Alena Rakhman
H&P #2
Rotation 6 – Family Medicine

Location: Rego Park Outpatient Office
Date: 7/15/19
Time: 11:40AM

CC: f/u after recent ED visit for HTN

HPI
68-year old female, former smoker with 5 pack years and PMHx of HTN and acquired hypothyroidism presents today to follow up on her recent ED visit for HTN. Pt states that she initially was taking 5mg of amlodipine daily when she was first diagnosed with HTN in 11/2018, but after a month of taking the medication started experiencing intermittent episodes of hot flashes, dizziness, feeling weak and occipital HAs. When checking BP at home, her BP was controlled at 110-120/70-80. On 7/2/19 pt was instructed to take 2.5mg of amlodipine daily instead of 5mg but returned for a follow up appointment c/o the same symptoms. On 7/9/19, after orthostatic hypotension was ruled out in the office, she was told to stop taking amlodipine and return in 2 weeks with a BP log, unless her BP reached 140/90, at which point she was instructed to return sooner. On 7/13/19, pt states that she was in the park all day in the hot weather, reports drinking little water and drinking 2 glasses of wine. At the end of the day when she returned home, she started feeling hot, dizzy and lightheaded. She measured her BP at home which was 172/100. At that point, she waited an hour, but after her symptoms not resolving and the office of her PCP being closed, she called 911. In the ED, she reports vomiting x1 after which she started feeling better. Pt states that all labs and procedures performed in the ED were unremarkable and denies receiving medication in the ED. After about 3 hours in the ED, was discharged home once her BP went down. Denies additional episodes of HTN, lightheadedness, dizziness and vomiting since then, syncope, head trauma, visual disturbance, seizures, LOC, shortness of breath, palpitations, chest pain, photophobia or tinnitus.

PMH
- HTN (dx on 11/2018)
- Hypothyroidism, acquired

Immunizations
- UTD, received a flu vaccine this year

Past surgical hx
- Hysterectomy (1990) – no complications

Past hospitalizations
- See surgical hx
- Never hospitalized for medical reason

Medication
- Levothyroxine Sodium 100 mcg tab (1 tab on an empty stomach PO daily)
- Amlodipine Besylate 5 mg tab (half a tab PO daily)

Allergies
- **Chocolate – migraines**
- NKDA or environmental allergies

Family history
- Father → deceased, diagnosed with DM2, pulmonary complications
- Mother → deceased, diagnosed with abd CA
- Sister → alive, diagnosed with osteoporosis
- Brother → alive, diagnosed with prostate CA
- Sister → alive, diagnosed with cervical CA (in remission)
- Daughter → alive, in good health
- Husband → alive, in good health

Social History

- She is married and lives with her husband in a 2-story house in Queens.
- She is retired, used to work as a teacher.
- Former smoker with a 5-pack year hx, quit smoking 12 years ago. Denies drinking alcohol or illicit drug use.
- Education – Bachelor's degree.
- Tries to maintain a low salt diet.
- Bikes 2x/week.
- Safety measures – admits to wearing a seatbelt.
- Sexual hx – She is currently sexually active with her husband. Does not use protection. Denies hx of STIs.

ROS

General

- **generalized weakness**; 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

- **intermittent HA;** denies vertigo or head trauma

Eyes

- denies visual disturbance, lacrimation, photophobia or pruritus; **wears glasses for reading**

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; **last dental exam in 2016 (unremarkable)**

Neck

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

Breast

- denies lumps, nipple discharge or pain; **last mammogram in 2017 (unremarkable)**

Pulmonary System

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

Cardiovascular System

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

Gastrointestinal System

- **nausea and vomiting x1;** denies change in appetite, intolerance to specific foods, dysphagia, pyrosis, flatulence, eructations, abdominal pain, diarrhea, constipation, 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

- **hysterectomy in 1990, G1P1;** denies menorrhagia, metrorrhagia, dysmenorrhea, postcoital bleeding, vaginal d/c or dyspareunia

Nervous System

- **occipital HA and weakness;** denies 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 coldness or trophic changes, intermittent claudication, 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. She does not appear to be in distress.

Vitals

BP → 116/70
HR → 76
RR → 16
Temp → not taken
SpO2 → 99% (room air)
BMI → 24.62

HEENT

Skin

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

Eyes

symmetrical OU, no evidence of strabismus/exophthalmos/ptosis, sclera white, conjunctiva & cornea clear, visual fields full OU, PERRLA, EOMs full w/o nystagmus

HENT

head is normocephalic, atraumatic, non-tender to palpation throughout; ears are symmetrical and normal in size, no evidence of lesions/masses/trauma on external ears, TMs pearly white & intact with light reflex in normal position AU; nose is symmetrical, no obvious masses/lesions/deformities/trauma/discharge, nares patent bilaterally/nasal mucosa pink & well hydrated; oropharynx is well hydrated, no evidence of exudate/masses/lesions/foreign bodies, uvula pink, no edema/lesions

Neck/thyroid

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, no thyromegaly

Chest

symmetrical, no deformities/evidence of trauma, respirations unlabored/no paradoxic 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

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 cyanosis, clubbing or edema noted b/l

Musculoskeletal system

no soft tissue swelling, erythema, ecchymosis, atrophy, or deformities in bilateral upper and lower extremities; non- tender to palpation, no crepitus noted throughout; FROM of all upper and lower extremities 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

Motor/Cerebellar

CN I-XI WNL; 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 rapid alternating movement and point to point intact bilaterally; Romberg negative

Assessment

68-year old female, former smoker with 5 pack years and PMHx of HTN and acquired hypothyroidism presents today to follow up on her recent ED visit for HTN. She reports episodes of erratic HTN, hot flashes, dizziness, feeling weak, occipital HAs, nausea and vomiting. Also reports getting migraines after eating chocolate and drinking 2 glasses of wine the day of the ED visit, foods containing tyramine. R/o pheochromocytoma.

Plan

- Pheochromocytoma ✓
  - Follow-up in 1 week
  - Metanephrines fractionated 24hr urine
  - Catecholamines fractionated 24hr urine
- HTN
  - Restart Amlodipine Besylate 5 mg tab (half a tab PO daily)
  - Discuss taking BP meds as instructed even if the BP improves
  - Continue checking BP
  - Encourage lifestyle changes
  - Discuss diet low in sodium
- Hypothyroidism, acquired
  - Continue Levothyroxine Sodium 100 mcg

Patient Education/Follow-up care

About hypertension:

- Hypertension is high blood pressure. Your blood pressure is the force of your blood moving against the walls of your arteries.
- Hypertension causes your blood pressure to get so high that your heart has to work much harder than normal. This can damage your heart.
- The cause of hypertension may not be known. This is called essential or primary hypertension.
- Hypertension caused by another medical condition, such as kidney disease, is called secondary hypertension.

Check your blood pressure at home:

- Avoid smoking, caffeine, and exercise at least 30 minutes before checking your blood pressure.
- Sit and rest for 5 minutes before you take your blood pressure. Extend your arm and support it on a flat surface.
- Check your blood pressure 2 times, 1 minute apart, before you take your medicine in the morning. Also check your blood pressure before your evening meal.
- Keep a record of your readings and bring it to your follow-up visits.

Diet:

- Too much sodium can affect your fluid balance.
- Check labels to find low-sodium or no-salt-added foods. Some low-sodium foods use potassium salts for flavor. Too much potassium can also cause health problems.

Exercise:

- Exercise at least 30 minutes per day, on most days of the week. This will help decrease your blood pressure.

Decrease stress:

- This may help lower your blood pressure. Learn ways to relax, such as deep breathing or listening to music.

Limit alcohol as directed:

- Alcohol can increase your blood pressure. A drink of alcohol is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of liquor.

Do not smoke:

- Nicotine and other chemicals in cigarettes and cigars can increase your blood pressure and also cause lung damage.

Medication:

- Take your prescribed medication as directed.
- Do not stop taking the medication even if your blood pressure goes down before discussing it with your healthcare provider.

About pheochromocytoma:

- Adrenal pheochromocytoma is a tumor that forms on the adrenal glands.
- These tumors are usually benign. Rarely, they are malignant and need more treatment.

- The tumor causes your adrenal glands to make too much adrenal hormone. Adrenal hormones help your body handle stress and keep your blood sugar and blood pressure levels normal. They also increase your levels of adrenaline.
- This can cause a sudden increase in your heart rate and blood pressure called a hypertensive crisis, a life-threatening condition that needs immediate treatment.
- Other signs and symptoms of adrenal pheochromocytoma may include sweating, anxiety, palpitations and headaches.