



# School Nurse Emergency Care Flow Sheet



Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name & Contact Information: \_\_\_\_\_

**Summary of Emergent Incident:**  
  
  
  
*Witnesses to the Incident:*

|                     |       |        |     |     |
|---------------------|-------|--------|-----|-----|
| <b>Vital Signs:</b> | 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: \_\_\_\_\_

- Student transported to hospital
- Student released to parent (Circle one) to: MD ER Urgent Care Home
- Parent/guardian refused EMS transfer against RN advice

**Parent/Guardian Notified:**  Yes  No Time: \_\_\_\_\_

Will meet at hospital  Unable to reach

Emergency contact called  Unable to reach

Comments: \_\_\_\_\_

Instructions given to Parent/Guardian: \_\_\_\_\_

School Nurse's Signature: \_\_\_\_\_

Administration Notified:  Yes  No Date/Time: \_\_\_\_\_

Medical Director Notified:  Yes  No Date/Time: \_\_\_\_\_

Debriefing Meeting Held:  Yes  No Date/Time: \_\_\_\_\_

*This sample form should be reviewed and approved for use by the school Medical Director and Counsel.*