CHEST PAIN

Circle pertinent positive findings. Backslash pertinent negative findings.

Exam Time: ______ a.m. / p.m.

Mode of Arrival: EMS Other

✻ **HQI INDICATOR**

▲ **PQRI INDICATOR**

Vital Signs Stable except: BP ____ / ____ Pulse ______ R Rate ______ Temp ______

Pulse Ox: NL Hypoxic Not Applicable ______ % on R/A or O_2 @ ______ L/min

Cardiac Monitor Interp. Not Applicable
Rate: NL Brady Tachy
Rhythm: Sinus Afib Junctional
Ectopy: None PVCs PACs

HISTORY:

HX from Patient Unobtainable due to: Dementia Altered MS Extremis Other: ______

HX from: Patient Family / Caretaker EMS Interpreter Medical Records **LMP:** ______

CHIEF COMPLAINT: This is a ______ year old male / female who presents with a complaint of : ______

ONSET/DURATON *Sudden* *Gradual* Started ______ Min Hours Days Wks Mos Years Ago Still Present Resolved Worse Since: ______

TIMING Time of Onset: ______ a.m. / p.m. Constant / Intermittent Episodes Lasting ______ Sec Min Hours Days Weeks

SEVERITY **Initially:** ______ (0-10) Mild Moderate Severe **Currently:** ______ (0-10) None Mild Moderate Severe

LOCATION Diffuse Discrete At: Sternal: Mid / Upper / Lower L / R Anterior L / R Lateral ______

Radiates: Yes No T... Back L... Shou... / A... J... ...ec... Epigas...um ______

CHARACTER Crushing Dull / Aching ...ightness ...rning ...ea...ess P...ssu... / Squee... Sharp / Stabbing

AGGRAVATING Exertion Movement De... B...athi... ______ **Nothing**

ALLEVIATING Rest NTG 1 2 3 ...S T... O...ge... OTC ...ds Upright ...ta... Resolution ______ **Nothing**

ASSOCIATED S & S **Negative** Diaphoresis Nausea Vomiting Fever Palpitations Cough Hemoptysis Back Pain Abdominal Pain Dizziness SOB Calf Pain / Swelling

RELATED HX Similar Episode / Dx as: ______

SAMPLE

AMI / ACS Risk Factors: **Negative** Myocardial Infarction Sedentary Diabetes Obesity Family History Nitroglycerine Use

TAD Risk Factors: **Neg...** ...er Marfan's Syndrome

Pulmonary Embolism Risk Factors: **Neg...** Recent Surgery/Trauma Previous PE DVT

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REVIEW OF SYSTEMS:

		Pertinent Positives	
Constitutional	Negative	Fever	Chills
Eyes	Negative	Photophobia	Blurred Vision
ENT	Negative	Sore Throat	Ear Ache
CV	Negative	Palpitations	Chest Pain
Respiratory	Negative	SOB	Cough
GI	Negative	Vomiting	Diarrhea
GU	Negative	Dysuria	Hematuria
MS	Negative	Arthralgia	Myalgia
Skin	Negative	Rash	Bruising
Neuro	Negative	Headache	Weakness
Psych	Negative	Anxious	Depressed

YES / **NO** **All other systems either reviewed and negative or non-contributory for chief complaint**

Levels 2 - 3: 1 System Level 4: 2 Systems Level 5: 10 Systems / Disclaimer

Additional Pertinent History:

PCP / Managing Physician(s): None

Referred to ED / Clinic by: PCP / Telephone Referral / Other:

Prior care for this complaint by: PCP Urgent Care ED EMS Date:

Dx / Rx:

Recent Stress Test: None

✻**Recent Echo / LV Function:** None

Location of Pain / Radiation:

If Patient Pregnant, Indicate: Visit Related / Unrelated to Pregnancy

PAST MEDICAL HISTORY:

Previously Healthy DNR / Comfort Care Only

Endocrine	DM I	DM II	Hypothyroid	Hyperthyroid	Hyperlipidemia
CV	CAD / MI	HTN	CHF	Afib	DVT
Respiratory	COPD	Asthma	Bronchitis	Pneumonia	PE
GI / GU	PUD / GERD	GI Bleed	Urosepsis	Diverticulitis	Gall / Kidney Stones
Neuro / Psych	TIA / CVA	Migraine	Anxiety	Depression	Seizure
Cancer	Lung	Colon	Breast	Prostate	______

Surgical Hx None Cardiac Cath PTCA/Stent CABG Pacemaker Valve Replacement Aneurysm Repair Renal Surgery

Immunizations: Unknown Tetanus UTD Not UTD
✻ Pneumococcal ✻ Influenza within 12 months

PMH / FH / SH: Levels 1 - 3: 0 Level 4: 1 Level 5: PMH plus FH or SH

FAMILY HISTORY:

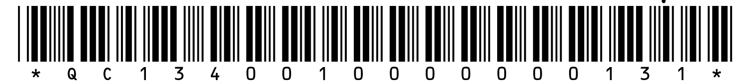
Non-Contributory

Heart / HTN ______
Diabetes ______
Other: ______

SOCIAL HISTORY:

Non-Contributory

Smoking ______ ppd x ______ yrs. ✻ Patient Advised to Stop
ETOH / Drug Use ______
Occupation ______
Lives Alone / With Family Nursing Home Assisted Living



CHEST PAIN

Circle pertinent positive findings. Backslash pertinent negative findings.

PHYSICAL EXAMINATION:

EXAM LIMITED DUE TO: Dementia ▲ Altered MS Extremis Other: ______________

		Normal Findings:	Abnormal Findings:
Appearance	Normal	Well-Appearing No Pain Distress Well-Nourished	*Ill-Appearing: Mild Mod Severe* *Pain Distress: Mild Mod Severe* *Obese / Thin / Cachectic*
Eyes	Normal	PERL / EOMI Conjunctiva Clear	*R Pupil ________ L Pupil ________* *Conjunctiva Inflammed*
ENT	Normal	Ears Normal Nose Normal Oropharynx Normal	*TMs Occluded* *Rhinorrhea / Epistaxis* *Erythema / Exudate / Dry Mucosa*
Neck	Normal	Supple	*Not supple*
Respiratory	Normal	Airway Patent CTA Breath Sounds Equal Respiration Nonlabored	*Airway Obstructed* *Rales @ ____________* *Rhonchi @ ____________* *Wheezes @ ____________* *Retractions*
Cardiovascular	Normal	RRR Pulses Normal	*IRR Tachycardia Bradycardia* *Abn. Pulses @ ____________*
GI / GU	Normal		
MS	Normal	Strength / ROM Intact No Edema No Calf Tenderness	*Limited @ ____________* *Edema @ ____________* *Calf Tenderness*
Skin	Normal	Warm & Dry Color Normal	*Pale / Diaphoretic* *Cyanosis @*
Neuro	Normal	Sensory / Motor Intact Reflexes Intact CN Intact ▲ A & O x 3	*Focal Deficit @ ____________* *Abn. Reflex @ ____________* *CN ______ Palsy* *A V P U Disoriented*
Psychiatric	Normal	Affect / Mood Appropriate	*Anxious / Depressed*

SAMPLE

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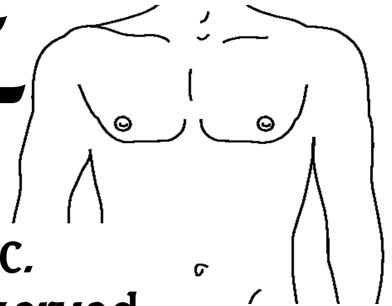
Complaint-Specific Findings

JVD
SubQ Emphysema
Diminished Breath Sounds: Right / Left
Reproducible Chest Wall Pain
Unequal Bilateral Pulses @ ____________



Level 1: 1 System	Level 4: 4 Systems
Levels 2 - 3: 2 Systems	Level 5: 8 systems

DIAGNOSTICS / PATIENT MANAGEMENT:

If Risk Factors for AMI / ACS: Consider EKG, Cardiac Enzymes, and, if appropriate, Serial Studies. Consider Oxygen, Aspirin, and Beta Blocker.
If Risk Factors for PE: Consider Chest CT with Contrast or V/Q Scan.
If Risk Factors for TAD: Consider Chest CT with Contrast and Blood Pressure Control.

BEDSIDE CARDIAC MONITOR

Monitor: Time: ____________ a.m. / p.m.

Rate:	Normal	Brady	Tachy	____________
Rhythm:	Sinus	AFIB	Junctional	____________
Ectopy:	None	PVCs	PACs	____________

Monitor: Time: ____________ a.m. / p.m.

Rate:	Normal	Brady	Tachy	____________
Rhythm:	Sinus	AFIB	Junctional	____________
Ectopy:	None	PVCs	PACs	____________

EKG INTERPRETATION

▲ **EKG #1** Time: ____________ a.m. / p.m.

Rate:	Normal	Brady	Tachy	ST Segment: Normal / ________
Rhythm:	Sinus	AFIB	Junctional	LBBB: New / Old / ________
Ectopy:	None	PVCs	PACs	Interpretation: ____________

EKG Comparison: No Significant Change / Other: ____________

▲ **EKG #2** Time: ____________ a.m. / p.m.

Rate:	Normal	Brady	Tachy	ST Segment: Normal / ________
Rhythm:	Sinus	AFIB	Junctional	LBBB: New / Old / ________
Ectopy:	None	PVCs	PACs	Interpretation: ____________

LABORATORY

Pertinent Lab Values: WNL WNL Except:

Cardiac Enzymes: WNL WNL Except:

	Set #1	Set #2	Set #3
CPK	________	________	________
CKMB	________	________	________
CKMB%	________	________	________
Troponin	________	________	________
Myoglobin	________	________	________

RADIOLOGY

Xray Interp: By: ED Physician / Radiologist
Results: Negative No Acute Changes Positive
CXR Port CXR CT Scan VQ

RESPIRATORY THERAPY MANAGEMENT

One Multiple Continuous CPAP BiPAP ____________

Ventilator Management: ____________

* Q C 1 3 4 0 0 1 0 0 0 0 0 0 0 1 3 1 *

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06/17/08 10:53 am

CHEST PAIN

Circle pertinent positive findings. Backslash pertinent negative findings.

ED COURSE / RESPONSE TO INTERVENTION:

Re-Evaluation #1:

Time: ____________ **a.m. / p.m.** **Unchanged** **Improved** **Worse**

VSS except: ____________ **Pain:** _____(0-10)
Appearance: NAD / ____________
Lungs: Clear / ____________
Skin: Warm & Dry / ____________
Neuro: A & O x 3 / ____________
CV: RRR / ____________

ED COURSE / RESPONSE TO INTERVENTION:

Re-Evaluation #2:

Time: ____________ **a.m. / p.m.** **Unchanged** **Improved** **Worse**

VSS except: ____________ **Pain:** _____(0-10)
Appearance: NAD / ____________
Lungs: Clear / ____________
Skin: Warm & Dry / ____________
Neuro: A & O x 3 / ____________
CV: RRR / ____________

PHYSICIAN MANAGEMENT:

Reviewed: EMS Records Med Records Labs Imaging EKG Other: ______
Care and Dx Studies Discussed w/: Family PCP Consultants Other ______
Medications Administered: PO IM IV Drips

PHYS. NOTIFICATION/CONSULTS: *Chart Conveyable to Outside Care Providers*

Discussed case/management/disposition of patient with:
Name: ____________ a.m. / p.m.
Name: ____________ a.m. / p.m.
Name: ____________ a.m. / p.m.
Cath Lab: ____________
Consult Follow-up: ____________

SAMPLE
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DISPOSITION: RX: ____________

Discharge: Home Work Nursing Home Deceased AMA
Admit to: ED Observation Status Inpatient Status: ICU Tele Floor
Condition: Stable Unstable
Patient Endorsed To/Discussed With: ____________ @ ______ a.m. / p.m.
Patient Stabilized Within Hospital's Capabilities/Transferred to: ____________
____________ Transfer Form Completed
Disposition Rationale: ____________
Discussed with: Patient Family Other: ____________
Standard After-Care Instructions Given to Patient Upon Discharge

DIFFERENTIAL DIAGNOSES:

- Acute MI / ACS
- Angina (Stable or Unstable)
- Aortic Aneurysm
- CHF / Pulmonary Edema
- Chest Wall Pain
- GI Disease
- Lower Respiratory Infection
- Pulmonary Embolism
- Other: ____________

ED PHYSICIAN DIAGNOSES:

1
2
3

HOSPITAL QUALITY INITIATIVES / PQRI:

QUALITY INDICATORS:

For Acute Myocardial Infarction:
- ☐ ASA Given
  Contraindications: ASA w/In 24 Hours GI Disease Allergy
  Other: ____________
- ☐ Beta Blocker Given
  Contraindications: Pulse↓ 60 SBP↓ 100 mm Hg AV Block Asthma Cocaine LV Dysfunction
- ☐ Thrombolytics
  Other: ____________
  Waited to Confer w/Family
  Diagnostic Uncertainty
  Further Testing Required for: ____________
  Cardiac Arrest Required Defibrillation
- ☐ LDL - cholesterol Assessed

For Congestive Heart Failure:
- ☐ Documented LV Function

For Non-Traumatic Chest Pain / Syncope:
- ☐ EKG Performed

For Admitted Pneumonia:
- ☐ Pulse Oximetry Assessed
- ☐ Antibiotics Given Within 4 Hours of Arrival
  Delay Due to: Diagnostic Uncertainty
  Further Testing Required for: ____________
- ☐ Blood Cultures If Admitted to ICU

For Community Acquired Pneumonia:
- ☐ Pulse Oximetry Assessed
- ☐ Vital Signs
- ☐ Mental Status Assessed
- ☐ Empiric Antibiotic Prescribed

☐ **Patient Advised to Stop Smoking**

CRITICAL CARE: **Physician attests providing direct, personal management for: 30-74 min. / 75-104 min. / ______ min., the absence of which would potentially pose a threat to life or limb. This includes medical record review, consultations, discussions, and review and interpretation of diagnostic studies, and may not have been continuous.**

SIGNATURE:

Disposition Time: ______ **a.m. / p.m.**

I have reviewed available Ancillary / Nursing Staff documentation.

____________ **MD/DO**
____________ **MD/DO**
____________ **PA / NP / Resident**

Supervising Physician attests performing pertinent History, Physical Examination, and Medical Decisions ______ *(Initials)*

Chart Completed: Yes No

This form is to assist the physician's documentation of clinical care and treatment. It is not intended to supplant that judgement or create a standard of care.

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