

#7

Chest Pain

check box or circle word(s) if affirmative, -strike- word(s) if negative, note additional findings

Date: Time: Room:

Patient's PMD and / or Cardiologist: Vital Signs Reviewed

P: BP: RR: T: Wght: oral tymp rectal lb kg

Allergies: NKDA see RN notes

Arrived by: EMS walk-in wheelchair Historian: patient family / friend EMS

Chief Complaint: Chest Pain Chest Discomfort

History of Present Illness Levels 1, 2, 3: 1-3 elements Levels 4, 5: 4 or more elements

Onset: sudden gradual unknown today am pm yesterday am pm min. hours days P.T.A.

Location: no radiation no back pain [Anatomical diagrams of chest and back]

Quality: pressure dull tearing burning heaviness tightness sharp indigestion aching like prior MI

Course / Timing: constant intermittent same fluctuating worse better gone Duration:

Severity: At worst (0-10): mild mod. severe At present (0-10): mild mod. severe

Associated Symptoms: none SOB lightheaded nausea palpitations vomiting syncope diaphoresis anxiety

Exacerbated by: nothing exertion torso movement deep breaths lying flat coughing emotional stress

Relieved by: nothing rest NSAIDs oxygen leaning forward NTG antacids

Prior Cardiac Evaluation: none which study, how long ago, study results: traditional treadmill nuclear study catheterization other:

Context: new problem or chronic problem (same not as severe worse) current symptoms began during: rest exertion stress sleep after eating

Review of Systems Levels 1, 2, 3: 1 system Level 4: 2-9 systems Level 5: 10 or more systems

All systems reviewed: negative negative except as marked below History limited / unobtainable due to: altered LOC patient acuity

Constit: fever chills weight loss Eyes: visual change pain redness ENT: sore throat congestion rhinorrhea CV: orthopnea PND ankle swelling Resp: difficulty breathing DOE wheezing cough hemoptysis GI: abdominal pain diarrhea black / bloody stool

GU: urinary problems abnl vaginal bleeding LMP: Musc: myalgias arthralgias painful extremity Neuro: headache numbness tingling focal weakness Skin: rash bruising swelling Psych: anxiety depression Immun: HIV / AIDS

Past, Family, and Social History Levels 1, 2, 3: no history areas Level 4: 1 history area Level 5: 2-3 history areas

PMH: none unknown see RN notes CHF COPD CVA GERD gallstones Cardiac Risk Factors: prior MI / known CAD IDDM / NIDDM high cholesterol / lipids FHx at < 55 y/o HTN smoking

Meds: none see RN notes ASA NSAID'S

Surgical Hx: none CABG angioplasty coronary artery stent pacemaker / AICD

Social Hx: unknown Tobacco packs / day for years current yes no ETOH drinks per: day week last drink Drugs Occupation Home circumstances: lives alone with family with friend assisted living nursing home

Family Hx: none CAD at < 55 y/o AAA

Physical Exam Level 1: 1 organ system Levels 2, 3: 2-5 organ systems Level 4: 6-7 organ systems Level 5: 8 or more organ systems

Gen: distress: none mild moderate severe hydration: nl dehydration nutrition: nl malnourished obese

Neck: supple nontender no mass no JVD

Eyes: PERRL EOMI lids, sclera nl

CV: regular rate, rhythm heart sounds nl, no murmur carotid and femoral pulses strong and symmetric

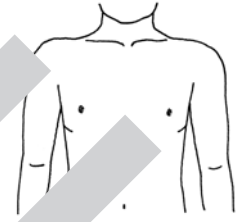
ENT: oropharynx, mucosa nl nasal exam nl TMs nl

Physical Exam (continued)	<input type="checkbox"/> Exam limited by patient condition or acuity
Resp: <input type="checkbox"/> no respiratory distress <input type="checkbox"/> breath sounds clear and equal	<input type="checkbox"/> no rales <input type="checkbox"/> no wheezes
Abd: <input type="checkbox"/> soft <input type="checkbox"/> nontender	<input type="checkbox"/> bowel sounds present <input type="checkbox"/> no organomegaly or masses
GU: male: <input type="checkbox"/> inspection nl female: <input type="checkbox"/> inspection nl	<input type="checkbox"/> no hernias <input type="checkbox"/> prostate nl <input type="checkbox"/> bimanual exam nontender <input type="checkbox"/> rectal nl, heme negative
Musculoskeletal: <input type="checkbox"/> nontender <input type="checkbox"/> range of motion nl, without pain	<input type="checkbox"/> strength, tone nl <input type="checkbox"/> chest wall nontender
Neuro: <input type="checkbox"/> alert and oriented x 3 <input type="checkbox"/> motor grossly nl	<input type="checkbox"/> cranial nerves 2-12 intact <input type="checkbox"/> sensation intact to light touch <input type="checkbox"/> speech nl <input type="checkbox"/> gait nl
Psych: <input type="checkbox"/> affect, mood nl	<input type="checkbox"/> judgment nl

Skin: warm, dry no rash no pedal edema

Lymph: no adenopathy

Additional Findings:



Repeat Exam at: _____

Medical Decision Making Level 1: straightforward Levels 2-3: low complexity Level 4: moderate complexity Level 5: high complexity

Differential Diagnosis	<input type="checkbox"/> Aortic Dissection	<input type="checkbox"/> Pneumonia / Bronchitis	<input type="checkbox"/> Atypical Chest Pain	<input type="checkbox"/> Gallbladder	<input type="checkbox"/> Valvular Disease
<input type="checkbox"/> Myocardial Infarction	<input type="checkbox"/> Pericarditis	<input type="checkbox"/> GERD / PUD	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Arrhythmia	<input type="checkbox"/> CHF / Pulmonary Edema
<input type="checkbox"/> Angina / Unstable Angina	<input type="checkbox"/> Pulmonary Embolism	<input type="checkbox"/> Chest Wall Pain	<input type="checkbox"/> Pleurisy	<input type="checkbox"/> HOCM / IHSS	<input type="checkbox"/> _____

Labs CBC: nl nl except values noted below:
WBC _____ Hb _____ Hct _____ Plt _____
neut _____ lymphs _____ other _____

Chem: nl nl except values noted below:
Na _____ K _____ Cl _____ CO₂ _____
BUN _____ Cr _____ Glucose _____

cardiac enzymes: troponin _____ myoglobin _____

INR _____ PT / PTT _____

D-dimer _____ B-NP _____

ABG on _____: pH _____ pCO₂ _____ pO₂ _____

Pulse Ox: _____ % on RA or O₂: _____
Saturation is: normal hypoxic

EKG: rate: _____ rhythm: _____
axis: _____ intervals: _____ ST / T-waves: _____
comments: _____
compared to: _____ no significant change changed

Repeat EKG: rate: _____ rhythm: _____
comments: _____

Cardiac Monitor: rate: _____ rhythm: _____

X-rays / Imaging interpreted by: me radiologist
 discussed w/ radiologist

1. _____ NAD 2. _____ NAD
3. _____ NAD 4. _____ NAD 5. _____ NAD

Treatment / Management / Course

medication / treatment: _____ response: _____

O₂ IV fluid
 ASA NTG
 morphine
 anticoagulation
 thrombolytics

Course: same better worse

Procedure: _____ see addendum **Reviewed:** nursing home notes EMS notes
 Critical Care: _____ min. see addendum hospital old records nurses notes
 Consultation: Dr. _____ (time) _____ Dr. _____ (time) _____

Notes: _____

signed out to Emergency Physician Dr. _____ (time) _____

Diagnosis 1. _____ 2. _____ 3. _____

Disposition Home Admit (medical surgical monitor CCU) Admit Physician: _____ Transfer to: _____

Case and instructions discussed with, understood by, and agreed upon by: patient family caretaker

Follow up: PMD and/or other clinician _____ in _____ days or prn Written instructions provided

Condition: unchanged improved stable

Discharge Prescriptions / Instructions: _____

signature	title	date	time
signature	title	date	time