

Ling Yi Mei

Internal Medicine

94%

11/07/2017 9:30 AM

Identification

Name: C.L

Sex: Female

Nationality/Race: African-American

Age: 53

Marital Status: Married

Religion: Christian

Informant

Self, somewhat reliable ✓

Referral Source

Self. ✓

Chief Complaint

"Vomiting and haven't eat anything" x 12 days ✓

HPI

53-year-old female with significant medical history of congestive heart failure, diabetes, hypertension, hyperlipidemia, renal disease, and heart attack presents with complaints of projectile vomiting for 12 days. She admits vomiting of coffee-brown liquid for 4 times per week and bowel movement that produce dark, tar-like stools. The vomiting is intermittent. She also has a fever 5, burning stomach pain that accompanies with the vomiting. She has loss of appetite because eating food will also induce the vomiting. After admitted to the hospital, she was given Zofran to alleviate her vomiting and nausea. She admits dysphagia, pyrosis, abdominal pain, constipation, and colonoscopy with unremarkable result. She denies intolerance to specific food, flatulence/eructations, hemorrhoids, diarrhea, jaundice-dark urine, light clay-color stool, change in bowel habits, rectal bleeding, stool guaiac, and sigmoidoscopy.

### Past Medical History

Diabetes: Patient did not know type 1 or type 2, 1990  
Hyperlipidemia, 1997  
Hypertension, 1997  
Diabetic Retinopathy, 2004 ✓  
Myocardial Infarction, Oct 2016  
Congestive heart failure, Nov 2016  
Renal Disease, 2016  
Depression, 2016  
Childhood immunizations completed, denies childhood illness  
Flu vaccine completed for 2017

### Past Surgical History

Hysterectomy, 2002, readmitted due to pus/abscess  
Eye surgery, 2004, no complication ✓  
Foot surgery, left leg, May 2016, denies complication  
Fall, broken right foot surgery, Apr 2017, denies complication

### Medication

Amlodipine Tab 10mg Oral Daily  
Carvedilol Tab 25mg Oral q12h  
Hydralazine HCl Oral 50mg q8h  
Isosorbide Mononitrate ER 60mg Oral Daily  
Aspirin Chewable Tab 81mg oral Daily ✓  
Clopidogrel Bisulfate Oral 75mg Oral Daily  
Heparin Inj 5000 unit  
Atorvastatin Tab 40mg Oral Bedtime  
Insulin Glargine Inj (Lantus) 24 unit, subcutaneous bedtime  
Insulin Reg Inj (Humulin R) 4 unit, subcutaneous q6h  
Docusate - Senna Oral 2 tablet q12h  
Metoclopramide Oral 5mg q8h  
Pantoprazole Inj 40mg IV Push Daily  
Nicotine Transdermal Patch 7mg Transderm Daily  
Polyethylene Glycol Oral 1 packet Oral Daily  
Oxycodone Tab 10mg Oral q6h  
Zolpidem Tab 5mg Oral Bedtime qpm  
Glucagon Inj 1mg Intramuscular q15 min

Magn/ Alum Hydrox Simeth ES Oral Liq 15ml q6h.

Allergy  
NADA

FOOD ALLERGIES, ENVIRONMENTAL ALLERGIES?

### Family History

Paternal grandfather - hypertension, Alzheimer's Disease, 87, died  
 Paternal grandmother - breast cancer, hypertension, 80, died ✓  
 Maternal grandfather - hypertension, cause unknown, 69, died ✓  
 Maternal grandmother - hypertension, Alzheimer's Disease, 93, died  
 Father - Lung cancer, 73, alive  
 Mother - cause unknown, 69, died  
 Sister - healthy and alive, 48  
 Son - healthy and alive, 18

### Social History

Patient admits a past history of drinking every day and a lot, denies amount and type of alcohol. She stops drinking 13 years ago. She admits smoking cigarettes for 39 years and 1.5 pack per day (Pack year = 58.5). She drinks 1-2 cups of tea everyday, and ✓ denies any past and present history of drug use. She denies ~~recent~~ recent travel. She lives with her husband and son. She is an executive assistant. She eats whatever she wants with no limitation to any specific food. She sleeps 8 hr per day, and denies exercise. She is sexually active without the need of any birth contraception.

### ROS

#### General

admit recent weight gain, loss of appetite, weakness/fatigue ✓  
 denies fever, chills, night sweats

#### Skin, hair and nails

admit excessive drying ✓  
 denies texture, discoloration, pigmentation, moles/rashes/pruritus, change in hair distribution

## Head

denies headache, vertigo, head-trauma ✓

## Eyes

admits fatigue with use of eyes, and lacrimation, glasses, <sup>last</sup> eye exam Nov 2016 ✓  
denies visual disturbance, scotoma, halos, photophobia, pruritus

## Ears

denies deafness, pain, discharge, tinnitus, hearing aid ✓

## Nose/Sinuses

admit nose obstruction ✓  
denies discharge, epistaxis ✓

## Mouth and Throat

admit last dental hygiene Feb 2016 ✓

denies bleeding gums, sore tongue, throat, mouth ulcers, voice change, dentures

## Neck

denies localized swelling/lumps, stiffness/decreased range of motion. ✓

## Breast

denies lumps/pain/nipple discharge, admit last mammogram Aug 2016, need to go back every 3 months ✓

## Pulmonary System

- admits orthopnea with 2-3 pillows ✓  
- denies dyspnea, cough, consistency of sputum, wheezing/hemoptysis, cyanosis (bluish discoloration), PND ✓

## Cardiovascular System

- admits hypertension, irregular heartbeat, edema/swelling of ankles/feet, syncope at a younger age ✓  
- denies chestpain, palpitation, heart murmur ✓

## Gastrointestinal System

see HPI ✓

## Genitourinary System

- admits 4 times per day, nocturia, color is yellow ✓  
- denies oliguria/polyuria, dysuria, incontinence, flank pain

## Menstrual/Obstetrical

denies menstruating due to hysterectomy, vaginal discharge, dyspareunia, menopause.

admits 1 pregnancy, 1 delivery, denies conception/abortion, ✓

### Nervous System

admits numbness, paresthesias, ataxia, seizure, loss of strength, change in memory, weakness. ✓

denies headache, loss of consciousness, dysesthesias, hyperesthesias.

### Musculoskeletal System

- admits swelling/redness due to falling alot? FREQUENT FALLS SHOULD BE INCLUDED IN NEURO

- denies muscle/joint pain, arthritis

### Peripheral Vascular System

denies intermittent claudication, coldness or trophic change, varicose veins/ peripheral edema/ color change ✓

### Hematologic System

- admits anemia/easy bruising/bleeding, lymph node enlargement, blood transfusion during start surgery. ✓

- denies history of DVT/PE.

### Endocrine System

- denies polyuria, polydipsia, polyphagia, heat or cold intolerance, ✓  
opiter, excessive sweating, hirsutism

### Psychiatric

- admit feeling of helplessness/hopelessness, lack of interest in usual activity, depression, obsessive/compulsive disorder, seen a mental health professional and denies medication. ✓

- denies suicidal ideations.

### General Survey

58 y/o female, ALO x 3, <sup>IS OBESE</sup> patient has a large build and good posture, well dressed and groomed, voice like her stated age, does not appear to be distressed.

### Vital Signs

BP: 156/79

RR: 16 breath/min, unlabored

P: 78, regular

T: 99.14 F (oral)

O<sub>2</sub>: 100%

Height: 5'4"

Weight: 178 lb ✓

BMI: 30.6 (obese)

\* Only did H&P up to physical exam (vital sign). Rest of H&P assume normal.

Normal

Skin: warm & moist, good turgor, Nonicteric, no lesions noted, no scars, tattoos

Hair: average quantity and distribution

Nails: no clubbing, capillary refill < 2 sec throughout.

Head: NC/AT, no tender to palpation throughout. ✓

Eyes: symmetrical OU | no evidence of strabismus, exophthalmos or ptosis | sclera white | conjunctiva & cornea clear.

Visual acuity (uncorrected - 20/20 OS, 20/20 OD, 20/20 OU) ✓

Visual fields full OU. PERLA, EOMs full with no nystagmus

Fundoscopy - Red reflex intact OU, cup: Disk < 1:2 OU | no evidence of A-V nicking | papilledema | hemorrhage | exudate | cotton wool spots | neovascularization OU.

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 w/ light reflex in normal position AU. Auditory acuity intact to whispered voice AU. Weber midline / Rinne reveals AC > BC 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

Sinus: Non tender to palpation and percussion over bilateral frontal, ethmoid and maxillary sinuses.

Lips: pink, moist; no evidence of cyanosis or 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; continuity intact.

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 or deviation noted. Non-tender to palpation.

Oropharynx: well hydrated; no ~~evidence of~~ injection; exudate; masses; lesions; foreign bodies. Tonsils present with no ~~evidence of~~ injection or exudate. Uvula pink, no edema, lesions.

Neck: Trachea midline. No masses; no lesions; scars; pulsations noted. supple: non-tender to palpation. FROM; no stridor noted. 2<sup>+</sup> carotid pulses, no thrills; bruits noted bilaterally, no palpable adenopathy noted.

Thyroid = non-tender; no palpable mass; no thyromegaly; no bruits noted.

Chest: Symmetrical, no deformities, no ~~evidence of~~ trauma. Respirations unlabored / no paradoxical respirations or use of accessory muscle noted. Lat to AP diameter 2:1. Non tender to palpation.

Lung: Clear to auscultation and percussion bilaterally. Chest expansion and diaphragmatic excursion symmetrical. Tactile fremitus intact throughout. No adventitious sounds.