JoAnn Smith

History of Present Problem:

JoAnn Smith is a 68-year-old woman who presents to the emergency department (ED) after having three days of progressive weakness. She denies chest pain but admits to shortness of breath (SOB) that increases with activity. She also has epigastric pain with nausea that has been intermittent for 20-30 minutes over the last three days. She reports that her epigastric pain has gotten worse and is now radiating into her neck. Her husband called 9-1-1 and she was transported to the hospital by emergency medical services (EMS).

Personal/Social History:

JoAnn is a recently retired math teacher who continues to substitute teach part-time. She is physically active and lives independently with her spouse in her own home. She has smoked 1 pack per day the past 40 years. JoAnn appears anxious and immediately asks repeatedly for her husband upon arrival.

Past medical history:

DM II, HTN, Hyperlipidemia, CVA with no deficits, GERD, Iron deficiency Anemia

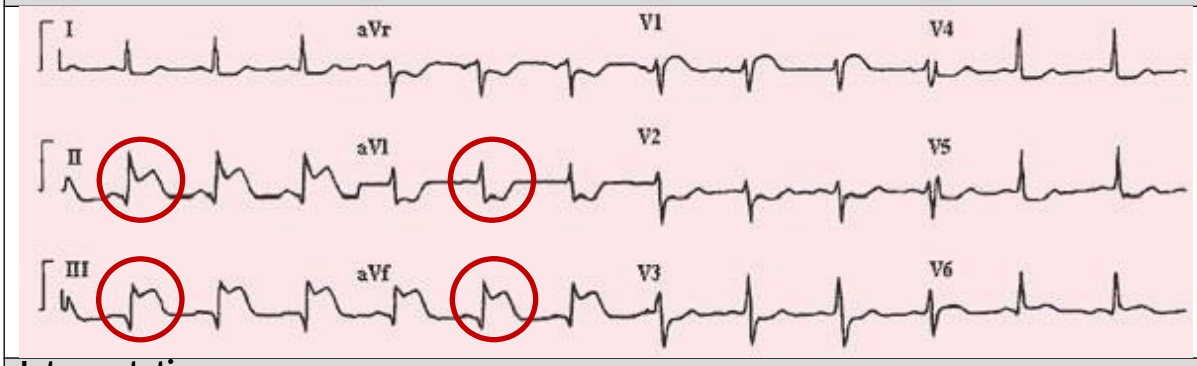
1. **What stands out as relevant to you and needs to be considered when forming the patient's plan of care?**

Current VS:	**P-Q-R-S-T Pain Assessment (5th VS):**	
T: 99.2 F/37.3 C (oral)	**P**rovoking/Palliative:	Nothing/Nothing
P: 128 **(**regular)	**Q**uality:	Ache
R: 24 (regular)	**R**egion/Radiation:	Left arm that radiates into neck
BP: 108/58	**S**everity:	5/10
O2 sat: 99% room air	**T**iming:	Intermittent-20-30" at a time

Current Assessment:	
GENERAL APPEARANCE:	Anxious, appears uncomfortable, body tense
RESP:	Respirations labored; coarse crackles present in bases bilaterally anterior/posterior
CARDIAC:	Pale, diaphoretic, no edema, heart sounds regular S1S2 with no abnormal beats, pulses strong, equal with palpation at radial/pedal/post-tibial landmarks
NEURO:	Alert & oriented to person, place, time, and situation (x4)
GI:	Abdomen soft/non-tender, bowel sounds audible per auscultation in all 4 quadrants
GU:	Voiding without difficulty, urine clear/yellow
SKIN:	Skin integrity intact, skin turgor elastic, no tenting present

2. **What findings are significant and why?**

12 Lead EKG:



Interpretation:

ST segment elevation in leads II, III and aVf with ST depression in aVl

Clinical Significance:

Echocardiogram Results:	Clinical Significance:
Left ventricle hypokinesis with ejection fraction (EF) of 25%	

Chest X-ray Results:	Clinical Significance:
Bilateral atelectasis or pulmonary edema	.

Complete Blood Count (CBC):	Current:	Is result high or low? If so, why?
WBC (4.5-11.0 mm 3)	10.5	
Hgb (12-16 g/dL)	12.9	
Platelets (150-450x 103/µl)	225	
Neutrophil % (42-72)	70	
Basic Metabolic Panel (BMP):	**Current:**	**Is result high or low? If so, why?**
Sodium (135-145 mEq/L)	135	
Potassium (3.5-5.0 mEq/L)	4.1	
Glucose (70-110 mg/dL)	184	
Creatinine (0.6-1.2 mg/dL)	1.5	
Misc. Labs:		
Magnesium (1.6-2.0 mEq/L)	1.8	
Cardiac Labs:	Current:	
Troponin (<0.4 ng/mL)	1.8	
BNP (B-natriuretic Peptide) (<100 ng/L)	1150	

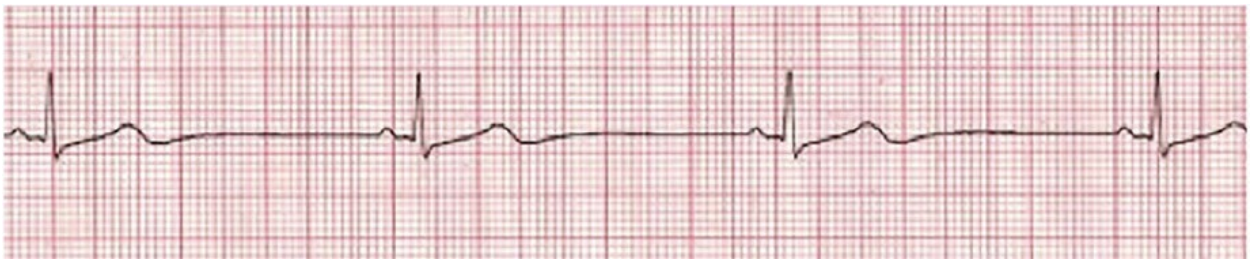
3. **What is the primary problem that your patient is most likely presenting with?**

4. **What do you expect is the underlying cause/pathophysiology of this primary problem?**

5. **What is the most crucial thing for this patient?**

Care Provider Orders:	**Is this appropriate? Why? (Doses are fine, focus more on the drug itself, is the drug appropriate?)**
1. Establish 2 large bore peripheral IVs 2. Metoprolol 5 mg IV push x1 now 3. Nitroglycerin IV drip-start at 10 mcg and titrate to keep SBP >100 4. Clopidogrel 600 mg po x1 now 5. Aspirin 324 mg (81 mg tabs x4) chew x1 now 6. Heparin 60 units/kg IV x1 now 7. To cath lab for angiogram	

***While you are implementing orders, the patient complains of feeling dizzy. You check the monitor and see the following rhythm:**



Interpretation:
Sinus bradycardia – 40 beats per minute
Clinical Significance:

6. **What do you want to do for JoAnn? Have your previous plans changed at all?**