

Alena Rakhman  
H&P #1  
Rotation 9 – Internal Medicine

Location: NewYork-Presbyterian Queens

Date: 11/28/2019

Time: 03:42 AM

CC: left sided weakness x5 hrs

### HPI

61-year-old Caucasian male, w/ no PMHx (no PMD evaluation in at least 7 yrs), active smoker (53 pack year hx), BIBEMS to the ED c/o left sided weakness. Pt's last normal was at 22:00 on 11/27/19 prior to going to sleep. Pt states that he woke up at 03:00 on 11/28 to use the restroom and found himself anxious with the feeling of pins/needles tingling sensation in the left upper extremity as if "someone was sleeping on it and it lost blood flow". He slid off the bed attempting to get up (witnessed by girlfriend), denies head trauma or LOC. Pt also reports numbness, burning/tingling sensation to the left side of face for the past several days. Per EMS, pt's BP was 280/100 upon initial evaluation, no meds administered in field or during transport, and stroke notification was activated. Stroke call placed at 03:33 AM, pt arrived to the ED at 3:42AM.

At the time of my evaluation, pt is AOX3, c/o left sided weakness of upper and lower extremities. Denies numbness or burning/tingling sensation to the left side of face at this time, facial droop, slurring of speech, vision changes, N/V, paresthesias, or past hx of CVA.

### PMH

- no significant past medical history (no PMD evaluation in at least 7 yrs)

### Immunizations

- pt is unsure about current immunization status
- childhood vaccinations UTD
- no influenza vaccine this year

### Past surgical hx

- no significant surgical history

### Past hospitalizations

- denies past hospitalizations

### Medication

- none

### Allergies

- NKDA, food or environmental allergies

### Family history

- Sister → ruptured aortic aneurysm at 41 years of age

### Social History

- He is not married, lives with girlfriend in an apartment on the third floor in Queens.
- Currently works as a musician, plays guitar.
- Current cigarette smoker with 53 pack year hx. Denies drinking alcohol or illicit drug use.
- Highest level of education is associate degree.
- Does not adhere to any specific diet. States that he does not eat "healthy."
- He is currently sexually active with his girlfriend. Denies using contraceptives or hx of STIs.

### ROS

General: (-) fever, (-) chills.

Eyes: (-) vision changes.

HENT: (-) congestion, (-) throat pain, (-) ear pain.

Respiratory: (-) SOB, (-) cough.

Cardio: (-) chest pain.

GI: (-) abdominal pain, (-) nausea, (-) vomiting, (-) diarrhea.

GU: (-) urinary incontinence.

Musculoskeletal: (-) other aches or pains.

Neuro: **(+) numbness, (+) weakness**, (-) headache, (-) dizziness, (-) LOC.

Psych: (-) emotional distress.

### NIH Stroke Scale

1a. Level of Consciousness

(0) Alert; keenly responsive.

1b. LOC Questions:

(0) Answers both questions correctly.

1c. LOC Commands:

(0) Performs both tasks correctly.

2. Best Gaze:

(0) Normal.

3. Visual:

(0) No visual loss.

4. Facial Palsy:

(0) Normal symmetrical movements.

5a. Right Arm Motor

(0) No drift; limb holds 90 (or 45) degrees for full 10 seconds, muscle strength 5/5.

**5b. Left Arm Motor**

**(2) Limb cannot get to or maintain (if cued) 90 (or 45) degrees, drifts down to bed, but has some effort against gravity, muscle strength 5/5.**

6a. Right Leg Motor

(0) No drift; leg holds 30-degree position for full 5 seconds, muscle strength 5/5.

**6b. Left Leg Motor**

**(2) Leg drifts to bed by 5 seconds but has some effort against gravity, muscle strength 5/5.**

**7. Limb Ataxia:**

**(1) Present in the left upper extremity.**

8. Sensory:

(0) Normal; no sensory loss.

9. Best Language:

(0) No aphasia; normal.

10. Dysarthria:

(0) Normal.

11. Extinction and Inattention

(0) No abnormality.

**Total Score**

**5**

Stroke Bedside Dysphagia Screen → Pass

### Initial Stroke Evaluation

- Arrival (door) time	11/28/2019 03:42 AM
- Seen by MD (goal 10 minutes from arrival)	11/28/2019 03:42 AM
- Seen by stroke team (goal 15 minutes from arrival)	11/28/2019 03:42 AM
- CT done (goal 25 minutes from arrival)	11/28/2019 03:59 AM
- CT interpreted (goal 45 minutes from arrival)	11/28/2019 04:03 AM

### Physical Exam

Pt is AOx3, looks stated age, appears to be **disheveled with poor hygiene**. He does not appear to be in distress.

### Vitals

**BP → 238/120**

BP trend:

- EMS - 280/100
- 03:48 - 238/120
- 03:50 - 189/134
- 04:00 - 230/137
- 04:14 - 205/113

HR → 74

RR → 20

Temp → 36.4 C (oral)

SpO2 → 96% (room air)

BMI → 29.1

### HEENT

#### Skin

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

#### 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

#### Neck

- 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

- Breath sounds present in all lung fields, no wheezing, no rales, no rhonchi
- No use of accessory muscles

#### GI

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

#### MSK

- Upper and lower extremity symmetrical without defects. Full range of motion at all joints without pain or crepitus
- **LUE and LLE drift, muscle strength 5/5 to upper and lower extremities b/l**
- **LUE ataxia, unable to perform finger-to-nose**
- **Gait assessment deferred**

#### Neuro

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

#### Psychiatric

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

#### Labs/Imaging

- Finger stick → 114 mg/dl

(Na) 141 | (Cl) 102 | (BUN) 14.4  
 -----< (glucose) 111  
 (K) 4.2 | (HCO3) 26 | (Cr) 1.17  
 Ca: 9.1 / P: 3.8 / Mg: 2.0 / Anion Gap: 13  
 WBC: 8.11 / Hb: 16.8 / Hct: 49.9 / Plt: 233  
 PT: 10.2 / PTT: 29.7 / INR: 0.90  
 Troponin: <0.010  
 Prot: 7.6 / Alb: 4.6 / Bili: 0.5 / AST: 17 / AlkPhos: 90

- CT head/brain w/o contrast → No evidence of acute territorial infarct or intracranial hemorrhage.
- CTA head w/ contrast → No evidence of intracranial large vessel occlusion. Probable right MCA bifurcation 2 mm aneurysm.

#### Assessment

61-year-old Caucasian male, w/ no PMHx (no PMD evaluation in at least 7 yrs), active smoker (53 pack year hx), BIBEMS to the ED c/o left sided weakness. Pt's last normal was at 22:00 on 11/27/19 prior to going to sleep. Pt states that he woke up at

03:00 on 11/28 to use the restroom and found himself anxious with the feeling of pins/needles tingling sensation in the left upper extremity as if “someone was sleeping on it and it lost blood flow”. He slid off the bed attempting to get up (witnessed by girlfriend), denies head trauma or LOC. NIH SS of 5 w/ left sided hemiplegia, weakness, and ataxia, r/o acute stroke.

#### Differential diagnoses

- lacunar infarct
- right middle cerebral artery aneurysm
- intracerebral hemorrhage
- brain abscess
- brain neoplasm
- hypoglycemia
- hypertensive encephalopathy
- electrolyte disturbance

#### Plan

- CT head/brain w/o contrast → No evidence of acute territorial infarct or intracranial hemorrhage
- CTA head and neck w/ contrast → No evidence of intracranial large vessel occlusion. Probable right MCA bifurcation 2 mm aneurysm
- NIH SS → 5
- Neurosurgery evaluation
- Patient not a tPA candidate as presented out of time window >4.5 hrs and aneurysm
- Patient not a thrombectomy candidate as no LVO seen on CTA
- MRI of the brain → pending
- ECHO → pending
- Pt to be admitted to stroke unit
- Monitor tele while inpatient to r/o afib
- HTN management (w/ hydralazine 10 mg IV and labetalol 10 mg IV STAT, then amlodipine 5 mg daily)
- Permissive HTN with goal SBP <180
- Avoid hypotension, NS IV fluid hydration
- FS goal <150
- Neuro-checks & VS q4hrs for signs of increasing intracranial pressure, new/worsening neurological deficits
- Hold Aspirin at this time (to be cleared by neurosurgery)
- Lipitor 40 mg STAT then daily
- Smoking cessation
- Influenza vaccination
- PT/OT
- Pt does not need speech and swallow
- Labs: HgA1c, lipids, TSH, B12, folate, homocysteine
- DVT ppx
- Fall/aspiration precautions
- f/u with neurology in the AM
- FULL CODE