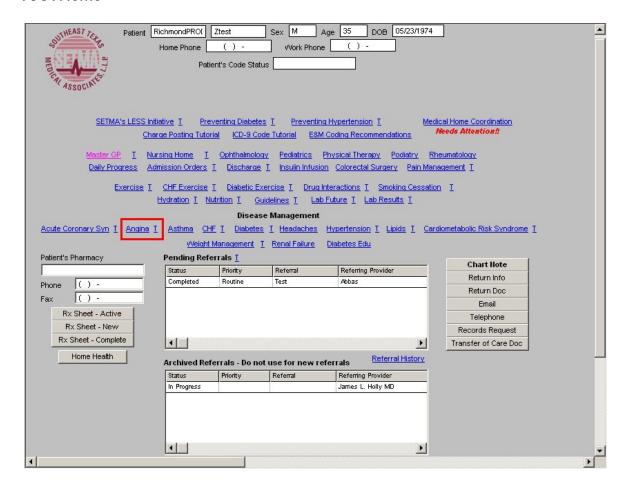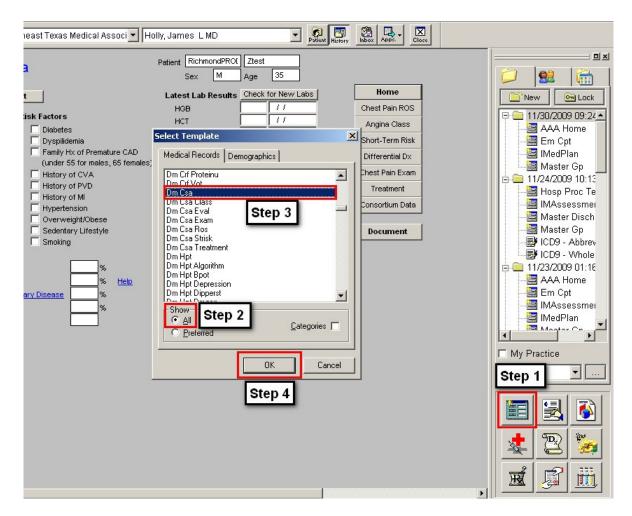# EMR Tutorial Angina

How to find the Angina Template

AAA Home

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:

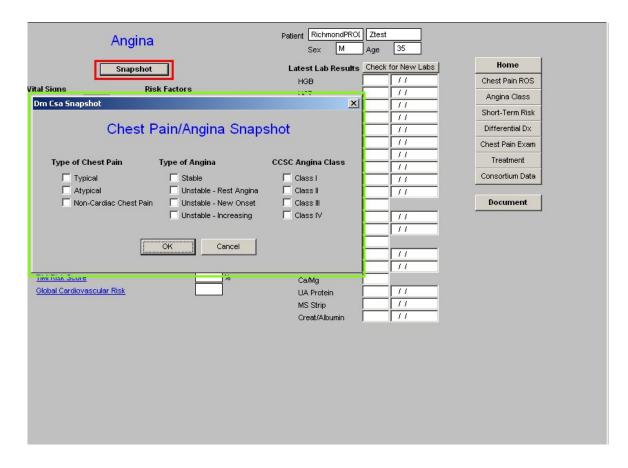- Chronic Stable Angina Master Template
- Chest Pain Review of Systems
- Angina Class
- Short Term Risk Level
- Differential Dx
- Chest Pain Exam
- Treatment

- 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 template is organized into four columns.

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 catherization**," will appear on the pop-up.

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.**

Column 2 –

- Risk Factors

Column 3 –

- Check for New Labs
- Latest Lab Results

Column 4 –

- Navigation Buttons
- Document

Chest pain ROS Template

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...

Return

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. Aggrevated By
- ☐ Exertion
- ☐ Emotional stress

5. Relieved By
- ☐ Nitroglycerin within 30 seconds to minutes
- ☐ Rest

Angina Equivalents
- ☐ Shortness of breath ☐ Indigestion
- ☐ Diaphoresis ☐ Ligth headedness
- ☐ Nausea

Most Likely Type of Chest Pain

Calculate >>
- ☐ Typical Angina
- ☐ Atypical Angina
- ☐ Non Cardiac Chest Pain

Classification of Angina Template

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
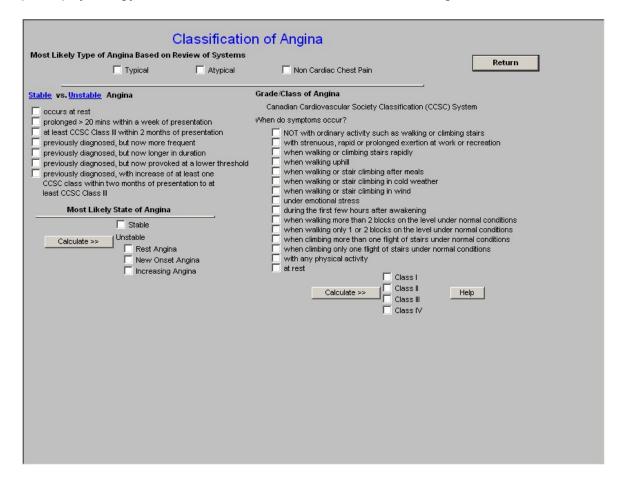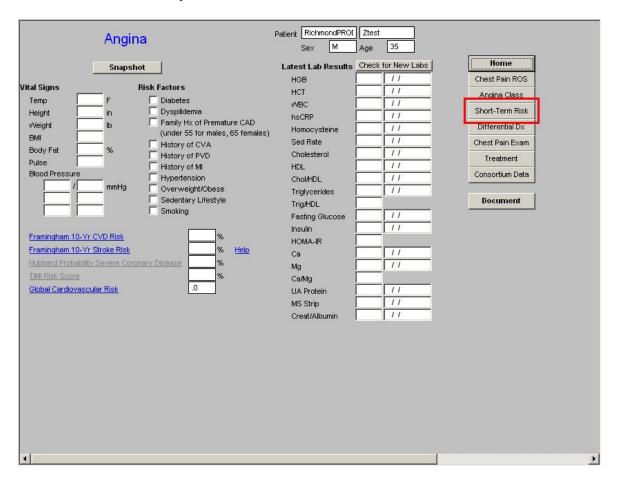☐ previously diagnosed, with increase of at least one
CCSC class within two months of presentation to at least CCSC Class III

Most Likely State of Angina

☐ Stable

[Calculate >>]   Unstable
☐ Rest Angina
☐ New Onset Angina
☐ Increasing Angina

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

[Calculate >>]   ☐ Class I
☐ Class II
☐ Class III   [Help]
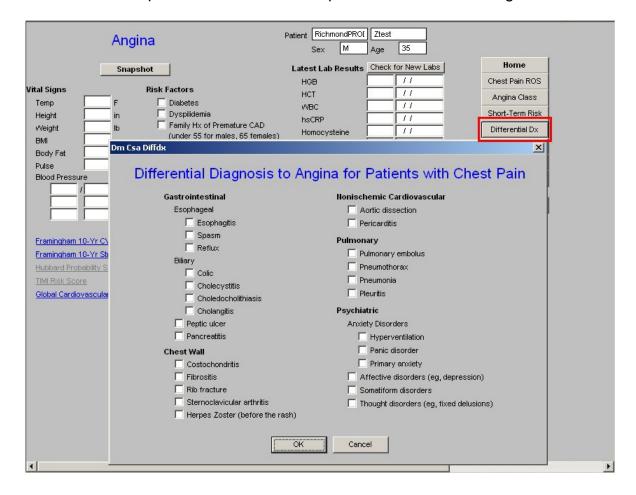☐ Class IV

9

Short-Term Risk Template

The full name of the template is "**Shot-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.
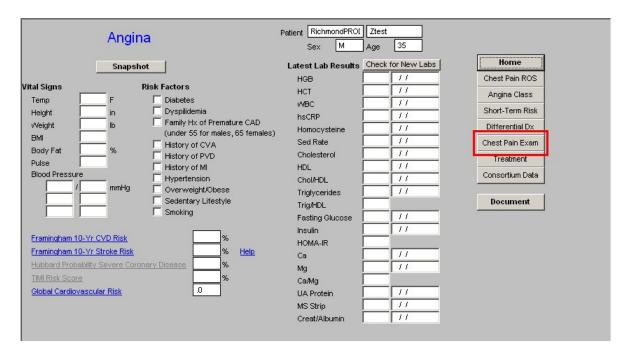
Short-Term Risk of Death or Non Fatal MI in Patients with Unstable Angina

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 <= 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 >= 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.
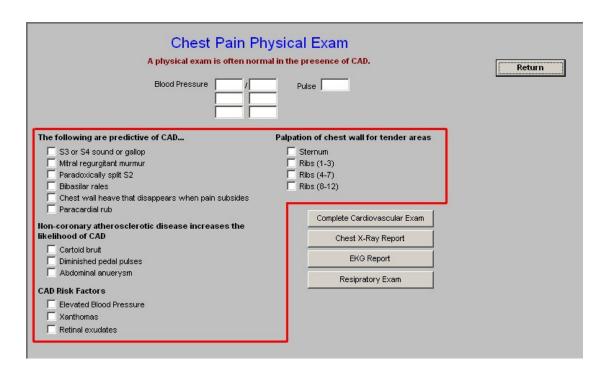
Chest Pain Exam Template

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
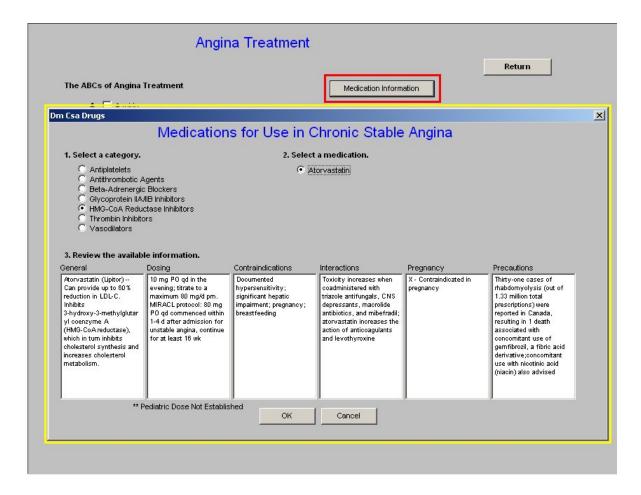- Palpation of chest Wall for tender areas

- 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.

Return

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

- ☐ Cartoid bruit
- ☐ Diminished pedal pulses
- ☐ Abdominal anuerysm

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

Resipratory Exam

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.

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

Return

The ABCs of Angina Treatment

Medication Information

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

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

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**

☐ **Permenant 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]