Electronic Medical Record (EMR) Summary

Patient ID: PID57688582

Name: Rajesh Kumar

Age: 62, Sex: Male

Visit ID: VISIT58797885

Date: 2025-05-17 14:41

Clinical Reasoning Summary

Definition & Key Concerns

The patient's symptoms suggest a possible Acute Coronary Syndrome (ACS), which includes unstable angina and myocardial infarction (with or without ST-segment elevation). The key concern is that this could represent a life-threatening cardiac event.

Differential Diagnosis

1. **Acute Coronary Syndrome (ACS)**: The patient's chest pain, radiating to the left arm, associated with nausea and sweating are classic symptoms of ACS. The patient's history of Type 2 Diabetes Mellitus and Hypertension also increases the risk.
2. **Angina Pectoris**: This could be a severe episode of angina, but the presence of nausea and sweating suggests more likely ACS.
3. **Aortic Dissection**: Although less likely, the sudden onset of chest pain could indicate aortic dissection. However, this is less likely given the radiation to the left arm and associated symptoms.
4. **Gastroesophageal Reflux Disease (GERD)**: Chest pain could be due to GERD, but the radiation to the left arm and associated symptoms make this less likely.

Can?t-Miss Diagnosis

The critical high-risk condition that must be ruled out immediately is Acute Coronary Syndrome (ACS).

Suggested Investigations

1. **Electrocardiogram (ECG)**: This is the most immediate and critical investigation. Look for ST-segment elevation or depression, T-wave inversion, or new Q waves.
2. **Cardiac Biomarkers (Troponin)**: These should be measured on presentation and repeated as

necessary.

3. **Chest X-ray**: To rule out other causes of chest pain such as aortic dissection or pneumothorax.

Management Plan

1. **Immediate Actions**: Administer oxygen if SpO2 < 94%, monitor vital signs, establish IV access.

2. **Initial Medications**: Administer aspirin (162-325 mg chewed) immediately unless contraindicated. Nitroglycerin (0.4 mg sublingual) can be given for ongoing chest pain. Morphine can be considered if pain is not relieved.

3. **Further Management**: If ECG and biomarkers confirm ACS, initiate antiplatelet therapy (e.g., clopidogrel, ticagrelor) and consider anticoagulation (e.g., heparin). Consult cardiology for possible coronary angiography and reperfusion therapy.

Reference Insight

The management plan is in line with the 2020 American College of Cardiology (ACC)/American Heart Association (AHA) guidelines for the management of patients with non-ST-elevation ACS. (UpToDate 2023)

Rare Disease Alerts

None triggered

Prescription

None provided