

DATE: _____ TIME SEEN: _____ on arrival RM: _____ EMS Arrival
 TRANSFER FROM: _____ see transfer record
 HISTORIAN: patient spouse paramedics _____
 ___ HX / ___ EXAM LIMITED BY: _____
 unable to obtain

HPI

chief complaint: palpitations heart racing chest discomfort
 fainting near-fainting

onset / duration: _____ min / hrs / days ago

timing:
 sudden-onset _____ constant occurs sporadically
 still present better gone _____ intermittent episodes lasting
 lasted _____ worsening / persistent since
 resolved on arrival in ED

context:
 onset during: emotional upset sleep _____
 hx of caffeine / decongestant cocaine / amphetamine abuse _____
 hx of arrhythmia VT / SVT / A-Fib / WPW _____

quality:
 fast / pounding heart beat _____ fainting / near fainting
 slow heart rate _____ dizziness / weakness
 irregular / missing beats _____

associated symptoms:
 fever / chills _____ light-headedness _____
 sweating _____ anxiety _____
 chest pain / discomfort _____ tingling (R / L) hands / face _____
 LOCATION: mid-chest precordial muscle spasms (R / L) hands / feet
 hurts to breathe _____
 shortness of breath _____

worsened by: nothing
 change in position exertion

Similar symptoms previously

Recently seen / treated by doctor / hospitalized

ROS

CONST
 recent illness _____ MS
 calf / leg pain (R / L) _____
LYMPH
 ankle swelling (R / L) _____
RESP
 cough bloody / productive _____ SKIN
 rash _____
GI
 nausea / vomiting blood _____ EYES
 problems with vision _____
 black stools _____
 abdominal pain _____ ENT
 sore throat _____
 diarrhea _____
NEURO
 headache _____
GU
 problems urinating _____ PSYCH
 depression _____
 LNMP _____ preg post-menop

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

cardiac disease: Afib CAD CHF MI anxiety / panic disorder
 valvular dz mitral prolapse asthma / COPD
 PSVT PVCs PACs WPW CVA / TIA deficit (R / L)
 Ventricular Tachycardia hepatitis / HIV
 diabetes Type 1 Type 2 DVT / PE
 diet / oral / insulin hyperlipidemia
 hypertension peptic ulcer
 thyroid disease

___old records reviewed / summary:

Surgeries / Procedures ___none

angioplasty _____ appendectomy _____
 cardiac bypass / stent _____ cholecystectomy _____
 pacemaker _____ hysterectomy / C-section _____
 CT / MRI / ECHO _____ tonsillectomy _____

Immunizations: UTD / referred to PCP

Medications ___none see nurses note
 aspirin within 24 hrs coumadin clopidogrel
 NSAID
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 CAD sudden death PE/DVT

XRAYS

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

LABS

CBC normal except WBC _____ Hgb _____ Hct _____ Platelets _____ segs _____ bands _____	Chemistries normal except Na _____ K _____ CO2 _____ Gluc _____ BUN _____ Creat _____	CK _____ CKMB _____ Index= _____ Troponin _____ D-Dimer _____ Digoxin _____ PT/PTT _____ INR _____	UA normal except WBC _____ RBC _____ bacteria _____ dip: _____
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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 / _____

TREATMENT

___ Maneuvers valsalva / carotid massage
 ___ IV Medications diltiazem _____ verapamil _____
 adenocard _____ amiodarone _____
 ___ Cardioversion sync _____ joules repeat sync _____ joules

PROGRESS - Continued

Time _____ unchanged improved re-examined

◆ **A-Fib / A-Flutter** - > 18 y / oral anticoagulant
 ◆ **BP Screen** - ≥ 18 y / screening / follow-up documented
 ___ measure exclusions: not eligible / refused / not indicated / contraindicated
 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

CVS Acute MI: STEMI NSTEMI anterior inferior lateral post Arrhythmia: PACs PJCs PVCs sinus brady sinus tachy sick sinus syndrome sinoatrial pauses ◆ A-fib: paroxysmal chronic ◆ A-flutter: typical atypical PSVT AV block: 1 st 2 nd 3 rd nodal rhythm idioventricular V tach V flutter torsades CHF: acute chronic : LVF RVF systolic diastolic ◆ Hypertension: uncontrolled malignant Mitral valve prolapse	Pre-excitation syndrome: WPW LGL Prolonged QT syndrome Other Anxiety reaction / Panic attack Caffeine - adverse reaction Hyperthyroidism: w/: goiter nodule: 1 > 1 : w/: crisis storm Hyperventilation syndrome Pulm embolism w/ cor pulmonale Viral syndrome Signs / Symptoms Chest pain: precordial atypical chest wall pleuritic Palpitations
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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**

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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 _____ J

post cardioversion rate _____

post cardioversion rhythm _____

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

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 _____

ABSOLUTE CONTRAINDICATIONS:

active internal bleeding _____

bleeding disorder _____

head trauma prior 3 mo _____

hemorrhagic CVA _____

severe persistent hypertension _____

susp aortic dissection _____

CVA previous 6 mo _____

CNS structural problem _____

neurosurgery prior 2 mo _____

major surgery prior 2 wk _____

CONTRAINDICATIONS FOR THROMBOLYTIC THERAPY

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

PERC Rule:

age < 50 yr _____

HR < 100 _____

RA O2 sat > 94 _____

no prior DVT / PE _____

no recent surg/trauma _____

no hemoptysis _____

no unilateral leg swelling _____

(if initial clin susp low & all above true, low risk of PE)

Wells Criteria for PE

pts _____

clin signs/symptoms DVT 3

PE most likely Dx 3

HR > 100 1.5

immobility ≥ 3d / surg < 4wk 1.5

prior DVT or PE 1.5

hemoptysis 1

cancer tx < 6 months 1

Low: 0-2pts; Med: 3-6pts; High: >6pts

For documentation purposes only:

INTUBATION

intubated with # _____ ETT curved / straight blade nasal / oral

preoxygenated / premedicated _____

placement confirmed by: auscultation CXR placement corrected _____

Ultrasound: heart / pericardium abdomen _____

Interpretation: By me By radiologist

_____ nml / NAD

_____ abnml:

PROGRESS - Continued

Time _____

unchanged _____

improved _____

re-examined _____