

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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