

## Hypertension

### History of Present Illness (HPI):

**Duration of Hypertension:** Last Known Normal Blood Pressure, Course of Hypertension.

○ **Risk Factors & Associated Diseases:**

- Age  $\geq$  55 Years in Men or  $\geq$  65 Years in Women
- Smoking
- Physical Inactivity
- Stress

○ **Symptoms of Secondary Causes:**

- Muscle Weakness (*Primary Aldosteronism or Cushing's*)
  - Palpitation
  - Sweating
  - Tremor
- } (*Hyperthyroidism*)

○ **Symptoms of Target Organ Damage:**

- Headaches
  - Transient Weakness or Dizziness
  - Blindness or Loss of Visual Acuity
  - Chest Pain (*Coronary Artery Disease*)
  - Dyspnea (*Coronary Artery Disease or Pulmonary Edema "CHF"*)
  - Claudication (*Vascular Disease*)
- } (*Cerebrovascular Disease*)

**Past Medical History of** DM, CVD, Dyslipidemia, Chronic Kidney Diseases (Renal Parenchymal or Renovascular) , Endocrine Diseases, Obesity

**Family History of** HTN, DM, CVD, Familial Diseases (Renal Diseases, Pheochromocytoma), Dyslipidemia, Obesity.

### Medication & Dietary History:

- Corticosteroids
- Oral Contraceptive Pills
- Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)
- Cyclosporine
- Cocaine
- Excessive Sodium Intake
- High Cholesterol & Calorie Intake
- Alcohol

## Management

The main aim of treatment is to reduce the risk of clinically overt cardiovascular disease.

Blood pressure should be reduced to less than **140/90 mmHg** in the absence of comorbidities, including diabetes mellitus, chronic kidney disease, or existing coronary heart disease.

Blood pressure should be reduced to less than **130/80 mmHg** in patients with diabetes, chronic kidney disease, or established cardiovascular disease.

**Lifestyle modifications** are indicated in all hypertensive patients:

- Give up smoking
- Lose weight if overweight
- Undertake regular aerobic exercise
- Reduce dietary sodium intake

Antihypertensive medications should generally be begun if the systolic pressure is **persistently  $\geq 140$  mmHg** and/or the diastolic pressure is **persistently  $\geq 90$  mmHg** in the office and at home despite attempted nonpharmacologic therapy.

### British Guidelines Suggest in Absence of Compelling Indications or Contraindications

- If age < 55 years → ACE Inhibitors or ARBs
- If age > 55 years → Calcium Channel Blockers or Diuretics (Thiazide)

## Sore Throat

Sore Throat is most commonly caused by Pharyngitis or Tonsillitis.

### 1- History of Presenting Illness (HPI):

- Onset
- Location
- Duration } *Progressive/ Regressive*
- Course } *Continuous/ Intermittent*
- Character
- Aggravating & Relieving Factors: *Hot or Cold Drinks, Rest.*
- Radiation
- Severity

### History of Previous Episodes

**Associated Symptoms:** *Headache, Cough, Rash, Abdominal Pain, Dysphagia, Vomiting, Muscle Pain, Nasal Congestion or Discharge, Ear Pain, Hoarseness, Conjunctivitis, Dyspnea.*

**Constitutional Symptoms:** *Fever, Chills, Malaise, Night Sweats, Weight Loss.*

**2- Past Medical History:** Chronic Diseases, Admissions, Dental Procedures.

**3- Allergy History:** Triggers and Symptoms.

**4- Medication History**

**5- Family History:** *(Similar Symptoms)*

**6- Social History:**

- Animal Contact
- Travel
- Children and Recent Child Infection
- Smoking
- Occupation (Ex. Teacher)
- History of Seasonal Flu

**Summary & ICE** *(Idea, Concerns, Expectations)*

## Sinusitis

*Sinusitis is defined as inflammation of one or more of the paranasal sinuses, which may follow an **Upper Respiratory Tract Infection** or an **Allergic Reaction**.*

*Patients usually present with **Nasal Congestion**, a **Purulent Nasal Discharge**, headache, facial pain or pressure, **Tenderness**, and **Swelling over the Sinuses**.*

### 1- History of Presenting Illness (HPI):

- Onset
- Location
- Duration } *Progressive/ Regressive*
- Course } *Continuous/ Intermittent*
- Character
- Aggravating & Relieving Factors
- Radiation
- Severity
- Nasal Discharge Color

### **History of Previous & Similar Episodes**

**Associated Symptoms:** *Headache, Nasal Congestion or Discharge, Facial Pain or Pressure, Maxillary Toothache, Cough, Wheezing, Post Nasal Drip.*

**Constitutional Symptoms:** *Fever, Chills, Malaise, Night Sweats, Weight Loss.*

**2- Past Medical & Surgical History:** Trauma, Chronic Diseases (Asthma & Immunodeficiency), Admissions, UPRTs, Nasal Polyps, Previous Nasal Surgery, Dental Procedures.

**3- Allergy History:** Triggers and Symptoms, History of Allergic Rhinitis.

### 4- Medication History

**5- Family History:** *(Asthma or Allergy)*

### 6- Social History:

- Smoking
- Occupational Rhinitis
- Animal Contact
- Travel

**Summary & ICE** *(Idea, Concerns, Expectations)*

## Otitis Media

### 1- History of Presenting Illness (HPI):

- Onset
- Location
- Duration } *Progressive/ Regressive*
- Course } *Continuous/ Intermittent*
- Character
- Aggravating & Relieving Factors.
- Radiation
- Severity

### **History of Previous & Similar Episodes**

**Associated Symptoms:** *Headache, Hear Loss, Ear Fullness, Ear Discharge, Sleep Disturbance, Balance Problem, Cough, Rhinitis, Conjunctivitis, Vomiting.*

**Constitutional Symptoms:** *Fever, Chills, Malaise, Night Sweats, Weight Loss.*

**2- Past Medical History:** Trauma, Chronic Diseases (Immunodeficiency), Admissions, UPRTs.

**3- Allergy History:** Triggers and Symptoms, History of Allergic Rhinitis.

### **4- Medication History**

**5- Family History:** *(Similar Symptoms)*

### **6- Social History:**

- Smoking
- Animal Contact
- Travel
- Children and Recent Child Infection
- Occupation (Ex. Teacher)

**Summary & ICE** *(Idea, Concerns, Expectations)*