



Indiana
Department
of
Health

INDIANA PATIENT REGISTRY TRAINING

INITIAL ASSESSMENT

Initial Assessment Screen

Demographics Injury Pre-Hospital Referring ED / Acute Care **Initial Assessment** Diagnosis Comorbidity Procedures Complications / PI Outcome

▶ Edit Incident » Trauma Incident Form (Full Record with ICD-10) » Initial Assessment » Mark As Completed

⚠ Initial Assessment has not been submitted.

Vital Signs

Initial Assessment Vitals Date	Sys. BP	Pulse Rate	Respiratory Rate	O2Sat	Supplemental Oxygen	PTS	Temperature
No Vitals Have Been Entered							

Initial Assessment Vitals Date: 08/08/2017 Time:

Glasgow Eye: 1 No eye movement when assessed *
Glasgow Verbal: 1 No verbal response * Patient's Age is over 2 yrs.
Glasgow Motor: 1 No motor response * Patient's Age is over 2 yrs.
GCS Qualifier (Up to 3):
Not Applicable
Not Known
Not Known/Not Recorded
Patient chemically sedated or paralyzed *

Temperature: ° C ° F *
Manual GCS: *
Manual RTS: PTS:

Temperature Route: -Select-
Supplemental Oxygen: Not Applicable *

Sys. BP: * Dia. BP: * Pulse Rate: * Respiratory Rate: * O2Sat: *

Add Vital Sign Cancel

Rx

Airway Management: Not Applicable
CPR Performed: Not Applicable
Units of Blood:
Blood Ordered Date: Time:
Crossmatch Date: Time:
Blood Administered Date: Time:

Lab

Initial Assessment Screen – Vital Signs (2)

Vital Signs

Initial Assessment Vitals Date	Sys. BP	Pulse Rate	Respiratory Rate	O2Sat	Supplemental Oxygen	PTS	Temperature
No Vitals Have Been Entered							

Initial Assessment Vitals Date: 08/08/2017 Time:

Glasgow Eye: 1 No eye movement when assessed *

Glasgow Verbal: 1 No verbal response * Patient's Age is over 2 yrs.

Glasgow Motor: 1 No motor response * Patient's Age is over 2 yrs.

GCS Qualifier (Up to 3):
Not Applicable
Not Known
Not Known/Not Recorded
Patient chemically sedated or paralyzed *

Temperature: °C °F *
Temperature Route: -Select-
Manual GCS: *
Manual RTS: PTS:

Sys. BP: *
Dia. BP: *
Pulse Rate: *
Respiratory Rate: *
O2Sat: *

Supplemental Oxygen: Not Applicable *

Rx

Airway Management: Not Applicable

CPR Performed: Not Applicable

Units of Blood:

Blood Ordered Date: Time:

Crossmatch Date: Time:

Blood Administered Date: Time:

Initial Assessment Screen – Vital Signs (3)

Vital Signs

Initial Assessment Vitals Date	Sys. BP	Pulse Rate	Respiratory Rate	O2Sat	Supplemental Oxygen	PTS	Temperature
No Vitals Have Been Entered							

Initial Assessment Vitals Date: 08/08/2017 Time:

Glasgow Eye: 1 No eye movement when assessed *

Glasgow Verbal: 1 No verbal response * Patient's Age is over 2 yrs.

Glasgow Motor: 1 No motor response * Patient's Age is over 2 yrs.

GCS Qualifier (Up to 3):
Not Applicable
Not Known
Not Known/Not Recorded
Patient chemically sedated or paralyzed *

Temperature: °C °F *
Temperature Route: -Select-
Manual GCS: *
Manual RTS: PTS:

Sys. BP: *
Dia. BP: *
Pulse Rate: *
Respiratory Rate: *
O2Sat: *

Supplemental Oxygen: Not Applicable *

Rx

Airway Management: Not Applicable

CPR Performed: Not Applicable

Units of Blood:

Blood Ordered Date: Time:

Crossmatch Date: Time:

Blood Administered Date: Time:

Initial Assessment Screen – Vital Signs (4)

Temperature °C °F *


Temperature Route

Sys. BP * Dia. BP Pulse Rate * Respiratory Rate * O2Sat *

Manual GCS *


Manual RTS

Supplemental Oxygen *



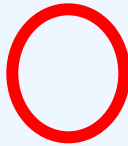
Initial Assessment Screen – Vital Signs (5)

Temperature	<input type="text"/> °C	<input type="text"/> °F *	Temperature Route	<input type="text" value="-Select-"/>	Sys. BP	<input type="text"/> *	Dia. BP	<input type="text"/>	Pulse Rate	<input type="text"/> *	Respiratory Rate	<input type="text"/> *	O2Sat	<input type="text"/> *	
Manual GCS	<input type="text"/> *		Supplemental Oxygen	<input type="text" value="Not Applicable"/>											
Manual RTS	<input type="text"/>														



Initial Assessment Screen – Vital Signs (6)

Temperature	<input type="text"/> °C	<input type="text"/> °F *	Temperature Route	<input type="text" value="-Select-"/>	Sys. BP	<input type="text"/> *	Dia. BP	<input type="text"/>	Pulse Rate	<input type="text"/> *	Respiratory Rate	<input type="text"/> *	O2Sat	<input type="text"/> *
Manual GCS	<input type="text"/> *													
Manual RTS	<input type="text"/>		Supplemental Oxygen	<input type="text" value="Not Applicable"/>										

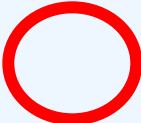


Initial Assessment Screen – Vital Signs (7)

Temperature
 °C °F *

Manual GCS
 *

Manual RTS

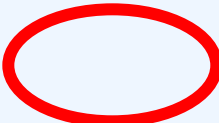


Initial Assessment Screen – Vital Signs (8)

Respiratory Rate	O2Sat	Supplemental Oxygen	PTS	Temperature	
15	94	No		97.90°F / 36.61°C	✖

Temperature: °F * Temperature Route: ▼ Sys. BP: * Dia. BP: Pulse Rate: * Respiratory Rate: * O2Sat: *

Supplemental Oxygen: ▼ *



Initial Assessment Screen – Vital Signs (g)

Vital Signs

Initial Assessment Vitals Date	Sys. BP	Pulse Rate	Respiratory Rate	O2Sat	Supplemental Oxygen	PTS	Temperature
No Vitals Have Been Entered							

Initial Assessment Vitals Date: 08/08/2017 Time:

Glasgow Eye: 1 No eye movement when assessed *

Glasgow Verbal: 1 No verbal response * Patient's Age is over 2 yrs.

Glasgow Motor: 1 No motor response * Patient's Age is over 2 yrs.

GCS Qualifier (Up to 3):
Not Applicable
Not Known
Not Known/Not Recorded
Patient chemically sedated or paralyzed *

Temperature: °C °F *
Temperature Route: -Select-
Manual GCS: *
Manual RTS: PTS:

Sys. BP: *
Dia. BP:
Pulse Rate: *
Respiratory Rate: *
O2Sat: *

Supplemental Oxygen: Not Applicable *

Rx

Airway Management: Not Applicable

CPR Performed: Not Applicable

Units of Blood:

Blood Ordered Date: Time:

Crossmatch Date: Time:

Blood Administered Date: Time:


Initial Assessment Screen – Rx


Rx


Airway Management:

CPR Performed:

Units of Blood:

Blood Ordered Date:  **Time:**

Crossmatch Date:  **Time:**

Blood Administered Date:  **Time:**


Initial Assessment Screen – Rx (2)


Rx


Airway Management:

CPR Performed:

Units of Blood:

Blood Ordered Date:  **Time:**

Crossmatch Date:  **Time:**

Blood Administered Date:  **Time:**


Initial Assessment Screen – Rx (3)


Rx


Airway Management: ▼

CPR Performed: ▼

Units of Blood:

Blood Ordered Date:  **Time:**

Crossmatch Date:  **Time:**

Blood Administered Date:  **Time:**


Initial Assessment Screen – Rx (4)


Rx


Airway Management:

CPR Performed:

Units of Blood:

Blood Ordered Date:  **Time:**

Crossmatch Date:  **Time:**

Blood Administered Date:  **Time:**

Initial Assessment Screen – Lab

Lab

Alcohol Screen: *

Base Deficit:

Drug Use Indicator: *

Drug Screen:

Available	Selected
AMP (Amphetamine)	
MDMA (Ecstasy)	
None	
Not Tested	
OPI (Opioid)	
OXY (Oxycodone)	
TCA (Tricyclic Antidepressant)	
Antidepressants (including Tricyclics)	
BAR (Barbiturate)	
BZO (Benzodiazepines)	
COC (Cocaine)	

Initial Assessment Screen – Lab (2)

Lab

Alcohol Screen: Not Applicable ▼ *

Base Deficit:

Drug Use Indicator: - Drug Use Indicator -
No (not tested)
No (confirmed by test)
Yes (confirmed by test [rX drug])
Yes (confirmed by test [illegal use drug]) *

Drug Screen: Available Selected

AMP (Amphetamine)
MDMA (Ecstasy)
None
Not Tested
OPI (Opioid)
OXY (Oxycodone)
TCA (Tricyclic Antidepressant)
Antidepressants (including Tricyclics)
BAR (Barbiturate)
BZO (Benzodiazepines)
COC (Cocaine)

>>
>
<
<<

Initial Assessment Screen – Lab (3)

Drug Use Indicator:

- Drug Use Indicator -
No (not tested)
No (confirmed by test)
Yes (confirmed by test [rX drug])
Yes (confirmed by test [illegal use drug]) *

Drug Screen:

Available		Selected
AMP (Amphetamine)	>>	
Antidepressants (including Tricyclics)	>	
BAR (Barbiturate)	<	
BZO (Benzodiazepines)	<<	
COC (Cocaine)		
Ethanol		
Marijuana (THC / Cannabis)		
mAMP (Methamphetamine)		
Opiates (including Propoxyphene)		
PCP (Phencyclidine)		
Not Applicable		

Initial Assessment Screen – Save & Continue

Lab

Alcohol Screen: Not Applicable ▾ *

Base Deficit:

Drug Use Indicator: - Drug Use Indicator -
No (not tested)
No (confirmed by test)
Yes (confirmed by test [rx drug])
Yes (confirmed by test [illegal use drug]) ▾ *

Drug Screen:

Available	Selected
AMP (Amphetamine)	
MDMA (Ecstasy)	
None	
Not Tested	
OPI (Opioid)	
OXY (Oxycodone)	
TCA (Tricyclic Antidepressant)	
Antidepressants (including Tricyclics)	
BAR (Barbiturate)	
BZO (Benzodiazepines)	
COC (Cocaine)	

Navigation: >> > < <<

Buttons: Back Save Save and Continue