

Result Type: ED Physician Notes
 Result Date: March 03, 2023 12:53 EST
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 Result title: ED Physician Note
 Performed by: Boreham, Alex DO on March 03, 2023 12:56 EST
 Verified By: Boreham, Alex DO on March 03, 2023 14:53 EST
 Encounter info: 62404549, Mon Marion Neighborhood Hospital, Emergency, 3/3/2023 - 3/3/2023

Basic Information

Time Seen:

Boreham, Alex DO / 03/03/2023 12:42

History of Present Illness

90-year-old female with history of CKD, hypertension, presented emergency department for evaluation of head and hip pain after a mechanical fall out of bed. Patient has been struggling with leg cramps for a while and recently started on magnesium and potassium for them. Those affected her this morning causing her to fall out of bed striking her right ear onto a corner of a wall not dresser. She then fell onto her right hip. She has pain in the posterior aspect of both hips worse on the right. She is still able to walk. She denies any weakness or numbness, LOC, vomiting. She did get somewhat dizzy after this but reports no other falls and was able to get herself back into bed and debated for most the day whether or not to come in.

Review of Systems

10 point ROS was obtained and is otherwise negative except as mentioned above.

Physical Exam

General: alert, no acute distress
 Skin: warm, dry
 Head: Punctate laceration to the outer aspect of the pinna, dried blood covering the pinna otherwise no evident trauma, normocephalic
 Neck: trachea midline, no meningismus, no midline cervical spine tenderness
 Eye: normal conjunctiva, sclera clear
 Cardiovascular: HRRR normal peripheral perfusion
 Respiratory: CTAB, non-labored respirations
 Gastrointestinal: soft, ND, NT
 Extremities: no deformity, tenderness at the right PSIS greater than right trochanter greater than left PSIS, otherwise no deformity, bony tenderness
 Neurological: oriented x4, LOC appropriate, CN II-XII intact, motor strength equal and normally bilaterally, speech normal
 Psychiatric: cooperative, affect appropriate for age, normal judgement, normal psychiatric thoughts

Medical Decision Making

90-year-old female presented to the emergency department for evaluation of injuries after a fall including ear trauma, head trauma and right hip trauma. Given the patient's advanced age she is at high risk for intracranial injuries and cervical spine fracture for which CT head and neck were ordered. Obtain

Problem List/Past Medical History

Ongoing

Anxiety
 Arthritis
 Chronic kidney disease stage 3
 Depression
 Hearing loss
 Hypertension
 Mitral valve regurgitation
 Osteoarthritis
 Pain in left knee
 Postherpetic neuralgia
 Pulmonary hypertension
 Urinary incontinence
 Varicose vein

Historical

Carpal tunnel release
 Hip fracture
 Hysterectomy
 Knee replacement status
 Palpitations
 Rheumatic fever
 Shingles
 Toe joint deformity
 Tonsillectomy

Allergies

Tape
 Percocet 7.5/325 (Sleepiness)

Lab Results

Chemistry - General	LATEST RESULTS	HISTORICAL RESULTS
MC Glucose	03/03/23 12:52 122 High	01/05/22 145 High
MC BUN	03/03/23 12:52 32 High	01/05/22 30 High
MC Creatinine	03/03/23 12:52 1.7 High	01/05/22 1.6 High
MC Sodium	03/03/23 12:52 141	01/05/22 140
MC Potassium	03/03/23 12:52 4.4	01/05/22 4.8
MC Chloride	03/03/23 12:52 105	01/05/22 107
MC CO2	03/03/23 12:52 27	01/05/22 24

screening chest x-ray, screening labs and EKG as well as x-rays of both hips for further evaluation of possible fracture.

Imaging showed no acute traumatic injuries. Labs showed creatinine 1.7 which is near the patient's baseline. Labs otherwise show no clinically significant abnormalities. EKG showed no evidence of arrhythmia ischemia or block. Patient stable for outpatient management. Advised patient follow-up with her primary care provider. Return precautions discussed. Patient discharged home.

Assessment/Plan

Ordered:

CT Cervical Spine Routine UN, 03/03/23 12:52:00 EST, Priority: Stat, Reason: Neck trauma, Marion Co. Neighborhood Hospital, Diabetic: Unknown, Pregnant: Patient denies, Isolation: Standard, 03/03/23 12:52:00 EST
CT Head UN, 03/03/23 12:51:00 EST, Priority: Stat, Reason: Head trauma, moderate-severe, Marion Co. Neighborhood Hospital, Diabetic: Unknown, Pregnant: Patient denies, Isolation: Standard, 03/03/23 12:51:00 EST
EKG-Outpatient, 03/03/23 12:51:00 EST, Stat, Abnormal EKG, Standard, 03/03/23 12:51:00 EST
Hips Bilat, 03/03/23 12:52:00 EST, Priority: Stat, Transport Mode: Bed, Reason: fall, R>L pain, Diabetic: Unknown, Pregnant: Patient denies, Mon General Hospital, Isolation: Standard, 03/03/23 12:52:00 EST
MC CBC + Diff, Blood, Stat collect, 03/03/23 12:51:00 EST, Marion Co. Neighborhood Hospital, 03/03/23 12:52:00 EST
MC Comprehensive Metabolic Panel (CMP), Blood, Stat collect, 03/03/23 12:51:00 EST, Marion Co. Neighborhood Hospital, 03/03/23 12:52:00 EST
Portable Chest, 03/03/23 12:51:00 EST, Priority: Stat, Transport Mode: Bed, Reason: fall, Diabetic: Unknown, Pregnant: Patient denies, Mon General Hospital, Isolation: Standard, 03/03/23 12:51:00 EST

Follow Up

No qualifying data available

Medication Reconciliation

Unchanged

acetaminophen (Tylenol Arthritis Extended Release 650 mg oral tablet, extended release) 1 tab(s) Oral every 8 hours as needed pain.
amLODIPine (amLODIPine 2.5 mg oral tablet) 1 tab(s) Oral Twice a Day. Refills: 5.
aspirin (aspirin 81 mg oral tablet) 1 tab(s) Oral Twice a Day for 30 Days. Refills: 0.
betamethasone topical (betamethasone dipropionate 0.05% topical ointment) 1 Application Topical 2 times a week. Vaginal dryness.
cholecalciferol (Vitamin D3 25 mcg (1000 intl units) oral capsule) 1 Capsules Oral once a day.
hydroCHLORothiazide (hydroCHLORothiazide 25 mg oral tablet) 1 tab(s) Oral once a day. Refills: 3.
magnesium oxide (magnesium oxide 400 mg oral tablet)
multivitamin 1 tab(s) Oral once a day.

MC Anion Gap	03/03/23 12:52	9.0	Low	01/05/22	9.0	Low
MC eGFR non African American	03/03/23 12:52	28	Low	01/05/22	30	Low
MC eGFR African American	03/03/23 12:52	46	Low	01/05/22	49	Low
MC Calcium	03/03/23 12:52	10.2		01/05/22	9.3	
MC Total Prot	03/03/23 12:52	6.7		01/05/22	6.7	
MC Albumin	03/03/23 12:52	3.9		01/05/22	3.4	
MC Alk Phos	03/03/23 12:52	61		01/05/22	69	
MC AST (SGOT)	03/03/23 12:52	29		01/05/22	21	
MC ALT (SGPT)	03/03/23 12:52	23		01/05/22	17	
MC Total Bili	03/03/23 12:52	1.1		01/05/22	.8	

Hematology CBC/Diff	LATEST RESULTS		HISTORICAL RESULTS	
WBC	03/03/23 12:52	9.2	12/14/22	4.2

MCNH Hematology CBC/Diff	LATEST RESULTS		HISTORICAL RESULTS	
MC RBC	03/03/23 12:52	3.84	01/05/22	3.64 Low
MC HGB	03/03/23 12:52	12.1	01/05/22	10.9 Low
MC HCT	03/03/23 12:52	35.2	01/05/22	33.6 Low
MC MCV	03/03/23 12:52	91.7	01/05/22	92.3
MC MCH	03/03/23 12:52	31.5	01/05/22	29.9
MC MCHC	03/03/23 12:52	34.4	01/05/22	32.4
MC RDW	03/03/23 12:52	13.1	01/05/22	12.9
MC PLT	03/03/23 12:52	201	01/05/22	247
MC MPV	03/03/23 12:52	9.2	01/05/22	8.4
MC NEUT%	03/03/23 12:52	88.6	01/05/22	72.8
MC LYMPH%	03/03/23 12:52	6.3	01/05/22	19.9
MC NEUT#	03/03/23 12:52	8.1	01/05/22	4.8
MC LYMPH#	03/03/23 12:52	0.6	01/05/22	1.3

naphazoline-pheniramine ophthalmic (Naphcon-A 0.025%-0.3% ophthalmic solution) 1 Drops Each Affected Eye Four Times a Day as needed as needed for ocular congestion. Refills: 0.

Diagnostic Results**CT Cervical Spine Routine UN**

MAR/03/23 13:05:00

Impression: No acute fracture of the cervical spine.

CT Head UN

MAR/03/23 13:08:00

Impression: No acute intracranial abnormality.

AMH

Hips Bilat

MAR/03/23 13:05:00

Impression: Stable chronic healed fracture deformity of the left femoral neck. No acute fracture identified. Stable degenerative changes. Osteopenia limits assessment of the sacrum.

Portable Chest

MAR/03/23 13:01:00

Impression: Chronic interstitial changes of the lungs.

ECG

EKG interpreted contemporaneously by ED physician shows: Normal sinus rhythm, left axis deviation, normal PR, QRS, QTc. Nonspecific ST and T wave changes. No evidence of acute ischemia. No significant change from EKG 2 years ago.

Signature Line

Electronically Signed By
Boreham, Alex DO
on 03.03.2023 14:53

Completed Action List:

- * Perform by Boreham, Alex DO on March 03, 2023 12:56 EST
- * Modify by Boreham, Alex DO on March 03, 2023 14:53 EST
- * Sign by Boreham, Alex DO on March 03, 2023 14:53 EST Requested by Boreham, Alex DO on March 03, 2023 12:56 EST
- * VERIFY by Boreham, Alex DO on March 03, 2023 14:53 EST