California Correctional Health Care Services

Encounter Form: Chest Pain

Institution: _____

Name:_____ CDC#_____ DOB_____ Date/Time _____

Fill in the blanks and check all that apply

SUBJECTIVE:

Chief Complaint: _____

Date and time of onset: _____

Activity at onset: ❑ Rest ❑ Exertion ❑ Sleep

❑ Other: _____

Location of pain: _____

Pain: Scale of 0-10 (0=no pain 10=worst pain) _____

Quality of pain: ❑ indigestion ❑ sharp ❑ dull

❑ crushing ❑ sensation of burning ❑ tightness

❑ pressure or heaviness in the chest

Radiation of the pain: ❑ epigastrium ❑ back

❑ neck/jaw ❑ upper extremities ❑ other

What makes the pain better: ❑ activity ❑ position

❑ eating ❑ antacids ❑ other

What makes the pain worse: ❑ activity

❑ breathing ❑ palpation ❑ position ❑ other

Accompanying symptoms: ❑ dyspnea ❑ nausea

❑ vomiting ❑ diaphoresis ❑ syncope

❑ palpitations ❑ cough

Past medical history including, but not limited to:

❑ previous MI ❑ angina ❑ congestive heart failure ❑ hypertension ❑ diabetes ❑ stroke

❑ chronic obstructive pulmonary disease

❑ trauma to chest ❑ leg cramps ❑ pacemaker

❑ peripheral vascular disease ❑ hyperlipidemia

❑ thrombophlebitis ❑ pulmonary emboli

❑ recent travel greater than 4 hours ❑ family history of heart disease

History of smoking: ❑ no ❑ yes

Recent illicit drug use: ❑ no ❑ yes

❑ cocaine ❑ methamphetamines ❑ heroin

Allergies: _____

Current medication: _____

_____

OBJECTIVE:

❑ Vital signs and weight _____

Time	BP	Pulse	Resp.	O2 Sat.	Peak flow

Assess:

❑ Appearance of anxiety or fright

❑ Pallor

❑ Diaphoresis

❑ Cyanosis

❑ Neck vein distention

❑ Tracheal deviation.

❑ Ventilatory effort: ❑ difficulty breathing

❑ respiratory distress ❑ retractions

❑ Chest wall tenderness

Percuss for: ❑ dullness ❑ hyperresonance

❑ asymmetry

Lungs Sounds

Upper Right	Upper Left
❑ Clear	❑ Clear
❑ Wheezes	❑ Wheezes
❑ Crackles	❑ Crackles
❑ Diminished	❑ Diminished
Lower Right	**Lower Left**
❑ Clear	❑ Clear
❑ Wheezes	❑ Wheezes
❑ Crackles	❑ Crackles
❑ Diminished	❑ Diminished

Inspect and palpate lower extremities for:

❑ swelling ❑ calf tenderness

Assess bilateral radial pulses and note intensity and quality:

Time	Radial Pulse (specify extremity)	Intensity	Quality

ASSESSMENT:

❑ Pain evidenced by/related to:

_____

❑ Alteration in tissue perfusion, cardiac, related to/evidenced by:_____

❑ Other: _____

PLAN:

MD referral completed: (circle) NO / YES If yes:

❑ **STAT** (Acute Coronary Syndrome; gastric reflux if over 35 Y.O, hx of HTN, dyslipedemia, CV disease, diabetes or hx of heart disease; sharp pleuritic chest pain)

❑ Urgent ❑ Routine

Physician called (name / time) _____

Physician responded (time) _____

❑ Orders received by phone from POC.

_____

Signature / Title

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Acute Coronary Syndrome (ACS)

- ❑ Notify physician **STAT**.
- ❑ Place patient in position of comfort.
- ❑ O2 given via _____to maintain 02 Sat ≥ 92%. (Time started) _____
- ❑ Monitor cardiac rate and rhythm via cardiac monitor or EKG.
- ❑ Chewable Aspirin 325 mg X 1 unless patient is allergic to aspirin or actively bleeding.
- ❑ Nitroglycerin 0.3mg or 0.4mg sublingually (may repeat every 5 minutes X 3 if patient can tolerate).
- ❑ Start IV with large bore needle (16-18 gauge) and infuse Sodium Chloride Intravenous Solution (0.9%) at TKO. IV Site: location: _____ Time: _____ Needle: _____
- ❑ Monitor level of consciousness, vital signs, cardiac rate and rhythm, and oxygen saturation every 5 minutes.
- ❑ Prepare to transfer patient to outside facility or admit to a facility capable of providing a higher level of care if indicated.
- ❑ Fax a copy of the relevant progress notes, physician orders, and emergency care flow sheet to the receiving facility.

Gastroesophageal Reflux Disease

- ❑ Refer the patient to physician **STAT** if the patient is older than 35 years of age, has a history of hypertension, dyslipidemia, cardiovascular disease, diabetes, or strong family history of heart disease.
- ❑ If patient is 35 or under, with none of the above risk factors, and vital signs are within normal limits:
  - ❑ Aluminum/Magnesium hydroxide with Simethecone 2 chewable tab chewable tablets, after meals, at hour of sleep, and PRN.
  - ❑ Refer the patient to the next MD sick call for evaluation.

Pleuritic chest pain:

- ❑ Pleuritic chest pain accompanied by fever, chills, cough, dyspnea on exertion, tachycardia, diminished breath sounds, crackles and / or wheezes, absent or diminished breath sounds, or tracheal deviation.
  - ❑ Notify physician **STAT**.
  - ❑ O2 given via _____to maintain 02 Sat ≥ 90%. (Time started) _____
  - ❑ Start IV with large bore needle (16-18 gauge) and infuse Sodium Chloride Intravenous Solution (0.9%) at TKO. IV Site: location: _____ Time: _____ Needle: _____
  - ❑ Monitor and record vital signs and oxygen saturation every 15 minutes.
  - ❑ Prepare to transfer patient to outside facility or admit to a facility capable of providing a higher level of care if indicated.
  - ❑ Fax a copy of the relevant progress notes, physician orders, and emergency care flow sheet to the receiving facility.
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Chest wall pain:

- ❑ For patients with chest wall tenderness whose symptoms can be entirely reproduced by applying pressure directly to the chest wall, who are not dyspneic, and have normal vital signs:
  - ❑ Ibuprofen 200 mg. 3 tabs P.O. QID PRN pain while symptoms persist; not to exceed 6 tabs in 24 hours **or**
  - ❑ Naproxen 220 mg x 2 tabs P.O. 1st hour; I tab Q8-12 hrs PRN pain while symptoms persist; not to exceed 3 tabs in 24 hours.
  - ❑ Alternating ice or heat to chest wall for 15 minutes QID PRN.
  - ❑ No heavy lifting.
  - ❑ Follow-up with a physician in one week or sooner if symptoms persist.

Musculoskeletal strain or spasm

- ❑ Light duty, no heavy lifting or strenuous exercise.
- ❑ Ibuprofen 200 mg 3 tabs P.O. QID PRN X 7 days; or
- ❑ Naproxen 220 mg x 2 tabs P.O. BID PRN X 7 days or
- ❑ ASA 325mg., 2 tablets P.O. BID X 7 days or
- ❑ Acetaminophen 650 mg, P.O. QID PRN X 7 days.
- ❑ Refer to next MD sick call for evaluation.

All other complaints of chest discomfort: Refer patient to a physician on a STAT or Urgent basis as appropriate.

_____

Signature / Title

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EDUCATION:

- ❑ Assess patient's potential for understanding the health information to be provided.
- ❑ Provide patient education consistent with the assessment of the condition.
- ❑ Document the education provided and the patient's level of understanding on the emergency care flow sheet.
- ❑ Refer patient to other resources as needed. Document all referrals on the emergency care flow sheet.
- ❑ Advise patient to utilize urgent/emergent process to access medical care if symptoms recur.

DISPOSITION:

Time released: _____

❑ Condition on discharge_____

❑ Returned to housing unit

❑ Housing reassignment to: _____

❑ Referred for follow-up

❑ Physician clinic ❑ RN clinic

❑ Referred to higher level of care:(specify)_____

_____

Person/time contacted: _____

Time/Mode of transfer: _____

Ambulance contacted (time)

_____

Ambulance arrived at TTA (time)

_____

Name of RN Protocol used: _____

_____

Additional Comments:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature / Title

1. Disability Code:	2. Accommodation:	3. Effective Communication:
☐ TABE score ≤ 4.0	☐ Additional time	☐ P/I asked questions
☐ DPH ☐ DPV ☐ LD	☐ Equipment ☐ SLI	☐ P/I summed information
☐ DPS ☐ DNH	☐ Louder ☐ Slower	**Please check one:**
☐ DNS ☐ DDP	☐ Basic ☐ Transcribe	☐ Not reached* ☐ Reached
☐ Not Applicable	☐ Other*	*See chrono/notes

4. Comments: _____