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Triage Call Report

Service Number: NAP001EU	Authorization Code: MS00000
Patient Name: Cleopatra Test	Session Date & Time: 4/1/2013 1:31:29 PM
Patient Phone: (555)555-5555	PCP Name: Good, Doctor
Patient Gender: F	PCP Fax(es): N/A
Patient Date of Birth: 11/2/1952	Contract Name: Client Name
Patient Member ID: MS000000000000	Plan Name:
Employer:	Operator Name: Jennifer Sales

Presenting Problem (Text): back pain, has pinch nerve

Initial Assessment Question(s)	Response	Question Notes
1. ONSET: "When did the pain begin?"		"2 months ago"
2. LOCATION: "Where does it hurt?" (upper, mid or lower back)		"low back"
3. SEVERITY: "How bad is the pain?" (e.g., Scale 1-10; mild, moderate, or severe)		"10/10"
- MILD (1-3): doesn't interfere with normal activities	No	
- MODERATE (4-7): interferes with normal activities or awakens from sleep	No	
- SEVERE (8-10): excruciating pain, unable to do any normal activities	Yes	
4. PATTERN: "Is the pain constant?" (e.g., yes, no; constant, intermittent)		"constant"
5. RADIATION: "Does the pain shoot into your legs or elsewhere?"		"left leg from hip to all of my leg--sciatic nerve pain"
6. CAUSE: "What do you think is causing the back pain?"		"sciatic pain"
7. BACK OVERUSE: "Any recent lifting of heavy objects, strenuous work or exercise?"	No	
8. MEDICATIONS: "What have you taken so far for the pain?" (e.g., nothing, acetaminophen, NSAIDS)	Yes	Lortab 10mg
9. NEUROLOGIC SYMPTOMS: Do you have any weakness, numbness, or problems with bowel/bladder control?"	No	

Name:

Service Number:

10. OTHER SYMPTOMS: "Do you have any other symptoms?" (e.g., fever, abdominal pain, burning with urination, blood in urine) No
11. PREGNANCY: "Is there any chance you are pregnant?" (e.g., yes, no; LMP) No

Chief Complaint: Back pain-- A. Nurse, RN

Triage Note: N/A

Guideline Title: Back Pain - (Adult After-Hours)

Recommended Disposition: Go to ED Now (or PCP triage)

Original Inclination: Home Care

Override Disposition: N/A

Intended Action: See Physician Within 24 Hours

Caller Selected Facility:

Reason for Disposition

Weakness of a leg or foot (e.g., unable to bear weight, dragging foot)

R/O: nerve root compression, herniated disk

- Care Advice:**
- CARE ADVICE given per Back Pain (Adult) guideline.
 - GO TO ED NOW (or PCP triage):
 - DRIVING: Another adult should drive.

Health Education Provided: None

Medical History

DIAGNOSED PROBLEMS: diabetes; pinched nerve in back; Histoplasmosis; HTN; Depression; Acid Reflux

MEDICATIONS: insulin; Lortab; Potassium; Zantac

ALLERGIES:cortisone

Sx/Procedures: Amput. of right leg above knee 2012; C/S x 3

Pt. Memo/Alerts :

02/14/2012 16:24:13 Nurse1

04/01/2013 13:35:26 Nurse2