

Emergency Nursing Assessment

Patient Information

Date of Assessment:	Time of Assessment:
Name:	
Age:	Gender:

Chief Complaint:

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Primary Assessment:

Airway:
Breathing:
Circulation:
Disability:
Exposure/Environment:

Secondary Assessment:

History Taking:
Physical Examination:
Focused Assessments:

Diagnostic Tests:

ECG:
Blood Tests:

Follow-Up:

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Additional Notes:

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