# EMT Cardiovascular Quick-Cases

## Case 1

A 54 y/o M presents CAO in mild distress c/o CP. Pt describes acute onset of CP while at rest unrelieved with NTG SL 0.4mg x1. Pn onset 15 min prior to EMS arrival, described as a "heaviness" across his chest, non-reproducible, radiating to L shoulder, "6" on scale of 0-10. Pt also c/o nausea and has vomited x 1, denies diff brth, dizz, syncope, abd or back pn, headache. PMH = HTN, angina, AMI c̄ stent placement 4/2010. Meds = diltiazem, NTG prn, ASA. NKDA. VS: HR = 92/min strong & reg, RR = 14/min GTV nonlabored. BP = 132/88 mmHg, $SpO_2$ = 95% RA. PE reveals: Skin C/P/D, cap refill 3 sec, ∅ JVD, ∅ peripheral edema, ∅ pn c̄ palp to chest or back, LS clear/= ⊥.

1. What is the patient's ABC status? Are there any issues that you want to address during the primary exam? Is he stable or unstable, rapid transport or delayed?
2. Make your best guess at a diagnosis. Be prepared to defend your best guess by using the patient's signs and symptoms as well as your knowledge of the pathophysiology of disease.
3. Write out your treatment plan, and discuss how it will help the patient.

| |
|---|
| Angina |
| AMI |
| Hypertensive Emergency |
| Heart Failure |
| Aortic Dissection |
| Cardiac Arrest |

# EMT Cardiovascular Quick-Cases

## Case 2

A 51 y/o F presents CAO in severe pn c/o CP. Pt described acute onset of "tearing", nonreproducible chest pn located in the middle of her chest and radiating to her back. "10" on scale of 0-10. Pt also states ⊕ dizz, ⊕ weakness, ⊕ SOB, denies syncope, abd pn, or N/V. PMH = HTN, has been noncompliant with medications. Allergy to codeine. VS: HR = 102/min strong & reg, RR = 20/min GTV and nonlabored, BP = 142/94 mmHg, $SpO_2$ = 90% RA. PE reveals: Skin C/P/D, cap refill 3 sec, ∅ JVD, ∅ peripheral edema, ∅ pn c̄ palp to chest or back, LS clear/= ⊥.

1. What is the patient's ABC status? Are there any issues that you want to address during the primary exam? Is she stable or unstable, rapid transport or delayed?
2. Make your best guess at a diagnosis. Be prepared to defend your best guess by using the patient's signs and symptoms as well as your knowledge of the pathophysiology of disease.
3. Write out your treatment plan, and discuss how it will help the patient.

```
Angina
AMI
Hypertensive Emergency
Heart Failure
Aortic Dissection
Cardiac Arrest
```

# EMT Cardiovascular Quick-Cases

## Case 3

A 32 y/o M presents CAO in NAD c/o dizz. Pt describes a gradual onset of dizz over past 3 hours, denies weakness, headache, syncope, N/V, CP, abd or back pn. ∅PMH, ∅meds, NKDA. VS: HR = 72/min strong & reg, RR = 12/min GTV nonlabored. BP = 192/120 mmHg, $SpO_2$ = 96% RA. PE reveals: Skin P/W/D, cap refill 2 sec, ∅ JVD, ∅ peripheral edema, ∅ pn c̄ palp to chest or back, LS clear/= ⊥, PEARL, FROMAE c̄ CSM WNL x 4 ext.

1. What is the patient's ABC status? Are there any issues that you want to address during the primary exam? Is he stable or unstable, rapid transport or delayed?
2. Make your best guess at a diagnosis. Be prepared to defend your best guess by using the patient's signs and symptoms as well as your knowledge of the pathophysiology of disease.
3. Write out your treatment plan, and discuss how it will help the patient.

> Angina
> AMI
> Hypertensive Emergency
> Heart Failure
> Aortic Dissection
> Cardiac Arrest

# EMT Cardiovascular Quick-Cases

## Case 4

62 y/o F presents sitting up in chair, tripoding, speaking in 2-3 word sentences in obvious respiratory distress stating "I can't breath". Her family describes a gradual onset of diff brth over the past 12 hours, getting noticeably worse the past 3. Pt states that she is also weak and dizzy, denies CP, N/V, syncope, abd or back pn. PE reveals: absent LS to the bases and mid-lobes ⊥, rales to the upper lobes ⊥. Skin C/P/D with peripheral cyanosis, cap refill 4 sec, ∅ JVD, ∅ peripheral edema. PMH = MI x 2 with stent placement 3 yes prior, hypertension, insulin-dependent DM. Meds = Lopressor, Cardizem, NTG prn, ASA, Humalog via pump. NKDA. VS: HR = 82/min strong & irreg, RR = 26/min GTV, BP = 196/120 mmHg, $SpO_2$ = 76% RA.

1. What is the patient's ABC status? Are there any issues that you want to address during the primary exam? Is he stable or unstable, rapid transport or delayed?

2. Make your best guess at a diagnosis. Be prepared to defend your best guess by using the patient's signs and symptoms as well as your knowledge of the pathophysiology of disease.

3. Write out your treatment plan, and discuss how it will help the patient.

| Angina |
| :---: |
| AMI |
| Hypertensive Emergency |
| Heart Failure |
| Aortic Dissection |
| Cardiac Arrest |