



Chapter -I-

Part-1-

Cardiovascular System

Part -1-

- 1- History
- 2- Chest pain
- 3- Associated factors
- 4- Relieving factors
- 5- Exacerbating factors

History: The history in cardiovascular assessments is crucial for identifying the underlying causes of symptoms. A thorough patient history helps healthcare providers distinguish between different types of cardiovascular issues, such as angina, heart failure, or myocardial infarction. Detailed questions regarding symptoms, risk factors, and family history guide the diagnostic process.

Chest Pain: Chest pain is a primary symptom associated with various cardiovascular conditions, such as angina pectoris or heart attacks. The nature, duration, and intensity of chest pain provide important clues about the type and severity of the cardiovascular problem. Chest pain can range from sharp and localized to a dull, pressure-like sensation.

Associated Factors: Associated factors include other symptoms or conditions that may occur alongside chest pain. These could include shortness of breath, dizziness, nausea, sweating, or palpitations, which help clinicians, assess the severity of the situation. It's also important to consider underlying risk factors such as hypertension, diabetes, or family history of heart disease.

Relieving Factors: Relieving factors refer to actions or treatments that alleviate chest pain or other symptoms. For instance, patients may experience relief with rest, nitroglycerin, or oxygen in cases of angina. Identifying relieving factors helps determine the nature of the cardiovascular issue, whether it's stable angina or something more urgent like a myocardial infarction.

Exacerbating Factors: Exacerbating factors refer to conditions or activities that worsen chest pain or other cardiovascular symptoms. These can include physical exertion, emotional stress, cold temperatures, or large meals. Recognizing these factors is important for evaluating the potential triggers and managing the risk of more severe cardiac events.



Cardiovascular System

Part 2 Ischaemic heart disease:

1. Risk factors
2. Dyspnoea
3. Ankle oedema
4. Palpitations

1. Risk factors

Patient history	Interrogatoire du malade
Do you smoke?	Fumez-vous ?
Do you have any of the following :	Avez-vous ?
- High cholesterol? - Diabetes? - Hypertension (Blood pressure)? - A family history of heart problems (parents siblings)? - A personal history of heart problems? - Angina?	- Du cholestérol ? - Diabète ? - De l'hypertension artérielle ? - Un antécédent familial de problèmes cardiaques (parents, frères et sœurs) ? - Un antécédent personnel de problème cardiaque ? - Angine de poitrine (angor)?
Have you ever had a heart attack?	Avez-vous déjà eu une crise cardiaque ?
- Myocardial infraction(MI) - Acute coronary syndrome(ACS)	- Infarctus de myocarde (IDM) - Syndrome coronarien aigu (SCA)
How did you present?	Quel a été votre mode de présentation ?
- Collapse/faint - Chest pain	- Perte de connaissance/ malaise - Douleur dans la poitrine
Is this pain similar to what you feel then?	Cette douleur est-elle similaire à celle que vous avez ressentie à ce moment-là ?
How was it treated?	Quel a été votre traitement ?
- Tablets - Thrombolysis - Angiogram :	- Comprimés - Thrombolyse - Angiographie
- Do you have any stent ?	- Est-ce que vous avez des stents ?
- How many?	- Combien ?
- Drug eluting stent(DES) - Coronary artery bypass grafts(CABG “by pass”)	- Stent actif (libérant un médicament) - Pontage aortocoronarien (PAC)

2. Dyspnoea / Dyspnée

Do you get short of breath (SOB): After exertion?	Devenez-vous essoufflé : Après un effort
Short breath on exertion(SOBOE)	Essoufflement a l'effort, en marchant
Walking?	Quelle distance pouvez-vous marcher avant d'être essoufflé ?
How far can you walk on a level surface without getting short of breath? (In meters).	En montant des escaliers ?
Climbing stairs?	Combien de marches pouvez-vous monter avant d'être essoufflé?
How many stairs can climb without getting breathless?	Etes-vous essoufflé au repos ?
Do you feel short of breath at rest?	Etes-vous essoufflé lorsque vous êtes :
Is it present when are:	Assis ? couché ?
	Pouvez-vous dormir à plat ?

Sitting? Lying down flat? Can you sleep flat? How many pillows do you need to avoid getting short breath? Do you wake up at night gasping for breath (with choking sensation)? Paroxysmal nocturnal dyspnoea(PND), Have you ever been told that you have a murmur?	Combien d'oreillers vous-faut-il pour ne pas être essoufflé ? Vous réveillez-vous la nuit avec une sensation d'étouffement ? Dyspnée paroxystique nocturne (DPN) Vous-a-t-on déjà dit que vous aviez un souffle cardiaque ?
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3. Ankle oedema/ Œdème des chevilles

Do your ankles swell? (one /both) When (evening, morning, all the time) Does the swelling decrease (if you lie down? If you have your legs up? Never? How far up does the swelling go? (calves, thighs, genitalia, sacrum)	Avez-vous des chevilles enflées ? (les deux, une) Quand ?(le soir, le matin, tout le temps) Est-ce que les œdèmes diminuent (si vous vous allongez ?, si vous surélevez vos jambes ? jamais. Jusqu' où monte l'œdème ? (mollets, cuisses, organes génitaux, sacrum)
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4. Palpitations/Palpitations

Do you ever get palpitations? Do you feel your heart beat fast and strong? Does your heart give an occasional thump now and then? <u>Mode of onset</u> Is the onset of palpitations (sudden? Gradual? <u>Associated factors</u> What brings on the palpitations usually? (Emotions, exercise, an excess amount of Caffeine, smoking, alcohol) <u>Duration</u> How long have you been complaining of palpitations? How long does the attack of palpitations last? How often do you get them? Did you ever feel your own pulse during an attack? Did it feel (regular, irregular) Was it around :(100-130 per minute? 150? 180? Impossible to count? <u>The end of the palpitations</u> Is the end of the attack: (suddenly, gradually) <u>Treatment</u> Have you been to the hospital with palpitations? Were they successfully stopped? What did they do? - Manoeuvre? - A medication through the vein? - An electric shock? A drug-eluting stent is a peripheral or coronary stent placed into narrowed, diseased peripheral or coronary arteries that slowly release a drug to block cell proliferation. This prevents fibrosis that, together with clots, could otherwise block the stented artery, a process called restenosis	Avez-vous des palpitations ? Sentez-vous que votre Cœur bat vite et fort ? De temps en temps, ressentez-vous un choc violent dans la poitrine ? <u>Mode de début</u> Ces palpitations débutent-elles : (brutalement? Progressivement ? <u>Facteurs associés</u> Qu'est- ce qui les déclenche habituellement ? (des émotions, un effort, un abus de caféine de tabac d'alcool) <u>Durée</u> Depuis combien de temps vous plaignez-vous de palpitations ? Combien de temps ces épisodes de palpitations durent-ils ? A quelle fréquence surviennent-ils ? Avez-vous déjà pris votre pouls lors d'un de ces épisodes ? Semblait-il (régulier, irrégulier) Etait-il autour de :100- 130 par minute ? 150-180 ? Incomptable ? <u>Mode de terminaison</u> L'épisode se termine-t-il :(brusquement, progressivement) <u>Traitement</u> Vous-êtes-vous déjà présenté à l'hôpital à cause de ses palpitations ? A-t-on réussi à les arrêter ? Qu'on-il-fait ? - Des manœuvres - Un médicament intraveineux ? - Un choc électrique Un stent à élution de médicament est un stent périphérique ou coronaire placé dans des artères périphériques ou coronaires rétrécies et malades qui libèrent lentement un médicament pour bloquer la prolifération cellulaire.
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Exercise 1

Complete the text using the following words, then translate each word to French.

1 **by-pass surgery**, 2 **risk factors**, 3 **treatment**, 4 **ischaemic**, 5 **exertion**, 6 **squeezing pain**, 7 **chest**, 8 **medication**, 9 **sweat**, 10 **nauseated**, 11 **medical ward**, 12 **myocardial**, 13 **Cardiac**, 14 **SOB**, 15 **oedema**, 16 **overweight**,

A patient is admitted to the..... care unit (CCU) with myocardial infraction.

Although (bien que) the patient is relatively young, he already has a long history of (CAD). He shows some andin the ankles. **Furthermore** (de plus) his cholesterol level is elevated and he is The patient is physically inactive, smokes heavily and eats irregularly.

Despite (en dépit de) and the use of sublingual nitro-glycerine, there has been no sign of improvement. Periods of, pain seems to have increased over the last few months, especially on

Returning from work yesterday, he felt ain his that was, **however** (cependant), not relieved by He broke out into a cold and felt

His test results show elevated serum levels **as well as** (aussi bien que) high levels of cholesterol, triglycerides and lipoproteins.

After further investigation, he was found to suffer from coronary blockage. He was transferred to the, and in the absence of complications **during** (pendant, durant) the period of recovery the patient will be considered for

Obviously (il est clair que, en évidence) the patient will need some re-education to help him reduce the (overweight, lack of exercise, hypertension and smoking).

Unless (à moins que) the patient reduces these factors significantly, he will remain a prime candidate for a majorinfraction.