

WK Medical Center  
2600 Greenwood Road  
Shreveport, LA 71103

Emergency Department Note  
Signed

Patient: PALMS,TIMMIE  
DOB: 01/31/1945  
Age/Sex: 78 / M  
Loc: ER  
Attending Dr:

MR#: D000189677  
Acct:W10084184943  
ED ADM Date: 08/05/23  
ED DIS Date:

cc: ~

## HPI - Dizziness

### General

Chief Complaint: Dizziness

Stated Complaint:

DIZZINESS

Time Seen by Provider: 08/06/23 02:06

Source: patient and RN notes reviewed

Mode of arrival: ambulatory

Limitations: no limitations

### History of Present Illness

HPI Narrative:

78 Y/O M PRESENTS TO THE ED CC DIZZINESS X 1 WEEK. PT STATES HE FELL BACK A FEW DAYS AGO DUE TO SXS. PT DESCRIBES DIZZINESS AS "SPINNING." PCP IS DR. LEE. PT TRAVELS BACK AND FORTH FROM HERE AND DALLAS.

MD elicited complaint: dizziness

Onset (ago): week(s) (1)

Timing: constant

Severity: moderate

Description: "room spinning"

Exacerbating factors: nothing

Relieving factors: nothing

Associated symptoms: Yes denies other symptoms

### Related Data

### Home Medications

Medication	Instructions	Recorded	Confirmed
allopurinol 100 mg tablet	mg ORAL .TAKE 1 TABLET DAILY	04/21/23	04/21/23
amlodipine 5 mg tablet	mg ORAL	04/21/23	04/21/23
calcitriol 0.5 mcg capsule	mcg ORAL	04/21/23	04/21/23
hydralazine 50 mg tablet	mg ORAL	04/21/23	04/21/23
lidocaine 5 % topical patch	patch TRANSDERM PRN	04/21/23	04/21/23
methylprednisolone 4 mg tablets in a dose pack (Medrol (Pak))	mg ORAL	04/21/23	04/21/23
metoprolol succinate 50 mg tablet,extended release 24 hr (Toprol XL)	mg ORAL	04/21/23	04/21/23
pravastatin 80 mg tablet	mg ORAL .TAKE 1 TABLET DAILY	04/21/23	04/21/23

### Previous Rx's

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Medication	Instructions	Recorded
meclizine 25 mg tablet	25 mg ORAL 2XDAY PRN dizziness #20 tabs	08/06/23

### Allergies

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
No Known Allergies	Allergy			Unverified	04/21/23 17:08

## ROS

### Status of ROS

10 or more systems reviewed and unremarkable except in HPI and below

#### Const.

Constitutional: Denies: fever(s), chills, change in weight or night sweats

#### Head

Denies: headache and Denies: head injury

#### Eyes

Denies: blind spots, eye discomfort, blurred vision, diplopia, discharge, dryness, itching, loss of vision, pain, photophobia, redness or swelling

#### Ears

Denies: discharge, hearing impairment, loss of balance, pain, ringing or tinnitus

#### Nose

Denies: epistaxis or rhinorrhea

#### Mouth

Denies: dryness of mouth, Denies: lesion, Denies: ulcer, Denies: mouth pain and Denies: tooth pain

#### Throat

Denies: dysphagia or sore throat

#### Neck

Denies: mass, Denies: neck stiffness, Denies: neck pain and Denies: swelling

#### Cardio

Denies: chest pain, Denies: palpitations, Denies: edema and Denies: syncope

#### Breast

Denies: breast pain and Denies: breast swelling

#### Resp.

Denies: dyspnea, Denies: cough, Denies: stridor, Denies: pain on inspiration, Denies: change in phlegm color, Denies: hemoptysis and Denies: snoring

#### GI

Denies: abdominal pain, nausea, vomiting, diarrhea, constipation or hematemesis

#### Rectum & Anus

Denies pain or rectal swelling

#### GU

Denies: dysuria, Denies: urinary frequency and Denies: hematuria

#### Musculoskeletal

Denies: back pain or myalgia

#### Peripheral Vascular

Denies extremity coldness, Denies extremity numbness and Denies claudication

#### Neuro

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Reports: dizziness;

Denies: headache(s), change of speech, memory difficulty or difficulty walking

**Psych**

Denies: anxiety, suicidal ideation, homicidal ideation, depression or hallucination

**Endocrine**

Denies: fatigue

**Allergic & Immuno**

Denies: wheezing

**PFSH**

**PFSH**

**Medical History** (Reviewed 08/06/23 @ 02:55 by Reaghen Jones)

HLD (hyperlipidemia)

HTN (hypertension)

**Family History** (Reviewed 08/06/23 @ 02:55 by Reaghen Jones)

**Other**

Family history non-contributory

**Social History** (Reviewed 08/06/23 @ 02:55 by Reaghen Jones)

**Lives With:** Family

**Smoking Status:** Never smoker

**How often do you have a drink containing alcohol?:** Never

**AUDIT-C Alcohol total score:** 0

**Non-Prescribed Substance Use:** Denies Use

**Does Your Home Environment Cause You Fear, Pain, or Injury:** Denies

**Have You Recently Felt Abused, Taken Advantage of, or Neglected?:** Denies

**Exam**

**Const**

Attestation: Documenting provider has reviewed patient's vital signs

Exam limitations: No altered mental status

General appearance: cooperative

Nutritional appearance: obese morbidly obese

Orientation/consciousness: awake, oriented to person, oriented to place and oriented to time

**HENMT**

Head and scalp: normal to inspection and normocephalic

Ear: TM's normal bilaterally;

No external ears normal (HAIR PINNA)

Mouth: Normal oral and palatal mucosa present and tonsils normal

**Eye**

General: appearance normal, both eyes and all related structures, normal light reflex and Equal, round and reactive pupils present;

No EOM abnormal and No Nystagmus present

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Vision: acuity normal

Direct Ophthalmoscopy: normal light reflex

**Neck & C-Spine**

General: normal visual inspection, trachea midline and normal carotid upstroke;

No tender

Thyroid: Thyroid normal;

no masses

Cervical spine: cervical ROM normal;

No Cervical spine tenderness

**Chest**

Chest: No Pacemaker present

**Respiratory**

Effort & inspection: normal and able to speak in complete sentences

Auscultation: clear to auscultation bilaterally;

no wheezes

Percussion: percussion normal

**Cardio**

Rate/Rhythm: regular rate and regular rhythm;

No bradycardic, No tachycardic and No abnormal rhythm

**GI**

Inspection: normal to inspection

Auscultation: normoactive bowel sounds

Palpation: Soft to palpation;

non-tender, No Guarding due to palpation present (GI), No Hepatosplenomegaly present, no ascites present and no rebound tenderness present

Percussion: normal to percussion

**Back & Pelvis**

General back: No paraspinal muscle tenderness and No tenderness

**Extremity/Vascular**

General: No calf tenderness, No cyanosis, No edema and No tenderness

Peripheral pulses: radial pulses present and dorsalis pedis present

**Neuro**

Sensorium/orientation: awake, oriented to person, oriented to place and oriented to time

Cranial Nerves: Cranial nerves II - XII intact

Speech: speech normal

Gait: Unable to assess gait

**Psych**

Attitude: calm

Activity/motor behavior: appropriate eye contact

Speech: normal speech

Thought content: Normal thought content present

Memory/cognition: memory grossly intact

Insight: Good insight present (Psych)

Judgement: Good judgement present (Psych)

**Skin**

General skin exam: elasticity normal and turgor normal;

no erythema, no excoriation(s), no jaundice and no mottling

Rashes: No rashes noted

**Course**

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### Vital Signs

Vital signs:

#### Vital Signs

Temp	Pulse	Resp	BP	Pulse Ox	O2 Del Method	O2 Flow Rate
98.0 F	77	16	152/90 H	97	Room Air	0
08/05/23 22:29	08/05/23 22:29	08/05/23 22:29	08/05/23 22:29	08/05/23 22:29	08/05/23 22:29	08/05/23 22:29

Temperature:(F or C)	98.0 F	08/06/23 06:29
Pulse Rate	57 L	08/06/23 06:29
Respirations	16	08/06/23 06:29
Blood Pressure	136/81	08/06/23 06:29
O2 Saturation	97	08/06/23 06:29
O2 Delivery Method	Room Air	08/06/23 06:29
Oxygen Flow Rate	0	08/06/23 06:29
FiO2	0	08/06/23 01:37

### MDM - Dizziness

#### MDM Narrative

Medical decision making narrative:

SCRIBE ATTESTATION: SAW THE PATIENT WITH SCRIBE. AGREE THAT DOCUMENTATION WAS CHARTED IN MY PRESENCE AND IS BOTH COMPLETE AND ACCURATE

PATIENT COMPLAINS OF DIZZINESS VERTIGO TYPE SYMPTOMS. HE DID DRIVE HIMSELF HERE WAS NOTED TO HAVE NORMAL GAIT WALKING IN.

ON EXAM QUITE OBESE PLEASANT NEURO EXAM NORMAL.

CT OF THE HEAD SHOWED CHRONIC ISCHEMIC

CHANGES CHEST X-RAY WAS UNREMARKABLE.

CBC AND CHEMISTRY PANEL UNREMARKABLE NORMAL

EKG REVIEWED NORMAL SINUS RHYTHM WITH NO ECTOPY NO BLOCKS NO ST ELEVATION NORMAL AXIS

WE TREATED HIM WITH MECLIZINE THE FOLLOW-UP WITH DR. LEAH IN THE OFFICE.

ALL LABORATORY EKG LOOKED IMAGING STUDIES NO RECORDS INDEPENDENTLY INTERPRETED BY ME

#### Lab Data

08/06/23 00:58

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6.8 13.9  
 42.7 182

08/06/23 00:58

138 103 22H  
 4.8 26 1.51H 88

Labs:

### Lab Results

	08/06/23 00:58	08/06/23 05:13	Range/Units
WBC	6.8		(3.1-9.7) 10E3/uL
RBC	4.56		(4.08-5.70) 10E6/uL
Hgb	13.9		(13.1-16.8) g/dL
Hct	42.7		(38.2-48.4) %
MCV	93.7		(81.4-98.5) fL
MCH	30.6		(27.1-34.2) pg
MCHC	32.7		(31.7-35.2) g/dL
RDW	15.2		(12.3-16.3) %
Plt Count	182		(130-351) 10E3/uL
MPV	8.9		(6.6-10.2) fL
Neut % (Auto)	44.6		(40.6-75.3) %
Lymph % (Auto)	34.3		(16.1-45.7) %
Mono % (Auto)	12.5 H		(3.7-12.2) %
Eos % (Auto)	7.5 H		(0.0-6.3) %
Baso % (Auto)	1.1		(0.1-1.3) %
Neut # (Auto)	3.0		(0.9-7.4) 10E3/uL
Lymph # (Auto)	2.3		(0.9-3.3) 10E3/uL
Mono # (Auto)	0.9		(0.2-0.9) 10E3/uL
Eos # (Auto)	0.5		(0.0-0.5) 10E3/uL
Baso # (Auto)	0.1		(0.0-0.1) 10E3/uL
D-Dimer		1.57 H	(< 0.5) ug/mLFEU
Sodium	138		(137-145) mmol/L
Potassium	4.8		(3.5-5.1) mmol/L
Chloride	103		(98-107) mmol/L
Carbon Dioxide	26		(21-32) mmol/L
Anion Gap	9.0		(5.0-15.0) mmol/L
BUN	22 H		(7-20) mg/dL
Creatinine	1.51 H		(0.66-1.25) mg/dL
Est GFR (CKD-EPI)	47.0 L		(>60) SeeBelow
Glucose	88		(70-109) mg/dL
Calcium	9.2		(8.4-10.2) mg/dL
Total Bilirubin	0.8		(0.2-1.3) mg/dL
Direct Bilirubin	0.4		(0.0-0.4) mg/dL
AST	40		(3-45) U/L
ALT	28		(0-50) U/L
Alkaline Phosphatase	74		(38-126) U/L

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Troponin I	< 0.012	(0-0.034) ng/mL
B-Natriuretic Peptide	30	(15-100) pg/mL
Total Protein	6.9	(6.3-8.2) g/dL
Albumin	4.0	(3.5-5.0) g/dL

### Imaging Data

Radiologist's impression:

Head CT 08/06/23 03:49

#### IMPRESSION:

1. No acute intracranial findings.
2. Other chronic changes as described.

## Discharge Plan

### Discharge

Service Date/Time: 08/05/23 22:10

ED Provider: Dillon,Brian Thomas

Patient Disposition: Home

Clinical Impression:

Vertigo

Patient Education: Benign Positional Vertigo, Dizziness, Easy-to-Read

Referrals/Follow-Up:

Le,Huan Quoc, MD [ACTIVE] - Next Business Day

Stand Alone Forms: Discharge Handout Stoplight, myWK Portal Instructions

Discharge Orders:

**Discharge Order** (Routine); Ordered 08/06/23

Ordered By: Brian Thomas Dillon

Discharge Medications:

#### New

**meclizine 25 mg tablet**

25 mg ORAL 2XDAY PRN (Reason: dizziness) Qty: 20 ORF

#### No Action

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**methylprednisolone [Medrol (Pak)] 4 mg tablets,dose pack**

ORAL

Rx Instructions:

take by oral route as directed per package instructions

**lidocaine 5 % adhesive patch,medicated**

TRANSDERM PRN

Rx Instructions:

APPLY 1 PATCH TRANSDERMALLY DAILY AS NEEDED FOR BACK PAIN (MAY WEAR UP TO 12 HOURS)

**hydralazine 50 mg tablet**

ORAL

Rx Instructions:

TAKE 1 TABLET TWICE A DAY WITH FOOD

**calcitriol 0.5 mcg capsule**

ORAL

Rx Instructions:

TAKE 1 CAPSULE DAILY

**amlodipine 5 mg tablet**

ORAL

Rx Instructions:

TAKE 1 TABLET TWICE A DAY

**metoprolol succinate [Toprol XL] 50 mg tablet extended release 24 hr**

ORAL

Rx Instructions:

TAKE 1 TABLET TWICE A DAY

**pravastatin 80 mg tablet**

ORAL .TAKE 1 TABLET DAILY

Rx Instructions:

TAKE 1 TABLET DAILY

**allopurinol 100 mg tablet**

ORAL .TAKE 1 TABLET DAILY

Rx Instructions:

TAKE 1 TABLET DAILY

Interventions:

ED Discharge Assessment Last Done: 08/06/23 06:29

Discharge Date/Time: 08/06/23 06:29

Dictated By: Dillon, Brian Thomas, M.D.

Signed By: <Electronically signed by Brian Thomas Dillon, M.D.>

08/06/23 0636

DD/DT: 08/06/23 0254

TD/TT: 08/06/23 0254 Transcriptionist: RJ

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