

Alena Rakhman

H&P #3

Rotation 1 – Emergency Medicine

Location: Brookdale Hospital Emergency Department

Date: 1/26/19

Time: 5:34 PM

CC: knee pain x2 days

HPI

22 y/o M w/ no PMHx presents to the ED c/o left knee pain x2 days. States that the pain is sharp, non-radiating, 10/10, and began suddenly last night. Pt took 2 doses of over the counter Tylenol today (unknown dose) w/ no relief. Pt also reports pain and minimal swelling to his left ankle last week, which went away after using Epsom salt and ice. Pt works at CVS as a cashier, often stands on his feet and walks around during the day for long period of time. No DVT risk factors. Denies trauma, physical overuse, fever, chills, n/v/d/c, diaphoresis, HA, confusion, visual changes, decrease in sensation, numbness, tingling, CP, palpitations, SOB, wheezing, being sexually active, rashes, bruising, dysuria, urinary frequency/urgency, discharge, back pain, recent travel including airplane travel, sick contacts, and smoking hx.

Differential Diagnosis

- Musculoskeletal pain
- Gout
- Pseudogout
- Septic arthritis
- Gonococcal arthritis
- DVT
- Cellulitis
- Abscess
- Fracture
- Dislocation
- Sprain
- Baker's cyst
- Bone CA

PMH

No pertinent medical history

Immunizations

UTD

Past surgical hx

No pertinent surgical history

Past hospitalizations

No pertinent hospitalization history

Medication

None

Allergies

No known allergies

Family history

Mother → alive and well, 54

Father → alive and well, 52

Grandfather (maternal) → alive and well, 79

Grandmother (maternal) → alive and well, 84

Grandfather (paternal) → pt doesn't know

Grandmother (paternal) → pt doesn't know

Social History

Pt is a college student, and lives at home with his parents. Pt is a cashier at CVS and spends a prolonged amount of time on his feet. Pt is not sexually active. Denies smoking cigarettes, drinking alcohol, or illicit drug use. Pt doesn't 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

- 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

- denies bleeding gums, sore tongue, sore throat, mouth ulcers, or voice changes

Neck

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

Breast

- denies lumps or pain

Pulmonary System

- denies SOB, 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 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

- **arthralgia of LT knee**; denies 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, appears well-developed and well-nourished w/ appropriate hygiene. Appears to be in distress.

Vitals

BP → 126/71

HR → 109

RR → 16
Temp → 98.5 F (oral)
SpO2 → 98% (room air)
BMI → 31.1

HEENT

Skin warm and moist, good turgor, nonicteric, no lesions/scars/tattoos noted

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/ptosis, sclera white, conjunctiva & cornea clear, visual fields full OU, PERRLA, 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/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/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/bruits noted bilaterally, no palpable adenopathy noted

Thyroid non-tender, no palpable masses, no thyromegaly

Chest symmetrical, no deformities/evidence of trauma, respirations unlabored/no paradoxical respirations or use of accessory muscles noted, 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 <3cm 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/S2 are normal, no murmurs/extra heart sounds

Abdomen

flat, symmetrical, no evidence of striae/caput medusae/abnormal pulsations/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/rebound/CVA tenderness

Peripheral Vascular

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

Musculoskeletal system

No soft tissue swelling, erythema, ecchymosis, atrophy, or deformities in bilateral upper and lower extremities, **tenderness of medial joint line of the left knee, no mechanical limitation of ROM but limited by pain;** no crepitus throughout, no evidence of spinal deformities

Assessment

22 y/o M w/ no PMHx and no smoking hx presents to the ED c/o sharp, non-radiating, 10/10, left knee pain that began suddenly last night. R/o fracture, low suspicion of gout/pseudogout (not typical for age, no known risk factors or hx), septic arthritis (lack of risk factors and no findings on exam), DVT (low risk according to Wells' Criteria, negative Homan's sign and Thompson test), cellulitis/abscess (no erythema/swelling/change in color/pus drainage), medial collateral ligament sprain (lack of trauma at high speed), and bone CA (no associated sx's or hx, sudden onset). Tachycardia likely due to pain, otherwise vital signs unremarkable.

Plan

- Toradol for pain
- XR Knee Left AP and Lateral
- XR ankle Left AP Lateral and Oblique (not standing)
- VAS Venous Duplex Lower Extremity Bilateral
- Ortho consult

Imaging

XR Knee Left AP and Lateral → **no fx noted**

XR ankle Left AP Lateral and Oblique (not standing) → **no fx noted**

VAS Venous Duplex Lower Extremity Bilateral → **no evidence of acute DVT of the left lower extremity is demonstrated**

Refined assessment → musculoskeletal pain in left knee, unspecified

- Ace wrap of left knee
- Tylenol/Ibuprofen for pain as needed
- RICE instructions (Rest/Ice/Compression/Elevation)
- Ortho f/u
- PCP f/u

Patient Education/Follow-up care

Knee pain may start suddenly, or it may be a long-term problem. You may have pain on the side, front, or back of your knee. You may have knee stiffness and swelling. You may hear popping sounds or feel like your knee is giving way or locking up as you walk. You may feel pain when you sit, stand, walk, or climb up and down stairs. Knee pain can be caused by conditions such as obesity, inflammation, or strains or tears in ligaments or tendons.

Return to the emergency department if your pain is worse, you cannot bend or straighten your leg completely, the swelling around your knee does not go down even with treatment, your knee is painful and hot to the touch.

RICE instructions:

→ **Rest** your knee so it can heal - Limit activities that increase your pain. Do low-impact exercises, such as walking or swimming.

→ Apply **ice** to help reduce swelling and pain - Use an ice pack or put crushed ice in a plastic bag. Cover it with a towel before you apply it to your knee. Apply ice for 15 to 20 minutes every hour, or as directed.

→ Apply **compression** to help reduce swelling - Use a brace or bandage only as directed.

→ **Elevate** your knee to help decrease pain and swelling - Elevate your knee while you are sitting or lying down. Prop your leg on pillows to keep your knee above the level of your heart.

Take over the counter pain medication as directed. Follow-up with an orthopedic specialist and your primary care provider.

