

DATE: _____ TIME SEEN: _____ on arrival RM: _____ EMS Arrival
 TRANSFER FROM: _____ see transfer record
 TREATMENT PTA: by patient paramedics EDP PCP
 aspirin nitroglycerin O₂ lasix albuterol neb tx _____
 HISTORIAN: patient spouse paramedics _____
 ___HX / ___EXAM LIMITED BY: _____
 unable to obtain

HPI

chief complaint: chest pain / discomfort

onset / duration: _____ min / hrs / days ago

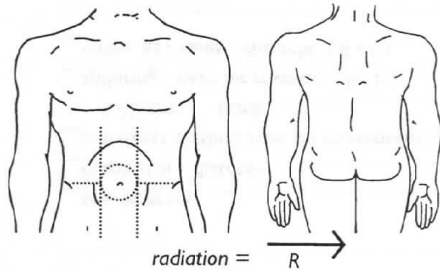
timing: sudden / gradual onset _____ constant "waxing & waning"
 still present better worse _____ intermittent episodes lasting _____
 gone now lasted _____ persistent / worse since _____

context: onset during: sleep rest emotional upset activity/exertion
 recent flight _____

severity: max- mild moderate severe (1/10) _____
 currently- mild moderate severe (1/10) _____ gone

quality:
 pressure
 tightness
 indigestion
 burning
 dull
 aching
 sharp
 stabbing
 like prior MI

location of pain:



radiation: ___none diagrammed above
 arm / shoulder / back / neck / jaw _____

associated symptoms:
 palpitations _____
 nausea / vomiting _____ cough blood / sputum _____
 sweating _____ weakness (R/L) _____
 shortness of breath _____ dizziness _____
 hurts to breathe _____

worsened by: ___nothing **relieved by:** ___nothing
 deep breaths exertion sitting up rest antacids
 movement change in position nitroglycerin O₂ aspirin

Similar symptoms previously angina _____

Recently seen / treated by doctor / hospitalized _____

ROS

CONST	recent illness / fever _____	EYES	problem with vision _____
	recent injury _____	ENT	sore throat _____
MS	neck / back pain _____	SKIN	rash _____
	calf pain (R/L) _____	ENDO	recent weight change _____
LYMPH	ankle swelling (R/L) _____	NEURO	fainting _____
GI	abdominal pain _____		headache _____
	black stools _____	PSYCH	anxiety / depression _____
GU	problems urinating _____		
	LNMP _____ preg post-menop _____		

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

• CVS / RESP / GI / NEURO components also addressed in HPI

PAST HX ___no chronic diseases *ACS risk factors

*cardiac disease Afib CAD CHF MI	CVA / TIA deficit (R/L) _____
*diabetes Type 1 Type 2	GI disease _____
diet / oral / insulin _____	GERD peptic ulcer GI bleed _____
*hypertension _____	gall stones hepatitis pancreatitis _____
*hyperlipidemia _____	immunocompromise _____
DVT / PE risk factors: cast cancer	HIV malignancy steroids transplant _____
recent surgery leg swelling bedridden	kidney disease / dialysis _____
paralysis prior DVT/PE _____	lung disease _____
TAD / AAA risk factors: _____	asthma COPD pneumothorax _____
pregnancy connective tissue dz _____	
Marfan's Ehlers-Danlos _____	
___old records reviewed / summary: _____	

Surgeries / Procedures ___none

cardiac bypass _____	cholecystectomy _____
cardiac cath / stent _____	appendectomy _____
pacemaker / ICD _____	hysterectomy _____
stress test _____	dental work recent _____
CT / MRI / ECHO _____	

Immunizations: influenza / pneumovax UTD / referred to PCP

Medications ___none see nurses note	Allergies ___NKDA
aspirin within 24 hrs coumadin clopidogrel	see nurses note _____
BCP's _____	

SOCIAL HX smoker ___ppd / never / past / quit: _____ ago
 tobacco: use / dependence _____ nicotine: use / dependence _____
 drugs _____ alcohol (recent / heavy / occasional) screening _____
 weight loss pills / supplements / anabolic steroids _____

FAMILY HX *CAD (under 55 / over 55) DVT/PE AAA/TAD

Circle positives, backslash negatives, check / normals

PHYSICAL EXAM

Nursing Assessment Reviewed Vitals Reviewed
 W/S BP _____ HR _____ RR _____ Temp _____

General Appearance

no acute distress _____
 alert _____
 anxious / lethargic _____

EENT

eyes nml inspection _____
 ENT nml inspection _____
 pharynx nml _____

NECK

nml inspection _____
 no carotid bruit _____

RESPIRATORY

no resp. distress _____
 chest non-tender _____
 nml breath sounds _____

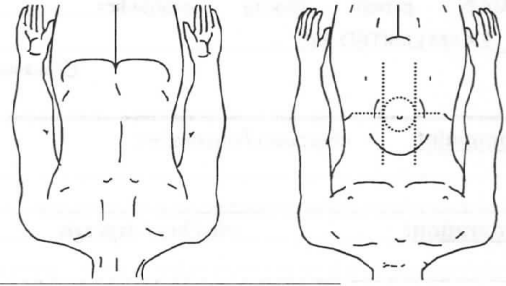
CVS

reg. rate & rhythm _____
 no murmur _____
 no gallop _____
 no friction rub _____
 pulses full / equal _____

G=Guarding R=Rebound T=Tenderness m=mild mod=moderate s=severe

ABDOMEN / GU

non-tender _____
 no organomegaly _____
 no distension _____
 tenderness / guarding / rebound : _____
 generalized RUQ LUQ RLQ LLQ _____
 abnml bowel sounds _____
 hepatomegaly / splenomegaly / mass _____
 bruit / pulsatile mass _____
 catheter present _____



irregularly irregular rhythm _____
 extrasystoles (occasional / frequent) _____
 tachycardia / bradycardia _____
 friction rub / Hamman's crunch _____
 murmur grade /6 sys / dias _____
 gallop (S3 / S4) _____
 decreased pulse(s) _____
 R/L radial fem dors ped _____
 bilateral BP's asymmetrical _____

R/L arm trunk _____
 splinting / decr air mvmt (R/L) _____
 wheezes / rales / rhonchi (R/L) _____
 oriented x4 _____
 CN's nml (2-12) _____
 motor nml _____
 sensation nml _____
 mood / affect nml _____

NEURO / PSYCH

no pedal edema _____
 nml ROM _____
 non-tender _____

EXTREMITIES

calf tenderness (R/L) _____
 Homan's sign (R/L) _____
 pedal edema (R/L) _____

SKIN

color nml, no rash _____
 warm, dry _____
 intact _____
 scleral icterus / pale conjunctivae _____
 EOM palsy (R/L) / anisocoria _____
 pharyngeal erythema _____
 abnml TM / hearing deficit (R/L) _____

RECTAL

non-tender _____
 heme neg stool _____
 tenderness _____
 black / bloody / heme pos. stool trace _____

PROGRESS

Time _____
 unchanged _____
 improved _____
 re-examined _____

XRAYS / CT

CT done: chest abdomen V/Q Scan
Interpretation: By me Viewed by me Discsd w/ radiologist
 ___ nml / NAD
 abnml: _____

CXR
Interpretation: By me Viewed by me Discsd w/ radiologist
 ___ nml / NAD ___ no infiltrates ___ nml heart size ___ nml mediastinum
 abnml: _____

Ultrasound: _____
Interpretation: By me By radiologist
 ___ nml / NAD
 abnml: _____

LABS

CBC normal except	Chemistries normal except	1 st Set CK	INR D-Dimer
WBC	Na	CKMB	BNP
Hgb	K	Troponin	Cultures sent
Hct	CO2		blood x
Platelets	Gluc	2 nd Set	sputum
segs	BUN	CK	
bands	Creat	CKMB	UA
		Troponin	normal except
		PT/PTT	

ABG time: ___ RA / ___ L O₂ pH ___ pCO₂ ___ pO₂ ___
Pulse Ox ___ % on RA / ___ L O₂ *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

◆ **Bronchitis** - 18y - 64y / No antibiotic _____
 ◆ **BP Screen** - ≥ 18 y / screening / follow-up documented _____
 ___ measure exclusions: not eligible / not indicated / contraindicated / prescribed / dispensed _____
 ___ TPA given / held reason for hold or delay _____
 ___ **Aspirin:** given / held Reason for hold _____
 ___ Discussed with Dr. _____ Time: _____
 will see patient in: ED / hospital / office _____

 COUNSELED PATIENT / FAMILY REGARDING: _____ Additional history from:
 lab / rad. results diagnosis need for follow-up 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
 Initial visit unless marked:
 subsequent sequelae

CLINICAL IMPRESSION

<p>CV Acute MI: STEMI NSTEMI anterior inferior lateral post Angina: stable unstable Aortic dissection: thoracic abd Aortic aneurysm: thoracic abd : w/ rupture CHF: acute chronic : LVF RVF systolic diastolic Ischemic chest pain Pericarditis, acute: viral idiopathic</p> <p>GI Biliary colic: w/ gallstones Cholecystitis: acute chronic w/ gallstones obstruction Esophageal obstruction w/ food Esophageal perforation Esophageal spasm Gastritis: acute chronic : w/ bleeding alcoholic GERD w/ esophagitis Pancreatitis: acute chronic : idiopathic biliary alcoholic Peptic ulcer dz: acute chronic : w/ perforation hemorrhage</p>	<p>Pulmonary Bronchospasm, acute ◆ Bronchitis: acute viral RSV chronic mucopurulent Influenza: H1N1 A/B _____ Pleurisy w/ effusion Pneumonia: interstitial atypical bronchopneumonia lobar aspiration viral: RSV influenza: A/B _____ bacterial: _____ Pneumomediastinum Pneumothorax: R / L tension Pulm edema: acute w/ CHF Pulm embolism w/ cor pulmonale URI</p> <p>Other Costochondritis Herpes zoster (shingles) Mastitis w/ lactation w/ preg: 1st 2nd 3rd trimester Muscle strain, ant chest wall Viral syndrome</p> <p>Signs / Symptoms Arm pain: R / L Chest pain: precordial atypical Chest wall pain Fever Hypoxemia Shortness of breath</p>
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DISPOSITION DECISION TIME- _____ home transfer _____
 admit ___ POA pressure ulcer / UTI (foley) _____
CONDITION- unchanged improved stable _____
 Care transferred to Dr: _____ Time: _____
 _____ MD / DO
 Template Complete See Addendum (Dictated / Template # _____)

Circle (positives), backslash negatives, check / normals

Template Complete See Addendum (Dictated / Template #) MD / DO

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

CARDIOVERSION

Procedure discussed with Patient / Guardian and consent obtained.

cardioverted at _____

post cardioversion rate _____

post cardioversion rhythm _____

NSR _____ a-fib _____ a-flutter _____ V-tach _____ V-fib _____

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:

active internal bleeding _____

bleeding disorder _____

head trauma prior 3 mo _____

severe persistent hypertension _____

susp aortic dissection _____

susp pericarditis _____

allergy to streptokinase _____

major surgery prior 2 wk _____

RELATIVE CONTRAINDICATIONS

CPR > 10 min _____

ischemic/embolic CVA > 6 mo ago _____

active PUD _____

sig trauma/surg 2wk-8wk ago _____

hemorrhagic eye condition _____

pregnancy _____

chronic uncontrolled hypertension _____

ALTERED CONSCIOUSNESS

altered consciousness _____

head trauma prior 3 mo _____

hemorrhagic CVA _____

CVA previous 6 mo _____

CNS structural problem _____

neurosurgery prior 2 mo _____

PROGRESS - Continued

Time _____

unchanged _____

improved _____

re-examined _____

INTUBATION

intubated with # _____ ETT _____

curved / straight blade nasal / oral

preoxygenated / premedicated _____

placement confirmed by: auscultation CXR placement corrected _____

PERC Rule:	Wells Criteria for PE
age < 50 yr	clin signs/symptoms DVT
HR < 100	PE most likely Dx
RA O2 sat > 94	HR > 100
no prior DVT / PE	immobile ≥ 3d / surg < 4wk
no recent surg/trauma	prior DVT or PE
no hemoptysis	hemoptysis
no unilateral leg swelling	cancer tx < 6 months
(if initial clin susp low & all above true, low risk of PE)	