas
L1-3: 1-3 elements; L4-5: 4+ elements



Positives
Negatives

Physical Exam:

Nursing record reviewed
 Vital signs reviewed
Vital Signs:
 BP: _____ / _____ L
 BP: _____ / _____ R
 HR: _____
 RR: _____
 Temp: _____ ° F / C
 Pulse Ox: _____ % RA / _____ L O₂

General Appearance:
 alert
 oriented
 well-developed
Distress:
 no acute
 mild
 moderate
 severe

Eyes: exam limited by urgency of condition
 PERRL, EOMI sluggish reaction - R / L - painful EOM - R / L
 conjunctivae clear conjunctivae injected / discharge

ENT:
 canals nl cerumen impaction
 TMs nl EAC swelling - R / L
 no nasal discharge TM red / bulging / discharge - R / L
 sinuses nontender TM retracted - R / L
 pharynx nl mastoid tenderness - R / L
 tender sinus _____
 pharynx / tonsils red / pus
 hoarse voice / stridor
 carious dentition / widespread decay
 peritonsillar mass - R / L
 ulcerations
 thrush
 trismus
 drooling
 hot potato voice

Neck:
 nontender adenopathy _____
 supple meningismus

Respiratory:
 no distress distress - mild / moderate / severe
 lungs clear rales / rhonchi / wheezes / reduced - R / L

Cardiovascular:
 RRR irregular rhythm / tachycardia / bradycardia
 no murmur murmur - grade _____ / 6 systolic / diastolic
 S1, S2 nl gallop - S3 / S4 / rub
 no JVD JVD _____ cm
 pulses nl pulse deficit _____

Abdominal:
 soft guarding / rebound
 nontender tender: epigastric - R / L - upper / lower / mid / diffuse
 nondistended distended - mild / moderate / severe
 bowel sounds nl abnormal bowel sounds - increased / decreased / absent
 CVA nontender CVA tenderness - R / L
 guaiac-negative guaiac-positive
 no HSM hepatomegaly / splenomegaly

Lymph:
 neck nodes nl enlarged / tender nodes _____

Musculoskeletal:
 head atraumatic trauma _____
 chest nontender tender chest _____
 spine nontender tender T-spine / L-spine _____
 extras nontender tender extremity _____
 no edema edema - 1 2 3 4 + R / L
 capillary refill nl delayed capillary refill _____ seconds

Skin:
 color nl pallor / cyanosis / jaundice
 warm / dry cool / diaphoretic
 no rash rash _____

Neurologic:
 A&O x3 confused / agitated / obtunded
 motor nl motor deficit _____
 sensory nl sensory deficit _____

Psychiatric:
 affect nl depressed / anxious / delusional

COMMENTS:

Medical Decision Making:

Differential Dx:
 ACS / AMI
 pharyngitis / tonsillitis
 peritonsillar abscess
 deep space abscess
 Ludwig angina
 sinusitis
 thrush
 acute bronchitis
 COPD exacerbation
 asthma exacerbation
 mononucleosis
 URI
 influenza
 pneumonia
 herpangina
 allergic rhinitis
 odontogenic infection
 strep throat
 epiglottitis
 other:

Potential Diagnoses

Laboratory Data:

CBC: nl nl except WBC Hct plts polys bands
Chem: nl nl except Na K Cl CO₂ BUN Cr Glu

UA: nl nl except RBC WBC nitrites LE bacteria
 Rapid Strep: + - Rapid Flu: + - Monospot: + - hCG: + -

CXR: nl interpreted by me reviewed / discussed with Radiology
 abnl _____

Sinus nl interpreted by me reviewed / discussed with Radiology
XR/CT: abnl _____

ST Neck nl interpreted by me reviewed / discussed with Radiology
XR/CT: abnl _____

Physician-Supervised Infusion Therapy: given over 60 / 90 / 120 / _____ min
indications: dehydration / nausea / vomiting / pain _____
fluids: _____ mL NS / LR **response:** improved hydration
additives: _____ **response:** improved nausea / vomiting
 improved pain

_____ are addendum # _____

ED Course / Additional Data:
 reevaluated: time: _____ improved unchanged

Rx:
 Faculty Note: I interviewed and examined the patient. I discussed with
 PA/resident and agree with their evaluation and plan as documented here.

Consultation:
 Discussed with Dr. _____ time: _____
 Recommends: _____
 Will see in: ED floor ICU cath lab office in _____ days.

Vital signs reviewed prior to disposition.

Disposition:
 discharge admit floor / telemetry / ICU / cath lab
 discharge instructions
 transfer to: _____
 via POV / ground EMS / helicopter
 Counseled pt / fam regarding probable diagnosis and disposition plan.
 Pt / fam agrees to f/u in ED for worsening symptoms / fever / pain /
 syncope / shortness of breath.

Condition: unchanged improved stable serious critical
 see addendum critical care time: _____

Clinical Impression:
 _____ MD/DO
 PA, Resident Signature

ED Physician Signature
 dictation written addendum # _____
 copy to PMD
 template complete

Not for Clinical Use