

Andres Hernandez
Professor Yuan
03/11/2023

Hospital Visit #1 – Internal Medicine

Identifying Data:

Full Name: L.L.D
Address: Queens, NY
Date of Birth: ~~03/11/1985~~
Age: 38
Date: 03/07/2023, 10:30 am
Location: NYPQ Hospital
Religion: unspecified
Marital Status: Single
Source of Information: Self
Reliability: Reliable
Mode of Transport: unspecified

CC: "Severe pelvic pain" x 1 week

HPI

38 y/o female, with a 1-month history of dysuria, was admitted to INT MED yesterday after presenting to the ED on Saturday evening (3 days ago) with pelvic pain that has worsened in the past week. Pain was characterized as sharp, continuous, radiating to the left-flank and back. Dysuria initially treated by the urgent care with cefdinir 3 weeks ago. Due to unresolved s/sx the pt. followed up w/ PCP who prescribed sulfamethoxazole. Pt. has also taken Tylenol to alleviate pain and reports drinking more fluids (water and cranberry juice) prior to hospitalization. No known precipitating factors or exacerbating factors. Pt. is currently on facility administered acetaminophen, IV ceftriaxone, and pantoprazole. Pain severity was a 10/10 at the ER but has currently subsided to a 6/10. Pt. is not sexually active and denies fever, urinary frequency, dyspnea, changes in mental state, palpitations, chills, nausea, or vomiting.

Past Medical History:

Ovarian cyst, controlled with rx.
Patient denies HTN, diabetes, asthma.

Past Surgical History:

No history of surgeries or hospitalizations.

Medications:

Norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel FE), PO, for ovarian cyst.

Allergies:

Denies seasonal, medical, food allergies.

Family History:

Father – deceased at age 87 due to cardiovascular disease.

Mother – alive and well at age 67, has HTN.

Social History:

Pt. is single and lives in Queens, NY.

Pt. works in Sales for the Tennis U.S. Open.

Smoking – Pt. denies smoking cigarettes or marijuana.

Illicit Drugs – Denies present use of drugs.

Alcohol – On the rare occasion a cup of wine and pt. states drinking socially.

Diet – Pt. states regular diet, no special diet followed.

Exercise – Pt. goes on walks about 3 times a week.

Caffeine – Denies the consumption of coffee or other caffeinated drinks.

Sleep – Pt. states she gets a lot of sleep, about 11-12 hours a day.

Travel – Pt. traveled to Colombia in January 2023.

Sexual Hx – Pt. is currently not sexually active. Denies any history of STIs.

Immunizations

Pt. reports having childhood immunizations and the COVID-19 vaccine (Johnson & Johnson) but no boosters. Denies the flu vaccine.

ROS

General– Reports fatigue. Denies loss of appetite fever, chills, weight loss, night sweats, weakness.

Skin, Hair, Nails – Denies skin or hair changes. Denies discolorations, pruritus, or moles.

Head – Denies HA, vertigo, or head trauma.

Eyes – Denies blurry vision or vision changes. Last eye exam unknown.

Ears – Denies pain or discharge.

Nose/sinuses – Denies pain, discharge, or difficulty nasal breathing.

Mouth/Throat – Denies sores, sore throat, or voice changes. Unknown last dental exam.

Neck – Denies swellings, pain, or stiffness.

Breast – Denies any pain, masses, or nipple discharge.

Respiratory– Denies dyspnea or respiratory changes.

CVS – Denies chest pain, palpitations, irregular HR, or lower extremity swelling.

GI –Denies abdominal pain, nausea, constipation, or change in appetite. Admits to increased bloating and flatulence.

GU – In correspondence with HPI, pt. admitted to urinary urgency, burning, and pelvic pain that has or is currently resolving. Pt. denies an STI.

Menstrual/Obstetrical – Not sexually active. Date of last normal period – approximately 02/08.

Never pregnant. Pt admits to regularly going to her OBGYN for scheduled check-ups. Pt. denies vaginal discharge.

Peripheral Vascular System – Denies intermittent claudication, edema, skin changes, or varicose veins.

Musculoskeletal – Denies weakness or muscle pain.

Nervous – Denies loss of strength or any seizures. Denies change in mental status or memory.

Hematologic system – Denies easy bruising. Denies bleeding or anemia.

Endocrine – Pt. denies excess sweating or abnormal hair growth in any region. Also denies polydipsia.

Psychiatric – Pt. states that due to hospitalization she now feels anxious with a sense of fear. It is her first hospitalization, and she is dealing with uncertainty specifically whether her illness is resolving or not. Doesn't have a history of taking psychiatric medications.

Physical:

Vitals

BP: 127/87 right arm, seated.

125/85 left arm, supine.

RR: 13 breaths/min, unlabored, regular breathing.

Pulse: 88 beats/min, regular

Temp: 98.5F, oral

Height: 5'3"

O2 Sat: 99% room air

Weight: 137 lbs.

BMI: 24.3 kg/m²

General: Pt. appears of age, good posture, well groomed, alert & oriented x 3, responding to all questions without trouble or discomfort.

Skin: Skin is warm & moist. Good turgor. Non-icteric. No lesions, bruising, or scars on the upper extremities and back. No tattoos noted.

Hair: Long black hair. Normal texture, quantity, and distribution. No lice. No seborrheic dermatitis.

Nails: No clubbing, cap refill <2 seconds in both upper extremities. No splinter hemorrhages noted. No signs of trauma or swelling. No Beau's lines.

Head: Normocephalic, atraumatic. No lesions or discoloration seen on scalp. Non tender to palpation throughout the head.