Clinical Note #1

Patient: Johnathan Smith (56 y/o male)

Chief Complaint:

Chest pain, SOB

History:

Hx significant for HTN, hyperlipidemia, DM2, smoker (30 pack-year). Previous MI (2017), angioplasty with stent placement (2018).

Physical Examination:

Pt in mild distress. BP 156/94 mmHg, HR 102 bpm, RR 22 breaths/min. Bilateral basal crackles, no murmurs. Peripheral pulses intact.

Assessment and Plan:

ACS suspected. Admit telemetry, serial cardiac enzymes (CK-MB, troponin), repeat EKG q6h, lipid panel, initiate heparin drip, nitro SL prn, consult cardiology, continue beta-blocker, statin therapy.