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Medical Report Header

Hospital of New Horizons

1234 Wellness Blvd.

Healtown, TX 75000

Medical Report

Patient Name: Maxwell Stridford

Date of Birth: 1992-06-17

Medical Record Number: MRN-4827364

Primary Diagnosis: Exacerbation of Asthma

Attending Physician: Dr. Eliza Perrington

Visit Date: 2023-11-12

Confidential Patient Information

Patient Information and Medical History

Patient Overview:

Maxwell Stridford, a 31-year-old Caucasian male, presented to the Emergency Department of the Hospital of New Horizons on November 12, 2023, with a chief complaint of shortness of breath and persistent coughing. The symptoms began approximately three days prior to admission, correlating with a recent change in the weather involving colder temperatures, which may have contributed to the exacerbation of the asthma condition he was diagnosed with during childhood.

Background:

As documented in medical record number MRN-4827364, Maxwell Stridford has a longstanding history of asthma, managed generally well with the use of bronchodilators and corticosteroids. Notably, he has experienced similar episodes in the past, often triggered by environmental allergies. Maxwell is aware of severe allergies to peanuts and Penicillin, hence these were noted critically in his known allergies profile to avoid any possible allergic reactions during medication administration.

Family History included no genetic predisposition to respiratory illness, though seasonal allergies have been noted in close relatives. Maxwell's social history includes employment in a non-smoke-free environment which occasionally aggravates his symptoms.

Diagnostics and Assessment

Upon presentation, Maxwell's vital signs were within normal range except for a notably increased respiratory rate of 22 breaths per minute. Physical examination revealed use of accessory muscles for respiration and audible wheezing in all lung fields, consistent with an asthma exacerbation.

Laboratory Investigations:

Complete blood count results returned normal, but the C-reactive protein was mildly elevated, indicating inflammation. Pulmonary function tests confirmed reduced FEV1 at 65% of predicted, signifying obstructive airway pathology.

Imaging:

A chest X-ray showed hyperinflation but no consolidation or pleural effusion, reassuring the absence of an acute infection or pneumothorax. Given the presented clinical picture and

diagnostic evaluations, the primary diagnosis remained an exacerbation of asthma.

Treatment Plan and Prescriptions

The immediate treatment plan for Mr. Maxwell Stridford involved stabilizing respiratory function and alleviating broncho-constriction. In cooperation with the specialists of the Hospital of New Horizons, the following interventions were initiated:

1. Administration of high-flow oxygen therapy via nasal cannula to maintain a saturation of above 95%.
2. Nebulized albuterol and ipratropium bromide administered at twenty-minute intervals ensuring bronchodilation.
3. A course of oral corticosteroids (prednisone 40 mg daily) was started to reduce airway inflammation effectively.

Pharmacologic considerations were preceded by a critical review of Maxwell's known allergies; it was confirmed that no penicillin-based antibiotics were prescribed and care was taken to prevent exposure to peanuts inadvertently.

The nursing team was directed to monitor peak flow readings bi-hourly to assess respiratory resilience post-treatment.

Follow-up Recommendations and Plan

Following discharge, scheduled for later in the evening assuming symptomatic improvement, it is imperative that Mr. Maxwell adhere to a prescribed inhaled asthma controller regimen. A preventative step-up in domiciliary treatment with an inhaled corticosteroid and a long-acting beta agonist is recommended. Follow-up appointment with Dr. Eliza Perrington is arranged for

three weeks from the date of this report, to reassess lung function and modify treatment if necessary.

Additionally, educational engagement focused on allergen avoidance and identifying early signs of exacerbation is critical to reduce future incidents. As a precautionary measure, Maxwell should avoid exposure to peanuts and environments that could stimulate asthma.

To facilitate better air quality, improvement in occupational exposure must be addressively pursued with his employer.

Medical Report Footer

This report is an internal document intended for use by medical professionals within the Hospital of New Horizons network. Unauthorized distribution is strictly prohibited.

References:

1. Clinical Guidelines for Management of Adult Asthma, New Horizons Medical Journal.

2. "Asthma and Environmental Allergens" - Health and Environment Research Society.

For further information or queries related to this report, kindly contact Dr. Eliza Perrington at 555-HELLOMD or email maximwell@hnhospital.org