



I Human Tips Amanda Wheaton

advanced health assessment (Chamberlain University)

HISTORY TAKING

- 1.) Whatever mnemonic you were using for HPI, the system uses OLDCARTS. When I switched to that, I started getting better scores.
 - a. Onset
 - b. Location/radiation
 - c. Duration
 - d. Character
 - e. Aggravating factors
 - f. Relieving factors
 - g. Timing
 - h. Severity
- 2.) The fewer questions you ask in HPI the better. It scores your "efficiency" as a sort of percentage of how many "correct" questions you're getting out of your 100 max. So if you focus on sticking more to just their OLD CARTS script, it seems to give you a better score.
- 3.) Every HPI is supposed to start with:
 - a. "How can I help you today," and then
 - b. "Any other symptoms or concerns." Those two specifically are what it seems to want.
- 4.) PMH - The absolute must asks for every patient:
 - a. Allergies
 - b. Prescription medications
 - c. OTC/herbal medications
 - d. immunizations (usually it wants you to ask about the flu shot too, but not always)
- 5.) It wants you to go through everything in ROS you haven't touched on yet. If it gives an ambiguous answer go back up and ask each individual question the patient wasn't clear on. Even if their complaint was a cough, I would recommend asking about urinary symptoms. The system doesn't like abbreviated ROS's.

PHYSICAL EXAM

- 1.) Your "Key findings" list includes the physical exam, and when you submit the physical exam portion it automatically submits the "key findings" list too, so make sure you've added everything you want before clicking submit.
- 2.) You don't get docked for completing extra portions of the physical exam!! (With the exception of trying to assess fetal heart rate in a male or something obviously wrong like that) So just perform everything. Just. Do. Everything. It's a guaranteed 100% in that section.
 - a. EDIT: The gross pain stimulus is also considered inappropriate and you may get dinged for it.

DIFFERENTIAL AND DIAGNOSIS

- 1.) From what I can tell the differential list doesn't matter as much. The correct diagnosis, along with taking a solid history are where the majority of the points are in the system (that's also if you're doing a complete PE to ensure a 100 in that category). I personally recommend using their drop-down located to the right of the magnifying glass. Why try to come up with ideas from scratch if they're laid out by system for you already?
- 2.) Do the assessment quizzes FIRST.
 - a. They will often give you a big clue as to what the diagnosis actually is. If your patient comes in with a cough and you're between flu and mono and the assessment quiz is asking you about what type of test is used to diagnose the flu..... Guess what. They have the flu.

ORDERING AND INTERPRETATION OF TESTS

- 1.) To choose what tests to order you have to add the test under each possible diagnosis. Super annoying. So you can't just order one CXR, you're going to have to select it three times each under pneumonia, rib fracture, and pleural effusion for example.
- 2.) I again recommend using their drop-down here instead of trying to search for tests by typing it in the search bar.
- 3.) LFTs are their own separate order, even if you already ordered a CMP. The system won't give you credit for it unless you order them separately.
- 4.) The system will interpret the tests for you. Don't get stuck wondering how on earth you're supposed to be able to interpret ECHO imaging like I did. Above the picture of the test results there is an interpretation option that looks like a clipboard that will tell exactly what that EKG or ECHO or whatever else means in detail.

CASE PLAY HELP:

HISTORY:

- Patient Interview Reminder Sheet – Document in Key Findings
- "Good Question!" means you have asked a required question

Step 1. Start by asking 2 open-ended patient centric questions:

- How can I help you today?
- Any other symptoms or concerns?

Step 2. Obtain an HPI using a mnemonic (OLDCARTS is one option):

- O = Onset, circumstances surrounding start of symptom
- L = Location, radiation
- D = Duration
- C = Characteristics (sharp, dull, cramping)
- A = Aggregating
- R = Relieving
- T = Treatments
- S = Severity

Step 3. PMH:

- No Patient Record - Obtain history
- Have Patient Record - Update allergies, medications, OTC drugs

Step 4. FH:

- No Patient Record – Obtain history

Step 5. SH:

- No Patient Record - Obtain history
- Have Patient Record - Update if major change in: living situation, death of partner, loss of job, etc.

Step 6. ROS:

- Questions for systems not addressed in HPI
- Choose ROS for those body systems you do not have information on. Use the large multipart questions.

PHYSICAL EXAM:

- Do those physical assessment maneuvers as needed
- Document abnormal findings in the Key Findings List

ASSESSMENT:

- Organize key findings list by selecting the MSAP (Most Significant Active Problem);
- Mark other findings as: related, unrelated, unknown, or PMH/resolved

PROBLEM STATEMENT:

- Short Summary of patient's presentation. Should contain: 1) demographic description, 2) chief complaint, 3) Hx and PE key findings, 4) risk factors. Keep it concise.

DIFFERENTIAL DIAGNOSIS:

- List diseases you are considering PRIOR to ordering tests.

TESTS:

- Determine what tests are needed to "rule-in" or "rule-out" each diagnosis on authors corrected list.
- Review Author's corrected list of test results.

FINAL DIAGNOSIS:

- Select a final diagnosis or diagnoses.

TREATMENT PLAN:

- Write a treatment plan following your instructor's guidelines.

GEAR HEAD EXERCISES:

- Complete exercises found throughout the case (look for the "brain with gears" icon in steps of the case).

SUMMARY:

- Proceed all the way to the "Summary" tab.
- Submit your case, and press the "See Evaluation" button to see your final evaluation.

Taking your Patient's Pulse

Your **first** position is important, radial for adults, brachial for children, and listen to it for at least 15 seconds.



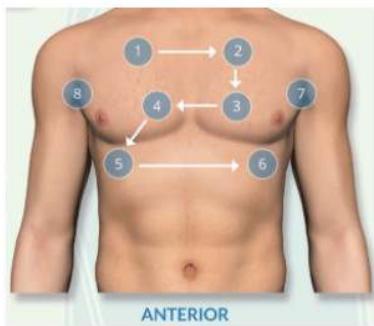
When auscultating the **carotid arteries**, listen to **each** position for at least 15 seconds.



Auscultating the Lungs

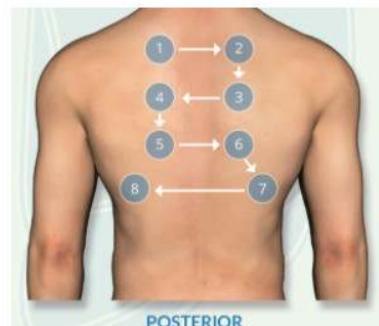
Hold each position for one complete cycle (inspiration/exhalation).

Pattern matters! Make sure you follow the correct pattern of advancement.



Anterior position pattern

1. R Apex
2. L Apex
3. L Superior Lobe
4. R Middle Lobe
5. R Inferior Lobe
6. L Inferior Lobe
7. L Axillary
8. R Axillary



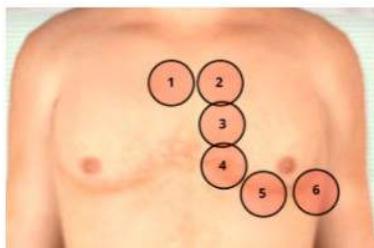
Posterior position pattern

1. L Apex
2. R Apex
3. R Lower Superior Lobe
4. L Lower Superior Lobe
5. L Inferior Lobe
6. R Inferior Lobe
7. R Base
8. L Base

Auscultating the Heart

Listen for one complete cycle

Lub dub

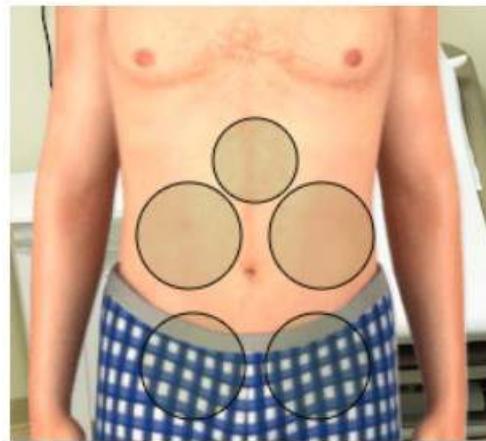


Heart listening pattern

1. Aortic
2. Pulmonic
3. Erb's point
4. Tricuspid
5. Mitral - apex
6. Mitral - midaxillary

Auscultating the Abdomen

Listen to all of the five positions for at least 5 seconds each.



Reason for Encounter

Start with open-ended patient-centric questions.

● Asked ✗ Not asked

Graded	Approach	Question	Response	Information Obtained <i>Clinic Notes</i>
●	CC Sx	How can I help you today?	I feel awful... I'm exhausted. I have body aches and just feel really tired.	
●	Assoc Sx	Do you have any other symptoms or concerns we should discuss?	My throat is sore, I am coughing and I have a headache.	

OLD-CARTS for the HPI

● Asked ✗ Not asked

Graded	Approach	Question	Response	Information Obtained <i>Clinic Notes</i>
●	Onset	When did your headache start?	With this bug.	
✗	Onset	What are the events surrounding the start of your cough?	I was feeling fine then suddenly, without warning I felt really sick.	
●	Onset	When did your cough start?	I think yesterday.	
●	Onset	When did your sore throat start?	Around the same time as the cough, I guess. I just feel sick.	
✗	Location	Does your ear pain radiate someplace else? Where?	It is localized to my right ear.	
	Duration			

✗	Characteristics	Is your ear pain superficial (on the surface) or deep inside?	Feels inside.	
●	Characteristics	Are you coughing up any sputum?	No, it's definitely dry.	
✗	Characteristics	Do you wheeze?	I don't think so.	
✗	Characteristics	Does your headache come and go?	Not really.	
✗	Characteristics	Have you had a sore throat like this before?	Sore throat? Yes, I guess so, but not for a really long time.	
●	Aggravating	Does anything make your cough better or worse?	Not really.	
●	Aggravating	Does anything make your sore throat better or worse?	Not really, my throat feels better only while I am drinking something warm.	
●	Aggravating	Does anything make your headache better or worse?	Ibuprofen seems to help.	
	Relieving			
●	Timing/Treatments	What treatments have you had for your sore throat?	Ibuprofen, steam. Didn't help much so I came in to the health center.	
●	Severity	How severe (1-10 scale) is your ear pain?	Pretty mild at this point, 2/10.	
✗	Severity	How severe is your cough?	It's annoying and makes my throat hurt worse.	
✗	Severity	How severe is your sore throat?	Maybe a 6-8 level.	
●	Severity	How severe (1-10 scale) is your headache?	Oh, its not that bad, just annoying.	
✗	HPI	Have you had any contact with other sick people?	Not that I know of.	

PMH, FH, SH as Needed

● Asked X Not asked

Graded	Approach	Question	Response	Information Obtained <i>Clinic Notes</i>
●	PMH	Are you taking any over-the-counter or herbal medications?	I took ibuprofen yesterday.	
●	PMH	Have you had a flu shot this year?	No. Student Health center said we should get one when we got here, but didn't say they were mandatory. I meant to do it, but I just got so busy, I forgot.	
●	PMH	Do you have any allergies?	None that I know of.	
●	PMH	Are you taking any prescription medications?	Nope. Well, I used to have an inhaler for my asthma, but I haven't used it in so long I stopped carrying it and now I am not sure if I even have one.	

Review of Systems (ROS)

Select the major body systems that have not been touched on during the interview process for the HPI.

● Asked X Not asked

Graded	Question	Response	Information Obtained <i>Clinic Notes</i>
●	Do you have problems with dizziness, fainting, spinning room, seizures, weakness, numbness, tingling, or tremor?	Seizures? No way! None of that other stuff either.	
●	Do you have any problems with fatigue, difficulty sleeping, unintentional weight loss or gain, fevers, or night sweats?	Yes. A lot of that. What do you want to know more about?	
●	Do you have any problems with headaches that don't go away with aspirin or Tylenol (acetaminophen), double or blurred vision, difficulty with night vision, problems hearing, ear pain, sinus problems, chronic sore throats, or difficulty swallowing?	Yes, a couple of those things. Oh... my right ear is also just started to hurt today.	
●	Do you experience chest pain discomfort or pressure; pain/pressure/dizziness with exertion or getting angry; palpitations; decreased exercise tolerance; or blue/cold fingers and toes?	Nothing like that. My chest doesn't hurt at all.	
●	Do you have problems with nausea, vomiting, constipation, diarrhea, coffee grounds in your vomit, dark tarry stool, bright red blood in your bowel movements, early satiety, or bloating?	Nope, none of those things. Thanks for asking, I'm glad at least that's not going on. I feel sick enough as it is.	

Exams Feedback

● Performed Correctly

- auscultate abdomen
 - You performed the simulation correctly.
- auscultate heart
 - You performed the simulation correctly.
 - Your documentation was correct.
- inspect mouth/pharynx

Many bacterial and viral pathogens may cause acute pharyngitis:

- Palatal petechiae and strawberry tongue are signs of Group A streptococcal pharyngitis, a condition that must be actively ruled out due to potential long-term sequelae (especially in younger children)
- More immediate complications include upper air-way compromise due to tonsillar enlargement; and, secondary peritonsillar abscess formation

Dry mucous membranes may be indicative of dehydration; however, other factors such as mouth-breathing and coughing may have additive effects.

- inspect skin overall

Your visual inspection of the skin should be attentive to signs of the following:

- Dehydration (e.g., skin turgor)
- Infectious or inflammatory conditions (e.g., rash, lesions)
- Hematological disorders (e.g., pallor, petechiae, ecchymoses)
- Other organ-system disease (e.g., jaundice)

- look in ears with otoscope

Evaluation of the appropriate body area that the patient describes in their history is important to assist in identifying a diagnosis.

- palpate abdomen

Abdominal exam is always prudent when evaluating a person with signs or symptoms of infection.

- palpate neck

- Infections, inflammatory processes, and malignancies may be associated with lymphadenopathy.
- Prominent posterior cervical nodes are a common finding in mononucleosis (Epstein-Barr virus).

- reflexes - deep tendon

- You performed the simulation correctly.

- respiration

- You documented rate, rhythm, and effort correctly.

- temperature

Not Required, Not Inappropriate

- cognitive status
 - Your documentation was correct.
- eTCO₂
- height
- SpCO
- SpO₂
- weight

Missed

- auscultate abdominal/femoral arteries
 - You didn't listen for at least 15 seconds at abdominal aorta, right renal, and left femoral.
 - You did not auscultate all the locations.
- auscultate carotid arteries
 - You didn't listen for at least 15 seconds at left carotid and right carotid.
- auscultate lungs
 - You didn't listen for at least one cycle at posterior lower right.
 - You documented left lung and right lung correctly.
- blood pressure
 - You documented systolic/diastolic and assessment correctly.
 - You did not document anything for pulse pressure.
 - You performed the simulation correctly.
- examine pupils
 - You need to examine each pupil at least twice.
 - You documented left pupil and right pupil correctly.
- perform ocular motor test
 - You did not cover all the areas.
- pulse
 - You didn't listen for at least 15 seconds at right carotid, left carotid, right brachial, and left brachial.
 - You did not check radial pulse first on conscious adult patient.
 - You documented rate, rhythm, and strength correctly.
- reflexes - plantar/Babinski (L5/S1)
 - You did not perform any simulation.

Your Findings

Key Finding	MSAP Relation
Fatigue	RELATED
Cough	RELATED
Body aches	RELATED
sore throat	MSAP
headache	RELATED
right ear pain	RELATED
anterior cervical lymph node tenderness	RELATED
erythematous/edematous pharynx	RELATED
lower lobe crackles	RELATED

Case Findings

Key Finding	MSAP Relation
Low grade fever	MSAP
Cough	RELATED
Myalgias	RELATED
Sore throat	RELATED
Headache	RELATED
Scattered pulmonary crackles	RELATED
Bilateral cervical lymphadenopathy	RELATED
Fatigue	RELATED
Ear pain	RELATED

Case Problem Statement

M.W. is an 18-year-old male college student with history of childhood asthma who presents with acute onset of low-grade fever, nonproductive cough, sore throat, fatigue, myalgias, right ear pain and headache. Physical exam reveals an erythematous pharynx and erythematous right tympanic membrane, anterior cervical adenopathy and scattered bilateral crackles. Risk factors include the lack of an annual flu vaccine.

Your Differential Diagnoses

Legend: ● Correct ✗ Missed ☀ Extraneous

● group A Streptococcus pharyngitis (strep throat)

● influenza

✗ asthma

✗ Coronavirus (COVID-19)

✗ pneumonia, community-acquired

⌚ pneumonia

Your Differential Ranking

● Correct ✗ Missed ☀ Incorrect

Your Lead	Graded	Your Alt	Graded	Your MNM	Graded	Differential Diagnosis
○		○	●	□		asthma
○		○	●	□	✗	Coronavirus (COVID-19)
○		○	●	□	✗	group A Streptococcus pharyngitis (strep throat)
○	✗	○	⌚	□		influenza
○	⌚	○	✗	□	✗	pneumonia, community-acquired

Feedback

● Correct ✗ Missed ☀ Extraneous

Coronavirus (COVID-19)

● COVID-19 PCR (swab)

asthma

✗ bedside PEFR or FEV1

group A Streptococcus pharyngitis (strep throat)

● rapid strep antigen detection test (RST/RADT)

influenza

✗ influenza PCR (nasal swab)

⌚ rapid influenza diagnostic test (RIDT)

pneumonia, community-acquired

✗ complete blood count (CBC)

⌚ chest x-ray PA and lateral

Feedback

The problem list should be a list of abnormal findings that allows you to begin to see the overall, or unified, constellation of significant signs and symptoms. It is also the starting point for developing, and then ranking, your diagnostic hypotheses.

Start by identifying which problem on the list is his *most significant active problem* (MSAP). Sometimes this can be challenging as it is in this case. One approach is to consider what problem, if it worsened, can lead to morbidity or mortality. On Marvin's list, I would suggest that fever could both be a significant issue, therefore I would suggest fever is his MSAP.

Another symptom to consider is headache. Headaches can be the result of life threatening CNS issues, but this seems mild and temporally associated with his other symptoms.

Next, look thru the rest of the problems on the list. Can you identify any unifying process that could be responsible? Are there risk factors in his medical history that provide additional clues?

Fever, sore throat, myalgias, lymphadenopathy and fatigue could all be grouped together. Consider whether this group is related to his scattered pulmonary crackles. How is the headache and severe fatigue related to these two groups of symptoms?

Amanda Wheaton

23 year old female that is 120 pounds and 5'7"

Chief complaint of sore throat

Sore throat that started two days ago. Patient take Tylenol and it seems to help also eats ice cream that help too. Complains of swollen glands to the neck and headaches that accompany the sore throat. complains of 11 out of ten pain that feels like a ice pic.

Constitutional: alert and oriented X3 and age appropriate. no distress noted, non-toxic appearing.

Head/ neck: normocephalic, full ROM in the neck. No facial swelling or erythematic. Denies pain in the neck. Anterior and posterior cervical lymph nodes are swollen.

EENT: Ears: TM's are pearly grey bilaterally with visible landmarks and light reflex. Ear canals are patent.

Eyes: PEERLA, sclera's are white in color.

Nose/Sinus: no sinus pain upon palpation, nostrils are patent with no erythema or drainage noted.

Throat: no hoarseness or erythema. No bleeding or ulcers noted. Uvula with proper movement and no swelling, tonsillar exudates noted. Lips are proper color with no swelling

Cardiac: HRRR. No murmurs noted. Negative for bilateral lower extremity edema.

Respiratory: Chest expansion is symmetrical. Lungs are clear to auscultation. Percussion presents a resonance is noted. Tactile fremitus noted bilaterally.

GI: Abdomen is protuberant and soft with normoactive bowel sounds. Abdomen is non-tender, and no masses or hepatosplenomegaly noted upon palpation. Normal tympanic percussion noted throughout the abdomen. Negative CVA tenderness.

Heme/ Lymph: no bleeding or bruising noted. No enlarged, swollen lymph nodes

Skin: no open areas, skin to the left knee is red and warm to the touch

Diagnosis: group strep A

Differentials: mono, influenza, pharyngeal gonorrhea, group C & D strep

Treatment: take all of the antibiotics prescribed (penicillin), throat lozenge, rest, increase fluid intake. May take Tylenol for fever.

Mabel Johnson

83 y/o obese woman with CC of knee pain

Key findings:

- Chronic progressive knee pain, R > L - MSAP
- Morning stiffness of joints (knees and hands) for < 1 hour exacerbated by cold – related
- Right knee effusion (small) – related
- Moderate pain and swelling of the fingers – related
- Impaired activity of daily living and ambulation – related
- Obese – related
- Right side limp; bow-legged – related
- Lower extremity weakness – related
- Hypertensive retinopathy – unrelated
- Hypertension: not controlled on current medications – unrelated
- PMH: PUD – resolved/PMH

Asked:

- How can I help you today?
- Any other symptoms or concerns we should discuss?
- Where more precisely is the swelling?
- Does anything make your swelling problem better or worse?
- When did the pain in your knees start?
- Does anything make the pain in your knees better or worse?
- Does the pain in your knees radiate somewhere else? Where?

- What does the pain in your knees feel like?
- Do you have any allergies?
- Any new medical issues or diagnoses since your last visit?
- Are you taking any OTC or herbal medication?
- Is there a pattern to the pain in your knees?
- Do you have any of the following problems: fatigue, difficulty sleeping, unintentional weight loss or gain, fevers, night sweats?
- Do you experience: chest pain discomfort or pressure; pain/pressure/dizziness with exertion or getting angry; palpitations; decreased exercise tolerance; blue/cold fingers

Problem Statement:

I-Human Management Plan

Based upon initial neurologic examination in ED Samantha Higgins is in Grade 2 (severe headache, stiff neck, no neurologic deficit except cranial nerve palsy) according to Hunt and Hess grading system for Problem Lists:

Subarachnoid Hemorrhage
Migraine
History of HTN/Family Hx HTN (Mom)
History of Bell's Palsy
History of Tension Headache

Status/Condition: Critical
Code Status: Full Code
Allergies: NKDA
Admit to Unit: ICU
Activity Level: Bedrest
Diet: NPO except medication
Critical Drips: None
Respiratory: 2L/NC titrate to RA keep O₂ saturation >92%
Medications: Keppra, Labetalol, Tylenol, Morphine Sulfate, Colace

Lab Tests :
Diagnostic testing:
Head CT scan

Plan :

Subarachnoid Hemorrhage

- Labetalol 10 mg IVP Q8H PRN for SBP >160mmHg, hold if HR <60
- Administer Nimodipine 60mg PO Q4H – if permit by Neuro Surgeon (Singer, Olgivie, & Rordorf, 2019)
- Start on Keppra 1000mg IV now, then 500 mg IV Q8H for seizure prophylaxis
- Start IVF NS@100ml/hr – to maintain euvoolemia

- Pain control – Tylenol 650mg PO PRN Q6H for mild pain and fever >101.3F, Morphine sulfate 2mg IVP PRN Q4H for moderate to severe pain.

Hx of Migraine/Tension Headache

- Start on Keppra 500mg Q12H for seizure prophylaxis
- Start IVF NS@100ml/hr – to maintain euvoolemia
- Pain control – Tylenol 650mg PO Q6H for mild pain. Morphine sulfate 2mg IVP Q4H for moderate to severe pain.

History of HTN/Family Hx HTN (Mom)

- Check BMP and Lipid panel
- Blood glucose daily
- Keep SBP between 120-160mmHg for cerebral perfusion
- Labetalol 10 mg IVP Q8H PRN for SBP >160mmHg, hold if HR <60

Hx of Bell's Palsy

- Glucocorticoid – Start on prednisone 60mg PO daily - if permit by Neurologist
- Artificial tears
- PT/OT eval

Health Education and Maintenance

and required follow-up care:

- Routine follow-up of inpatients should be performed during each outpatient contact
- Monitor BP and pain at home and take medication as prescribed.
- Monitor depression, anxiety and sleep disturbance.
- Any changes in neurological status or level of consciousness call 911

References

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Subjective:

CC: Cough, SOB

HPI: Katherine is a 16 yo female who presents with cough x 3 weeks and SOB that has developed and worsened over the last 3 days. She notes SOB with minimal exertion such as walking short distances. Pt states cold like symptoms 3 weeks ago as well but have since resolved. Pt notes feeling "wheezes" and chest tightness. Pt denies fevers, chills or sputum with cough. Pt notes rest makes SOB better. Pt states pertinent history bouts of similar SOB over the past 3 years with improvement quickly after. She is exposed to second hand smoke and cockroaches as well.

PMH: Eczema**Surgical:** Denies**SH:****Housing:** With parents in apartment, exposed to cockroaches.**Recent Travel:** Denies**Pets:** Denies**Smoking:** Denies +second hand smoke**EtOH:** Denies**Recreational substance use (past and present):** Denies**Sexual History:** Denies being sexually active.**FH:** Father- eczema**Medications:** Denies**Allergies:** Denies**Immunizations:** UTD**ROS:**

General: Denies: Usual weight, recent weight change, weakness, fatigue, fever, night sweats, anorexia, malaise

Head: Denies: Headache, head injury

Eyes: Denies: Vision, glasses/contact lens, date of last eye examination, pain, redness, excessive tearing, double vision

(diplopia), floaters (spots in front of eyes), loss of any visual fields, history of glaucoma or cataracts

Ears: Denies: Hearing loss, change in hearing, ringing in ears (tinnitus), ear infections

Nose and Sinuses: Denies: Frequent colds, nasal stuffiness, hay fever, nosebleeds (epistaxis), sinus trouble, obstruction, discharge, pain, change in ability to smell, sneezing, post-nasal drip, history of nasal polyps

Mouth and throat: Denies: Soreness, dryness, pain, ulcers, sore tongue, bleeding gums, pyorrhea, teeth (caries, abscesses, extractions, dentures), sore throat, hoarseness, history of recurrent sore throats or of strep throat or of rheumatic fever

Neck: Denies: Lumps, swollen lymph nodes or glands, goiter (thyroid enlargement), pain

Pulmonary: +Cough, +trouble breathing (dyspnea), +wheezing, Denies: coughing up blood (hemoptysis), pain with taking a deep breath (pleuritic chest pain), blue discoloration of lips or nailbeds (cyanosis), history of exposure to TB, history of a previous TB skin test and the results if done, recurrent pneumonia, history of environmental exposure

Cardiovascular: Denies: Chest pain (including details), dyspnea, paroxysmal nocturnal dyspnea (abbreviated "PND"; patient will describe shortness of breath that improves when he or she sits up and dangles feet off the bed), orthopnea (patient has to sleep on

Fred O Macintyre V5 PC

Interview

How can I help today?

What are the events surrounding the start of your chest pain?

When did the pain in your chest start?

Does the pain in your chest radiate someplace else? Where?

Where more precisely is the pain in your chest?

What does the pain/discomfort in your chest feel like?(Squeezing, pressure, crushing, burning, stabbing, aching, tingling, suffocating)

Does your pain awaken you from sleep?

Is the chest pain worse with deep inspiration?

Does anything make the pain in your chest better or worse?

How often does this chest pain occur?

How severe (1-10) is the pain in your chest?

Do you have a problem with fatigue/tiredness?

Do you have unusual heartbeats (Palpitations)?

Do you have any other symptoms or concerns we should discuss?

Have you noticed swelling in any part of your body?

Do you have episodes of excessive sweating?

Have you had any more stress in your life lately?

PMH/FH/SH as needed

Any new or recent change in medications?

Do you smoke cigarettes?

None

~~Do you have any other symptoms or concerns we should know?~~
~~When you urinate, do you feel burning in any part of your body?~~
~~Do you feel pain when you urinate or when you urinate?~~
~~Have you lost any weight since you last saw me?~~
~~Are you having any trouble breathing?~~

Do you have any allergies?

ROS

Do you have problems with dizziness, fainting, spinning room, seizures, weakness, numbness, tingling, or tremor?

Do you have any problem with fatigue, difficulty sleeping, unintentional weight loss or gain, fevers, or night sweats?

When you urinate, have you noticed any pain, burning, blood, difficulty starting or stopping, dribbling, incontinence, urgency during day or night, or any changes in frequency?