32 McLaren THUMB REGION

McLaren Thumb Region
1100 S. Van Dyke
Bad Axe, MI 48413 • 989-269-9521

EMERGENCY PHYSICIAN RECORD
♦ Dyspnea (COPD, CHF & Other) ♦

DATE:_____ TIME SEEN:_____ on arrival RM:____ *EMS Arrival*

*TRANSFER FROM:*_____ ☐ *see transfer record*

TREATMENT PTA: by *patient* *paramedics* *EDP* *PCP*

lasix nitroglycerin O_2 albuterol neb tx aspirin _____

HISTORIAN: patient spouse paramedics_____

__HX / __EXAM LIMITED BY:_____

☐ unable to obtain

HPI

chief complaint: shortness of breath difficulty breathing
wheezing _____

onset / duration: _____ min / hrs / days ago
continues in ED
gone now *better*
intermittent
*worse*_____

initiating event: upper respiratory illness out of meds
sports / exercise aspiration / choking allergy to:_____
exposure *smoke / mold* other_____
emotionally upset_____

context: _____

severity:
mild moderate severe
(1/10)_____

exacerbated by:
exertion laying flat coughing
_____

associated symptoms:

fever / chills_____
sweating_____
chest pain / discomfort_____
left / right / central
pain / heaviness / tightness
hurts to breathe
constant / intermittent
*duration:*_____
*radiation back / jaw / arm*_____
cough *bloody / productive*_____

heart racing_____
leg / calf pain *(R / L)*_____
ankle / leg swelling *(R / L)*_____
dizziness_____
light-headedness_____
anxiety_____
tingling *(R / L) hands / face*_____
muscle spasms *(R / L) hands / feet*
_____

Similar symptoms previously_____

Recently seen / treated by doctor / hospitalized_____

ROS

CONST
recent illness_____

EYES
problems with vision_____

ENT
sore throat_____
sinus drainage _____

GI
nausea / vomiting_____
diarrhea_____
abdominal pain_____
black stools _____

GU
problems urinating_____
*LNMP*_____ *preg* *post- menop*

MS
neck / back pain_____
muscle aches_____

SKIN
rash_____

LYMPH
swollen glands_____

NEURO
headache_____

PSYCH
depression_____

☐ except as marked positive, all systems above reviewed and found negative

▪ *CONST / CVS / RESP / PSYCH / NEURO components also addressed in HPI*

PAST HX

__no chronic diseases **PE Risk Factors*

cardiac disease *Afib CHF CAD MI*
LV Function_____
LV Function Severely Impaired
% Ejection Fraction_____
diabetes *Type I* *Type 2*_____
*diet / oral / insulin*_____
*hypertension_____
lung disease: _____
asthma *COPD* *pneumothorax*
pseudomonas *bronchiectasis*
pneumonia *bronchitis* *TB*____

* DVT / PE risk factors: *cast* *cancer*
recent surgery *leg swelling* *bedridden*
paralysis *prior DVT/PE*
CVA / TIA *(R / L) deficit*_____
hepatitis / HIV_____
hyperlipidemia_____
kidney failure / dialysis
_____

__old records reviewed / summary:_____

Surgeries / Procedures __none

prior intubation_____
cardiac bypass / stent_____
cardiac cath_____
angioplasty_____

appendectomy_____
cholecystectomy_____
hysterectomy_____

Immunizations influenza / pneumovax *UTD / referred to PCP*_____

Medications __none see nurses note
aspirin *within 24 hrs* coumadin clopidogrel
NSAID BCP's home O2 ____L nebulizer

Allergies __NKDA
see nurses note

SOCIAL HX

smoker____ppd / never / past / quit: _____ago
tobacco: *use / dependence*_____ nicotine: *use / dependence*_____
drugs_____ alcohol *(recent / heavy / occasional) screening*_____

FAMILY HX

*DVT / PE_____

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☐ Nursing Assessment Reviewed ☐ Vitals reviewed _____

*V/S BP*_____ *HR*_____ *RR*_____ *Temp*_____

PHYSICAL EXAM

General Appearance

__no acute distress
__alert
__mild / moderate / severe distress_____
__anxious / lethargic_____

EENT

__eyes nml inspection
__ENT nml inspection
__pharynx nml
__scleral icterus / pale conjunctivae_____
__EOM palsy *(R / L)* / anisocoria_____
__purulent nasal drainage_____
__pharyngeal erythema_____

NECK

__nml inspection
__thyromegaly / lymphadenopathy_____

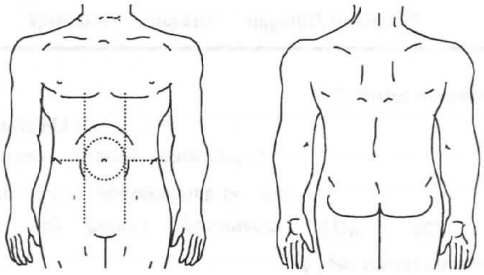
RESPIRATORY

__no resp. distress
__breath sounds nml
__no pleuritic chest pain
__speaks full sentences
__see diagram_____
__respiratory distress / fatigue_____
__wheezes / rales / rhonchi *(R / L)*_____
__stridor_____
__prolonged expirations_____
__accessory muscle use *(R / L)*_____
__retractions / splinting *(R / L)*_____
__decreased air movement_____
__dull on percussion *(R / L)*_____
__chest wall tenderness_____
__speaks in _____ word sentences_____

CVS

__reg. rate & rhythm
__no JVD
__no murmur
__no gallop
__no friction rub
__pulses full / equal
__irregularly irregular rhythm_____
__extrasystoles *(occasional / frequent)*_____
__tachycardia / bradycardia_____
__JVD present_____
__murmur *grade* ___ */6* *sys / dias*_____
cresc / cresc-decresc / decresc
__gallop (S3 / S4)_____
__decreased pulse *(R / L)*_____

R=rebound
T=tenderness
m=mild
mod=moderate
sv=severe



ABDOMEN / GU

__non-tender
__no organomegaly
__no distension
__no ascites
__tenderness / guarding / rebound :
generalized RUQ LUQ RLQ LLQ ___
__hepatomegaly / splenomegaly / mass_____
__bruit_____
__catheter present_____

RECTAL

__non-tender
__heme neg stool
__heme positive stool *trace*_____

SKIN

__color nml, no rash
__warm, dry
__no skin lesions
__intact
__cyanosis / diaphoresis / pallor_____
__rash / embolic lesions_____
__pressure ulcer: *location*_____
*depth / stage: 1 2 3 4*_____

EXTREMITIES

__non-tender
__nml ROM
__no pedal edema
__calf tenderness *(R / L)*_____
__Homan's sign / cords *(R / L)*_____
__pedal edema / entire leg swollen *(R / L)*_____

NEURO / PSYCH

__oriented x4
__CN's nml *(2-12)*
__motor nml
__sensation nml
__mood / affect nml
__disoriented to: _____
person place time situation
__facial droop *(R / L)*_____
__weakness / sensory loss *(R / L)*_____
__depressed mood / affect_____

PROGRESS

*Time*_____ unchanged improved re-examined
air movement: poor fair good

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XRAYS / CT

CXR

Interpretation: ☐ By me ☐ Viewed by me ☐ Discsd w/ radiologist

__nml / NAD __no infiltrates __nml heart size __nml mediastinum

abnml:_____

CT done: chest abdomen V/Q Scan

Interpretation: ☐ By me ☐ Viewed by me ☐ Discsd w/ radiologist

__nml / NAD _____

abnml:_____

LABS

CBC	Chemistries		Cultures sent
normal except	normal except	CK_____	blood x_____
WBC_____	Na_____	CKMB_____	sputum_____
Hgb_____	K_____	Troponin_____	_____
Hct_____	CO2_____	D-Dimer_____	_____
Platelets_____	Gluc_____	BNP_____	**UA**
segs_____	BUN_____	PT/PTT_____	normal except
bands_____	Creat_____	INR_____	_____

ABG time:_____ RA /___L O_2 pH_____ pCO_2_____ pO_2_____

Peak Flow _____mL pre tx / on arrival _____mL post tx / at disch

Pulse Ox ____% on RA / ____L O_2 Interp: nml / hypoxic Time:_____

Pulse Ox ____% on RA / ____L O_2 Interp: nml / hypoxic Time:_____

EKG

RHYTHM STRIP Rate:_____ Rhythm: NSR _____

EKG ☐ Interp. by me ☐ Viewed by me ☐ Discsd w/ cardiologist

__nml / NAD __nml intervals __nml axis __nml QRS __nml ST/T

Rate:_____ Rhythm: NSR sinus tach A-fib _____

not / changed from:_____ repeat EKG: unchanged / _____

PROGRESS - Continued

Time_____ unchanged improved re-examined

air movement: poor fair good

_____

__EGDT for sepsis considered_____

♦ **Severe Sepsis** - ≥ 18 y / <3 hrs / lactate / BC / antibiotic / IV bolus_____

<6 hrs / IV bolus / vasopressors / vol. status assess / focused exam or (2 below)

CVP / ScvO2 / US / dynamic assess. of fld response_____

♦ **A-Fib / A-Flutter** - ≥18 y / oral anticoagulant_____

♦ **Bronchitis** - 18y - 64y / No antibiotic_____

♦ **BP Screen** - ≥ 18 y / screening / follow-up documented_____

__measure exclusions: not eligible / refused / indicated / not indicated / contraindicated / prescribed / dispensed / not available____

♦ EKG time delay - reason_____

__Discussed with Dr._____ Time:_____

will see patient in: ED / hospital / office

Counseled patient / family regarding: lab / rad. results diagnosis need for follow-up

Additional history from: family caretaker paramedics

__Rx given_____

__Tobacco cessation: discussed: plan / trigger / challenges / gave Rx____

__Alcohol cessation: discussed: plan / risk / coping measures_____

CRIT CARE TIME (excluding separately billable procedures) _____ min

CLINICAL IMPRESSION

Initial visit unless marked: ☐ subsequent ☐ sequelae

Resp / ENT

Asthma / Reactive airway dz : acute exacerbation status asthmaticus : hx of: mild / mod / severe dz : intermittent persistent

ARDS

Bronchospasm, acute

♦ Bronchitis: acute RSV chronic: simple mucopurulent

Cold (Nasopharyngitis)

COPD: w/: exacerbation ♦ acute bronchitis

Influenza: H1N1 A / B _____

Pneumonia: interstitial atypical bronchopneumonia lobar aspiration viral: RSV influenza: A / B ___ bacterial: _____

Pneumothorax: R / L tension

Pulm edema: acute w/ CHF

Pulm embolism w/ cor pulmonale

Respiratory failure, acute: w/ hypoxia

Smoke inhalation

URI

Other

Acute MI: STEMI NSTEMI anterior inferior lateral post

Allergic reaction / anaphylaxis : due to: _____

Anxiety reaction / Panic attack

Arrhythmia:

- ♦ A-fib: paroxysmal chronic
- ♦ A-flutter: typical atypical PSVT

AV block: 1st 2nd 3rd

V tach V flutter torsades

_____

CHF: acute chronic : LVF RVF

DKA: w/: type I diabetes coma

GERD

Hyperventilation syndrome

♦ SIRS / Sepsis, severe w/: hypotension shock DIC alt. mental hypoxia resp. distress

Viral syndrome

Signs / Symptoms

Chest pain: precordial atypical

Chest wall pain

Cough

Fever

Hypoxemia

Shortness of breath

Wheezing

_____

DISPOSITION DECISION TIME-_____ ☐ home ☐ transfer_____

☐ admit __**POA** pressure ulcer / UTI (foley) _____

☐ Pneumonia Order Set used_____

CONDITION- ☐ unchanged ☐ improved ☐ stable_____

Care transferred to Dr_____ Time:_____

_____ MD / DO

☐ Template Complete ☐ See Addendum (Dictated / Template #_____)

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♦ Reportable Measure

For documentation purposes only:

PERC Rule:	Wells Criteria for PE	Pts
__ age < 50 yr	__clin signs/symptoms DVT	3
__ HR < 100	__PE most likely Dx	3
__ RA O2 sat > 94	__HR > 100	1.5
__no prior DVT / PE	__immobile ≥ 3d / surg < 4wk	1.5
__no recent surg/trauma	__prior DVT or PE	1.5
__no hemoptysis	__hemoptysis	1
__no hormone use	__cancer tx < 6 months	1
__no unilat leg swelling		____
(If initial clin susp low & all above true, low risk of PE)	Low: 0-2pt; Med: 3-6pt; High: >6pt	

CONTRAINDICATIONS FOR THROMBOLYTIC THERAPY

NOTE: *items below are for documentation purposes ONLY and are NOT to be used as a guide to therapy.*

ABSOLUTE CONTRAINDICATIONS: __none

__active internal bleeding
__ bleeding disorder
__ severe persistent hypertension
__ susp aortic dissection
__ susp pericarditis
__ allergy to streptokinase
__ major surgery prior 2 wk
__altered consciousness
__ head trauma prior 3 mo
__ hemorrhagic CVA
__ CVA previous 6 mo
__ CNS structural problem
__ neurosurgery prior 2 mo

RELATIVE CONTRAINDICATIONS __none

__ CPR > 10 min
__ active PUD
__ pregnancy
__ chronic uncontrolled hypertension
__ ischemic/embolic CVA>6 mo ago
__ sig trauma/surg 2wk-8wk ago
__ hemorrhagic eye condition

CARDIOVERSION

__Procedure discussed with Patient / Guardian and consent obtained.
__cardioverted at_____ J
__post cardioversion rate_____
__post cardioversion rhythm_____
__NSR __a-fib __a-flutter __V-tach __V-fib

CENTRAL LINE

estimated blood loss_____mL

central line placed ___-lumen ___-gauge *prep: chlorhexidine*
maximum sterile barrier technique *U/S assisted: sterile technique*
anesthesia- _____*mL local lidocaine /* _____
position- R / L subclavian internal jugular (post / ant / inf approach) femoral
secured good blood return position confirmed on CXR

INTUBATION

intubated with #_____ETT curved / straight blade nasal / oral
preoxygenated / premedicated _____
placement confirmed by: *auscultation CXR placement corrected*

CHEST TUBE

estimated blood loss_____mL

chest tube inserted (_____*French)* *Betadine prep*
anesthesia- _____*mL local lidocaine / bupivacaine /* _____
position- mid / anter / post axillary line _____ *interspace*
sutured in place position confirmed on CXR
return- air / blood _____ *connected to suction*

PROGRESS - Continued

*Time*_____ unchanged improved re-examined

_____ *MD / DO*

☐ Template Complete ☐See Addendum (Dictated / Template #_____)

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