Identifying Information/Chief Concern: Carol is a 64-year-old with coronary artery disease, with an acute myocardial infarction and coronary artery bypass surgery six years ago. She was admitted yesterday evening with 3 hours of chest pain.

History of the Present Illness: Carol was first diagnosed with heart disease six years ago, when she presented with acute chest tightness, dizziness, nausea, and shortness of breath. She was diagnosed with an acute myocardial infarction and had urgent coronary bypass surgery. She then had no chest pain until eighteen months ago, when she experienced 20 minutes of tightness and "congestion" and was told by her doctor that she had had another 'minor' heart attack. Over the past six months, she has frequently had a dull ache across her chest in the evenings after dinner which resolves with one sublingual nitroglycerin. Carol's problems with her heart have changed her life in many ways; she is much more careful about taking good care of herself but doesn't like the feeling that something could go wrong at any point.

On the evening of admission, Carol was watching TV after dinner when she developed a dull, heavy, 5/10 pain across the front of the chest radiating down the left arm, similar to the pain she's had over the past six months. She took one nitroglycerin tablet, but the pain seemed to worsen to a 7/10 and she began to feel short of breath. The patient took a second nitroglycerin 15 minutes after the first, again with no improvement in symptoms. Five minutes later, she took a third tablet at which point she was also feeling sweaty and slightly nauseated. In addition to the pain, which was now about 9/10, she had worsening shortness of breath. Carol called her daughter Helen and she called 911. In the emergency room, she was started on some IV medications, which resolved the symptoms, and admitted.

Carol has a history of hypertension, diagnosed after her heart attack and now well controlled on metoprolol and Lisinopril. She quit smoking one year to the day after heart surgery. She has been on atorvastatin to lower her cholesterol for the past two years, and her medication adherence has been good. She also has a history of heartburn which causes burning chest pain a few times a month, unlike the pain that led to admission.

Carol has had no palpitations, syncope, orthopnea, PND or lower extremity edema. She's had no fever, cough, chest trauma, hemoptysis, or recent travel.

Hospital course: Since the patient was admitted to the hospital last night, she has had no pain or other symptoms, but is very worried about her condition because multiple family members have died suddenly from a heart attack, and she has not yet been told whether she actually had another heart attack.

Past Medical History:

- **Hypertension:** High blood pressure for 10 years; well controlled with metoprolol and Lisinopril
- **Coronary artery disease:** Diagnosed in 2014 after having a heart attack. Angiogram showed several blocked arteries. Underwent coronary artery bypass graft (CABG) surgery Nov 2014. Treated with atorvastatin, aspirin, metoprolol and Lisinopril.
- **Hyperlipidemia.** LDL was 195 before treatment with atorvastatin. LDL now 100.
- **Pre-diabetes:** HgA1c 5.9%. Diet controlled.
- **Former tobacco user.** 20 pack-year history. Quit Nov 2014.

- **GERD (Gastroesophageal reflux disease-reflux):** Intermittent heart burn a few times per month. Uses as needed tums or famotidine. Never had upper endoscopy.
- **Macular degeneration.** Taking "eye vitamin" Sees ophthalmology every 6 months
- **Low back pain.** Intermittent. X-rays 2010 showed osteoarthritis. Seen by physical therapy in the past. Back pain flairs every 4-6 months. Usually triggered by heavy lifting or increased activity. Does PT exercises at home for treatment and uses acetaminophen as needed.
- **History of gallstones.** Reported recurrent gallstone attacks. No symptoms since cholecystectomy at age 50
- **Seasonal allergies.** Uses over the counter loratidine (Claritin) as needed.

Past Surgical History

- Coronary artery bypass graft (CABG) surgery Nov 2014
- Appendectomy, age 18
- Cholecystectomy, age 50 for recurrent gall stone attacks
- Tonsillectomy as a child

Allergies to medications: Sulfa drugs caused a full body very itchy rash

Medications:

- Lisinopril 20mg per day
- Metoprolol ER 25 mg daily
- Aspirin 81 mg daily
- Atorvastatin 80 mg at bedtime
- Famotidine (Pepcid) 20 mg up to twice a day as needed for heartburn, a few times/week.
- Over the counter anti-acids (Tums) 1-2 tablets every 6 hrs as needed for indigestion.
- Acetaminophen (Tylenol) 325 mg 1-2 tablets every 6 hrs as needed for pain
- Omega 3 1000 mg daily.
- AREDS2 vitamin one daily
- Loratidine (Claritin) 10 mg daily as needed for seasonal allergies
- Nitroglycerin 0.4 mg tabs. Take one tab under the tongue every 5 minutes as needed for chest pain. Max doses 3 within 15 minutes

Health related behavior:

- Tobacco: 20 pack-year history of smoking. Quit in Nov 2014
- Alcohol: a beer or 2 every once in a while, (2x per month)
- Recreational Drugs: None.
- Exercise: Tried to get outside on the weekends to do a little yard work but nothing too strenuous. Otherwise no regular exercise.
- Diet: Since the patient's first heart attack, she has focused on eating a healthier diet. Lots of fruits and vegetables and only eats red meat once per week. Otherwise fish and chicken. Tries to avoid sweets because of the pre-diabetes
- Sexual history: Not sexually active since the death of her husband.

Family History:

- Mother had a 'silent heart attack' a couple years ago. She also had hypertension and diabetes. She is in her late 80s now.
- Father deceased, motor vehicle accident twenty years ago.
- Brother with heart disease, heart attack in his early 50s.
- Otherwise NO family medical problems.

Social History: Sedentary office work. Works as a tax accountant. Job is super stressful around tax time but the rest of the year it is not too bad. Has lived in the area entire life. Widowed, 2 adult kids. Good support system. Good insurance, and no significant financial stressors. Enjoys watching TV at night. Does not consider herself religious.

Review of Systems

General	No fevers or chills. No unintentional weight loss.
CV	See HPI and Past Medical History
Respiratory	See HPI
Gastrointestinal	No vomiting, difficulty swallowing, or abdominal pain.
Musculoskeletal	Some intermittent low back pain usually trigged by lifting heavy things. Treated with acetaminophen and physical therapy. Told it was arthritis. In the back. No other joint pain or swelling.
Allergy	Seasonal allergies