California Correctional Health Care Services

Encounter Form: Chest Pain

Institution: ______________

Name:________________________________ CDCR#_________ 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 medications: ______________________________

____

OBJECTIVE:

❑ Vital signs and weight: ______________________

Time	BP	Pulse	Resp.	O_2 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

Lung Sounds

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

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: ______________________________

____

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PLAN:

MD referral completed: ❑ No ❑ Yes If yes:

❑ **STAT** (Acute Coronary Syndrome; gastric reflux if over 35 years old, hx of HTN, dyslipidemia, cardiovascular 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 the physician-on-call.

Acute Coronary Syndrome (ACS):

- ❑ Notify physician **STAT**.
- ❑ Place the patient in a position of comfort.
- ❑ O_2 given via ______________to maintain O_2 Sat $\geq$ 92%. (Time started): _______________________
- ❑ Monitor cardiac rate and rhythm via cardiac monitor or EKG.
- ❑ Chew 1 tab nonenteric-coated Aspirin 325mg unless the patient is allergic to aspirin or actively bleeding.
- ❑ Nitroglycerin 0.3mg or 0.4mg sublingually (may repeat every 5 minutes X 3 if the 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 the patient to an 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 a 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 the patient is 35 or under, with none of the above risk factors, and vital signs are within normal limits:
  - ❑ Aluminum/Magnesium hydroxide with Simethicone 2 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 a physician **STAT**.
- ❑ O_2 given via ______________to maintain O_2 Sat $\geq$ 92%. (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 the patient to an 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.

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, 2 tabs PO Q8 hours PRN pain while symptoms persist; not to exceed 6 tabs in 24 hours **or**
  - ❑ Naproxen 220 mg 2 tabs PO 1st hour; 1 tab Q8-12 hours 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.

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Musculoskeletal strain or spasm

- ❑ Light duty, no heavy lifting or strenuous exercise.
- ❑ Ibuprofen 200mg, 2 tabs PO Q8 hours PRN X 7 days; not to exceed 6 tabs in 24 hours **or**
- ❑ Naproxen 220mg 2 tabs PO 1st hour; 1 tab Q8 hours PRN X 7 days; not to exceed 3 tabs in 24 hours **or**
- ❑ ASA nonenteric-coated 325mg, 2 tabs PO BID X 7 days **or**
- ❑ Acetaminophen 325mg, 2 tabs PO QID PRN X 7 days.
- ❑ Refer to next MD sick call for evaluation.

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

EDUCATION:

- ❑ Assess the 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 in the health record.
- ❑ Refer the patient to other resources as needed. Document all referrals in the health record.
- ❑ Advise the 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(s) used: ______________________

____

____

Additional Comments:

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____
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: ____