

Patient information

Patients was admitted in Acharya Vinoba Bhave Rural Hospital on dated 13/5/2021 with the complaint of chest pain, shortness of breath, sweating, chest discomfort, arm pain, neck pain, jaw pain for 2 days.

Primary concern and symptoms

Primarily chest pain, shortness of breath swatting, chest discomfort, arm pain, neck pain, jaw pain. For 20 days these were the primary symptoms that were observed at the time of admission.

Medical family and psychological history

Patients had a medical history of unstable angina pectoris before 20 days. He took treatment for that but was not sure he belongs to a nuclear family there are 5 members in his family. All family members are healthy accept the patient.

Relevant past intervention with outcomes

Unstable angina pectoris 20 days back for which he was hospitalized for 15 days 10 days a er electrocardiogram, and angiography was observed he took treatment for that and his outcome was not good.

Clinical findings

1. **General Examination:** State of health was unhealthy, body build obese, the Hight of patients is 152 cm and weight are 55 kg. His vital parameters are normal.

2. **Timeline:** 20 days ago, he was admitted to the hospital for 15 days for the treatment of unstable angina pectoris. Ecosprin 75 gm. Tablet ranolazine, beta-blockers, calcium channel blocker, protein powder. Was given 5 days is an investigation drugs beings studies to treat unstable angina pectoris.

Diagnostic assessment

1. **Diagnostic challenging:** No challenging during diagnostic evaluation

2. **Diagnosis:** A er a physical examination and investigation doctor diagnosed a case of unstable angina pectoris.

3. **Prognosis:** e prognosis was good.

4. **Therapeutic Intervention:** Medical management was provided to the patient Ecosprin 75 gm. Tablet ranolazine, beta-blockers, calcium channel blocker, protein powder. Was given he was taking all treatment and his outcome was good. His sign symptoms were reduced he was able to do his activities no any change ranolazine, beta-blockers, calcium channel blockers, protein powder. Treatment was started Ecosprin 75 gm. Tablet ranolazine, beta-blockers, calcium channel blocker, protein powder was given.

5. **Change in therapeutic interventions:** e patient's medication may be changed by the doctor, who may prescribe heparin (or another blood thinner) and nitroglycerin (under the tongue or andcdinclu3gectv

use of effective forensic studies is compulsory to secure patients from such a vital health condition. Significant revisions to existing guidelines for the diagnosis and management of unstable angina and non-Q-wave myocardial infarction are required based on evidence from clinical trials conducted within the last few years. The following suggestions should be taken into account while creating and implementing updated guidelines.

1. Antman EM, Anbe DT, Armstrong PW, Bates ER, Green LA, et al. (2004) ACC/AHA guidelines for the management of patients with ST-elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee to Revise the 1999 Guidelines for the Management of Patients with Acute Myocardial Infarction). J Am Col Cardiol 44: E1-211.
2. Somers VK, White DP, Amin R, Abraham WT, Costa F, et al. (2008) Sleep apnea and cardiovascular disease: An American heart association/American & [[^*^h [-+&æ:âiâ[[[*^â-[~]âæç[]}â•&â^}ç, &â•cæc^ {^}çâ-i [{âc@^âE {^â&æ}â@^æ;ç] association council for high blood pressure research professional education committee, council on clinical cardiology, stroke council, and council on cardiovascular nursing in collaboration with the national heart, lung, and blood institute national center on sleep disorders research (national institutes of health). J Am Col Cardiol 52: 686-717.
3. Gibbons RJ, Chatterjee K, Daley J, Douglas JS, Fihn SD, et al. (1999) ACC/AHA/ACP-ASIM guidelines for the management of patients with chronic stDoQ077 v6hgeme Tw 17004B0TingTj0.119 04p6.5(on Premacurd)jæe, the