Emily Yeung
Rotation 4: OBGYN, Woodhull
Mid Rotation Site Evaluation

Identification:

- Date: 04/25/19
- Time: 11:00 AM
- Name: PU
- Sex: F
- Race: Hispanic
- Age: 28
- Marital status: Single
- Address: OBGYN, Woodhull

Informant:

- Source of history: Patient, reliable

Referral Source: Self

Chief Complaint:

- Left lower abdominal pain x 10 days

Present Illness:

- 28 year old female, LNMP 3/19/19 x 5 days, G3P0020, with no significant PMHx, presents to OBGYN clinic today c/o "left lower abdominal pain x 10 days". Patient describes the abdominal pain as cramping, on and off, without any radiation of the pain and rates the pain as 6/10 in severity. Patient was sitting while watching TV when the pain started. She states that the pain is random, denies any aggravating or alleviating symptoms, and has not taken any medication for the pain. Patient found out that she was pregnant four days ago via at home urine pregnancy test after she missed her period for unknown amount of days. She went to the ED two days prior, where she was diagnosed with early pregnancy vs. ectopic pregnancy via bedside sonogram. Patient was discharged with acetaminophen-codeine but denies taking the medication. She wants to keep the pregnancy. Patient currently denies any dysuria, vaginal bleeding/spotting, fatigue, lightheadedness, SOB, nausea, vomiting, diarrhea, constipation, recent travel.

Differential Diagnosis I:

1. Early pregnancy
    a. Patient had positive at home urine pregnancy test
    b. Patient was diagnosed with early pregnancy vs. ectopic pregnancy via bedside sono a the ED 2 days prior

2. Ectopic pregnancy
    a. Patient reports LLQ tenderness and having missed her period
    b. Patient has had 2 abortions in the past, which puts her at increased risk for developing ectopic pregnancy

Past Medical History:

- No significant past medical history.
- Immunizations up to date, including the flu shot.
- Patient denies any childhood illnesses.

Past Surgical History:

- Denies any surgical history.
- Denies past transfusions and injuries.

Medications:

- Multivitamins PO BID, last dose this morning

Allergies:

- Denies any drug, food, or environmental allergies.

Family History:

- Mother, alive 52 YO, HTN
- Father, alive and well, 55 YO
- Sister, alive and well, 26
- Paternal grandfather, alive, 73 YO, heart disease
- Paternal grandmother, deceased from old age
- Maternal grandfather, alive and well
- Maternal grandmother, alive, 65 YO, HTN

Social History:

- Non-smoker. Denies drinking caffeine or alcohol at present.
- Sleeps 8 hours per day, on average.
- Admits to exercising 3 times a week via running.
- Single, lives with parents and sister
- Occupation: full time student
- Denies any recent travel.
- Sexually active with men only, 1 partner currently, last intercourse 4/21, uses condoms occasionally, not on OCPs. Denies any past or current STIs.

ROS

- General

    - Denies any recent weight gain/loss, current fever, chills, night sweats, weakness/fatigue, loss of appetite
- Skin, hair and nails
    - Denies any discoloration, moles/rashes, pruritus, changes in hair distribution, excessive dryness/sweating, change in hair/skin texture, lacerations.
- Head
    - Denies headache, vertigo, head trauma, facial swelling.
- Eyes
    - Denies photophobia, pruritus, blurring, diplopia, lacrimation, other visual disturbances. Does not wear glasses. Last eye exam February 2019.
- Ears
    - Denies any deafness, pain, discharge, use of hearing aids.
- Nose/Sinuses
    - Denies any epistaxis, obstruction, discharge, congestion.
- Mouth and throat
    - Denies any dry mouth/lips, bleeding gums, sore tongue, sore throat, mouth ulcers, voice changes, use of dentures. Last dental exam March 2019.
- Neck
    - Denies localized swelling/lumps, stiffness/decreased range of motion.
- Breast
    - Denies any lumps, nipple discharge, pain.
- Pulmonary system
    - Denies any SOB, cough, wheezing, hemoptysis, cyanosis, orthopnea, PND, choking, chest tightness, stridor.
- Cardiovascular system
    - Denies any chest pain, palpitations, irregular heartbeat, syncope, heart murmur, edema.
- Gastrointestinal system
    - Admits to crampy abdominal pain on LLQ. Last bowel movement yesterday morning.
    - Denies any loss of appetite, bloating, nausea, vomiting, indigestion, pyrosis, flatulence, diarrhea, jaundice, anal bleeding, rectal pain.
- Genitourinary system
    - Denies any frequency, polyuria, urgency, nocturia, oliguria, dysuria, incontinence, flank pain.
- Menstrual and Obstetrical
    - Age of menarche = 12
    - LMP 3/19/19, 5 days, 5 pads used QD, regular.
    - G3P1020. Last GYN visit January, 2018, WNL.
    - Denies any menorrhagia, metrorrhagia, menometrorrhagia, dyspareunia.
- Nervous system

    - Denies headaches, loss of consciousness, sensory disturbances, ataxia, change in cognition, loss of strength, weakness.
- Musculoskeletal system
    - Denies any muscle/joint pain, deformity, erythema, edema, tenderness, arthritis.
- Peripheral vascular system
    - Denies any peripheral edema, intermittent claudication, varicose veins.
- Hematologic system
    - Denies any easy bruising, bleeding, lymph node enlargement, blood transfusions.
- Endocrine system
    - Denies any polyuria, polydipsia, polyphagia, goiter, excessive sweating, Hirsutism, heat intolerance.
- Psychiatric
    - Denies any past or current psychiatric illnesses, feelings of depression or anxiety. Has never seen a mental health specialist or therapist.

General Survey:

- Small build female, well developed and well nourished, well groomed, looks her stated age of 28 years, breathing unlabored. A/O x3.

Vital Signs:

- HR: 98 beats per minute, regular
- Respiratory rate: 12 breaths per minute, unlabored
- BP: 132/80, bilateral arms, sitting
- Temperature: 98.6°F, orally
- O2 sat: 100%, room air
- Height: 64 inches
- Weight: 130 lbs.
- BMI: 22.3

Physical Examination:

- Skin: Warm and moist, good turgor. Nonicteric, no lesions, no scars, no tattoos, no lacerations.
- Hair: Average quantity and distribution.
- Nails: No clubbing, capillary refill <2 seconds throughout.
- Head: Normocephalic, atraumatic, no specific facies, nontender to palpation throughout.
- Eyes: Symmetrical OU; no strabismus, exophthalmos or ptosis; sclera white, conjunctiva & cornea clear. Visual acuity 20/20 OU. Visual fields full OU. PERRLA. EOMs full, no nystagmus.
- Ears: Symmetrical, normal size. No lesions, masses, trauma on external ears. No discharge, foreign bodies in external auditory canals AU. Tympanic membrane pearly white, cone of light intact in normal position AU.

- Nose: Symmetrical with no obvious masses, lesions, deformities, trauma, discharge. Nares patent bilaterally. Nasal mucosa pink and well hydrated. No discharge on anterior rhinoscopy. Septum at midline without any lesions, deformities, infection, perforation. No foreign bodies.
- Sinuses: Non-tender to palpation and percussion over bilateral frontal, ethmoid, and maxillary sinuses.
- Lips: Pink, moist, no cyanosis or lesions.
- Mucosa: Pink, hydrated. No masses, lesions, leukoplakia.
- Palate: Pink, hydrated. Palate intact with no lesions, masses, or scars.
- Teeth: Good dentition, no obvious dental caries noted.
- Gingivae: Pink, moist. No masses, lesions, erythema, discharge, hyperplasia.
- Tongue: Pink, well papillated. No masses, lesions, deviation noted.
- Oropharynx: Hydrated and pink. No masses, lesions, foreign bodies, infection, exudate. Tonsils present with no infection or exudate. Uvula pink, no lesions or edema.
- Neck: Trachea midline. No masses, lesions, scars, pulsations, stridor noted. Supple, non-tender to palpation. No thrills, bruits noted bilaterally, no palpable adenopathy.
- Thyroid: Non-tender to palpation, no palpable masses, no thyromegaly, no bruits noted.
- Chest: Symmetrical, no deformities, trauma. Respirations unlabored. No use of accessory muscles noted. Lat to AP diameter 2:1.
- Lungs: Clear to auscultation and percussion bilaterally. Chest expansion and diaphragmatic excursion symmetrical. Tactile fremitus intact throughout, no adventitious sounds.
- Heart: JVP is 2.5 cm above the sternal angle with head of bed at 30°. PMI in 5th ICS in mid-clavicular line. Carotid pulses are 2+ bilaterally without bruits. S1 and S2 are normal. No murmurs.
- Abdomen: Soft, symmetrical. No scars, striae, caput medusae or abnormal pulsations. BS present in all 4 quadrants. No bruits over aortic, renal, iliac, femoral arteries. Tympany to percussion throughout. No organomegaly, masses, guarding, rebound tenderness. No CVAT noted bilaterally. Non-tender to percussion but mild tenderness upon palpation of LLQ.
- Breast: Symmetric, no dimpling, no masses, nipples without discharge.
- Female genitalia:
    - External: normal pubic hair pattern, no erythema, inflammation, ulcerations, lesions or discharge noted. BUS wnl.
    - Vaginal mucosa without inflammation, erythema or discharge.
    - Cervix nulliparous without lesions or discharge. No cervical motion tenderness.
    - Uterus retro-flexed, mobile, non-tender and of normal size, shape, and consistency.
    - Adnexa without masses or tenderness.
- OB: G3P0020, 2 DICs in 2010 and 2015
- Peripheral vascular: Extremities unremarkable in color, size, temperature. Pulses are 2+ bilaterally in upper and lower extremities. No bruits noted. No clubbing, cyanosis, edema bilaterally. No stasis changes or ulcerations.

- Mental Status: Alert and oriented to person, place and time. Memory and attention intact. Receptive and expressive abilities intact. Thought coherent. No dysarthria, dysphonia or aphasia noted.
- Meningeal Signs: No nuchal rigidity noted. Brudzinski's and Kernig's signs negative.
- Musculoskeletal upper: No soft tissue swelling, erythema, ecchymosis, atrophy, deformities in upper extremities. Non-tender to palpation. No crepitus noted throughout. FROM of all upper extremities bilaterally. No spinal deformities.

Lab Results & Radiological Studies

- Urinalysis
    - Color: yellow
    - Appearance: cloudy
    - pH: 6.0
    - Specific gravity: 1.030
    - Glucose: negative
    - Protein: negative
    - Ketone: negative
    - Blood: negative
    - Urobilinogen: 2.0
    - Nitrite: negative
    - Leukocyte esterase: negative
- Urine beta-hCG: positive
- Serum beta-hCG
    - 4/23/19: 1028
    - 4/25/19: 2450
- Blood work
    - CBC and BMP all WNL
    - PT: 10.1
- Type and screen
    - ABO grouping: O
    - Rh factor: positive
    - Antibody screen: negative
- Bedside sono
    - + Gestational sac with thickened endometrium, no definite IUP

Differential Diagnoses II

1. Early pregnancy
    a. Patient’s serum beta-hCG increased from 1028 on 4/23 to 2450 on 4/25, which makes the pregnancy more viable at this point
    b. Bedside sono shows +gestational sac but indefinite IUP as of yet
2. Ectopic pregnancy

    a. Patient's serum beta-hCG could still level off/plateau, will need to repeat levels q48 hours to monitor and R/O ectopic pregnancy
3. Missed abortion
    a. Patient has no sx of typical miscarriage like vaginal bleeding, disarge
    b. Early pregnancy sx may lessen or disappear

Assessment: 28 y/o female with no significant PMHx presents to OBGYN clinic with left lower abdominal pain x 10 days. Symptoms consistent with early pregnancy.

Plan:

1. Early pregnancy

- Discharge note from the ED: Disposition was made to discharge patient home to self. Upon discharge, patient A/O x3, coherent, ambulatory, NAD and denies pain. Discharge instructions, after care follow up and all property kept on the unit was given to patient. Patient was encouraged to attend after care follow up and take medication as prescribed.
- Disposition: d/c patient home to self.
- Patient encouraged to f/u in 48 hours at OBGYN clinic for repeat serum beta-hCG and ultrasound on Saturday, 4/27/19 and will be informed of results over the phone
- If appropriate change in hCG, will start prenatal care next week
- For mild to moderate pain, patient could take Tylenol with codeine 10mL PO q6h prn
- Patient understands to return to ED if worsening abdominal pain, vaginal bleeding, lightheadedness, fatigue, or other concerns

Patient Education:

- Diagnosis: early pregnancy, R/O ectopic pregnancy
    - Ultrasound was not able to confirm IUP yet
    - Normally, beta-hCG doubles every 48 hours. If levels do not increase and plateau off, that is an indicator of ectopic pregnancy or impending miscarriage
    - After 5-6 weeks, it is important to have f/u ultrasound to see how the pregnancy is developing
- Treatment plan:
    - Important to f/u in 48 hours for repeat blood test for beta-hCG to see if levels are doubling and ultrasound for viable pregnancy
    - If so, we can start prenatal care next week with prenatal vitamins to help baby get essential nutrients for healthy development and iron supplements = ferrous sulfate 325mg PO BID, with possible side effects of constipation, upset stomach, darker stool since iron is used to make extra hemoglobin (blood) for you and the baby and to prevent making you feel tired
    - For mild to moderate pain, can take Tylenol-codeine with possible side effects of nausea, vomiting, upset stomach, constipation, headache, lightheadedness, dizziness, drowsiness