

Institution: _____

Encounter Form: Headaches

Name: _____ CDC# _____ DOB: _____ Date/Time _____

Fill in the blanks and check all that apply

SUBJECTIVE:

Chief Complaint: _____

Date and time of onset: _____

Pain:

Location: Frontal Temporal Occipital
 Left Right Bilateral

Description: Dull Aching Sharp
 Throbbing Constant Intermittent

Radiating (where): _____

Scale of 0-10 (0=no pain 10=worst pain): _____

What makes pain better: _____

Headache interferes with: Sleep Activity

Describe: _____

Symptoms: Nausea Vomiting Photophobia
 Fever Chills Blurred vision Double vision
 Flashing lights Blind spots Stiff Neck
 Dizziness/vertigo Focal weakness LOC

****focal weakness-> notify physician STAT**

History of prior pain / duration: _____

History of: Headaches (type) _____
 Depression Hypertension Recent Trauma
Recent URI Other: _____

Chronic illness: _____

Allergies: _____

Current medications: _____

OBJECTIVE:

Vital signs: T _____ P _____ R _____ BP _____

General appearance: _____

Neurologic status: Alert Oriented Lethargic
 Confused Slurred speech

HEENT examination.

- Facial flushing
- Red, watery eyes and/or droopy eyelids
- Pupil size, shape, equality, and reactivity to light
- Photophobia
- Extraocular eye movements
- Palpate scalp for tenderness, masses, skull defects, hematomas, and bruises
- Palpate frontal or maxillary sinus for tenderness

Neck/shoulder range of motion: _____

Neck: Supple Stiff

Deep tendon reflexes:

asymmetrical absent hyperactive responses

Gait: Normal Abnormal _____

Signs of stroke: slurred speech facial drooping

- focal or asymmetric weakness
- generalized symmetric weakness

ENCOUNTER FORM: HEADACHE

ASSESSMENT:

Pain as evidenced by/ or related to: _____

Neurological deficit as evidenced by/ or related to: _____

PLAN:

MD Referral: (Circle) YES/NO If Yes:

STAT (If headache is accompanied by any of the following signs and symptoms contact the physician STAT and transport patient to the emergency treatment area):

- Recent head trauma
- Confusion or loss of consciousness
- Facial flushing or sweating on the same side as the pain
- Facial or eyelid drooping
- Visual deficit, double vision, abnormal eye movements or pupil responses
- Inability to touch chin to chest
- Focal weakness
- Abnormal gait
- Vomiting
- Fever > 101.5 F
- Systolic blood pressure > 180 mm Hg or diastolic blood pressure > 110 mm Hg

Urgent Routine
 Orders received by phone from POC

Physician notified (name/time): _____

Physician responded: (time): _____

If Physical Exam is negative for the above symptoms provide:

- Acetaminophen 325 2 tabs PO Q4-6 hours PRN pain while symptoms persist; not to exceed 12 tabs in 24 hours. **or**
- Ibuprofen 200mg 1-2 tabs PO Q4-6hrs PRN pain while symptoms persist; not to exceed 6 tabs in 24 hrs
- Follow-up in RN clinic in 72 hours if headache persists.

Signature / Title

7/26/2011

California Department of Corrections

Additional Comments:

Horizontal lines for additional comments.

Health Care Services Division

- Housing reassignment to:
Referred for follow-up: Physician clinic, RN clinic
Referred to higher level of care: (specify)

Person/time contacted:
Time/Mode of transfer:
ERV contacted (time)
ERV arrived at TTA

List name(s) of RN Protocols used:

Horizontal line for RN protocols.

Signature / Title

EDUCATION:

- Assess patient's potential for understanding the health information to be provided.
Provide patient education consistent with the assessment of the condition.
Document the education provided and the patient's level of understanding on the nursing protocol encounter form.
Refer patient to other resources as needed. Document all referrals on the nursing protocol encounter form.
Follow-up in RN clinic in 72 hours if headache persists.

Patient instructions given:

- Use of Medications:

- Resubmit a Health Care Service Request Form (CDC 7362) if symptoms persist, condition deteriorates, blurred vision, spots before the eyes, increased pain or:

DISPOSITION

Time released

- Condition on release:
Returned to housing unit

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1. Disability Code: 2. Accommodation: 3. Effective Communication:
4. Comments:

7/26/2011