Appendix – Patient Scenarios

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Patient Scenario 1: Wells' low, PERC negative (session 1)

A 24 year old female presents to the ED with a chief complaint of cough and chest pain. For the past four days she has been having upper respiratory symptoms. She reports having a subjective fever, cough, runny nose, and a sore throat. She has chest pain with coughing that worsens with deep breaths. The pain is sharp and located on her right side. She rates the pain at 4 on a scale from 1 to 10 (4) while coughing or breathing deeply. She has no abdominal pain or vomiting.

Past Medical History
No pertinent medical history.

Past Surgical History
Wisdom teeth extracted age 17, no complications

Medications
None. She does not take oral contraceptive pills (OCPs).

Allergies: None

Family History
No family history of blood clots or heart disease at an early age.

Social History
Never Smoker

VITALS
Temperature (Temp): 98.9
Pulse: 77
Respiratory Rate (RR): 14
Oxygen (O2) Saturation: 99% on room air
Blood Pressure (BP): 126/74

PHYSICAL EXAM
General appearance (Gen): well appearing
HEENT (head, ears, eyes, nose and throat): Pupils ERRL (equal, round, reactive to light), no pharyngeal exudate, neck supple
Chest: no chest wall ttp (tenderness to palpation), lungs CTAB (Clear to Auscultation Bilaterally), no increased work of breathing
CV: RRR (regular rate and rhytm), s1 +s2 nl (heart sounds normal), no m/r/g (no murmurs, rubs, or gallops)
Abdomen: soft, non-tender, non-distended
Neuro: no deficits
Ext: no edema, no calf tenderness

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Patient Scenario 1: Wells' low, PERC negative (session 2)

A 27 year old female presents to the ED with a chief complaint of cough and chest pain. For the past five days she has been having upper respiratory symptoms. She reports having a sore throat, cough, and subjective fever and runny nose. She has chest pain with coughing that worsens with deep breaths. The pain is sharp and located on her right side. She rates the pain at 4/10 while coughing or breathing deeply. She has no abdominal pain or vomiting.

Past Medical History
No pertinent medical history.

Past Surgical History
Wisdom teeth extracted age 17, no complications

Medications:
None. She does not take OCPs.

Allergies: None

Family History
No family history of blood clots or heart disease at an early age.

Social History
Never Smoker

Family History
No family history of blood clots or heart disease at an early age.

VITALS
Temp: 97.7
Pulse: 68
RR: 16
O2 Sat: 98% on room air
BP: 134/85

PHYSICAL EXAM
Gen: well appearing
HEENT: Pupils ERRL, no pharyngeal exudate, neck supple
Chest: no chest wall tenderness to palpation, lungs CTAB, no increased work of breathing
Heart: RRR s1+s2 nl, no m/r/g
Abdomen: soft, non-tender, non-distended
Neuro: no deficits
Ext: no edema, no calf tenderness

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Patient Scenario 2: Wells' low, PERC positive (session 1)

A 38 year old male presents to the ED with chest pain. He lifted weights at the gym 4 days ago and reports that he woke up the next morning with chest pain located on his right side. The pain is sharp and constant. It is a 4/10 on the pain scale that worsens when he takes a deep breath. He reports no shortness of breath with his pain. He thinks the pain worsens when he is exerting himself, but is not sure. He has no fever or abdominal symptoms. He reports that he has never had pain like this before.

Past Medical History
Asthma, well controlled
Deep vein thrombosis (DVT), provoked 5 years ago, on anticoagulants for 6 months but off since then

Past Surgical History
Ankle ORIF (Open Reduction with Internal Fixation) 5 years ago c/b (complicated by) DVT

Medications
Albuterol

Allergies: None

Family History
No family history of blood clots or heart disease at an early age.

Social History
½ pack per day smoker

VITALS
Temp 98.6
Pulse: 82
RR: 14
O2 Sat: 94% on room air
BP: 150/90

PHYSICAL EXAM
Gen: well appearing
HEENT: Pupils ERRL, no pharyngeal exudate, neck supple
Chest: Some right sided ttp about intercostals, lungs scattered wheezes b/l, no increased work of breathing
Heart: RRR s1+s2 nl, no m/r/g
Abdomen: soft, non-tender, non-distended
Neuro: no deficits
Ext: no edema, no calf tenderness

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Patient Scenario 2: Wells' low, PERC positive (session 2)

A 36 year old male presents to the ED complaining of chest pain for the past 3 days. He lifted weights at the gym 3 days ago and reports that he woke up the next morning with chest pain located on his right side. The pain is sharp and constant. It is a 4/10 on the pain scale that worsens when he takes a deep breath. He reports no shortness of breath with his pain. He thinks the pain worsens when he is exerting himself, but is not sure. He has no fever or abdominal symptoms. He reports that he has never had pain like this before.

Past Medical History
Asthma, well controlled
DVT, provoked 5 years ago, on anticoagulants for 6 months but off since then

Past Surgical History
Ankle ORIF (Open Reduction with Internal Fixation) 5 years ago c/b (complicated by) DVT

Medications
Albuterol

Allergies: None

Family History
No family history of blood clots or heart disease at an early age.

Social History
½ pack per day smoker

VITALS
Temp: 98.6
Pulse: 82
RR: 14
O2 Sat: 94% on room air
BP: 150/90

PHYSICAL EXAM
Gen: well appearing
HEENT: Pupils ERRL, no pharyngeal exudate, neck supple
Chest: Some right sided ttp (tenderness to palpation) about intercostals, lungs scattered wheezes b/l, no increased work of breathing
Heart: RRR s1+s2 nl, no m/r/g
Abdomen: soft, non-tender, non-distended
Neuro: no deficits
Ext: no edema, no calf tenderness

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Patient Scenario 3: Wells' low, PERC positive due to age alone (session 1)

A 65 y/o female presents to the ED with a chief complaint of cough and chest pain. For the past four days she has had a dry cough with no other infectious symptoms, and since yesterday she has noticed a chest pain with coughing that also worsens with deep breaths. The pain is sharp and located on her right side. She rates the pain at 4/10 while coughing or breathing deeply. She otherwise feels well with no shortness of breath, inability to lie flat, or decreased exercise tolerance. She denies fevers, and has had no abdominal pain or vomiting.

Past Medical History
HTN (hypertension)
HL (hyperlipidemia)

Past Surgical History
None

Medications
HCTZ (hydrohlorothiazide)
Aspirin

Allergies: None

Family History
No family history of blood clots or heart disease at an early age.

Social History
Never smoked

VITALS
Temp: 98.9
Pulse: 77
RR: 14
O2 Sat: 99% on room air
BP: 126/74

PHYSICAL EXAM
Gen: well appearing
HEENT: Pupils ERRL, no pharyngeal exudate, neck supple
Chest: no chest wall tenderness to palpation, lungs CTAB, no increased work of breathing
CV: RRR s1+s2 nl, no m/r/g
Abdomen: soft, non-tender, non-distended
Neuro: no deficits
Ext: no edema, no calf tenderness

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Patient Scenario 3: Wells' low, PERC positive due to age alone (session 2)

A 67 y/o male presents to the ED with a chief complaint of cough and chest pain. For the past four days he has had a dry cough with no other infectious symptoms, and since yesterday he has noticed a chest pain with coughing that also worsens with deep breaths. The pain is sharp and located on his right side. He rates the pain at 4/10 while coughing or breathing deeply. He otherwise feels well with no shortness of breath, inability to lie flat, or decreased exercise tolerance. He denies fevers, and has had no abdominal pain or vomiting.

Past Medical History
HTN
HL

Past Surgical History
None

Medications
HCTZ
Aspirin

Allergies: None

Family History
No family history of blood clots or heart disease at an early age.

Social History

VITALS
Temp: 97.7
Pulse: 68
RR: 16
O2 Sat: 98% on room air
BP: 134/85

PHYSICAL EXAM
Gen: well appearing
HEENT: Pupils ERRL, no pharyngeal exudate, neck supple
Chest: no chest wall tenderness to palpation, lungs CTAB, no increased work of breathing
Heart: RRR s1+s2 nl, no m/r/g
Abdomen: soft, non-tender, non-distended
Neuro: no deficits
Ext: no edema, no calf tenderness

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Patient Scenario 4: Wells' moderate, PERC inappropriate (session 1)

A 46 y/o male presents to the ED with chest pain. He reports having chest pain and upper respiratory symptoms for 1 week. He said he was feeling well until about a week ago when he noticed some right side chest pain and cough. Initially, he thought it was a cold but it hasn't gone away. The pain is worse with breathing. His pain persists and he expels clear mucus when coughing. Today he noticed a few streaks of bright red blood in the mucus. He thought he would feel better and could shake the cough but the blood worried him, so he came to the ED.

Past Medical History
DVT, provoked 10 years ago, on anticoagulants for 6 months but off since then

Past Surgical History
Femur Fx (Fracture) after MVC (motor vehicle collision) 10 years ago complicated by DVT

Medications
None

Allergies: None

Family History
No family history of blood clots or heart disease at an early age.

Social History
Never smoked

VITALS
Temp: 98.7
Pulse: 70
RR: 12
O2 Sat: 99% on room air
BP: 140/82

PHYSICAL EXAM
Gen: well appearing
HEENT: Pupils ERRL, no pharyngeal exudate, neck supple
Chest: no cw ttp, lungs with scattered rhonci b/l, no increased wob
Heart: RR s1+s2 nl, no m/r/g
Abdomen: soft, non-tender, non-distended
Neuro: no deficits
Ext: no edema, no calf tenderness

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Patient Scenario 4: Wells' moderate, PERC inappropriate (session 2)

A 46 y/o female presents to the ED with chest pain. She reports having chest pain and upper respiratory symptoms for 1 week. She said she was feeling well until about a week ago when she noticed some right side chest pain and cough. Initially, she thought it was a cold but it hasn't gone away. The pain is worse with breathing. Her pain persists and she expels clear mucus when coughing. Today she noticed a few streaks of bright red blood in the mucus. She thought she would feel better and could shake the cough but the blood worried her, so she came to the ED.

Past Medical History
DVT, provoked 10 years ago, on anticoagulants for 6 months but off since then

Past Surgical History
Femur Fx (Fracture) after MVC (motor vehicle collision) 10 years ago complicated by DVT

Medications
None

Allergies: None

Family History
No family history of blood clots or heart disease at an early age.

Social History
Never smoked

VITALS
Temp: 98.7
Pulse: 70
RR: 12
O2 Sat: 99% on room air
BP: 140/82

PHYSICAL EXAM
Gen: well appearing
HEENT: Pupils ERRL, no pharyngeal exudate, neck supple
Chest: no cw ttp, lungs with scattered rhonci b/l, no increased wob
Heart: RR s1+s2 nl, no m/r/g
Abdomen: soft, non-tender, non-distended
Neuro: no deficits
Ext: no edema, no calf tenderness

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Patient Scenario 5: Wells' high, PERC inappropriate (session 1)

A 62 y/o female presents to the ED with increased shortness of breath. She is three weeks post-surgery for ovarian cancer. She reports shortness of breath for the past 3 days. She is currently taking neo-adjuvant chemotherapy but is unsure exactly what meds she is on. She was feeling better after her surgery but three days ago awoke with shortness of breath and found it difficult to perform activities of daily living without being breathless. She reports having tightness in her chest but no pain She denies fever or other symptoms.

Past Medical History
Ovarian CA (cancer), on neoadjuvant Chemotherapy
No hx of DVT/PE

Past Surgical History
TAH/BSO (total abdominal hysterectomy with bilateral salpingo-oopherectomy) for ovarian CA (cancer) 3 weeks prior

Medications
None other than chemotherapy

Allergies: None

Family History
No family history of blood clots or heart disease at an early age.

Social History
Former smoker, quit when diagnosed with CA

VITALS
Temp: 98.6
Pulse: 115
RR: 20
O2 Sat: 91% on room air
BP: 95/60

PHYSICAL EXAM
Gen: uncomfortable appearing
HEENT: Pupils ERRL, no pharyngeal exudate, neck supple
Chest: no cw ttp, lungs scattered wheezes b/l, no increased wob
Heart: tachycardic s1+s2 nl, no m/r/g
Abdomen: soft, non-tender, non-distended
Neuro: no deficits
Ext: 1+ edema to R leg, 2+ to L, some calf ttp on the L side

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Patient Scenario 5: Wells' high, PERC inappropriate (session 2)

A 55 y/o male presents to the ED with shortness of breath. He was recently diagnosed with colon cancer and is 3 weeks post colon resection. He reports that 3 days ago he began having shortness of breath. He is currently taking neo-adjuvant chemotherapy but is unsure exactly what meds he is on. He reports that he was feeling better post-surgery but awoke 3 days ago with shortness of breath. He finds it difficult to perform activities of daily living without feeling breathless. He reports having tightness in his chest but no frank pain, fever or other symptoms.

Past Medical History
Colon CA, s/p (status post) recent resection with no known metastases
No hx of DVT/PE

Past Surgical History
Colon resection 3 weeks ago

Medications
FOLFOX chemo

Allergies: None

Family History
No family history of blood clots or heart disease at an early age.

Social History
Former smoker, quit when diagnosed with CA

VITALS
Temp: 98.7
Pulse: 112
RR: 20
O2 Sat: 92% on room air
BP: 97/58

PHYSICAL EXAM
Gen: uncomfortable appearing
HEENT: Pupils ERRL, no pharyngeal exudate, neck supple
Chest: no cw ttp, lungs scattered wheezes b/l, no increased wob
Heart: tachycardic s1+s2 nl, no m/r/g
Abdomen: soft, non-tender, non-distended
Neuro: no deficits
Ext: 1+ edema to R leg, 2+ to L, some calf ttp on the L side

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