Student Note ID: 329

# Chief Complaint

Shortness of breath

# History of Presenting Illness

79 F presents to ED with dyspnea with exertion for 5 days. Now the dyspnea also occurs at rest and is getting worse. Also reports recent orthopnea. She's been coughing up green sputum, with no blood. Cough and dyspnea occur throughout the day. Denies fever, chills, leg swelling, leg pain, chest pain, palpitations. She's on 3L O2 at home. She was hospitalized in August 2021 for a few days for bronchitis and COPD exacerbation. Patient has history of breast cancer that was treated with cryoablation in 2020. She also had lung cancer in 2017 that was treated with chemotherapy and radiation. Covid and influenza tests are negative.

# Review of Systems

Pulmonary: dyspnea and cough per HPI  
  
General: no fever, chills  
  
Cardiac: no chest pain, palpitations  
  
GU: no urinary changes  
  
GI: Felt nauseous 2 days ago. No abdominal pain, diarrhea, constipation  
  
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

PAD  
  
COPD  
  
HTN  
  
Lung cancer 2017 - in remission  
  
Breast cancer - in remission

## Past Surgical History

Tonsils removed during childhood

## Medications

Cilostazol: 50 mg 1 tab PO BID  
  
Prednisone: 20 mg taper for 3 days, 1 tab x3d PO  
  
Isosorbide dinitrate: 30 mg 1 tab PO qd  
  
Atorvastatin: 40 mg 1 tab PO qd  
  
Amlodipine: 5 mg 1 tab PO qd  
  
Clopidogrel: 75 mg 1 tab PO qd  
  
Atenolol: 25 mg 1 tab PO BID

## Allergies

None

## Family History

## Social History

55 pack-year smoking, quit in December 2015  
  
Worked with floor chemicals  
  
Occasional alcohol use

# Physical Exam

## Vitals

Heart Rate: 79, Blood Pressure: 132/65  
Respiratory Rate: 16, O2 Sat: 97  
Weight: , Height:

## Exam

Cardio: Trace lower extremity edema. Normal S1, S2, no murmurs or extra sounds  
  
Pulmonary: Bilateral diffuse coarse breath sounds and rhonchi. Breathing is labored.   
  
Abdominal: Hepatojugular reflux shows elevated JVP. No abdominal tenderness or distension.   
  
Neuro: Oriented x3. Responds to questions appropriately

# Data

CXR unremarkable. Troponin levels normal. EKG showed supraventricular premature complexes. Echo is ordered.

# Assessment and Plan

## Summary Statement

This is a 79 year old female, who is presenting today for Dyspnea, productive cough for 5 days. Symptoms have worsened. She's coughing up green sputum with no blood. Started out as dyspnea with exertion, but now has dyspnea during rest and orthopnea. Denies fever, chills, leg swelling, leg pain, chest pain, palpitations. Has history of COPD and bronchitis.  
The patient has a pertinent history of COPD, HTN, bronchitis, lung cancer (remission), breast cancer (remission). Was hospitalized last August for COPD exacerbation and bronchitis.  
Patient's exam is remarkable for Positive hepatojugular reflux. Lung exam shows bilateral diffuse coarse breath sounds with rhonchi. Trace LE edema. Cardio and abdominal exams normal.  
Patient's data is remarkable for CXR shows evidence of COPD. Troponin levels normal. EKG showed supraventricular premature complexes. Echo is ordered.