**Sample District Name**

**School Nurse Emergency Care Flow Sheet for Staff**

**Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Summary of Incident:** |  |
| **Witnesses to Incident:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vital**  **Signs** | Time: | Pulse: | BP: | RR: |
| Time: | Pulse: | BP: | RR: |
| Time: | Pulse: | BP: | RR: |
| **Nursing Assessment/**  **Action** |  | | | |
| **Medications**  **Given** |  | | | |
| **Allergies** |  | | | |
| **Medical**  **History** |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Medical Services (EMS) called: 🞏 Yes 🞏 No** | **Time of Call:** | **Call Made by:** | **Time of Arrival:** |
| **Disposition:**  🞏Staff member transported to hospital 🞏 Staff member refused EMS transfer against RN advice  🞏 Staff member released to: (check one): 🞏 MD 🞏ER 🞏Urgent Care 🞏Home | | | |
| **Emergency Contact Notified: 🞏 Yes 🞏 No** | **Time of Call:** |  | **🞏Unable to reach** |

|  |
| --- |
| **Instructions Given to Staff Member:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Administration Notified:** | 🞏 Yes 🞏 No | Date: |  | Time: |  | Name: |  |
| **Medical Director Notified:** | 🞏 Yes 🞏 No | Date: |  | Time: |  | Name: |  |
| **Private Provider Notified:** | 🞏 Yes 🞏 No | Date: |  | Time: |  | Name: |  |

|  |  |  |
| --- | --- | --- |
| **School Nurse:** | | **School:** |
| **Phone #:** | **Fax:** | **Email:** |

**This sample for was created by NYSCSH and is located at** [**www.schoolhealthny.com**](http://www.schoolhealthny.com) **Sample Forms|Notification 9/17**