

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)

Ask about risk conditions in first degree relatives:	• Sudden or premature death • Hypertension • Diabetes • Cholesterol • Angina/MI/TIA/Stroke • Peripheral Vascular Disease • Abdominal Aortic Aneurysm
Organic Solvents Exposure:	• Arrhythmias • Cardiomyopathy

Additional Investigations:

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 Diagnoses:

Myocardial Infarction

Unstable Angina:	Unexpected/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
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Asthma

Esophagitis:	Inflammation of the esophagus
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Hypertensive Emergencies:

Myocarditis:	Inflamed Myocardium
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