

### Introduction:

W	Wash Hands
I	Introduce Yourself + Patient's Identity
P	Permission
P	Patient Position + Pain
E	Explanation

### Basic Patient Information:

Name
Age
Date of Birth
Gender
Date Seen

### Presenting Complaint:

Chest Pain

Dyspnoea

**Orthopnea:** Breathlessness on lying down  
(Number of pillows required)

**Paroxysmal Nocturnal Dyspnoea:** Waking suddenly at night due to breathlessness, gasping for air

**Palpitations:** **Premature beats** are felt by the patient as a pause followed by a forceful beat

**Paroxysmal tachycardias** start abruptly and may be felt as a sudden racing heartbeat

**Bradycardias** may be appreciated as slow, regular, heavy or forceful beats

**Syncope:** Transient loss of consciousness due to inadequate cerebral blood flow:

- Vascular (Orthostatic/autonomic)
- Obstructive
- Arrhythmic

**Fatigue:** Symptom of inadequate systemic perfusion in heart failure

**Peripheral Oedema:**

- Heart failure (salt and water retention)
- Renal underperfusion + activation of the renin-angiotensin-aldosterone system

### Presenting Complaint: (cont)

**Angina:** Squeezing, pressure, heaviness, tightness or pain in the chest

### History of Presenting Complaint:

Duration

Associated Features

**Chest Pain:** SOCRATES

Enquire about:

- Back Pain
- Shoulder Pain
- Jaw Pain
- Pain between the shoulder blades

**Orthopnea:** Number of pillows

**Also enquire about:**

- Sputum
- Fatigue
- Exercise Intolerance
- Weight Loss
- Pallor

### Risk Factors:

*Medications that may have side effects that affect cardiac function*

Age

Gender

**Family History of Ischaemic Heart Disease:** • Who was affected and at what age?

• Did they have a heart attack and are they still alive?

Previous Angina/MI/TIA/Stroke

Smoking

Alcohol

Diabetes

Hypertension

High Cholesterol or triglycerides

Lack of Exercise

Stress



### Risk Factors: (cont)

<b>Ask about risk conditions in first degree relatives:</b>	<ul style="list-style-type: none"><li>• Sudden or premature death</li><li>• Hypertension</li><li>• Diabetes</li><li>• Cholesterol</li><li>• Angina/MI/TIA/Stroke</li><li>• Peripheral Vascular Disease</li><li>• Abdominal Aortic Aneurysm</li></ul>
<b>Organic Solvents Exposure:</b>	<ul style="list-style-type: none"><li>• Arrhythmias</li><li>• Cardiomyopathy</li></ul>

### Additional Investigations:

ECG	
Chest X-ray	
Full Blood Count/Cholesterol/Fasting Blood Glucose	
Echocardiography	
Markers of Myocardial Necrosis:	<ul style="list-style-type: none"><li>• Creatinine Kinase</li><li>• Cardiac-specific Troponins</li></ul>

### Conclusion:

Ideas, Concerns, and Expectations

*Thank patient and ensure comfort*

### Potential Differential Diagnoses:

#### Myocardial Infarction

<b>Unstable Angina:</b>	Unexpected/Unexplained angina with no pattern
<b>Stable Angina:</b>	Angina that has a trigger e.g. exercise, etc.

#### Gastroenteritis

#### Reflux

<b>Aortic Stenosis:</b>	Narrowing of the aortic valve opening
<b>Acute Pericarditis:</b>	Painful inflammation of the pericardium

#### Anxiety Disorders

<b>Dilated Cardiomyopathy:</b>	Enlarged (particularly left) ventricles -Ventricles become stretched and thin
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#### Asthma

<b>Esophagitis:</b>	Inflammation of the esophagus
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#### Hypertensive Emergencies:

<b>Myocarditis:</b>	Inflamed Myocardium
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