

Cardiovascular System History Cheat Sheet by hjsdhaj via cheatography.com/201639/cs/43002/

Introdu	uction:		Presenting (Complaint: (coi	nt)	
W	Wash Hands		Angina: Squeezing, pressure, heaviness, tightness or pain in the			
ı		urself + Patient's Identity	_	hest	sourc, ricaviness, agricioss of pair in the	
P	Permission	room - Fundamental				
P	Patient Position + Pain		History of P	resenting Com	plaint:	
E	Explaination		Duration			
_	С САріаніаціон			Associated Features		
Basic Patient Information:			Chest Pain:		SOCRATES	
Name					Enguiro obout	
Age	Age				Enquire about: • Back Pain	
Date o	of Birth				Shoulder Pain	
Gende	er				Jaw Pain	
Date S	Seen				Pain between the shoulder blades	
			Orthopnea:		Number of pillows	
Presei	nting Complaint		Also enquire about:		SputumFatigueExercise Intolerance	
Chest	Pain					
Dyspn	oea			Weight Loss Pallor		
Orthor	onea:	Breathlessness on lying down (Number of pillows required)				
Paroxysmal Waking suddenly at night due to breathles-		Risk Factors	s:			
Noctui		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	Medications that may have side effects that affect cardiac function			
Dyspn			Age	Age		
Palpita	ations:		Gender	Gender		
			Family Histo	ory of Ischaemi	ic • Who was affected and at what	
			Heart Disea	ise:	age?	
					Did they have a heart attack and are they still alive?	
		Bradycardias may be appreciated as slow, regular, heavy or forceful beats	Provinius A	ngina/MI/TIA/S		
Synco	cope:	Transient loss of consciousness due to inadequate cerebral blood flow: • Vascular (Orthostatic/autonomic) • Obstructive	Smoking	rigiria/ivii/ riz/3	NI OKE	
0,00			Alcohol			
				Diabetes		
				Hypertension		
pp1	• Arrhythmic			High Cholesterol or triglycerides		
Fatigu	ue:	Symptom of inadequate systemic perfusion in heart failure	-	Lack of Exercise		
			Lack of Exe	rcise		



Peripheral Oedema:

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• Heart failure (salt and water retention)

• Renal underperfusion + activation of the renin-angiotensin-aldosterone system

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Stress

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Additional Investigations:

Risk Factors: (cont)					
Ask about risk conditions in first degree	Sudden or premature				
relatives:	death				
	 Hypertension 				
	 Diabetes 				
	 Cholesterol 				
	Angina/MI/TIA/Stroke				
	 Peripheral Vascular 				
	Disease				
	 Abdominal Aortic 				
	Aneurysm				
Organic Solvents Exposure:	Arrythmias				
	Cardiomyopathy				

ECG					
Chest X-ray					
Full Blood Count/Cholesterol/Fasting Blood Glucose					
Echocardiography					
Markers of Myocardial Necrosis:	Creatinine Kinase				
	Cardiac-specific Troponins				
Conclusion:					
Ideas, Concerns, and Expectations					
Thank patient and ensure comfort					

Potential Differential Diagnosises:						
Myocardial Infarction						
Unstable Angina:	Unexpcected/Unexplained angina with no pattern					
Stable Angina:	Angina that has a trigger e.g. exercise, etc.					
Gastroenteritis						
Reflux						
Aortic Stenosis:	Narrowing of the aortic valve opening					
Acute Pericarditis:	Painful inflammation of the pericardium					
Anxiety Disorders						
Dilated Cardiomyopathy:	Enlarged (particularly left) ventricles -Ventricles become stretched and thin					
Asthma						
Esophagitis:	Inflammation of the esophagus					
Hypertensive Emergencies:						
Myocarditis:	Inflammed Myocardium					



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