**EM Basic- How to give a good ED patient presentation**

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**Chief complaint**

**History of present illness with pertinent positive and negatives**

**Brief review of systems**

**Focused Past medical and surgical history**

**Focused pertinent medications and allergies\**

**Very focused social history and family history if required**

**Vitals-** highlight any abnormal vital signs

**Focused and pertinent physical exam**

**Differential diagnosis-** 3 life threatening things followed by what you think it is

**Plan-** what you want to do

**Disposition-** Patient being discharged, needs more testing

before a decision, or is being admitted no matter what the testing shows

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**Example presentation**

**Chief complaint**- I have a 50 year old male with chest pain

**History of present illness with pertinent positive and negatives**

The pain started at rest 3 hours ago while he was watching TV. He describes it as a pressure like sensation in his chest with no radiation. The pain came on gradually over 30 minutes and peaked at an 8 out of 10 intensity. Nothing made it better or worse, and the pain went away on his way into the ED.

**Brief review of systems**- He denies shortness of breath, diaphoresis, nausea, vomiting, abdominal pain, or recent illnesses. He has no DVT or PE risk factors.

**Focused Past medical and surgical history-** The patient has hypertension and his only surgeries are a remote appy and knee surgery

**Focused pertinent medications and allergies**- His only medication is lisinopril and he has no allergies

**Very focused social history and family history if required**- Father had an MI at 60 years old, and he doesn’t smoke, drinks occasionally, and denies illicit drug use, specifically denies cocaine use.

**Vitals**- Significant only for a BP of 150/90

**Focused and pertinent physical exam**- On exam, his lungs are clear and his heart has no murmurs, rubs, or gallops. I cannot reproduce his chest pain with palpation. He has no peripheral edema and the rest of his exam is normal.

**Differential diagnosis**- My differential includes MI or ACS, PE, and aortic dissection. I don’t think he has a PE or aortic dissection given no PE risk factors and his history isn’t consistent with dissection.

**Plan**- He got an EKG in triage that shows normal sinus at a rate of 80 with normal axis and intervals, and no ST/T wave changes. For further workup, I would like to get a portable chest x-ray, a cardiac lab set with CBC, chem 10, coags, troponin and CK, CK-MB. I would also give him 325 mg of aspirin.

**Disposition**- If his labs and chest x-ray are negative and he continues to be pain free, I would admit him for a low risk rule out.

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