

## Initial Triage Form Medical Special Needs Shelter

Part I completed on admission	Part II completed in 24 hours																																	
<p>Name <u>Jenny Bay</u></p> <p>ID # <u>55551078</u></p> <p>Date <u>08/01/2012</u> Arrival Time <u>0100 a.m.</u>  Mode of arrival auto <u>      </u> bus <u>X</u></p> <p>Age <u>52</u> M <u>      </u> F <u>X</u> DOB <u>061960</u></p> <p>Languages spoken: English <u>X</u> Spanish <u>      </u>  Additional languages spoken <u>      </u></p> <p>Name of caregiver <u>self and mother</u></p>	<p><b>Past Medical History (circle diseases)</b></p> <table style="width: 100%; border: none;"> <tr> <td>Diabetes</td> <td>Mental illness/Anxiety/depression</td> </tr> <tr> <td>Heart Disease</td> <td>Stroke</td> </tr> <tr> <td><u>Arthritis</u></td> <td><u>High Blood pressure</u></td> </tr> <tr> <td>TB</td> <td>Ostomy</td> </tr> <tr> <td>dialysis: type <u>      </u></td> <td>Alcohol or drug addiction</td> </tr> <tr> <td>Sleep apnea</td> <td>Seizure disorder</td> </tr> <tr> <td>Lung Disease/asthma or emphysema</td> <td></td> </tr> <tr> <td>Parkinson's disease</td> <td>Alzheimer's</td> </tr> <tr> <td>Vision impaired</td> <td>Hearing impaired</td> </tr> <tr> <td>Incontinence</td> <td></td> </tr> <tr> <td>Others not listed <u>      </u></td> <td></td> </tr> </table> <p><u>      </u> Primary Physician/ City <u>Dr. Smith / Beaumont, TX</u></p>	Diabetes	Mental illness/Anxiety/depression	Heart Disease	Stroke	<u>Arthritis</u>	<u>High Blood pressure</u>	TB	Ostomy	dialysis: type <u>      </u>	Alcohol or drug addiction	Sleep apnea	Seizure disorder	Lung Disease/asthma or emphysema		Parkinson's disease	Alzheimer's	Vision impaired	Hearing impaired	Incontinence		Others not listed <u>      </u>												
Diabetes	Mental illness/Anxiety/depression																																	
Heart Disease	Stroke																																	
<u>Arthritis</u>	<u>High Blood pressure</u>																																	
TB	Ostomy																																	
dialysis: type <u>      </u>	Alcohol or drug addiction																																	
Sleep apnea	Seizure disorder																																	
Lung Disease/asthma or emphysema																																		
Parkinson's disease	Alzheimer's																																	
Vision impaired	Hearing impaired																																	
Incontinence																																		
Others not listed <u>      </u>																																		
<p><b>Quick Assess:</b>  Are you having any health problems right now? If so, describe "<u>I have rheumatoid arthritis and I am hurting so bad from riding that bus all day, can I get some medicine to make the pain go away please?</u>"</p> <p>Have you been ill recently? <u>"No, I just have pain at times because of this arthritis. My legs and hips really hurt today after sitting on that hard school bus bench all day"</u></p> <p>Have you been recently hospitalized? <u>"No ma'am"</u>  If yes, describe <u>      </u></p> <p>Have you taken your medication today? <u>"No, I forgot my pain medicine at the house. How am I supposed to get some now?"</u></p> <p>Do you need to take any medication now? If so, what? <u>"I need something for pain"</u>  No <u>      </u></p>	<p><b>Current Medications:</b>  Home Pharmacy <u>      </u></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">name</th> <th style="padding: 5px;">dose</th> <th style="padding: 5px;">times taken</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><u>Meloxicam</u></td> <td style="padding: 5px;"><u>15 mg</u></td> <td style="padding: 5px;"><u>Daily</u></td> </tr> <tr> <td style="padding: 5px;"><u>Tylenol</u></td> <td style="padding: 5px;"><u>1000 mg</u></td> <td style="padding: 5px;"><u>Every 6 hours</u></td> </tr> <tr> <td style="padding: 5px;"><u>Arava</u></td> <td style="padding: 5px;"><u>25 mg</u></td> <td style="padding: 5px;"><u>Every morning</u></td> </tr> <tr><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td></tr> <tr><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td></tr> <tr><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td></tr> <tr><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td></tr> <tr><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td></tr> <tr><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td></tr> <tr><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td><td style="padding: 5px;"> </td></tr> </tbody> </table> <p>Use back of sheet for additional medication</p>	name	dose	times taken	<u>Meloxicam</u>	<u>15 mg</u>	<u>Daily</u>	<u>Tylenol</u>	<u>1000 mg</u>	<u>Every 6 hours</u>	<u>Arava</u>	<u>25 mg</u>	<u>Every morning</u>																					
name	dose	times taken																																
<u>Meloxicam</u>	<u>15 mg</u>	<u>Daily</u>																																
<u>Tylenol</u>	<u>1000 mg</u>	<u>Every 6 hours</u>																																
<u>Arava</u>	<u>25 mg</u>	<u>Every morning</u>																																
<p><b>Admitting Vital Signs</b>  BP <u>164/92</u> P <u>86</u> R <u>24</u> T <u>98.3</u>  Allergies/reactions <u>Morphine – itching, Ultram - seizures</u>  Glucose if diabetic <u>      </u></p>	<p><b>Personal Medical Equipment (Circle)</b></p> <table style="width: 100%; border: none;"> <tr> <td>Wheelcha</td> <td>Scooter</td> <td><u>Walker</u> Cane</td> </tr> <tr> <td>Oxygen</td> <td>Oxygen tank</td> <td>CPAP/BiPAP</td> </tr> <tr> <td>Nebulizer</td> <td>Glucose monitor</td> <td>Ostomy care</td> </tr> <tr> <td>Dressing</td> <td>Foley Catheter</td> <td>Feeding pump</td> </tr> <tr> <td>Suction</td> <td>Other <u>      </u></td> <td></td> </tr> </table> <p>ALL EQUIPMENT LABELED <u>H Lott, UTTSN</u></p>	Wheelcha	Scooter	<u>Walker</u> Cane	Oxygen	Oxygen tank	CPAP/BiPAP	Nebulizer	Glucose monitor	Ostomy care	Dressing	Foley Catheter	Feeding pump	Suction	Other <u>      </u>																			
Wheelcha	Scooter	<u>Walker</u> Cane																																
Oxygen	Oxygen tank	CPAP/BiPAP																																
Nebulizer	Glucose monitor	Ostomy care																																
Dressing	Foley Catheter	Feeding pump																																
Suction	Other <u>      </u>																																	
<p>Student Signature <u>H Lott, UTTSN</u>  Nurse Signature <u>R. Fountain, RN</u>  Cot Assignment <u>A-5</u>  Additional nurses notes <u>Guest taken to exam room to see if Dr. to treat blood pressure and med for arthritis.</u></p>	<p>Address: <u>XXXX Hurting Lane</u>  City <u>Beaumont, TX 77777</u>  Phone number <u>555-5538</u>  Emergency contact <u>      </u>  Student Signature <u>H Lott, UTTSN</u>  Nurse Signature and date <u>R. Fountain, RN 08/02/2012</u>  Form developed 6-4-10 B. Fountain, B Deal</p>																																	