

Alena Rakhman  
H&P #2  
Rotation 1 – Emergency Medicine

Location: Brookdale Hospital Emergency Department

Date: 1/26/19

Time: 4:36 PM

CC: fatigue and light-headedness x1 week

#### HPI

45 y/o F with no known PMHx presents to the ED c/o fatigue and light-headedness x1 week. Fatigue is generalized, and she has SOB on exertion. Pt states that her LMP was on 1/18/19, and that it hasn't stopped since. Her period is usually regular, lasting 5-6 days, and heavy, requiring up to 8 pads/day. Pt has not been sexually active in the past year and denies use of any contraceptives. Pt does not see a Gyn specialist, and her last PCP visit was 2 years ago, which was unremarkable. Pt also reports that her gums sometimes bleed when she brushes her teeth. Denies fever, chills, n/v/d/c, abd pain, diaphoresis, change in weight, HA, confusion, change in vision, syncope, numbness, tingling, CP, palpitations, cough, wheezing, hematuria, hematochezia, melena, back pain, arthralgias, dysuria, urinary frequency/urgency, vaginal d/c, hx of PID, hx of STIs, hx of blood transfusions, seizures, pica, recent travel, or sick contacts.

#### Differential Diagnosis

- Anemia
- Arrhythmia
- PE
- PNA
- Hypoglycemia
- Electrolyte abnormality
- Drug Overdose
- Spontaneous abortion
- Endometrial cancer
- Fibroids
- Foreign body

#### PMH

No pertinent past medical history

#### Immunizations

No flu shot this year, otherwise UTD

#### Past surgical hx

No pertinent surgical history

#### Past hospitalizations

No pertinent hospitalization history

#### Medication

No known current medications

#### Allergies

No known allergies

#### Family history

Mother → alive and well, 73

Father → died from natural causes, 79

Grandfather (maternal) → pt doesn't know

Grandmother (maternal) → pt doesn't know cause of death, hx of HTN and DM2

Grandfather (paternal) → pt doesn't know



Grandmother (paternal) → pt doesn't know  
No children

### Social History

Pt is currently unemployed and lives with her mother. Pt is not married and has not been sexually active in the past year. Denies smoking cigarettes, alcohol abuse or illicit drug use. Pt does not have a specific diet or exercise regimen, and sleeps on average 6 hours per night.

### ROS

#### *General*

- **generalized weakness/fatigue**; denies recent weight loss or gain, loss of appetite, 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*

- denies congestion, rhinorrhea, epistaxis or obstruction

#### *Mouth and throat*

- **bleeding gums**; does not remember date of last dental exam; denies 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, nipple discharge, pain, or ever getting a mammogram

#### *Pulmonary System* *excluded by ppa*

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

#### *Cardiovascular System*

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

#### *Gastrointestinal System*

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

#### *Genitourinary System*

- denies urinary urgency, urinary frequency, flank pain, nocturia, oliguria, polyuria, dysuria, incontinence, or awakening at night to urinate

#### *Menstrual and Obstetrical*

- **menorrhagia**; LMP 1/18/19, 28-day interval b/w periods; denies metrorrhagia, dysmenorrhea, premenstrual symptoms, postcoital bleeding, vaginal d/c, dyspareunia, previous pregnancies

#### *Nervous System*

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

#### *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

#### General Assessment



Pt is AOx3, looks younger than stated age, small build. She appears well-developed and well-nourished. Does not appear in distress.

#### Vitals

BP → 132/82  
HR → 132  
RR → 18  
Temp → 98.2 F (oral)  
SpO2 → 98% (room air)  
BMI → 23.1

#### HEENT

##### Skin

**warm and dry, pallor throughout;** good turgor, nonicteric, no lesions noted, no scars/rash/tattoos/erythema, non-diaphoretic

##### Hair

average quantity and distribution

##### Nails

**capillary refill >2 sec throughout;** no clubbing

##### Head

normocephalic, atraumatic, non-tender to palpation throughout

##### Eyes

**paleness of conjunctivae;** symmetrical OU, no evidence of strabismus/exophthalmos/ptosis, sclera white, cornea clear, visual fields full OU, PERRLA, EOMs full w/o 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

**paleness of nasal mucosa;** symmetrical, no obvious masses/lesions/deformities/trauma/discharge, nares patent bilaterally, 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

*feeling*  
**dry peeling lips;** no evidence of cyanosis or lesions, non-tender to palpation

##### Mucosa

**pallor of buccal mucosa;** no masses/lesions noted, non-tender to palpation, no evidence of leukoplakia

##### Palate

**pallor;** palate intact with no lesions/masses/scars, non-tender to palpation

##### Teeth

**poor dentition, numerous dental caries noted**

##### Gingivae

**pallor;** no evidence of hyperplasia/masses/lesions/erythema or discharge, non-tender to palpation

##### Tongue

pink, well papillated, no masses/lesions/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

##### Chest

symmetrical, no deformities/evidence trauma/use of accessory muscles, Lat to AP diameter 2:1, non-tender to palpation

##### Lungs

clear to auscultation and percussion bilaterally, chest expansion and diaphragmatic excursion symmetrical, tactile fremitus intact throughout, no adventitious sounds

##### Heart

JVP is 2.7 cm above the sternal angle, PMI in 5<sup>th</sup> ICS in mid-clavicular line, carotid pulses are 2+ bilaterally without bruits, S1/S2 ~~are normal~~, no murmurs/extra heart sounds

##### Abdomen

*S<sub>1</sub> S<sub>2</sub> tachycardic*



flat & symmetrical, no evidence of striae/caput medusae/abnormal pulsations, BS present in all 4 quadrants, no bruits noted over aortic/renal/iliac/femoral arteries, tympany to percussion throughout, non-tender to percussion or to light/deep palpation, no evidence of organomegaly/masses, no evidence of guarding/rebound tenderness, no CVA tenderness b/l

Female genitalia

normal pubic hair pattern, no erythema/inflammation/ulcerations/lesions/discharge noted, Bartholin's glands/urethra/Skene's gland WNL; **small amount of vaginal bleeding is noted mostly consistent of blood clots and mucus**; no active bleeding, nulliparous cervix without lesions, no cervical motion tenderness, adnexa without masses or tenderness

Peripheral Vascular

**skin is pale in color and dry to touch in upper and lower extremities b/l**; no calf tenderness b/l, equal in circumference, negative Homan's sign b/l, no palpable cords or varicose veins b/l, no palpable inguinal or epitrochlear adenopathy, no cyanosis, clubbing/edema noted b/l

*Uterus ? size, any tenderness, location*

Assessment

45 y/o F with no known PMHx presents to the ED c/o generalized fatigue and light-headedness x1 week, SOB on exertion, menorrhagia, and occasional bleeding gums s/p brushing. She is tachycardic, and on PE there is pallor of the skin throughout, skin and lips are dry, paleness of conjunctivae/nasal mucosa/gingivae, and vaginal bleeding on pelvic examination are noted. R/o anemia, spontaneous abortion, and arrhythmia.

Plan

- CBC w/ platelet and differential
- BMP
- Hepatic function panel
- PT-INR
- PTT
- Type and Screen
- UA
- Urine pregnancy
- Urine Drugs of Abuse screen
- Maintain IV access/saline lock
- EKG 12 lead
- Point of care testing (POCT) glucose
- CXR

Labs

CBC

WBC	10.50 ↑
RBC	2.62 ↓
HBG	3.9 ↓↓
HCT	14.7 ↓↓
MCV	56.2 ↓
MCH, POC	15.1 ↓
MCHC	26.8 ↓
Red Cell Distribution	37.2 ↑
MPV	8.0
Platelets	678 ↑

Automated Differential

Neutrophils Auto	79.9 ↑
Lymphocytes Auto	15.1 ↓
Monocytes Auto	4.1 ↓
Eosinophils Auto	0.0 ↓
Basophils Auto	0.9
Neutrophils Absolute	8.40 ↑
Lymphocytes Absolute	1.60
Monocytes Absolute	0.40
Eosinophils Absolute	0.00
Basophils Absolute	0.10
Smear Review	Completed



Morphology

Hypochromia	1+
Polychromasia	1+
Microcytic	1+
Macrocytic	1+
Anisocytosis	2+
Poikilocytosis	2+
Tear Drop Cells	1+
Stomatocytes	1+
Ovalocytes	1+

Coagulation

<b>Prothrombin time</b>	<b>13.1 ↑</b>
INR	1.17
PTT	30.2

General Chemistry

<b>Glucose</b>	<b>114 ↑</b>
BUN	11.0
Creatinine	0.61
Sodium	137
<b>Potassium</b>	<b>3.4 ↓</b>
Chloride	100
CO2	23
Calcium	9.6
Anion Gap	14.00
<b>Anion Gap with K</b>	<b>17.40 ↑</b>
Protein, total	7.5
Albumin	4.3
Bilirubin, Total	0.6
ALT	21
AST	20
Alkaline Phosphatase	66.0
Bilirubin, Direct	0.1

Estimated Glomerular Filtration Rate

GFR MDRD Non Af Amer	>60
GFR MDRD Af Amer	>60

Urinalysis

Color, UA	yellow
Appearance	cloudy
Specific Gravity, UA	1.020
pH, UA	6.5
<b>Protein, UA</b>	<b>trace</b>
Glucose, UA	negative
<b>Ketones</b>	<b>15</b>
Bilirubin, UA	negative
<b>Blood, UA</b>	<b>moderate</b>
Nitrite, UA	negative
Urobilinogen, UA	1.0
<b>Leukocytes, UA</b>	<b>trace</b>
Microscopy	indicated
WBC, UA	10-15
RBC, UA	0.3
<b>Epithelial Cells</b>	<b>moderate</b>
<b>Bacteria, UA</b>	<b>moderate</b>
Casts, fine granular	0-1
Mucous threads	many

Urine Chemistry/Toxicology

UR Cocaine Screen	negative
Opiate Screen, Urine	negative



PCP Screen, Ur	negative
Cannabinoid Screen, Ur	negative
Barbiturate Screen, Ur	negative
Benzodiazepine Screen, Ur	negative
UR Amphetamine Screen	negative
UR Methadone Screen	negative

Urine Pregnancy

HCG, Ur	negative
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Blood Bank

ABO Group	B
RH Type	Positive
Antibody Screen	Negative

Point of Care Testing

POC Glucose	114
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EKG

sinus tachycardia rhythm, otherwise normal EKG

CXR

no infiltrate noted

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Refined assessment → iron deficiency anemia due to menorrhagia

- Admit/Observation
- Blood transfusion
- Ferrous sulfate 325mg PO daily
- Vitamin C supplements (to increase Fe absorption)
- Colace 50-300 mg PO daily for constipation
- F/u w/ PCP
- F/u w/ ObGyn

① Symptomatic Anemia  
secondary to  
menorrhagia

Patient Education/Follow-up care

Anemia is a condition in which the amount of hemoglobin in the blood, or the number of red blood cells, is reduced to below-normal levels. Hemoglobin is an iron-containing protein found in red blood cells that aids the transport of oxygen from the lungs to the body tissues. This means that if you are anemic, your body is less able to transport oxygen.

Anemia can cause symptoms of fatigue, lethargy, breathlessness on exertion, dizziness, palpitations, and headache. Some people will not have any symptoms.

In your case, excessive menstruation can lead to iron deficiency anemia due to chronic blood loss. Iron deficiency anemia occurs as your body attempts to make up for the lost red blood cells by using your iron stores to make more hemoglobin, which can then carry oxygen on red blood cells. Menorrhagia may decrease iron levels enough to increase the risk of iron deficiency anemia.

Since your blood work showed very low levels of hemoglobin & hematocrit, it is pertinent for you to receive a blood transfusion and be observed for a period of time. Otherwise without treatment, you might lose consciousness and might fall, which might cause bleeding inside your brain, or if you continue to lose blood, you might have a heart attack. It is pertinent that you follow-up with your primary care doctor and an Ob/Gyn specialist to determine the cause of heavy menstrual bleeding and management. You are being prescribed 2 types of medication, ferrous sulfate and vitamin C in order to improve your symptoms, please take as directed.

Return if you have increased bleeding, lightheadedness, shortness of breath, fevers, severe pain, or any other concerning symptoms.