

Instruction to Candidates – Aim for 8 minutes

You are a Foundation doctor in your A&E rotation.

Andrew Richardson has been experiencing chest pain.

You have 6 minutes to take a history. At 6 minutes the examiner will provide clinical data for interpretation.

Name: Andrew Richardson

Age: 49 years

PC/HPC:

6-7 hours ago developed chest pain.

Sudden onset while walking dog outside, you were not exerting yourself.

First time to have experienced such an incident.

Returned home and after resting initially no improvement but after 20-30 minutes since returning home the pain settled. Altogether, from the pain starting it lasted up to 45 minutes.

Pain initially localised to centre of chest, after 10 minutes you felt it spread to your left shoulder and down the arm.

Pain felt like a heaviness, and sometimes tightness – rated 7/10 on pain scale. You had 2 paracetamol tablets after returning home.

No nausea, vomiting, breathlessness.

No fever-like symptoms.

No recent or past trauma to the chest or anywhere else on your body.

No productive cough.

No recent travel history – last travelled 3 years ago to France.

PMH:

Nil.

MH:

Multivitamin tablets

No recent vaccinations. Last vaccination was 4 months ago – Booster Covid vaccine.

NKDA

No surgical history.

FH: Father - Type 2 diabetes diet controlled

ICE

I – “I have no idea what caused this, I thought at first maybe something in the air I’m allergic too but from the nature of the pain I didn’t think that was the case.”

C – “Worst case scenario I thought I could be having a heart attack”

E – “I just want to know what’s going on and make sure I wasn’t having a heart attack.”

SH:

Lives alone.

Ex-smoker: stopped smoking 6 years ago; previously smoking 20 roll-up cigarettes for over 15 years.

Drinks 2 glasses of gin per week.

No recreational drug use.

Clinical data

Bloods:

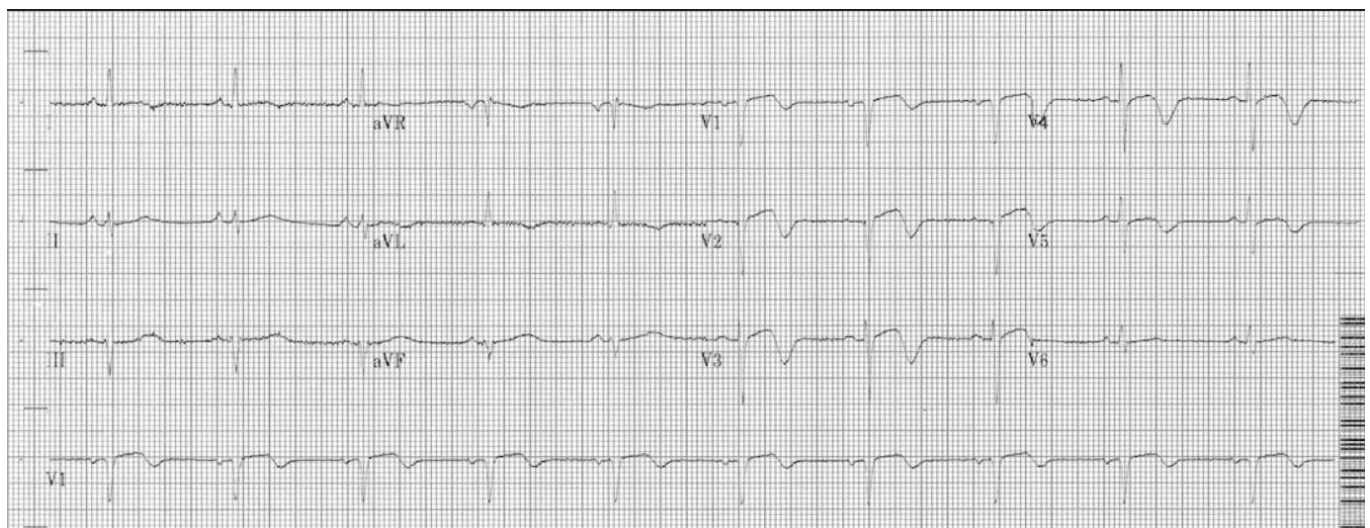
1st Troponin 18 (taken 5 hours after initial chest pain incident)

FBC:
Hb 134 (130-180)
WCC 7.4 (3.6-11.0)
Neutrophil 1.8 (1.8-7.5)
Lymphocytes 1.2 (1.0-4.0)
MCV 90 (80-100)

U&Es
Na 136 (133-146)
K 3.9 (3.5-5.3)
Urea 5.5 (2.5-7.8)
Creatinine 99 (59-104)
eGFR >90

Bone profile
Ca ²⁺ 2.25 (2.2-2.6)
Corrected Ca ²⁺ 2.3
Phosphate 0.89 (0.74 – 1.4)
Mg ²⁺ 0.78 (0.74-1.4)

ECG:



Questions:

Based on this ECG what is your primary differential?

Wellens Syndrome

This condition is specific to critical stenosis of the left anterior descending artery.

Typically characterised by a history of chest pain that has resolved, and an ECG showing biphasic and inverted T waves in chest leads such as V2-V3.

There is a high risk the patient can suffer from a myocardial infarction or cardiac arrest due to the critical LAD stenosis, therefore this patient will need invasive therapy.

For more information on the condition visit <https://litfl.com/wellens-syndrome-ecg-library/>

Topic	Clear Fail	Fail	Satisfactory	Good	Excellent
Adequate history taken covering PMH, MH, SH and allergies.					
Student Performs an appropriate ABCDE assessment					
Differential dx					
Investigations					
Rapport/communication skills					
Overall					