

**PMH:** Systemic: HTN DM Cancer HIV Thyroid Anemia High lipids Neuro: CVA Seizures  
Heart: MI Angina CHF CAD AFib Lungs: COPD Asthma GI: PUD GERD Liver  
GU: Kidney dz Stones MS: Arthritis Psych: Depression Anxiety Schizophrenia None  
Operations: Appendectomy Cholecystectomy PTCA CABG \_\_\_\_\_ None  
Other \_\_\_\_\_

**FH:** No significant FHx **SH:** Smoke: Current Past Second-hand Never  
HTN DM Cancer Stroke ETOH: Social Abuse Alcoholic None  
Heart Lung Liver Kidney Illicit drugs: \_\_\_\_\_ None  
Aneurysm Coagulopathy Lives with: Mom Dad Spouse Family SO Alone  
Sudden death \_\_\_\_\_ Lives in: Home Assisted care Homeless Nursing H  
Single Married Divorced Separated Widowed

Medications:  Reviewed NN \_\_\_\_\_

Allergies:  Reviewed NN \_\_\_\_\_

**CC: CHEST PAIN** Time seen 08:42 PCP Sakowski

**HPI:** Nurses Notes: Reviewed  
**Source:** Patient Family Friend Guardian Nursing home Paramedic Police Interpreter  
**Mode of arrival:** Walk in Wheelchair Friends Attendant Ambulance Helicopter Police  
**Timing:** Onset 07:30 a.m. p.m. or Minutes Hours Days Weeks Months ago  
Came on: Suddenly Gradually On awakening Pain: Present now Resolved  
**Duration:** Since onset Intermittent or \_\_\_\_\_ Seconds Minutes Hours Days  
**Location:** Substernal R L chest  
Radiation to: Abdomen Back Neck Jaw R L: Shoulder Arm Hand None

**Context:**  
Onset: At rest With light exertion With heavy exertion While asleep  
History of: Similar pain in past (diagnosis): Heart attack None  
MI Angina Angioplasty None of the preceding  
Viagra (or similar) Aspirin Neither in last 24 hours  
Cardiac risk factors: Known CAD Smoker FHx Hyperlipidemia HTN Diabetes Cocaine None  
PE risk factors: Age > 50 Cancer Central cath Coagulopathy Hemoptysis Hormone use Obesity  
Immobilization Pregnancy Prior DVT/PE Recent trauma/surgery Unilateral leg swelling None  
Thoracic Aneurysm/Dissection risk factors: Aortic disease/aneurysm Aortic valve disease FHx  
HTN Connective tissue dz (Marfan's) Pregnancy Turner's syndrome \_\_\_\_\_ None  
Prehospital care: O2 IV Monitor SL NTG ASA \_\_\_\_\_ None  
**Quality:** Sharp Stabbing Squeezing Pressure-like Heavy Crushing Burning Aching  
**Severity:** Mild Moderate Severe or 7 /10  
**Modifying factors:** Worsens: Exertion Coughing Breathing Movement Position Nothing  
Improves: NTG Rest Position Nothing

**Associated signs and symptoms:** None  
SOB Palpitations Diaphoresis Cough Fever Hemoptysis Calf pain or swelling  
Abdominal pain N/V Chest rash  
**Other history:**

**PE:** T \_\_\_\_\_ P \_\_\_\_\_ BPL \_\_\_\_\_ BPR \_\_\_\_\_ RR \_\_\_\_\_ O2 Sat \_\_\_\_\_  Reviewed on NN

**Constitutional:** Alert Ill-appearing Distress: None Mild Moderate Severe  
**Neck:** JVD \_\_\_\_\_ normal  
**Eyes:** Pale conjunctiva Xanthelasma \_\_\_\_\_ normal  
**ENT:** Pallor Cyanosis \_\_\_\_\_ normal  
**Respiratory:** R L Bil Generalized Superior Inferior Breath sounds: Diminished \_\_\_\_\_ normal  
R L Bil Generalized Superior Inferior Wheezes Rales Rhonchi \_\_\_\_\_ normal  
**CV:** Tachycardia Bradycardia Irregular S3 S4 \_\_\_\_\_/VI Rub Sys Dia Murmur \_\_\_\_\_ normal  
Carotid arteries: Bruits \_\_\_\_\_ normal  
Pulse: R L Bil Radial Femoral: Absent Weak Unequal \_\_\_\_\_ normal  
Edema: 1 2 3 4 plus R L Bil Upper Lower extremity \_\_\_\_\_ normal  
**Chest:** Palpation: Tender Reproduces the pain \_\_\_\_\_ normal  
**GI:** Palpation: Liver: Enlarged Spleen: Enlarged Mass: Pulsatile \_\_\_\_\_ normal  
Tenderness: Diffuse RUQ RLQ LUQ LLQ Epigastric Periumbilical Suprapubic  
Mild Moderate Severe Rebound Guarding Rigidity \_\_\_\_\_ normal  
**Rectal:** Blood Fissure Hemorrhoids Impaction Mass \_\_\_\_\_ normal  
Guaic: Positive Negative Controls reacted appropriately  
**Extremities:** Clubbing Cyanosis Calf tenderness \_\_\_\_\_ normal  
**Skin:** Vesicles Crusting Dermatitic \_\_\_\_\_ normal  
**Neurologic:** Oriented to: Time Person Place Unable to test  
Motor: R L Bil deficit Sensory: R L Bil deficit Unable to test normal  
(see next page)

**Review of Systems**

Level 1=0 Level 2, 3=1 Level 4=2-9 Level 5=10+

**CONSTITUTIONAL:** Fever Chills Weakness  
Sweats Fatigue Loss of appetite None

**EYES:** Blurred vision Double vision Discharge  
Itching Pain Redness Photophobia None

**ENT:**  
Ears: Pain Bleeding Drainage Ringing  
Hearing loss None  
Nose: Bleeding Congestion Discharge None  
Throat: Pain Swelling Voice change None  
Mouth: Bleeding Pain Swelling None

**RESPIRATORY:** Cough SOB Wheeze  
Hemoptysis Pain with breathing None

**CV:** Chest pain Left arm pain Diaphoresis  
DOE PND Orthopnea Edema  
Palpitations Dizzy spells Syncope None

**GI:** Abdominal pain Nausea Vomiting Diarrhea  
Melena Hematemesis Hematochezia  
Dysphagia Constipation Rectal pain None

**GU:** Dysuria Hematuria Frequency Incontinence  
Flank pain None  
Male: Discharge Penile sore  
Testicle: Pain Swelling None  
Female: Vaginal discharge Abnormal bleeding  
Pelvic pain Dyspareunia Pregnant None

**NEUROLOGICAL:** Headache Dizziness Seizure  
R L Numbness Weakness Speech problem  
Problems walking Tremor Fainting None

**MUSCULOSKELETAL:** Pain or swelling in:  
R L Neck Chest wall Rib(s) Back Shoulder  
Arm Elbow Forearm Wrist Hand Pelvis  
Hip Leg Knee Ankle Foot None

**INTEGUMENTARY:** Rash Itching Lacerations  
Wounds Bruises None

**ALLERGIC/IMMUNOLOGIC:** Hives Itching  
Frequent infections Difficulty healing None

**HEMATOLOGIC:** Easy bruising Easy bleeding  
Swollen glands None

**ENDOCRINE:** Weight: Gain Loss \_\_\_\_\_ lb  
Intolerance to: Cold Heat None  
Excessive: Thirst Hunger Urination None

**PSYCHIATRIC:** Depression Anxiety Sleepless  
Hopeless Suicidal Hallucinations None

**ALL OTHERS REVIEWED & NEGATIVE** JMS

**UNABLE TO OBTAIN COMPLETE  
HPI, PMH, FH, SH, or ROS DUE TO:**

Altered mental status Dementia Medical urgency  
Intubated Other \_\_\_\_\_

Psychiatric: Anxiety Depression Agitation \_\_\_\_\_ normal  
 Other exam:

**MEDICAL DECISION MAKING**

1. Additional information obtained from:  
 Old records EMS Family Caretaker PCP \_\_\_\_\_ (findings):

2. Differential Diagnosis: Considerations may include:

- |                   |                         |                       |                   |
|-------------------|-------------------------|-----------------------|-------------------|
| Angina            | Cholelithiasis          | Mitral Valve Prolapse | Pleuritis         |
| Aortic dissection | Costochondritis         | Myocardial infarction | Pneumonia         |
| Boerhaave Syn.    | Esophageal reflux/spasm | Pancreatitis          | Pneumothorax      |
| Chest wall pain   | Gastritis               | Pericarditis          | Pulmonary embolus |
| CHF               | Herpes zoster           | Pericardial effusion  |                   |

3. Diagnostic Considerations (ACEP Clinical Policy-January 2000, July 2001, February 2003)  
 a. Bil lower ext. venous Duplex US and D-Dimer test are suggested in pts with non-diagnostic V/Q scan  
 b. A negative D-Dimer result suggests negative for PE only in a low risk patient  
 c. Serial lower ext. venous Duplex US is suggested if initial US is negative and pt. is at high risk for PE  
 d. A normal V/Q scan excludes clinically significant PE  
 e. Thin collimation spiral CT scan of the thorax with 1-2 mm image reconstruction and delayed contrast may be used as an alternative to a V/Q scan  
 f. For suspected Acute Coronary Syndrome, see MANAGEMENT OF ACS, next page  
 g. For Community-Acquired Pneumonia, see PREDICTION RULE SCORING SYSTEM, next page

4. Notes/Course:

Aspirin Beta Blockers Nitroglycerin Morphine Heparin: IV SQ \_\_\_\_\_ given

Reevaluation: 1<sup>st</sup> 09:10 Resolved Worsened Improved Unchanged  
 2<sup>nd</sup> \_\_\_\_\_: Resolved Worsened Improved Unchanged

Consultation: PCP Cardiology Other \_\_\_\_\_  
 Called: 09:30 a.m. p.m. Call returned: 09:35 a.m. p.m.  
 Findings: See consult or Summary: Admit

Patient Family Education Counseling regarding:  
 Diagnosis Treatment Prognosis Need for follow-up \_\_\_\_\_

**PROCEDURES** (Unless otherwise indicated, all procedures were done or directly supervised by ED attending)

- Risks, benefits, and alternatives (for applicable procedures below) described. Informed consent obtained: YES NO
- Intubation by: OT NT approach. Placement confirmed by: Exam EDD ETCO2 CXR
  - Cardioversion performed under my order and direction.  
 Resultant rhythm: NSR SVT ST SB A fib A flutter \_\_\_\_\_
  - IV Thrombolysis initiated under my order and direction
  - Critical Care time \_\_\_\_\_ minutes (Time spent performing separately billable procedures is excluded)
  - See procedure note on attached page for additional procedures

**IMPRESSION**

*Chest pain, suspect ACS*

**DISCHARGE INSTRUCTIONS**

1. Discharge instruction sheet

Disposition: Home Admit Transfer to: \_\_\_\_\_ Condition: Good Fair Poor Stable

Return to the ED if \_\_\_\_\_

Follow-up with Dr \_\_\_\_\_ PRN / in \_\_\_\_\_ days if not improved/resolved or earlier if worsening

Time of Order	ORDERS	INI	TIME
08:50	Old Records		
"	O2: 4l per NC		
"	IV: Saline lock		
"	Pulse oximetry: Spot Continuous		
"	EKG Monitor		
"	CXR: Portable PA/LAT		
<b>Labs (circle):</b> Accucheck ABG			
CBC with diff Hgb/Hct PT PTT INR			
Panels: BMP CMP Cardiac Hepatic Trauma			
CK CK MB Troponin I Lipase Amylase			
Blood culture x1 x2 T & S T & C _____ units			
HCG: Qual Quant Urine Wet prep GC/Chla			
UA: Cath Clean catch Urine culture Urine preg			
08:50	Aspirin mg		
"	NTG SL IV 5 mcg/m		
	Sputum C & S		
	VQ scan / Venous Duplex US		
	Spiral CT: Chest		

**REVIEW of RESULTS**

Report of: CBC Chem ABG UA reviewed and normal except:

WBC _____	NA _____	FIO2 _____
HBG _____	K _____	pH _____
HCT _____	CL _____	pCO2 _____
PLT _____	CO2 _____	pO2 _____
Segs _____	Glu _____	HCO3 _____
Bands _____	BUN _____	
Lymph _____	Cr _____	O2 Sat _____
Mono _____	Ca _____	

**URINALYSIS** MICRO

SpG _____	Ketones _____	WBC _____
pH _____	Blood _____	RBC _____
Prot _____	Nitrite _____	EPI _____
Glu _____	Leuk _____	Bact _____

**OTHER**

XR Interpreted by: Radiologist Self Both

CXR: No acute disease

EKG Interpreted by: Cardiologist Self Both

NSR 2 mm ST seg depression II, III, aVF

Rhythm strip interpretation: Rate 52 Ectopy: Y N  
 NSR SB ST PAC'S AF PSVT MAT PVC's VT VF

**PREDICTION RULE SCORING SYSTEM<sup>1,2</sup>**  
**Community-Acquired Pneumonia**

**MANAGEMENT OF ACS**

\* If a patient is younger than 51 years and has no coexisting illnesses or no abnormal physical examination findings (as indicated below), then risk class = 1.

OTHERWISE, circle the following characteristics and add up the score to determine the risk class.

Patient characteristics	Points
Age	
Men	_____ Age (years)
Women	_____ Age (years - 10)
Nursing home resident	+ 10
Coexisting illnesses	
Neoplastic disease	+ 30
Liver disease	+ 20
Congestive heart failure	+ 10
Cerebrovascular disease	+ 10
Renal disease	+ 10
Physical examination findings	
Altered mental status	+ 20
Respiratory rate $\geq$ 30 breaths/min	+ 20
Systolic blood pressure < 90 mm Hg	+ 20
Temperature < 35°C (95°F) or $\geq$ 40°C (104°F)	+ 15
Pulse $\geq$ 125 beats/min	+ 10
Laboratory and radiographic findings (if study performed)	
Arterial pH < 7.35	+ 35
Blood urea nitrogen $\geq$ 30 mg/dl	+ 20
Sodium < 130 mmol/L	+ 20
Glucose > 250 mg/dL	+ 10
Hematocrit < 30%	+ 10
Partial pressure of arterial O <sub>2</sub> < 60 mm Hg or O <sub>2</sub> sat < 90%	+ 10
Bilateral pleural effusions	+ 10
<b>Total points =</b>	<input type="text"/>
Age + sex correction + sum of above circled points	

1. When an initial nondiagnostic EKG is obtained in a patient who presents with symptoms consistent with ongoing or recurrent ischemic chest pain or AMI, serial EKG's are recommended.
2. EKG eligibility criteria for thrombolytic therapy in a patient with the clinical presentation suggestive of AMI presenting within 12 hours of symptom onset include:
  - a. ST segment elevations greater than 0.1 mV in 2 or more contiguous leads that are not characteristic of early repolarization, pericarditis, or of the repolarization abnormality from LVH or BBB.
  - b. Any type of old or new BBB (right, left, paced, or atypical) in a patient with a clinical presentation suggestive of AMI.
3. Thrombolytic therapy absolute contraindications include:
  - a. Previous hemorrhagic stroke at any time.
  - b. CVA in the past year.
  - c. Known intracranial neoplasm.
  - d. Active internal bleeding (excluding menses).
  - e. Suspected aortic dissection or pericarditis.
  - f. Uncontrolled hypertension (> 180/100 mm Hg).

**PSI SEVERITY INDEX WITH POINT TOTAL AND SUGGESTED THERAPY**

Class	Points	Mortality	Suggested Therapy
Class I*	< 51	0.1%	Oral antibiotics at home
Class II	51-70	0.6%	Oral antibiotics at home- If vomiting/unreliable, then short stay
Class III	71-90	0.9%	Oral antibiotics at home- If vomiting/unreliable, then short stay
Class IV	91-130	9.5%	Inpatient stay + IV antibiotics
Class V	> 130	26.7%	Inpatient stay (ICU?) + IV antibiotics

<sup>1</sup> Do not use the Prediction Rule Scoring System as the sole indicator of admission. It is not meant to replace clinical judgment.

<sup>2</sup> Pneumonia Patient Outcomes Research Team. Final report: Community-acquired Pneumonia. Rockville, MD: Agency for Health Care Policy and Research, Pub No. 97-N009, 1997.