Charting Cheat Sheet

***Subjective:***

Everything you are told and cannot verify. Be sure to document who said what. Examples, Pt states…, husband states…, bystander #1 states…, …per police officer, etc.

**Disp to (**dispatch information: Chest Pain, diabetic problem, fall, etc.) Pt states or pt c/o ….. What happened, when, where, why, how, etc., describe events leading up to current complaint. Remember OPQRST, you can use it for just about anything. Remember pertinent negatives, LOC, Hit head, Head, neck, chest, abd pain, nausea / vomiting / dizziness, bladder and bowel history. When pertinent include OB-GYN, GPA, LMP, etc. The more information you have the better.

***Objective***

Everything that you can see, feel, hear, smell. Your head to toe examination. If MVC, document vehicle condition.

**Upon arrival found** age sex ♀ female ♂ male **pt, wt approx. \_\_\_\_\_\_ kg, CAOX**4, **ABC’s intact, skin N/W/D,** how and where they were found (sitting on couch, standing outside vehicle, lying in bed, etc.) **in NAD (no apparent distress) or level of distress. (NOTE: IF ABC’s are not intact use = Airway:** open, patent, snoring, etc. **Breathing:** labored, unlabored, shallow, rapid etc. **Circulation:** pulses, strong, weak, absent.) **HEENT: no trauma, or DCAP-BTLS, Pupils PEARL (pertinent negatives:** facial droop, slurred speech, # word dyspnea, odor EtOH, tongue droop, trauma DCAPBTLS**) NECK: no tracheal deviation, no JVD (pertinent negatives:** no trauma, no pain upon palpation of posterior neck, no deformity noted to c-spine, no stridor noted**); CHEST: = excursion (rise and fall), no trauma, LS clear bilat (pertinent negatives:** no rales, wheezes, stridor, rhonchi, pain upon palpation, flail segment, paradoxical movement**); ABD: SNT (soft, non-tender), (pertinent negatives:** rebound tenderness, pulsatile masses, guarding, rigidity, trauma, bruising**); PELVIS: stable (pertinent negatives:** incontinence of bladder or bowel, no crepitus, no instability**); MAEX4 or LOWER EXTREMITIES: no trauma, + & = PMS (pertinent negatives:** pedal edema, trauma, deformity, DCAPBTLS, = push/pull**); UPPER EXTREMITES: no trauma, + & = PMS (pertinent negatives:** pedal edema, trauma, deformity, DCAPBTLS, = grips, pronator drift**); BACK: no trauma;**

***Assessment:***

This is what you think is going on, your differential diagnosis, what you are treating for.

**Possible AMI, Unstable Angina, Soft tissue injuries secondary to MVC, spinal injury secondary to fall, syncope of unknown etiology, hypoglycemia, etc…**

***Flowchart:***

 From the time you get on scene to the time you turn over pt care.

Example:

|  |  |  |  |
| --- | --- | --- | --- |
| TIME | WHO | ACTIONS | Vitals, etc |
|  |  | **Arrive, Pt contact, 1° & 2° , HPI, PMHx** |  |
|  |  | **V/S** |  |
|  |  | **O2** |  |
|  |  | **Pt fully c-spine immobilized with neuros + & = a & p splinting** |  |
|  |  | **Pt 🡪 gurney 🡪 rig** |  |
|  |  | **Enroute Hospital code 1** |  |
|  |  | **Reassess** |  |
|  |  | **V/S** |  |
|  |  | **CBG XX mg/dL** |  |
|  |  | **Radio Report to Hospital (WVMC, Dallas, Salem)** |  |
|  |  | **V/S** |  |
|  |  | **Monitor pt throughout transport, no Δ’s** |  |
|  |  | **Reassess, no Δ’s** |  |
|  |  | **Arrive Hospital 🡪 room 🡪 Bed, with rails up. Pt care and report to RN (NAME)**  |  |