Mid Site Evaluation H&P
History and Physical Rotation 6
Name: Abd-Manaaf Bakere
Rotation 6: Ambulatory
Date: 07/11/2024
Rotation Location: Center Urgent care.

Name: JP
DOB: xx/xx/83
Age: 41 y/o
Address: Fresh pond Ave NY
Date/Time: July 01 ,2024, 9:43 AM
Location: CUC Middle Village
Source of Information: Self
Reliability: Reliable
Preferred Language: English

Chief complaint: “I have been coughing for 10 days”

HPI:
JP is a 41y/o with no significant PMHx presents complaining of a persistent cough lasting for the past 10 days. The cough began abruptly following an episode of voice loss. Initially, the patient experienced hoarseness, and subsequently, the cough became more pronounced and frequent. The cough is described as constant, occasionally productive of green or yellow sputum, but not associated with hemoptysis. She tried Mucinex (guaifenesin) without any significant relief. She reports that her symptoms have included a runny nose and a headache that lasted for one day. Additionally, she had difficulty swallowing and a sensation of tightness in her chest when she coughs. She describes a persistent sensation in her throat, which she attributes to postnasal drip. She feels generally weak and fatigued but denies any significant weight changes. She denies fever, chills, dizziness, vision changes, shortness of breath, nausea, vomiting and diarrhea.

Past Medical History
No significant PMHx
Past Surgical History
No significant PSHx
Family History
Mother: HTN
Father: HTN
Social History
Habits - drinks caffeinated drinks such as coffee and or tea at least once a day.
Smoking - Denies smoking cigarettes.
Illicit drugs - Denis any use of drugs.
Alcohol - Reports social alcohol use of about 1.0 standard drink of alcohol per week.
Diet - 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/Intolerance:
N.K.D.A
Medication:
Not on any Medication
Immunization
Up to date with all immunizations

Review of Systems (ROS):
General: **Admits weakness, fatigue**, denies weight changes, fevers, , night sweats, chills, body aches, sleep
• Skin: denies rash, sores, lumps, itching, color changes, hair, nails
• Head: **Admits headache**, denies trauma, headache, nausea, 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: **Admits hoarseness, voice change and sore throat**. Denies bleeding gums, dentures, cavities,, dry mouth, difficult/painful
• Nose/Sinuses: **Admits stuffiness, rhinorrhea, sneezing,** Denies itching, epistaxis, allergies (perennial, seasonal)
• Neck: denies lumps/masses, goiter, pain, stiffness, swelling
• Respiratory: Admits **cough, productive green/yellow sputum**. Denies shortness of breath, wheezing, hemoptysis, pleurisy, snoring
Cardiac: Denies palpitations, chest pain, DOE, orthopnea, paroxysmal nocturnal dyspnea, syncope, lower extremity edema
• Gl: Denies dysphagia, appetite, nausea, vomiting, regurgitation, indigestion, bowel movement frequency/color/size/caliber, changes in bowel habits, diarrhea, constipation, bleeding (hemorrhoids, melena, hematemesis, hematochezia), abdominal pain, jaundice
• Urinary: denies frequency, polyuria, nocturia, hesitancy, urgency, dysuria, hematuria, incontinence, reduced caliber of stream
• Female: hernias, menarche age, period regularity/frequency/ duration/amount, dysmenorrhea, itching, discharge, sores, lumps, menopause, hot flashes
• Vascular: 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, paresthesias, fainting, blackouts, burning, tremors
• Hematological: denies anemia, easy bruising/bleeding, petechiae, purpura, ecchymosis, transfusions
• Endocrine: denies heat/cold intolerance, sweating/thirst/hunger
• Psychiatric: denies nervousness, mood, anxiety, depression or suicidal ideation.

Physical Exam
Objective: Vitals:
BP: 133/87 mm Hg,
HR: 64 /min,
RR: 18 /min,
Oxygen sat %: 98 %,
Temp: 97.5 F

General Examination
Constitutional:
GENERAL APPEARANCE: Alert, well developed, well nourished, in no acute distress
HENT:
Head: Normocephalic and atraumatic.
Right Ear: External ear normal.
Left Ear: External ear normal.
Nose: **turbinates red and swollen**. No foreign body, No polyps
Mouth/Throat:
Mouth: Mucous membranes are moist.
Pharynx: **+ post nasal drip noted in oropharynx**
LYMPH NODES: No lymphadenopathy.
Eyes:
General: No scleral icterus. No discharge
Conjunctiva/sclera: Conjunctivae normal.
Cardiovascular:
Rate and Rhythm: Regular rhythm, S1 and S2 appreciated.
Pulses: Normal pulses.
Pulmonary:
Effort: No respiratory distress.
Breath sounds: clear to auscultation bilaterally , no wheezes, rales, rhonchi
Chest:
Chest wall: No tenderness.
Abdominal:
General: Bowel sounds presents, intact skin, soft, no distention
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.

Test, Labs/imaging

Lab: * Group A Streptococcus (NAA) Lab: *Rapid Strep Negative
Rapid Covid: Negative
PCR: Covid and Strep: Pending

Assessment
JP is a 41-year-old female presenting with a 10-day history of cough, initially associated with loss of voice, and now persistent with occasional sputum production. She also reports a runny nose, headache for one day, difficulty swallowing, chest tightness when coughing, throat sensation, and weakness. There are no signs of systemic infection, such as fever or chills, and her vital signs are within normal limits. Physical examination reveals red and swollen nasal turbinates and postnasal drip, with otherwise unremarkable findings. Rapid strep and COVID tests are negative, and PCR results are pending. These findings suggest a likely upper respiratory tract infection, potentially viral in origin.

Differential Diagnoses
Viral Upper Respiratory Infection (URI):
The most common cause of a persistent cough with associated upper respiratory symptoms (runny nose, postnasal drip) in an otherwise healthy adult. The absence of fever, chills, and significant systemic symptoms supports a viral etiology.
Acute Bacterial Sinusitis
The presence of a runny nose, postnasal drip, headache, and nasal turbinate swelling raises the possibility of sinusitis, especially if symptoms persist beyond 10 days or worsen. However, the current lack of severe facial pain and fever makes this less likely.
Allergic Rhinitis with Postnasal Drip:
Chronic exposure to allergens could cause persistent postnasal drip, leading to throat irritation and cough. The patient's presentation could be due to a recent allergen exposure, despite no known allergies.
Laryngopharyngeal Reflux (LPR):
Throat irritation, hoarseness, and chronic cough can be caused by reflux of stomach contents into the throat. Although there are no GI symptoms reported, the sensation in the throat and difficulty swallowing could be indicative of LPR.

Plan
Symptomatic Management:
Continue over-the-counter expectorants and cough suppressants: tylenol as needed,.
Encouraged increased PO water fluid intake.
Advised rest and avoidance of respiratory irritants (e.g., smoke, pollutants).
Pending Results:
Await PCR results for COVID-19 and Group A Streptococcus.
If positive, Start Amoxicillin-Pot Clavulanate Tablet, 875-125 MG, 1 tablet, Orally, every 12 hrs, 5 days, 10 Tablet,
Follow-Up:
Follow up with PCP. Proceed to ER if symptoms worsen, difficulty breathing, shortness of breath or other concerning symptoms as discussed with patient. Patient verbalized understanding of treatment.
Patient ambulated clinic freely in no acute distress.