

**CHEST PAIN**

(cardiac / musculoskeletal / pleuritic)

**Subjective Data:**

Chief complaint: \_\_\_\_\_ **Allergies:** \_\_\_\_\_

Onset: \_\_\_\_\_  New Onset  Recurrence  Constant

**Type of pain:**

Dull  Intermittent  Constant  Stabbing  Heaviness  Sharp  Pressure  Squeezing  
 Radiation Describe: \_\_\_\_\_  Pain scale (0-10) \_\_\_\_\_

**Risk Factors:**

Gastric ulcers  Heart disease  Family history of heart disease < 40 yrs. old  Recent respiratory infection  
 Obesity  High Cholesterol  Hypertension  Smoking  Diabetes  Stroke  Peripheral Vascular Disease

**Associated symptoms:**

| Cardiac                                   | Musculoskeletal   | Pleuritic                                    |
|---|---|--|
| <input type="checkbox"/> Sweating         | <input type="checkbox"/> Localized joint tenderness made worse with local palpation     | <input type="checkbox"/> Pain with breathing |
| <input type="checkbox"/> Nausea/vomiting  | <input type="checkbox"/> Pain on physical exam by palpation or motion of arm/chest wall | <input type="checkbox"/> Pain with coughing  |
| <input type="checkbox"/> Pain on exertion | <input type="checkbox"/> Pain relieved by cessation of muscular activity                | <input type="checkbox"/> Malaise / fatigue   |

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

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

|                    |   |
|--------------------|---|
| <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>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  |

**Cardiac Emergency: NOTIFY MEDICAL PROVIDER/RN IMMEDIATELY IN ALL CASES OF CHEST PAIN: In cases of emergency call EMS**

**Refer to medical provider if:**

- Severe pain
- Cardiac and/or respiratory distress
- Pain management
- Rule out TB
- Nausea / vomiting

**Medical Provider/RN Notified Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Orders Received for Treatment:**  Yes  No  
**Emergency department notification time:** \_\_\_\_\_ **Transport time:** \_\_\_\_\_

**Assessment:**

- Alteration in comfort related to chest pain –  cardiac concern  musculoskeletal  pleuritic

**Nursing Intervention Routine:**

| Cardiac   | Musculoskeletal  | Pleuritic   |
|---|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Place patient in comfortable position, preferably lying down with head elevated, reassure patient,</li> <li><input type="checkbox"/> VS every 15 minutes</li> <li><input type="checkbox"/> Provide IV access (if clinically indicated) (this will require a order from the medical provider)</li> <li><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 medical provider)</li> <li><input type="checkbox"/> Give ASA 325 mg chewable one time if not contraindicated</li> <li><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 medical provider)</li> <li><input type="checkbox"/> EKG</li> <li><input type="checkbox"/> Refer to Unresponsive Patient – Emergency Care</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Place patient in comfortable position, preferably lying down with head elevated, reassure patient</li> <li><input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days<br/><b>or</b></li> <li><input type="checkbox"/> Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days.</li> <li><input type="checkbox"/> Follow-up sick call if pain persists more than 2 days or becomes more severe</li> <li><input type="checkbox"/> EKG</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Place patient in comfortable position, preferably lying down with head elevated, reassure patient</li> <li><input type="checkbox"/> Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days<br/><b>or</b></li> <li><input type="checkbox"/> Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days</li> <li><input type="checkbox"/> Follow-up sick call if pain persists more than 2 days or becomes more severe</li> <li><input type="checkbox"/> Note: TB should always be considered, especially if symptoms do not resolve within 2 weeks.</li> <li><input type="checkbox"/> EKG</li> </ul> |

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

**Patient Education:**

- Instructed to rest, avoid caffeine, eat small meals and chew slowly, low salt, fat, cholesterol diet, medication use, follow-up sick call if no improvement. Offender verbalizes understanding of instructions.

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

RN/Providers Signature/credentials: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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Name  
(Last, First)

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