Alena Rakhman H&P #2 Rotation 7 – Ambulatory Medicine

Location: AG Urgent Care, Broadway

Date: 9/23/19 Time: 7:30 PM Source of Info: self

CC: "shortness of breath" x1 day

HPI

50 y/o M, non-smoker, w/ PMHx of asthma (never intubated or hospitalized), presents today c/o shortness of breath x1 day. He woke up this morning feeling short of breath which persisted throughout the day without changes. He did not take any medication as he ran out of his albuterol rescue inhaler and used it last 3 days ago. Pt states that he was experiencing cold like sxs 1 week prior, w/ productive cough, nasal congestion, rhinorrhea and HA, which have all resolved at this time. He uses his rescue pump as needed and does albuterol neb treatments at home as needed, which he was unable to do for the past 2 months due to lack of medication. Pt states that he usually experiences his sxs 1-2x/wk during the day and awakens at night 2x/month, which usually resolve with albuterol. His last exacerbation of sxs not alleviated with albuterol was 2.5 months ago. Denies fever, chills, bodyaches, cough, postnasal drip, rhinorrhea, nasal congestion or d/c, sore throat, chest tightness, wheezing, CP, palpitations, HA, vision changes, LOC, abd pain, N/V, diarrhea, constipation, recent sick contacts, recent long travels or travels outside of the country.

Differential Diagnosis

- Asthma exacerbation
- Upper respiratory infection
- PNA
- Allergic reaction
- PE

PMH

Asthma x 36 yrs

Immunizations

Up to date

No influenza vaccine this year

Past surgical hx

None

Past hospitalizations

None

Medications

- Albuterol Sulfate (2.5 MG/3ML) 0.083% inhalation nebulization solution inhale 3 ml (2.5 mg) via nebulizer 4x/day PRN
- Albuterol Sulfate (Ventolin HFA) 108 (90 Base) MCG/ACT Inhalation Aerosol Solution 2 puffs inhaled orally Q4H PRN

Allergies

No known drug, food or seasonal allergies

Family history

Denies family hx cancer, HTN, MI, DM, stroke, or early deaths

Social History

- He is single, lives alone in an apartment on the second floor, and has no pets.
- He works as a bus driver.

- Denies hx of smoking cigarettes, alcohol consumption, or illicit drugs use.
- He does not follow any specific diet and admits to frequently eating unhealthily.

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; does not wear glasses or contacts

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 or pain

Pulmonary System

- **SOB**; denies cough, wheezing, DOE, orthopnea, 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 loss of 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

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 no distress.

Vitals

BP → 107/70 (left arm, sitting) HR → 70 bpm, regular RR → 17 bpm, unlabored Temp → 97.4 F (oral) SpO2 → 98% (room air) Height \rightarrow 67 inches Weight \rightarrow 134.4 pounds BMI \rightarrow 21.05

Skin

- No rashes, lesions, ulcers, or bruises visible or reported
- Warm/dry to touch, no nodules

<u>Psychiatric</u>

- Alert and oriented to person, place and time; recent and remote memory intact; good affect congruent with mood
- Judgment and insight appropriate for age

HEENT

- Pupils equal, round, and reactive to light and accommodation
- Pupils equal in size and symmetry
- No lesions or masses of ears and nose
- Oral mucosa pink and moist without obstruction, throat without erythema or exudates

<u>Neck</u>

- Trachea midline, no midline bony tenderness
- Thyroid: no mass, size grossly WNL

CVS

- S1/S2 present, no murmurs auscultated
- No thrills palpated, heart on left side of chest
- Peripheral pulses present and bounding at all extremities

Lungs

- Diffuse wheezing b/l w/ expiration, breath sounds present in all lung fields, no rales, no rhonchi
- No use of accessory muscles

<u>GI</u>

- Bowel sounds present, soft, non-distended, non-tender to palpation at all four quadrants
- No hernia appreciated on examination
- No CVA tenderness

MSK

- Ambulates without assistance with steady gait
- Upper and lower extremity symmetrical without defects. Full range of motion at all joints without pain or crepitus
- Muscle tone and strength to resistance intact

Neuro

- CN 1-12 function intact
- Touch and proprioception sensation intact

<u>Assessment</u>

50 y/o M, non-smoker, w/ PMHx of asthma (never intubated or hospitalized), presents today c/o shortness of breath x1 day, with diffuse wheezing b/l w/ expiration on PE, recent cold like sxs and lack or medication, most consistent with asthma exacerbation.

Management/Plan

- 60 mg prednisone administered
- 1 albuterol and 1 combo (Ipratropium-Albuterol) tx administered via neb in office pt tolerated well w/improvement of sxs
- 40 mg prednisone x4 days prescription sent
- Ventolin rescue inhaler prescription w/ refill, 2 puffs inhaled orally Q4H PRN
- Albuterol 0.083% inhalation solution 1 box prescription sent
- f/u w/ PCP in 1 week

Patient Education/Follow-up care

You have been diagnosed with an asthma attack. With the help of your healthcare provider, you can keep your asthma under control.

Asthma is a common lung disease affecting millions of people worldwide. It is characterized by narrowing of the airways (breathing tubes) in the lungs. This narrowing is partially or completely reversible. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. These symptoms tend to come and go and are related to the degree of airway narrowing in the lungs. The airways are sensitive to a variety of stimuli, which may include viral illnesses (eg, the common cold), allergens, exercise, medicines, or environmental conditions.

We have given you medication called prednisone, a corticosteroid, which will decrease the inflammation of your airways in your lungs. Make sure to take this medication for the next 4 days. We also refilled your albuterol rescue inhaler and nebulized solution so that you can manage your symptoms. Follow up with your primary care provider in 1 week to assess your symptoms and your asthma.

Return to the urgent care or go to the emergency room if you are using your inhaler more often than every 4 hours, feeling increasingly short of breath, do not feel better after using your albuterol, if your peak flow numbers drop to a danger level, or if you have any chest pain of fevers.