

Cardiovascular History Taking

Dr. Amitesh Aggarwal
Assistant Professor
Department of Medicine

Overview

- Patient details
- Presenting Complaint
- History of Presenting Complaint
- Past Medical History
- Medications
- Family History
- Social History

Presenting complaint

- Usually ask the patient:
What problems brought you to the doctors today?
How can I help you?
- Ask open-ended questions (*e.g. Where is your pain?*) rather than leading ones (*Was the pain in the centre of your chest?*).
- Try not to use medical terms (*e.g. Do you have orthopnoea?*)

History of presenting complaint

- Find out more information about presenting complaint
- *Where did you experience the chest pain?* [Location]
- *What was the pain like?* [Character]
- *How severe was the pain?* [Severity]
- *How long did the pain last for?* [Duration]
- *How often do you experience the pain?* [Frequency]
- *Did the pain spread anywhere?* [Radiation]
- *What makes the pain worse?* [Exacerbating factors]
- *Does anything make it better?* [Relieving factors]
- *Did you noticed any thing else at the time? Nausea? Sweating?*
[Associated symptoms]

Past medical history

Any other medical problems

Specifically any cardiovascular problems

DM

HTN

CAD

CVA

Drug history

- Sometimes patients may consider ‘over the counter drugs’ not important
- Enquire about any herbal treatments

Family history

DM

HTN

CAD

CVA

SCD

Social history

- Ask the patient if they smoke?

Type of tobacco – Cigarettes/ beedi/ SLT? Amount per day

- Drug abuse e.g. cocaine

- Do they consume any alcohol?

If so how many units per week?

- *Living conditions - RHD*

Chest pain



There are literally dozens of illnesses, injuries and conditions that can cause chest pain

Knowing common signs, symptoms and patient presentations can help you differentiate between different kinds of chest pain.

Retrosternal

Myocardial ischemic pain
 Pericardial pain
 Esophageal pain
 Aortic dissection
 Mediastinal lesions
 Pulmonary embolization

Shoulder

Myocardial ischemic pain
 Pericarditis
 Subdiaphragmatic abscess
 Diaphragmatic pleurisy
 Cervical spine disease
 Acute musculoskeletal pain
 Thoracic outlet syndrome

Interscapular

Myocardial ischemic pain
 Musculoskeletal pain
 Gallbladder pain
 Pancreatic pain

Arms

Myocardial ischemic pain
 Cervical/dorsal spine pain
 Thoracic outlet syndrome

Right Lower Anterior Chest

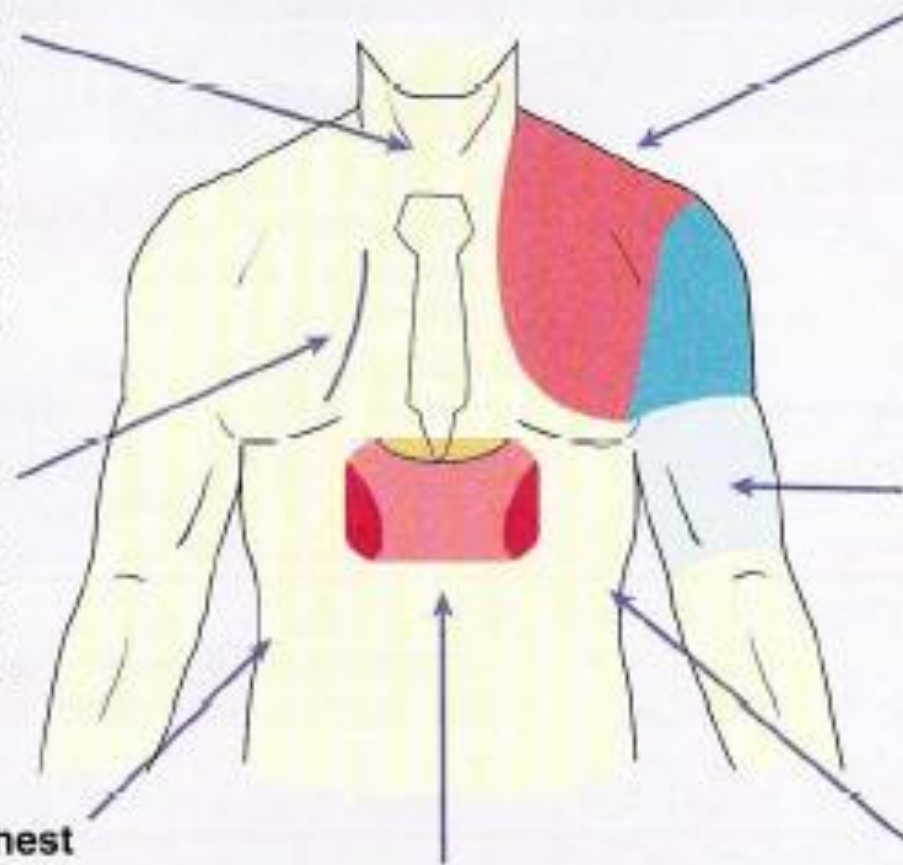
Gallbladder pain
 Distention of the liver
 Subdiaphragmatic abscess
 Pneumonia/pleurisy
 Gastric or duodenal penetrating ulcer
 Pulmonary embolization
 Acute myositis
 Injuries

Epigastric

Myocardial ischemic pain
 Pericardial pain
 Esophageal pain
 Duodenal/gastric pain
 Pancreatic pain
 Gallbladder pain
 Distention of the liver
 Diaphragmatic pleurisy
 Pneumonia

Left Lower Anterior Chest

Intercostal neuralgia
 Pulmonary embolization
 Myositis
 Pneumonia/pleurisy
 Splenic infarction
 Splenic flexure syndrome
 Subdiaphragmatic abscess
 Precordial catch syndrome
 Injuries



Cardiac causes of chest pain

Myocardial ischaemia

- Retrosternal pain, radiate into arms, throat or jaw.
- Constricting character, is provoked by exertion and relieved rapidly by rest
- In cardiac emergencies, pain is similar in location and character to angina but is usually more severe, more prolonged, and unrelieved by rest

Pericarditis

Central chest pain, sharp in character and aggravated by deep inspiration, cough or postural changes

Aortic dissection

- Severe tearing pain in either the front or the back of the chest.
- Onset is abrupt, unlike the crescendo quality of ischaemic cardiac pain

Dyspnoea

- Subjective feeling of difficulty in breathing
- Patient complains of shortness of breath or “I can’t get enough air”.
- Caused by many conditions including: heart failure, pulmonary disease, anaemia, anxiety, obesity.
- The history often give clues to the cause
- In many patients, occurs on exertion only.
- Exertional dyspnoea is usually due to cardiac failure, chronic pulmonary disease or poor physical condition.

Orthopnoea

- Patient has more difficulty breathing in the lying position than when sitting upright.
- It is usually associated with congestive heart failure but may occur with severe lung disease.

Paroxysmal nocturnal dyspnoea

- Patient describes sudden wakening from sleep with shortness of breath.
- The patient will sometimes sit on the side of the bed to seek relief.
- Usually associated with congestive heart failure but similar symptoms may occur with asthma

Cardiac asthma

Breathlessness precedes cough

History of CVD

Sputum is abundant, frothy and bloody.

Heart enlarged

Basal crackles

ECG abnormal

Pulmonary asthma

Cough precedes breathlessness

History of COAD/ BA/ chronic cough for years

Sputum is scanty and mucoid

Heart is usually small

Predominant wheeze/ silent chest

ECG usually normal

Ankle swelling

- Some patients present with ankle swelling due to edema from heart failure.
- Such ankle edema is usually symmetrical and worse in the evening.
- If the heart failure progresses the oedema can ascend up the legs, and in severe cases to the lower abdomen/sacral areas.

| SYSTEM | HISTORY |
|---------|--|
| Cardiac | DOE Orthopnoea PND |
| Renal | Starts with face/ periorbital Anasarca Other signs |
| Hepatic | Usually rare Associated pleural effusion, ascites |

Palpitations

- An unexpected awareness of the heartbeat.
- Ask the patient to describe exactly :
- Fast?

Regular? Irregular?

Skipped beats?

How long they lasted for?

Any other symptoms - e.g. dyspnoea? Chest pain?

Syncope

- Transient loss of consciousness resulting from cerebral anoxia, usually due to inadequate blood flow
- Did they lose consciousness?
Under what circumstances did this occur?
Did the patient experience any warnings?
Was recovery spontaneous?
Did the patient take time to recover?
Did any bystanders notice any abnormal movements?
- It is always very useful to obtain a corroborative history from a relative or witness.

Claudication

- Claudication in Latin meaning to limp
- Patients notice pain in one or both legs (usually calves) when they walk more than a certain distance
- This distance is called claudication distance
- Suggests possible peripheral vascular disease with a poor blood supply to the affected limb
- Eventually, with increasing severity - rest pain

Congenital Heart Disease

To Be Asked Only if Patient Is an Infant

- Frequent pneumonias (increased lung blood flow)
- Excess perspiration (sign of failure in infants)
- Mother aware of infant's heartbeat or vibration or thrill

To Be Asked if Patient Is an Infant, Child, or Adult

- Murmur at birth?
- Pregnancy with rubella
- Normal growth and development
- Family history of congenital heart disease
- Cyanosis
- Mental retardation, Squatting

Thanks For Your Attention!

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<http://dramiteshaggarwal.yolasite.com>

Email your queries at

dramitesh@gmail.com

