

Name:	BERRY, VICKIE L		Admit Date:	5/9/2025
MRN / FIN:	10502	7585036	Discharge Date:	5/9/2025
DOB / Age:	3/1/1953	72 years	Attending:	Duong DO, Tai N
Sex / Birth Sex:	Female	Female	Copy to:	CareAware Oauth, LOGN_IN

Emergency Documentation

Document Type:	ED Note Provider
Service Date/Time:	5/9/2025 09:29 EDT
Result Status:	Auth (Verified)

BERRY, VICKIE L

DOB: 03/01/1953
Age: 72 years
Sex: Female
MRN: 10502
Registration Date: 05/09/2025
Primary Care Physician:
Akande MD, Olusina

Basic Information

Time Seen:

Duong DO, Tai N 05/09/2025 08:32

Chief Complaint

PT. comes in with c.o of R knee pain X2 weeks

History Of Present Illness:

71-year-old woman presents with mild to moderate pain to the medial aspect of her right knee, she does not recall any injuries or falls. No prior history of chronic pain. No calf pain. No thigh pain. No fever. No rash.

Review of Systems:

Denies other illnesses.

Physical Exam

Vitals & Measurements

T: 36.7 °C (Axillary) **HR:** 101 (Peripheral) **RR:** 18 **BP:** 118/96 **SpO2:** 99%
HT: 162.56 cm **WT:** 82.20 kg **BMI:** 31.11 **Pain Score:** 3 **O2 Therapy:** Room air

General: Alert and oriented, well nourished, No acute distress, Well appearing

Eye: PERRL, EOMI, Normal conjunctiva

HENT: Normocephalic, moist oral mucosa, No scleral icterus

Neck: Supple, non-tender, No JVD

Lungs: Non-labored respiration

Heart: Normal capillary refill

Abdomen: Non-distended

Musculoskeletal: Moves all extremities, Full range of motion of right knee with some pain. Tenderness over the anterior medial aspect of right knee. No obvious effusion. Medial anterior aspect where patient is painful and tender there is some very light areas of ecchymosis and erythema.

Skin: Skin is warm, dry and pink

Neurologic: Awake, alert and oriented X4

Medical Decision Making:

MDM

Problem List/Past Medical History

Ongoing

Aneurysm, cerebral
Asymptomatic stenosis of intracranial artery
Bilateral cataracts
Carotid stenosis
Depression with anxiety
Essential hypertension
Gastro-esophageal reflux disease without esophagitis
Hemorrhoids
History of CVA (cerebrovascular accident) without residual deficits
Hx of basal cell carcinoma
Hypothyroidism, acquired, autoimmune
Iron deficiency anemia
Keratoconus
Mixed hyperlipidemia
Other chronic pain
Prolonged grief disorder
Vertigo

Historical

Disease caused by 2019 novel coronavirus

Procedure/Surgical History

- ORIF - Open reduction and internal fixation of fracture (04/19/2022)
- Colonoscopy (12/21/2015)
- Colonoscopy (04/14/2008)
- Stroke

Memorial Hospital

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Although not an exhaustive list of **Differential Diagnosis**: Contusion, arthritis, sprain, strain

ED Course: 71-year-old woman presents with mild to moderate pain to the medial aspect of her right knee, she does not recall any injuries or falls. No prior history of chronic pain. No calf pain. No thigh pain. No fever. No rash.

Knee x-ray with degenerative changes otherwise unremarkable. Patient states that Tylenol and ibuprofen will be sufficient for pain.

Prior external records reviewed: Previous outpatient records reviewed. Local pharmacy records reviewed. Inspect record reviewed.

The patient has received a medical screening examination: within reasonable clinical confidence has been stabilized in the ED.

Imaging: Interpretation by radiology and independently reviewed by me. X-ray images visualized. Agree with radiology report. Degenerative changes otherwise unremarkable.

Independent **EKG interpretation**:

Presenting clinical condition necessitates admission or observation consideration: No

Independent Hx provided by:

Med Rx considered but ultimately not given: Tramadol

Dx tests considered but ultimately not ordered: MRI of right knee

Social determinant that may affects healthcare:

Pt's case/impression summarized and discussed with:

Likely Dx given clinical picture: Right knee pain

Patient at time of discharge was clinically well-appearing and HDS for outpatient management. The patient and/or family was given the opportunity to ask questions prior to discharge, understood my verbal discussion of the plans for treatment, expected course, indications to return to ED, and the need for timely follow up as directed.

Prescribed medications: None

Condition: Stable

Disposition: Discharge

Assessment/Plan

1. Right knee pain M25.561
2. Arthritis of knee, right M17.11

Orders:

Discharge Patient, 05/09/25 9:28:00 EDT, Stable

- Tonsillectomy

Allergies

No Known Allergies

No Known Medication Allergies

Social History

Alcohol

Past

Electronic Cigarette/Vaping

Electronic Cigarette Use: Never.

Employment/School

Retired

Exercise

Physical Activity Intensity: Light. Sleep number of hours per night: 6. Self assessment: Fair condition.

Home/Environment

Marital Status of Patient if Patient

Independent Adult: Married.-

Comments: Children: yes 3

Nutrition/Health

Diet: Vegetarian. Wants to lose weight: Yes.

Substance Use

Never

Tobacco

Tobacco Use: Never tobacco user.

Family History

Congestive heart failure: Mother.

Fire: Child.

Healthy adult: Sister and Brother.

Hypertension: Mother and Father.

Overdose: Child.

Deceased Family Member(s):

MOTHER, deceased at age: Unknown. Cause of death:

Deceased Family Member(s):

FATHER, deceased at age: Unknown. Cause of death:

Deceased Family Member(s):

CHLD_RESP, deceased at age: Unknown. Cause of death:

Deceased Family Member(s):

CHLD_RESP, deceased at age: Unknown. Cause of death:

Diagnostic Results

XR Knee 3 Views Right 05/09/2025 09:21 EDT

XR Knee 3 Views Right

05/09/25 09:21:00

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Emergency Documentation

Patient Discharge Condition
stable

Discharge Disposition
home

Patient Education

Acute Knee Pain, Adult

Follow Up

With	When	Contact Information
Akande MD, Olusina	In 1 week , only if needed	
Additional Instructions: Tylenol and ibuprofen as needed for pain. Take it easy on your right knee. Follow-up with your primary care provider in 1 week if no improvement. Follow-up sooner or come to ER if worsening or new problems develop.		

Medication Reconciliation

Unchanged

amLODIPine (amLODIPine 10 mg oral tablet)1 tab Oral (given by mouth) every day. Refills: 0.

clopidogrel (clopidogrel 75 mg oral tablet)1 tab Oral (given by mouth) every day. Refills: 2.

ferrous sulfate (FeroSul 325 mg (65 mg elemental iron) oral tablet)TAKE 1 TABLET BY MOUTH EVERY OTHER DAY.

hydrochlorothiazide (hydroCHLOROthiazide 25 mg oral tablet)1 tab Oral (given by mouth) every day. Refills: 0.

levothyroxine (levothyroxine 100 mcg (0.1 mg) oral tablet)1 tab Oral (given by mouth) every day. Refills: 1.

lisinopril (lisinopril 40 mg oral tablet)1 tab Oral (given by mouth) every day for 90 Days. Refills: 3.

omeprazole (omeprazole 40 mg oral delayed release capsule)1 Capsules Oral (given by mouth) every day. Refills: 3.

pravastatin (pravastatin 20 mg oral tablet)1 tab Oral (given by mouth) every day. Refills: 1.

traZODone (traZODone 50 mg oral tablet)4 tab Oral (given by mouth) every day at bedtime as needed AS NEEDED FOR SLEEP. Refills: 3.

venlafaxine (venlafaxine 150 mg oral capsule, extended release)2 Capsules Oral (given by mouth) every day. Refills: 1.

IMPRESSION:

Moderate degenerative joint disease without traumatic findings.

_-- THIS IS AN ELECTRONICALLY VERIFIED REPORT ---

Dictated By: Sean Gussick

Dictated: 5/9/2025 9:20:44 AM

Transcribed By: Self-Edited - PowerScribe

Transcribed: 5/9/2025 9:20:44 AM

Signed By:

Signed By: Gussick MD, Sean David

Diagnostic Study Interpretation:

X-Ray:

XR Knee 3 Views Right

05/09/25 09:21:00

EXAMINATION: XR KNEE, 3 VIEWS, RT

Date: 5/9/2025 8:52 AM

History: Female, 72 years old. r knee pain

Tech Notes: -- medial swelling thats getting worse over the past few weeks

COMPARISON: None.

Technique: Right knee 3 views.

FINDINGS:

Bones: No fracture or bone lesion.

Joint: Moderate degenerative changes without effusion.

Soft tissues: Unremarkable.

Additional comments: None.

IMPRESSION:

Moderate degenerative joint disease without traumatic findings.

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Signed By: Gussick MD, Sean David

Computed Tomography:

Ultrasound:

MRI:

Echo:

Ultrasound:

Mammography:

Bone Densitometry:

Electronically Signed on 05/09/2025 09:29 EDT

Duong DO, Tai N