**EMERGENCY DEPARTMENT NURSES’ ASSESSMENT**

**Date:** ____________  **Fast Track:** □ Yes  □ No

**Category:**  □ 1  □ 2  □ 3  □ 4  □ 5  □ Triage Only

**Last Name:**  **First Name:**  **Age:**

**Arrived via:** □ Ambulance  □ Stretcher  □ W/C  □ Ambulatory  □ Carried  □ Accompany By

**Primary Language:** □ English  □ Spanish  □ Other

**Interpreter:** □ Professional  □ Family  □ Employee

**Learning Preference:** □ Written  □ Verbal  □ NA

**Primary MD:**

**BP:**  **P:**  **R:**  **T:**  **SpO2:**

**Tetanus UTD:**  □ Yes  □ No

**Last Tetanus:** □ Unknown

**Arrival time:** ____________  **Rapid Assessment/EKG Time:** ____________  **Triage Time:** ____________

**Treatment Prior to Arrival:** □ None  □ Dressing  □ Splint  □ C–Collar  □ Backboard  □ Ice  □ BG

**Principal Complaint:**

**PMHX:**

**Chief Complaint:**

**Nursing Hx**

**Nurse’s Signature:** ___________________________  **Time:** ___________

---

### Mental Status

- □ Awake
- □ Responds to verbal stimuli
- □ Responds to painful stimuli
- □ Unresponsive
- □ Alert
- □ Oriented
- □ Disoriented
- □ Appropriate

### Psychological/Social

- □ Problem(s):
  - Psychological: □ Cooperative  □ Non–Cooperative
  - Anxious: □ Sedated  □ Lethargic  □ Panic
  - Angry: □ Tense  □ Talkative
  - Comative: □ Agitated  □ Depressed  □ Withdrawn
  - Comatose: □ Confused
  - Abuse/Neglect: □ Yes  □ No

### Pain

- □ Denies Location _____
- □ Provoked by: _____
- □ Throbbing
- □ Sharp  □ Dull  □ Ache
- □ Pressure  □ Crampy
- □ Constant
- □ Intermittent
- □ Radiates to: _____
- □ Pain scale 1–10: _____

### Nutritional

- □ WDWN
- □ Obese
- □ Cachetic

### Speech

- □ Normal
- □ Slurred
- □ Aphasic

### Skin

- □ Dry
- □ Warm
- □ Moist
- □ Cool
- □ Hot
- □ Mottled
- □ Pale

### Problems

- □ Problem(s):
  - Respirations: □ No distress  □ Dyspneic
  - Heart Rate: □ Labored  □ Tachypneic
  - Reactions: □ Nasal Flaring
  - Pain: □ No  □ Intense
  - Other: □ Yes  □ No

### Barriers to Learning

- □ Denies Location _____
- □ Provoked by: _____
- □ Throbbing
- □ Sharp  □ Dull  □ Ache
- □ Pressure  □ Crampy
- □ Constant
- □ Intermittent
- □ Radiates to: _____
- □ Pain scale 1–10: _____

### Pediatric

- □ N/A
- □ Height
- □ Weight

### Capillary refill time:

- □ Normal
- □ Slow

### Abdomen

- □ Bell: □ Normal  □ Tympanic
- □ Percussion:
  - RLQ:
  - Right:
  - Left:
- □ Vomiting: □ Yes  □ No

### GU

- □ N/A
- □ Voiding difficulty:
- □ Frequency:
- □ Hematuria:
- □ Urgency:

### Extremities/Lacerations

- □ N/A
- □ Location:
- □ Pain:
- □ Drainage:
- □ Aspirin/Sinus Congestion:
- □ Other:

### EENT

- □ N/A
- □ Pain:
- □ Drainage:
- □ Eyes:
- □ Throat:

---

**Date:** ____________  **Fast Track:** □ Yes  □ No

**Category:**  □ 1  □ 2  □ 3  □ 4  □ 5  □ Triage Only

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**Principal Complaint:**

**PMHX:**

**Chief Complaint:**

**Nursing Hx**

**Nurse’s Signature:** ___________________________  **Time:** ___________

---

**GU**

- □ N/A
- □ Voiding difficulty:
- □ Frequency:
- □ Hematuria:
- □ Urgency:

**Extremities/Lacerations**

- □ N/A
- □ Location:
- □ Pain:
- □ Drainage:
- □ Aspirin/Sinus Congestion:
- □ Other:

**EENT**

- □ N/A
- □ Pain:
- □ Drainage:
- □ Eyes:
- □ Throat:

---

**Date:** ____________  **Fast Track:** □ Yes  □ No

**Category:**  □ 1  □ 2  □ 3  □ 4  □ 5  □ Triage Only

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**Principal Complaint:**

**PMHX:**

**Chief Complaint:**

**Nursing Hx**

**Nurse’s Signature:** ___________________________  **Time:** ___________

---

**GU**

- □ N/A
- □ Voiding difficulty:
- □ Frequency:
- □ Hematuria:
- □ Urgency:

**Extremities/Lacerations**

- □ N/A
- □ Location:
- □ Pain:
- □ Drainage:
- □ Aspirin/Sinus Congestion:
- □ Other:

**EENT**

- □ N/A
- □ Pain:
- □ Drainage:
- □ Eyes:
- □ Throat:

---

**Date:** ____________  **Fast Track:** □ Yes  □ No

**Category:**  □ 1  □ 2  □ 3  □ 4  □ 5  □ Triage Only

**Last Name:**  **First Name:**  **Age:**

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**PMHX:**

**Chief Complaint:**

**Nursing Hx**

**Nurse’s Signature:** ___________________________  **Time:** ___________

---

**GU**

- □ N/A
- □ Voiding difficulty:
- □ Frequency:
- □ Hematuria:
- □ Urgency:

**Extremities/Lacerations**

- □ N/A
- □ Location:
- □ Pain:
- □ Drainage:
- □ Aspirin/Sinus Congestion:
- □ Other:
## ER FOCUS NOTES

### START IV'S

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<th>TIME</th>
<th>IV #</th>
<th>INT</th>
<th>NEEDLE</th>
<th>SITE</th>
<th>COMMENTS</th>
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### IV FLUIDS

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<th>PT. RESPONSE (PAIN: INTENSITY 0 to10)</th>
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</table>

- **Oxygen**

### TO X-RAY

- **BLOOD CX Draw**: Time1: ____________ Time2: ____________
- **LAB DRAWN**: ____________
- **UA TO LAB**: ____________

### FOCUS NOTES

- Neurological Assessment
- Conscious Sedation Report
- Code Blue Record
- Restraint Record
- Supplemental Nursing Note

### TIME FOCUS DATA–ACTION–RESPONSE

<table>
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<tr>
<th>Initials</th>
<th>RN Name (Print)</th>
<th>Signature</th>
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</table>

### DISCHARGE INFORMATION

- **Home**:  
  - [ ] Ambulatory  
  - [ ] W/C  
  - [ ] Gurney  
  - [ ] Carried  
  - [ ] With Family/SO  
  - [ ] Ambulance
- **Condition**:  
  - [ ] Stable or Improved  
  - [ ] See N/N
- **Instruction**:  
  - [ ] Written  
  - [ ] Verbal  
  - [ ] By MD  
  - [ ] Verbalized Understanding
- **Given To**:  
  - [ ] Pt  
  - [ ] Parent  
  - [ ] Family/SO
- **Pain Scale on discharge**:  
  - [ ] 0
- **Valuables**:  
  - [ ] With Patient  
  - [ ] None Removed  
  - [ ] Triage Only
- **Time Discharged**: ____________
- **Nurse Signature**: ____________

### ADMISSION/TRANSFER

- **Admit to Rm#**: ____________  
  - **Report Called @ ___**: by ____________
  - **Transport @ ___________ w/ RN**: ____________
  - **O2**: ____________
  - **Monitor**: ____________
  - **IV Pump**: ____________
  - **Elope**: ____________
  - **AMA**: ____________
  - **Surgery**:____________
- **Clothing/Valuables**:  
  - [ ] With parent  
  - [ ] Security  
  - [ ] Forensic  
  - [ ] Family
- **Given to**: ____________

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## Emergency Department
### Nurses Notes / Vital

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<th>PAIN SCALE 0−10</th>
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### URINALYSIS / RESULTS (dipstix)

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### Procedures

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<td>TYPE</td>
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Unable to communicate (ie altered LOC, paralytic agent used), will treat signs and symptoms

### Pain Scale

<table>
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<th>ADULT:</th>
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<tr>
<td>Mild</td>
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<td>Moderate</td>
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<td>Severe</td>
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<td>Very Severe</td>
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<td>Terrible Pain</td>
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NURSE’S SIGNATURE ___________________________  TIME _______________

ED00005c
**Neurological Assessment**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
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</table>

### Eye Opening
- **Spontaneously** 4
- To Speech 3
- To Pain 2
- None 1

### Verbal Response
- Answers Appropriately 5
- Confused Conversation 4
- Inappropriate Words 3
- Incomprehensible Sounds 2
- No Verbal Response 1

### Motor Response
- Purposeful 6
- Obeys 6
- Localizes 5
- Flexion–Withdrawal 4
- Decorticate 3
- Decerebrate 2
- Flaccid 1

### Strength of Extremities (Voluntary)

<table>
<thead>
<tr>
<th>Arms</th>
<th>Legs</th>
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<tbody>
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</table>

### Reflexes
- Pupils:
  - + Reacts: 5
  - ± Impaired Reaction: 4
  - − No Reaction: 3

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<th>Size</th>
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### Vital Signs
- **Blood Pressure**
- **Pulse**
- **Respiration**
- **Temperature**

### Other Indications
- **Expected Endotracheal Tube or Trach**
- **Aphasia**
- **Eyes Closed by Swelling**

### Glascow Coma Scale Score
- Normal Power
- Can Overcome Resistance
- Can Overcome Gravity
- Cannot Overcome Gravity
- Flicker of Muscle
- None

### Purposeful
- Flexion–Withdrawal: 4
- Decorticate: 3
- Decerebrate: 2
- Flaccid: 1

### Confrontation
- Spontaneously: 4
- To Speech: 3
- To Pain: 2
- None: 1

### Localizes
- 5

### Verbal Response
- Answers Appropriately: 5
- Confused Conversation: 4
- Inappropriate Words: 3
- Incomprehensible Sounds: 2
- No Verbal Response: 1

### Anticipated Endotracheal Tube or Trach (T)
- 1MM
- 2MM
- 3MM
- 4MM
- 5MM
- 6MM
- 7MM
- 8MM
- 9MM

### Anticipated Anticipated A
- Aphasia

### Anticipated C
- Eyes closed by swelling

---

PROVIDENCE HOSPITAL
6801 Airport Boulevard, Mobile AL 36608,
251/633-1000

Ne5032 Nursing Info
# Emergency Department Physician Orders

**PROVIDENCE HOSPITAL**  
6801 Airport Boulevard, Mobile AL 36608,  
251/633−1000

**NAME ______________________________**  
**E.R. No. ______________________________**  
**Nurse Notation**

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</tbody>
</table>

**ED00002**
Emergency Department Discharge Sheet  

**TIME:** ____________

The examination and treatment you have received in the Emergency Department have been given on an emergency basis only and are not intended to be a substitute for or an effort to provide complete medical care. For your protection, we suggest that you contact a physician of your choice for continued follow-up care, and for any further problems. Your initial x-ray and/or EKG reading is a preliminary interpretation.

**ABOUT YOUR X-RAYS:**

YOUR X-RAYS have been initially read by the emergency doctor. For assurance, the x-ray specialist (radiologist) will re-read your films. You will be contacted if a problem appears which the emergency doctor has not seen.

**IT IS IMPORTANT THAT WE HAVE A CORRECT TELEPHONE NUMBER, IN CASE IT IS NECESSARY TO CONTACT YOU.**

**ABOUT YOUR LABORATORY TESTS:**

YOUR LABORATORY TESTS have been reviewed by the emergency doctor. Some test results (for example cultures) may not be available for several days. You will be contacted if any test result shows you need additional treatment.

**IT IS IMPORTANT THAT WE HAVE A CORRECT TELEPHONE NUMBER, IN CASE IT IS NECESSARY TO CONTACT YOU.**

---

### Please Follow The Instructions below As Indicated For You:

- Back Strain
- Bruise
- Eye Injury
- Fracture
- Head Injury
- Otitis Media
- Pelvic Infection
- Pharyngitis
- Sinusitis
- Sprain
- Threatened Miscarriage
- Domestic Violence
- Follow-up Information

### Be Sure To Do The Following:

- Call your Doctor today for an appointment.
- Return to Emergency Room if you are worse.
- Have your prescription(s) filled right now.
- Give acetaminophen for pain or fever.
- Elevate to reduce swelling.
- Apply ice to area.
- Apply moist heat to area.
- Continue all home medications.
- Your medications have been changed as follows:

### YOU RECEIVED:

- Stitches
- Diptheria Tetanus
- Wound Care
- X-Rays
- Other Tests or Treatment

This sheet is evidence that you were in the emergency department today. If your employer should require an additional "Back to Work / School Slip" please consult your private physician or your company doctor.

- Available for light duty
- Able to resume regular activities
- Unable to return to work until released by Dr.
- Disable for approximately _____ days
- No P.E. x _____ days

---

### About Your Prescription(s):

The following medication(s) were prescribed for you. Take them as instructed. Sedatives or pain medications may make you drowsy. Do not drink alcohol, drive a car, or operate dangerous machinery when you are taking these medications.

**ALL MEDICATIONS HAVE POTENTIAL SIDE EFFECTS** On your prescription, we have requested your pharmacist to label your medication about significant precautions you should take. BE SURE YOU RECEIVE THESE INSTRUCTIONS WHEN YOU PICK UP YOUR PRESCRIPTION(S).

---

### Follow Up With Dr.

**ADDRESS**

**TELEPHONE**

IF YOU EXPERIENCE ANY PROBLEMS RETURN SOONER

---

I understand that the emergency care which I have received is preventative care of an emergency nature. This emergency care is by no means intended to be a complete diagnosis or complete medical care. I have been instructed to contact a physician for continued medical diagnosis and care, and I will do so. I have received these instructions, they have been reviewed with me, I have been given a copy, and I understand my responsibility to carefully follow them.

**SIGNATURE OF RESPONSIBLE PERSON**

**DATE**

**RELATIONSHIP TO PATIENT**

**SIGNATURE OF NURSING PERSONNEL**

**DATE**

---
<table>
<thead>
<tr>
<th>CSR CHGS:</th>
<th>CODE</th>
<th>QTY</th>
<th>E.R. FEES:</th>
<th>CODE</th>
<th>ER MISC PROCEDURE:</th>
<th>CODE</th>
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<tbody>
<tr>
<td>Crutches—adult</td>
<td>1984</td>
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<td>EKG</td>
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<td>Minor surgery</td>
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<td>Crutches—youth</td>
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<td>Closed tx. fx./dislocation</td>
<td>2014**</td>
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<td>Crutches—ped</td>
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<td>2177</td>
<td>Drain/inject joint/bursa</td>
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<td>Cast/splinting/splinting</td>
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<td>Arm Sling Small</td>
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<td>Thoracentesis</td>
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<td>Arm Sling Medium</td>
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<td>Needle decompression—lung</td>
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<td>Arm Sling Large</td>
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<td>Chest tube insertion</td>
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<td>Arm Sling x–large</td>
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<td>Level 4 w/ modifier*</td>
<td>2045**</td>
<td>Pericardiocentesis</td>
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<tr>
<td>Knee immob. short</td>
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<td>Level 4 w/o modifier</td>
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<td>Paracentesis</td>
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<tr>
<td>Knee immob. med</td>
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<td>Change G–tube</td>
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<td>Knee immob. long</td>
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<td>2047**</td>
<td>Complicated cath by MD</td>
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<tr>
<td>Shlider immob.</td>
<td>2027</td>
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<td>Level 5 w/o modifier</td>
<td>2008</td>
<td>Vaginal delivery</td>
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<tr>
<td>Cerv. Collar small</td>
<td>1888</td>
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<td>Delivery of placenta</td>
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<td>Cerv. Collar med</td>
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<td>Cerv. Collar large</td>
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<td>Level 6 w/o modifier</td>
<td>2009</td>
<td>Admin.– TB skin test</td>
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<tr>
<td>Postop shoe–large</td>
<td>2020</td>
<td></td>
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<td>Admin.– IM/SQ inj.</td>
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<tr>
<td>Cast shu–small</td>
<td>1840</td>
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<td>Triage Only (w/chart)</td>
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<td>Admin.– IV inj – Add'l meds</td>
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<td>Cast shu–medium</td>
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<td>Wound Check</td>
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<tr>
<td>Cast shu–large</td>
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<td>IV fluid Hydration</td>
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<td>SoluSaline 1000</td>
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<td>ER PROC CHGS:</td>
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<td>IV fluid Hydration – 1st Hr</td>
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<td>SoluBetadine</td>
<td>2838</td>
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<td>Ear irrigation</td>
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<td>IV MED infusion – INITIAL</td>
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<td>Jelco–regular</td>
<td>0016</td>
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<td>Foley insertion</td>
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<td>IV MED infusion – add’l Hrs</td>
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<td>Jelco–twincath</td>
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<td>I &amp; D</td>
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<td>IV MED infusion add’l med</td>
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<td>Female cathkit</td>
<td>0027</td>
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<td>Nasal packing</td>
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<td>IV MED infusion concurrent</td>
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<tr>
<td>UCG–preg test</td>
<td>2084</td>
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<td>Suturing–simple</td>
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<td>Admin–inject (Dx/Tx/Prophal)</td>
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<td>Pacemaker</td>
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<td>F.B. removal</td>
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<td>Admin.– Influenza vacc.</td>
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<td>Suture (per pk)</td>
<td>0057</td>
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<td>Wnd Irrigate/debride</td>
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<td>Admin–Pneumococcal vacc</td>
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<td>Tubegauze</td>
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<td>Eye irrig w/morgan lens</td>
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<td>Admin–Tet/Tox vacc.Initial</td>
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<td>Dermabond</td>
<td>2016</td>
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<td>Replace suprapub tube</td>
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<td>Admin–Tet/Tox vacc.Add’l</td>
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<td>Eye Burr</td>
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<td>Avulsion of nail–one</td>
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<td>Admin–Rabies vacc.</td>
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<td>Merocel Nasal Pkg.</td>
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<td>Avulus ea. addl nail</td>
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<td>Morgan Lens</td>
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<td>Nasal Tampon</td>
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<td>Subungal hematoma</td>
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<td>Ultrastat Nasal Pkg.</td>
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<td>Splinting by ORTHO</td>
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<td>Velcro wrist splint</td>
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<td>Burn debridement</td>
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<td>Velcro finger splint</td>
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<td>Casting by ORTHO</td>
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<td>Ortho finger splint</td>
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<td>Suturing–major</td>
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<td>Long arm adult</td>
<td>0044</td>
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<td>Tracheostomy</td>
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<td>Short arm adult</td>
<td>0046</td>
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<td>Pacemaker insertion</td>
<td>2001**</td>
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<td>Long arm ped.</td>
<td>0043</td>
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<td>Tongs insertion</td>
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<td>Short arm ped.</td>
<td>0045</td>
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<td>Endotrach. intubation</td>
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<td>Long leg adult</td>
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<td>Gastric lavage</td>
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<td>Short leg adult</td>
<td>0056</td>
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<td>Peritoneal lavage</td>
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<td>Long leg ped.</td>
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<td>Central line insertion</td>
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<td>Cricothyroidotomy</td>
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<td>LAB CHARGES:</td>
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<td>Hemocult slide</td>
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<td>Cutdown</td>
<td>2001**</td>
<td>Items with ** require</td>
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<td></td>
<td></td>
<td>Peritoneal lavage</td>
<td>2001**</td>
<td>&quot;w/modifier level charge&quot;</td>
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</tbody>
</table>

ED00004pg1
### CRITERIA FOR LEVEL CHARGING FOR EMERGENCY DEPT.

**Must meet criteria for w/modifier**

(Criteria for modifier includes CT scan, MRI, Ultrasound, Echo, EKG, EEG, Pelvic exam along with the procedures marked with ** on the charge sheet)

#### Charge codes for ED

<table>
<thead>
<tr>
<th>Level 1 w/o modifier</th>
<th>Level 2 w/o modifier</th>
<th>Level 3 w/o modifier</th>
<th>Level 5 w/o modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>2169</td>
<td>2042</td>
<td>2184</td>
<td>2008</td>
</tr>
<tr>
<td>Level 2 w/modifier</td>
<td>Level 3 w/modifier</td>
<td>Level 5 w/modifier</td>
<td></td>
</tr>
<tr>
<td>2177</td>
<td>2043</td>
<td>2009</td>
<td></td>
</tr>
<tr>
<td>Level 4 w/modifier</td>
<td>Level 6 w/modifier</td>
<td></td>
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<tr>
<td>2045</td>
<td>2048</td>
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</tbody>
</table>

### Level One—

**brief**

Brief interaction, routine assessment

- Patient presents to the ED/CPC and is triaged (medical screening examination) and:
  - Seen by MD and d/c’d without intervention. No tests or meds in the dept.
  - Not seen by an MD in dept., written or verbal orders received and carried out (i.e., Tests, meds, etc. completed).
- Discharge instructions, with teaching and NO prescriptions given.

### Level Two—

**Limited**

Limited interaction, limited evaluation and treatment

- Meets criteria for Level 1 PLUS any of the following:
  - Transport to x/ray, set up for lab draw, or specimen collection (1 or 2)
  - Prepare 1, 2 or 3 meds (oral, rectal and/or topical)
- Any "hands on" care provided, including but not limited to minor dressings, steristrips, application of pre−fab splints or casts, checking fetal heart tones or visual acuity
- Routine discharge instructions with teaching AND prescriptions given

### Level Three—

**Intermediate**

Repeated patient interaction, full evaluation and treatment

- Meets criteria for Level 2 PLUS any of the following:
  - Start/prepare heplock (saline lock)
  - Crutch assembly with return demonstration
  - Disimpaction, done digitally by either nurse or physician
  - Transport to x/ray, set up for lab draw, or specimen collection (3 or more) ****
  - Apply 3 to 5 minor dressings
  - Prepare 4 or more meds (oral, rectal or topical)
  - Set up for 1 procedure− (i.e. IV/heplock, eye irrigation−w/o morgan lens, pelvic exam)
- Discharge instructions with required teaching (crutch−walking, cast care, immobilizers, wound/suture care w/minor dressings−bandaid, 2x2, 4x4/simple dressing)

### Level Four—

**Extended**

Constant patient interaction, full evaluation/tx. and may be life threatening

- Meets criteria for Level 3 PLUS any of the following:
  - Disimpaction using enemas
  - Preparing 2 or more IV lines started in our dept. (twin cath)
  - Admissions to med/surg floors (any floor except ICU/CCU)
  - Apply major dressings or greater than 5 minor dressings (tubegauze, kling/kerliz, pressure dsg)
  - Any patient going to surgery
- Set up for 2–3 procedures−(i.e. IV/heplock, eye irrigation−w/o morgan lens, Pelvic exam)
- Discharge instructions, including in−depth patient/family teaching (foley cath care, heplock/IV site care, major dressings/pressure dressings)
- IV fluids or IV antibiotics administration

### Level Five—

**Comprehensive**

Intensive patient interaction, full evaluation/tx. and may be life threatening

- Transfer to another facility
  - Prepare for and assist with completion of sexual assault kits
  - Monitor patients w/ventilators OR 1:1 nursing care 30 minutes to 1 hour
  - Accompanying patients to other dept for tests
  - Preparing/monitor any ICU/CCU admit OR patients receiving moderate sedation
  - Monitoring any IV drips requiring titration or monitoring 3 or more IV drips
  - Assisting in physical restraint for suturing or other procedure
  - Preparing for 4 or more procedures−(i.e. IV/heplock, eye irrigation, pelvic exam)
  - Accompanying Patients. to any other dept for tests
  - Monitoring ED/CPC pts. greater than 6 hrs for testing or observation
  - Complex discharge instructions including special ED teaching (i.e. rape victims, spouse/child/elderly abuse, etc.)
  - Full−code with medications lasting less than 30 minutes.

### Level Six—

**Critical Care**

Critical patient Full Eval/tx. and may be life threatening

- Assist with resuscitation (Full code with administration of meds lasting greater than 30 minutes)
  - Monitor intubated patients (intubated in the dept.) or patients w/transvenous pacemaker placed in ED
  - 1:1 care for greater than one hour OR 2:1 care for at least 30 minutes
  - Assist with Major/multiple trauma that is life/limb threatening without immediate intervention
  - Monitoring of any IV drips requiring titration for greater than 1 hour
  - 1:1 care with vital signs every 5 min. for more than 30 minutes
  - 1:1 care for greater than one hour while waiting for ICU bed assignment

---

**revised 06/06**