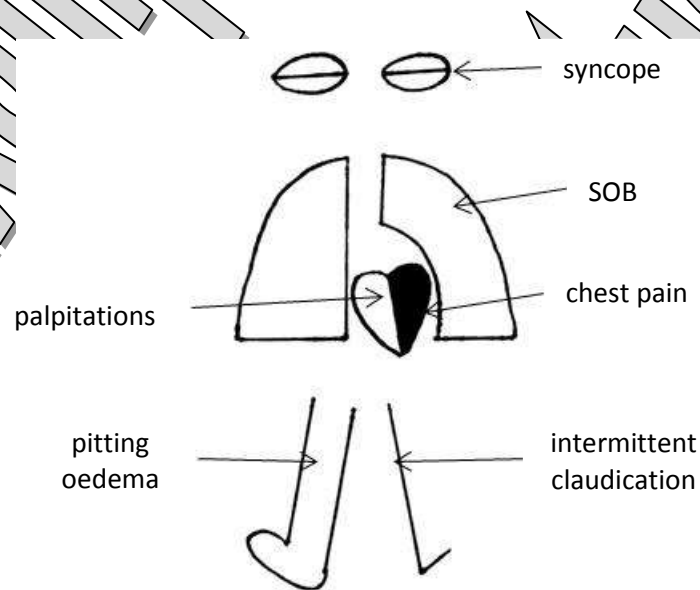


## Cardiovascular History

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

<b>PMH</b>	<ul style="list-style-type: none"> <li>- list PMH + ask the following (DEAR J SMITH):</li> <li>- <u>D</u>iabetes</li> <li>- <u>E</u>pilepsy</li> <li>- <u>A</u>sthma</li> <li>- <u>R</u>heumatic fever</li> <li>- <u>J</u>aundice</li> <li>- <u>S</u>troke</li> <li>- <u>M</u>I</li> <li>- <u>T</u>B</li> <li>- <u>H</u>yper tension/thyroid/cholesterol &amp; <u>H</u>ypothyroid</li> </ul> <p>any recent dental work (can ⇒staph aureus infection ⇒endocarditis)</p>
<b>Medications, allergies, smoking &amp; alcohol</b>	<ul style="list-style-type: none"> <li>- if ex smoker ask smoking history</li> </ul>
<b>FH</b>	<ul style="list-style-type: none"> <li>- 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 &amp; reason of death</li> </ul>
<b>Social/occupational history</b>	<ul style="list-style-type: none"> <li>- who is at home &amp; how does this condition effect your life</li> <li>- expand on occupation</li> </ul>



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