

# EMR Tutorial Angina

## How to find the Angina Template

AAA Home

**SOUTHEAST TEXAS MEDICAL ASSOCIATES, LLP**

Patient:   Sex:  Age:  DOB:

Home Phone:  Work Phone:

Patient's Code Status:

[SETMA's LESS Initiative](#) | [Preventing Diabetes](#) | [Preventing Hypertension](#) | [Medical Home Coordination](#)  
[Charge Posting Tutorial](#) | [ICD-9 Code Tutorial](#) | [E&M Coding Recommendations](#) ***Needs Attention!!***

[Master GP](#) | [Nursing Home](#) | [Ophthalmology](#) | [Pediatrics](#) | [Physical Therapy](#) | [Podiatry](#) | [Rheumatology](#)  
[Daily Progress](#) | [Admission Orders](#) | [Discharge](#) | [Insulin Infusion](#) | [Colorectal Surgery](#) | [Pain Management](#) |

[Exercise](#) | [CHF Exercise](#) | [Diabetic Exercise](#) | [Drug Interactions](#) | [Smoking Cessation](#) |  
[Hydration](#) | [Nutrition](#) | [Guidelines](#) | [Lab Future](#) | [Lab Results](#) |

**Disease Management**

[Acute Coronary Syn](#) | **[Angina](#)** | [Asthma](#) | [CHF](#) | [Diabetes](#) | [Headaches](#) | [Hypertension](#) | [Lipids](#) | [Cardiometabolic Risk Syndrome](#) |  
[Weight Management](#) | [Renal Failure](#) | [Diabetes Edu](#)

Patient's Pharmacy:

Phone:  Fax:

**Pending Referrals**

| Status    | Priority | Referral | Referring Provider |
|-----------|----------|----------|--------------------|
| Completed | Routine  | Test     | Abbas              |

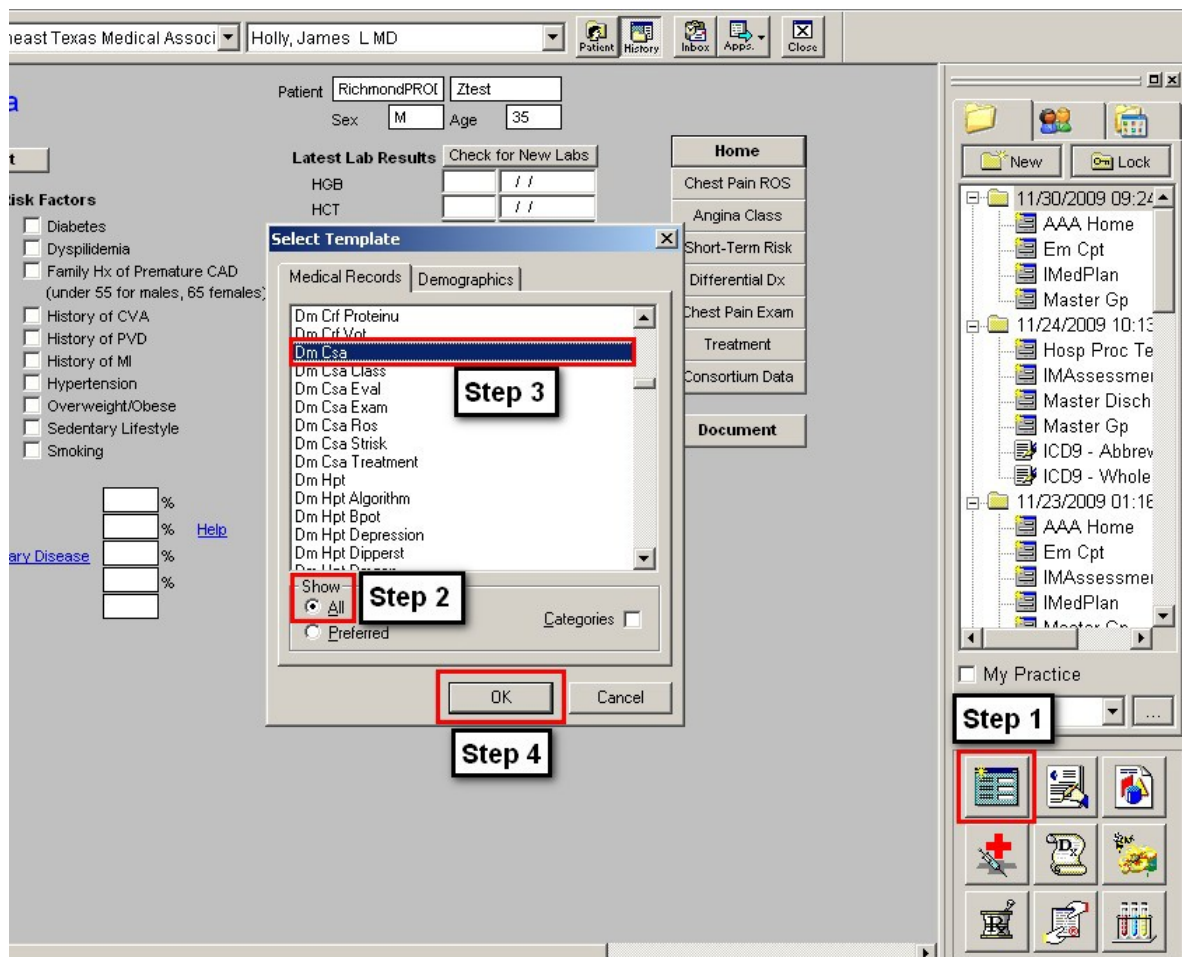
**Archived Referrals - Do not use for new referrals**

| Status      | Priority | Referral | Referring Provider |
|-------------|----------|----------|--------------------|
| In Progress |          |          | James L. Holly MD  |

**Chart Note**

- 
- 
- 
- 
- 
-

## Master Tool Bar Icon



- When the Template button is clicked you will be presented with the preference list.
- If the Angina Template is listed as one of your preferences, select it.
- If it is not one of your preferences, select the All radio button and scroll down until you find it in the list. Then you may select the template by either double-clicking on the name or single click on the name (so that it is highlighted in blue) and then click the OK button.

**NOTE:** For more on how to set up your preferences, [Click Here](#)

This suite consists of the following set of templates:

- Chronic Stable Angina Master Template
- Chest Pain Review of Systems
- Angina Class
- Short Term Risk Level
- Differential Dx
- Chest Pain Exam
- Treatment

- Consortium Data
- Document

## Angina Master Template

At the top is the patient's name, gender and age.

**Snapshot** -- Beneath the template name is a button entitled, **Snapshot**. This pop-up summarizes the **Type of Chest Pain**, the **Type of Angina** and the **CCSC (Canadian Cardiovascular Society Classification) Angina Class**. This data is collected from the provider's completion of the Angina suite of templates. It serves as a quick review of the patient's angina status and it prints on the chart note.

The screenshot displays the 'Angina' master template interface. At the top, patient information is shown: Patient (RichmondPROL), Sex (M), and Age (35). A 'Snapshot' button is highlighted with a red box. Below this, a 'Dm Csa Snapshot' pop-up window is open, titled 'Chest Pain/Angina Snapshot'. This window contains three sections: 'Type of Chest Pain' with options Typical, Atypical, and Non-Cardiac Chest Pain; 'Type of Angina' with options Stable, Unstable - Rest Angina, Unstable - New Onset, and Unstable - Increasing; and 'CCSC Angina Class' with options Class I, Class II, Class III, and Class IV. 'OK' and 'Cancel' buttons are at the bottom of the pop-up. In the background, the main interface shows 'Vital Signs', 'Risk Factors', 'Latest Lab Results' (with a table of values like HGB, WBC, etc.), and a 'Check for New Labs' button. On the right, a 'Home' sidebar lists navigation options like 'Chest Pain ROS', 'Angina Class', 'Short-Term Risk', 'Differential Dx', 'Chest Pain Exam', 'Treatment', 'Consortium Data', and a 'Document' button.

The template is organized into four columns.

**Angina**

Patient: RichmondPROL Ztest  
Sex: M Age: 35

**Snapshot**

**Vital Signs**

Temp: [ ] F  
Height: [ ] in  
Weight: [ ] lb  
BMI: [ ]  
Body Fat: [ ] %  
Pulse: [ ]  
Blood Pressure: [ ] / [ ] mmHg

**Risk Factors**

☐ Diabetes  
☐ Dyslipidemia  
☐ Family Hx of Premature CAD (under 55 for males, 65 females)  
☐ History of CVA  
☐ History of PVD  
☐ History of MI  
☐ Hypertension  
☐ Overweight/Obese  
☐ Sedentary Lifestyle  
☐ Smoking

**Latest Lab Results**

| Latest Lab Results | Check for New Labs |
|--------------------|--------------------|
| HGB                | [[ ]]              |
| HCT                | [[ ]]              |
| vWBC               | [[ ]]              |
| hsCRP              | [[ ]]              |
| Homocysteine       | [[ ]]              |
| Sed Rate           | [[ ]]              |
| Cholesterol        | [[ ]]              |
| HDL                | [[ ]]              |
| Chol/HDL           | [[ ]]              |
| Triglycerides      | [[ ]]              |
| Trig/HDL           | [[ ]]              |
| Fasting Glucose    | [[ ]]              |
| Insulin            | [[ ]]              |
| HOMA-IR            | [[ ]]              |
| Ca                 | [[ ]]              |
| Mg                 | [[ ]]              |
| Ca/Mg              | [[ ]]              |
| UA Protein         | [[ ]]              |
| MS Strip           | [[ ]]              |
| Creat/Albumin      | [[ ]]              |

**Home**

Chest Pain ROS  
Angina Class  
Short-Term Risk  
Differential Dx  
Chest Pain Exam  
Treatment  
Consortium Data

**Document**

[Framingham 10-Yr CVD Risk](#) [ ] %  
[Framingham 10-Yr Stroke Risk](#) [ ] % [Help](#)  
[Hubbard Probability Severe Coronary Disease](#) [ ] %  
[TIMI Risk Score](#) [ ] %  
[Global Cardiovascular Risk](#) [ ] %

## Column 1

- **Vital Signs**
- **Framingham 10-Yr CVD Risk** – this links you to the Framingham template. For instructions on its use see the [Framingham](#) tutor.
- **Framingham 10-Yr Stroke Risk** – same as above
- **Hubbard Probability Severe Coronary Disease** – see below
- **TIMI Risk Score** – see below
- **Global Cardiovascular Risk** – this links you to the Framingham template. For an explanation of this score and its use, see the [Framingham](#) tutor.

## Hubbard Probability Severe Coronary Disease

This button launches a pop-up which estimates the probability of three-vessel or left main coronary artery disease and calculates a recommended intervention on the basis of age and five risk factors. If the calculated risk exceeds 50%, the recommendation, **“Patient should have cardiac catheterization,”** will appear on the pop-up.

**Angina**

Patient: RichmondPROI Ztest

Sex: M Age: 35

**Snapshot**

**Vital Signs**

Temp: [ ] F

Height: [ ] in

Weight: [ ] lb

BMI: [ ]

Body Fat: [ ] %

Pulse: [ ]

Blood Pressure: [ ] / [ ] mmHg

**Risk Factors**

☐ Diabetes

☐ Dyspnea

☐ Family History (under)

☐ History of MI

☐ History of Angina

☐ Hypertension

☐ Overweight

☐ Sedentary

☐ Smoking

[Framingham 10-Yr CVD Risk](#)

[Framingham 10-Yr Stroke Risk](#)

[Hubbard Probability Severe Coronary Disease](#)

[TIMI Risk Score](#)

[Global Cardiovascular Risk](#)

**Dm Acs Hubbard**

**Hubbard Probability of Severe Coronary Disease**  
(Three-Vessel or Left Main)

The Hubbard probability is based on the patient's age and five risk factors listed below. Select the applicable risk factors and click the "Calculate" button below to review the result.

Age: 35

☒ Male Gender

☐ Typical Angina

☐ History and ECG evidence of MI

☐ Diabetes

☐ Use of Insulin

Calculate >> [ ]

OK Cancel

Creat/Albumin: [ ] / [ ]

## TIMI Risk Score

This pop-up integrates historical factors, frequency of symptoms, electrocardiographic findings and cardiac biomarker levels to give a percent score for the risk of death, nonfatal MI, and/or need of urgent revascularization. Utilizing 6 specific risk factors and the presence of 3 or more other CAD risk factors, the TIMI score is calculated. **This is useful in the risk stratification of the patient with angina pectoris.**

The screenshot shows a software interface for calculating the TIMI Risk Score for Unstable Angina (UA) or Non-ST-Segment Elevation Myocardial Infarction (NSTEMI). The interface is titled "Dm Acs TIMI" and "TIMI Risk Score for UA/NSTEMI". It includes a "Snapshot" button and a "Vital Signs" section with input fields for Temperature, Height, Weight, BMI, Body Fat, Pulse, and Blood Pressure. A "Risk Factors" section lists seven major factors: Age > 65 years, Previous stenosis > 50%, Presence of ST-segment deviation, Occurrence of 2 anginal events within past 24 hours, Use of aspirin with past 7 days, Elevated cardiac biomarker levels, and Presence of 3 or more CAD risk factors (Smoking, Diabetes, Hypertension, Dyslipidemia, Obesity, Sedentary lifestyle). A "Calculate >>" button is present. Below the button, it states: "One point is given for each of the seven major factors listed above." The results section shows two input fields: "points - TIMI Risk Score" and "% - Risk of death, nonfatal MI, urgent revascularization". An "Information" section provides details about the TIMI risk score, including its purpose and how it is used to guide therapeutic decisions. The interface also includes "OK" and "Cancel" buttons.

**Angina**

**Snapshot**

**Vital Signs**

Temp  F ☐

Height  in ☐

Weight  lb ☐

BMI

Body Fat  % ☐

Pulse

Blood Pressure  /  mmHg ☐

[Framingham 10-Yr CVD Risk](#)

[Framingham 10-Yr Stroke Risk](#)

[Hubbard Probability Severe Coronary Disease](#)

[TIMI Risk Score](#)

[Global Cardiovascular Risk](#)

**Risk Factors**

☐ Age > 65 years

☐ Previous stenosis > 50%

☐ Presence of ST-segment deviation

☐ Occurrence of 2 anginal events within past 24 hours

☐ Use of aspirin with past 7 days

☐ Elevated cardiac biomarker levels

☐ Presence of 3 or more CAD risk factors

☐ Smoking

☐ Diabetes

☐ Hypertension

☐ Dyslipidemia

☐ Obesity

☐ Sedentary lifestyle

**Calculate >>**

One point is given for each of the seven major factors listed above.

points - TIMI Risk Score

% - Risk of death, nonfatal MI, urgent revascularization

**Information**

The TIMI risk score integrates historical factors, frequency of symptoms, electrocardiographic findings and cardiac biomarker levels.

Higher scores are associated with an increased risk of adverse outcomes such as death, (re)infarction or recurrent ischemia requiring revascularization. The risk of these outcomes ranges from approximately 5 percent with a TIMI score of zero or one point to approximately 41 percent with a score of six or seven points.

This score may be used to help guide therapeutic decisions. Patients with higher risk scores have been shown to derive greater benefit from specific pharmacologic therapies (enoxaparin [Lovenox], glycoprotein IIb/IIIa inhibitor) and an early cardiac catheterization (invasive) strategy.

**OK** **Cancel**

### Column 2 –

- Risk Factors

### Column 3 –

- Check for New Labs
- Latest Lab Results

### Column 4 –

- Navigation Buttons
- Document

## Chest pain ROS Template

**Angina**

Snapshot

**Vital Signs**

Temp  F  
 Height  in  
 Weight  lb  
 BMI   
 Body Fat  %  
 Pulse   
 Blood Pressure  /  mmHg

**Risk Factors**

☐ Diabetes  
☐ Dyslipidemia  
☐ Family Hx of Premature CAD (under 55 for males, 65 females)  
☐ History of CVA  
☐ History of PVD  
☐ History of MI  
☐ Hypertension  
☐ Overweight/Obese  
☐ Sedentary Lifestyle  
☐ Smoking

[Framingham 10-Yr CVD Risk](#)  %  
[Framingham 10-Yr Stroke Risk](#)  % [Help](#)  
[Hubbard Probability Severe Coronary Disease](#)  %  
[TIMI Risk Score](#)  %  
[Global Cardiovascular Risk](#)  %

**Latest Lab Results**

| Latest Lab Results | Check for New Labs       |
|--------------------|--------------------------|
| HGB                | <input type="text"/> / / |
| HCT                | <input type="text"/> / / |
| WBC                | <input type="text"/> / / |
| hsCRP              | <input type="text"/> / / |
| Homocysteine       | <input type="text"/> / / |
| Sed Rate           | <input type="text"/> / / |
| Cholesterol        | <input type="text"/> / / |
| HDL                | <input type="text"/> / / |
| Chol/HDL           | <input type="text"/> / / |
| Triglycerides      | <input type="text"/> / / |
| Trig/HDL           | <input type="text"/>     |
| Fasting Glucose    | <input type="text"/> / / |
| Insulin            | <input type="text"/> / / |
| HOMA-IR            | <input type="text"/>     |
| Ca                 | <input type="text"/> / / |
| Mg                 | <input type="text"/> / / |
| Ca/Mg              | <input type="text"/>     |
| UA Protein         | <input type="text"/> / / |
| MS Strip           | <input type="text"/> / / |
| Creat/Albumin      | <input type="text"/> / / |

**Home**

**Chest Pain ROS**

Angina Class

Short-Term Risk

Differential Dx

Chest Pain Exam

Treatment

Consortium Data

**Document**

With a review of chest pain as to:

- Quality,
- Location,
- Duration,
- Aggravated By,
- Relieved By and
- Angina Equivalents,

this template calculates the most likely type of chest pain. The conclusion is stated as either:

- Typical Angina
- Atypical Angina
- Non Cardiac Chest Pain



## Angina Review of Systems

Five components of angina should be considered to help evaluate the nature of the symptoms...

**1. Quality of Pain**

☐ Squeezing  
☐ Grip-Like  
☐ Pressure-Like  
☐ Suffocating  
☐ Heavy

Often described as discomfort, not pain...

☐ Neither sharp nor stabbing  
☐ Does not change with position or respiration

**2. Location of Angina**

☐ Chest  
☐ Jaw  
☐ Shoulder  
☐ Back  
☐ Arm

Described as...

☐ Substernal  
☐ Radiation to neck  
☐ Radiation to jaw  
☐ Radiation to epigastrium  
☐ Radiation to arms

Rarely is angina pain if...

☐ Above the mandible  
☐ Below the epigastrium  
☐ Localized to a small area over the left lateral chest wall

**3. Duration**

☐ Minutes in duration  
 minutes

Rarely is angina pain if...

☐ Fleeting discomfort or dull ache lasting for hours

**4. Aggravated By**

☐ Exertion  
☐ Emotional stress

**5. Relieved By**

☐ Nitroglycerin within 30 seconds to minutes  
☐ Rest

**Angina Equivalents**

☐ Shortness of breath    ☐ Indigestion  
☐ Diaphoresis            ☐ Lightheadedness  
☐ Nausea

**Most Likely Type of Chest Pain**

☐ Typical Angina  
☐ Atypical Angina  
☐ Non Cardiac Chest Pain

## Classification of Angina Template

## Angina

**Snapshot**

**Vital Signs**

Temp  F

Height  in

Weight  lb

BMI

Body Fat  %

Pulse

Blood Pressure  /  mmHg

**Risk Factors**

☐ Diabetes  
☐ Dyslipidemia  
☐ Family Hx of Premature CAD (under 55 for males, 65 females)  
☐ History of CVA  
☐ History of PVD  
☐ History of MI  
☐ Hypertension  
☐ Overweight/Obese  
☐ Sedentary Lifestyle  
☐ Smoking

[Framingham 10-Yr CVD Risk](#)  %  
[Framingham 10-Yr Stroke Risk](#)  % [Help](#)  
[Hubbard Probability Severe Coronary Disease](#)  %  
[TIMI Risk Score](#)  %  
[Global Cardiovascular Risk](#)  0

Patient

Sex  Age

**Latest Lab Results**

| Lab Result      | Value | Check for New Labs       |
|-----------------|-------|--------------------------|
| HGB             | ///   | <input type="checkbox"/> |
| HCT             | ///   | <input type="checkbox"/> |
| wBC             | ///   | <input type="checkbox"/> |
| hsCRP           | ///   | <input type="checkbox"/> |
| Homocysteine    | ///   | <input type="checkbox"/> |
| Sed Rate        | ///   | <input type="checkbox"/> |
| Cholesterol     | ///   | <input type="checkbox"/> |
| HDL             | ///   | <input type="checkbox"/> |
| Chol/HDL        | ///   | <input type="checkbox"/> |
| Triglycerides   | ///   | <input type="checkbox"/> |
| Trig/HDL        | ///   | <input type="checkbox"/> |
| Fasting Glucose | ///   | <input type="checkbox"/> |
| Insulin         | ///   | <input type="checkbox"/> |
| HOMA-IR         | ///   | <input type="checkbox"/> |
| Ca              | ///   | <input type="checkbox"/> |
| Mg              | ///   | <input type="checkbox"/> |
| Ca/Mg           | ///   | <input type="checkbox"/> |
| UA Protein      | ///   | <input type="checkbox"/> |
| MS Strip        | ///   | <input type="checkbox"/> |
| Creat/Albumin   | ///   | <input type="checkbox"/> |

**Home**

Chest Pain ROS

Angina Class

Short-Term Risk

Differential Dx

Chest Pain Exam

Treatment

Consortium Data

**Document**

The conclusion of the previous template on the type of Angina is posted at the top of the template: typical, atypical, non cardiac chest pain.



This template makes it possible to identify the Canadian Cardiovascular Society Classification System of Angina class. The template allows for the determination of whether the patient has “stable” or “unstable” angina, gives the definitions and pathophysiology of both and then calculates the Class of angina.

### Classification of Angina

**Most Likely Type of Angina Based on Review of Systems**  
☐ Typical    ☐ Atypical    ☐ Non Cardiac Chest Pain

Return

---

**Stable vs. Unstable Angina**  
☐ occurs at rest  
☐ prolonged > 20 mins within a week of presentation  
☐ at least CCSC Class III within 2 months of presentation  
☐ previously diagnosed, but now more frequent  
☐ previously diagnosed, but now longer in duration  
☐ previously diagnosed, but now provoked at a lower threshold  
☐ previously diagnosed, with increase of at least one CCSC class within two months of presentation to at least CCSC Class III

**Grade/Class of Angina**  
 Canadian Cardiovascular Society Classification (CCSC) System  
 When do symptoms occur?  
☐ NOT with ordinary activity such as walking or climbing stairs  
☐ with strenuous, rapid or prolonged exertion at work or recreation  
☐ when walking or climbing stairs rapidly  
☐ when walking uphill  
☐ when walking or stair climbing after meals  
☐ when walking or stair climbing in cold weather  
☐ when walking or stair climbing in wind  
☐ under emotional stress  
☐ during the first few hours after awakening  
☐ when walking more than 2 blocks on the level under normal conditions  
☐ when walking only 1 or 2 blocks on the level under normal conditions  
☐ when climbing more than one flight of stairs under normal conditions  
☐ when climbing only one flight of stairs under normal conditions  
☐ with any physical activity  
☐ at rest

**Most Likely State of Angina**  
☐ Stable  
☐ Unstable  

Calculate >>

☐ Rest Angina  
☐ New Onset Angina  
☐ Increasing Angina

Calculate >>

☐ Class I  
☐ Class II  
☐ Class III  
☐ Class IV

Help

## Short-Term Risk Template

### Angina

Patient  Ztest   
Sex  Age

Snapshot

Vital Signs

Temp  F  
Height  in  
Weight  lb  
BMI   
Body Fat  %  
Pulse   
Blood Pressure  /  mmHg

Risk Factors

☐ Diabetes  
☐ Dyslipidemia  
☐ Family Hx of Premature CAD  
(under 55 for males, 65 females)  
☐ History of CVA  
☐ History of PVD  
☐ History of MI  
☐ Hypertension  
☐ Overweight/Obese  
☐ Sedentary Lifestyle  
☐ Smoking

[Framingham 10-Yr CVD Risk](#)  %  
[Framingham 10-Yr Stroke Risk](#)  % [Help](#)  
[Hubbard Probability Severe Coronary Disease](#)  %  
[TIMI Risk Score](#)  %  
[Global Cardiovascular Risk](#)  .0

Latest Lab Results

Check for New Labs

|                 |                      |    |
|-----------------|----------------------|----|
| HGB             | <input type="text"/> | // |
| HCT             | <input type="text"/> | // |
| WBC             | <input type="text"/> | // |
| hsCRP           | <input type="text"/> | // |
| Homocysteine    | <input type="text"/> | // |
| Sed Rate        | <input type="text"/> | // |
| Cholesterol     | <input type="text"/> | // |
| HDL             | <input type="text"/> | // |
| Chol/HDL        | <input type="text"/> | // |
| Triglycerides   | <input type="text"/> | // |
| Trig/HDL        | <input type="text"/> | // |
| Fasting Glucose | <input type="text"/> | // |
| Insulin         | <input type="text"/> | // |
| HOMA-IR         | <input type="text"/> |    |
| Ca              | <input type="text"/> | // |
| Mg              | <input type="text"/> | // |
| Ca/Mg           | <input type="text"/> |    |
| UA Protein      | <input type="text"/> | // |
| MS Strip        | <input type="text"/> | // |
| Creat/Albumin   | <input type="text"/> | // |

Home

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Document

The full name of the template is “**Short-Term Risk of Death or Non Fatal MI in Patients with Unstable Angina.**” Through the selection of the applicable characteristics from a list of 17, a score is calculated which is displayed as **Low risk, Intermediate Risk** or **High Risk** of Death or Non Fatal MI.

Short-Term Risk of Death or Non Fatal MI  
in Patients with Unstable Angina

Return

Select all of the following which apply to this patient. Some may be automatically checked based on the chest pain review of systems and/or classification of angina template.

- ☐ Increased angina frequency, severity, or duration
- ☐ Angina provoked at a lower threshold
- ☐ New onset angina with onset 2 weeks to 2 months prior to presentation
- ☐ Normal or unchanged ECG
- ☐ Prolonged (> 20 mins) rest angina, now resolved, with moderate to high likelihood of CAD
- ☐ Rest angina (> 20 mins relieved with sublingual nitroglycerin)
- ☐ Nocturnal angina
- ☐ Angina with dynamic T-wave changes
- ☐ New onset CCSC III or IV within the past 2 weeks with moderate to high likelihood of CAD
- ☐ Pathologic Q-waves or resting ST depression  $\leq 1$  mm in multiple lead groups (anterior, inferior, lateral)
- ☐ Age  $> 65$  years
- ☐ Prolonged, ongoing (> 20 mins) rest pain
- ☐ Pulmonary edema, most likely related to ischemia
- ☐ Angina at rest with dynamic ST changes  $\geq 1$  mm
- ☐ Angina with new or worsening MR murmur
- ☐ Angina with new or worsening S3 rales
- ☐ Angina with hypotension

Calculate >>

## Differential Dx Template

The full name of this template is “**Differential Diagnosis to Angina for Patients with Chest Pain.**” This template lists 5 body systems which have conditions with presentations which can mimic angina. By reviewing this template, it is possible to consider other potential causes of chest pain in the differential diagnosis.

The screenshot displays a medical software interface for an 'Angina' template. At the top, patient information includes 'RichmondPROI' and 'Ztest' for the patient name, 'M' for sex, and '35' for age. A 'Snapshot' button is visible. Below this, there are sections for 'Vital Signs' (Temp, Height, Weight, BMI, Body Fat, Pulse, Blood Pressure) and 'Risk Factors' (Diabetes, Dyslipidemia, Family Hx of Premature CAD). A 'Latest Lab Results' table shows values for HGB, HCT, WBC, hsCRP, and Homocysteine. On the right, a 'Home' menu includes 'Chest Pain ROS', 'Angina Class', 'Short-Term Risk', and 'Differential Dx' (which is highlighted with a red box). A dialog box titled 'Dm Csa Diffdx' is open, showing the 'Differential Diagnosis to Angina for Patients with Chest Pain' template. This dialog lists various conditions categorized by body system: Gastrointestinal (Esophageal, Biliary, Chest Wall), Nonischemic Cardiovascular, Pulmonary, and Psychiatric. Each condition is preceded by an unchecked checkbox. At the bottom of the dialog are 'OK' and 'Cancel' buttons.

**Angina**

Patient: RichmondPROI Ztest  
Sex: M Age: 35

**Snapshot**

**Vital Signs**  
Temp:  F  
Height:  in  
Weight:  lb  
BMI:   
Body Fat:   
Pulse:   
Blood Pressure:  /

**Risk Factors**  
☐ Diabetes  
☐ Dyslipidemia  
☐ Family Hx of Premature CAD (under 55 for males, 65 females)

**Latest Lab Results**  
HGB:     
HCT:     
WBC:     
hsCRP:     
Homocysteine:

**Home**  
Chest Pain ROS  
Angina Class  
Short-Term Risk  
**Differential Dx**

**Dm Csa Diffdx**

**Differential Diagnosis to Angina for Patients with Chest Pain**

**Gastrointestinal**  
Esophageal  
☐ Esophagitis  
☐ Spasm  
☐ Reflux  
Biliary  
☐ Colic  
☐ Cholecystitis  
☐ Cholelithiasis  
☐ Cholangitis  
☐ Peptic ulcer  
☐ Pancreatitis  
**Chest Wall**  
☐ Costochondritis  
☐ Fibrositis  
☐ Rib fracture  
☐ Sternoclavicular arthritis  
☐ Herpes Zoster (before the rash)

**Nonischemic Cardiovascular**  
☐ Aortic dissection  
☐ Pericarditis

**Pulmonary**  
☐ Pulmonary embolus  
☐ Pneumothorax  
☐ Pneumonia  
☐ Pleuritis

**Psychiatric**  
Anxiety Disorders  
☐ Hyperventilation  
☐ Panic disorder  
☐ Primary anxiety  
☐ Affective disorders (eg, depression)  
☐ Somatiform disorders  
☐ Thought disorders (eg, fixed delusions)

OK Cancel

## Chest Pain Exam Template

**Angina**

Patient:  Ztest:

Sex:  Age:

**Snapshot**

**Vital Signs**

Temp:  F

Height:  in

Weight:  lb

BMI:

Body Fat:  %

Pulse:

Blood Pressure:  /  mmHg

**Risk Factors**

☐ Diabetes

☐ Dyslipidemia

☐ Family Hx of Premature CAD (under 55 for males, 65 females)

☐ History of CVA

☐ History of PVD

☐ History of MI

☐ Hypertension

☐ Overweight/Obese

☐ Sedentary Lifestyle

☐ Smoking

**Latest Lab Results**

HGB:

HCT:

WBC:

hsCRP:

Homocysteine:

Sed Rate:

Cholesterol:

HDL:

Chol/HDL:

Triglycerides:

Trig/HDL:

Fasting Glucose:

Insulin:

HOMA-IR:

Ca:

Mg:

Ca/Mg:

UA Protein:

MS Strip:

Creat/Albumin:

**Check for New Labs**

**Home**

**Document**

%

%

%

%

.0

[Help](#)

This template presents a focused physical exam for coronary artery disease, including

- The follow are predictive of CAD
- Non-coronary atherosclerotic disease increases likelihood of CAD
- CAD Risk Factors
- Palpation of chest Wall for tender areas

**Chest Pain Physical Exam**

A physical exam is often normal in the presence of CAD.

Blood Pressure:  /

Pulse:

**The following are predictive of CAD...**

☐ S3 or S4 sound or gallop

☐ Mitral regurgitant murmur

☐ Paradoxically split S2

☐ Bibasilar rales

☐ Chest wall heave that disappears when pain subsides

☐ Paracardial rub

**Non-coronary atherosclerotic disease increases the likelihood of CAD**

☐ Carotid bruit

☐ Diminished pedal pulses

☐ Abdominal aneurysm

**CAD Risk Factors**

☐ Elevated Blood Pressure

☐ Xanthomas

☐ Retinal exudates

**Palpation of chest wall for tender areas**

☐ Sternum

☐ Ribs (1-3)

☐ Ribs (4-7)

☐ Ribs (8-12)

- Complete Cardiovascular Exam
- Chest X-Ray Report
- EKG Report
- Respiratory Exam

### Chest Pain Physical Exam

A physical exam is often normal in the presence of CAD.

Blood Pressure  /  Pulse

**The following are predictive of CAD...**

- ☐ S3 or S4 sound or gallop
- ☐ Mitral regurgitant murmur
- ☐ Paradoxically split S2
- ☐ Bibasilar rales
- ☐ Chest wall heave that disappears when pain subsides
- ☐ Paracardial rub

**Non-coronary atherosclerotic disease increases the likelihood of CAD**

- ☐ Carotid bruit
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- ☐ Elevated Blood Pressure
- ☐ Xanthomas
- ☐ Retinal exudates

**Palpation of chest wall for tender areas**

- ☐ Sternum
- ☐ Ribs (1-3)
- ☐ Ribs (4-7)
- ☐ Ribs (8-12)

## Angina Treatment Template

### Medication Information

This presents seven categories of medications for the treatment of angina. When one category is selected, the medications in that category appear. When you select one of the medications, information on that medication will be displayed in windows entitled, **General**, **Dosing**, **Contraindications**, **Interactions**, **Pregnancy** and **Precautions**. This is a kind of electronic PDR.

**Angina Treatment**

**Return**

The ABCs of Angina Treatment

**Medication Information**

**Dm Csa Drugs**

**Medications for Use in Chronic Stable Angina**

**1. Select a category.**

- ☐ Antiplatelets
- ☐ Antithrombotic Agents
- ☐ Beta-Adrenergic Blockers
- ☐ Glycoprotein IIa/IIIb Inhibitors
- ☒ HMG-CoA Reductase Inhibitors
- ☐ Thrombin Inhibitors
- ☐ Vasodilators

**2. Select a medication.**

☒ Atorvastatin

**3. Review the available information.**

| General  | Dosing   | Contraindications   | Interactions  | Pregnancy                        | Precautions  |
|--|--|---|---|----------------------------------|--|
| Atorvastatin (Lipitor) --<br>Can provide up to 60% reduction in LDL-C.<br>Inhibits 3-hydroxy-3-methylglutaryl coenzyme A (HMG-CoA reductase), which in turn inhibits cholesterol synthesis and increases cholesterol metabolism. | 10 mg PO qd in the evening; titrate to a maximum 80 mg/d pm.<br>MIRACL protocol: 80 mg PO qd commenced within 1-4 d after admission for unstable angina, continue for at least 16 wk | Documented hypersensitivity; significant hepatic impairment; pregnancy; breastfeeding | Toxicity increases when coadministered with triazole antifungals, CNS depressants, macrolide antibiotics, and mibefradil; atorvastatin increases the action of anticoagulants and levothyroxine | X - Contraindicated in pregnancy | Thirty-one cases of rhabdomyolysis (out of 1.33 million total prescriptions) were reported in Canada, resulting in 1 death associated with concomitant use of gemfibrozil, a fibric acid derivative; concomitant use with nicotinic acid (niacin) also advised |

\*\* Pediatric Dose Not Established

**OK** **Cancel**



## The ABCs of Angina Treatment

Because they are integral to the treatment of Angina, there are links here to Hypertension, Smoking, Lipids, Diabetes and Exercise.

### Angina Treatment

**The ABCs of Angina Treatment**

A

☐ Aspirin

☐ Anti-anginal therapy

B

☐ Beta-Blocker

☐ Blood pressure

[Hypertension Management](#)

C

☐ Cigarette smoking

[Smoking Cessation](#)

☐ Cholesterol

[Lipids Management](#)

D

☐ Diet

☐ Diabetes

[Diabetes Management](#)

E

☐ Education

☐ Exercise

[Exercise](#)

Medication Information

Return

## Consortium Data Set

The Physician Consortium for Performance Improvement Data Set for Chronic Stable Angina defines what quality care for chronic stable angina is. This template gathers all of that information together. The questions are:

- Is the patient currently on antiplatelet therapy?
- Is the patient receiving a statin?
- Is the patient receiving a beta-blocker?
- Does the patient smoke? If they smoke have they been given counsel to stop?
- Documentation of standardized angina scale or assessment?

There are three help buttons:

- **Angina** – this displays 8 principles for the treatment of chronic stable angina.
- **CHF Classification** – this defines the four classes of CHF.
- **Canadian Class** – this defines the Canadian Cardiovascular Society angina classes.

This template also displays the Cardiac History material including:

- MI
- Stents
- CABG
- PTCA
- Permanent Pacemaker
- Framingham Cardiovascular Risk
- Framingham Stroke Risk

The screenshot shows the 'Angina' clinical template interface. At the top, the title 'Angina' is displayed in blue. Below it, a 'Snapshot' button is visible. The interface is divided into several sections:

- Vital Signs:** Includes input fields for Temp, Height, Weight, BMI, Body Fat, Pulse, and Blood Pressure (mmHg).
- Risk Factors:** A list of checkboxes for Diabetes, Dyslipidemia, Family Hx of Premature CAD (under 55 for males, 65 females), History of CVA, History of PVD, History of MI, Hypertension, Overweight/Obese, Sedentary Lifestyle, and Smoking.
- Latest Lab Results:** A table with columns for the lab test and its result. The tests listed are HGB, HCT, WBC, hsCRP, Homocysteine, Sed Rate, Cholesterol, HDL, Chol/HDL, Triglycerides, Trig/HDL, Fasting Glucose, Insulin, HOMA-IR, Ca, Mg, Ca/Mg, UA Protein, MS Strip, and Creat/Albumin. Each result field contains '//'.
- Check for New Labs:** A button located above the lab results table.
- Home:** A vertical menu on the right side with buttons for Chest Pain ROS, Angina Class, Short-Term Risk, Differential Dx, Chest Pain Exam, Treatment, and Consortium Data (which is highlighted with a red box).
- Document:** A button located below the Home menu.
- Footer:** Links for Framingham 10-Yr CVD Risk, Framingham 10-Yr Stroke Risk, Hubbard Probability Severe Coronary Disease, TIMI Risk Score, and Global Cardiovascular Risk, along with a 'Help' button.

Dm Angina Pop

Disease Management - Chronic Stable Angina

☐ No
☐ Yes

Is the patient currently on antiplatelet therapy?

☐ No
☐ Yes

Is the patient receiving a statin?

☐ No
☐ Yes

Is the patient receiving a beta-blocker?

☐ No
☐ Yes

Does the patient smoke?

☐ No
☐ Yes

Documentation of standardized scale or assessment tool?

☐ MI (Heart Attack)

☐ Stents

☐ CABG

☐ PTCA

☐ Permanant Pacemaker

Stroke Risk Factor

Percent

10 Year

Avg. 10 Yr. Probability by Age

Coronary Heart Disease Risk Factor

5 Year

10 Year

Avg. 10 Yr. Robability by Age

HELP

Angina

CHF Class

Canadian Class

OK

Cancel