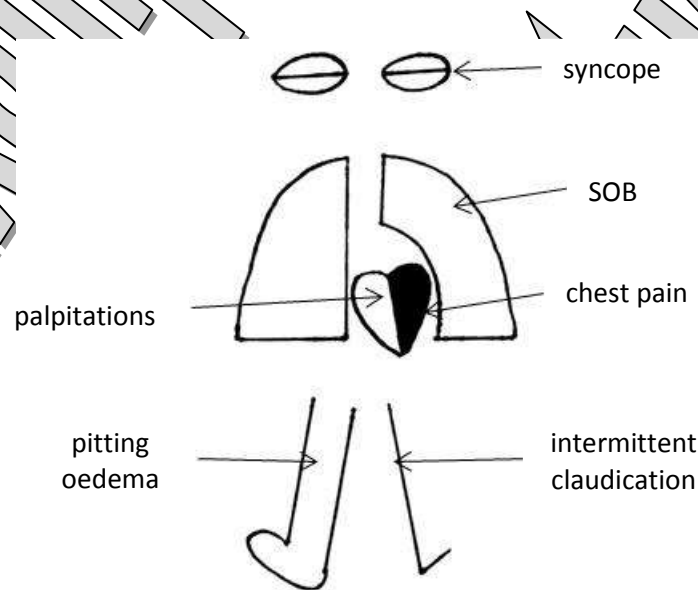


Cardiovascular History

Introduction	<ul style="list-style-type: none"> - approach politely and introduce yourself - patient's name, DOB & occupation
Chest pain	<ul style="list-style-type: none"> - SOCRATES can be used whenever pain is mentioned, it can also be adapted for many other presenting complaints - <u>S</u>ite - <u>O</u>nset: during exertion/rest, exercise tolerance (how far can you walk on flat/hill/stairs without discomfort) - <u>C</u>haracter: sharp, dull ache, crushing - <u>R</u>adiation: arm, back, jaw - <u>A</u>ssociated with: sweating, N&V, SOB, palpitations, LOC, etc. - <u>T</u>iming: when is it worst, go through the whole day (morning to night + waking up from sleep) - <u>E</u>asing/aggravating factors: rest, GTN spray, worse in the cold, influenced by meals, etc. - <u>S</u>everity: grade from 1 to 10, where 10 =very severe
Short of Breath (SOB)	<ul style="list-style-type: none"> - during exertion (how far can you walk on flat/hill/stairs before symptoms occur) - how many pillows do you sleep with (L heart failure ⇒ fluid build up in lungs =pulmonary oedema ⇒orthopnoea =SOB when lying flat due to fluid redistribution over a greater surface area of the lungs) - do you wake at night SOB (paroxysmal nocturnal dyspnoea = worsening orthopnoea/heart failure) - at rest (can also be due to L heart failure) - associated symptoms: cough, wheeze, sputum, haemoptysis (pulmonary oedema ⇒pink frothy sputum), pain on inspiration (pleuritic pain, if sudden onset need to rule out PE, see <i>Respiratory</i> section)
Intermittent claudication	<ul style="list-style-type: none"> - pain in calves, thighs or buttocks when walking & relieved by rest - how far can you walk on flat/hill/stairs before getting symptoms - is due to peripheral vascular disease - NB. legs are 5-10 times more susceptible to vascular disease than arms, due to the legs having a less developed blood supply
Palpitations	<ul style="list-style-type: none"> - mode of onset, frequency, duration & regularity - use of: caffeine, alcohol & recreational drugs - NB. can ask if possible for patient to tap out heart beat
Syncope =loss of consciousness (LOC)	<ul style="list-style-type: none"> - what happened before, during (eye witness account) & after episode important causes: <ol style="list-style-type: none"> 1. drug related (e.g. anti-hypertensives) 2. stokes-adams attacks = syncope due to arrhythmias (AF, bradycardia, VT, etc.) 3. left ventricular (LV) outflow obstruction (aortic stenosis, cardiomyopathy) - <i>N.B. these are the cardiac causes of syncope, other causes can be found throughout the book</i>
Ankle/pitting oedema	<ul style="list-style-type: none"> - due to R heart failure (inability of R side of heart to pump blood away quick enough ⇒ fluid builds up in lower limbs)
Fatigue	<ul style="list-style-type: none"> - recent illness or fever (e.g. infective endocarditis)

PMH	<ul style="list-style-type: none"> - list PMH + ask the following (DEAR J SMITH): - <u>D</u>iabetes - <u>E</u>pilepsy - <u>A</u>sthma - <u>R</u>heumatic fever - <u>J</u>aundice - <u>S</u>troke - <u>M</u>I - <u>T</u>B - <u>H</u>yper tension/thyroid/cholesterol & <u>H</u>ypothyroid <p>any recent dental work (can ⇒staph aureus infection ⇒endocarditis)</p>
Medications, allergies, smoking & alcohol	<ul style="list-style-type: none"> - if ex smoker ask smoking history
FH	<ul style="list-style-type: none"> - are parents/brothers/sisters alive, if so do they suffer from any diseases, if they have passed away (say "sorry to hear that") ask age & reason of death
Social/occupational history	<ul style="list-style-type: none"> - who is at home & how does this condition effect your life - expand on occupation



visual mnemonic of the cardiovascular history, start at the head and work down