

ED Chest Pain Assessment and Audit Tool: to facilitate compliance with NICE CG 95 Chest pain of recent onset (2010)

Name: _____ RXR: _____ Age: _____ Gender: M/F		Resting 12 Lead ECG @ 00:00	HS Troponin I @ 00:00
Attended ED 00/00/00 @ 00:00 Onset last episode of pain 00/00/00 @ 00:00 Duration _____ Pain Score when assessed __/10 @ 00:00 Pain Score at worst __/10 Time of worst pain 00:00	<b>Associated symptoms</b> Diaphoresis Nausea / Vomiting Orthopnoea PND Ankle oedema Exercise intolerance SOB Cough / phlegm Fever Haemoptysis Recent viral illness Dizziness / Light-headedness Calf pain / swelling Other _____	Initial ECG result  Hx CVD / VTE  Family Hx CVD / VTE  Cardiovascular risk factors HTN Smoking Hypercholesterolaemia Diabetes Obesity Sedentary lifestyle	<b>Treatment</b> Oxygen if Spo2 <94% Spo2 on air: __% Oxygen prescribed @ 00:00 Spo2 target 94-98% <input type="checkbox"/> or 88-92% if risk of Type 2 Respiratory Failure <input type="checkbox"/> <b>Acute Coronary Syndrome:</b> Analgesia Morphine @ 00:00 GTN Buccal @ 00:00 Other @ 00:00  Anti-Platelets Aspirin @ 00:00 Clopidodrel @ 00:00  Anticoagulant Fondaparinux @ 00:00  Ongoing monitoring plan Vital signs incl' Spo2 <input type="checkbox"/> Recurrence of pain <input type="checkbox"/> Repeat ECG if pain recurs <input type="checkbox"/>
Site Central chest Left Right Primarily L/R arm or jaw Other _____	<b>Exacerbating factors</b> None Exertion Inspiration Coughing Movement Lying flat Eating Other _____	Results of previous investigations ETT 00/00/0000  ECHO 00/00/0000  Angiogram 00/00/0000  CTPA / Doppler 00/00/0000  Other _____  Previous cardiac intervention	If <b>VTE</b> suspected > Wells Score and DVT/PE pathway If <b>CAP</b> suspected > AQ Pneumonia +/- sepsis pathway as appropriate Alternate diagnosis > refer to appropriate pathways
<b>Character</b> Ache / Pressure Tightness Sharp / stabbing Burning Tearing Other _____	<b>Relieving factors</b> None Rest Sitting forward Simple analgesia GTN spray Other _____		
<b>Radiation</b> None Neck Jaw Throat Left arm Right arm Back Other _____			