

Appendix A: Adhesive documentation label

Medication administered as per medical directive

Admin time: _____

Acetaminophen 1g/PO

Ibuprofen 400mg/PO

RN name: _____ RN initials: _____

ER Triage Assessment					4 Cautions
CTAS Score: Less Urgent CEDIS Complaint: Upper extremity injury Presenting Complaint: Fall ER Location: Ambulatory Brought in by: Self					
RR	SpO2	HR	BP	Temp	
16	98%	65	158/88	36.8°C	
GCS	Pain	Blood Sugar			
15/15	3/10 acute	■■■ ■■■			
History & Assessment Pt had mechanical fall @ 06:30 (slipped on black ice), fell onto to R-shoulder-- c/o discomfort post application of ice + Tylenol #1 xl tab. Denies hitting head. [Decreased ROM above shoulder height noted in triage].					Allergy/Adverse Reaction Mx 2, 2018 at 08:39 source: Patient No known medication allergy/adverse reaction No known food allergy/adverse reaction No known latex/other allergy/adverse reaction Past Medical History: Generally Healthy.; Smoking History: Not Documented; Tetanus status: Not Documented Current Medications: No Known Medications
					Medication administered as per medical directive Admin time: 0845 <input type="checkbox"/> Acetaminophen 1g/PO <input checked="" type="checkbox"/> Ibuprofen 400mg/PO RN name: <u>S. J. [Signature]</u> RN initials: <u>[Signature]</u>