Dyspnea

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

IMPORTANT PRINTING INSTRUCTIONS:
For best results, print this sample BartCharts ED Template at 100%. In other words, when printing, **do not** "pagescale" or "shrink to fit".

Date: Time: Room:

Patient's PMD and / or Specialists: ☐ Vital Signs Reviewed

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

Allergies: ☐ NKDA ☐ see RN notes

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

Chief Complaint: ☐ Shortness of Breath ☐ Difficulty Breathing ☐ Wheezing

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.

Quality:
☐ SOB ☐ wheezing ☐ painful inspiration
☐ DOE ☐ chest tightness ☐ sense of upper airway swelling

Associated Symptoms: ☐ *none*
☐ subjective fever / felt hot ☐ blood-tinged sputum
☐ measured fever: ______ ☐ hemoptysis
☐ chills or sweats ☐ orthopnea
☐ cough ☐ PND
☐ sputum: __________ ☐ leg swelling / edema
☐ URI sxs ☐ leg pain
☐ chest pain ☐ palpitations
☐ arm pain ☐ lightheaded
☐ neck / jaw pain ☐ anxiety

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

Exacerbated by: ☐ *nothing*
☐ exertion ☐ coughing ☐ fumes
☐ lying flat ☐ pollen ☐ stress / anxiety

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

Relieved by: ☐ *nothing*
☐ rest ☐ lasix ☐ inhalers / nebs
☐ oxygen ☐ NTG ☐ sitting forward

Context: ☐ new problem *or* ☐ chronic problem (☐ same ☐ not as severe ☐ worse)

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: ☐ fatigue ☐ weight loss ☐ weight gain
Eyes: ☐ visual change ☐ pain ☐ redness
ENT: ☐ congestion ☐ epistaxis ☐ ear pain
CV: ☐ see History of Present Illness for **CV** symptoms
Resp: ☐ see History of Present Illness for **Resp** symptoms
GI: ☐ abdominal pain ☐ nausea ☐ vomiting ☐ black / bloody stool

GU: ☐ dysuria ☐ frequency ☐ LMP:__________ ☐ nl ☐ abnl
Musc: ☐ myalgias ☐ arthralgias ☐ painful extremity
Neuro: ☐ headache ☐ syncope ☐ seizure ☐ altered LOC
Skin: ☐ rash ☐ bruising ☐ laceration / abrasion ☐ swelling
Psych: ☐ anxiety ☐ depression
Immun: ☐ HIV / AIDS ☐ pruritis ☐ "hives"

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 ☐ asthma ☐ GERD ☐ CVA

Cardiac Risk Factors:
☐ prior MI / known CAD
☐ IDDM / NIDDM
☐ high cholesterol / lipids
☐ FHx at < 55 y/o
☐ HTN ☐ smoking

PE Risk Factors:
☐ prior PE / prior DVT
☐ prolonged immobility
☐ trauma / post-op
☐ pregnant / post-partum
☐ BCPs ☐ cancer

Meds: ☐ none ☐ see RN notes
☐ ASA ☐ NSAID'S
☐ current influenza vaccine
☐ current pneumococcal vaccine

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

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

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

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
nutrition: ☐ nl ☐ malnourished ☐ obese
hydration: ☐ nl ☐ dehydrated

Eyes: ☐ PERRL ☐ EOMI ☐ lids, sclera nl

ENT: ☐ no peritonsillar edema ☐ TMs, canals nl ☐ no trismus
☐ no pharyngeal erythema or exudates ☐ nasal exam nl ☐ no muffled or hoarse voice

Neck: ☐ supple ☐ nontender ☐ no mass ☐ no JVD

Resp: ☐ no respiratory distress ☐ breath sounds clear and equal
☐ no retractions ☐ no wheezing
☐ no stridor ☐ no rales

SAMPLE

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Physical Exam (continued) | ☐ ***Exam limited** by patient condition or acuity*

CV: ☐ regular rate, rhythm ☐ heart sounds nl, no murmur
☐ distal pulses strong and symmetric

Abd: ☐ soft ☐ bowel sounds present ☐ no hernias
☐ nontender ☐ no organomegaly or masses ☐ rectal nl, heme negative

GU: male: ☐ inspection nl ☐ testicular exam nl ☐ prostate nl
female: ☐ inspection nl ☐ bimanual exam nontender

Musculoskeletal: ☐ nontender ☐ strength, tone nl
☐ range of motion nl, without pain ☐ chest wall nontender

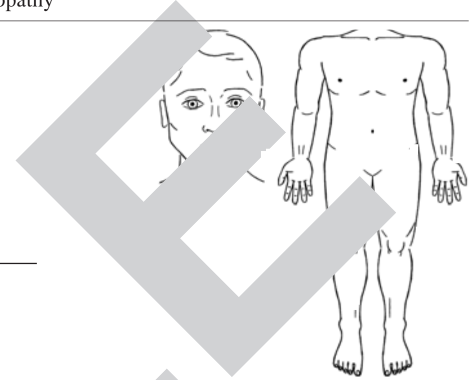
Neuro: ☐ alert and oriented x 3 ☐ cranial nerves 2-12 intact ☐ speech nl
☐ motor grossly nl ☐ sensation intact to light touch ☐ gait nl

Psych: ☐ affect, mood nl ☐ 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
☐ MI / Angina
☐ CHF / Pulmonary Edema
☐ Viral Syndrome
☐ Pneumonia / Bronchitis
☐ Pulmonary Embolism
☐ COPD Exacerbation
☐ Asthma Exacerbation
☐ Airway Obstruction
☐ Pleurisy
☐ Aspiration
☐ Pleural Effusion
☐ Pneumothorax
☐ Arrhythmia
☐ Valvular Disease
☐ Hyperventilation / Anxiety
☐ Inhaled Toxin / Pulmonary Irritant
☐ ________________________

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_______ CO_2______
BUN______ Cr______ Glucose_________

☐ cardiac enzymes: troponin ______ myoglobin ______
☐ INR ______________ ☐ PT / PTT _______________
☐ D-dimer ___________ ☐ B-NP _________________

☐ ABG on __________ : pH _____ pCO_2 _____ pO_2 _____

☐ **Pulse Ox:** ______ % on ☐ RA *or* ☐ O_2 :_________
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 (NAD = no acute disease) interpreted by: ☐ me ☐ radiologist ☐ discussed w/ radiologist
1.________ . . . . ☐ NAD 2.________ . . . . ☐ NAD
3.________ . . . . ☐ NAD 4.________ . . . . ☐ NAD 5.________ . . . . ☐ NAD

Treatment / Management / Course
medication / treatment: response:
☐ O_2 ☐ IV fluid
☐ lasix ☐ NTG
☐ nebulizer:
☐ B_2 agonist
☐ anticholinergic
☐ corticosteroids
☐ antibiotics

Course: ☐ same ☐ better ☐ worse

☐ **Procedure:**_______________ ☐ see addendum
☐ **Critical Care:**________ min. ☐ see addendum
Reviewed: ☐ nursing home notes ☐ EMS notes ☐ 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 ☐ ICU) 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* ☐ p r n ☐ Written instructions provided

Condition: ☐ unchanged ☐ improved ☐ stable

Discharge Prescriptions / Instructions:

signature	title	date	time
signature	title	date	time

SAMPLE

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