

Shadow Health will undergo maintenance starting on Saturday, April 4th at 1:00 AM CST until Saturday, April 4th at 9:00 AM CST. During this time Shadow Health may be inaccessible.

Cardiovascular Results | Turned In

Advanced Health Assessment - STU - August 2023, nur504ap4

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Experience Overview

Patient: Tina Jones



Digital Clinical Experience Score

91.5%

This score measures your performance on the Student Performance Index in relation to other students in comparable academic programs. Your instructor has chosen to scale your Student Performance Index score so that the average score on the index is a 86.0%. This score may not be your final grade if your instructor chooses to include additional components, such as documentation or time spent.

Student Performance Index

43 out of 47



Proficiency Level: **Proficient**

Beginning

Developing

Proficient

Students rated as "proficient" demonstrate an expertise in advanced practice competencies and reasoning skills. In comparable programs, the top students perform at the level of a proficient practitioner.

Subjective Data Collection

19 out of 19

Objective Data Collection

19 out of 23

Education and Empathy

5 out of 5

Time

46 minutes total spent in assignment

Interaction with patient

46 minutes

Comments

If your instructor provides individual feedback on this assignment, it will appear here.



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Transcript

Started: Sep 14, 2023 | Total Time: 46 min

All Lines (87) Interview Questions (48) Statements (6) Exam Actions (33)

-  Hello hi my name is yndia and I will be doing your interview today and physical exam afterwards 09/14/23 12:5
-  Hey.
-  What is your name 09/14/23 12:5
-  Tina Jones.
-  Miss Jones what brought you into the office today 09/14/23 12:5
-  I've been noticing my heart seems to be beating too fast every once in a while lately, and it started to worry me. My mom said I should make an appointment. You don't want to ignore heart stuff, I guess.
-  I appreciate you telling me that 09/14/23 12:5
-  Thanks for understanding.
-  Do you have hypertension? 09/14/23 1:00
-  ...I've never been diagnosed with blood pressure problems. But I think it can be on the high side sometimes.
-  Do you monitor your blood pressure at home? 09/14/23 1:00



Only when I'm here at the clinic.



Do you monitor your heart rate at home?



No, I've never done that.



Do you know if your heart has an abnormal rhythm?



I don't, honestly. [AUDIO COMING SOON]



Tell me about your stress levels?



Oh, geez. This whole year has been... I mean, it's been the most stress I've had in my life. Right now our biggest worry is money, since, you know, this whole year we haven't had Dad's income. School can be stressful, too. Well, I guess it keeps me busy, but it's only bad when I have a lot of tests, like mid-terms or finals.



I'm sorry to hear that it's been a stressful year for you



I appreciate you saying that.



Do you drink energy drinks



I used to not like them, but I have been drinking them lately to stay focused.



How many energy drinks do you drink?



I've been having one every morning over the past month or so. A few times I've had two.



Caffeinated beverage can speed up your heart rate and blood pressure they can be very dangerous



Alright, thanks for letting me know.



Do you exercise



I'm pretty exhausted by the end of the day, so I don't have the energy to do any extra exercise. But I'm on my feet all the time at work so I feel like that's a little bit of exercise most days at least.



I understand that you are tired at the end of the day and that is good that you get some exercise at work however even just walking for 30 minutes a day could drastically improve your health and even extend your life



Thanks for telling me.



How often do you notice your heart racing fast (Clarified to How often does your heart beat fast?.)



It's been about once a week for the past month. (Clarified to how often my heart beats fast.)



Can you describe it to me (Clarified to What is your heartbeat like?.)



It's usually normal, but it's way faster during these episodes I've been having. (Clarified to what my heartbeat is like.)



How do you feel when your heart is racing fast



Well, when my heart starts beating really fast, it just feels like a thumping in my chest. It makes me anxious and uncomfortable.



Is there anything that relief the fast heartbeat



Usually they get worse if I don't stop studying. I try to take a break when they start most of the time, but if I have a test or something coming up, I just have to try and ignore it.



Do you take any medication to help your symptoms



Yeah, I have my daily inhaler now, and I do that twice a day. I haven't had to use my rescue inhaler since I started using it.



Are you taking any new medications



Yeah, I have a daily inhaler now that I've been using.



What's the name of the medication



The daily inhaler is Flovent, and the rescue inhaler is Proventil.



Do you have any new allergies



No, not that I know of.



Do you have diabetes



Yeah, I was diagnosed a few years ago.



Do you have high cholesterol



I've never had it tested. My family has problems with high cholesterol, but I don't think I do.



Any history of heart murmurs



No.



Do you have insurance



I have health insurance through work. To be honest, though, I'm not exactly sure what it covers.



What are you stressed about



School is really busy right now, like I have a lot of projects due all around the same time. And on top of that, I've had to cover more at work lately, and I'm in charge of a big project at work, too.



Sounds like you're working really hard I'm sorry you're dealing with so much stress



Thanks.



Tell me about your diet (Clarified to What is your diet like?.)



It's pretty good, I think. I'm not a huge health nut or anything. (Clarified to what my diet is like.)



What do you usually eat on a typical day



Let's see . . . a muffin or pumpkin bread for breakfast, a sandwich for lunch, and some kind of meat with a veggie for dinner.



Do you have snacks



Yeah, I usually have some snacks during the day.



Do you exercise



I'm pretty exhausted by the end of the day, so I don't have the energy to do any extra exercise. But I'm on my feet all the time at work so I feel like that's a little bit of exercise most days at least.



Do you use any recreational drugs



No.



Do you use tobacco products



No. I think it's gross.



Do you drink alcohol



I do sometimes, yeah, when I go out with my friends.



How much do you drink when you go out



Just a few. I'm not a big drinker.



How do you spell overall (No matching questions found.)



Do you have any other symptoms



I guess when it happens I feel a bit worried, like anxious, but that's all.



Do you experience any fatigue



Yeah, most days I feel pretty exhausted by the end of the day.



Do you have any nausea or vomiting



I haven't had thrown up, or even had an upset stomach, in a long time.



Have you noticed your legs swollen (Clarified to Are your legs swelling?.)



No, not that I have noticed. (Clarified to if my legs are swelling.)



Do you have any family history of heart problems



Um, none that I know of. Wait, my Poppa--that's Mom's dad--died of a heart attack.



Any family history of cholesterol



Cholesterol runs high in my family. All four of my grandparents have high cholesterol, and Mom and Dad, too.



Any family history of obesity



No, I don't think so. My brother and my dad are kind of big, but I wouldn't say they were obese or anything.



Family history of stroke



Yeah, that's how my Nana died.



Any family history of hypertension



We've got high blood pressure in our family for sure. Granny, Mom, and Dad had it...and honestly I think my other three grandparents might've had issues with that, too.



A family history of hypertension mean that you may be at risk for developing it to and you've had some high blood pressure reading keep your blood pressure low and it is important to avoid problem and the future with your health and other organs



OK, I understand.



When was the last time your heart beat fast



I haven't had any heart tests yet.



When did your symptoms start



I think the first time was about a month ago.



How long did it last



My sleep problems lasted for a couple of months. They just kind of faded away.



What makes it worse



I'm not in any pain, I just feel uncomfortable.



Does anything relieve your symptoms



I haven't tried anything specific, other than just trying to relax and breathe deep.



Does anything make your symptoms worse



I don't know if anything makes it "worse" or "better." It's just happening or not.



I'm going to examine you now



Alright.



Inspected anterior chest wall



Inspected left side chest wall



Inspected posterior chest wall



Inspected right side chest wall



Inspected anterior chest wall



Inspected for jugular venous distention: JVP 1 cm above sternal angle



Checked capillary refill in fingernails



Checked capillary refill in fingernails



Checked capillary refill in fingernails



Checked capillary refill in fingernails



Checked capillary refill in fingernails



Checked capillary refill in fingernails



Checked capillary refill in fingernails



Checked capillary refill in fingernails



Inspected legs



Inspected left leg for edema: No edema



Inspected right leg for edema: No edema



Inspected left leg



Inspected legs



Palpated temporal arteries: No thrill on either side, 2+ on both sides



Palpated left carotid pulse: No thrill, 2+



Palpated right carotid pulse: No thrill, 2+



Palpated chest at PMI: Present at midclavicular line and 5th intercostal space, brisk and tapping, diameter 2 cm



Palpated left radial pulse: No thrill, 2+



Palpated right radial pulse: No thrill, 2+



Palpated left brachial pulse: No thrill, 2+



Palpated right brachial pulse: No thrill, 2+



Palpated left femoral pulse: No thrill, 2+



Palpated right femoral pulse: No thrill, 2+



Palpated left popliteal pulse: No thrill, 2+



Tested ABI: $141/145 = 0.972$



Performed EKG: Regular sinus rhythm, no ST changes



Inspected for jugular venous distention: JVP 1 cm above sternal angle

Comments

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Subjective Data Collection: 19 of 19 (100.0%)

Hover To Reveal...

Hover over the **Patient Data** items below to reveal important information, including **Pro Tips** and **Example Questions**.

○ Indicates an item that you found.

○ Indicates an item that is available to be found.

Category

Scored Items

Patient Data

Not Scored

Experts selected these topics as essential components of a strong, thorough interview with this patient.

A combination of open and closed questions will yield better patient data. The following details are facts of the patient's case.

Chief Complaint

Established chief complaint

○ Reports recent episodes of palpitations
○ Describes heart rate during episode: feeling "faster than usual"

History of Presenting Illness

Asked about onset

○ Reports first episode a month ago

Asked about frequency and duration of fast heartbeat episodes

○ Reports episodes occur "about once a week"
○ Reports 3-4 episodes total
○ Reports fast heartbeat episodes last minutes

Asked about character of palpitations

- Describes palpitations as "thumping" or "pounding"
- Reports episodes accompanied by mild anxiety

Asked about aggravating factors

- Reports that palpitations see the morning
- Reports episodes not exacerbated
- Reports that episodes do not occur at night
- Reports caffeine as a possible trigger

Asked about relieving factors

- Reports deep breathing and walking
- Denies medication or other treatments

Medical History

Confirmed use of medications

- Confirms medications from previous visit
- Reports new inhaler

Followed up on new inhaler

- New inhaler is Flovent
- Prescribed dose is two puffs
- Inhaler is prescribed for daily use
- Describes new inhaler regimen

Confirmed allergies

- Confirms allergies (no new allergies)

Asked about personal history of hypertension

- Reports usual blood pressure "on the low side"
- Denies past diagnosis of hypertension
- Does not check BP regularly
- Is aware of risk factors for hypertension

Asked about possible contributing factors in health history

- Reports no known history of heart disease
- Reports type 2 diabetes
- Reports no past diagnosis of rheumatoid arthritis
- Reports no history of heart failure
- Reports no EKG or other diagnostic tests

Social Determinants of Health

Asked about stress and anxiety

- Reports occasional feelings of stress
- Reports recent increase in stress
- Reports stress related to school

Social History

Asked about typical diet

- Breakfast is usually a muffin and coffee
- Lunch is usually a sandwich
- Dinner is usually a home-cooked meal with vegetables
- Snacks are pretzels or French fries

Asked about caffeine consumption

- Reports increased caffeine consumption
- Reports consuming diet soda or energy drinks
- Reports caffeine increase was over last month
- Typical drinks 2 energy drinks before class
- Reports caffeine "keeps me focused but sometimes makes me jittery"

Asked about exercise and activity level

- Reports general low activity l

Asked about substance use

- Reports occasional consump
- Last alcoholic drink was two
- Denies history of tobacco us
- Denies drug use

Review of Systems

Asked about general symptoms

- Denies recent respiratory or c
- Denies fever
- Denies nausea or vomitting
- Denies chills
- Reports low energy level
- Denies night sweats

Asked about review of systems for cardiovascular

- Denies shortness of breath
- Denies chest pain or tightnes
- Denies edema
- Denies circulation problems
- Denies easy bleeding or bruise
- Denies dizziness, lightheaded

Family History

Asked about relevant family history

- Reports family history of hea
- Reports family history of high
- Reports family history of hyp
- Reports family history of myc
- Reports family history of stro
- Reports family history of obe

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Objective Data Collection: 19 of 23 (82.61%)

- Correct Incorrect
 Partially correct Missed

Inspected chest

1 of

Symmetry (1/2 point)

- Symmetric
 Asymmetric

Appearance (1/2 point)

- No visible abnormal findings
 Prominent pulsation
 Abnormal apical impulse
 Heaves or lifts

Inspected for jugular venous distention

1 of

Height Of Venous Pressure (1/1 point)

- 4 cm or less above the sternal angle
 More than 4 cm above the sternal angle

Inspected hands and fingernails

1 of

Right: Nail Changes (1/3 point)

- No visible abnormal findings
 Pallor
 Cyanosis
 Splinter hemorrhages
 Clubbing

Left: Nail Changes (1/3 point)

- No visible abnormal findings
 Pallor
 Cyanosis
 Splinter hemorrhages
 Clubbing

Capillary Refill Time (1/3 point)

- 3 seconds or less
 Greater than 3 seconds

Inspected lower extremities and toenails

1 of

Right: Edema (1/9 point)

- No edema
- Pitting
- Non-pitting

Right: Appearance (1/9 point)

- No visible abnormal findings
- Visible distortion or swelling
- Discoloration
- Skin thickening
- Ulceration
- Varicose veins

Left: Edema (1/9 point)

- No edema
- Pitting
- Non-pitting

Left: Appearance (1/9 point)

- No visible abnormal findings
- Visible distortion or swelling
- Discoloration
- Skin thickening
- Ulceration
- Varicose veins

Capillary Refill Time (1/9 point)

- 3 seconds or less
- Greater than 3 seconds

Right: Severity Of Edema (1/9 point)

- No edema
- 1+ Slight pitting
- 2+ Deeper pit, disappears in 10 to 15 sec
- 3+ Noticeably deep pit that lasts more th
- 4+ Very deep pit that lasts 2 to 5 minutes

Right: Nail Changes (1/9 point)

- No visible abnormal findings
- Pallor
- Cyanosis
- Splinter hemorrhages
- Clubbing

Left: Severity Of Edema (1/9 point)

- No edema
- 1+ Slight pitting
- 2+ Deeper pit, disappears in 10 to 15 sec
- 3+ Noticeably deep pit that lasts more th
- 4+ Very deep pit that lasts 2 to 5 minutes

Left: Nail Changes (1/9 point)

- No visible abnormal findings
- Pallor
- Cyanosis
- Splinter hemorrhages
- Clubbing

Palpated temporal arteries

Right: Vibration (1/4 point)

- No thrill
- Thrill

Left: Vibration (1/4 point)

- No thrill
- Thrill

Right: Amplitude (No point)

- 0 Absent
- 1+ Diminished or barely palpable
- 2+ Expected
- 3+ Increased
- 4+ Bounding pulse

Left: Amplitude (No point)

- 0 Absent
- 1+ Diminished or barely palpable
- 2+ Expected
- 3+ Increased
- 4+ Bounding pulse

Palpated carotid arteries

Right: Vibration (1/4 point)

- No thrill
- Thrill

Left: Vibration (1/4 point)

Right: Amplitude (No point)

- 0 Absent
- 1+ Diminished or barely palpable
- 2+ Expected
- 3+ Increased
- 4+ Bounding pulse

Left: Amplitude (No point)

- No thrill
- Thrill

- 0 Absent
- 1+ Diminished or barely palpable
- 2+ Expected
- 3+ Increased
- 4+ Bounding pulse

Palpated PMI

Location (1/3 point)

- Present at midclavicular line and 5th intercostal space
- Displaced laterally

Diameter (1/3 point)

- Less than 3 cm
- Greater than 3 cm

Amplitude (1/3 point)

- Brisk and tapping
- Increased amplitude (hyperkinetic)

Palpated radial arteries

Right: Vibration (1/4 point)

- No thrill
- Thrill

Left: Vibration (1/4 point)

- No thrill
- Thrill

Right: Amplitude (No point)

- 0 Absent
- 1+ Diminished or barely palpable
- 2+ Expected
- 3+ Increased
- 4+ Bounding pulse

Left: Amplitude (No point)

- 0 Absent
- 1+ Diminished or barely palpable
- 2+ Expected
- 3+ Increased
- 4+ Bounding pulse

Palpated brachial arteries

Right: Vibration (1/4 point)

- No thrill
- Thrill

Left: Vibration (1/4 point)

- No thrill
- Thrill

Right: Amplitude (No point)

- 0 Absent
- 1+ Diminished or barely palpable
- 2+ Expected
- 3+ Increased
- 4+ Bounding pulse

Left: Amplitude (No point)

- 0 Absent
- 1+ Diminished or barely palpable
- 2+ Expected
- 3+ Increased
- 4+ Bounding pulse

Palpated femoral arteries

Right: Vibration (1/4 point)

- No thrill
- Thrill

Left: Vibration (1/4 point)

Right: Amplitude (No point)

- 0 Absent
- 1+ Diminished or barely palpable
- 2+ Expected
- 3+ Increased
- 4+ Bounding pulse

Left: Amplitude (No point)

- No thrill
- Thrill

- 0 Absent
- 1+ Diminished or barely palpable
- 2+ Expected
- 3+ Increased
- 4+ Bounding pulse

Palpated popliteal arteries

Right: Vibration (1/4 point)

- No thrill
- Thrill

Right: Amplitude (No point)

- 0 Absent
- 1+ Diminished or barely palpable
- 2+ Expected
- 3+ Increased
- 4+ Bounding pulse

Left: Vibration (1/4 point)

- No thrill
- Thrill

Left: Amplitude (No point)

- 0 Absent
- 1+ Diminished or barely palpable
- 2+ Expected
- 3+ Increased
- 4+ Bounding pulse

Palpated tibial arteries

Right: Vibration (1/4 point)

- No thrill
- Thrill

Right: Amplitude (No point)

- 0 Absent
- 1+ Diminished or barely palpable
- 2+ Expected
- 3+ Increased
- 4+ Bounding pulse

Left: Vibration (1/4 point)

- No thrill
- Thrill

Left: Amplitude (No point)

- 0 Absent
- 1+ Diminished or barely palpable
- 2+ Expected
- 3+ Increased
- 4+ Bounding pulse

Palpated dorsalis pedis arteries

Right: Vibration (1/4 point)

- No thrill
- Thrill

Right: Amplitude (No point)

- 0 Absent
- 1+ Diminished or barely palpable
- 2+ Expected
- 3+ Increased
- 4+ Bounding pulse

Left: Vibration (1/4 point)

- No thrill
- Thrill

Left: Amplitude (No point)

- 0 Absent
- 1+ Diminished or barely palpable
- 2+ Expected
- 3+ Increased
- 4+ Bounding pulse

Auscultated temporal arteries

Right (1/2 point)

Left (1/2 point)

- No bruit
- Bruit

- No bruit
- Bruit

Auscultated carotid arteries

Right (1/2 point)

- No bruit
- Bruit

Left (1/2 point)

- No bruit
- Bruit

Auscultated breath sounds

Breath Sounds (1/3 point)

- Present in all areas
- Diminished in some areas
- Absent in some areas

Adventitious Sounds (1/3 point)

- No adventitious sounds
- Wheezing
- Fine crackles
- Stridor
- Rhonchi
- Rales

Location (1/3 point)

- All areas clear
- Adventitious sounds in anterior right upper lobe
- Adventitious sounds in anterior right middle lobe
- Adventitious sounds in anterior right lower lobe
- Adventitious sounds in anterior left upper lobe
- Adventitious sounds in anterior left lower lobe
- Adventitious sounds in posterior right upper lobe
- Adventitious sounds in posterior right lower lobe
- Adventitious sounds in posterior left upper lobe
- Adventitious sounds in posterior left lower lobe

Auscultated heart sounds

Heart Sounds (1/2 point)

- S1 and S2 audible
- S1, S2, and S3 audible
- S1, S2, and S4 audible
- S1, S2, S3, and S4 audible

Extra Heart Sounds (1/2 point)

- No extra sounds
- Gallops
- Murmur
- Friction rub
- Valve clicks

Auscultated abdominal aorta

Sounds (1/1 point)

- No bruit
- Bruit

Auscultated renal arteries

Right (1/2 point)

- No bruit
- Bruit

Left (1/2 point)

- No bruit
- Bruit

Auscultated iliac arteries

Right (1/2 point)

Left (1/2 point)

- No bruit
 Bruit

- No bruit
 Bruit

Auscultated femoral arteries

Right (1/2 point)

- No bruit
 Bruit

Left (1/2 point)

- No bruit
 Bruit

Performed ankle-brachial index test

Abi (1/1 point)

- > 1.40 (noncompressable)
 1.00 - 1.40 (normal)
 0.90 - 0.99 (borderline ischemia)
 < 0.90 (abnormal)

Performed EKG

Sinus Rhythm (1/2 point)

- Regular
 Irregular

St Changes (1/2 point)

- No ST changes
 ST changes present

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Education & Empathy : 5 of 5 (100.0%)

During the patient interview, there are a number of opportunities to provide patient education and empathy. The opportunities listed below are those identified by nursing experts to be of particular importance to this patient. A **Statement** is provided as an example of an appropriate response to each opportunity.

- Opportunities marked as **Not Encountered** are opportunities that were not elicited in the interview
- Opportunities marked as **Not Followed Up** are missed opportunities that were present in the interview, but w/o statements were made
- Opportunities marked as **Followed Up** were followed up by students, and include the dialogue between student and patient

1 Symptoms Follo

Description: Tina describes the symptoms that have been bothering her.



Miss Jones what brought you into the office today

12:5



I've been noticing my heart seems to be beating too fast every once in a while lately, and it started to worry me. My mom said I should make an appointment. You don't want to ignore heart stuff, I guess.



I appreciate you telling me that

E
12:5



Thanks for understanding.

Model Statement: "I'm sorry to hear you're experiencing those symptoms; they can be very uncomfortable. I'll ask you some questions to learn more about your symptoms, and we will try to determine what's causing you to feel this way."

2 Hypertension Follo

Description: Tina has signs of hypertension and a strong family history of the disease, but does not take any action.



Any family history of hypertension



We've got high blood pressure in our family for sure. Granny, Mom, and Dad had it...and honestly I think my other three grandparents might've had issues with that, too.



A family history of hypertension mean that you may be at risk for developing it to and you've had some high blood pressure reading keep your blood pressure low and it is important to avoid problem and the future with your health and other organs



OK, I understand.

Model Statement: "A family history of hypertension means that you may be at risk for developing it, too, and you've had some high blood pressure readings. Keeping your blood pressure low is important to avoid health problems in the future with your heart and other organs."

3 Stress

Description: Tina describes being busy, anxious, and stressed out.



What are you stressed about



School is really busy right now, like I have a lot of projects due all around the same time. And on top of that, I've had to cover more at work lately, and I'm in charge of a big project at work, too.



Sounds like you're working really hard I'm sorry you're dealing with so much stress



Thanks.

Model Statement: "Sounds like you're working really hard. I'm sorry you're dealing with so much stress."

4 Caffeine

Description: Tina drinks a high level of caffeine and does not stay hydrated with water.



Do you drink energy drinks



I used to not like them, but I have been drinking them lately to stay focused.



How many energy drinks do you drink?



I've been having one every morning over the past month or so. A few times I've had two.



Caffeinated beverage can a speed up your heart rate and blood pressure they can be very dangerous



Alright, thanks for letting me know.

Model Statement: "Drinking high levels of caffeine can make you feel stressed or anxious, and can dehydrate you. Over time, lots of caffeine can make you experience "crashes" during the day, too. Let's talk about healthy alternatives."

5 Exercise

Description: Tina does not exercise on a regular basis.



Do you exercise



I'm pretty exhausted by the end of the day, so I don't have the energy to do any extra exercise. But I'm on my feet all the time at work so I feel like that's a little bit of exercise most days at least.



I understand that you are tired at the end of the day and that is good that you get some exercise at work however even just walking for 30 minutes a day could drastically improve your health and even extend your life



Thanks for telling me.

Model Statement: "I understand being busy and having very little free time. However, exercise is healthy for you, and can even relieve stress. Even small amounts of exercise, such as taking a short walk, can improve your health."

Comments

If your instructor provides individual feedback on this assignment, it will appear here.



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Shadow Health will undergo maintenance starting on Saturday, April 4th at 1:00 AM CST until Saturday, April 4th at 9:00 AM CST. During this time Shadow Health may be inaccessible.

Cardiovascular Results | Turned In

Advanced Health Assessment - STU - August 2023, nur504ap4

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Your Results

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Documentation / Electronic Health Record

[Document: Provider Notes](#)

Document: Provider Notes

Student Documentation

Model Documentation

Subjective

Ms. John is a 28-year-old African-American woman who came to the clinic with complaint of chest palpitation started one month ago and occurs once a week usually in the morning she reported increased stressed

Ms. Jones is a pleasant 28-year-old African American woman who presented to the clinic with complaints of 3-4 episodes of rapid heart rate over the last month. She is a good historian. She describes these episodes as "thumping in her chest" with a heart rate that is "way faster than usual". She does not associate the rapid heart rate with a specific event, but notes that they usually occur about once per week in the morning on her commute to class. The episodes generally last between 5 and 10 minutes and resolve spontaneously. She does not know her normal heart rate or her heart rate during these episodes. She denies chest pain during the episodes, but does endorse discomfort of 3/10 which she attributes to associated anxiety regarding her rapid heart rate. She denies shortness of breath. She denies any association of symptoms with exertion. She has no known cardiac history and has never had episodes prior to this last month. She has not attempted any treatment at home and states that she is only coming to the clinic today because her family has expressed concern regarding these episodes.

Social History: Ms. Jones has a job at a copy and shipping store and is a student at Shadowville Community College. She states that she has been feeling more "stressed" lately due to her school and work. She has been feeling tired at the end of the day. She denies any specific changes in her diet recently, but notes that she has not been drinking as much water as her normal. Breakfast is usually a muffin or pumpkin bread, lunch is a sandwich, dinner is a homemade meal of a meat and vegetable, snacks are French fries or pretzels. Over the past month she has increased her consumption of diet soda and "energy" drinks due to her feelings of tiredness. She generally drinks 2 energy drinks before class to "keep her focused" but states that they also make her "jittery". She denies use of tobacco, alcohol, and illicit drugs. She does not exercise.

Review of Systems: General: Denies changes in weight, but complains of end of day fatigue. She denies fevers, chills, and night sweats. She complains of intermittent dizziness.

- **Cardiac:** Denies a diagnosis of hypertension, but states that she has been told her blood pressure was high in the past. She checks it at CVS periodically. At last check it was "140/80 or 90". She denies known history of murmurs, angina, previous palpitations, dyspnea on exertion, orthopnea, paroxysmal nocturnal dyspnea, or edema. She has never had an EKG.
- **Respiratory:** She denies shortness of breath, wheezing, cough, sputum, hemoptysis, pneumonia, bronchitis, emphysema, tuberculosis. She has a history of asthma, last hospitalization was age 16 for asthma, last chest XR was age 16.
- **Hematologic:** She denies history of anemia, easy bruising or bleeding, petechiae, purpura, or blood transfusions.

Student Documentation

Model Documentation

Objective

EKG normal sinus rhythm, no ST changes

• General: Ms. Jones is a pleasant, obese 28 woman in no acute distress. She is alert and contact throughout interview and examination.

• Cardiovascular: PMI is non-displaced, brisk. Regular rate and rhythm, S1 and S2 present, clear lung fields, precordial movements. Pulses 2+ and equal in all extremities without tenderness. No abdominal aorta, femoral, iliac, or renal bruits. No peripheral edema. EKG with regular sinus rhythm. ABI is 0.97.

• Respiratory: Chest is symmetrical with no abnormal findings present on chest wall. Lung sounds clear without wheezes, crackles, or cough.

Assessment

Palpitation related to caffeine and anxiety

Palpitations related to caffeine and/or anxiety

Plan

Encourage patient to monitor and record log for palpitations and increase water intake. Monitor, revisit in 4 to 6 weeks for follow-up.

Encourage Ms. Jones to continue to monitor episodes of palpitations with associated factors.

• Obtain EKG to rule out any cardiac abnormalities. If inconclusive, consider monitoring and referral to cardiology.

• Encourage to decrease caffeine consumption and other fluids.

• Educate on anxiety reduction strategies including relaxation, and guided imagery. Continue to monitor for possible referral to social work/psychiatry intervention.

• Discuss the need to maintain a stable blood pressure. Encourage Ms. Jones to continue to monitor her blood pressure if available.

• Educate Ms. Jones on when to seek emergency care: chest pain unrelieved by rest, palpitations that are accompanied by dizziness, loss of consciousness, and sense of impending doom.

• Revisit clinic in 2-4 weeks for follow up and reassessment.

Comments

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