

Alena Rakhman
H&P #3
Rotation 5 – ObGyn

Location: Woodhull Medical Center

Date: 6/12/19

Time: 9:18 PM

Source of Info: self

CC: “abdominal pain” x1 day

HPI

32-year-old female G2P1001 with no significant past medical history presents to the ED complaining of lower abdominal pain x1 day. ObGyn consult was warranted. She describes the pain as suprapubic, constant, crampy, 9/10 in intensity, non-radiating, with no alleviating or aggravating factors. She is also complaining of scanty vaginal spotting for the past 2 hours, not requiring a sanitary pad change. Her last pregnancy was through in vitro fertilization due to blockage of ovarian tubes with normal spontaneous vaginal delivery without complications. Pt states that the current pregnancy is a wanted pregnancy. Her last menstrual period was on 4/25/2019, which is otherwise regular. The estimated gestational age is 7 0/7 weeks, and her estimated date of delivery is 1/30/2020. Her last Pap smear was in 2017, which was normal. Pt denies fever, chills, passing blood clots, nausea, vomiting, dizziness, chest pain, palpitations, shortness of breath, diarrhea, constipation, dysuria, urinary frequency or urgency, flank pain, history of STIs, or recent travel.

Differential Diagnosis

- 1) **ectopic pregnancy** – reported pregnancy, suprapubic pain, vaginal spotting, history of ovarian tube blockage, history of in vitro fertilization
- 2) **spontaneous abortion** - reported pregnancy, early pregnancy, suprapubic pain, vaginal spotting

PMH

None

Immunizations

Up to date

Past surgical hx

None

Past hospitalizations

None

Medications

None

Allergies

No known medication, food or seasonal allergies

Family history

- No family history of breast, ovarian or colon cancer
- No other pertinent family history

Social History

- She is married and lives with her husband and child.
- She works as a cashier and reports standing for a prolonged period of time.
- Denies hx of smoking cigarettes, illicit drug use or alcohol consumption.
- She is currently sexually active with her husband and does not use protection as she wants to have another child. Denies history of STIs.
- She does not follow any specific diet.

ROS

General

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

Nose/Sinuses

- denies congestion, rhinorrhea, epistaxis or obstruction

Mouth and throat

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

Neck

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

Breast

- denies lumps, nipple discharge, or pain

Pulmonary System

- denies cough, SOB, DOE, orthopnea, 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

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

Genitourinary System

- **positive for hematuria and vaginal bleeding;** denies urinary urgency, urinary frequency, flank pain, nocturia, oliguria, polyuria, dysuria, incontinence, or awakening at night to urinate

Menstrual and Obstetrical

- **G2P1001;** denies menorrhagia, metrorrhagia, premenstrual symptoms, dyspareunia, dysmenorrhea, or vaginal d/c; first menarche at 11 years old

Nervous System

- denies HA, seizures, loss of consciousness, weakness, 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 appearance

Alert, cooperative, appears stated age, well-developed, well-groomed and well-nourished, in moderate distress.

Vitals

BP → 113/91 (left arm, supine)

HR → 73 bpm, regular

RR → 18 bpm, unlabored

Temp → 98.1 F (oral)

SpO2 → 100% (room air)

Height → 5.6 inches
 Weight → 162 pounds
 BMI → 26.1

Skin – skin color, texture, turgor normal, no rashes or lesions

Head – normocephalic and atraumatic

Lungs – clear to auscultation bilaterally, respirations unlabored, no adventitious sounds

Chest wall – no tenderness or deformity, no paradoxical respirations or use of accessory muscles noted

Heart – regular rate and rhythm, S1 and S2 normal, no murmur, rub or gallop

Breast exam – not assessed (not pertinent to complaint)

Abdomen – flat, symmetrical, soft, **suprapubic tenderness with palpation**, no rebound or guarding pain, bowel sounds active in all four quadrants, no masses, no organomegaly, no CVA tenderness

Female genitalia – cervix multiparous, closed, long, posterior, without lesions or discharge; uterus non-tender, adnexa non-tender with no masses, no cervical motion tenderness; **there is minimal blood in vaginal vault**

Rectal exam – not assessed (patient refused)

Labs

CBC and differential

	Ref Range & Units	6/12/19
WBC	4.8 – 10.8 K/mcL	13.8 ↑
RBC	4.20 – 5.40 M/mcL	3.84 ↓
HGB	12.0 – 16.0 gm/dL	12.7
HCT	37.0 – 47.0 %	37.6
MCV	81.0 – 99.0 fL	98.0
MCH	27.0 – 31.0 pg	30.0
MCHC	33.0 – 37.0 g/dL	33.7
MPV	7.2 – 11.0 fL	8.8
RDW	11.5 – 14.5 %	11.8
PLT	130 – 400 K/mcL	227
Neutrophil %	40.0 – 74.0 %	81.2 ↑
Lymphocyte %	19.0 – 48.0 %	13.4 ↓
Monocyte %	3.4 – 11.0 %	4.0
Eosinophil %	0.0 – 7.0 %	1.1
Basophil %	0.0 – 1.5 %	0.3
Neutrophil Abs	2.0 – 8.0 K/mcL	11.20 ↑
Lymphocyte Abs	0.90 – 5.20 K/mcL	1.85
Monocyte Abs	0.20 – 1.00 K/mcL	0.55
Eosinophil Abs	0.0 – 0.80 K/mcL	0.16
Basophil Abs	0.0 – 0.20 K/uL	0.04
NRBC Abs	<=0.00 K/mcL	0.00
NRBC %	<=0.0 %	0.00

BMP

	Ref Range & Units	6/12/19
Sodium	135 – 147 mmol/L	136
Potassium	3.5 – 5.3 mmol/L	4.2
Chloride	95 – 108 mmol/L	101
CO2	24 – 31 mmol/L	24
Glucose	65 – 115 mg/dL	92
BUN	8 – 26 mg/dL	11
Creatinine	0.80 – 2.00 mg/dL	0.82
Calcium	8.5 – 10.5 mg/dL	9.3
Anion Gap	5 – 15 mEq/L	11
eGFR, Non-African-American	>=60 ml/min/1.73m2	>60

Hepatic Function Panel

	Ref Range & Units	6/12/19
Albumin	3.0 – 5.0 g/dL	4.3
Total Protein	6.0 – 8.5 g/dL	7.0
Total Bilirubin	0.1 – 1.5 mg/dL	0.3
Direct Bilirubin	0.0 – 0.5 mg/dL	<0.2
Alk Phos	30 – 120 U/L	64
ALT (SGPT)	0 – 45 U/L	11
AST (SGOT)	0 – 40 U/L	10
Globulin	2.3 – 3.5 g/dL	2.7
Albumin/Globulin SPE	1.1 – 1.8	1.6

UA w/Rflx Micro

	Ref Range & Units	6/12/19
PH Urine	5.0 – 8.0	7.5
Color Urine	Yellow	Yellow
Appearance Urine	Clear	Cloudy
Glucose Qualitative Urine	Negative mg/dL	Negative
Bilirubin Urine	Negative	Negative
Ketones Urine	Negative mg/dL	Negative
Specific Gravity Urine	1.003 – 1.035	1.018
Blood Urine	Negative	Large
Protein Urine	Negative mg/dL	30
Urobilinogen Urine	0.1 – 1.0 mg/dL	1.0
Nitrite Urine	Negative	Negative
Leukocyte Esterase Urine	Negative	Trace
White Blood Cells Urine	0 – 2 /hpf	5 – 10
Red Blood Cells Urine	Rare /hpf	10 – 15
Bacteria Urine	None Seen /hpf	Few
Squamous Epithelial Cells Urine	Rare (0 – 1) /hpf	Few (1 – 10)

Type and Screen (6/12/19) → O-positive

Rh factor (6/12/19) → Rh-positive

POC Urine Pregnancy on Device (6/12/19) → positive

HCG – Quant

	Ref Range & Units	6/12/19
HCG – Quant	<=5.0 mIU/mL	39,957.0 ↑

Bedside sonogram (6/12/19) → positive intrauterine pregnancy, one gestational sac with 2 fetal poles and positive cardiac activity x2

Assessment

32-year-old female G2P1001 with no significant past medical history presents to the ED complaining of suprapubic, constant, crampy, 9/10 in intensity, non-radiating, with no alleviating or aggravating factors pain x1 day and scanty vaginal spotting x2 hours. Based on presenting symptoms, physical exam, labs and imaging studies, rule out:

- 1) **threatened abortion** – confirmed pregnancy, suprapubic crampy pain, vaginal spotting during the first 20 weeks of pregnancy, minimal blood in vaginal vault and closed cervical os on physical exam, UTI during pregnancy on UA, large amounts of blood in the urine on UA, decreased RBC on CBC, HCG – Quant value, positive intrauterine pregnancy with gestational sac, fetal pole and cardiac activity on bedside sonogram
- 2) **urinary tract infection** – suprapubic pain, confirmed pregnancy, elevated WBC on CBC, increased neutrophils, decreased lymphocytes, cloudy urine with protein, trace of leukocyte esterase and few bacteria on UA
- 3) **heterotopic pregnancy** – confirmed pregnancy, suprapubic crampy pain, history of in vitro fertilization, history of ovarian tubes blockage, intrauterine gestation observed on ultrasound

Management/Plan

- Ketorolac (Toradol) 30 mg IV for pain
- IV fluids 1 bolus q1h prn
- Discharge home on bed rest
- Cephalexin (Keflex) 500 mg capsule (1 capsule PO BID daily for 3 days) prescription
- Pelvic rest (no sex, nothing in the vagina)
- Follow-up with ObGyn clinic for prenatal care
- ED if any increase in vaginal bleeding, pain or expulsion of product of conception
- Bring in product of conception if passed

Patient Education/Follow-up care

Threatened miscarriage

A threatened miscarriage occurs when a woman has vaginal bleeding during the first 20 weeks of pregnancy, but the pregnancy has not ended. If you have vaginal bleeding during this time, your health care provider will do tests to make sure you are still pregnant. If the tests show that you are still pregnant and that the developing baby (fetus) inside your uterus is still growing, your condition is considered a threatened miscarriage. A threatened miscarriage does not mean your pregnancy will end, but it does increase the risk of losing your pregnancy (complete miscarriage). Symptoms of this condition may include vaginal bleeding, and mild abdominal pain or cramps.

- Make sure to follow these instructions at home:
 - Get plenty of rest
 - Do not have sex or use tampons if you have vaginal bleeding
 - Do not douche
 - Do not smoke or use recreational drugs
 - Do not drink alcohol
 - Avoid caffeine
 - Keep all follow-up prenatal visits as told by your health care provider
- Contact a health care provider if:
 - You have light vaginal bleeding or spotting while pregnant
 - You have abdominal pain or cramping
 - You have a fever
- Get help right away if:
 - You have heavy vaginal bleeding
 - You have blood clots coming from your vagina
 - You pass tissue from your vagina
 - You leak fluid, or you have a gush of fluid from your vagina
 - You have severe low back pain or abdominal cramps
 - You have fever, chills, and severe abdominal pain

Urinary tract infection

A urinary tract infection (UTI) is an infection of any part of the urinary tract. This includes the kidneys, the tubes that connect your kidneys to your bladder (ureters), the bladder, and the tube that carries urine out of your body (urethra). These organs make, store, and get rid of urine in the body. A UTI can be a bladder infection (cystitis) or a kidney infection (pyelonephritis). This infection may be caused by fungi, viruses, and bacteria. Bacteria are the most common cause of UTIs.

- You are more likely to develop a UTI during pregnancy because:
 - The physical and hormonal changes your body goes through can make it easier for bacteria to get into your urinary tract
 - Your growing baby puts pressure on your uterus and can affect urine flow
- An untreated UTI during pregnancy could lead to a kidney infection, which can cause health problems that could affect your baby. Possible complications of an untreated UTI include:
 - Having your baby before 37 weeks of pregnancy (premature)
 - Having a baby with a low birth weight
 - Developing high blood pressure during pregnancy (preeclampsia)
- Symptoms of a UTI may include:
 - Fever
 - Frequent urination or passing small amounts of urine frequently
 - Needing to urinate urgently
 - Pain or a burning sensation with urination
 - Urine that smells bad or unusual

- Cloudy urine
- Pain in the lower abdomen or back
- Trouble urinating
- Blood in the urine
- Vomiting or being less hungry than normal
- Diarrhea or abdominal pain
- Vaginal discharge
- Treatment for UTI may include:
 - Antibiotic medicines that are safe to take during pregnancy
 - Other medicines to treat less common causes of UTI
- Contact a health care provider if:
 - Your symptoms do not improve or get worse
 - You have a fever after two days of treatment
 - You have a rash
 - You have abnormal vaginal discharge
 - You have back or side pain
 - You have chills
 - You have nausea and vomiting
- Seek immediate medical care if you are pregnant and:
 - You feel contractions in your uterus
 - You have lower belly pain
 - You have a gush of fluid from your vagina
 - You have blood in your urine
 - You are vomiting and cannot keep down any medicines or water

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- Read the information above to be familiar with your diagnosis and follow instructions as written
 - In regard to threatened abortion → we are discharging you home on bed rest (avoid prolonged standing and walking); do not have penetrating sex or place anything in your vagina, maintain pelvic rest; follow-up with our ObGyn clinic in order to start prenatal care; come back to the Emergency Department if you notice an increase in vaginal bleeding, increase in abdominal pain or notice ejection of product of conception (blood clots – bring in to the ED if ejected/passed)
 - In regard to urinary tract infection → we are prescribing you antibiotics called Cephalexin (Keflex) 500 mg capsule that are safe to take during pregnancy (take 1 capsule by mouth twice a day daily for 3 days); follow-up with our ObGyn clinic in order to see if the UTI resolved