



123 Hospital Road
Anytown, XX, 90000

(555) 555-5555

Patient: JOSEPH INGERSOLL Age: 76Y MRN: 68594 Acct #: 4569513570

Emergency Department - Practitioner Notes (Stephen M Miley, MD)
Registered Date of Service: 4/1/2011 9:14:00AM

REASON FOR VISIT:

The patient is registered by the clerical staff complaining of "chest pain"

HISTORICAL DATA:

MODE OF ARRIVAL: The patient arrived by paramedics. Field treatment: Venous IV access was established and oxygen administered at 2L by cannula. Prehospital Medications: Adenocard 12 mg IVP, Adenocard 6 mg IVP. Medical direction: The patient's prehospital course was directed by protocol.

CHIEF COMPLAINT:

Chest pain

HISTORY OF PRESENT ILLNESS:

The patient presents for evaluation of pressure-like, substernal chest pain with symptoms beginning 30 minutes prior to arrival. There is no chest pain now. There have been multiple previous episodes of similar pain beginning 3 days prior to arrival. There has been radiation of the pain to the left arm. There has been associated shortness of breath. There has been no diaphoresis. There has been associated nausea with associated vomiting. There has been no palpitations. There is no prior history of similar chest pain. There was no precipitating activity for this episode. Significant risk factors, which increase the incidence of complications include diabetes. Aspirin was taken prior to arrival.

REVIEW OF SYSTEMS:

CONSTITUTIONAL: There has been no significant weight change.
EYES: There has been no change in vision.
ENT: There has been no earache, no sore throat.
LYMPHATIC: There has been no abnormal bleeding.
PULMONARY: There has been no coughing.
CARDIOVASCULAR: See HPI.
GASTROINTESTINAL: There has been no abdominal pain, no diarrhea.
GENITOURINARY: There has been no difficulty voiding.
MUSCULO-SKELETAL: There has been no joint pain.
INTEGUMENTARY: There has been no rash.
NEUROLOGIC: There has been no dizziness, no headache.

PAST MEDICAL HISTORY:

The patient's past medical history is unremarkable.

PAST SURGICAL HISTORY:

Pacemaker.

SOCIAL HISTORY:

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ALCOHOL: The patient does not consume alcohol.
TOBACCO: The patient is a non-smoker.

FAMILY HISTORY:

There is a family history of diabetes, cancer, coronary artery disease.

CURRENT MEDICATIONS:

None.

ALLERGIES:

None.

PHYSICAL EXAM:

GENERAL: well developed, well nourished, awake and alert.
HEAD: Normocephalic.
EYES: PERRL, no discharge or injection.
ENT:
EARS: Normal external appearance.
NOSE: No epistaxis.
THROAT: No obvious abnormality.
NECK: Supple, nontender.
LYMPHATIC: No gross adenopathy.
CHEST: Nontender. PACEMAKER: A pacemaker is noted on the chest wall.
LUNGS: Clear to auscultation and breath sounds equal.
CV: Regular rate and rhythm without murmurs.
ABDOMEN: Soft, nontender.
BACK: No tenderness or spasm.
SKIN: Warm and dry.
EXTREMITIES: No joint effusion or cyanosis.
NEURO: Alert and cooperative. Sensory and motor functions grossly intact.

INTERVENTION:

COURSE:

RE-EXAMINATION: The patient was re-examined over 2 hours. Vital signs are stable. The patient's chest pain is markedly improved.

COORDINATION OF CARE:

The nurse's notes were reviewed. Discussions concerning the patient's care were undertaken with the patient, the patient's wife, the patient's daughter.

DIFFERENTIAL DIAGNOSIS:

Because of the patient's presenting complaints and symptoms, the general diagnostic impression is chest pain. Some of the specific differential diagnoses considered include dissect. thor. aneurysm, gastroesophageal reflux disease, pulmonary embolism, Boerhaave syndrome, acute coronary syndrome. The differential diagnosis includes, but is not limited to, the above list. Based on all known factors at this time, the most likely possibilities include acute coronary syndrome.

MORBIDITY/MORTALITY:

Because of the patient's presenting complaints and after evaluation the risk for significant morbidity or mortality is considered high.

DIAGNOSTIC IMPRESSION:

PRIMARY DIAGNOSIS: Acute chest pain.

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DISPOSITION:

ADMIT: The patient is being admitted for further evaluation and treatment.

Admitting Unit: ICU.

Admitting Physician: Dr. Parveen Ahmed.

VITAL SIGNS:

Vital Signs:

Time	User	Temp(F/C)	Resp.	Pulse	B.P.	Pulse-Ox	Pain	GCS	Trauma	APGAR (1/5)	Comment
9:18	SMM	100.5/38.0	0	0	158/85 Left Arm - Lying	98 Room Air	0	0	0		

By affixing this signature indicates review and acceptance of this chart.

Electronically Signed:
Stephen M Miley, MD

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