

Punom Patel

Hospital visit - HandP

History:

Identifying data:

Name: M.B.

Age: 47

DOB: 9/21/1970

Date/Time: 11/14/17 @ 9:00 am

Location: New York - Presbyterian Queens Hospital

Source of information: self

Source of referral: self

Reliability: Reliable

Chief Complaint: "Chest Pain x 3 weeks"

History of present illness: MS. B is a 47 y/o female with significant PMH of hypothyroidism, <sup>asthma</sup> anemia, and hypertension. She came in to the ER with a Chief Complaint of "Chest Pain x 3 weeks". Patient describes the pain as being sudden in onset and episodic <sup>how long each episode?</sup> w/ no specific timing. Patient states that the pain is <sup>PP</sup> sharp and stabbing in character and is located on the left side with radiation to the left arm, <sup>PP</sup> and the pain is rated 6/10 in severity and states there are no alleviating or aggravating factors. Patient states she has night sweats x 3 weeks, fatigue x 3 months, <sup>specific location.</sup> swelling of the right leg, <sup>How much exertion?</sup> dyspnea <sup>on exertion</sup> hx of mitral valve prolapse. Denies fever, chills, weakness, palpitations, irregular heartbeat <sup>diaphoresis</sup> or muscle pain. Patient also states that she is experiencing headaches x 2 weeks and describes pain as <sup>PP</sup> being throbbing in character and episodic with last episode occurring 3pm the day before. Patient states that she has no relief with advil and minimal relief when laying down. States that standing up aggravates the headache. The pain is rated as being 7/10 in severity and is located <sup>PP</sup> in the forehead and radiates to the <sup>PP</sup> back of neck. States she has

6/6

24/30

- Trauma  
- Strenuous activities?

Would be relevant when talking about the chest pain.

dizziness and parasthesia of left arm and left leg. Denies seizures, syncope, ataxia, loss of ~~strength~~<sup>PP</sup> strength or changes in mental status, or weakness.

✓ Blurry vision or change in vision?

### Past Medical History

- Hypothyroidism
- Anemia x several years
  - Hospitalized at New York Presbyterian Queens Hospital x 1 day - 2016 Under Dr. Fulman
- Low BP Hypotension.
- No hx of trauma or injury
- UP to date on childhood immunizations
- ~~Immunized~~<sup>PP</sup> current immunizations
  - Refused yearly flu vaccine
- Screening test
  - Mammogram - 11/1/17
    - Found a left breast calcium cluster
  - Pap smear - 6 months ago
    - Unremarkable
- gestational diabetes - during last trimester of her pregnancy

### Past Surgical History

- hx of blood transfusion
  - several years ago during her pregnancy
  - 2016 due to anemia @ New York Presbyterian Hospital
- No hx of surgery

### Medications / Supplements

- Tumeric
  - powdered form everyday with water in morning
  - last dose - 11/13/17 @ am
- ✓ hypo hypothyroidism

10/10

S/S

- Seamos

- Powdered form mixed with water everyday

- last dose - 11/13/17 @ am

fw - hypothyroidism

### Allergies

3/3 - Sulfa drugs - hives w/ fever

- Erythromycin - hives with fever

- Penicillin - hives with fever

- Codeine - hives with fever

- no hx of food allergies, ~~environmental~~<sup>PP</sup> allergies

- mold allergies

### Family history

4/4 - Daughter - 9; living

- mother - 70; living; obesity

- father - 44; deceased; juvenile diabetes

- Brother - 49; living; diabetes

- Brother - 44; living

- Grandmother - 93; living; dementia

- Grandmother - 92; living

### Social history

8/8 - marital history - single

- home situation - living with daughter

- occupational history - social worker; massage therapist

- sleep habits - 11 pm - 4 am; ~~some~~<sup>PP</sup> night sweats interrupt sleep

- recent travel in September to Curacao

- denies exercise

- denies ~~sex~~<sup>PP</sup> being sexually active, caffeine use, tobacco use, alcohol use, illicit drug use

## Review of symptoms

### General:

- admits to fever, chills, night sweats, and fatigue
- denies loss of appetite, recent weight gain or loss

### Skin, hair, nails:

- admits to rashes on abdomen, itching, bumps x 2 weeks, hives
- denies change in texture, excessive dryness, discoloration, moles/ras
- Pruritus, changes in hair distribution

### Head:

- admits to headache
    - onset - <sup>PP</sup> 2 weeks ago abrupt
    - Location - head and radiates to back of neck HPI
    - Duration - <sup>PP</sup> not specified 2 weeks ago
    - Character - throbbing
    - aggravating/alleviating factors - laying down minimal relief; standing up aggravates
    - Radiation - radiates to back of ~~head~~ neck
    - Timing - sporadic; no specific timing
    - Severity - 7/10
  - admits to lightheadedness
  - denies head trauma, unconsciousness, coma, or fracture
- NOT relevant here. already described in HPI*

### Eyes

- admits to hazy vision during headaches and blurry vision and light sensitivity, glasses use - last eye exam in april - unremarkable
- Denies, lacrimation, pruritus, diplopia, scotoma

### Ears

- denies deafness, pain, discharge, tinnitus, hearing aids
- admits to ringing in ears x 2 weeks

## Nose/sinus:

- Denies discharge, epistaxis, obstruction
- admits to sinus infections and allergies to mold

## Mouth and throat:

- denies bleeding gums, sore tongue, sore throat, mouth ulcers, voice changes, denture use
- last dental exam - 6 months ago - unremarkable

## Neck

- denies localized swelling, lumps, stiffness or decrease in range of motion

## Breast

- admits to left breast calcium clusters - last mammogram exam 11/9/17
- Denies nipple discharge, lumps,

## Pulmonary System:

- admits to dyspnea on exertion, asthma, wheezing due to asthma
- denies cough, <sup>PP</sup> wheezing, hemoptysis, cyanosis, orthopnea, paroxysmal nocturnal dyspnea

## Cardiovascular system:

- admits to chest pain
  - onset - sudden
  - location - left side of chest
  - duration - 3 weeks
  - character - sharp and stabbing
  - Aggravating/Alleviating: none
  - Radiation - left arm
  - timing - constant
- admits to swelling of rt leg
- Denies HTN, palpitations, syncope, irregular heartbeat

## Gastrointestinal System

- ~~PP~~ - admits to vomiting and nausea
- denies appetite ~~to~~ change, intolerance to specific foods, dysphagia, Pyrosis, flatulence, abdominal pain, change in bowel movements, hemorrhoids, constipation

NOT mentioned in ~~NOT~~

## Genitourinary System

- Denies change in frequency of urination, nocturia, urgency, Polyuria, dysuria, incontinence, pain in flank

## Menstrual ~~and~~ <sup>PP</sup> ~~Obstetric~~ <sup>PP</sup> ~~obstetrical~~

- date of last menstrual period - OCT 31 2017
- Interval between periods - 2 weeks
- G<sub>3</sub>P<sub>3</sub>
- denies dyspareunia, menopause, precoital bleeding, menorrhagia, vaginal discharge

## Nervous System

- admits to headache, paresthesia on left arm and leg
- denies ataxia, seizures, loss of consciousness, loss of strength, change in mental status, cognition, memory

## Musculoskeletal System

- admits to swelling of right leg, instability
- Denies muscle/joint pain, deformity, redness, arthritis

## Peripheral vascular system

- admits to ~~right~~ <sup>PP</sup> right leg swelling
- denies intermittent claudication, coldness or trophic changes, varicose veins

## Hematological System

- admits to easy bruising, anemia
- Blood transfusion - during pregnancy and one last year due to anemia
- denies lymph node enlargement, hx of DVT/PE

## Endocrine:

- admits to excessive thirst
- denies polyuria, polydipsia, polyphagia, goiter, heat or cold intolerance

## Psychiatric

- denies depression or sadness, feeling of hopelessness or helplessness, lack of interest in usual activity, suicidal ideations

## Physical Exam

2/2  
General Survey: A/O x3; Slender female; neatly groomed; no sign of distress; looks stated age of 47 1/2

## Vital Signs:

8/8  
BP:                      R                      L  
Seated                  112/72                      118/74  
Supine                  112/70                      121/78

R: 18 Breaths/min Unlabored

P: 84 beats/min regular

T: 98.6° F (oral)

O<sub>2</sub> Sat: 98% room air

Height: 5'4"                      Weight 130 lb                      BMI: 22.3

## Skin, hair, Nails

Skin: Warm and moist; good turgor; nonicteric; ~3cm nevi on Rt temple circumscribed and elevated and black <sup>PP</sup> ~~nevi~~; no scars noted; no tattoos

(5/5)

Hair: average quantity and distribution

Nails: no evidence of clubbing, capillary refill  $\leq 2$  sec;

Head: normocephalic, atraumatic, non tender to palpation throughout

patient didn't have glasses on her

Eyes: Symmetrical OU; no evidence of strabismus, exophthalmos or ptosis; sclera white; conjunctiva and cornea clear

Visual acuity: uncorrected - 20/50 OS; 20/70 OD; 20/50 OS

Visual fields: full OU; PERRLA intact; EOMS full w/no nystagmus

(4/6)

Fundoscopy: Red reflex intact OU; CUP: disk  $\leq 0.5$  OU no evidence of A-V nicking, papilledema, hemorrhage, exudate, cotton wool spots, or neovascularization OU

Ears: Symmetrical and normal in size, no sign of lesion or masses trauma on external ear, no discharge/foreign body in external auditory canal AU, TM slightly injected and light reflex in normal position AU, Auditory acuity intact to

whispered voice AU. Weber midline/Rinne reveals AC  $\geq$  BC AU

(10/10)

Nose/sinuses: Symmetrical / no obvious masses / lesions / deformities or signs of trauma. Nares patent bilaterally, nasal mucosa pink and well hydrated,

no discharge noted on anterior rhinoscopy

Septum midline w/o lesions / injection / deformity. No evidence of foreign body.

Sinuses: Non tender to palpation and percussion over bilateral frontal, maxillary sinuses



\* Should state why these exams were NOT performed.

NECK: Trachea midline, no masses, lesion, scars, pulsation noted, supple, non tender to palpation. No stridor noted. no thrills. no palpable adenopathy noted.

Thyroid: nontender; no palpable masses; no thyromegaly, no bruit noted

Throat: <sup>pp</sup> ~~stj~~

Chest: Symmetrical, no deformities, no evidence of trauma. Respiration unlabored / no paradoxical respirations or use of accessory muscles noted. LAT to AP diameter 2:1, nontender to palpation

Lungs: Clear to auscultation and percussion bilaterally. Chest expansion and diaphragmatic excursion symmetrical, Tactile fremitus intact throughout. NO adventitious sounds

### Assessment/Plan:

~~Patient is a 47 y/o female with significant PMH of <sup>prostate</sup> hypothyroidism, asthma, anemia, and HTN with new onset of chest pain x 3 weeks, headache x 2 weeks, nausea and vomiting~~

- ① Chest Pain: - EKG  
- Xray  
- CBC w/ cardiac enzyme  
- Blood culture  
- SL NTG  
- Echocardiogram

- ② Headache: - CT head w/o contrast  
- Acetaminophen IV

- Nausea/vomiting: - Zofran IV  
- Saline 100 CC/hour

These symptoms could be from HA by migraine. Should not be a plan. Separate

<sup>continue</sup>  
③ - Asthma: Albuterol PRN

<sup>continue</sup>  
④ - Anemia: Iron Supplements  
- Cbc ~~every day~~ Baseline.

### Differential Diagnosis:

- CAD
- MI
- muscle strain
- ~~Anemia~~

try to list at least 5  
and provide justification (reasons)  
why you chose that particular  
DDX.

Remember your DDX should be from  
"Chest Pain" and "Headache"  
separately → so, would have 5  
for CP + 5 for HA.

$$\frac{124}{127}$$

97.6 %