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Nursing Collage

Maternity & Child Health Nursing Department

327 NUR

Emergency Report

**Date: / /**

**Date Received: / /**

**( ) On Time (0.5) ( ) Late**

**Student name:**

**ID #:**

**Score: / l0**

**Instructors' name:**

**Signature:**

Pediatric Nursing

Children Emergency Sheet

|  |
| --- |
|  |
| 1.25 |

|  |
| --- |
| **Patient's information** |

Patient's name :-----------------------------------------  **0.25**

Age: -----------------  **0.25**

Diagnosis: ------------------------------------------------  **0.5**

**Allergy: (** )Yes ( ) No If yes specify :  **0.25**

|  |
| --- |
| **History** |

|  |
| --- |
|  |
| 1.25 |

Chief complaints: **0.5**

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1. Present History:  **1**

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1. Past History:  **0.25**

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| --- |
| **Medication** |

|  |
| --- |
|  |
| 4 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name**  **( class)** | | **Dose /Route** | | **Action of medication** | | **Nursing roles** | |
|  | **0.5** |  | **0.5** |  | **0.5** |  | **0.25**  **0.25** |
|  | **0.5** |  | **0.5** |  | **0.5** |  | **0.25**  **0.25** |

**Nursing management: ( / 3)**

**1.**

**2.**

**3.**