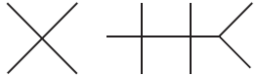
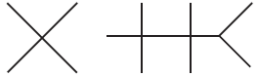
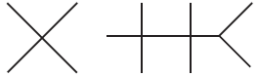
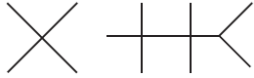
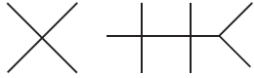
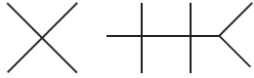


ED HANDOFF NOTES

This sheet belongs to:

Patient / Label				Assessment			Next Steps / E	Dispo
Room	Prov	Age/Sex	CC/Dx/DDx	Key HPI/PMH/Exam/Notes: Code Status:	 Ca Mg Ph	Treatment:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Admit / Obs / MHC / MATS / DC + F/U: If: Then: Else: Chart Complete <input type="checkbox"/>
Name: Sticker						EKG:		
MRN:					Other Studies/Imaging:			
Room	Prov	Age/Sex	CC/Dx/DDx	Key HPI/PMH/Exam/Notes: Code Status:	 Ca Mg Ph	Treatment:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Admit / Obs / MHC / MATS / DC + F/U: If: Then: Else: Chart Complete <input type="checkbox"/>
Name: Sticker						EKG:		
MRN:					Other Studies/Imaging:			
Room	Prov	Age/Sex	CC/Dx/DDx	Key HPI/PMH/Exam/Notes: Code Status:	 Ca Mg Ph	Treatment:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Admit / Obs / MHC / MATS / DC + F/U: If: Then: Else: Chart Complete <input type="checkbox"/>
Name: Sticker						EKG:		
MRN:					Other Studies/Imaging:			
Room	Prov	Age/Sex	CC/Dx/DDx	Key HPI/PMH/Exam/Notes: Code Status:	 Ca Mg Ph	Treatment:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Admit / Obs / MHC / MATS / DC + F/U: If: Then: Else: Chart Complete <input type="checkbox"/>
Name: Sticker						EKG:		
MRN:					Other Studies/Imaging:			
Room	Prov	Age/Sex	CC/Dx/DDx	Key HPI/PMH/Exam/Notes: Code Status:	 Ca Mg Ph	Treatment:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Admit / Obs / MHC / MATS / DC + F/U: If: Then: Else: Chart Complete <input type="checkbox"/>
Name: Sticker						EKG:		
MRN:					Other Studies/Imaging:			
Room	Prov	Age/Sex	CC/Dx/DDx	Key HPI/PMH/Exam/Notes: Code Status:	 Ca Mg Ph	Treatment:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Admit / Obs / MHC / MATS / DC + F/U: If: Then: Else: Chart Complete <input type="checkbox"/>
Name: Sticker						EKG:		
MRN:					Other Studies/Imaging:			

PLAN ED	Patient (room, age, sex, name, mrn, chief complaint) Label (with working diagnosis or differential diagnosis) Assessment (key elements of history, exam, labs, imaging, consults, treatment) Next Steps (plan, to do list)	Everything Else (social or system issues, handed off before) Disposition (admit, discharge, follow-up, decision points)
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