

UPMC Mercy Hospital Medical Student ED Documentation Form

Give to DEM attending when complete. Sign but do not write on main chart. Copy one case for Friday conference.

Name
MR #

Peer Review only
Not a part of the medical record

CC:

PMH:

HPI:

Meds:

All:

SH:

FH:

ROS:

- | | | | | | | | | |
|----------------------------|----------------------------|----------------|----------------------------|----------------------------|----------------|----------------------------|----------------------------|------------|
| <input type="checkbox"/> Y | <input type="checkbox"/> N | fever | <input type="checkbox"/> Y | <input type="checkbox"/> N | chest pain | <input type="checkbox"/> Y | <input type="checkbox"/> N | myalgia |
| <input type="checkbox"/> | <input type="checkbox"/> | chills | <input type="checkbox"/> | <input type="checkbox"/> | palpitations | <input type="checkbox"/> | <input type="checkbox"/> | polyuria |
| <input type="checkbox"/> | <input type="checkbox"/> | change vision | <input type="checkbox"/> | <input type="checkbox"/> | diaphoresis | <input type="checkbox"/> | <input type="checkbox"/> | rash |
| <input type="checkbox"/> | <input type="checkbox"/> | change hearing | <input type="checkbox"/> | <input type="checkbox"/> | nausea | <input type="checkbox"/> | <input type="checkbox"/> | headache |
| <input type="checkbox"/> | <input type="checkbox"/> | dysphagia | <input type="checkbox"/> | <input type="checkbox"/> | vomiting | <input type="checkbox"/> | <input type="checkbox"/> | vertigo |
| <input type="checkbox"/> | <input type="checkbox"/> | neck pain | <input type="checkbox"/> | <input type="checkbox"/> | diarrhea | <input type="checkbox"/> | <input type="checkbox"/> | depression |
| <input type="checkbox"/> | <input type="checkbox"/> | sob | <input type="checkbox"/> | <input type="checkbox"/> | abdominal pain | <input type="checkbox"/> | <input type="checkbox"/> | HIV |
| <input type="checkbox"/> | <input type="checkbox"/> | cough | <input type="checkbox"/> | <input type="checkbox"/> | urinary sx | | | |

PE: T BP RR HR SaO₂

Diff Dx:

Plan:

