History and Physical Rotation 4
Name: Abd-Manaaf Bakere
Rotation 4: Internal Medicine
Date: 05/07/2024
Rotation Location: NYP Queens.

Name: AA
DOB: xx/xx/50
Age: 68 y/o
Address: Boston Rd NY
Date/Time: April 17,2024, 10:45 AM
Location: NYP Queens
Source of Information: Self
Reliability: Reliable
Preferred Language: ENGLISH

Admission to Medicine H&P
Chief Complaint: Chest Pain "My lungs hurt" and Nausea

History of Present Illness:
A.A is a 68-year-old female with PMHx of HTN, asthma, COPD (no home O2), arthritis, and schizophrenia, 20 pack year smoking history, presents with shortness of breath for the past week, and chest pain that started today. Patients states she was having SOB for the past week, which is present at rest but also worse on exertion. States she was told in the past that she has COPD for which she takes a daily inhaler and has not been told that she needs to use O2. Today, she had an episode of pleuritic, non-radiating chest pain that was intermittent, which prompted her to come to the ED. She states she also has some nausea, constipation, but no vomiting. She admits she feels "bloated" with some abdominal distension; however, she is passing flatus and last BM was this morning. At this time, pt denies, headache, dizziness, abdominal pain, vomiting, diarrhea.

ED course: BP 142/82, HR 103, RR 24, afebrile. O2 sat 98% on 2L NC. Labs notable for WBC 17.26, Na 135, AST 35, ALT 23, alk phos 258, pro-BNP 713, trops 26>22, lactate 1.9. CXR showed no consolidation, effusion, or pneumothorax; L basilar atelectasis versus scarring; heart size is unremarkable.

Past Medical History
Arthritis,
Asthma,
COPD (chronic obstructive pulmonary disease),
Hypertension,
Schizophrenia.

Surgical History
No past surgical history on file.

Family History
Mother: HTN
Father: T2DM.

Social History

Habits - drinks caffeinated drinks such as coffee and or tea at least once a day.

Smoking - Reports smoking cigarettes. Has a 20 pack-year smoking history

Illicit drugs - Denis any use of drugs.

Alcohol - Reports current alcohol use of about 1.0 standard drink of alcohol per week.

Diet - Consists of proteins such as beef, chicken, fish with a mixture of carbohydrates such as rice, potatoes and vegetables.

Exercise - Denies regular exercise.

Sleep - Admits to getting 6-7 hours of sleep a night.

Allergies:
Pollen Extract

Current Outpatient Medications
Medication Instructions
• Albuterol HFA 108 (90 Base) MCG/ACT Aerosol Solution inhaler 2 puffs, Every 8 Hours
• Haloperidol 5 MG Tablet 1 tablet, Oral, Nightly
• Olanzapine (ZYPREXA) 20 mg, Oral, Nightly
• Sertraline 50 MG Tablet 1 tablet, Oral, Daily
• TraZODone 50 MG Tablet 1 tablet, Oral, Nightly
• Umeclidinium-Vilanterol (ANORO ELLIPTA) 62.5-25 MCG/INH Aerosol Powder Breath Activated 1 Puff, Inhalation, Daily

Immunization
Up to date with all immunizations

Review of Systems
General: Denies weight changes, fevers, weakness, fatigue, night sweats, chills, body aches.
• Skin: denies rash, sores, lumps, itching, color changes, hair, nails
• Head: **Admits nausea,** denies trauma headache, vomiting, dizziness.
• Eyes: Denies glasses/contacts, pain, redness, tearing, vision loss, discharge, double/blurred vision, glaucoma
• Ears: denies hearing loss/aid, tinnitus, vertigo, earache, discharge

• Mouth/Throat: denies bleeding gums, dentures, cavities, hoarseness, voice change, sore throat, dry mouth, difficult/painful
• Nose/Sinuses: denies stuffiness, rhinorrhea, sneezing, itching, epistaxis, allergies (perennial, seasonal)
• Neck: denies lumps/masses, goiter, pain, stiffness, swelling
• Breast: denies lumps/masses, skin changes, pain, discharge
• Respiratory: **Positive for chest tightness, shortness of breath and wheezing**. Denies cough, hemoptysis, snoring
Cardiac: **Positive for chest pain**. Denies palpitations, lower extremity edema.
• Gl: **Positive for constipation, nausea and bloating**. Denies dysphagia, vomiting, regurgitation, indigestion, changes in bowel habits, diarrhea, bleeding (hemorrhoids, melena, hematemesis, hematochezia), abdominal pain, jaundice.
• Urinary: denies frequency, polyuria, nocturia, hesitancy, urgency, dysuria, hematuria, incontinence, reduced caliber of stream.
Denies hernias, itching, discharge, sores, lumps, menopause, hot flashes
• Vascular: denies claudication, edema, varicose veins, past clots
• Musculoskeletal: denies muscle or joint pain, stiffness, arthritis, gout, weakness, swelling, redness, instability
• Neurological: denies seizures, numbness, tingling, paralysis, paresthesia, fainting, blackouts, burning, tremors
• Hematological: denies anemia, easy bruising/bleeding, petechiae, purpura, ecchymosis, transfusions
• Endocrine: denies heat/cold intolerance, sweating/thirst/hunger
• Psychiatric: Admits psychosis. Denies nervousness, mood, anxiety, depression or suicidal ideation.

Physical Examination:
Most Recent Vital Signs:
Temp: 36.4 °C
Pulse: 103
Resp: 20
BP: 134/73
SpO2: 94 % on 2LNC
Height: 5' 5" (165.1 cm)
Weight: 161 lb (73 kg)

Physical Exam
Constitutional:
General: She is not in acute distress.
Appearance: Normal appearance. She is normal weight. She is not toxic-appearing.
HENT:
Head: Normocephalic and atraumatic.
Right Ear: External ear normal.
Left Ear: External ear normal.
Nose: Nose normal.
Mouth/Throat:

Mouth: Mucous membranes are moist.
Pharynx: Oropharynx is clear.
Eyes:
General: No scleral icterus.
Conjunctiva/sclera: Conjunctivae normal.
Cardiovascular:
Rate and Rhythm: Regular rhythm, S1 and S2 present.
Pulses: Normal pulses.
Pulmonary:
Effort: No respiratory distress.
Breath sounds: **Wheezing present. Bilateral diffuse wheezing**
Chest:
Chest wall: No tenderness.
Abdominal:
General: Bowel sounds are normal. **There is distension**.
Palpations: Abdomen is soft.
Tenderness: There is no abdominal tenderness.
Musculoskeletal:
General: Normal range of motion.
Cervical back: Normal range of motion and neck supple.
Right lower leg: No edema.
Left lower leg: No edema.
Neurological:
General: No focal deficit present.
Mental Status: She is alert and oriented to person, place, and time. Mental status is at baseline.
Psychiatry: No acute psychosis.

Laboratory Studies:
CBC

Recent Labs			
HGB	11.7	11.5*	11.7
CRIT	36.0	--	37.1
PLT	223	--	228
WBC	17.26*	--	17.52*

Recent Labs	04/17/24
NEUTP	82.7*
LYMPHP	7.10*
EOSP	1.40

BMP

Recent Labs		
NA	135*	133*
K	4.4	--
CL	99	99

CO2 24 --
BUN 9.1 --
CREATININE 0.62 --
GLU 221* --
ANOINGAP 12 --
CA 8.9 --
No results for "MAGNESIUM", "PHOS" in the last 72 hours.

Hepatic Panel
Recent Labs 04/17/24
TP 7.0
ALB 3.7
SGOT 35*
SGPT 23
TBILI 0.3
DBILI 0.1
ALK 258*

No results for Amylase and lipase in the last 72 hours.
No results for : "CHOL", "LDL", "HDL", "TRIG" in the last 72 hours.

Recent Labs 04/17/24
APTT 30.9
INR 1.23*
No results "LMWH" in the last 72 hours.
PROCALCITONI 0.21
No results: "HGBA1C", "TSH", "T4"

Cardiac:
Recent Labs 04/17/24
PBNP 713*

Microbiology Results
RESPIRATORY PATHOGEN PCR PANEL
Collection Time: 04/16/24 6:52 PM
Specimen: Nasopharyngeal Swab

Result	Value	Ref Range	Status
Respiratory Pathogen PCR Panel Source	NP Swab		Final
	Not Detected	Not Detected	Final

Imaging Studies:
XR Chest 1-View (AP Only)
Narrative: CLINICAL INDICATION: Patient with chest pain and Shortness of breath.

TECHNIQUE: Single AP radiograph of the chest.

COMPARISON: 12/21/2021
Impression: FINDINGS/IMPRESSION:
No consolidation, effusion, or pneumothorax. Left basilar atelectasis.
Heart size is unremarkable.
No acute osseous pathology.

EKG
Encounter Date: 04/17/24
ECG 12 Lead
Collection Time: 04/17/24 11:00 AM

Result	Value	Ref Range	
Ventricular Rate	104	BPM	
Atrial Rate	104	BPM	
P-R Interval	140	ms	
QRS Duration	72	ms	
Q-T Interval	332	ms	
QTc	436	ms	

*Note: NSR and Mild tachycardia.

Assessment and Plan of Care

A.A, a 68-year-old female with a PMHx of COPD, asthma, HTN, presents to the ED with chief complaints of shortness of breath, chest pain and nausea. Her history of COPD, along with presenting symptoms of chest pain, shortness of breath, and wheezing, suggests an acute exacerbation of COPD as the primary etiology. While being admitted, work up will rule out Acute Coronary Syndrome, Metabolic Acidosis, and Gastrointestinal Causes.

Differential Diagnoses:

1.**Acute Exacerbation of COPD**: Given her history of COPD, the presence of wheezing, and the absence of acute cardiac findings on imaging and EKG, an exacerbation of COPD is the leading differential diagnosis. Her chronic lung disease predisposes her to recurrent exacerbations, often triggered by respiratory infections or environmental factors.
2.Acute Coronary Syndrome (ACS): Elevated pro-BNP and troponins raise concern for acute myocardial injury or infarction. Although the EKG shows normal sinus rhythm, the possibility of atypical cardiac symptoms in COPD patients cannot be ruled out. Cardiac ischemia could result from increased oxygen demand during a COPD exacerbation or underlying coronary artery disease.
3.Metabolic Acidosis: Elevated lactate levels suggest the possibility of metabolic acidosis, which can occur secondary to tissue hypoxia from COPD exacerbation or other causes. The patient's elevated glucose levels may also contribute to metabolic derangements. Correction of acidosis and metabolic abnormalities is essential for stabilizing her condition.

Plan

1.acute hypoxic respiratory failure 2/2 COPD exacerbation

2. pleuritic chest pain, ACS ruled out

- CXR showed no consolidation, effusion, or pneumothorax; L basilar atelectasis versus scarring; heart size is unremarkable
- EKG with sinus tachy, rate of 104; no ischemic changes
- continue with supplemental O2 to keep O2 sat >94%
- taper O2 as tolerated
- Ipratropium bromide/salbutamol (duonebs q6)
- Methylprednisolone (solumedrol 40 q12)
- Repeat CTX and Urinalysis/Urine culture,
- f/u Infectious disease,
- f/u pulmonology,
- f/u TTE

Abdominal distension

- GI prophylaxis: Pantoprazole (Protonix)
- CT abdominal.

F/u with GI

#transaminitis

- AST 35, ALT 23, alk phos 258
- trend LFTs

#schizophrenia

- continue home meds haldol, zyprexa, zoloft, trazodone

Hypertension

Diet: low sodium Diet

Lifestyle modifications, and regular monitoring.

Follow up with PCP for effective HTN control.

DVT Prophylaxis: Lovenox

Patient Education:

Quit smoking. Smoking cessation is crucial in managing COPD.

Avoid exposure to environmental pollutants and respiratory irritants that can exacerbate COPD symptoms.

Attend regular appointments with your psychiatrist for medication management and support.

Maintain a healthy lifestyle by eating a balanced diet, engaging in regular physical activity as tolerated.

Encourage small, frequent meals and avoidance of trigger foods to alleviate gastrointestinal discomfort.