Student Note ID: 359

# Chief Complaint

Abdominal pain

# History of Presenting Illness

49 F complains of RLQ abdominal pain starting 12 hours ago. The pain is constant, sharp, and radiates down the entire right leg. She rates the pain at a 10. She reports associated chills, nausea, and diarrhea, but she took laxatives 2 days ago for constipation. Pain is unrelieved by Tylenol. She says putting her right leg in a flexed position helps the pain a little. Abdominal pain is not related to anything she's eaten, and she has not eaten since. Denies vomiting, chest pains, heartburn, urinary changes. Denies recent travel or sick contacts. Of note, she has had an unintentional 15-20 lb weight loss in the past 3 months.

# Review of Systems

General: Chills, weight loss, fatigue, and nausea. Denies vomiting   
  
Cardiac: Denies chest pain, palpitations  
  
Pulmonary: Denies cough, SOB  
  
Heme: Easy bruising. Denies bleeding   
  
GI: Abdominal pain and diarrhea per HPI  
  
GU: Denies urinary changes   
  
Except as noted in the above Review of Symptoms and in the History of Present Illness, all other systems have been reviewed and are negative or noncontributory.

# History

## Past Medical History

HTN  
  
T2DM  
  
CHF with EF 55-59%  
  
Depression, anxiety

## Past Surgical History

Cholecystectomy, tubal ligation with oophorectomy.

## Medications

Alprazolam, atorvastatin, fluoxetine, furosemide, gabapentin, lisinopril

## Allergies

Naproxen - rash  
  
Haldol - mouth swelling

## Family History

Grandma - heart problems  
  
Mom - heart problems, asthma, emphysema

## Social History

10 pack year smoking history  
  
Used meth but stopped 2 months ago  
  
Uses marijuana  
  
Denies alcohol use

# Physical Exam

## Vitals

Heart Rate: 101, Blood Pressure: 197/86  
 Respiratory Rate: 20, O2 Sat: 99  
 Weight: , Height:

## Exam

General: alert and oriented. In moderate distress due to abdominal pain  
  
Pulmonary: lungs clear to auscultation. Breathing non-labored.  
  
Cardio: Tachycardic, no murmurs. No peripheral edema  
  
Abdominal: Hyperactive bowel sounds. Tenderness in right lower quadrant. No guarding or rebound tenderness. Positive psoas sign and obturator sign

# Data

Abdominal X ray is unremarkable. Labs show K 2.4, WBC 19.3. Urine drug screen positive for amphetamines, cannabinoid, and opiates. Order EKG

# Assessment and Plan

## Summary Statement

This is a 49 year old female, who is presenting today for RLQ pain radiating down left leg for past 12 hours. Associated chills, nausea, diarrhea. Unintentional 15-20 lb weight loss in past 3 months.  
 The patient has a pertinent history of PMH of HTN, DM, CHF with EF 55-59%. Illicit drug use (maraijuana, meth, opiates). Previous surgical history includes cholecystectomy and oophorectomy.  
 Patient's exam is remarkable for RLQ tenderness with no guarding or rebound tenderness. Positive psoas and obturator signs.  
 Patient's data is remarkable for Abdominal X ray unremarkable. Lab shows hypokalemia K = 2.4. WBC elevated at 19.3. Blood pressure is elevated at 197/86.

### Problem 1:

RLQ pain with leukocytosis

### Differential DX:

### Diagnostic Plan:

Order stool culture panel, ESR, CRP

### Treatment Plan:

Empiric treatment with Zosyn

### Problem 2:

Hypertension

### Differential DX:

### Diagnostic Plan:

BP is 197/86

### Treatment Plan:

Order one dose of 10 mg hydralazine. Continue home medications Lasix 40 daily and Lisinopril 20 daily starting tomorrow

### Problem 3:

Hyperkalemia

### Differential DX:

### Diagnostic Plan:

### Treatment Plan:

Replete with 60 mEq of KCl, recheck K levels. Order EKG