The 8 Steps

1) Summary Statement
   Demographics
   Risk Factors/PMH
   Chief Complaint
2) History (OPQRST)
3) Pertinent Pos/Neg
   (Approximately 5)
4) Vitals
5) Physical Exam
   (Approximately 3)
6) Differential Diagnosis
   Be sure to briefly argue for and against each one
7) Workup Plan
8) Treatment Plan
   *For me, treatment plan is the easiest to forget. RUN IT PAST A RESIDENT FIRST IF POSSIBLE.

Approach to Your Presentation

*Stay FOCUSED, THOROUGH, and ORGANIZED*
(I recommend outlining your 8 point presentation on your scratch paper. It keeps you from getting lost, disorganized, and forgetful)

Here is how it sounds...

1) I have a 40 year old male with a PMH of diabetes, hypertension, and tobacco use who presents with chest pain

2) It started suddenly, 2 hours ago, and is described as worsening pressure that is severe, radiates to the shoulder, and is worse when laying flat

3) He has nausea and vomiting, but denies fever, cough, and difficulty breathing

4) He is tachycardic and afebrile

5) On exam, there are no abnormal heart sounds. The lungs are clear bilaterally, and there is good peripheral perfusion without edema

6) **THIS IS THE REAL GRADE BOOSTER!!!!!** I think he may have ACS, because of the radiating pain. But I also considered Pulmonary Embolism because of the tachycardia, Pericarditis because of the positional component, and GI causes because of the nausea. I highly doubt Pneumonia, Aortic Dissection, and Pneumothorax

7) I want an EKG, Chest X-Ray, and Troponin

8) And for treatment- I want to start by giving him aspirin and morphine.

Finally: BE CONFIDENT, STOP TALKING, and END YOUR PRESENTATION