

**CHEST PAIN**

(Cardiac / Musculoskeletal / Pleuritic / Gastroesophageal, Anxiety)

**Subjective Data:**

**Allergies:** \_\_\_\_\_

Chief complaint: \_\_\_\_\_ Onset:  New Onset  Recurrence  Constant

**Type of pain:**

<input type="checkbox"/> Dull	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Constant	<input type="checkbox"/> Stabbing	<input type="checkbox"/> Heaviness	<input type="checkbox"/> Sharp	<input type="checkbox"/> Pressure	<input type="checkbox"/> Squeezing
<input type="checkbox"/> Radiation Describe: _____						<input type="checkbox"/> Pain scale (0-10)	

**Risk Factors:**

<input type="checkbox"/> Gastric ulcers	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Family history of heart disease < 40 yrs. old	<input type="checkbox"/> Recent respiratory infection
<input type="checkbox"/> Obesity	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Smoking
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Stroke	<input type="checkbox"/> Peripheral Vascular Disease	

**Associated symptoms:**

<b>Cardiac</b>	<input type="checkbox"/> Sweating	<input type="checkbox"/> Nausea/vomiting	<input type="checkbox"/> Pain on exertion	<input type="checkbox"/> Dyspnea
<b>Musculoskeletal</b>	<input type="checkbox"/> Localized joint tenderness made worse with local palpation	<input type="checkbox"/> Pain on physical exam by palpation or motion of arm/chest wall	<input type="checkbox"/> Pain relieved by cessation of muscular activity	
<b>Pleuritic</b>	<input type="checkbox"/> Pain with breathing	<input type="checkbox"/> Pain with coughing	<input type="checkbox"/> Malaise / fatigue	
<b>Gastroesophageal</b>	<input type="checkbox"/> Sharp burning chest pain behind the breastbone	<input type="checkbox"/> Tightness in chest or upper abdomen	<input type="checkbox"/> Reoccurring sour or bitter taste in mouth	
	<input type="checkbox"/> Hoarseness or change in voice	<input type="checkbox"/> Nausea after eating	<input type="checkbox"/> Difficulty swallowing	<input type="checkbox"/> Sore throat

**Objective Data:** (clinically indicated VS)

BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Temp. \_\_\_\_\_ Wt. \_\_\_\_\_ O<sub>2</sub> sats. \_\_\_\_\_ FSBS: \_\_\_\_\_

<b>Respiration</b>	<input type="checkbox"/> Even	<input type="checkbox"/> Uneven	<input type="checkbox"/> Labored	<input type="checkbox"/> Unlabored	<input type="checkbox"/> Shallow	<input type="checkbox"/> Deep
<b>Lung Sounds</b>	<input type="checkbox"/> Clear	<input type="checkbox"/> Rhonchi	<input type="checkbox"/> Wheezes	<input type="checkbox"/> Rales	<input type="checkbox"/> Diminished	
<b>Skin</b>	<input type="checkbox"/> Pink	<input type="checkbox"/> Warm	<input type="checkbox"/> Cool	<input type="checkbox"/> Pale	<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Mottled <input type="checkbox"/> Diaphoretic
<b>Abdomen</b>	<input type="checkbox"/> Soft	<input type="checkbox"/> Firm	<input type="checkbox"/> Distended	<input type="checkbox"/> Tender to palpation		
<b>LOC</b>	<input type="checkbox"/> Awake	<input type="checkbox"/> Alert	<input type="checkbox"/> Oriented X _____	<input type="checkbox"/> Confused	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Comatose
<b>Appearance</b>	<input type="checkbox"/> Mild distress		<input type="checkbox"/> Moderate distress	<input type="checkbox"/> Severe distress		

**CONTACT HEALTH CARE PROVIDER IMMEDIATELY IN ALL CASES OF CARDIAC CHEST PAIN** *Health care provider must be called if not on site or if after clinic hours.*

Squeezing  Radiation  Chest heaviness  Family history of heart disease or other associated risk factors.

If it is deemed non-cardiac proceed with interventions:

**In cases of emergency call EMS**

**Health Care Provider:** \_\_\_\_\_ **Time Notified:** \_\_\_\_\_ **Orders Received for Treatment:**  Yes  No

**Emergency department notification time:** \_\_\_\_\_ **Transport time:** \_\_\_\_\_ **Transported by:** \_\_\_\_\_

**Plan: Interventions:** (check all that apply)

- Check in assessment only for medical providers visit.
- Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting further evaluation. Assessment completed.

Cardiac	Musculoskeletal	Pleuritic	Gastroesophageal	Anxiety
<input type="checkbox"/> Place patient in comfortable position, preferably lying down with head elevated, reassure patient, <input type="checkbox"/> VS every 15 minutes <input type="checkbox"/> Provide IV access (if clinically indicated) (this will require an order from the health care provider) <input type="checkbox"/> Give nitroglycerin-sublingual 0.4 mg; may repeat every 5 minutes X 2 if limited or no response from 1 <sup>st</sup> dose and systolic BP is 100 or greater (this will require a order from the health care provider) <input type="checkbox"/> Give ASA 325 mg chewable one time if not contraindicated <input type="checkbox"/> Start O <sub>2</sub> at 2 liters / minute by nasal cannula - titrate O <sub>2</sub> until O <sub>2</sub> sats at least 95% or higher (this will require a order from the health care provider) <input type="checkbox"/> EKG <input type="checkbox"/> Refer to Unresponsive Patient – Emergency Care	<input type="checkbox"/> Place patient in comfortable position, preferably lying down with head elevated, reassure patient <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days PRN. <b>OR</b> <input type="checkbox"/> Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days PRN. <input type="checkbox"/> Follow-up sick call if pain persists more than 2 days or becomes more severe <input type="checkbox"/> EKG	<input type="checkbox"/> Place patient in comfortable position, preferably lying down with head elevated, reassure patient <input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days PRN. <b>OR</b> <input type="checkbox"/> Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days PRN. <input type="checkbox"/> Follow-up sick call if pain persists more than 2 days or becomes more severe <input type="checkbox"/> Note: TB should always be considered, especially if symptoms do not resolve within 2 weeks. <input type="checkbox"/> EKG	<input type="checkbox"/> Place patient in semi-fowler, reassure patient <input type="checkbox"/> Aluminum / Magnesium Hydroxide (i.e. Almag, Mylanta, Maalox); chew 2 tablets four times a day (between meals and at bedtime) for 3 days PRN <b>OR</b> <input type="checkbox"/> Calcium Carbonate (i.e. AlcalaK, Tums); chew 2 tablets four times a day (after meals and at bedtime) for 3 days PRN <input type="checkbox"/> EKG	<input type="checkbox"/> Place patient in comfortable position, preferably lying down with head elevated, reassure patient <input type="checkbox"/> Encourage slow controlled breaths <input type="checkbox"/> Encourage stress relief strategies <input type="checkbox"/> EKG <input type="checkbox"/> Refer to QMHP

Education/Intervention: Instructed to rest, avoid caffeine, eat small meals and chew slowly, not to lie down at least 2 hours after eating, low salt, fat, cholesterol diet, medication use, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions.

**Progress Note:** \_\_\_\_\_

**Health Care Provider Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**RN/LPN Signature/credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Inmate Name  
(Last, First)

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