

Cardiology – Chest Pain Observations



This Quick Reference Guide will explain how to:

Document **Chest Pain Observations** in the **Observation Chart** and document any relevant additional comments.

1. Document **Pain Assessment**:

- o Go to the table of contents, select **Interactive View and Fluid Balance**.
- o Select **Adult Systems Assessment** and then **Pain Assessment**.

2. Enter the following fields in the **Pain Assessment**:

- o Conscious state
- o Sedation Score
- o Pain Present
- o If pain present, complete conditional logic and use the Numeric Pain Assessment.
- o Description of Pain – Location, Type, Time

	16:27	15:55
▲ Pain Assessment		
Conscious State		Alert
Sedation Score (Adult)		0 = Wide awake
◆ Pain Present		Yes actual or suspected pain
◆ Pre-existing Pain Condition		Yes
◆ Pain Assessment		Numeric rating scale
◆ Numeric Pain Score at Rest		10
◆ Numeric Pain Score with Activity		10
◆ FACES Pain Scale at Rest		
◆ FACES Pain Scale with Activity		
◆ Primary Pain Location		Chest
◆ Primary Pain Laterality		Bilateral
◆ Primary Pain Type		Dull, Heavy, Radiating, Tight...
◆ Primary Pain Time Pattern		Constant
◆ Secondary Pain		
◆ Tertiary Pain		
◆ Quaternary Pain		
Non-pharmacological Therapy		
▲ Pain Interventions		
Pharmacological Therapy		Offered, Administered
Non-pharmacological Therapy		

3. Document medications administered for pain on the **Medication Administration Record (MAR)**.

4. If additional information is required for any of the above fields, enter comments into the **Nursing Shift Notes**.