

The CTU past medical history cheat sheet – The PMHx frames the case for your listener. The following are the **8 most common PMHx items**, and the **details we expect that you collect**:

1. **Heart failure:**

- a. **Essentials:** *Cause* (top 4: ischemia, HTN, valve, arrhythmia), *last echo/ejection fraction* ($\leq 40\%$ is HF_rEF, 41-50% is HF_mEF, $>50\%$ is HF_pEF), *functional status* (NYHA class)
- b. **Bonuses:** Outpatient internist or cardiologist, “dry” weight

2. **Coronary artery disease:**

- a. **Essentials:** *What happened* (STEMI vs. NSTEMI vs. stable CAD); *Stents* (when and where) or *CABG* (when and how many vessels)? *Last echo/EF/wall motion abnormalities*
- b. **Bonuses:** Last cath results – where is the residual disease (if any); Outpatient internist or cardiologist

3. **Diabetes**

- a. **Essentials:** *Type 1 or 2? Last A1c? Micro* (retinopathy, neuropathy, nephropathy) or *macrovascular* (MI, stroke, peripheral vascular disease) complications? Home *insulin*?
- b. **Bonuses:** Outpatient endocrinologist or internist, uACR

4. **CKD**

- a. **Essentials:** *Cause* (most common: HTN and diabetes)? *Baseline Cr and/or eGFR? uACR?* On *peritoneal or hemodialysis*? If so, *which days* do they dialyze and through what *access* (e.g., fistula? Permacath?)
- b. **Bonuses:** Outpatient nephrologist? “Dry” weight

5. **COPD**

- a. **Essentials:** *FEV1/FVC ratio* and *last FEV1* (if you can find it)? *Home O2* (and how much)? *Number of exacerbations in the last year* (and *severity* – did they need admission, BIPAP, or intubation)? *Smoking history* (in pack years, and whether still smoking)? *Functional status* (mMRC)?
- b. **Bonuses:** Outpatient respirologist or internist

6. **Cirrhosis**

- a. **Essentials:** *cause* (most common: EtOH, Hep C), *severity* (Child Pugh or MELD score), *previous complications* (varices? Ascites and/or SBP? Hepatic encephalopathy? Last *abdo US* (for HCC screening and features of portal HTN)
- b. **Bonuses:** Outpatient GI or internist

7. **Atrial fibrillation**

- a. **Essentials:** *cause* (valvular or non-valvular), *last echo* (EF, atrial enlargement, valve disease), *CHADS2* score (if non-valvular), *anti-coagulation* (warfarin, DOAC, or none?), and *rate or rhythm strategy* (beta blocker vs. anti-arrhythmic vs. previous ablation)
- b. **Bonuses:** Outpatient cardiologist or internist

8. **Aortic stenosis**

- a. **Essentials:** *Cause* (most common: calcification, rheumatic, bicuspic), *Last echo* (write down 3 things: aortic valve area, mean gradient, and peak velocity)
- b. **Bonuses:** outpatient cardiologist or internist