Emergency Department Chest Pain Medical Assessment Tool

Facility: .......................................................  
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: ___________  
Sealed by: Dr ................................................  
Time seen: ..................................................  

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

ECG performed and checked within 10 minutes of presentation □ Yes □ No □ Unknown  

Have there been previous episodes of the same pain? □ Yes □ No □ Unknown  
If yes, frequency and duration: .................................................................  

Previous presentation to an ED with chest pain within 28 days? □ Yes □ No □ Unknown  
Previous admission to a hospital with chest pain within 28 days? □ Yes □ No □ Unknown  
Any previous exercise ECG or other stress test? □ Yes □ No □ Unknown  
If yes, date and results: .................................................................  

Presenting Complaint  

Past History  

Medications  

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

Usual medications and dosage: .................................................................  

Adverse drug reactions: .................................................................  

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Contact: Clinical_Pathways_Program@health.qld.gov.au
<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Yes</th>
<th>No</th>
<th>If yes, details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Risks</td>
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<tr>
<td>Hypercholesterolemia</td>
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<td>Hypertension</td>
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<td>Diabetes</td>
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<td>Smoking</td>
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<td>Smoking Cigarettes/day</td>
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<tr>
<td>Years smoking</td>
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<tr>
<td>Quit date</td>
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<tr>
<td>Obesity</td>
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<td>BMI</td>
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<tr>
<td>Family history</td>
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<tr>
<td>Chronic kidney disease</td>
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<tr>
<td>Stage</td>
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</tbody>
</table>

**Previous IHD**

**Other**

**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              |     |    |                 |
Smoking Cigarettes/day |     |    |                 |
Years smoking        |     |    |                 |
Quit date            |     |    |                 |
Obesity              |     |    |                 |
Weight               |     |    | kg              |
BMI                  |     |    |                 |
Family history       |     |    |                 |
Chronic kidney disease |     |    | Stage:          |

Previous IHD

Other
Emergency Department Chest Pain Medical Assessment Tool

Physical Examination and Initial Results (continued)

Examination findings:

Vital Signs:

<table>
<thead>
<tr>
<th>Heart rate:</th>
<th>Temperature: °C</th>
<th>Resp rate:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Rhythm:</th>
<th>Blood pressure: R: L:</th>
<th>SaO₂: %</th>
<th>O₂: L/min</th>
</tr>
</thead>
</table>

ECG Findings:

- [ ] Normal  - [ ] Abnormal

If abnormal, give details:

Bloods (record abnormal results):

- [ ] Tnl:  - [ ] Glucose:  - [ ] COAGS:  
- [ ] Chem 20:  
- [ ] FBC:  
Problem List

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

<table>
<thead>
<tr>
<th>Pulmonary embolism</th>
<th>Thoracic aortic dissection</th>
<th>Abdominal aortic aneurysm</th>
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</thead>
</table>

Is the presentation suggestive of coronary ischaemia?

- [ ] Definitely ischaemic  ➔ Complete Possible Cardiac Chest Pain Pathway
- [ ] 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 / NSTEMI)  [ ] Intermediate  [ ] Low

If not ischemic, what is the likely cause?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
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<tbody>
<tr>
<td>Gastrointestinal</td>
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<tr>
<td>Musculoskeletal</td>
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<tr>
<td>Pleurisy</td>
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<tr>
<td>Pericarditis</td>
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<tr>
<td>Other (specify):</td>
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</tbody>
</table>

Other