

Alena Rakhman
H&P #1
Rotation 4 – Surgery

Location: Queens Hospital Center

Date: 5/1/19

Time: 8:00AM

CC: “abdominal pain” x2 months

HPI

39 y/o Hispanic F w/ PMHx of psoriasis presents to Queens Hospital Center for a scheduled elective laparoscopic cholecystectomy possibly open surgery after presenting to the ED x2 in the past 2 months c/o abdominal pain. Pt first presented to the ED on 3/13/19 c/o abdominal pain x3 weeks. Pain was localized to the RUQ, intermittent, sharp, 7/10, radiating to the back, and constant for the past 2 days. Pain was worse at night and a few hours after eating. Pt also reported nausea and vomiting x1 the night before, which was NBNB. She has been taking Motrin without relief. Additionally, she presented to the ED on 3/17/19 c/o epigastric and RUQ burning and stabbing 9/10 pain after eating, similar in nature to the last episode. Pain was aggravated w/ eating any type of food, alleviated w/ taking antacid medications but not w/ Tylenol. She also reported nausea, vomiting x2, NBNB. Pt was given IV fluids, Pepcid, Zofran, pain medication in the ED and was discharged home once the pain subsided and she was able to tolerate clear liquids. Pt was instructed to adhere to dietary restrictions, avoiding oily, fatty, fried foods and large meals. Pt was also instructed to follow-up with outpatient surgery clinic at QHC on 4/22/19 where she was scheduled for laparoscopic cholecystectomy for today. She did not eat or drink as instructed before the surgery. Denies fever, chills, diarrhea, constipation, CP, SOB, dysuria, numbness, weakness, dizziness, bowel/urinary incontinence, hematochezia, hemoptysis, LOC, recent travel or sick contacts.

Differential Diagnosis

- Biliary colic
- Acute cholecystitis
- Peptic ulcer
- Pancreatitis
- Pregnancy
- Appendicitis

PMH

Psoriasis

Immunizations

Up to date, including Influenza vaccine

Past surgical hx

No pertinent surgical history

Past hospitalizations

No pertinent hospitalization history

Medication

- Clobetasol (Temovate) 0.05% ointment BID daily
- Fluocinonide (Lidex) 0.05% topical solution weekly PRN
- Esomeprazole (Nexium) 40 mg packet PO every morning before breakfast

Allergies

No known medication, food or environmental allergies

Family history

Mother → alive and well, 69
Father → alive and well, 73
Grandfather (maternal) → pt doesn't know
Grandmother (maternal) → pt doesn't know

Grandfather (paternal) → pt doesn't know
Grandmother (paternal) → pt doesn't know

Social History

- Pt has never been married and lives with her boyfriend in a 2-story house in Queens.
- Occupation – cashier at a grocery store.
- Habits – denies hx of smoking cigarettes or illicit drug use. Consumes about 1 glass of wine per week.
- Education – college.
- Diet – regular diet but in big portions.
- Exercise – walks to work for about 15 min daily one way.
- Safety measures – admits to wearing a seatbelt.
- Sexual hx – is currently sexually active with 1 male partner, her boyfriend. Does not take OCP but uses condoms. Denies hx of STIs.

ROS

General

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

Skin, hair and nails

- **states she has excessive dryness (hx of psoriasis);** denies change in texture, excessive 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; does not remember date of last eye exam

Ears

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

Nose/Sinuses

- denies congestion, rhinorrhea, epistaxis or obstruction

Mouth and throat

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

Neck

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

Breast

- denies lumps, nipple discharge, pain or ever getting a mammogram

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

- **states she has had episodes of abdominal pain, nausea and vomiting after eating large meals;** denies change in appetite, intolerance to specific foods, dysphagia, pyrosis, flatulence, eructations, 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

- LMP 4/15/19, regular; denies menorrhagia, metrorrhagia, dysmenorrhea, premenstrual symptoms, postcoital bleeding, vaginal d/c, dyspareunia or previous pregnancies

Nervous System

- denies HA, seizures, loss of consciousness, sensory disturbances, ataxia, weakness, 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 (unperformed physical exam underlined)

Pt is AOX3, looks stated age, appears well-developed and well-nourished w/ appropriate hygiene. She does not appear to be in distress.

Vitals

BP → 138/90
HR → 89
RR → 18
Temp → 98.2 F (oral)
SpO2 → 98% (room air)
BMI → 33

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 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, negative Murphy's sign

Rectal (not performed)
 Female genitalia (not performed)

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, no palpable cords/varicose veins b/l, no palpable inguinal or epitrochlear adenopathy, no cyanosis, clubbing or edema noted b/l

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.

Cranial Nerves
I - Intact no anosmia.
II- VA 20/20 bilaterally. Visual fields by confrontation full. Fundoscopic + red light reflex OS/OD, discs yellow with sharp margins. No AV nicking, hemorrhages or papilledema noted.
III-IV-VI- PERRL, EOM intact without nystagmus.
V- Facial sensation intact, strength good. Corneal reflex intact bilaterally.
VII- Facial movements symmetrical and without weakness.
VIII- Hearing grossly intact to whispered voice bilaterally. Weber midline. Rinne AC>BC.
IX-X-XII- Swallowing and gag reflex intact. Uvula elevates midline. Tongue movement intact.
XI- Shoulder shrug intact. Sternocleidomastoid and trapezius muscles strong.

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 Pronator Drift. Gait normal with no ataxia. Tandem walking and hopping show balance intact. Coordination by RAM and point to point intact bilaterally. Romberg negative.

Sensory
Intact to light touch, sharp/dull, vibratory, proprioception, point localization, extinction, stereognosis and graphesthesia testing bilaterally.

Reflexes

	R	L		R	L
Brachioradialis	2+	2+	Patellar	2+	2+
Triceps	2+	2+	Achilles	2+	2+
Biceps	2+	2+	Babinski	neg	
Abdominal	2+/2+	2+/2+	Clonus	negative	

Meningeal Signs
No nuchal rigidity noted. Brudzinski's and Kernig's signs negative.

Labs/Imaging

CBC and differential

	Ref Range & Units	3/17/19	3/13/19
WBC	4.5 – 11.0 K/mcL	11.2 ↑	10.5
RBC	4.00 – 5.20 M/mcL	4.81	4.88
HGB	12.0 – 16.0 gm/dL	13.7	13.7
HCT	36.0 – 46.0 %	40.5	41.2
MCV	80.0 – 100.0 fL	84.3	84.5

MCH	26.0 – 34.0 pg	28.4	28.0
MCHC	31.0 – 37.0 g/dL	33.7	33.1
MPV	7.4 – 10.4 fL	8.3	7.9
RDW	11.5 – 14.5 %	12.7	12.6
PLT	130 – 400 K/mcL	285	275
Neutrophil %	40.0 – 70.0 %	62.7	77.5 ↑
Lymphocyte %	22.2 – 43.6 %	27.8	16.9 ↓
Monocyte %	2.0 – 11.0 %	5.8	3.7
Eosinophil %	0.0 – 8.0 %	2.8	1.2
Basophil %	0.0 – 2.0 %	0.9	0.7
Neutrophil Abs	1.8 – 7.7 K/mcL	7.0	8.1 ↑
Lymphocyte Abs	1.0 – 4.8 K/mcL	3.1	1.8
Monocyte Abs	0.3 – 1.1 K/mcL	0.6	0.4
Eosinophil Abs	0.0 – 0.7 K/mcL	0.3	0.1
Basophil Abs	0.0 – 0.2 K/uL	0.1	0.1
NRBC Abs	<=0.00 K/mcL	0.00	0.01 ↑
NRBC %	<=0.0 %	0.0	0.0

CMP

	Ref Range & Units	3/17/19	3/13/19
BUN	6 – 23 mg/dL	9	13
Sodium	136 – 145 mmol/L	137	135 ↓
Potassium	3.5 – 5.1 mmol/L	4.2	4.3
Chloride	98 – 108 mmol/L	103	99
CO2	22 – 29 mmol/L	25	26
Glucose	74 – 110 mg/dL	107	141 ↑
Creatinine	0.50 – 0.90 mg/dL	0.68	0.63
Calcium	8.6 – 10.0 mg/dL	9.9	9.3
Total Protein	6.6 – 8.7 g/dL	7.6	7.6
Albumin	3.5 – 5.2 g/dL	4.5	4.5
Total Bilirubin	0.0 – 1.2 mg/dL	0.3	0.3
ALK PHOS	35 – 104 U/L	77	81
AST (SGOT)	5 – 32 U/L	14	14
ALT (SGPT)	0 – 33 U/L	17	16
Anion Gap	8 – 16 mEq/L	9	10
eGFR, Non-African - American	>= 60 ml/min/1.73m2	>60	>60

Beta-hCG, Urine (3/13/19)

Negative

Lipase

	Ref Range & Units	3/17/19	3/13/19
Lipase	13 – 60 U/L	40	47

Hepatic Function Panel

	Ref Range & Units	3/17/19	3/13/19
Albumin	3.5 – 5.2 g/dL	4.5	4.5
Total Protein	6.6 – 8.7 g/dL	7.8	7.6
Total Bilirubin	0.0 – 1.2 mg/dL	0.3	0.3
Direct Bilirubin	0.0 – 0.3 mg/dL	<0.2	<0.2
Alk Phos	35 – 104 U/L	78	81
ALT (SGPT)	0 – 33 U/L	17	16
AST (SGOT)	5 – 32 U/L	15	14

Type and Screen (3/13/19)

ABO Grouping	B
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Rh Factor	Positive
Antibody Screen	Negative

Shock Panel VBG (VBG plus Lytes – Na, K, Ca, Lactate, Cl, Glucose)

	Ref Range & Units	3/17/19
PH Venous	7.320 – 7.420	7.340
PCO2V	38.0 – 50.0 mmHg	51.4 ↑
PO2V	30.0 – 50.0 mmHg	27.2 ↓
HCO3V	22.0 – 28.0 mmol/L	27.0
BEV	-2.0 – 2.0 mmol/L	0.8
Ion Ca Ven	4.50 – 5.30 mg/dL	5.23
O2 Saturation Ven	60.0 – 80.0 %	41.9 ↓
Na Ven	136 – 146 mmol/L	140
K Ven	3.5 – 5.3 mmol/L	3.9
Cl Ven	98 – 110 mmol/L	108
Glu Ven	70 – 105 mg/dL	111 ↑
Lactate Ven	0.5 – 2.2 mmol/L	1.5
TCO2V	23.0 – 32.0 mmol/L	28.6
Total Oxygen Ven	%	8.9

CT abdomen and pelvis with contrast (3/17/19)

Impression: Trace pericholecystic fluid versus gallbladder wall edema, recommend clinical exclusion of cholecystitis with sonogram for further evaluation as clinically warranted.

Abdominal Sonogram (3/17/19)

Impression: Cholelithiasis. No significant gallbladder distention is seen. The gallbladder wall, however, appears thickened.

Surgical Pathology Exam (5/1/19)

Source	Type	Description
Gallbladder	Tissue	Stone

Assessment

39 y/o Hispanic F w/ PMHx of psoriasis w/ 2 ED visits in the past 2 months for epigastric and RUQ pain, that is intermittent, sharp/burning, worse after eating, nausea and vomiting. Presenting symptoms, PE, labs and imaging studies are most consistent w/ cholelithiasis, w/o cholecystitis or obstruction.

Plan

- laparoscopic cholecystectomy (possible open if complications)
- monitor post-surgery for complications in post-anesthesia care unit
- pain medication post-surgery
- docusate sodium to prevent constipation
- Home care instructions for incisions sites
- follow up in surgery clinic in 10 days

Patient Education/Follow-up care

- Today you underwent a laparoscopic cholecystectomy for your primary diagnosis of cholelithiasis, which means you had gallstones in your gallbladder which was causing you pain and your gallbladder was removed
- We are prescribing you 2 new medications:
 - 1) Acetaminophen-codeine (Tylenol #3) for pain – take 1-2 tablets by mouth every 4 hours as needed for up to 5 days, do not exceed daily amount of 10 tablets
 - 2) Docusate sodium (Colace) to prevent constipation – take 1 capsule by mouth 2 times a day for 10 days
- We have scheduled your next follow-up appointments:
 - 1) General Surgery
Friday May 10, 2019
Queens Hospital Center
718-883-3000
 - 2) Primary Care

Monday June 10, 2019 10:20 AM
Cumberland Parson Med Ctr MPC, 3rd floor
9037 Parsons Blvd
Jamaica NY 11432
718-334-6400

- After the surgery it is common to have:
 - o Pain at your incision site(s), for which we prescribed you medication in order to manage it
 - o Mild nausea or vomiting
 - o Bloating and possible shoulder pain from the air-like gas that was used during the procedure
- Home care plan you should follow includes:
 - o Remove outer bandage in 2 days and keep the area clean and dry
 - o Begin showering when dressing is removed, do not take baths and do not submerge the surgical incision
 - o Activity and ambulation as tolerated, avoid heavy lifting, pushing and pulling for 4-6 weeks
- Do not drive or operate heavy machinery while taking prescription pain medication
- Contact a health care provider if:
 - o You develop a rash, redness, swelling, or pain around your incision site(s)
 - o You have fluid or blood coming out from the incision site(s), it feels warm to the touch or if there is bad smell that is coming out
 - o You have a fever
 - o If your incision(s) break(s) open
- Get help right away, come to the Emergency Department or call 911 if you have:
 - o Trouble breathing
 - o Chest pain
 - o Increasing pain in your shoulders
 - o Feeling faint/dizzy when you stand
 - o Severe pain in your abdomen
 - o Nausea or vomiting that lasts for more than one day
 - o Leg pain