EMERGENCY DEPARTMENT NOTE

Patient: Jennifer Anne Williams

DOB: 11/08/1972 (Age: 53)

MRN: 2024-321789

Date/Time: 01/20/2026, 14:32

Chief Complaint: Chest pain and shortness of breath

TRIAGE INFORMATION:

Arrival: 14:32 via EMS

Triage Level: ESI Level 2 (Emergent)

Vitals on Arrival:

- BP: 168/102 mmHg

- HR: 112 bpm, irregular

- RR: 24/min

- Temp: 99.1°F (37.3°C)

- SpO2: 91% on room air

- Pain Scale: 8/10

HISTORY OF PRESENT ILLNESS:

53-year-old female with history of poorly controlled Type 2 DM, HTN, obesity, and 35 pack-year smoking history presents with acute onset substernal chest pain that started approximately 2 hours ago while at rest watching television. Pain is described as "pressure-like," 8/10 severity, radiating to left arm and jaw. Associated with diaphoresis, nausea (no vomiting), and shortness of breath. Patient took 2 aspirin at home before calling 911.

EMS administered aspirin 324mg (patient already took 162mg at home), started oxygen at 4L NC (SpO2 improved to 96%), obtained 12-lead ECG showing ST elevations in leads V1-V4, and established IV access. Patient received sublingual nitroglycerin x2 with partial relief of chest pain (now 5/10).

REVIEW OF SYSTEMS:

Constitutional: Diaphoresis, malaise

Cardiovascular: Chest pain, palpitations

Respiratory: Shortness of breath, no cough

GI: Nausea, no vomiting

Neurological: No headache, no focal weakness

All other systems negative

PAST MEDICAL HISTORY:

1. Type 2 Diabetes Mellitus - poorly controlled (last HbA1c 9.8%)

2. Hypertension - poorly controlled

3. Hyperlipidemia - not on statin (patient declined previously)

4. Obesity (BMI 38.5)

5. GERD

6. Anxiety disorder

7. Former smoker (quit 2 months ago, 35 pack-year history)

SURGICAL HISTORY:

- Appendectomy (1995)

- C-section x2 (1998, 2001)

MEDICATIONS:

1. Metformin 1000mg BID (admits non-compliance)

2. Lisinopril 20mg daily (often forgets)

3. Omeprazole 20mg daily

4. Alprazolam 0.5mg PRN anxiety

ALLERGIES: NKDA

FAMILY HISTORY:

- Father: MI at age 58, died at 62 from second MI

- Mother: Type 2 DM, stroke at 70

- Brother: CAD, stent at 52

SOCIAL HISTORY:

- Tobacco: Former smoker, quit 2 months ago, 35 pack-year history

- Alcohol: Social, 2-3 drinks/week

- Drugs: Denies

- Occupation: Office manager

- Marital Status: Divorced, 2 adult children

PHYSICAL EXAMINATION:

General: Anxious, diaphoretic female in moderate distress

HEENT: Normocephalic, pupils equal and reactive, moist mucous membranes

Neck: No JVD, no carotid bruits

Cardiovascular: Tachycardic, irregular rhythm, no murmurs, rubs, or gallops

Lungs: Bibasilar crackles, no wheezes

Abdomen: Soft, non-tender, obese

Extremities: No edema, pulses 2+ bilaterally

Neurological: Alert, oriented x3, no focal deficits

Skin: Diaphoretic, no rashes

DIAGNOSTIC WORKUP:

ECG (14:38): Sinus tachycardia with frequent PVCs, ST elevation V1-V4 (2-3mm), reciprocal ST depression in II, III, aVF. Findings consistent with acute anterior STEMI.

LABORATORY RESULTS:

- Troponin I: 2.8 ng/mL (H) [normal <0.04]

- BNP: 580 pg/mL (H)

- CBC: WBC 12.4, Hgb 13.2, Plt 245

- BMP: Na 139, K 4.2, Cl 101, CO2 22, BUN 18, Cr 1.1, Glucose 287 (H)

- PT/INR: 12.1/1.0

- PTT: 28 seconds

Chest X-Ray (portable): Mild cardiomegaly, early pulmonary vascular congestion, no pneumothorax

EMERGENCY DEPARTMENT COURSE:

1. Acute STEMI protocol activated at 14:42

2. Cardiology notified - Dr. Ramirez responded immediately

3. Cath lab activated - door-to-balloon time goal <90 minutes

4. Medications administered:

- Aspirin 324mg PO (total 486mg including home dose)

- Ticagrelor 180mg PO loading dose

- Heparin 5000 unit IV bolus, then infusion

- Atorvastatin 80mg PO

- Metoprolol 5mg IV x2 (HR now 88, BP 142/88)

- Morphine 2mg IV for pain (now 3/10)

- Ondansetron 4mg IV for nausea

5. Oxygen continued at 4L NC, SpO2 97%

6. Patient consented for cardiac catheterization

CARDIAC CATHETERIZATION RESULTS (performed 15:18-15:52):

- Left Main: No significant disease
- LAD: 99% thrombotic occlusion in proximal segment (CULPRIT LESION)
- LCx: 50% stenosis in mid-segment
- RCA: 60% stenosis in proximal segment
- Intervention: Successful PCI to proximal LAD with drug-eluting stent (3.0 x 28mm)
- Post-PCI TIMI 3 flow achieved
- Door-to-balloon time: 68 minutes

POST-PROCEDURE VITAL SIGNS:

- BP: 128/78 mmHg
- HR: 76 bpm, regular sinus rhythm
- SpO2: 98% on 2L NC
- Pain: 0/10

ASSESSMENT:

1. Acute anterior ST-elevation myocardial infarction (I21.0) - status post successful PCI with DES to LAD
2. Type 2 Diabetes Mellitus, uncontrolled (E11.65)
3. Essential Hypertension (I10)
4. Hyperlipidemia (E78.5)
5. Obesity (E66.9)
6. Tobacco use disorder, in early remission (F17.211)

DISPOSITION:

Admitted to Cardiac Care Unit (CCU) for post-MI monitoring

MEDICATIONS ON ADMISSION TO CCU:

1. Aspirin 81mg PO daily
2. Ticagrelor 90mg PO BID (CRITICAL - cannot miss doses for 12 months)
3. Atorvastatin 80mg PO at bedtime
4. Metoprolol Succinate 50mg PO daily
5. Lisinopril 10mg PO daily (reduced dose given current BP)
6. Heparin infusion per protocol (will transition to LMWH)
7. Insulin sliding scale (hold Metformin for now)
8. Pantoprazole 40mg PO daily
9. PRN medications as ordered

CRITICAL FOLLOW-UP REQUIRED:

1. Echo in 48-72 hours to assess LV function
2. Cardiac rehabilitation referral
3. Smoking cessation counseling (congratulate on quitting, reinforce)
4. Diabetes management - endocrinology consult
5. Aggressive lipid management
6. Dual antiplatelet therapy for minimum 12 months (CRITICAL)
7. Medication compliance counseling

RISK STRATIFICATION:

- TIMI Risk Score: 5 (high risk)
- GRACE Score: 142 (high risk for 6-month mortality)
- HEART Score: 8 (high risk)

Patient and family (daughter present) educated on:

- Diagnosis of heart attack
- Importance of medication compliance, especially dual antiplatelet therapy
- Lifestyle modifications needed
- Warning signs to watch for
- Follow-up care requirements

Attending Physician: Dr. Amanda Foster, MD

Emergency Medicine

Cardiology Consultant: Dr. Carlos Ramirez, MD

Interventional Cardiology

Electronically signed: 01/20/2026 17:45

Admitted to: CCU, Bed 4

Admitting Physician: Dr. Carlos Ramirez, MD