

1. **Primary Care Physician**
2. **Chief Complaint**
3. **Pre-hospital course and base station physician interventions**
4. **HPI** (onset, provocation/palliative, quality, radiation, severity, timing, location)
5. **Allergies**
6. **Medications**
7. **Medical History / Surgical History / OB/GYN History**
8. **Social History**
9. **Family History**
10. **ROS**
 1. CONSTITUTIONAL: fever, weight loss
 2. EYES: visual changes, discharge, pain, redness
 3. ENT: congestion, sore throat, sinusitis, epistaxis, ear pain
 4. CVS: chest pain, palpitations
 5. RESP: SOB, cough, wheezing, sputum, hemoptysis
 6. GI: Abd pain, N/V/D, hematemesis, melena, reflux
 7. GU: dysuria, urgency, Vaginal discharge/bleeding
 8. MUSC/SKEL: Muscle/joint pain, back/neck pain, arthritis, edema, mobility
 9. SKIN: Rash, lesions, pruritis, ulcerations
 10. NEURO: H/A, vertigo, syncope, weakness, numbness
 11. ENDOCRINE: heat/cold intolerance, polyuria, polydypsia
 12. PSYCH: hallucinations, stress, depression, change in sleeping pattern
 13. HEME/LYMPH: abnormal bleeding, bruising, lymphadenopathy
11. **Exam**

<ol style="list-style-type: none"> 1. Vitals 2. Constitutional (development, appearance) 3. Eyes 4. ENT 5. Neck 6. Respiratory 7. Cardiovascular 	<ol style="list-style-type: none"> 8. Chest 9. Abd 10. Vaginal Exam/Anoscopy 11. GU 12. Extremities 13. Skin 14. Neurologic
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12. **Interpretation of Test Results**
13. **ED course and Medical Decision Making**
14. **Critical Care Time** *
15. **Clinical Impression**
16. **Disposition** (discharged, admitted, leaving against medical advice)
17. **Condition** (treated and released, fair, guarded, serious, critical)
18. **Plan**
19. **Emergency Department Quality Measures**

AMI	CHF	CAP
AMI-1: ASA on Arrival	HF-4: Smoking Cessation	PN-1: Oxygenation assessment
AMI-4: Smoking Cessation		PN-3b: Blood cx before Abx
AMI-6: β -blocker within 24 hours		PN-4: Smoking cessation
AMI-7a: Thrombolysis <30 min	CVA	PN-5b: Abx within 4 hrs of arrival
AMI-8a: PCI <90 min	t-PA considered if ischemic	PN-5c: Abx within 6 hrs of arrival
	Dysphagia screening	PN-6: Initial Abx selection
		PN-6a: Abx selection ICU pt
		PN-6b: Abx selection non-ICU pt

*** Critical Care**

A critical care time of [_____] minutes utilizing CPT code(s) [_____] was involved for high complexity decision making to actively assess, manipulate, and support vital system functions, interpret multiple physiologic parameters to treat vital organ system failure and to prevent further life threatening deterioration of the patient’s condition, through time spent at the bedside reviewing lab, imaging results and old records, speaking with consultants, managing the ventilator, interpreting blood gases and time spent with family. The time involved did not include performance of separately billable procedures.

30 - 74 minutes	99291 x 1
75 - 104 minutes	99291 x 1 and 99292 x 1
105 - 134 minutes	99291 x1 and 99292 x 2
135 - 164 minutes	99291 x 1 and 99292 x 3
165 - 194 minutes	99291 x 1 and 99292 x 4

Diagnoses supporting critical care time:

- Acute cardiac complications, such as arrest, insufficiency or failure, during or following a procedure
- Acute respiratory distress
- Air embolism
- Amniotic fluid embolism
- Anaphylactic shock
- Cardiac arrest
- Cardiogenic shock without mention of trauma
- Failed attempted abortion complicated by shock
- Fat embolism
- Illegally induced abortion complicated by shock
- Legally induced abortion complicated by shock
- Malignant hypothermia or hyperpyrexia due to anesthesia
- Obstetrical blood clot embolism
- Respiratory arrest
- Shock due to anesthesia
- Shock following abortion and ectopic and molar pregnancies
- Shock, including hypovolemic and septic, without mention of trauma
- Shock, unspecified without mention of trauma
- Spontaneous abortion complicated by shock
- Traumatic shock
- Unspecified abortion complicated by shock
- Ventricular fibrillation

Attending Statement

“I independently performed my own history and physical examination of the patient and discussed the medical decision making with the resident. I was actively involved with key portions of the management and service. I agree with the above documented findings and plan of care.”

In summary....