© The State of Queensland (Queensland Health) 2015
Licensed under: http://creativecommons.org/licenses/by-nc-nd/3.0/au/deed.en
Contact: Clinical_Pathways_Program@health.qld.gov.au

Queensland Government

Emergency Department Chest Pain Medical Assessment Tool

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

PRESENTATION **Date:** ..... **Time:** ..... **Triage Category**: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Features of Chest Pain

Chest pain commenced Date: ..... Time: ..... **Seen by:** Dr ..... **Time seen:** .....

Referral source ☐ Self ☐ Transfer inter-hospital ☐ GP ☐ Other: .....

	Yes	No	Unknown
ECG performed and checked within 10 minutes of presentation			
Have there been previous episodes of the same pain? If yes, frequency and duration:			
Previous presentation to an ED with chest pain within 28 days?			
Previous admission to a hospital with chest pain within 28 days?			
Any previous exercise ECG or other stress test? If yes, ☐ date and results:			

Presenting Complaint

Past History

Medications

Aspirin given ☐ Yes ☐ No If no, why not? ..... ☐ Adverse drug reaction

Usual medications and dosage:

Adverse drug reactions:

DO NOT WRITE IN THIS BINDING MARGIN

EMERGENCY DEPARTMENT CHEST PAIN MEDICAL ASSESSMENT TOOL

v5.00 - 04\2015
Mat. No.: 10206015
SW041

Queensland Government

Emergency Department Chest Pain Medical Assessment Tool

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Risk Factors

Cardiovascular Risks	Yes	No	If yes, details
Hypercholesterolemia			
Hypertension			
Diabetes			
Smoking			Cigarettes/day: Years smoking: Quit date:
Obesity			Weight: kg BMI:
Family history			
Chronic kidney disease			Stage:

Previous IHD

Other

DO NOT WRITE IN THIS BINDING MARGIN

Queensland Government

Emergency Department Chest Pain Medical Assessment Tool

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Physical Examination and Initial Results *(continued)*

Examination findings:

Vital Signs:

Heart rate:	Temperature: °C	Resp rate:	
Rhythm:	Blood pressure: R: L:	SaO_2: %	O_2: L/min

ECG Findings:

☐ Normal ☐ Abnormal

If abnormal, give details:

Bloods (record abnormal results):

☐ TnI: ☐ Glucose: ☐ COAGS:

☐ Chem 20:

☐ FBC:

DO NOT WRITE IN THIS BINDING MARGIN

v5.00 - 04\2015
Mat. No.: 10206015

Queensland Government

Emergency Department Chest Pain Medical Assessment Tool

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Problem List

Management

On the basis of history, examination and investigations, always consider other critical causes such as:

Pulmonary embolism	
Thoracic aortic dissection	
Abdominal aortic aneurysm	

Is the presentation suggestive of coronary ischaemia?

☐ Definitely ischaemic → Complete *Possible Cardiac Chest Pain Pathway*

OR

☐ Possibly ischaemic → Complete *Possible Cardiac Chest Pain Pathway*

To rule out ACS: perform paired TnI and ECG (to exclude NSTEACS), followed by objective testing such as Exercise Stress Test (to exclude unstable angina)

ACS Risk Stratification ☐ High (STEMI / NSTEAC) ☐ Intermediate ☐ Low

☐ **Definitely NOT ischaemic?**

If not ischemic, what is the likely cause? If 'Yes' to any:*exit pathway and manage per diagnosis* If 'No' to all: *risk stratify for ACS*	Yes	No	Comments
Gastrointestinal			
Musculoskeletal			
Pleurisy			
Pericarditis			
Other (specify):			

Other

Medical Officer's name:	Signature:	Date:	Time:

DO NOT WRITE IN THIS BINDING MARGIN