

# Documentation / Electronic Health Record

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## Document: Provider Notes

### Student Documentation

#### Subjective

Mr Foster is a 58YOM Caucasian with c/o intermittent chest pain that started within the past month. he is not in acute distress and denies active chest pain. he states his CP is episodic and seems to start when he is active. He describes pain w/exertion (yardwork or taking stairs) at a rate of 5/10, that does not radiate. The pain is in the "middle of my chest" and is described as "tight and uncomfortable". the most recent episode was 3 days ago. he denies taking any medication for the pain as it resolves with rest. He takes Atorvastatin 20mg for cholesterol and Lisinopril 20mg for HTN and Omega 3 1200mg per day. his diet is grill meat-red meat, (3-4/wk), vegetables, sandwich and breakfast drink. he consumes coffee 1-2/day. He denies cough, heartburn, SOB, dizziness, N/V/D or constipation and has no hx of depression/anxiety.

#### Objective

AOx3 with clear speech and in no acute distress. Cardiac S1,S2, S3 gallop at mitral valve area. No murmurs/rubs. No edema/swelling in upper/lower extremities. No JVD distention, JVD 3cm above sternal angle. Left carotid WNL. Right carotid bruit, thrill, 3+. Brachial/radial/femoral pulses WNL w/o thrill 2+. Popliteal/tibial/dorsalis pedis w/o thrill 1+. Cap refill WNL in all extremities. EKG RRR sinus, no ST chgs. PMI displaced laterally. Resp Breathing WNL, clr in upper lobes fine crackles in bilat lower lobes. GI normactive BS in all quads, no bruits no tenderness on light/deep palpation. Tympanic all quads. Spleen/kidneys not

### Model Documentation

Pt. reports: "I have been having some chest pain now and then for the past month. The pain is described as chest pain with exertion such as yardwork or taking stairs. The pain is overeating. Points to midsternum as "tight and uncomfortable" upon most recent episode upon going up the stairs. The most recent episode was three days ago after eating a large meal. The pain is described as radiation. Pain lasts for "a few" minutes and resolves with rests. States "It has never gotten 'really bad' and it was not an emergency, but is concerned about it. He has not had an ER visit in a month and wants his heart checked. He had a chest X-ray 3 days ago but says he hadn't been checked. His diet is a regular diet includes grilled meat, sandwiches, and vegetables. Reports grilling between 3-4 times a week. Has fast food for lunch on busy days. Denies coughing, shortness of breath, chest pain, jaw pain, fatigue, dizziness, weakness, diarrhea. Denies chest pain at time of episode. Denies anxiety or depression.

• General Survey: Alert and oriented, no acute distress. • Cardiac: S1, S2, S3 gallop at mitral valve area. No murmurs or rubs. S3 noted at mitral valve area. No JVD. JVD 3cm above sternal angle. Left carotid no bruit, thrill, 3+. Right carotid pulse with thrill, 3+. Brachial/radial/femoral pulses without thrill, 2+. Popliteal, tibial, and dorsalis pedis without thrill, 1+. Cap refill less than 2 seconds. • Respiratory: Breathing is quiet and clear to auscultation in upper lobes and lower lobes. No crackles posterior bases of L/R lungs. • Gastrointestinal: Normoactive bowel sounds in all quadrants. No bruits or tenderness on light or deep palpation. Spleen and kidneys not palpable.

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palpable; liver palpable at 7cm at MCL. Neuro WNL. Skin no tenting, WNL. Musculoskeletal WNL. Normal affect. E Differential DX CAD with stable angina, pericarditis, R/O GERD, R/O CHF

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tender with normoactive bowel sounds. No abdominal bruits. No tenderness to palpation. Tympanic throughout. Liver is 7 cm at the right costal margin. Spleen and gallbladder not palpable. • Neuro: Alert and oriented. Moves all extremities. Gross cranial nerves grossly intact. • Skin: Warm, dry, pink. No sweating. • Musculoskeletal: Motor strength Normal affect, cooperative, good eye contact. (interpretation): Regular sinus rhythm

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