

Emily Yeung
Rotation 9: Emergency Medicine, Woodhull
Final Site Evaluation

Identification:

- Date: 11/15/19
- Time: 12:00 PM
- Name: JM
- Sex: F
- Race: African American
- Age: 27
- Marital status: Married
- Address: Emergency Medicine, Woodhull

Informant:

- Source of history: Patient, reliable

Referral Source: Self

Chief Complaint:

- "Lower abdominal pain x1 day"

Present Illness:

27 y/o female with PMHx syphilis treated in 2015, presents to the ED c/o "lower abdominal pain x1 day." Pain is sharp, 7/10 in severity, on and off, with no alleviating/aggravating factors or radiation of pain. Pain is associated with nonbilious, nonbloody vomiting. She reports vomiting 10x since this morning. Patient has not taken anything for pain or vomiting. Admits to chills, loss of appetite, nausea, similar episodes in the past. Denies fever, chest pain, SOB, diarrhea, constipation, dysuria, hematuria, dyspareunia, dysmenorrhea, recent travel, hx of recent illnesses. Pt has been using marijuana daily for the past 15 years. LMP 2 days ago.

Differential Diagnosis #1

- Pregnancy
 - Patient admits to lower abdominal pain with nausea/vomiting (common in pregnancy)
- Appendicitis
 - Pain is poorly localized (may be early presentation)
 - Associated with nausea, vomiting, chills

Past Medical History:

- Syphilis, treated in 2015.
- Patient denies any childhood illnesses.

Past Surgical History:

- Denies any past surgeries, transfusions, injuries, hospitalizations.

Medications:

- No medications on file.
- Denies use of home medications.

Allergies:

- Denies any drug, food or environmental allergies.

Family History:

- Mother, 52, alive and well, HTN.
- Father, 55, alive and well, HLD, obesity.

Social History:

- Nonsmoker.
- Denies drinking caffeine or alcohol at present.
- Admits to using “dime of marijuana” twice daily for the past 15 years.
- Sleeps 7 hours per day, on average.
- Denies exercising regularly.
- Married, lives in an apartment with husband and children.
- Occupation: student
- Admits to being sexually active currently without using contraceptives with husband only, admits to having syphilis in past, treated 2015.

ROS

- General
 - Admits to chills, loss of appetite.
 - Denies any recent weight gain/loss, fever, night sweats, fatigue.
- Skin, hair and nails
 - Denies any discoloration, moles, pruritus, changes in hair distribution, excessive dryness/sweating, change in hair/skin texture, lacerations.
- Head
 - Denies headache, vertigo, lightheadedness, head trauma, facial swelling.
- Eyes
 - Denies photophobia, pruritus, blurring, diplopia, lacrimation, other visual disturbances. Denies wearing glasses. Last eye exam 1 year ago.
- 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. Last dental exam 1 year ago.
- Neck
 - Denies localized swelling/lumps, stiffness/decreased range of motion.
- Breast
 - Denies any lumps, nipple discharge, pain.
- Pulmonary system

- Denies any cough, SOB, 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 RLQ and LLQ pain, nausea, nonbilious/nonbloody vomiting
 - Denies any indigestion, flatulence, diarrhea, constipation, jaundice, anal bleeding, rectal pain/bleeding, bloating.
 - Has one BM every other day.
- Genitourinary system
 - Denies any frequency, polyuria, urgency, nocturia, hematuria, oliguria, dysuria, incontinence, flank pain.
- Menstrual and Obstetrical
 - Age of menarche = 12
 - LMP = 11/12/19
 - G2P2. Last GYN visit this morning, was referred to the ED.
- Nervous system
 - Denies headaches, sensory disturbances, ataxia, change in cognition, loss of strength, weakness, LOC.
- Musculoskeletal system
 - Denies joint pain, muscle 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:

- Medium build female, well developed, well groomed, looks stated age of 27 years, in mild discomfort from pain, A/O x3.

Vital Signs:

	11/14/19 12:00PM
Blood Pressure	136/72, bilateral arms, sitting
Heart Rate	74 bpm, regular

Respiratory Rate	16 breaths per min, labored
O2 Sat	100%, room air
Temperature	98.4°F, orally

- Height: 5 ft 5 inches
- Weight: 192 lbs.
- BMI: 32.0

Physical Examination:

- General appearance: alert, in mild discomfort from pain.
- Skin: no suspicious lesions, warm and dry, moist, no rash.
- HEENT: normocephalic, atraumatic, no scalp lesions.
- Nails: no clubbing, capillary refill <2 seconds throughout.
- Eyes: sclera non-icteric, no conjunctival pallor.
- Throat: clear, no erythema or exudates, uvula midline.
- Chest: symmetrical, no deformities, trauma. Respiration effort normal. No use of accessory muscles noted.
- Lungs: clear to auscultation and percussion bilaterally, no wheezes, rales, rhonchi.
- Heart: RRR, S1 and S2 are normal, no murmurs.
- Abdomen: soft, diffuse tenderness in all 4 quadrants, -Murphy's, no guarding or rigidity, no hepatosplenomegaly, no hernias, masses palpable.
- Back: no CVA tenderness.
- Peripheral vascular: extremities unremarkable in color, size, temperature. Pulses are 2+ bilaterally in upper and lower extremities.
- Psychiatry: cooperative, good eye contact, speech clear.

Lab Results & Radiological Studies

- CT abdomen pelvis with contrast
 - Lung bases clear
 - Heart within normal limits in size
 - Liver, spleen, pancreas, adrenals, gallbladder/biliary tract, kidney/ureters, urinary bladder, aorta: WNL
 - Pelvic viscera: A right adnexal cyst measures approximately 2.6 cm x 2.8 cm x 2.9 cm. The uterus is grossly unremarkable. The ovaries are not visualized. Small amount of free fluid in pelvis
 - There is no CT evidence of acute appendicitis
- CBC and differential:
 - WBC: 13.7 (H)
 - RBC: 4.51 (L)
 - HGB: 12.3
 - HCT: 39.5
 - MCV: 86.0
 - MCH: 27.4

- MCHC: 33.5
- BMP: WNL
- Lipase: 55
- LFT: WNL
- HCG-Quant: negative
- UA: WNL except for trace blood
- Drug screen
 - Barbs, benzos, cocaine, methadone, opiates: neg
- THC urine: positive
- GC chlamydia: negative

Assessment: 27 y/o female with PMHx syphilis treated in 2015 c/o “lower abdominal pain x1 day” with vomiting. CT reveals no evidence of acute appendicitis. Abdominal pain associated with vomiting, R/O ruptured ovarian cyst vs. cannabinoid hyperemesis syndrome.

Differential Diagnosis #2

1. Ruptured ovarian cyst

- CT reveals right adnexal cyst with small amount of free fluid in pelvis
- Pt has slightly elevated white count at 13.7

2. Cannabinoid hyperemesis syndrome

- Patient admits to using marijuana twice daily for the past 15 years
- Presents with diffuse abdominal pain, nausea, vomiting

3. Gastritis

- Pt c/o abdominal pain with nausea, vomiting
- Has elevated white count at 13.7

Plan:

1. Abdominal pain

- Labs: CBC, BMP, LFTs, lipase, Ucg, UA, Utox
- CT abdomen pelvis with contrast
- IV fluids LR 125
- Start famotidine 40mg tab PO QHS
- Start toradol 30mg IV push
- OBGYN consult
- Dispo: observe and reassess

2. Nausea

- Start zofran 4mg IV

Patient Education:

- Hyperemesis marijuana syndrome
 - Occurs in long term marijuana users
 - Use of marijuana makes you more likely to have nausea and vomiting

- Symptoms include persistent nausea, vomiting, belly pain, decreased appetite, weight loss, dehydration
- Treated acutely with IV fluids, pain management, proton-pump inhibitors
- Prevention involves decreasing or stopping use of marijuana
- Treatment plan
 - Start famotidine to help reduce amount of acid in stomach; possible side effects include constipation, diarrhea, fatigue, dizziness, weakness, headache, insomnia
 - Start toradol for pain management; toradol is an NSAID indicated for moderate to severe acute pain with side effects of headache, abdominal pain, nausea, dizziness, diarrhea
 - Start IV fluids to prevent dehydration from fluid loss via vomiting
- Obesity class I
 - Important to start exercise regimen and watch diet
 - At risk for other comorbidities such as HTN, DMII, heart disease, gallbladder disease, OA, respiratory problems, cancer