

1694

I V	<input type="checkbox"/> N/A	on arrival	I O X L L + R	<input type="checkbox"/> bloods drawn/sent	<input type="checkbox"/> no bloods drawn
	<input type="checkbox"/> PTA	Time #	# @ / attempts	<input type="checkbox"/> saline lock	<input type="checkbox"/> On pump
		IV D/cd @	angio site	<input type="checkbox"/> IV fluids: @ cc/hr	Signed: from ARR
					<input type="checkbox"/> No redness/swelling @site

**TIME: NOTES CONTINUED**

13:00 cost = e 13:28 CPR stopped - called by W. Boek  
 Visual assessment of pt. → Bruising and petechiae noted cheeks, face + forehead. Bruising noted @ upper ear lobe; bruise x 2 noted on chin; small open wound open on @ hand 2nd knuckle 2nd digit; bruising noted inner aspect lower lip → see sheet # 1 for description of bruising  
 Time line of notification  
 13:52 Mother called police station; pt in ED, notified & checked pt. Candy Bortner  
 13:57 ME (medical examiner) notified  
 14:02 Child protective agency notified → Cheryl 1-800-752-1229  
 14:25 X-rays of child finished - & police arrived for pictures of pt.

INPUT	N/A	OUTPUT	14:35 Intake Warden and Sheriff notified
PO=		Urine=	1-603-271-6556 - you & your RW
IV= 200		Stool=	16:05 DHS modified that body will be going to funeral home it has been released by the ME; state police to arrive
		Oral/NG=	
		Other=	
TOTAL=		TOTAL=	Signed J & your RW = RN

**DISPOSITION**

Discharged with: WA  Admitted Room# \_\_\_\_\_ Path: \_\_\_\_\_  
 Mode:  Ambulatory  Wheelchair  Carried  Stretcher  Crutches WA  
 Condition:  IMPROVED  UNCHANGED  
 REPORT TO: WA D/C VITALS: ( N/A) WA  
 Telemetry ( N/A) # \_\_\_\_\_ on and Reception confirmed with ICU  
 Pt received/signed written D/C instructions  
 Signed: \_\_\_\_\_ RN  
 Pain Scale on discharge: 1  
 1-2-3-4-5-6-7-8-9-10  
 TIME

**CALL BACK DOCUMENT**


If DECEASED, ORGAN BANK NOTIFIED?  
 Yes @ \_\_\_\_\_ Contact: \_\_\_\_\_  
 No Reason: \_\_\_\_\_  
 Signed \_\_\_\_\_ RN

**Nursing Dx**

- Alt. body Temp.
- Potential Infection
- Alt. Comfort
- Potential Ineffect. breathing pattern
- Potential Fluid Volume Deficit/Excess
- Impaired Physical Activity
- alt Skin Integrity
- OTHER: TRAUMA

**PSYCHOSOCIAL**

- Lives with family/significant other
- Lives alone with support
- Lives alone with NG support
- Nursing home/residential care
- Home services in place