

Mangum Regional Medical Center
EMERGENCY PHYSICIAN RECORD
Intimate Partner Violence



TIME SEEN: _____ on arrival ROOM: _____ EMS Arrival
 HISTORIAN: patient spouse paramedics _____
 ___HX/___EXAM LIMITED BY: _____

HPI

chief complaint: _____															
onset / duration: just prior to arrival today / yesterday _____ _____ min / hrs / days ago	where: home school neighbor's park work street														
mechanism of trauma: fists kicked choking pushed / thrown down pushed / thrown against wall weapon(s) or object(s) used: _____ _____															
vaginal penetration rectal penetration oral penetration	Assailant: known unknown multiple assailants: _____ _____ _____														
location of pain/injuries: head face mouth neck chest abdomen breast R / L back upper mid lower radiating to R / L thigh / leg	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">-right-</td> <td style="width: 50%; text-align: center;">-left-</td> </tr> <tr> <td>shldr hip</td> <td>shldr hip</td> </tr> <tr> <td>arm thigh</td> <td>arm thigh</td> </tr> <tr> <td>elbow knee</td> <td>elbow knee</td> </tr> <tr> <td>f-arm leg</td> <td>f-arm leg</td> </tr> <tr> <td>wrist ankle</td> <td>wrist ankle</td> </tr> <tr> <td>hand foot</td> <td>hand foot</td> </tr> </table>	-right-	-left-	shldr hip	shldr hip	arm thigh	arm thigh	elbow knee	elbow knee	f-arm leg	f-arm leg	wrist ankle	wrist ankle	hand foot	hand foot
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severity of pain: pelvic pain _____ mild / mod / severe (1/10) _____ sudden/ intermittent/ constant cramping / pressure / "pain" burning / sharp vulvar / vaginal pain _____ rectal _____ low back pain _____ flank pain _____															
LNMP: _____ post-menop. s / p hyst. pregnant / post home HCG _____ MOS EDC _____ irregular / missed period(s) _____ prior abnormal period(s) _____															
vaginal bleeding: abnormal bleeding (started) _____ compared to menstrual periods: severe / heavier / similar/ lighter spotting / passing clots / tissues _____															

PAST HX diabetes Type 1 Type 2 diet / oral / insulin

Obstetric Hx: Grav _____ Para _____ Ab _____
 Tetanus immun. UTD / given in ED _____
 Meds - ___none / see nurses note _____

SOCIAL HX smoker ___ PPD drugs _____
 alcohol (recent / heavy / occasional) _____ occupation _____

FAMILY HX ___ negative _____

Nursing Assessment Reviewed Vitals Reviewed _____
 VS BP _____ HR _____ RR _____ Temp _____ O2Sat _____

PHYSICAL EXAM

General Appearance ___c-collar / backboard (PTA / in ED) _____
 ___no acute distress ___mild / moderate / severe distress _____
 ___alert ___anxious / lethargic _____

HEAD ___see diagram _____
 ___no evidence of trauma ___raccoon eyes / Battle's sign _____

NECK ___see diagram _____
 ___non-tender ___vertebral point-tenderness _____
 ___painless ROM ___muscle spasm / decreased ROM _____
 ___pain on movement of neck _____

EYES ___EOM entrapment / palsy _____
 ___PERRL ___subconjunctival hemorrhage _____
 ___EOMI _____

ENT ___hemotympanum _____
 ___nml external ___nasal septal hematoma _____
 inspection ___TM obscured by wax _____
 ___no dental injury ___clotted nasal blood _____
 ___dental injury / malocclusion _____

RESP/CVS ___see diagram _____
 ___chest non-tender ___decreased breath sounds _____
 ___breath sounds nml ___splinting / paradoxical movements _____
 ___heart sounds nml ___tachycardia / bradycardia _____

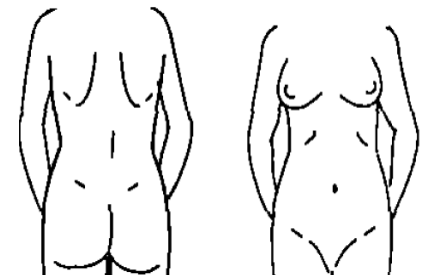
ROS

cough _____
 trouble breathing _____
 chest pain _____
 abdominal pain _____
 vaginal discharge _____
 vomiting _____
 diarrhea _____
 problem urinating _____
 LNMP _____ preg post-menop

headache _____
 problems with vision _____
 skin rash _____
 swelling _____
 joint pain _____
 fever / chills _____
 anxiety / depression _____

 all systems neg except as marked

T = Tenderness
 PtT = Point Tenderness
 S = Swelling
 E = Ecchymosis
 Lac = Laceration
 A = Abrasion B = Burn
 (∅ = without m = mild
 mod = moderate
 sv = severe)



ABDOMEN

__ non-tender
__ no organomegaly

__ see diagram
__ rebound / guarding / tenderness
__ mass / organomegaly

NEURO / PSYCH

__ oriented x 3
__ mood / affect nml
__ CN's nml (2-12)
__ sensation nml
__ motor nml

__ disoriented to *person / place / time*
__ facial asymmetry
__ depressed mood / affect
__ unsteady / ataxic gait
__ slow / no response to commands
__ sensory / motor deficits
__ non-communicative / hostile / tearful
__ suicidal / homicidal ideation

SKIN

__ intact
__ warm, dry

__ see diagram
__ crepitus / diaphoresis
__ decubitus

BACK

__ no CVA
__ tenderness
__ no vertebral
__ tenderness

__ see diagram
__ vertebral point-tenderness
__ CVA tenderness
__ muscle spasm

EXTREMITIES

__ no evidence
__ of trauma

__ nml ROM

__ see diagram
__ bony point tenderness
__ painful / unable to bear weight
__ pulse deficit

Joint Exam:

__ limited ROM / ligaments laxity / joint effusion

PELVIC EXAM

__ external

exam nml

__ speculum
exam nml
(*vagina, cervix*)

__ bimanual
exam nml
(*uterus, adnexo*)

__ see diagram
__ herpes-like ulcerations

__ external trauma
__ secretions on skin
__ abrasions / ecchymosis
__ vaginal discharge
__ vaginal fluid leakage (pregnant)
nitrazine pos / neg
__ active bleeding mild / mod / severe
__ blood / clots in vaginal vault
__ cervicitis
__ tissue present in cervix / vagina
__ cerv. Motion tenderness
__ cervical dilation / cervical os open
__ adnexal / uterine mass / tenderness
__ enlarged uterus
__ consistent with dates _____ wk

RECTAL

__ non-tender
__ heme neg stool

__ black / bloody / blood-streaked stool
__ gross blood present
__ external hemorrhoid
thrombosed ruptured inflamed bleeding
pain on exam
rectal prostate unable to examine digitally



PROCEDURES

Wound Description/Repair: Time: _____
length _____ **cm** **location:** _____
linear stellate irregular flap into: subcut / muscle
clean contaminated *moderately / heavily*
distal NVT: neuro/vasc intact galea intact
anesthesia: local topical ___ lidocaine / bupivacaine epi / bicarb
prep: Hibiclens / Betadine _____
irrigated with saline _____ debrided *mod. / extensive*
wound explored _____ wound margins revised
to base / in bloodless field multiple flaps aligned
no foreign bodies identified galea repaired
foreign material removed _____
repair: Wound closed with: wound adhesive / Dermabond/ steri-strips
SKIN- # _____ -0 nylon / prolene / staples /
silk / ethilon _____
SUBCUT # _____ -0 vicryl / chromic _____

LABS & XRAYS

CBC	Chemistries	HCG	UA
<i>normal except</i>	<i>normal except</i>	serum / urine	<i>normal except</i>
WBC _____	Na _____	POS NEG	WBC _____
Hgb _____	K _____		RBC _____
Hct _____	CO2 _____		bacteria _____
Platelets _____	Gluc _____		dip: _____
segs _____	BUN _____		
	Creat _____		

sexual assault evidence kit complete _____
cultures obtained _____
GC wet mount sperm present
Chlamydia _____
HIV hepatitis VDRL _____

XRAYS Interp. By me Reviewed by me Discsd w/ radiologist

C-Spine **T-Spine** **LS-Spine**
__ nml / NAD __ no fracture __ nml alignment __ soft tissues nml

CXR
__ nml / NAD __ no pneumothorax __ nml heart size
__ nml mediastinum

CT Scan Discsd w/radiologist
head C-Spine chest abdomen/pelvis
__ nml / NAD _____

Other _____

Patient Safety and Needs

Is the assailant still in the home? __ YES __ NO
Is the patient afraid to go home? __ YES __ NO
Has the assailant threatened to kill? __ YES __ NO
Is the patient/assailant suicidal? __ YES __ NO
Does the assailant have any mental health issues? __ YES __ NO
Has the abuse increased in frequency/intensity? __ YES __ NO
Does the assailant's violent behavior extend outside of the home? __ YES __ NO
Is there a weapon in the home? __ YES __ NO
Does the patient have/want a restraining order? __ YES __ NO
Are alcohol or drugs involved? __ YES __ NO
How much? _____ How often _____
Does the assailant increase his/her violent behavior when under the influence? __ YES __ NO
Does the patient need immediate shelter? __ YES __ NO
Victims Assistance/COBRA called? __ YES __ NO
Is there a safe # where the patient can be reached? _____
Photographed? __ YES __ NO
Consent to be photographed? __ YES __ NO
Community resources given to patient? __ YES __ NO
Follow-up appointment made? __ YES __ NO
Date: _____ Provider: _____
Referrals made? __ YES __ NO
Has IPV been documented in medical record? __ YES __ NO

Safety Strategies:

Does the patient have a safety plan: YES NO
declines safety plan
Past safety strategies: _____

Coping Skills:

deep breathing exercise walking visualization
connecting with friends/family
other: _____

History of Abuse:

Mental Health:

anxiety depression suicidal ideation suicide attempt
homicidal ideation substance abuse: _____
other: _____

Time _____ unchanged improved re-examined

STD prophylaxis given _____
Rocephin Doxycycline other _____
pregnancy prophylaxis given _____
Discussed with Dr. _____ Time: _____
will see patient in: ED / hospital / office

Reporting:

Law enforcement report made: Time: _____
At scene In ED
Agency name: _____
Officer's Name _____
Badge # _____
patient declines to report
Child Protective Services report made
Adult Protective Services report made

Referrals:

Hotline numbers given Victim advocate referral made
Shelter number given
Social Services consult: _____
Other referral made: _____

Counseled patient / family regarding: Additional history from:
lab / rad. results diagnosis need for follow-up family caretaker paramedics
RX given _____

CRIT CARE TIME (excluding separately billable procedures) _____ min

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CLINICAL IMPRESSION

DISPOSITION - home transferred to _____
Time admitted _____ to Dr. _____
POA decubitus / UTI
(foley) _____
CONDITION - unchanged improved stable _____
Care transferred to Dr. _____ Time: _____
NP/PA
MD/DO
Template Complete See Addendum (Dictated / Template # _____)

EMC? YES NO