

Emergency Room Triage Assessment

Patient Information

Patient Name

Date of Birth

Age

Gender

Medical Record Number

Arrival Time

Chief Complaint

Chief Complaint

Vital Signs

Temperature (°C)

Pulse (bpm)

Respiratory Rate

Blood Pressure (mmHg)

SpO₂ (%)

Pain Score

Assessment

Brief History / Presentation

Physical Exam Findings

Interventions/Actions Taken

Triage Level

Triage Category

Notes

Additional Notes

Triage Nurse

Date