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Objectives: Ischemic Heart Disease

1. Given a specific clinical scenario in the office or emergency setting ensure correct diagnosis of ischemic heart disease considering both classic and atypical symptoms.
2. In a patient with modifiable risk factors for ischemic heart disease (e.g. smoking, diabetes control, obesity), develop a plan in collaboration with the patient to reduce their risk of developing the disease.
3. In patients presenting with symptoms suggestive of ischemic heart disease, do not eliminate the diagnosis solely based on tests with limited sensitivity and specificity (e.g. electrocardiography, exercise stress testing, normal enzyme results).
4. In a patient with stable ischemic heart disease, manage changes in symptoms with self-initiated adjustment of medications (e.g. nitroglycerin) and appropriate physician contact (e.g. office visits, phone calls, emergency department visits), depending on the nature and severity of the symptoms.
5. In patients with established ischemic heart disease, prescribe appropriate medications with evidence for secondary prevention.
6. In the regular follow-up care of patients with established ischemic heart disease, specifically verify the following to detect complications and suboptimal control:
    a. Symptom control
    b. Medication adherence
    c. Impact on daily activities
    d. Lifestyle modification
    e. Clinical screening
7. In a person with diagnosed acute coronary syndrome (e.g. cardiogenic shock, dysrhythmia, pulmonary edema, acute myocardial infarction, unstable angina), manage the condition in an appropriate and timely manner.

** Mapped to the CFPC's 105 priority topics: #56-Ischemic Heart Disease