

Patient Case

PATIENT DOOR CHART and Learner Instructions

- Patient Name: Bettie
- Age: 48
- Legal Sex: Female
- Chief Complaint: Chest pain
- Clinical Setting: Outpatient clinic

Vital Signs:

- Blood Pressure Reading: 130/80 mmHg
- Pulse Rate: 75 bpm
- Respiratory Rate: 16 breaths/min
- Temperature (Celsius): 37.0
- SpO2: 97%

Learner Tasks:

Learner Tasks

1. Obtain an appropriately focused and detailed history based upon the chief complaint.
2. Perform a pertinent physical examination based upon the chief complaint.
3. Discuss your diagnostic impressions and next steps with the patient.
4. Place appropriate orders for the patient.
5. Review results with the patient and further next steps.
6. Answer any questions the patient may have to the best of your ability.

Patient Case

Clinical Interview:

Doctor: what brings you in today?

Patient: Chest pain.

Doctor: When did it start?

Patient: About 3 months ago.

Doctor: Is it constant? or does it come and go?

Patient: It comes and goes.

Doctor: how long does it last each time it comes?

Patient: 1-2 hours, but lately, it's been lasting up to 3-4 hours.

Doctor: is there anything that makes it worse?

Patient: Eating solid food and exercising within an hour of eating.

Doctor: is there anything that makes it better?

Patient: Regurgitation helps relieve it.

Patient Case

Doctor: Is it worse when you lay down?

Patient: Yes, I've noticed it after lying down.

Doctor: have you had any shortness of breath?

Patient: No, I haven't had shortness of breath.

Doctor: any other symptoms that started around the same time?

Patient: My hands hurt, it's tough to swallow, and I feel bloated.

Doctor: do you have any autoimmune conditions?

Patient: I haven't been diagnosed with any, but my mother has rheumatoid arthritis.

Doctor: have you had surgery?

Patient: No, I've never had surgery.

Doctor: do you smoke cigarettes?

Patient: I used to, but I quit 12 years ago.

Doctor: do you drink alcohol?

Patient Case

Patient: No, I don't drink alcohol.

Doctor: what do you do for work?

Patient: I work in an office, but it's been stressful lately.

Doctor: any conditions run in the family?

Patient: Yes, my father had hypertension and passed away from a heart attack in his 50s, and my mother has rheumatoid arthritis. My sister also has hypertension.

Doctor: I think we need to do further testing to figure out what's causing your heartburn

Patient: Okay, that sounds good.

Doctor: I think it could be related to your esophagus but I also want to make sure you don't have heart conditions that might cause this

Patient: Alright, I understand.

Doctor: let me discuss with my team and we'll come up with a plan

Patient: Thank you, I appreciate it.

Patient Case

Orders:

ekg

Date and Time of Request: 2024-12-12 15:42:00

examine heart

Date and Time of Request: 2024-12-12 15:41:26

cxr

Date and Time of Request: 2024-12-12 15:40:44

Results:

EKG Results:

Interpretation: EKG shows a normal sinus rhythm with a regular rate and no significant ST changes or arrhythmias detected, consistent with a stable cardiovascular status. No acute ischemic changes are observed.

Physical Exam Findings:

Upon examination of the heart:

Patient Case

- Heart Sounds: Regular rate and rhythm observed, no murmurs, rubs, or gallops detected.
- Peripheral Pulses: Pulses are palpable and symmetric bilaterally. Capillary refill is less than 2 seconds.
- Additional Observations: No jugular venous distension noted. There are no signs of peripheral edema.

The examination confirms normal cardiac function with no abnormal heart sounds or peripheral vascular issues apparent at this time.

Chest X-Ray Results:

Findings:

- Radiologic Interpretation: The chest X-ray shows clear lung fields without consolidation or pleural effusion. The heart size is within normal limits. There is mild esophageal dilation suggestive of esophageal motility disorder consistent with the patient's history.

No medications were ordered; therefore, no medication administration details are included.