

CHEST PAIN / POSSIBLE MYOCARDIAL INFARCTION
EMERGENCY MEDICAL RECORD SUPPLEMENTAL FORM

Name: JANE DOE
ID: 55555
Dept: NEW ENGLAND MEDICAL CENTER

Age: 66 years Female
01/06/2003 23:21

CHEST PAIN/DISCOMFORT: Yes, chief complaint (MD Agree: YES NO, CORRECT:)

CHARACTER OF CHEST PAIN OR CHIEF COMPLAINT: _____

DURATION: _____

MADE WORSE BY: _____ RELIEVED BY: _____

SUGGESTIVE OF ISCHEMIA? YES SOMEWHAT NO

PATIENT REPORTS PRIOR HEART ATTACK: YES NO PRIOR NITROGLYCERIN USE: YES NO

ECG ISCHEMIA-RELATED Q, ST, & T WAVE FINDINGS: (ECG DONE: 01/06/2003, 23:21:15)

CHEST PAIN AT TIME OF THIS ECG? YES YES, BUT IMPROVED NO COMMENT: _____

Anterior significant Q waves in two or more of leads V1-V4..... MD Agree: YES NO*

No primary ST segment abnormalities detected..... MD Agree: YES NO*

Anterior T wave inversion of 0.1 mV or more in two or more of leads V1-V4..... MD Agree: YES NO*

*ADDITIONAL ECG FINDINGS/CORRECTIONS TO ABOVE: _____

COMPARED TO PRIOR ECG: NO CHANGES. CHANGES: _____

NO PRIOR ECG DONE PRIOR ECG NOT AVAILABLE PRIOR ECG NOT REQUESTED

HP ACI-TIPI PREDICTED PROBABILITY OF ACUTE ISCHEMIA = 64%, based on this information collected at the time of the ECG:

Patient is female, age greater than 50

Patient has chief complaint of chest pain/discomfort or left arm pain

Patient's ECG Q, ST, & T wave findings as noted above (1-0100 5.1110 9.0010)

TRIAGE DECISION: CCU/ICU INTERMEDIATE CARE WARD HOME OTHER: _____

IF SENT HOME, SPECIFIC FOLLOW-UP INSTRUCTIONS GIVEN TO PATIENT: YES NO COPY IN ED MEDICAL RECORD

ADDITIONAL COMMENTS: _____

PHYSICIAN SIGNATURE: _____ DATE: _____ TIME: _____