

**S:**

WN is a 87 yo F with pmh of HTN, HLD, CAD, gout, stable angina, and remote triple bypass surgery. Patient states that at 10:30 AM she was sitting on the reclining chair at her dentist's office and started to feel her "heart pounding" and a non-radiating "crushing chest heaviness" after receiving a lidocaine injection in her mouth. Patient states the episode lasted for 2-3 minutes and she had moderate relief after taking 0.4mg of nitroglycerin. EMS gave the patient nitro spray and aspirin 324 mg at 11:00 AM.

Patient does not currently have a cardiologist, and is under the care of PMD Dr. B. Last cardiac work up was in 2013.

Denies any current CP, SOB, diaphoresis, abd pain/n/v/d, syncope, headache, dizziness, weakness, numbness, tingling, cough, hemoptysis, fever, h/o MI, h/o stroke, h/o PE, fmh of MI/stroke, h/o smoking

PMH: HTN, HLD, CAD, gout, stable angina

PSH: Triple bypass surgery 2011, LT knee replacement 2015

Allergies: Sulfa drugs

Medications: Aspirin, Simvastatin, Folic acid, Spironolactone, Metoprolol, Amlodipine, Ralexa, Allopurinol

FHx: Denies any

SHx: Non-smoker, denies past or present EtOH use or drug use

**O:**

T 36.8C | BP 124/75mmHg | P 90BPM, regular | RR 20 breaths/min, unlabored | SpO2 96% RA  
H 60in | W 180 lbs | BMI 35.1

**Gen:** Obese, well groomed, looks of stated age of 87 years. AxO x3. Appears in no acute distress.

**Skin:** Warm, dry, non-icteric, intact, no rashes no lesions, no erythema

**HEENT:** NC/AT, PEERL, EOMI, nares patent, mucous membranes moist

**Neck:** Supple, no lymphadenopathy, normal ROM, no JVD, no bruits, no palpable mass

**CV:** RRR. No murmurs, friction rubs, no gallops

**Pulm:** Clear to auscultation and percussion bilaterally. Chest expansion symmetrical. No wheezing, rhonchi, rales, dullness.

**Abdomen:** Soft, non distended, non tender, normoactive bowel sounds, negative murphy's, no mcburney's point tenderness, no pulsatile masses

**Extremities:** Normal tone and ROM, cap refill <2s, no edema

**Neurological:** Cranial nerves II to XII intact, sensation intact throughout, no gait abnormalities, cerebellar testing normal

**A:**

87 yo F with pmh of HTN, HLD, CAD, gout, stable angina, and remote triple bypass surgery presenting with an acute episode of CP with palpitations and unremarkable physical exam. Likely ACS.

Differential Diagnosis:

- MI/ACS
- Dysrhythmia
- Electrolyte abnormality
- Adverse reaction to lidocaine
- Anxiety

**P:**

Labs: BMP, CBC, D-dimer, eGFR, aPTT, D-dimer, pBNP, Flu A/B, Sars-COC-2 NAAT, Troponin x2

Imaging/Tests: ECG, CXR

Palpitations/CP:

- Consult cardio

Initial DDx Based on CC:

Adjusted DDx After H&P:

- Narrow-complex tachycardias
- Wide-complex tachycardias
- AV blocks
- Second Degree AV Block Type I
- Second Degree AV Block Type II
- Third Degree AV Block
- Premature atrial contraction
- Premature junctional contraction
- Premature ventricular contraction
- Sick sinus syndrome
- Non-arrhythmic cardiac causes:
- Acute coronary syndrome
- Cardiomyopathy
- Congenital heart disease
- Congestive heart failure
- Mitral valve prolapse
- Pacemaker complication
- Pericarditis
- Myocarditis
- MI
- Valvular disease
- Panic attack
- Anxiety
- Somatic Symptom Disorder
- Alcohol
- Caffeine
- Drugs of abuse
- Tobacco
- Anemia
- Hyperthyroidism
- Pulmonary embolism
- Dehydration
- Sepsis
- Pheochromocytoma

- MI/ACS
- Dysrhythmia
- Electrolyte abnormality
- Adverse reaction to lidocaine
- Anxiety