ED HANDOFF NOTES

This sheet belongs to:

Patient / Label		Assessment			Next Steps / E	Dispo
Room Prov Age/Sex CC/Dx/DDx Name: Sticker MRN:	Key HPI/PMH/Exam/Notes: Code Status:	EKG: Imaging:	Consults:	Treatment: Pain Nausea Fluid	Everything Else:	Admit / Obs / MHC / MATS / Home + F/U: If: Then: Else: Chart Complete
Room Prov Age/Sex CC/Dx/DDx Name: Sticker MRN:	Key HPI/PMH/Exam/Notes: Code Status:	EKG: Imaging:	Consults:	Treatment: Pain Nausea Fluid	Everything Else:	Admit / Obs / MHC / MATS / Home + F/U: If: Then: Else: Chart Complete
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PLAN ED	Patient (room, age, sex, name, mrn, chief complaint)	Everything Else (social or system issues, handed off before)
	Label (with working diagnosis or differential diagnosis)	Disposition (admit, discharge, follow-up, decision points)
	Assessment (key elements of history, exam, labs, imaging, consults, treatment)	
	Next Steps (plan, to do list)	