



PRACTICE CASE / ID

DATE

SETTING

Characterize the symptom, weigh cardiac risk, and connect ECG and labs to the story.

WHAT MATTERS MOST

- Chest pain character, exertional relationship, duration
- Cardiac risk factors
- Functional capacity and volume status
- ECG and troponin with times

OFTEN MISSED

- Comparing the ECG with a prior one
- Volume status in heart failure
- Risk stratification in the Assessment

S SUBJECTIVE**Chief complaint**

HPI Character, onset, exertional, duration, radiation, associated dyspnea/diaphoresis/syncope.

Risk factors HTN, diabetes, lipids, smoking, family history of early CAD.

Functional capacity e.g. NYHA class, exercise tolerance.

Meds / allergies**O OBJECTIVE**

Vital signs BP in both arms when dissection is a concern.

Exam Heart sounds, murmurs, JVD, lung exam, edema, pulses.

ECG Rhythm, intervals, ST changes, compared with prior.

Labs / imaging Troponin with times, BNP, echo.

A ASSESSMENT

Diagnosis / differential

Risk stratification e.g. HEART score.

P PLAN

Diagnostics Serial troponins, stress test, echo.

Treatment

Disposition / follow-up
