

Diagnostic Justification

Points earned 0 of 1 possible or 0%. MSL 67%
Override Score > MSL
Points earned for overall score 17 of 17 possible.
Override Score 100%
Satisfactory

Student:

Final DxJ

Based off of CC of chest pain and SOB, I originally considered PE, asthma, pneumothorax, bacterial pneumonia (ie S. pneumonia), viral pneumonia (ie influenza), angia, pericarditis, pneumonitis, cocaine use, and cardiomyopathy. My top differential is bacterial pneumonia.

Bacterial pneumonia: supporting - productive cough 2 days, SOB, chest pain localized + non radiating + worse with cough, night sweats, chills, vomiting, 8 pack year hx, febrile, tachypnic, tachycardic, crackles + dullness to percussion in left lower lobe, pain not reproducible, G+ cocci in pairs in sputum, elevated WBC (neutrophils + bands), left lower lung consolidation

viral pneumonia: supporting - cough for 2 days, SOB, chest pain, night sweats, chills, febrile, tachypnic, tachycardic, crackles on exam, pain not reproducible

detracting - localized pain, vomiting and productive cough, rapid onset, crackles localized, consolidation, no sick contacts, no erythema of the pharynx

pulmonary embolism: supporting - cough, SOB, chest pain, sweats, febrile, tachycardic, tachypnic, 38 y/o female, smoker, crackles and dullness to percussion in left lower lobe

detracting -a productive cough 2 days prior, vomiting, headache, night sweats, no recent travel, immobilization, surgery, no medications, negative d-dimer

pericarditis: supporting - chest pain with no radiation under left breast, SOB, tachypnic, tachycardic, crackles in lower lung, chills, febrile, prior cough

detracting - S1 + S2 normal intensity, no cardiac rub, not better by leaning forward, productive cough, yellow sputum, crackles bilateral, should have asked about palpitations

asthma: supporting - chest pain, SOB, started in the morning, no exposure to irritants/chemicals, crackles on lung exam

detracting - stabbing pain, vomiting, febrile, chills, no allergies, no medications, crackles confined to lower left lobe, no wheezing, dullness to percussion

pneumonitis: support - productive cough, pain, SOB

detract - no exposures, getting worse, consolidation, febrile

pneumothorax: supporting -unilateral stabbing pain, SOB, spontaneously occurred, tachycardia, tachypnic

detracting- no trauma, female, pain not reproducible or alleviated by pressing on it, prior productive cough

angina: supporting - chest pain and SOB concurrently, FMH of HTN and CAD, no exercise

detracting - no radiating pain, pain under left breast, stabbing quality, no preceeding event (ie exertion), dullness to percussion and crackles in left lower lobe of lung, normal cholesterol levels

cocaine use: supporting - chest pain, hx of use, febrile, tachycardic, tachypnic

detracting - stabbing quality, no hx of chest pain with use, crackles and dullness on lung exam, productive cough

cardiomyopathy: supporting - chest pain, SOB

detracting - no hx in family, symptoms not on exertion, productive cough, S1 + S2 normal intensity, no murmurs or gallops, normal EKG

First DxJ

Based off of CC of chest pain and SOB, I originally considered PE, asthma, pneumothorax, bacterial pneumonia (ie S. pneumonia), viral pneumonia (ie influenza), angia, pericarditis, pneumonitis, cocaine use, and cardiomyopathy. My top differential is bacterial pneumonia.

Bacterial pneumonia: supporting - productive cough for 2 days, SOB, chest pain localized and non radiating and worse with cough, night sweats, chills, vomiting, 8 pack year history, febrile, tachypnic, tachycardic, crackles and dullness to percussion in left lower lobe, pain not reproducible

viral pneumonia: supporting - productive cough for 2 days, SOB, chest pain, night sweats, chills, febrile, tachypnic, tachycardic, crackles on exam, pain not reproducible

detracting - would not expect to be localized pain, usually not as severe of symptoms (ie vomiting and productive cough) or as rapid of an onset, would expect crackles to be more diffuse, not usually an area of consolidation (dullness in left lower lobe), no sick contacts, no erythema of the pharynx

pulmonary embolism: supporting - cough, SOB, chest pain, sweats, febrile, tachycardic, tachypnic, 38 y/o female, smoker, crackles and dullness to percussion in left lower lobe

detracting - a productive cough of yellow sputum for 2 days prior, vomiting, headache, night sweats, no recent travel, immobilization, surgery, no medications

pericarditis: supporting - chest pain with no radiation under left breast, SOB, tachypnic, tachycardic, crackles in lower lung, chills, febrile, cough for 2 days prior

detracting - S1 + S2 normal intensity, to cardiac rub, not better by leaning forward, productive cough of yellow sputum, crackles are bilateral, should have asked about palpitations

asthma: supporting - chest pain, SOB, started in the morning, no exposure to irritants/chemicals, crackles on lung exam

detracting - stabbing quality of pain, vomiting, febrile, chills, no allergies, no medications, crackles confined to lower left lobe, no wheezing, dullness to percussion

pneumothorax: supporting - unilateral stabbing chest pain, SOB, spontaneously occurred, tachycardia, tachypnic

detracting- no trauma, female, pain not reproducible or alleviated by pressing on it, previous productive cough

angina: supporting - chest pain and SOB concurrently, FMH of HTN and CAD, no exercise

detracting - no radiating pain, pain under left breast, stabbing quality, no preceeding event (ie exertion),

dullness to percussion and crackles in left lower lobe of lung

cocaine use: supporting - chest pain, hx of use, febrile, tachycardic, tachypnic

detracting - stabbing quality, no hx of chest pain with use, crackles and dullness on lung exam, productive cough

cardiomyopathy: supporting - chest pain, SOB

detracting - no hx in family, symptoms not on exertion, productive cough, S1 + S2 normal intensity, no murmurs or gallops

Instructor Keywords:

1|N|blank criteria item