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**Starr Vision Productions, Inc.
2142 Riverside Drive
West Columbia, TX 77486**

NAUSEA & VOMITING - DocuVisit™ - NAUSEA & VOMITING

Patient's Last Name _____

Patient's First Name _____

DOB _____ AGE _____ SEX: M F DATE _____ TIME _____ Treating Physician _____ Patient's Physician _____
VITAL SIGNS: BP _____ / _____ P _____ R _____ T _____ O₂ Sat _____ on RA/NC/Mask/ _____ L/min HT _____ [] Stated WT _____ [] Stated

VOMITING X _____ DATE OF ONSET: Nausea _____ Vomiting _____ TIME OF ONSET: Nausea _____ Vomiting _____
PAIN NOW: Yes No SEVERITY: (0=none, 10=worse) Onset _____ Now _____ PAIN LOCATION: Abdomen _____
PAIN CHARACTER: constant/intermittent sharp burning tearing squeezing dull stabbing cramping pain throbbing _____
VOMITING RELIEVED BY: no oral intake water ice chips med _____ **VOMITING WORSE WITH:** food movement
PAIN RELIEVED BY: rest food antacids _____ **PAIN MADE WORSE BY:** food movement breathing supine _____
MEDICATIONS TAKEN: _____ **ALLERGIES:** _____

O₂ _____ IV/Saline Lock/ _____ NPO Cardiac Monitor GI Cocktail NG Tube _____ Time Ordered _____
 Promethazine _____ mg IM/IV Demerol / Morphine / Nubain / Stadol / Toradol _____ mg IM/IV Relief Y N Time _____

CBC Chem B/C Amylase/Lipase Liver Panel Cardiac Enzymes Urinalysis HCG 2V Abdomen X-Ray Time Ordered _____

GASTROINTESTINAL: Nausea Vomiting Diarrhea Constipation Passing Gas Last Bowel Movement _____
 Vomiting Blood Blood In Stool Indigestion Jaundice Anorexia Abdomen Trauma _____
Last Meal Time _____ Foods Eaten _____ **PAIN WITH EATING:** Worse Improved No Change
URINARY: Normal Dysuria Frequency Pain Burning Blood Oliguria Unable To Urinate _____
MENSTRUAL: Normal LMP _____ G _____ P _____ A _____ **PREGNANT:** Y N ? **SEXUALLY ACTIVE:** Y N **BCP:** Y N
 Vaginal Discharge Vaginal Bleeding Dizziness Weakness Cough Congestion Fever Chills _____
 Syncope Dyspnea Scrotal Pain Pain With Breathing Weight Loss _____

SURGERIES: Cholecystectomy Appendectomy Hysterectomy Cardiac Bypass/Stent C-Section _____

GI: Obstruction, Perforation, Infection, Inflammation. Usually has abdomen pain. (GI includes liver, gallbladder, and pancreas)
Heart: Nausea and vomiting may be presenting symptoms of myocardial infarction.
Infection: Gastrointestinal, Genitourinary, Pulmonary, Cerebral. Fever may not be present initially. Also includes inflammatory conditions.
Metabolic: Diabetes, Adrenal or Renal Insufficiency, Carbon monoxide, Electrolyte abnormalities (may cause or result from nausea and vomiting).
Cerebral: Stroke, Infection, Tumor, Bleed, Migraine. Other: Medications, Labyrinthitis, Pregnancy.

PAST HISTORY: Smoking Hyperlipidemia Hypertension Diabetes Liver Disease Drug Use
 Lung Disease Gallbladder disease Pancreatitis PID Gastritis Heart Disease Ulcers
 Renal Stones Myocardial Infarct Pneumonia Hiatal Hernia Alcohol Use Angina CHF
 Ovarian Cyst Ectopic Pregnancy Diverticulitis GERD _____ _____ _____

CT Abdomen/Pelvic with/without contrast IVP Ultrasound Abdomen/Pelvic Chest x-ray Endoscopy EKG Time Ordered _____

ORTHOSTATIC BLOOD PRESSURE-PULSE: SUPINE _____ - _____ SITTING _____ - _____ STANDING _____ - _____

ABDOMEN: Normal Abnormal Distention _____ **PERCUSSION** _____

RUQ: Tender/Guarding/Rebound/Rigidity/Mass **EPIG:** Tender/Guarding/Rebound/Rigidity/Mass **LUQ:** Tender/Guarding/Rebound/Rigidity/Mass
RMQ: Tender/Guarding/Rebound/Rigidity/Mass **UMB:** Tender/Guarding/Rebound/Rigidity/Mass **LMQ:** Tender/Guarding/Rebound/Rigidity/Mass
RLQ: Tender/Guard./Rebound/Rigidity/Mass **MIDLOW:** Tender/Guard./Rebound/Rigidity/Mass **LLQ:** Tender/Guarding/Rebound/Rigidity/Mass
HEPATOMEGALY **SPLEENOMEGALY** **BACK:** Normal Tender-Cervical Thoracic Lumbar Sacral Coccyx Flank-Lt/Rt
AORTA Normal _____ **BOWEL SOUNDS:** Normal Increased Decreased Absent **INGUINAL HERNIA:** absent present
RECTAL EXAM: Normal Prostate Normal Sphincter Tone Hemorrhoids Masses **STOOL OCCULT BLOOD:** negative positive

GENITOURINARY Normal

SCROTUM: Normal **PENIS:** Normal

PELVIC: Normal GC/Chlamydia Culture Done _____

EXT. GENITALIA _____ **VAGINA** _____ **CERVIX** _____ **UTERUS** _____ **ADNEXA** _____

LYMPHATIC: Normal **CHEST PALPATION:** Normal

LUNG AUSCULTATION: normal breath sounds rales rhonchi wheezes

HEART AUSCULTATION: Normal S3 S4 Rub **RHYTHM:** Regular Irregular **MURMUR:** None Grade ___/6 systolic/diastolic

FEMORAL ARTERIES: Normal **EXTREMITIES:** clubbing cyanosis ischemia edema tr / 1+ / 2+ / 3+ **PEDAL PULSES:** Normal

OTHER FINDINGS _____

WBC: _____ Hct/Hgb: _____ U/A: _____ Preg Test: Neg Pos

Amylase/Lipase: _____ Abd X Ray: _____ Other: _____

ADDITIONAL NOTES _____

Optional Patient ID Information Or Sticker Here

Adrenal insufficiency, Appendicitis, Bowel obstruction, Carbon monoxide poisoning, Cerebral abscess/tumor, Cholecystitis, Congestive Heart Failure, CVA, Diabetic Ketoacidosis, Drug toxicity (digoxin, theophylline, aspirin, acetaminophen), Electrolyte Abnormalities (hypercalcemia), Esophageal obstruction, Gastritis, Gastroenteritis, Hepatitis, Increased intracranial pressure, Labyrinthitis, Liver Disease, Medication related, Meniere's Disease, Meningitis, Migraine, Myocardial Infarction, Pancreatitis, Peptic Ulcer, Peritonitis, Pneumonia, Pregnancy, Renal Failure, Renal Stone, Ruptured viscus, Subdural hematoma, UTI.

DIAGNOSES: 1- _____ /Status: _____ 2- _____ /Status: _____
STATUS: (A)Improved (B)Well Controlled (C)Resolving (D)Resolved (E)inadequately Controlled (F)Worsening (G)Failing to change as expected.

DISPOSITION Released Admitted Observation Transferred DOA Expired AMA OTHER _____

Print Physician's Name _____ DocuVisit License # _____ Physician's Signature _____ Date _____

DIAGNOSTICS
 Cardiology Consult General Surgeon Consult Neurology Consult Gastroenterology Consult Urology Consult Obstetrical Consult Drug Screen U/S ABG Lipid Profile H. pylori
 Stool O&P/C&S/leukocytes Sed Rate Urine porphobilinogen Upper GI Series Esophagogram Barium Enema CT/MRI Head Occult Blood-Stool/Gastric/Vomit
 Culture blood / urine / sputum Blood Levels: alcohol/acetaminophen/aspirin/digoxin/dilantin/phenobarbital/theophylline Old Records

Foley
 SL/PO
 Hyoscyamine
 IV Fluids
MEDICATIONS / TREATMENTS / PROCEDURES
 PO/IM
 IM/IV/PR/PO
 Dicyclomine
 IV Fluid Bolus
 IM/IV/PR/PO
 IM/IV/PR/PO
 Prochlorperazine/Promethazine/Droperidol/Metoclopramide
 Diphenhydramine/Meclizine/Scopolamine
 Ondansetron/Dolasetron/Gramisetron

HEENT Normal _____

EYES Normal VISUAL FIELD Normal LYMPH NODES Normal PUPILS AND IRISES Normal OPHTHALMOSCOPIC EXAM: Normal

EXTERNAL EARS & NOSE Normal OTOSCOPIC: normal tm normal hearing normal nasal exam OROPHARYNX: normal moisture normal tongue

NECK Normal Thyroid Normal Jugular Veins Normal _____

RESPIRATORY Normal _____

LUNG AUSCULTATION: normal breath sounds rales rhonchi wheezes RESPIRATORY EFFORT Normal CHEST PERCUSSION Normal PALPATION normal

CARDIOVASCULAR Normal _____

PALPATION OF HEART Normal AUSCULTATION OF HEART Normal PERIPHERAL VASCULAR SYSTEM: edema varicosities tenderness PULSES Normal

CAROTID ARTERIES normal no bruits FEMORAL ARTERIES Normal ABDOMINAL AORTA Normal PEDAL PULSES Normal

GASTROINTESTINAL Normal _____

ABDOMEN: no masses nontender normal bowel sounds LIVER & SPLEEN: not enlarged HERNIA: absent present RECTUM Normal

STOOL OCCULT BLOOD: negative positive

GENITOURINARY Normal _____

MALE: SCROTUM Normal PENIS normal DIGITAL RECTAL EXAM: Normal Prostate Normal Sphincter Tone No Hemorrhoids No Masses

FEMALE: DIGITAL RECTAL EXAM: Normal Sphincter Tone No Hemorrhoids No Masses

PELVIC: Normal EXT. GENITALIA _____ VAGINA _____ CERVIX _____ UTERUS _____ ADNEXA _____

LYMPHATIC Normal _____

NECK PALPATION Normal AXILLAE PALPATION Normal GROIN PALPATION Normal OTHER _____

MUSCULOSKELETAL Normal _____

BACK: kyphosis scoliosis GAIT & STATION: able to exercise RANGE OF MOTION: normal pain STABILITY Normal

EXTREMITIES Normal _____

RIGHT UPPER EXTREMITY: clubbing cyanosis ischemia edema LEFT UPPER EXTREMITY: clubbing cyanosis ischemia edema

RIGHT LOWER EXTREMITY: clubbing cyanosis ischemia edema LEFT LOWER EXTREMITY: clubbing cyanosis ischemia edema

SKIN Normal _____

NEUROLOGIC Normal _____

CRANIAL NERVES: {1st-Smell:normal} {2nd-Visual acuity, Visual fields, Fundi:normal} {3rd 4th 6th-Pupils, Eye movements:normal}

{5th-Facial sensation, Corneal reflexes:normal} {7th-Facial symmetry, Strength:normal} {8th-Hearing with tuning fork, Whispered voice:normal}

{9th 10th-Uvula elevation, Gag reflex:normal} {11th-Shoulder shrug strength:normal} {12th-Tongue protrusion:normal} ORIENTATION: person place time

COORDINATION: finger/nose normal heel/knee/shin normal fine motor normal DEEP TENDON RELEXES: Normal SENSORY EXAM: Normal

MEMORY: recent memory normal remote memory normal MOOD & AFFECT: depression anxiety agitation hypomania lability

SPEECH: Normal Slurred ABNORMAL THOUGHT: hallucinations delusions preoccupation with violence homicidal ideation suicidal ideation obsessions

Optional Patient ID Information Or Stricker Here

OTHER NOTES _____

NOTES:

Serotonin Antagonists: ondansetron (Zofran); granisetron (Kytril); dolasetron (Anzemet).

Dopamine Antagonists: promethazine (Phenergan); prochlorperazine (Compazine); metoclopramide (Reglan); droperidol (Inapsine)

Anticholinergic: meclizine (Antivert); scopolamine (Transderm-Scop)

Antihistamine: diphenhydramine (Benadryl)

Serotonin Antagonists typically used for chemotherapy induced N&V.
Pregnancy Risk Category B: ondansetron, granisetron, metoclopramide

Treatment of dystonic reaction to Dopamine antagonists:
benztropine 1-2mg IV/IM -OR- diphenhydramine 50mg IV/IM

DIAGNOSES: 1- _____ /Status: _____ 3- _____ /Status: _____

2- _____ /Status: _____ 4- _____ /Status: _____

STATUS: (A)Improved (B)Well Controlled (C)Resolving (D)Resolved (E)inadequately Controlled (F)Worsening (G)Failing to change as expected.

DISPOSITION Prescription(s) _____

Instruction Sheet Given On _____ Released Admitted Observation Transferred DOA Expired AMA OTHER _____

Follow up with (physician/specialist) on _____ Return to Emergency Department if any problems before follow up.

Transferred to _____ by Private Car / Ambulance / Helicopter / Other _____

Attending/Staff Physician notified of disposition: Yes No Name _____ Time _____

Discharge: Date: _____ Time: _____ Condition: Stable Good Fair Poor Critical

Method: Walk Carried Crutches Wheelchair Stretcher Accompanied by: Self Family Friend Parent Other _____

Reason not admitted or transferred _____

Print Physician's Name _____ DocuVisit License # _____ Physician's Signature _____ Date _____