



EMERGENCY DEPARTMENT REGISTRATION FORM

First name(s): ..... Surname: .....

Age: ..... DOB: ..... [ ] M [ ] F PMI: .....

Current address: .....

Province of origin: ..... Nearest clinic: .....

TRIAGE

Date: ..... Time: ..... Staff member: ..... [ ] MO [ ] HEO [ ] NO [ ] CHW

Visit type: [ ] New visit [ ] Return visit - unscheduled [ ] Return visit - scheduled [ ] Prescription only

Referral details: [ ] Referred patient Referring facility: ..... Referring province: .....

Chief complaint: .....

Medication allergy: [ ] Y [ ] N [ ] Unknown If yes, what? .....

RR: .....bpm SpO2: .....% HR: .....bpm BP: .....mmHg AVPU: .....

Temp: .....°C BSL: ..... mmol/L Pain score: ..... Weight: .....kg (PAEDIATRIC PATIENTS ONLY)

Triage category:

Cat 1: EMERGENCY

Cat 2: PRIORITY

Cat 3: NON-URGENT

1 2 3

Stream:

[ ] Resus [ ] Acute [ ] Fast track

Re-triage category: 1 2 3

Time: ..... Reason: .....

REGISTRATION

Date: ..... Time: ..... Staff member: .....

TREATMENT

Date: ..... Time: ..... Staff member: ..... [ ] MO [ ] HEO [ ] NO [ ] CHW

DISPOSITION

[ ] DISCHARGE

[ ] DECEASED

[ ] SHORT STAY UNIT

[ ] ADMISSION

Date: .....

Date: .....

ADMISSION TO SSU

REFERRAL TO INPATIENT TEAM

Time: .....

Time: .....

Date: ..... Time: .....

Team: .....

[ ] Left WBS

[ ] Dead on arrival

TRANSFER TO SSU

Date: ..... Time: .....

[ ] Left at own risk

Date: ..... Time: .....

ADMISSION BY INPATIENT TEAM

[ ] Absconded

DEPARTURE FROM SSU

Date: ..... Time: .....

Chief complaint: (COMPLETE SECTION OVER)

Date: ..... Time: .....

TRANSFER TO WARD / DISCHARGE

ED diagnosis: .....

DEPARTURE DESTINATION

Ward: .....

[ ] D/c [ ] Admit [ ] Deceased

Date: ..... Time: .....

SURVEILLANCE

[ ] Severe trauma [ ] Major burns [ ] Severe head injury [ ] Ruptured ectopic [ ] Septic shock

[ ] AMI [ ] Severe asthma or COPD [ ] Severe pneumonia [ ] Meningitis [ ] Appendicitis

Data entered into ePRMS: ..... (CLERK SIGNATURE)