Emergency Room Patient Checklist

Patient Information

Name: _____   **Date of Birth:** _____

Arrival Time: _____   **Medical Record #:** _____

Initial Assessment

☐
Patient triaged

☐
Vital signs recorded

☐
Allergies checked

☐
Brief medical history taken

Clinical Care

☐
Physical exam performed

☐
IV access established

☐
Initial labs ordered

☐
Pain assessed and addressed

Communication

☐
Patient/family updated

☐
Primary care provider notified (if needed)

Disposition

☐
Admit/transfer/discharge decision made

☐
Discharge instructions given

☐
Return precautions reviewed