

CASES

Chest pain #1

46 y/o male patient that came complaining of sharp, tearing chest pain that irradiates to his left arm and back for 45 minutes. He states that he was working on his car when the pain started. He denies shortness of breath, fever, chills, cough, numbness, weakness, nor other complaints.

ROS

As above. No headache, no URI's, no n/v/d

PMHx: none

PSHx: appendectomy

Medications: none

Allergy: NKDA

Social Hx: smoker, occasional alcohol

FamHx: HTN, DM

VS: HR 98. RR 18. BP 198/105. T 98.7 F. O₂sat 98%

PE:

GA: Patient is AAO3 (alert, active, oriented x3); moderate distress

HEENT: normocephalic, EOMI, PERRL

Neck: supple, no bruits

Lungs/CVS: RRR, CTA, pulse differences between right and left radial; decreased pulses in the lower extremities bilateral

ABD: soft, depressible, good bowel sounds, non-tender, no guarding, no rebound

Extremities: no edema, no cyanosis

Neuro: no gross deficits, CN intact, DTR +2

What will be the differentials?

What will be the management?

Chest pain #2

43 y/o male patient that came complaining of sharp, retrosternal chest pain that irradiates to his left arm and back for 45 minutes. He states that he was working on his car when the pain started. He states that the pain is associated with shortness of breath, nausea, and sweating.

ROS

As above. No headache, no URI's, no fever, chills, cough, numbness, weakness, nor other complaints.

PMHx: diabetes, hypertension, high cholesterol

PSHx: tonsillectomy

Medications: metformin, lisinopril, Lipitor

Allergy: NKDA

Social Hx: smoker, occasional alcohol

FamHx: HTN, DM

VS: HR 86. RR 18. BP 158/90. T 98.7 F. O₂sat 98%

PE:

GA: Patient is AAO3; moderate distress

HEENT: normocephalic, EOMI, PERRL

Neck: supple, no bruits

Lungs/CVS: RRR, CTA, pulses are strong and equal in all peripheral pulses

ABD: soft, depressible, good bowel sounds, non-tender, no guarding, no rebound

Extremities: no edema, no cyanosis

Neuro: no gross deficits, CN intact, DTR +2

What will be the differentials?

What will be the management?

Chest pain #3

38 y/o female patient that came complaining of dull chest pain that irradiates to her left arm and back for 45 minutes. She states that she was working on her computer when the pain started. She states that the pain is associated with shortness of breath, dyspnea on exertion, and sweating. She, also, states some right leg pain. She just delivered a healthy full term baby last week.

ROS

As above. No headache, no URI's, no fever, chills, cough, numbness, weakness, n/v, nor other complaints.

LMP: 9 months ago

PMHx: none

PSHx: none

Medications: none

Allergy: NKDA

Social Hx: smoker, occasional alcohol

FamHx: HTN, DM

VS: HR 125. RR 28. BP 108/56. T 98.7 F. O2sat 92%

PE:

GA: Patient is AAO3; moderate distress

HEENT: normocephalic, EOMI, PERRL

Neck: supple, no bruits

Lungs/CVS: tachycardia, decreased breath sounds b/l, severe respiratory distress, pulses are strong and equal in all peripheral pulses

ABD: soft, depressible, good bowel sounds, non-tender, no guarding, no rebound

Extremities: right leg edema, right calf tenderness, no cyanosis

Neuro: no gross deficits, CN intact, DTR +2

What will be the differentials?

What will be the management?

Shortness of Breath #1

68 y/o female patient that came complaining of shortness of breath, dull chest pain when coughing, fever, purulent coughing for 2 days. Also, complaints of dyspnea on exertion, and sweating.

ROS

As above. No headache, numbness, weakness, n/v, nor other complaints.

LMP: at 48

PMHx: cholesterol

PSHx: hysterectomy

Medications: Premarin cream, niacin

Allergy: NKDA

Social Hx: non contributory

FamHx: HTN, DM

VS: HR 125. RR 28. BP 108/56. T 102.7 F. O2sat 92%

PE:

GA: Patient is AAO3; moderate distress

HEENT: normocephalic, EOMI, PERRL

Neck: supple, no bruits

Lungs/CVS: tachycardia, rhonchii right mid lobe, mild respiratory distress, pulses are strong and equal in all peripheral pulses

ABD: soft, depressible, good bowel sounds, non-tender, no guarding, no rebound

Extremities: no edema, no cyanosis

Neuro: no gross deficits, CN intact, DTR +2

What will be the differentials?

What will be the management?

Shortness of Breath #2

75 y/o male patient that came complaining of shortness of breath, dull chest pain, dyspnea on exertion, and orthopnea. Family states that patient is getting worst for the past 3 days and last night, he has to sleep in the recliner. Patient s not talking a lot.

ROS

As above. +weakness. No headache, numbness, n/v, nor other complaints.

PMHx: cholesterol, HTN, DM, CAD, COPD

PSHx: tonsillectomy, heart catheterization

Medications: Crestor, furosemide, aspirin, metoprolol, lisinopril, clodiprogel

Allergy: PCN

Social Hx: no smoker, occasional drinking

FamHx: HTN, DM

VS: HR 125. RR 28. BP 205/97. T 99 F. O2sat 88%

PE:

GA: Patient is lethargic; severe distress

HEENT: normocephalic, EOMI, PERRL

Neck: supple, no bruits

Lungs/CVS: tachycardia, 3/6 systolic murmur, S3 gallop, diffused rales, severe respiratory distress, pulses are weak but equal in all peripheral pulses, +JVD

ABD: soft, depressible, good bowel sounds, non-tender, no guarding, no rebound

Extremity: b/l edema, no cyanosis

Neuro: unable to obtain

What will be the differentials?

What will be the management?

Shortness of Breath #3

38 y/o male patient that came complaining of shortness of breath, dull chest pain that started yesterday. He states that he had a knee arthroscopy 5 days ago. He, also, states dyspnea on exertion and palpitation. He has swelling and pain below his left knee which it was the one that has the surgery.

ROS

As above. No headache, no URI's, no fever, chills, cough, numbness, weakness, n/v, nor other complaints.

PMHx: none

PSHx: left knee arthroscopy

Medications: Percocet

Allergy: NKDA

Social Hx: smoker, occasional alcohol

FamHx: HTN, DM

VS: HR 125. RR 28. BP 108/56. T 98.7 F. O2sat 92%

PE:

GA: Patient is AAO3; moderate distress

HEENT: normocephalic, EOMI, PERRL

Neck: supple, no bruits

Lungs/CVS: tachycardia, decreased breath sounds b/l, moderate respiratory distress, pulses are strong and equal in all peripheral pulses

ABD: soft, depressible, good bowel sounds, non-tender, no guarding, no rebound

Extremities: left leg edema, left calf tenderness, no cyanosis

Neuro: no gross deficits, CN intact, DTR +2

What will be the differentials?

What will be the management?

Abdominal pain #1

A 27 y/o female that came to the ED complaining of abdominal pain around her navel since last night. This morning, she states to have nausea, vomiting, and feeling hot. When you ask her where the pain is now, she states that it moved to her right lower quadrant. The pain is not associated with food but is getting worst now.
ROS

As above. No headache, no URI's, no cough, numbness, weakness, no dysuria, hematuria, vaginal discharge, nor other complaints.

LMP: 3 weeks ago

PMHx: none

PSHx: none

Medications: none

Allergy: NKDA

Social Hx: smoker, occasional alcohol

FamHx: HTN, DM

VS: HR 125. RR 16. BP 118/56. T 100.7 F. O2sat 99%

PE:

GA: Patient is AAO3; mild distress

HEENT: normocephalic, EOMI, PERRL

Neck: supple, no bruits

Lungs/CVS: tachycardia, CTA b/l, pulses are strong and equal in all peripheral pulses

ABD: soft, depressible, good bowel sounds, RLQ tender with guarding and rebound, questionable psoas and obturator

Pelvic: no discharge, no CMT, no adnexal tenderness nor fullness

Extremities: no edema, no cyanosis

Neuro: no gross deficits, CN intact, DTR +2

What will be the differentials?

What will be the management?

Abdominal pain #2

A 42 y/o female that came to the ED complaining of abdominal pain around her navel since last night. This morning, she states to have nausea, vomiting, and feeling hot. When you ask her where the pain is now, she states that it moved to her right upper quadrant. The pain is associated with food, especially with grease.
ROS

As above. No headache, no URI's, no cough, numbness, weakness, no dysuria, hematuria, vaginal discharge, nor other complaints.

LMP: 3 weeks ago

PMHx: none

PSHx: none

Medications: none

Allergy: NKDA

Social Hx: smoker, occasional alcohol

FamHx: HTN, DM

VS: HR 89. RR 16. BP 118/70. T 100.7 F. O2sat 99%

PE:

GA: Patient is AAO3; mild distress

HEENT: normocephalic, EOMI, PERRL

Neck: supple, no bruits

Lungs/CVS: RRR, CTA b/l, pulses are strong and equal in all peripheral pulses

ABD: soft, depressible, good bowel sounds, RUQ tender with guarding, no rebound, and the pain gets worst when releasing hand while expiration

Pelvic: no discharge, no CMT, no adnexal tenderness nor fullness

Extremities: no edema, no cyanosis

Neuro: no gross deficits, CN intact, DTR +2

What will be the differentials?

What will be the management?

Abdominal pain #3

A 27 y/o female that came to the ED complaining of abdominal pain around her navel since last night. This morning, she states to have nausea, vomiting, and feeling hot. When you ask her where the pain is now, she states that it moved to her right lower quadrant. The pain is not associated with food but is getting worst now.

ROS

As above. No headache, no URI's, no cough, numbness, weakness, no dysuria, hematuria, vaginal discharge, nor other complaints.

LMP: 7 weeks ago

PMHx: none

PSHx: none

Medications: none

Allergy: NKDA

Social Hx: smoker, occasional alcohol

FamHx: HTN, DM

VS: HR 125. RR 16. BP 90/56. T 100.7 F. O2sat 99%

PE:

GA: Patient is AAO3; mild distress

HEENT: normocephalic, EOMI, PERRL

Neck: supple, no bruits

Lungs/CVS: tachycardia, CTA b/l, pulses are strong and equal in all peripheral pulses

ABD: soft, mild distention, good bowel sounds, RLQ tender with guarding and rebound

Pelvic: no discharge, no CMT; adnexal tenderness and some fullness at the right side

Extremities: no edema, no cyanosis

Neuro: no gross deficits, CN intact, DTR +2

What will be the differentials?

What will be the management?

HA #1

A 42 y/o female that came to the ED complaining of a dull headache around her front scalp associated with nausea, vomiting since last night. This morning, she states to be sensitive to the lights. She states that she had headache before and someone told her that she has some type of headache. She, also, states that this headache is almost similar to her prior but this is the first time to have sensitivity to light. She denies numbness, weakness, dizziness, nor blurred vision.

ROS

As above. No fever/chills, no URI's, no cough, numbness, weakness, no dysuria, nor other complaints.

LMP: 3 weeks ago

PMHx: headaches?

PSHx: gallbladder

Medications: Motrin

Allergy: NKDA

Social Hx: smoker, occasional alcohol

FamHx: HTN, DM

VS: HR 89. RR 16. BP 118/70. T 98.7 F. O2sat 99%

PE:

GA: Patient is AAO3; mild distress

HEENT: normocephalic, EOMI, PERRL

Neck: supple, no bruits

Lungs/CVS: RRR, CTA b/l, pulses are strong and equal in all peripheral pulses

ABD: soft, depressible, good bowel sounds, no tenderness

Extremities: no edema, no cyanosis

Neuro: no gross deficits, CN intact, DTR +2

What will be the differentials?

What will be the management?

HA #2

A 20 y/o college male that came to the ED complaining of a sharp headache around his entire scalp associated with nausea, vomiting since last night. Roommate states that yesterday the patient was fine except for some running nose but, today, he stayed in bed all day; also, he noticed that the bed sheet was sunken wet. The patient states some blurred vision and dizziness.

ROS

As above. fever/chills?, no cough, numbness, no dysuria, nor other complaints.

PMHx: none

PSHx: tonsils

Medications: Tylenol

Allergy: NKDA

Social Hx: smoker, occasional alcohol

FamHx: HTN, DM

VS: HR 112. RR 8. BP 106/70. T 102.7 F. O2sat 99%

PE:

GA: Patient is drowsy, confused; mild distress

HEENT: normocephalic, EOMI, PERRL, running nose

Neck: stiff neck, no bruits

Lungs/CVS: Tachycardic, CTA b/l, pulses are strong and equal in all peripheral pulses

ABD: soft, depressible, good bowel sounds, no tenderness

Extremities: no edema, no cyanosis

Neuro: no gross deficits, CN intact, DTR +2

What will be the differentials?

What will be the management?

HA #3

A 34 y/o female that came to the ED complaining of a throbbing headache around her entire scalp associated with nausea, vomiting since last night. Husband states that yesterday the patient was fine but, today, she stayed in bed all day. The patient states some blurred vision and dizziness. She never had this headache before.

ROS

As above. No fever/chills, no cough, numbness, no dysuria, nor other complaints.

PMHx: none

PSHx: appendix

Medications: Tylenol

Allergy: NKDA

Social Hx: smoker, occasional alcohol

FamHx: HTN, DM

VS: HR 112. RR 8. BP 106/70. T 98.6 F. O2sat 99%

PE:

GA: Patient is drowsy, confused; mild distress

HEENT: normocephalic, EOMI, PERRL

Neck: stiff neck, no bruits

Lungs/CVS: Tachycardic, CTA b/l, pulses are strong and equal in all peripheral pulses

ABD: soft, depressible, good bowel sounds, no tenderness

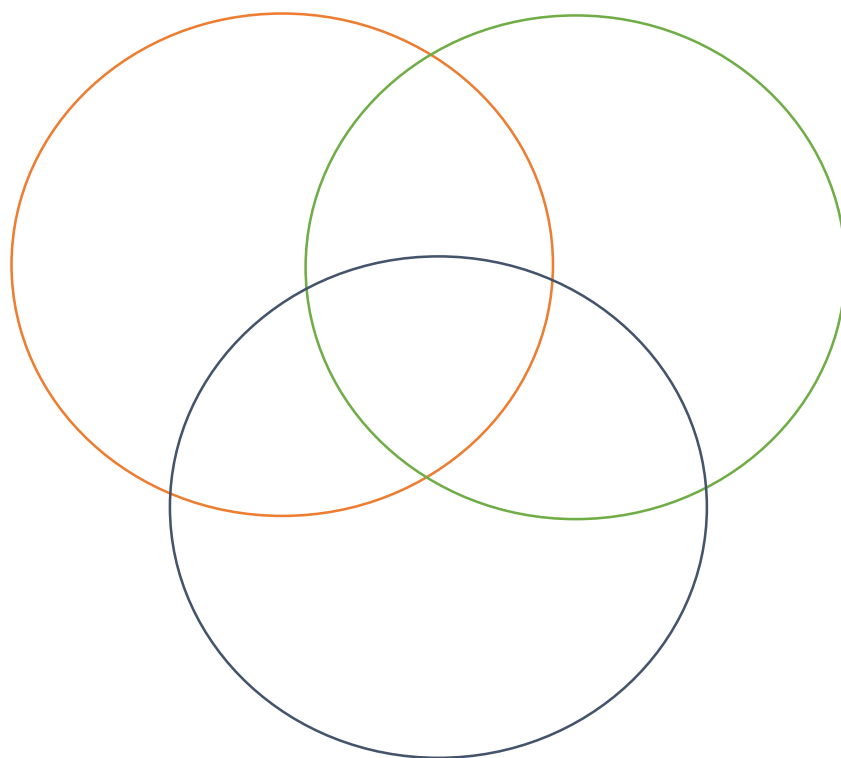
Extremities: no edema, no cyanosis

Neuro: her right side is weaker than her left side, CN intact, DTR +2

What will be the differentials?

What will be the management?

Patient #1



Patient #2

Patient #3