

The Problem List

The problem list should include those items you need to:

1. *Diagnose*, for example, chest pain
2. *Manage*, for example, dehydration
3. *Risk factors*, for example, in patient with chest pain: high cholesterol, sedentary life, etc. One does not always have to list them out but could simply write, "Positive cardiac risk factors" or even put an adjective in front, "Moderate cardiac risk factors"
4. *Remember*, for example, allergies.

Some items might fall into two of the above categories, for example, CHF or HTN. You need to *manage* the CHF and the HTN, but you also need to *diagnose* WHY this patient has CHF or HTN.

- Identify all problems or key features from the history and examination.
- Process the list into accurate and precise medical terminology, for example,
 - If the patient says, "I feel dizziness like the room is spinning" then you write the more precise medical term "vertigo" on your problem list.
 - If the patient has a number of symptoms or findings, such as, chest pain, hypotension, S3 gallop, pulmonary edema, and poor perfusion then you should combine that to "chest pain with cardiogenic shock."
 - In other words, you are translating the patient's English description into doctor language.
- Reduce the list of important findings that you wrote down from the history and PE. For example:
 - If the patient has tachypnea, SOB, DOE, and pleural effusion, your problem is "Pleural effusion". The tachypnea, SOB, and DOE are really supporting actors to your main star, "Pleural effusion".
 - Drop nonspecific abnormalities, e.g. "malaise" in the patient with pneumonia. In other words, Yes the patient complained of malaise but it is completely non-specific and you have a perfectly good explanation of why they are feeling malaise. Thus "Pneumonia" is on the problem list. No need to put the non-specific "malaise". You certainly do not want to generate a differential for the malaise (too long), and you don't need to manage it. If you fix the pneumonia, the malaise will get better.
- Prioritize the problems and identify how they relate, including key markers of severity or complications, e.g. "mitral regurgitation complicating acute coronary syndrome".
- Identify which problems are unrelated to the primary presenting syndrome and separate these as problems of secondary importance.