

Your Clinic Name/Logo

MEDICAL RECORD #:

Check in Time: _____
 Time in Rm: _____
 D/C Time: _____

CHEST PAIN

NAME _____

AGE _____

Date of Visit ____/____/____

H:	W:	TIME	T:	P:	B/P:	/	R:	O2 SAT:
W B O H	SEX M F	TIME	T:	P:	B/P:	/	R:	O2 SAT:

CURRENT MEDICATIONS/DOSAGES: SEE LISTALLERGIES: SEE LIST NKDA

LNMP _____ Pregnant Y N ?

TETANUS: <5yrs >5yrs ____/____/____

CHIEF COMPLAINT:

Aspirin Today Y N Current Chest Pain Y N

Nurse Signature: _____

 Applicable, Appropriate Options, Pertinent Negatives

HPI: _____ (At Least 4 Elements Required)

LOCATION: Chest (↑R ↑L ↓R ↓L R L pectoral diffuse central) Sternal (↑ ↓ mid) Substernal (↑ ↓ mid) Parasternal R L B (↑ ↓ mid) Radiates (↓ ↑ → ← neck back shoulder RUE LUE epigastrium abd)

DURATION: # _____ Days # _____ Wks # _____ Months _____ Today SEVERITY: Mild Mod Sev ___/10

QUALITY: Dull Sharp Pressure Burns "Heart Attack Pain" Pleuritic Stabbing Constant Intermittent Typical Episode

ASSOC S&S's: Fever Chills N/V Diarrhea Dysphagia (liquids solids) Belching Bloating SOB Wheezing Coughing Weak Dizzy
 Pain (back neck jaw shoulder RUE LUE RLE LLE abd joints muscles) ↓LOC Syncop Rash Fatigue Body aches Leg Edema

CONTEXT: Injury Certain Activity Recent Illness Eating Meds Psychosocial Recurring Problem None Noted

MODIFYING FACTORS: ↓ with: Rest · Inspiration · Positioning · Lying · Standing · Sitting · OTC Med · NTG · Nothing ___ with: Eating · Activity · ROM · Lifting · Running · Standing · Sitting · Cough · Inspiration TIMING: Continuous # ___ x/(day · wk · mo · yr) # ___ Seconds · Minutes · Hrs/episode ___ Varies ___ With Exposure

ROS (Related by Patient) System Element if Negative Element if positive

CONST Fever Chills Weight (↓ ↑) Weak Fatigue Body Aches EYES (OD OS OU) Red Itchy D/C
 Pain Photophobia ENT ST Rhinorrhea Earache Dry Mouth Dental Pain RESP Cough SOB
 Wheezing CV Chest Pain Diaphoresis Palpitations Rapid Rate Leg Edema GI ↓Appetite Nausea
 Vomiting Diarrhea Abd Pain ↑R ↑L ↓R ↓L EPI SP GI Freq Dysuria Urgency D/C Bleeding Sexually
 Active >1 Partners Dysmenorhea MS Pain: (Joint Back Neck Extremity) Swelling: (Joint Extremity) Myalgias
 Lumps NEURO HA Numbness Weakness LOC Slurred Speech Vision Changes Dizziness
 PSYCH Depressed Emotional Lability Anxiety SKIN Rash Induration Lesions LYMPH Enlarged Tender

 Affirmatives chronic and unchanged if not explained below

(2-9 Det 10 > Comp)

RECENT ANTIBIOTICS Y N

 ALL NEGATIVE EXCEPT AS NOTED

PFSH (Past Medical Hx, Family and Social Hx)

PMHx/FHx: Form reviewed Y N Date ____/____/____
 SHX: M S D W Smoke ___ppd x ___yrs ETOH: Y N (soc mod heavy) Drugs: Y N (coc mar opi) PreSch School Work PT/FT

RISK FACTORS: DM HTN FHx HDz ↑Chol Obese Sedentary

H/O: Heart Dz MI Angina CABG Pacemaker Defib Stents x ___ Coronary Angio ___/___/___
 (nl abn) Stress Test ___/___/___ (nl abn) SBE Precautions Congen Heart Dz Pneumothorax
 Pneumonia CHF PE DVT GERD HH Esophag Stricture

EXAMINATION: System and NML if Appropriate Element if Negative Element if positivePROVIDER NOTES: SEE DIAGRAM Const: Any 3 of 7 vitals · Appearance ill/Distress (mild mod sev) · Malnourished · Fuss · Crying · Obese · Sedate (mild mod sev) Head: Swelling · Tender · Ecchymotic · Abrased · Hyperesthetic · Temporal Artery TTP · Ant Font Bulging Eyes: Conjunctiva Inj R L B · Unequal Pupils · Nonreactive Pupils R L B · Vision R L B · FUNDI: (Papilledema, AV Nicking, Retinal Vein Pulsation, Hemorrhage, Cotton Wool Spots) · Icterus · ↓EOM · Photophobia Ears Red (canal Tx) · Bulging · Retracted · Loss of Landmarks · Obscured by Cerumen / Exudate L R B · ↓Hearing R L B Nasal Boggy Turbinates · Blood R L B · Purulent D/C · Hyperemic · Deviated Septum · Polyps R L B Throat Hyperemic · Hypertrophic · Exudate · Hoarse · Ulcers · Nasal Tone · PND · Peritonsillar Mass · Muffled voice · Trismus · Halitosis Neck Tender · Swelling · ↓ROM · Goiter · Thyroid Nodule · Thyroid Mass · JVD · Crepitus · ↓Supple Respir: Labored · Wheezes · Rhonchi · Rales · Cough (dry congested wheezy barky bronchitic) (occ freq) · Splinting · Prolonged Exp · RBS Greater on R L · Retractions · Access Muscles · ↑AP Dia · SQ Emphysema · Pain Reprod with: (inspir cough ROM) CVS: Abn HR (Irreg ↓ ↑) · Murmur ___/6, sys/dia, sternal border ↑ ↓ R L · Gallop (S3 S4) · Rubs · Heave · Diffuse PMI · JVD Pit Edema 1+ 2+ 3+ 4+ · Bruits (abd, carotid R L B, femoral) · Pulse Deficits · Varicosity · Cyanotic · Orthopneic · Orthostatic · AAA GI (Abd): Masses (↑R ↑L ↓R ↓L EPI SP) · Tenderness (↑R ↑L ↓R ↓L EP SP) · Rebound · Guarding · Distention Bowel Sounds (↓ ↑ Absent) · Pulsations · CVAT (L R B) · HSM · Hernia · RECTAL (Tender Guaiac+ Impaction Hemorrhoids) Lymph: Tender · Enlarged (cervical axillary inguinal) (R L B) · Lymphedema · Lymphangitis Musc: Tender · ↓ROM · Painful ROM (Back Neck Extremity) · Joint (Swelling Erythema Warmth) · Antalgic Gait · Cyanosis · Arthritic · Defects · Clubbing · ↓Lordosis · Kyphosis · Contractures · Crepitus · Cogwheeling · Spasticity · Flaccidity · Amputation · Edema Skin: Rash · Discoloration · Tender · Induration · Ulcer · Wounds · Bruising · ↓Elasticity · Atrophic · Acne · Psoriasis · Candida Neuro: CN Deficit · ↓LOC · Ataxia · ↓Coordination · ↑ ↓Reflexes · ↓Sensation · ↓Strength · Abn F-N, H-S · Meningismus · Barany R L · Brudzinski · Kernig · Chvostek · Babinski · Romberg · Hand Drop · Dementia (Acute Chronic) · +SLR Psych: ↓Memory (recent remote) · ↓Judgment · Depressed · Anxious · Strange Affect · Psychotic · Disorient (Person Place Time)

LABORATORY STUDIES	JUSTIFICATION	X-RAYS	JUSTIFICATION
In-House: _____ ___ CBC ___ UA ___ RAPID STREP ___ URINE HCG ___ MONO ___ GLUCOSE ___ TRICH ___ TRIAGE CARDIAC PANEL Send out: _____ ___ CMP ___ BMP ___ HEPATIC FXN ___ LIPIDS ___ AMP GC/CT ___ D-DIMER ___ EXTRA BLOOD		1. _____ 2. _____ 3. _____ Circle: CXR PA/LAT C T L SPINE KUB RIBS R L (with PA CXR) ←↑ABD SINUSES FACIAL _____ CT CHEST r/o PE GB USG	

NURSING ORDERS:	NURSE INITIALS/TIME	NURSE INITIALS/TIME
<u>NURSE: ALLERGIES CHECKED? Y N</u>		
1. _____		3. _____
2. _____		4. _____

ORDERS BELOW	CIRCLE ORDERS BELOW:	Lot#/Exp/ NURSE INITIALS/TIME
<input type="checkbox"/> NEB TX ALBUTEROL CHILD (<2yo ask doctor) Others 2.5mg <input type="checkbox"/> ↑FLUIDS <input type="checkbox"/> TILTS <input type="checkbox"/> O2 SAT <input type="checkbox"/> REPEAT VITALS <input type="checkbox"/> OBSERVE _____ MINS <input type="checkbox"/> SET UP PELVIC <input type="checkbox"/> OBTAIN OLD MEDICAL RECORD <input type="checkbox"/> BP ✓ q 20 mins <input type="checkbox"/> EKG START IV NS @ _____ cc/hr Start time _____ End time: _____	<input type="checkbox"/> TORADOL 60mg IM (GM R L) <input type="checkbox"/> DECADRON _____ mg IM (GM R L) <input type="checkbox"/> ROCEPHIN _____ mg/gm (GM R L) <input type="checkbox"/> NUBAIN _____ mg IM (GM R L) <input type="checkbox"/> PHENERGAN _____ mg IM (GM R L) <input type="checkbox"/> IBUPROFEN/TYENOL Per Wt(PO) <input type="checkbox"/> ANCEF _____ mg/gm (GM R L) <input type="checkbox"/> ASPIRIN 81 325 mg po <input type="checkbox"/> NTG 1/150 gr SL (repeat every 5 min prn x 2)	

REFERRALS:	ADDITIONAL NURSE NOTES:
<input type="checkbox"/> Call & make appointment for patient	

DIAGNOSIS:	TREATMENT PLAN/RX's:
___ CHEST PAIN EUD ___ ATYPICAL CHEST PAIN EUD ___ UNSTABLE ANGINA ___ CHEST WALL PAIN ___ CHEST WALL (contusion, strain) ___ PLEURISY ___ PNEUMONIA R L ___ BRONCHITIS (acute) ___ COSTOCHONDRITIS (acute) ___ VIREMIA (acute) ___ CARDIOSPASM ___ GERD ___ RIB (contusion fracture)# _____ ___ SHINGLES R L ___ OTHER: _____	<input type="checkbox"/> Rest and Fluids <input type="checkbox"/> Tylenol/Motrin <input type="checkbox"/> F/U as instructed <input type="checkbox"/> Off Work/School _____ Days prn <input type="checkbox"/> Rest in Dark/Quiet Room <input type="checkbox"/> Do not drive 8 hours <input type="checkbox"/> Stop Smoking <input type="checkbox"/> Weight Loss <input type="checkbox"/> ↓Stress <input type="checkbox"/> Education <input type="checkbox"/> Exercise <input type="checkbox"/> Sedentary Activity <input type="checkbox"/> Rx: PPI H2Receptor Antagonist Antibiotic Antitussive NSAID Narcotic Steroids Reglan Antiviral NTG Phenergan <input type="checkbox"/> Discharge instructions given for _____

FRACTURE MANAGEMENT @ "Your Clinic" YES NO

Critical Care Time: _____ mins

Additional Notes: _____

Discharge Home
 Transfer to ED via EMS / POV
 Check With Provider Before Discharge
 Left AMA

Condition Improved at Discharge Y N

Providers Names MD Providers Names DO Providers Names, NP Providers Names, PA-C

MR# _____ Date _____