EMERGISOFT CORPORATION

Chest Pain

Patient Name:	Medical Record Number: / Date of Birth:
MD Name:	Date: / Time: / AM / PM / PCP:
Weight:	Chief Complaint: / Visit ID:
Physician / MLP / Resident HPI	Supervising Physician: / Patient is a ___ old / Male / Female
HPI	
HISTORIAN	Patient, Family, Friend, EMS, Caregiver, Other:
	Triage Hx reviewed, Comments:
ONSET	Min, Hr, Days PTA, Sudden, Gradual
	Other:
TIME COURSE	Constant, Intermittent, Better, Resolved now, Worsening over: Min, Hr, Days
	Other:
QUALITY	Dull, Aching, Burning, Sharp, Stabbing, Tearing, Pressure, Heaviness, Like prior MI, Indigestion
	Other:
SEVERITY	Mild, Moderate, Severe, Previous(0-10), At max(0-10), Now(0-10)
	Other:
LOCATION	Neck R / L / B, Jaw R / L / B, Sub-sternal, Entire chest R / L / B, Mid chest R / L / B
	Upper chest R / L / B, Arm R / L / B, Shoulder R / L / B, Epigastric, Upper back R / L / B
	Mid back R / L / B, Low back R / L / B, Other:
RADIATION	Neck R / L / B, Jaw R / L / B, Sub-sternal, Entire chest R / L / B, Mid chest R / L / B
	Upper chest R / L / B, Arm R / L / B, Shoulder R / L / B, Epigastric, Upper back R / L / B
	Mid back R / L / B, Low back R / L / B, Leg R / L / B
	Other:
ASSOCIATED SIGNS/ SYMPTOMS	None, Nausea, Vomiting, Belching, Diaphoresis, SOB, Palpitations, Weakness, Syncope
	Other:
CONTEXT	Sleep, Rest, After eating, Exertion, Stress, Can't recall
	Other:
MODIFYING FACTORS	Exacerbated by: Nothing, Eating, Exertion, Stress, Coughing, Deep breating, Palpation
	Relieved by: Nothing, Eating, Belching, Rest, Antacids, NTG, Oxygen
	Relief: None, Partial, Complete, NTG given: 1, 2, 3, Given by: Self, EMS
	Other:
OTHER	
PMH	None, Unknown, HTN, IDDM, NIDDM, Elev cholesterol, CAD, Angina, MI, CHF, COPD, CVA
	Other:
	CAD risk factors: None, HTN, MI, Angina, CAD, Elev cholesterol, IDDM, NIDDM, Family hx premature CAD
	TAD risk factors: None, Turner's synd, Connective tissue DO, Coart aorta, Pregnancy
	PE risk factors: None, Hx PE, Cancer, Post-op, Pregnant, Post-partum, BCP, Cast, Immobility

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Pt. Name: ____________ DOB: ____________ MRN: ____________

SURG HX	☐ None ☐ CABG ☐ Cardiac cath ☐ Stents ☐ Angioplasty ☐ Pacer ☐ AICD Other:	ALLERGIES	☐ NKDA ☐ See nurse's notes Other:
SOC HX	Smoker ETOH Drug use Living Situation: ☐ Alone ☐ Spouse/Partner ☐ Family member ☐ Nursing home Other: Occupation:	MEDS	☐ None ☐ See nurse's notes Other:
FAMILY HX	☐ NC ☐ CAD Hx ☐ MI <55 y.o. ☐ PE ☐ AA Other:		
IMMUNIZA-TIONS	Tetanus: ☐ UTD ☐ >5 years ☐ Unknown Influenza: ☐ UTD ☐ Never ☐ Unknown Pneumonia: ☐ UTD ☐ Never ☐ Unknown		

Nursing assessment reviewed: ☐ Agree with findings ☐ Agree except

Review of Systems: Click on box to indicate agreement, click on word to indicate opposite

CONST	☐ Fever ☐ Chills ☐ Night sweats ☐ Weight loss ☐ Fatigue	FEMALE GU	☐ Vaginal bleeding ☐ Vaginal pain ☐ Vaginal discharge
ENT	☐ Hearing loss ☐ Ear pain ☐ Nasal discharge ☐ Sore throat	MUSKL	☐ Back pain ☐ Arthralgias ☐ Myalgias ☐ Bone pain
EYES	☐ Vision changes ☐ Discharge ☐ Icterus	SKIN	☐ Rash ☐ Jaundice
RESP	☐ Cough ☐ Dypsnea ☐ Wheezing	NEURO	☐ Weakness ☐ Paresthesias ☐ Headache ☐ Seizures
CARDIAC	☐ Chest pain ☐ Palpitations ☐ Syncope ☐ LE swelling	HEME	☐ Bruising ☐ Adenopathy ☐ Bleeding
GI	☐ Constipation ☐ Diarrhea ☐ Nausea ☐ Vomiting ☐ Black stools ☐ Bloody stools	ENDO	☐ Polyuria ☐ Polydipsia ☐ Weight change
		PSYCH	☐ Anxiety ☐ Depression ☐ SI ☐ HI ☐ Psychosis
GU	Flank pain R / L / B ☐ Dysuria ☐ Frequency ☐ Hesitation ☐ Dark urine ☐ Bloody urine	OTHER	
MALE GU	☐ Penile bleeding ☐ Penile pain ☐ Penile discharge Testicular pain R / L / B Testicular swelling R / L / B		
REVIEWED	☐ All other systems reviewed and neg ☐ Neg except as marked		

PHYSICAL EXAM: Click on box to indicate agreement, click on word to indicate opposite

Limited By: ☐ Urgency of condition ☐ Patient uncooperative ☐ Altered LOC Other:

Pain Scale 0 1 2 3 4 5 6 7 8 9 10 UTR ☐ Vital Signs reviewed/noted

VITALS	Temp BP HR RR WT FHT Pulse Ox % ☐ NL ☐ Hypoxia on ☐ RA ☐ LPM Interpretation:
GENERAL APPEARANCE	☐ Withdrawn ☐ Pale ☐ Diaphoretic Distress: ☐ NAD ☐ Minimal ☐ Moderate ☐ Severe Other:
EYES	☐ PERRLA ☐ EOMI ☐ NL visual acuity ☐ NL fundoscopic exam Sclera: ☐ NL ☐ Injected ☐ Icteric Other:
HENT	☐ Head inspection NL ☐ External canal clear ☐ TMs NL ☐ Pharynx NL ☐ Nasal congestion TM erythema R / L / B TM Bulge R / L / B ☐ Pharyngeal erythema ☐ Pharyngeal exudates Other:
NECK	☐ Supple ☐ Adenopathy ☐ Thyromegaly ☐ Bruits ☐ JVD Other:
RESPIRATORY	☐ NL breath sounds/clear/equal ☐ Resp distress ☐ Non-tender Rales R / L / B Ronchi R / L / Diffuse Wheezes R / L / Diffuse Chest wall pain on: ☐ Palp ☐ Arm movement ☐ Reproduces sx Other:
CARDIAC	☐ Reg rate and rhythm ☐ Rubs ☐ Gallop ☐ JVD ☐ Irregularly irregular ☐ Murmur ☐ /6 Syst / Dias ☐ Tachy ☐ Brady LE swelling R / L / B Diminished peripheral pulses R / L / B Other:

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Section	Findings
ABDOMINAL	☐ Soft non-tender ☐ Rectal heme neg ☐ Rectal masses ☐ Epigastric tender ☐ Tender McBurney's point ☐ Hepatomegaly
	Tender RUQ / RLQ / LUQ / LLQ Flank pain R / L / B ☐ Rebound ☐ Guarding ☐ Mass ☐ BRBPR
	☐ Prominent aortic pulsation Bowel sounds: hyper / normo / hypo ☐ Splenomegaly ☐ Melena ☐ Heme pos stool
	☐ Pulsatile mass ☐ 2+ femoral pulses Other:
MALE GU	☐ Circumcised ☐ NL testicular exam ☐ NL cremasteric reflex Testicular swelling R / L / B
	Inguinal hernia R / L / B Testicular tenderness R / L / B ☐ Penile discharge
	Other:
FEMALE GU	☐ NL external exam ☐ Abnl cervical discharge ☐ Cervix open Discharge: blood / clots / purulent
	☐ Uterine tenderness Adnexal tenderness R / L / B ☐ Cervical motion tenderness LMP
	Other:
MUSCULOSKELETAL	☐ Non-tender ☐ NL ROM ☐ Swelling ☐ Joint effusion ☐ Distal pulses intact ☐ Neg Homans' sign ☐ Cord neg
	☐ Edema ☐ Pitting edema ☐ + ☐ Calf tenderness
	Other:
SKIN	☐ Rash ☐ Erythema ☐ Jaundice ☐ Diaphoresis ☐ Cyanosis ☐ Pale
	Other:
NEUROLOGY	☐ Cranial nerves intact ☐ Sensory intact ☐ Motor intact ☐ NL gait ☐ Cerebellar intact ☐ NL reflexes
	☐ A&Ox4 Oriented to: ☐ Person ☐ Place ☐ Time ☐ Circumstance ☐ Ataxia GCS:
	Motor weakness RUE / RLE / LUE / LLE Sensory abnl RUE / RLE / LUE / LLE
	Other:
LYMPHATIC	☐ Adenopathy ☐ Cervical adenopathy ☐ Axillary adenopathy ☐ Groin adenopathy
	Other:
PSYCHOLOGY	☐ NL mood ☐ NL affect ☐ NL behavior ☐ Anxious ☐ Depressed ☐ SI ☐ HI ☐ Psychosis
	Other:
TESTS REVIEWED	Labs reviewed: ☐ By me ☐ Interpreted by me
	CBC BMP CPK / CKMB Troponin ABG
	U/A Preg LFTs D-dimer
	Other:
	ECG Reviewed: ☐ By me ☐ Interpreted by me
	Repeat ECG Reviewed: ☐ By me ☐ Interpreted by me
	Rhythm Strip
	Xrays Reviewed: ☐ By me ☐ Interpreted by me ☐ Interpreted by radiologist
	Chest Xrays Reviewed: ☐ By me ☐ Interpreted by me ☐ Interpreted by radiologist
	CT scan Reviewed: ☐ By me ☐ Interpreted by me ☐ Interpreted by radiologist
	US Reviewed: ☐ By me ☐ Interpreted by me ☐ Interpreted by radiologist
	Other:
TREATMENTS	Medications:
	Antibiotics:
	Other:
DIFFERENTIAL DIAGNOSIS	☐ AMI ☐ Angina ☐ Unstable Angina ☐ A-fib ☐ Atrial flutter ☐ Pericarditis ☐ Chest wall pain ☐ Costochondritis
	☐ Pleurisy ☐ Atypical CP ☐ Hyperventilation ☐ Anxiety ☐ Panic attack ☐ Bronchitis ☐ Pneumonia ☐ Pneumothorax
	☐ Pneumomediastinum ☐ Acute aortic dissection ☐ PE ☐ CHF ☐ Pulmonary edema ☐ Dyspnea ☐ GERD ☐ PUD
	Other:
REVISITS	Time: Pain level 0 1 2 3 4 5 6 7 8 9 10 UTR
	Symptoms: ☐ Same ☐ Improved ☐ Worse Other:
	Time: Pain level 0 1 2 3 4 5 6 7 8 9 10 UTR
	Symptoms: ☐ Same ☐ Improved ☐ Worse Other:

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Pt. Name: ______________________ DOB: ______________ MRN: ________________

CONSULTATION	Time: [ ] Cardiology [ ] ICU [ ] CCU [ ] Pulmonary [ ] GI Other:
	Case discussed with: [ ] Patient [ ] Family/SO [ ] PCP Other:
	Time: [ ] Cardiology [ ] ICU [ ] CCU [ ] Pulmonary [ ] GI Other:
	Case discussed with: [ ] Patient [ ] Family/SO [ ] PCP Other:
	Time: [ ] Cardiology [ ] ICU [ ] CCU [ ] Pulmonary [ ] GI Other:
	Case discussed with: [ ] Patient [ ] Family/SO [ ] PCP Other:
I have reviewed: [ ] Medical Records [ ] Prior ECGs [ ] EMS report [ ] NH record [ ] Medical literature	
Other:	
Attending Note: After a complete review of pertinent patient findings and independent exam: [ ] I concur [ ] I concur except as noted; in all respects with the evaluation, treatment and disposition. Notes:	
CRITICAL CARE	Time excluding procedures: [ ] First 30 min [ ] 30-74 min [ ] 75-104 min [ ] 105-134 min [ ] 135-164 min [ ] 195 min or longer
	Total critical care time: [ ] min
CLINICAL IMPRESSION	
DISPOSITION	[ ] Admitted [ ] Discharged [ ] Transferred [ ] [ ] Referred to ME
	Other:
CONDITION	[ ] Improved [ ] Stable [ ] Unchanged [ ] Expired: Time [ ] Notified

Signature: ________________________________

Date: ______________________ Time: ______________________

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