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**Starr Vision Productions, Inc.
2142 Riverside Drive
West Columbia, TX 77486**

CHEST PAIN - DocuVisit™ - CHEST PAIN

Patient's Last Name _____

Patient's First Name _____

DOB _____ AGE _____ SEX: M F DATE _____ TIME _____ Treating Physician _____ Patient's Physician _____
VITAL SIGNS: BP _____ / _____ P _____ R _____ T _____ O, Sat _____ on RA/NC/Mask/ _____ L/min HT _____ Stated WT _____ Stated

Time Of Onset _____ Pain Now: Yes No Severity: (0=none, 10=worse) Onset _____ Now _____ Onset at: rest sleep activity

O₂ _____ IV/Saline Lock/ _____ ASA 325mg po _____ _____ Time Ordered _____
 NTG 0.4mg SL Q 5min X 3 Relief Y/N Time _____ Morphine 2mg/3mg/4mg IV Relief Y/N Time _____

PAIN: DURATION _____ **LOCATION** _____ **CHARACTER** sharp burning pressure crushing tearing squeezing dull
RADIATION: none neck jaw back shoulder left arm right arm abdomen **PAIN RELIEVED BY:** rest sitting medication
RELIEF WITH NITROGLYCERIN: Not Taken Yes No Number Taken _____ **PAIN RETURNED:** Yes No
PAIN MADE WORSE BY: eating exertion breathing supine swallowing movement rest **CHEST WALL TENDER:** Yes No
MEDICATIONS TAKEN _____ **ALLERGIES** _____

Cardiac Enzymes CBC Chem B/C PT/PTT/INR D-Dimer EKG Chest X-Ray Cardiac Monitor O₂Sat _____ Time Ordered _____

Palpitations Nausea Vomiting Diaphoresis Dizziness Toothache Cough
 Weakness Congestion Fever Syncope Dyspnea Chest Trauma _____
 Chest Pain - At Rest / With Exertion / With Cough / With Breathing / With Eating
SURGERIES: Cholecystectomy Appendectomy Hysterectomy Cardiac Bypass/Stent C-Section _____

Myocardial Infarction - "pressure" pain, dyspnea, diaphoretic, radiation to left jaw/arm, nausea, vomiting, risk factors.
Aortic Dissection - sudden sharp "tearing" pain, hypertension, radiation to back, unequal pulses & BP, may have no pain, pregnancy increase risk.
Pulmonary Embolus - pleuritic pain, dyspnea, tachycardia, tachypnea, hypoxia, diaphoresis, hemoptysis.
Pneumothorax - trauma, copd, decreased breath sounds, hyperresonance, deviation of trachea, hypoxia, dyspnea, tachypnea.

RISK FACTORS: Smoking Hyperlipidemia Hypertension Diabetes Obesity Stress
 Positive Family Hx Drug Use Lack of Exercise
PAST HISTORY: Pleurisy Heart Disease Chest Pain Myocardial Infarct Pneumonia Ulcers
 Indigestion Hiatal Hernia Heart/Chest Surgery Chest Trauma Angina CHF
 Lung Disease Coronary Bypass Coronary Stent Blood Clots _____

CT Chest (R/O dissection / PE protocol) BNP V/Q Scan Echocardiogram Post Pain EKG _____ Time Ordered _____

NECK Normal _____ **THYROID** Normal _____ **JUGULAR VEINS** Normal Distended _____

RESPIRATORY Normal _____ **LUNG AUSCULTATION:** normal breath sounds rales rhonchi wheezes

CHEST INSPECTION Normal _____ **CHEST PALPATION** Normal _____

RESPIRATORY EFFORT Normal _____ **CHEST PERCUSSION** Normal _____

OTHER FINDINGS _____

CARDIOVASCULAR Normal _____ **PALPATION OF HEART** Normal _____

AUSCULTATION OF HEART: Normal S3 S4 Rub Click **RHYTHM:** Regular Irregular PVC

MURMUR None _____ Grade ____/6 systolic murmur Grade ____/6 diastolic murmur

PERIPHERAL VASCULAR SYSTEM: edema varicosities tenderness **PULSES** Normal _____

BLOOD PRESSURE: RT ARM _____ LT ARM _____ RT LEG _____ LT LEG _____

CAROTID ARTERIES No bruits _____ **FEMORAL ARTERIES** Normal _____

ABDOMINAL AORTA Normal _____ **PEDAL PULSES** Normal _____

EXTREMITIES: clubbing cyanosis ischemia thrombosis/cords edema tr / 1+ / 2+ / 3+ _____

OTHER FINDINGS _____

EKG _____ Chest X Ray _____

Comparison to previous EKG _____ (dated) _____ CT Chest _____

AUTOMATED EKG REPORT Agree Disagree because _____

V/Q SCAN _____ CPK _____ CK-MB _____ Troponin _____ Other _____

ABG: pH _____ pCO₂ _____ pO₂ _____ HCO₃ _____ Repeat O₂ Sat _____ on RA/NC/Mask/ _____ L/min Time _____

ADDITIONAL NOTES/ORDERS _____

Aneurysm, Angina, Aortic Dissection, Aortic Stenosis, Biliary Colic, Chest Wall Strain, Cholecystitis, Costochondritis, Dysphagia, Esophageal Spasm, Esophageal Tear, Esophagitis, Gastritis, Herpes Zoster, Hiatal Hernia, Intercostal Muscle Strain, Mitral Valve Prolapse, Myocardial Infarction, Pancreatitis, Panic Disorder, Pericarditis, Peritonitis, Pleurisy, Pneumomediastinum, Pneumonia, Pneumothorax, Pulmonary Edema, Pulmonary Embolus, Radicular Pain Of Cervical Spine Disease, Rib Fracture, Tracheobronchitis, Trauma.

DIAGNOSES: 1- _____ /Status: _____ 2- _____ /Status: _____

STATUS: (A)Improved (B)Well Controlled (C)Resolving (D)Resolved (E)Inadequately Controlled (F)Worsening (G)Failing to change as expected.

DISPOSITION Released Admitted Observation Transferred DOA Expired AMA OTHER _____

Print Physician's Name _____ DocuVisit License # _____ Physician's Signature _____ Date _____

DIAGNOSTICS

Cardiology Consult Vascular/Thoracic Surgeon Consult Admit Telemetry/ICU/CCU/Cath Lab Drug Screen U/S Abdomen X Ray Glucose Liver Panel Amylase/Lipase U/A Ca⁺ Mg⁺
 Pregnancy Test ABG Lipid Profile Culture blood / urine / sputum Blood Levels: alcohol/acetaminophen/aspirin/digoxin/diltiazem/phenobarbital/theophylline
 CT _____ Spinal X-ray C / T / LS Old Records

Chest Tube Cimetidine 300mg IV / PO Lidocaine
 Propranolol Lidocaine
 Clopidogrel 75mg/300mg/600mg PO
 Enoxaparin _____ ug/kg/min Nitroglycerin IV drip (0.3ug-1.0ug) _____
 Foley IV Chest Tube IV Morphine 2mg / 4mg _____ IV Ace-inhibitor Beta-blocker
 Metoprolol 5mg IV Q 5 min X 3 Nitroglycerin IV drip (5ug-10ug) _____
 Heparin Labetalol 20mg IV Q 10min up to 300mg

MEDICATIONS / TREATMENTS / PROCEDURES

Optional Patient ID Information Or Sticker Here

HEENT []Normal
EYES []Normal VISUAL FIELD []Normal LYMPH NODES []Normal PUPILS AND IRISES []Normal OPHTHALMOSCOPIC EXAM: []Normal
EXTERNAL EARS & NOSE []Normal OTOSCOPIC: []normal tm []normal hearing []normal nasal exam OROPHARYNX: []normal moisture []normal tongue
NECK []Normal Thyroid []Normal Jugular Veins []Normal
RESPIRATORY []Normal
LUNG AUSCULTATION: []normal breath sounds []rales []rhonchi []wheezes RESPIRATORY EFFORT []Normal CHEST PERCUSSION []Normal PALPATION []normal
CARDIOVASCULAR []Normal
PALPATION OF HEART []Normal AUSCULTATION OF HEART []Normal PERIPHERAL VASCULAR SYSTEM: []edema []varicosities []tenderness PULSES []Normal
CAROTID ARTERIES []normal []no bruits FEMORAL ARTERIES []Normal ABDOMINAL AORTA []Normal PEDAL PULSES []Normal
GASTROINTESTINAL []Normal
ABDOMEN: []no masses []nontender []normal bowel sounds LIVER & SPLEEN: []not enlarged HERNIA: []absent []present RECTUM []Normal
STOOL OCCULT BLOOD: []negative []positive
GENITOURINARY []Normal
MALE: SCROTUM []Normal PENIS []normal DIGITAL RECTAL EXAM: []Normal Prostate []Normal Sphincter Tone []No Hemorrhoids []No Masses
FEMALE: DIGITAL RECTAL EXAM: []Normal Sphincter Tone []No Hemorrhoids []No Masses
PELVIC: []Normal EXT. GENITALIA VAGINA CERVIX UTERUS ADNEXA
LYMPHATIC []Normal
NECK PALPATION []Normal AXILLAE PALPATION []Normal GROIN PALPATION []Normal OTHER
MUSCULOSKELETAL []Normal
BACK: []kyphosis []scoliosis GAIT & STATION: []able to exercise RANGE OF MOTION: []normal []pain STABILITY []Normal
EXTREMITIES []Normal
RIGHT UPPER EXTREMITY: []clubbing []cyanosis []ischemia []edema LEFT UPPER EXTREMITY: []clubbing []cyanosis []ischemia []edema
RIGHT LOWER EXTREMITY: []clubbing []cyanosis []ischemia []edema LEFT LOWER EXTREMITY: []clubbing []cyanosis []ischemia []edema
SKIN []Normal
NEUROLOGIC []Normal
CRANIAL NERVES: {1st-Smell:[]normal} {2nd-Visual acuity, Visual fields, Fundi:[]normal} {3rd 4th 6th-Pupils, Eye movements:[]normal}
{5th-Facial sensation, Corneal reflexes:[]normal} {7th-Facial symmetry, Strength:[]normal} {8th-Hearing with tuning fork, Whispered voice:[]normal}
{9th 10th-Uvula elevation, Gag reflex:[]normal} {11th-Shoulder shrug strength:[]normal} {12th-Tongue protrusion:[]normal} ORIENTATION: []person []place []time
COORDINATION: []finger/nose normal []heel/knee/shin normal []fine motor normal DEEP TENDON RELEXES: []Normal SENSORY EXAM: []Normal
MEMORY: []recent memory normal []remote memory normal MOOD & AFFECT: []depression []anxiety []agitation []hypomania []lability
SPEECH: []Normal []Slurred ABNORMAL THOUGHT: []hallucinations []delusions []preoccupation with violence []homicidal ideation []suicidal ideation []obsessions
OTHER NOTES

Optional Patient ID Information Or Sticker Here

- Cardiology Consultation evaluation for angioplasty, thrombolysis, anterior MI, cardiogenic shock, hx of CABG. Aim for balloon dilatation within 90 ± 30 minutes of diagnosis of acute MI.
•Clopidogrel 300 mg PO, in anticipation of stent placement. Continue at 75 mg PO QD at least 30 days post-stent. Contraindications: high risk for GI bleed, known allergy, or low platelets.
Hold if coronary artery bypass is a possibility.
•Heparin 5,000 U IV bolus, then 1,000 U/hr (monitor PTT).
•Nitroglycerin infusion start at 10 mcg/min for continued chest pain or pulmonary edema. titrate to pain but not more than 200 mcg/min.
•Beta-blockers: Metoprolol 5 mg IV q5 min x 3 initially, then switch to metoprolol 25 mg PO BID or atenolol 25 mg PO QD. Desired heart rate 50 to 60. Hold for heart rate < 50.
Beta-blocker Contraindications: AV block, HR<60, Sys BP< 100, CHF, wheezing, cocaine pain.
•ACE-inhibitor: Start within first 24 hours, Captopril 6.25 mg PO, increase dose as BP allows.
•Morphine 2-4 mg IV boluses PRN for pain. •Aspirin chew 325 mg.
•Enoxaparin 1 mg/kg Subcutaneous every 12hr. Avoid if Cr > 2.5 mg/dl, CrCl < 30 ml/min, or weight > 150 kg. If unable to give enoxaparin, give unfractionated heparin infusion.
•t-PA: 15mg IV bolus, then 0.7 5mg/kg (max 50 mg) over 30 minutes, then 0.5mg/kg (max 35 mg) over 60 minutes.
•tenecteplase (TNKase) 30-50 mg single IV bolus.
•Consider percutaneous intervention (e.g. angioplasty, stenting) if reperfusion not evident in 90 minutes or cardiogenic shock.
•If indicated, Lidocaine 1.5mg/kg IV Bolus, followed by 2-4mg/kg/min IV.
•If indicated, Amiodarone 150mg IV over 5 minutes, then 0.5mg/min.

CONTRAINDICATIONS TO THROMBOLYTICS
Absolute contraindications:
Any active internal bleeding, history of hemorrhagic stroke, history of CVA or head trauma within 1 year, Any abnormal bleeding within the past 30 days, Intracranial tumor or pathology, Suspected aortic dissection.
Relative contraindications:
Presence or history of bleeding diathesis, platelets <100,000, INR > 2.0, Uncontrolled hypertension (SBP > 200 mmHg, DBP > 110 mmHg), Major surgery or trauma within past 6 weeks, hypersensitivity to the thrombolytic, pregnancy, active peptic ulcer, prolonged CPR, over 75yrs age or less than 67kg weight.
RULE OUT MI:
Admit to telemetry.
Notify doctor if > 6 PVC/min, > 3 beat run of V Tach, A fib, V fib, or "R on T.
Bed rest. Oxygen 3 L/min NC. Chest X ray.
NPO except meds if possibility of cardiac catheterization.
EKG, troponin, cpk, ck-mb q 8 hrs X 2. cbc, chem, pt/ptt, lipid profile.
Enteric coated ASA 325 mg PO daily.
Nitropaste q 6hr to chest wall; after 24 hrs, remove each night from 12am-6am.
Colace 250 mg PO bid.

DIAGNOSES: 1- /Status: 3- /Status:
2- /Status: 4- /Status:
STATUS: (A)Improved (B)Well Controlled (C)Resolving (D)Resolved (E)inadequately Controlled (F)Worsening (G)Failing to change as expected.
DISPOSITION Prescription(s)
[] Instruction Sheet Given On []Released []Admitted []Observation []Transferred []DOA []Expired []AMA []OTHER
[]Follow up with (physician/specialist) on []Return to Emergency Department if any problems before follow up.
[]Transferred to by Private Car / Ambulance / Helicopter / Other
Attending/Staff Physician notified of disposition: [] Yes [] No Name Time
Discharge Date Discharge Time Condition: []Stable []Good []Fair []Poor []Critical
Method: []Walk []Carried []Crutches []Wheelchair []Stretcher Accompanied by: []Self []Family []Friend []Parent []Other
[]Reason not admitted or transferred

Print Physician's Name DocuVisit License # Physician's Signature Date