



History & Physical Examination of Cardiovascular system

CHEST PAIN

Faisal 50 Year old comes to the clinic with chest pain. In next 10 minutes take a history.

History:

Pain? (Use **SOCRATES**)

1- Chief Complaint: "Chest Pain"	
Questions	Indication
Duration:	
* When did it start?	
Site:	
* Where do you feel the pain exactly ? Ask the patient to point on the site by one finger.	<ul style="list-style-type: none"> ◇ <u>Retrosternal</u> →MI ◇ <u>Poor localize</u>→Pulmonary Embolism. ◇ <u>Well localized</u>→Pericarditis, pleuritic, Pneumothorax ◇ <u>Over skin</u>→Musculoskeletal, costochondritis.
Onset:	
* Is it sudden or gradually ?	
* Is it continuous or intermittent ? (if intermittent ask: How long does it last?)	
* Does it come in the Morning or Evening ?	

Character:	
* Can you tell me how the pain is like?	<ul style="list-style-type: none"> ◇ Pressure, Heaviness → MI ◇ Sharp and stabbing → Pericarditis, pleuritic, Pulmonary Embolism (PE), Pneumothorax. ◇ Tearing, ripping → Aortic dissection. ◇ Burning → GERD.
Radiation:	
* Is the pain radiate? IF YES: Radiate to where?	<ul style="list-style-type: none"> ◇ Left, right or both shoulders → MI or Pericarditis. ◇ Tip of jaw → MI. ◇ Back → Aortic dissection.
Aggregating & Reliving factor:	
What makes the pain worse ? <ul style="list-style-type: none"> * Exertion? * After eating? * Position? 	<ul style="list-style-type: none"> ◇ Exertion → angina pectoris ◇ Emotional Stress → Angina pectoris ◇ Eating → GERD or GIT problem ◇ Lying down → GERD, Pericarditis ◇ Respiration or cough → pleuritis, pneumothorax, PE
Does it go away quickly when you stop exercising?	◇ MI
What relives the pain?	<ul style="list-style-type: none"> ◇ Nitroglycerin (2-5min) → angina pectoris ◇ Leaning forward → pericarditis ◇ Antacid → GERD ◇ Holding breath → pluritis
Severity:	
How would you describe the severity of the pain on a scale from 1-10?	<ul style="list-style-type: none"> ◇ Sever → MI ◇ Moderate → Angina pectoris.

2- Review of symptoms related to the system of interest.

<p>Do you have:</p> <ul style="list-style-type: none">* Nausea?* Vomiting?* Palpitation?* Dizziness?* Dyspnea, orthopnea, paroxysmal nocturnal* Sweating?* Syncope?* Fatigue?	<p>◇ MI → nausea, vomiting, Sweating, Dyspnea</p>
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3- Risk Factors

- * Are you now or have you been **smoker**? How long since you stopped?
- * Have you had any heart trouble before? What sort? What treatment did you have?
- * Do you know what your cholesterol level is?
- * Are you diabetic? How well controlled is your diabetes?
- * Have you had high blood pressure and has it been treated?
- * Have there been problems in your family with heart disease?
- * Who was affected and how old were they?

4- Initial Investigations

Chest X-Ray
ECG
Angiography

Differential Diagnosis

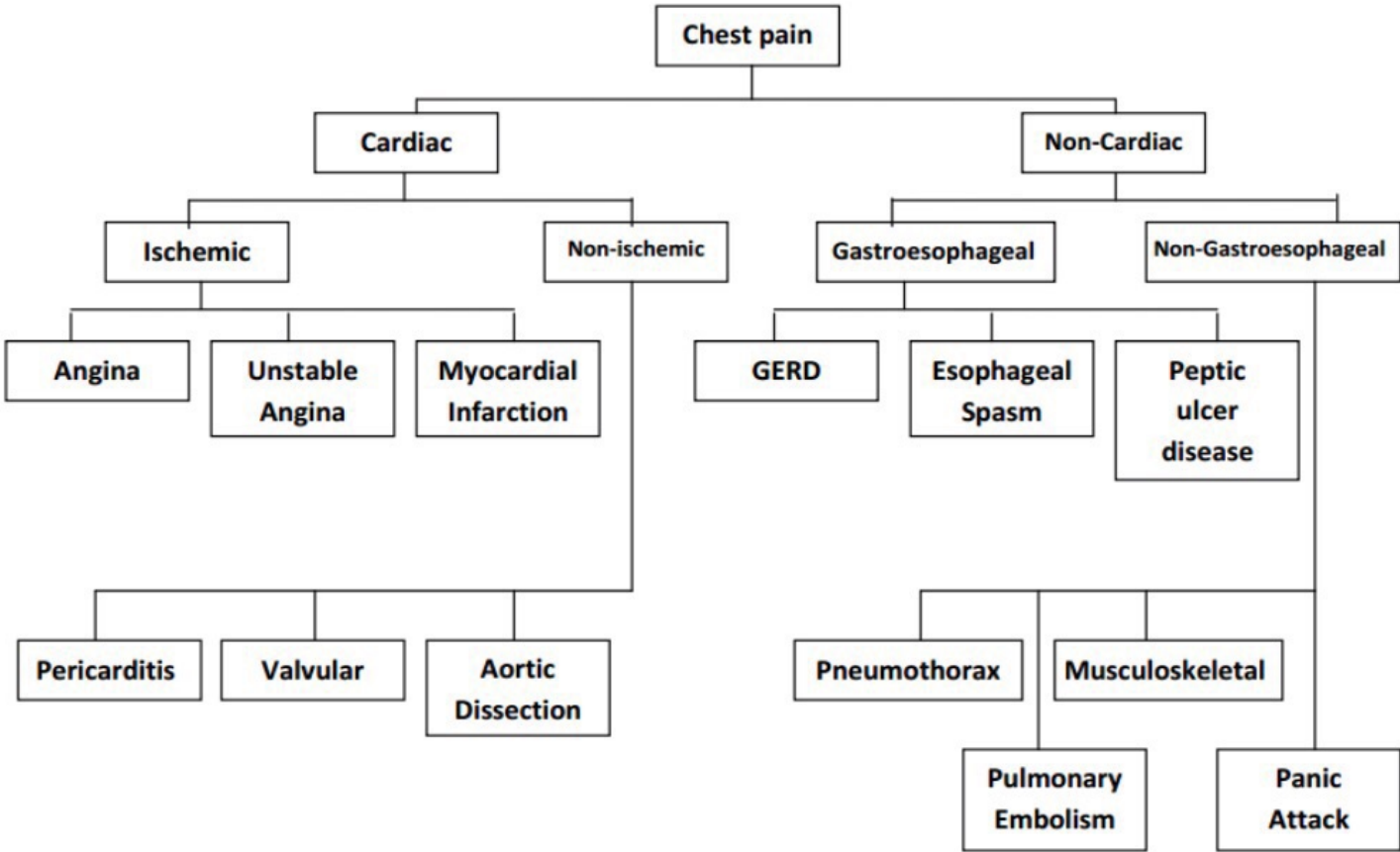


Figure.1 Differential Diagnosis of chest pain

MANAGEMENT

1) MI & Angina →

- Analgesia
- Anti-platelet
- Anti-coagulant
- Anti-anginal therapy (sublingual nitrate)
- Reperfusion (in MI)
- Coronary Artery bypass graft surgery. (in Angina with damage in coronary artery)

***Complication of MI: Death, arrhythmic, mechanical, and inflammatory (early pericarditis and post-MI syndrome) sequelae**

2) Aortic Stenosis:

- Aortic valve replacement.

***Complication: Angina**

***Causes: Bicuspid aortic valve (congenital) – Rheumatic fever.**

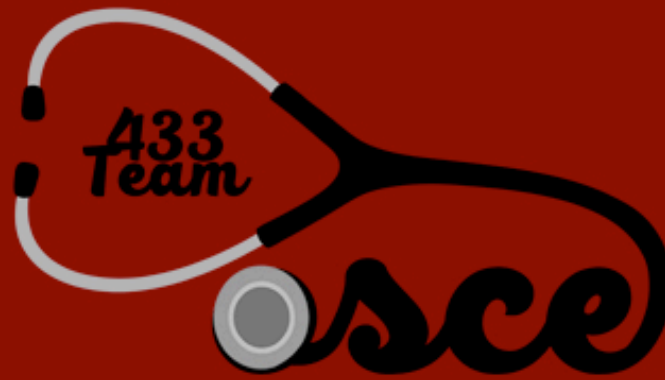
3) Pneumothorax:

- Percutaneous needle aspiration of air.

4) GERD:

- Anti-acid

***Causes: smoking**



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