

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

Fill in the blanks and check all that apply

SUBJECTIVE:

Chief Complaint: _____

Date and time of onset: _____

Location and description of problem: _____

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

Area of pain: _____

Quality of pain: dull sharp aching
 throbbing spasm

If low back pain or flank pain assess for urinary symptoms: Low back pain Flank pain

Urinary symptoms: Urinary frequency Dysuria
 Burning on urination Hematuria

What makes it better? _____

History of prior pain / duration: _____

Accompanying symptoms: Muscle spasms
 Numbness Tingling
 Other: _____

History of: fever chills headache
 nausea vomiting diarrhea fatigue
 trauma

History of chronic illness: Arthritis Cancer
 Diabetes Blood dyscrasias Renal Disease

Other: _____

Allergies: _____

Current medications: _____

OBJECTIVE:

Vital signs: BP: _____ Pulse: _____ Resp: _____

Temp: _____ Urine dipstick

Observe the following: Extremity: _____

Upper Lower Right Left

Describe: Color: _____

Warmth Tenderness Deformity

Swelling:

Circulation Sensation

Describe: _____

Muscle: Atrophy Hypertrophy Weakness
 Tremors

Range of motion to affected extremity:

limited full other: _____

Pain or discomfort with or without movement.
For back pain observe curvature, gait, and stance;
test for straight leg raising: _____

Dipstick urine if current symptoms or history of flank pain, urinary frequency, dysuria, and /or burning on urination and hematuria

Results of dipstick / urinalysis: : _____

ASSESSMENT:

Impaired physical mobility related to: _____

Pain related to / evidenced: _____

PLAN:

MD referral completed: (circle) NO / YES If yes:

STAT (Positive urine dipstick and patient has signs and symptoms consistent with a UTI; alterations in circulation or sensation, new deformity or discoloration, or patient appears ill or has history of fever, chills, headache, nausea, vomiting, or diarrhea; severe muscle cramps; muscle weakness with or without fever; warm or acutely swollen, joints)

Urgent Routine

Orders received by phone from POC

Physician notified (name / time) _____

Physician Responded (time) _____

Extremity pain or stiffness:

If alteration in circulation or sensation, new deformity or discoloration, or patient appears ill or has history of fever, chills, headache, nausea, vomiting, or diarrhea notify physician STAT.

If none of the above signs and symptoms are present:

Apply ice or heat as deemed appropriate.

Ibuprofen 200mg 1-2 tabs PO Q4-6 hours PRN pain while symptoms persist; not to exceed 6 tabs in 24 hours or

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- Naproxen 220mg 2 tabs PO 1st hour; 1 tab Q8-12 hours PRN pain while symptoms persist; not to exceed 3 tabs in 24hours
- Activity as tolerated.
- Instruct patient to follow-up in RN clinic in 72 hours if symptoms persist.

Low back pain:

- Acute low back pain: Refer patient to physician on a STAT, Urgent, or Routine basis as appropriate.
- If urine dipstick is positive or patient has signs and symptoms consistent with a urinary tract infection (UTI) refer the patient to the physician STAT.
- Chronic low back pain with documented diagnosis:
 - Review unit health record to confirm diagnosis and treatment.
 - Continue recommended exercises and provide patient with instruction sheet.
 - Review proper body mechanics with the patient.
 - Activity as tolerated. Advise patient to avoid prolonged sitting.
 - Acetaminophen 325mg 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 Q4-6hours PRN pain while symptoms persist; not to exceed 6 tabs in 24 hours; **or**
 - Naproxen 220mg 2 tabs PO 1st hour; 1 tab Q8-12 hours PRN pain while symptoms persist; not to exceed 3 tabs in 24hours; or
 - Instruct patient to follow-up in RN clinic in 72 hours if symptoms persist.

Muscle cramps:

- Severe muscle cramps; muscle weakness with or without fever: Refer STAT to physician.
- Mild to moderate muscle pain or cramps, without weakness or fever:
 - Advise patient to rest.
 - Acetaminophen 325mg 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 Q4-6hours PRN pain while symptoms persist; not to exceed 6 tabs in 24 hours; **or**
 - Naproxen 220mg 2 tabs PO 1st hour; 1 tab Q8-12 hours PRN pain while symptoms persist; not to exceed 3 tabs in 24hours
 - Instruct patient to follow-up in RN clinic in 72 hours if symptoms persist.

Joint pain:

- Warm or acutely swollen, joints: Refer patient to physician **STAT** for evaluation.
- Joint pain without redness, swelling, or deformity:
 - Naproxen 220mg PO 2 tabs 1st hour; 1 tab Q8-12 hours PRN pain while symptoms persist; not to exceed 3 tabs in 24 hours; **or**
 - Ibuprofen 200mg 1-2 tabs PO Q4-6hours PRN pain while symptoms persist; not to exceed 6 tabs in 24 hours;
 - Instruct patient to follow-up in RN clinic in 72 hours if symptoms persist.

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