



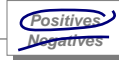
3A - Chest Pain / Palpitations

Time: _____ **Primary MD:** _____
Room: _____ **Cardiologist:** _____
Mode of Arrival: _____ **Historian:** _____ **Hx limited by:** _____ **Prehospital orders:** _____
 private auto patient AMS [] see EMS flowsheet
 EMS family unconscious
 police friend dementia
 wheelchair van caretaker acuity
 EMS
 old chart



AAEM Services
 555 East Wells Street, Suite 1100
 Milwaukee, WI 53202-3823
 (800) 884-2236

Chief Complaint: chest pain / discomfort palpitations - fast / slow



History of Present

Duration: _____ minutes / hours / days / weeks / months / years
Onset: just prior to arrival today @: _____ yesterday

Timing: still occurring improved worse resolved
Severity: mild moderate severe (1-10)
Quality: sharp dull tightness pressure heaviness stabbing 'pain' aching 'like prior MI' unable to describe

Modifying Factors:

Aggravating: [] none exertion deep breaths coughing movement
Alleviating: [] none remaining still / rest oxygen Tylenol / ibuprofen nitroglycerine x _____ partial

Current / Associated Symptoms:

[] none shortness of breath diaphoresis syncope / near-syncope nausea / vomiting hemoptysis
Location: right-sided _____ retrosternal left-sided _____ epigastric
Radiation: [] none [] see diagram [] shoulder / arm _____ / L [] jaw / neck / back _____

CAD risk factors:

[] none n/a HTN family history diabetes mellitus cocaine use known CAD smoking cholesterol

TAD risk factors:

[] none n/a HTN Turner's AV disease connective tissue disorder FHx (1st degree) disorder

Stress test:

exercise chemical perfusion study echo date: _____ findings: _____

Quality Measures:

AMI - aspirin

Context / Narrative:

Cardiac catheterization:

date: _____

findings: _____

stent x _____

chest pain - EKG
 syncope - EKG

Prior Similar Episodes:

workup: _____
 diagnosis: _____
 treatment: _____

Other Data Reviewed:

EKG: _____
 respiratory therapy: _____
 old records: [] requested [] reviewed [] summarized [] unavailable
 additional Hx from family / caretaker / other _____

Review of System

Constitutional: fever chills malaise
Eyes: vision problem discharge eye pain
ENT: sore throat URI symptoms
CV: chest pain CAD Hx syncope
Respiratory: cough shortness of breath
GI: abdominal pain N / V / D
GU: dysuria discharge LMP: _____
MSK: myalgias pain: DVT / PE Hx
Skin: pruritus rash
Neurologic: headache numbness weakness
Psychiatric: anxiety depression
Endocrine: DM thyroid disease
All / Imm: hay fever arthritis HIV
Heme / Lymph: easy bruising nodes CA blood thinners

[] All systems reviewed & negative except as noted above.

Family, Social History:

Med: [] see nursing note **Allergies:** [] see nursing note [] NKDA

[] nursing note reviewed

Medical History:

[] negative [] noncontributory
 hypertension cardiac disease neurologic disease
 lung disease AMI CVA
 COPD CAD ischemic
 asthma angina hemorrhagic
 CHF- migraines
 cardiomyopathy seizure disorder
 SVT
 AFib renal disease
 PVCs CRF
 ventricular- dialysis
 dysrhythmias
 valve disease DVT / PE
 PUD / GERD

Surgical History:

[] negative [] noncontributory
 CABG appendectomy cholecystectomy
 splenectomy valve replacement

Family History:

[] unknown [] noncontributory
 CAD hypertension CVA
 father diabetes mellitus cancer
 mother
 sibling

Social History:

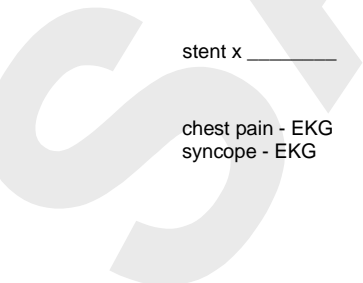
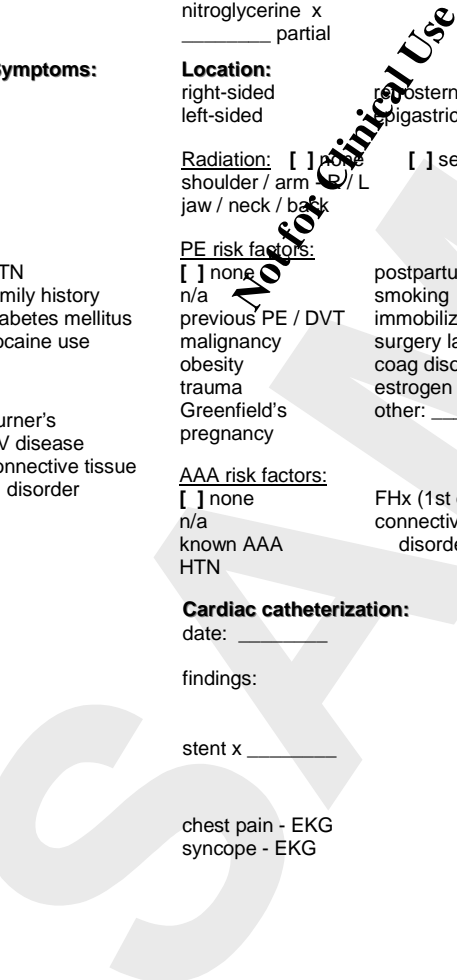
tobacco _____ppd alcohol social drugs
 _____yrs daily daily THC
 quit _____yrs binge _____ cocaine
 amphetamines

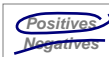
occupation:

L1-3: 1-3 elements; L4-5: 4+ elements

certification problem L4: 2-9 systems; L5: 10+ systems

L3 areas L4: 1 area





Physical Exam:

Nursing record reviewed
 Vital signs reviewed
Vital Signs:
 BP: _____ / _____ L
 BP: _____ / _____ R
 HR: _____
 RR: _____
 Temp: _____ ° F / C
 Pulse Ox: _____ % RA / _____ L O₂

General Appearance:
 alert
 oriented
 well-perfused
Distress:
 no acute
 mild
 moderate
 severe

Eyes: exam limited by urgency of condition
 PERRL / EOMI scleral icterus
 conjunctivae clear conjunctivae injected / discharge

ENT:
 TMs nl TMs red - R / L
 no nasal discharge discharge - clear / colored / _____
 pharynx nl pharynx red / exudate
 mucosa moist dry mucosa

Neck:
 supple carotid bruit - R / L
 nontender adenopathy _____

Respiratory:
 no distress distress - mild / moderate / severe
 lungs clear rales / rhonchi / wheezes / reduced - R / L

Cardiovascular:
 RRR irregular rhythm / tachycardia / bradycardia
 no murmur murmur - grade _____ / 6 - systolic / diastolic
 S1, S2 nl gallop - S3 / S4 / rub
 no JVD JVD _____ cm
 pulses nl pulse deficit _____

Abdominal:
 soft guarding / rebound
 nontender tender: epigastric - R / L - upper / lower / mid / diffuse
 nondistended distended
 bowel sounds nl abnormal bowel sounds - increased / decreased / absent
 CVA nontender CVA tenderness - R / L
 guaiac-negative guaiac-positive

Musculoskeletal:
 head atraumatic trauma _____
 chest nontender tender chest _____
 spine nontender tender T-spine / L-spine / _____
 extras nontender tender extremity _____
 no edema edema - 1 2 3 4 + R / L
 capillary refill nl delayed capillary refill _____ seconds

Skin:
 color nl pallor / cyanosis / jaundice
 warm / dry cool / diaphoretic
 no rash rash _____

Neurologic:
 A&O x3 confused / agitated / obtunded
 CN nl as tested CN palsy _____
 motor nl motor deficit _____
 sensory nl sensory deficit _____

Psychiatric:
 affect nl depressed / anxious / delusional

COMMENTS:

Medical Decision Making:

Differential Dx:
 acute coronary syndrome pneumothorax AFib / flutter
 angina pectoris pneumonia PVCs
 unstable angina pericarditis PACs
 acute MI GERD SVT
 thoracic aortic dissection Boerhaave's Vtach
 pulmonary embolism chest wall pain sinus tachycardia WPW



Laboratory Data: Note results

CBC: nl nl except WBC Hct plts polys bands
Chem: nl nl except Na K Cl CO₂ BUN Cr Glu
LFTs: nl nl except AST ALT T-bili AlkPh

Tox: pos for BAL cocaine amphetamine

INR D-dimer BNP TSH

Cardiac Enzymes:
 time: _____ CK-MB _____ CK _____ troponin _____

CXR: nl interpreted by me reviewed / discussed with Radiology
 abnl _____

CTPA: nl reviewed / discussed with Radiology
 abnl _____

see E... addendum
 rhythm strip: _____

Physician-Supervised Infusion Therapy: given over 60 / 90 / 120 / _____ min

indications: dehydration / nausea / vomiting / pain _____

fluids: _____ mL NS / LR _____ **response:** improved hydration

additives: _____ **response:** improved nausea / vomiting
 improved pain

see p... e addendum # _____

ED Course / Additional Data:
 reevaluated: time: _____ improved unchanged

ASA 325 mg: in ED in PTA contraindicated _____
 beta-blocker: in ED in PTA contraindicated _____

Rx:

Faculty Note: I interviewed and examined the patient. I discussed with
 PA/resident and agree with their evaluation and plan as documented here.

Consultation:
 Discussed with Dr. _____ time: _____
 Recommends: _____
 Will see in: ED floor ICU cath lab office in _____ days.

Vital signs reviewed prior to disposition.

Disposition:
 discharge admit floor / telemetry / ICU / cath lab
 discharge instructions
 transfer to: _____
 via POV / ground EMS / helicopter
 Counseled pt / fam regarding probable diagnosis and disposition plan.
 Pt / fam agrees to f/u in ED for ret. of CP / dyspnea / diaphoresis / syncope.

Condition: unchanged improved stable serious critical
 see addendum critical care time: _____

Clinical Impression:

 PA, Resident Signature MD/DO

 ED Physician Signature MD/DO
 dictation written addendum # _____
 copy to PMD
 template complete

L 2.3: 2-4 organ/areas; L4: 5-7 organ/areas; L5: 8+ organ/areas

