

# Question 30

You are an F1 doctor in the Emergency Department (ED) at Compassion Hospital. Your supervising consultant is Dr Chase.

Your bleep number is 26781. GMC - 8018315

## Patient Details

Name: Mr Michael Smith

Date of Birth: 01/03/1963

Patient number: X3219876

Address: Surgical Street, Medical Town, Tyne and Wear, NE1 1AB

## History

Michael was admitted to the ED with severe chest pain. He describes the chest pain as occurring suddenly and reaching 10/10 intensity within seconds, this started 30 minutes ago. There was no obvious trigger for the onset of the pain.

Now the pain is 8/10. He is also experiencing back pain in the upper thoracic region. He does not report any other symptoms after a thorough systems review.

He has a past medical history of hypertension. He has no previous history of cardiac events.

Drug history:

- Lisinopril 20 mg OD
- Amlodipine 10 mg OD

Clinical examination:

- Capillary refill 3 seconds peripheral, 2 seconds central
- Normal heart sounds
- No tenderness on palpation
- All upper and lower limb pulses palpable
- No leg swelling, oedema, or tenderness

## Investigations

Oxygen saturations	96% (room air)
Blood pressure	195/112 mmHg
Pulse	98 beats per minute
Respiratory rate	21 breaths per minute
Temperature	37.1 °C

Electrocardiogram – sinus tachycardia, no evidence of ischaemic changes (as confirmed by Dr Chase.)

## Task

Please request the most appropriate cross-sectional imaging test for this patient, specifically commenting on your suspected diagnosis.

REQUEST FOR RADIOLOGICAL OPINION			
Surname: First Names: Address: Surgical Street,		Ward/Clinic/Practice:	
		DOB: Patient No:	Consultant/GP:  WALK <input type="checkbox"/> CHAIR <input type="checkbox"/> TROLLEY <input type="checkbox"/> BED <input type="checkbox"/> OXYGEN <input type="checkbox"/> DRIP <input type="checkbox"/> PORTABLE EXAM <input type="checkbox"/>
Patient's telephone number:		Previous X-rays:	Is the patient pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>  LMP Date:
<i>Relevant clinical information:</i>		Is the patient diabetic? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		CT/Angio/IVU exams please state Creatinine level: Unknown	
		Are specific infection control precautions required? Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes, state reason:	
		Office use only	
Suggested investigation:			
Requesting MO:		Today's Date:	Contact/Bleep:

