Alena Rakhman
H&P #1
Rotation 1 – Emergency Medicine

Location: Brookdale Hospital Emergency Department
Date: 1/22/19
Time: 7:55AM

CC: shortness of breath x5 hours

HPI

79 y/o male, former smoker w/ pmhx of COPD, CAD, DM2, ESRD on hemodialysis via AV fistula, presents to the ED c/o SOB and CP that woke him up from sleep at 3AM. Pt reports that the CP lasted about 1 minute and then resolved but the SOB persisted and became worse over time. Pt reports usually sleeping on 2 pillows, denies being intubated in the past, does not have oxygen therapy at home, and gets short of breath after walking short distances. Pt also reports rhinorrhea, congestion, and nonproductive cough x2 weeks and abdominal distention x1week, without pain. He started dialysis 3 years ago, last dialysis was on Saturday 1/19/19, and scheduled for dialysis today. Pt reports seeing PCP in early January but denies seeing a pulmonologist. Denies fever, chills, HA, lightheadedness, syncope, visual disturbance, numbness, tingling, syncope, palpitations, murmurs, wheezing, abdominal pain, n/v/d/c, recent travel, or sick contacts.

Differential Diagnosis

- COPD exacerbation
- PE
- MI/ACS
- CHF
- PNA
- Pneumothorax
- Pericardial effusion
- Aortic stenosis
- Electrolyte abnormalities
- URI
- Anemia

PMH

- COPD x19 years
- CAD x10 years
- DM2 x28 years
- ESRD x3 years

Immunizations

- UTD
- Flu vaccine this year

Past surgical hx

None

Past hospitalizations

None

Medication

Pump inhaler for COPD (pt unable to recall medication name)
Pt unable to recall names of remainder of his medication

Allergies

Lisinopril → rash

Family history

Mother → died from COPD, 85

Father → died from natural causes, 78
Grandfather (maternal) → pt doesn't know
Grandmother (maternal) → pt doesn't know
Grandfather (paternal) → pt doesn't know
Grandmother (paternal) → pt doesn't know
No children

Social History

Pt is currently retired, used to work in sanitation for NYC. Pt is not married and it not sexually active. Pt is a former smoker x9 year smoking, quit 54 years ago. Pt reports past history of heavy alcohol abuse prior to dialysis. Denies illicit drug use. Pt does not have a specific diet or exercise regimen.

ROS

General
- denies recent weight loss or gain, loss of appetite, generalized weakness/fatigue, fever or chills, or night sweats

Skin, hair and nails
- denies change in texture, excessive dryness or sweating, discolorations, pigmentations, moles/rashes, pruritus, or changes in hair distribution

Head
- denies HA, vertigo, or head trauma

Eyes
- does not remember date of last eye exam; denies visual disturbance, lacrimation, photophobia, or pruritus

Ears
- denies deafness, pain, discharge, tinnitus, or use of hearing aids

Nose/Sinuses
- **congestion and rhinorrhea;** denies epistaxis or obstruction

Mouth and throat
- does not remember date of last dental exam; denies bleeding gums, sore tongue, sore throat, mouth ulcers, voice changes, or use of dentures

Neck
- denies localized swelling/lumps, or stiffness/decreased range of motion

Breast
- denies lumps or pain

Pulmonary System
- **SOB, DOE, orthopnea, cough and wheezing;** denies hemoptysis, cyanosis, or PND

Cardiovascular System
- **CP;** denies palpitations, HTN, irregular heartbeat, edema/swelling of ankles or feet, syncope or known heart murmur

Gastrointestinal System
- **abdominal distention;** denies change in appetite, intolerance to specific foods, nausea, vomiting, dysphagia, pyrosis, flatulence, eructations, abdominal pain, constipation, diarrhea, change in bowel habit, hemorrhoids, or melena

Genitourinary System
- **last prostate exam was 9 yrs ago (normal);** denies urinary frequency, urinary urgency, flank pain, nocturia, oliguria, polyuria, dysuria, incontinence, hesitancy or dribbling

Nervous System
- denies HA, seizures, loss of consciousness, sensory disturbances, ataxia, loss of strength, change in cognition/mental status/memory, or weakness

Musculoskeletal System
- denies muscle/joint pain, deformity/swelling, redness, or arthritis

Peripheral Vascular System
- denies intermittent claudication, coldness or trophic changes, varicose veins, peripheral edema, or color change

Hematologic System
- denies easy bruising or bleeding, hx of blood transfusions, lymph node enlargement, or history of DVT/PE

Endocrine System
- denies polyuria/polydipsia/polyphagia, heat or cold intolerance, goiter, excessive sweating, or hirsutism

Psychiatric
- denies anxiety, depression/sadness, obsessive/compulsive disorder, or seeing a mental health professional

Physical Exam

Pt is AOx3, looks stated age, well-nourished, medium build and well-developed w/ appropriate hygiene and motor activity. Pt is sitting up in bed with O2 being administered via nasal cannula and does not appear in distress.

Vitals

BP → 158/92
HR → 92
RR → 20
Temp → 98.2 F (oral)
SpO2 → 99% (room air) O2 NC
BMI → 24.8

HEENT

Skin

warm and moist, good turgor; nonicteric, no lesions noted, no scars, or tattoos; **AV fistula on R upper arm**

Hair

average quantity and distribution

Nails

no clubbing, capillary refill <2 sec throughout

Head

normocephalic, atraumatic, non-tender to palpation throughout

Eyes

symmetrical OU; no evidence of strabismus, exophthalmos or ptosis; sclera white; conjunctiva & cornea clear; visual fields full OU; PERRL; EOMs full with no nystagmus

Ears

symmetrical and normal size; no evidence of lesions/masses/trauma on external ears. No discharge/foreign bodies in external auditory canals AU. TM's pearly white/intact with light reflex in normal position AU

Nose

symmetrical, no obvious masses/lesions/deformities/trauma/discharge. Nares patent bilaterally/nasal mucosa pink & well hydrated. No discharge noted on anterior rhinoscopy. Septum midline without lesions/deformities/injection/perforation. No evidence of foreign bodies

Sinuses

non-tender to palpation and percussion over bilateral frontal, ethmoid and maxillary sinuses

Lips

pink, moist; no evidence of cyanosis or lesions. Non-tender to palpation

Mucosa

pink; well hydrated. No masses; lesions noted. Non-tender to palpation. No evidence of leukoplakia

Palate

pink; well hydrated. Palate intact with no lesions/masses/scars. Non-tender to palpation

Teeth

Good dentition, no obvious dental caries noted

Gingivae

pink; moist. No evidence of hyperplasia/masses/lesions/erythema or discharge. Non-tender to palpation.

Tongue

pink; well papillated; no masses, lesions or deviation noted. Non-tender to palpation

Oropharynx

well hydrated; no evidence of exudate/masses/lesions/foreign bodies. Tonsils present with no evidence of injection or exudate. Uvula pink, no edema, lesions

Neck

trachea midline. No masses, lesions, scars, pulsations noted. Supple, non-tender to palpation. Full ROM; no stridor noted. 2+ Carotid pulses, no thrills or bruits noted bilaterally, no palpable adenopathy noted

Thyroid

non-tender, no palpable masses, no thyromegaly

Chest

symmetrical, no deformities, no evidence trauma. No use of accessory muscles noted. Lat to AP diameter 2:1. Non-tender to palpation.

Lungs

expiratory vs inspiratory ??

mild wheezing, tachypnea and decreased breath sounds b/l. Chest expansion and diaphragmatic excursion symmetrical. Tactile fremitus intact throughout.

Heart

JVP is 3.2 cm above the sternal angle with the head of the bed at 30°. PMI in 5th ICS in mid-clavicular line. Carotid pulses are 2+ bilaterally without bruits. S1 and S2 are normal. There are no murmurs or extra heart sounds

Abdomen

Distended w/ fluid wave and periumbilical tympany with dullness in the flanks w/ percussion. No evidence of masses, scars, striae, caput medusae or abnormal pulsations. BS present in all 4 quadrants. No bruits noted over aortic/renal/iliac/femoral arteries. No evidence of organomegaly. No evidence of guarding or rebound tenderness. No CVAT noted bilaterally

Peripheral Vascular

Skin normal in color and warm to touch upper and lower extremities bilaterally. No calf tenderness bilaterally, equal in circumference. Homan's sign not present bilaterally. No palpable cords or varicose veins bilaterally. No palpable inguinal or epitrochlear adenopathy. No cyanosis, clubbing/edema noted bilaterally

Mental Status

Alert and oriented to person, place and time. Memory and attention intact. Receptive and expressive abilities intact. Thought coherent. No dysarthria, dysphonia or aphasia noted

Motor/Cerebellar

Full active/passive ROM of all extremities without rigidity or spasticity. Normal muscle bulk and tone. No atrophy, tics, tremors or fasciculations. Strength equal and appropriate for age bilaterally (5/5 throughout). No asteristix

Assessment

79 y/o male, former smoker w/ pmhx of COPD, CAD, DM2, ESRD on hemodialysis via AV fistula, presented to the ED c/o SOB and CP that woke him up from sleep at 3AM. Vital signs WNL. Dyspneic on PE, decreased breath sounds b/l and mild wheezing. R/o COPD exacerbation, CHF and volume overload needing hemodialysis. Possible underlying PNA or ACS.

Does not match PE findings.

Plan

- CBC
- BMP
- Troponin
- VBG
- BNP
- CXR
- EKG
- Evaluate for dialysis
- O2
- Hep B surface antigen
- DuoNeb 0.5-2.5mg/3mL
- Solu-Medrol 125 mg

Labs

CBC

WBC		9.30
RBC		**3.59 ↓**
HBG		**10.8 ↓**
HCT		**33.1 ↓**
MCV		92.3
MCH, POC		30.0
MCHC	32.5	
Red Cell Distribution	**17.6 ↑**	
MPV		**7.0 ↓**
Platelets		209

Automated Differential

Neutrophils Auto		**76.0 ↑**
Lymphocytes Auto		**11.5 ↓**
Monocytes Auto	9.8	
Eosinophils Auto		2.0

Basophils Auto		0.7
Neutrophils Absolute	**7.00 ↑**	
Lymphocytes Absolute		1.10
Monocytes Absolute		0.90
Eosinophils Absolute		0.20
Basophils Absolute		0.10
Coagulation		
Prothrombin time		10.8
INR		0.96
PTT		30.4
General Chemistry		
Glucose		**187 ↑**
BUN		**56.0 ↑**
Creatinine		**8.44 ↑**
Sodium	139	
Potassium		4.7
Chloride		**96 ↓**
CO2		**31 ↑**
Calcium		10.3
Anion Gap		12.00
Anion Gap with K		16.70
Protein, total		6.9
Albumin		4.0
Bilirubin, Total	0.7	
ALT		31
AST		29
Alkaline Phosphatase		100.0
Magnesium		2.3
Bilirubin, Direct		0.3
Estimated Glomerular Filtration Rate		
GFR MDRD Non Af Amer		6
GFR MDRD Af Amer	7	
Creatine Kinase Total		96
Troponin I		0.033
PBNP		**8740.0 ↑**
Hepatitis		
Hepatitis B Surface Antigen		negative
Hepatitis C Ab		negative
EKG		unremarkable
CXR		unremarkable

no sign infiltrate noted.

Refined assessment → COPD exacerbation due to fluid overload

- O2 administered
- DuoNeb 0.5-2.5mg/3mL & Solu-Medrol 125 mg administered
- Scheduled hemodialysis at the hospital facility
- Prescription for prednisone burst 40-60mg PO x3-5 days
- Follow up w/ PCP before taper is completed
- Referral to pulmonologist
- Discharge

Patient Education/Follow-up care

Chronic Obstructive Pulmonary Disease (COPD) is a serious condition that gets worse over time. COPD is a progressive, largely irreversible airflow obstruction due to loss of elastic recoil and increased airway resistance. A COPD exacerbation means that your symptoms suddenly get worse. It is important to avoid exacerbation because it can cause more lung damage.

Some of the ways to prevent exacerbations is to not smoke, avoid secondhand smoke, follow up with a specialist (pulmonologist), take your medication as directed, protect yourself from germs, drink more liquids, and be up to date with

your vaccination. Common exacerbation triggers include pollutants, bronchospasm, cardiopulmonary disease, and infections such as bronchitis and pneumonia.

We are prescribing you medication called prednisone burst 40-60mg PO x3-5 days and you should follow-up with your primary care doctor in less than a week. We will also schedule you for dialysis today and will give you a referral to see a pulmonologist.

Return to the ED if you are using a nebulizer more than q4h, fever, worsening shortness of breath, dizziness or lightheadedness, confusion, or any other new or concerning symptoms.