

Emily Yeung  
Rotation 5: Ambulatory Care, Statcare Astoria  
Final Rotation Site Evaluation

**Identification:**

- Date: 6/11/19
- Time: 7:15 PM
- Name: US
- Sex: F
- Race: Hispanic
- Age: 18
- Marital status: Single
- Address: Statcare, Astoria

**Informant:**

- Source of history: Patient, reliable

**Referral Source:** Self

**Chief Complaint:**

- "Chest ache and nausea after taking Clindamycin x 2 days"

**Present Illness:**

- 18 year old female with PMHx of asthma presents to urgent care today c/o "chest ache and nausea after taking Clindamycin x 2 days." Chest ache is on and off, worse when swallowing food or drinking water. Patient states that she took Clindamycin twice due to having an irritated cyst on the groin during her previous visit here. After both days of taking Clindamycin, she admitted to having headache, nausea, chills, night sweats, body aches, generalized abdominal pain, and decreased appetite afterwards. However, she reports improvement with the cyst with decreased pain and swelling. Grandfather recently visited from Mexico and is currently sick with a cough. Admits to getting the flu vaccine. Denies any cold, cough, vomiting, diarrhea, constipation, blood/pus in the stool, SOB, chest pain, rash, facial/tongue swelling, change in cognition, recent travel, previous allergic reaction to Clindamycin, history of flu, C. diff.

**Past Medical History:**

- Asthma and seasonal allergies, diagnosed during childhood.
- Immunizations up to date, including the flu shot.
- Patient denies any childhood illnesses.

**Past Surgical History:**

- No significant past surgical history.
- Denies past transfusions, injuries, hospitalizations.

**Medications:**

- Ventolin HFA 108 (90 Base) MCG/ACT aerosol solution 2 puffs prn q6h.

**Allergies:**

- NKDA.
- Denies any other food or environmental allergies.

**Family History:**

- Mother, alive and well, 39
- Father, alive and well, 41
- Brother, alive and well, 21

**Social History:**

- Non-smoker. Denies drinking caffeine or ETOH at present.
- Sleeps 7 hours per day, on average.
- Eats a well-balanced diet.
- Denies exercising regularly.
- Single, lives with parents.
- Occupation: student.
- Not currently sexually active. Denies any past or current STIs.

**ROS**

- General
  - Admits to fatigue, fever, chills, night sweats, body aches, loss of appetite.
  - Denies any recent weight gain/loss.
- Skin, hair and nails
  - Denies any discoloration, moles, pruritus, changes in hair distribution, excessive dryness/sweating, change in hair/skin texture, lacerations.
- Head
  - Admits to headache.
  - Denies vertigo, head trauma, facial swelling.
- Eyes
  - Denies photophobia, pruritus, blurring, diplopia, lacrimation, other visual disturbances. Does not wear glasses. Last eye exam September 2018.
- Ears
  - Denies any deafness, pain, discharge.
- 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 February 2019.
- Neck
  - Denies localized swelling/lumps, stiffness/decreased range of motion.
- Breast
  - Denies any lumps, nipple discharge, pain.
- Pulmonary system
  - Admits to chest tightness.
  - Denies any SOB, cough, wheezing, hemoptysis, cyanosis, orthopnea, PND, choking, stridor.
- Cardiovascular system
  - Admits to palpitations.

- o Denies any chest pain, irregular heartbeat, syncope, heart murmur, edema.
- Gastrointestinal system
  - o Admits to generalized abdominal pain and nausea.
  - o Denies any vomiting, diarrhea, constipation, indigestion, pyrosis, flatulence, diarrhea, jaundice, anal bleeding, rectal pain, bloating.
  - o Has one BM per day in the morning.
- Genitourinary system
  - o Denies any frequency, polyuria, urgency, nocturia, oliguria, dysuria, incontinence, flank pain.
- Menstrual and Obstetrical
  - o Age of menarche = 13
  - o LMP 06/11/19, 5 days, 4 pads used QD, regular.
  - o GOPO.
  - o Denies menorrhagia, metrorrhagia, menometrorrhagia, dyspareunia.
- Nervous system
  - o Denies LOC, sensory disturbances, ataxia, change in cognition, loss of strength, weakness.
- Musculoskeletal system
  - o Admits to body aches.
  - o Denies any muscle/joint pain, deformity, erythema, edema, tenderness, arthritis.
- Peripheral vascular system
  - o Denies any peripheral edema, intermittent claudication, varicose veins.
- Hematologic system
  - o Denies any easy bruising/bleeding, lymph node enlargement, blood transfusions.
- Endocrine system
  - o Denies any polyuria, polydipsia, polyphagia, goiter, excessive sweating, Hirsutism, heat intolerance.
- Psychiatric
  - o Denies any past or current psychiatric illnesses, feelings of depression or anxiety. Has never seen a mental health specialist or therapist.

**General Survey:**

- Medium build female, well developed and well nourished, well groomed, looks her stated age of 18 years, breathing unlabored. A/O x3.

**Vital Signs:**

- HR: 100 beats per minute, regular
- Respiratory rate: 14 breaths per minute, unlabored
- BP: 123/83, bilateral arms, sitting
- Temperature: 102.1°F, orally
- O2 sat: 99%, room air
- Height: 59 inches
- Weight: 126 lbs.
- BMI: 25.45

**Physical Examination:**

- General appearance: alert, in NAD, well developed, well nourished.

- Skin: right inguinal erythematous papule with a white head, no induration, warmth, streaking, fluctuance, purulence. Mucous membranes moist. No tenting of skin.
- HEENT: normocephalic, atraumatic, no scalp lesions.
- Nails: No clubbing, capillary refill <2 seconds throughout.
- Eyes: sclera non-icteric, upper and lower eyelids normal.
- Ear: normal TMs, no discharge.
- Nose: sinuses non-tender bilaterally
- Throat: clear, no erythema or exudates, uvula midline.
- Lymph nodes: bilateral submandibular and anterior cervical chain lymphadenopathy.
- 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, good air movement, no wheezes, rales, rhonchi.
- Heart: RRR, S1 and S2 are normal, no murmurs.
- Abdomen: BS present throughout all 4 quadrants, generalized tenderness to palpation throughout entire abdomen, no guarding or rigidity, no hepatosplenomegaly, no hernias or masses palpable.
- Back: full ROM, no CVA tenderness, spine nontender to palpation.
- Peripheral vascular: extremities unremarkable in color, size, temperature. Pulses are 2+ bilaterally in upper and lower extremities.
- Neurologic exam: nonfocal, A/O x 3
- Musculoskeletal: no soft tissue swelling, erythema, ecchymosis, atrophy, deformities in upper and lower extremities. Non-tender to palpation. No crepitus noted throughout. FROM of all upper and lower extremities bilaterally.
- Psychiatry: cooperative with exam, good eye contact, speech clear.

### **Lab Results & Radiological Studies**

- Urine pregnancy
  - Negative
- Urinalysis
  - LEU = neg
  - NIT = neg
  - URO = norm
  - PRO = neg
  - pH = 6.5
  - BLO = 250
  - SG = 1.005
  - KET = neg
  - BIL = neg
  - GLU = neg
- Flu wash A&B
  - Positive
- CBC/PLT/DIFF
  - Pending
- Culture, blood
  - Pending

**Assessment:** 18 y/o female with PMHx of asthma presents to urgent care c/o "chest ache and nausea after taking Clindamycin x 2 days." Symptoms consistent with influenza.

1. Septicemia from possible abscess

- Patient developed a 102.1 fever even as she was taking Clindamycin, which is concerning for septicemia. Also admits to fever, chills, palpitations, nausea. Was tachycardic.
- Patient's cyst could have gotten infected (or underlying abscess), thus the infection may have traveled into the bloodstream. However, patient reports improvement with cyst.
- Will order CBC with diff and blood cultures to R/O septicemia.

2. Influenza

- Symptoms consistent with flu (fever, chills, fatigue, body aches), although currently not in flu season, which helps explain the fever despite taking Clindamycin.
- Patient's rapid flu test came back positive.

3. C. diff

- Chance of developing C. diff from taking Clindamycin.
- Admits to fever, palpitations, nausea, loss of appetite. However, patient denies having diarrhea (watery), blood/pus in the stool, abdominal cramping/pain.

4. Allergic reaction to Clindamycin

- More serious allergic reactions could result in abdominal pain.
- Side effects include fever, nausea, abdominal pain, severe diarrhea, weight loss, SJS, TEN.
- However, patient took Clindamycin in the past and denies having any previous allergic reactions or experiencing side effects.

5. Pregnancy

- Patient is of child-birthing age.
- Admits to nausea, abdominal pain.
- However, office urine pregnancy test was negative and patient denies being sexually active.

**Plan:**

1. Influenza

- Start Tamiflu capsule, 75mg, 1 capsule, orally, twice a day x 5 days.
- Influenza discharge instructions reviewed with patient.
- Rest and increase fluid intake.
- OTC Tylenol/NSAIDs as needed for fever.
- RTC if symptoms worsen or persist.
- Proceed to ER if signs of respiratory distress develop.
- RTC in 48 hours for re-evaluation, if symptoms persist or worsen, will report to ER at that time.

2. Fever, unspecified

- 2 tablets of Ibuprofen 400mg given in office.
- Patient was advised to take Tylenol or Ibuprofen for fever as needed. Patient expressed understanding.

3. Follicular disorder, unspecified

- Continue taking Clindamycin 300mg, 1 capsule orally, q6h x 7 days.
- Continue keeping area clean and dry.
- Discussed with patient that her symptoms are not due to taking Clindamycin. Patient expressed understanding.