

PRESENT ILLNESS AND MEDICAL HISTORY:

PRESENT ILLNESS: 67-year old female patient comes to ER at 11:30 AM with chest pain that lasts since early morning hours. Patients describes the pain as quite intense (8/10) pressing pain over the precordial region with radiation to her jaw and her left arm. The onset was rapid, the pain woke her up. Yesterday evening she was feeling some pressure on her chest, but according to the patient it was only mild discomfort, otherwise, she was feeling OK. The patient reports that she was feeling dizzy, light-headed, she also vomited once and was heavily sweating with cold sweat and couldn't catch the breath. There was no relieving position for the pain. She took one nitro-glycerine and one aspirin with no effect on the pain. She also measured her blood pressure, which was elevated (175/105 Torr).

PAST MEDICAL HISTORY: Arterial hypertension, Chronic ischaemic heart disease, Hyperlipidaemia. Stp. Operation of inguinal herniation (2005), Stp. tonsillectomy (in childhood)

MEDICATION REVIEW: Aspirin 100mg tbl. 1-0-0, amlodipine 5mg tbl. 1-0-1, simvastatin 20mg tbl. 0-0-1, nitro-glycerine tbl. 1 tbl. s.l. in case of chest pain

ALLERGY REVIEW: Allergic to metamizole (skin rash), cefuroxime (tongue and throat oedema), reports no other allergies for medications, food and substances

FAMILY HEALTH HISTORY: Father died at the age of 72 of stroke, mother died of lung cancer at the age of 69. His older brother has hypertension and diabetes, his younger has rheumatoid arthritis. His 2 children are healthy.

ABUSES: Smoker (20-30 cigarettes per day), drinks 2-3 glasses of wine per week, no drugs

GYNAECOLOGIC HISTORY: Pregnancies: 3, Births: 3, Abortions: 0, Last period: ante annos.

SOCIAL HISTORY: Retired for 5 years, before he worked as manager in shipping company. He lives with his wife who had knee surgery lately (he helps her around the household).

EPIDEMIOLOGIC HISTORY: No travel history within last 2 years, he was not in contact with anyone who showed the symptoms of infectious disease, he is not in quarantine. He does not own any pets. His vaccinations are up to date.

PHYSIOLOGIC FUNCTIONS: Urination is normal, without dysuria, no frequent urination, no change of colour or smell of the urine, no nycturia. Stool is regular of normal colour and consistency, without blood or mucus. Weight is stable. Appetite is normal, Sleep is normal. She is fully mobile.