

Jenkins, Jenny

ED Provider Notes

PHYSICIAN (D.O.)

Signed

Specialty: Emergency Medicine

Emergency Department Note:

Provider exam time/date:

Patient:

MRN:

History obtained from: Patient

Chief Complaint: SHORTNESS OF BREATH (SOB FOR 2 DAYS, PER PT " I SMOKE AND HAVE SMOKERS COUGH", Patient denies community exposure, close contact or household contact in the past 14 days to covid 19.ESI 3 DKLINE RN)

HPI:

Jenny Jenkins is a 74 Y female who presents to the ED with shortness of breath x 2 days, associated with exertion and laying flat. Patient is a daily smoker. No chest pain, back pain or other COVID sx's. No hx of CHF. Patient has swelling in b/l LEs.

ROS: 10 systems (constitutional, eyes, HEENT, respiratory, gastrointestinal, genitourinary, skin, hematologic, neurological, musculoskeletal) were reviewed and are negative unless noted here or in the HPI: Positive for: shortness of breath .

PMH:

Patient Active Problem List:

LEFT SUBCLAVIAN ARTERY STENOSIS

HYPERLIPIDEMIA

HTN (HYPERTENSION)

LEFT VENTRICULAR HYPERTROPHY

ARTHRITIS OF HAND..

SLEEP APNEA

TRIGGER FINGER.

OCCUPATIONAL THERAPY VISIT

SCREENING FOR OBSTRUCTIVE SLEEP APNEA SYNDROME

PREDIABETES

SUBCLINICAL HYPOTHYROIDISM

CHRONIC LOW BACK PAIN

CKD STAGE 3A (GFR 45-59)

C DIFFICILE COLITIS.

LEFT TMJ DISORDER

C DIFFICILE INFECTION

ALLERGIC RHINITIS

NICOTINE DEPENDENCE

PSH:

Past Surgical History:

Procedure	Laterality	Date
• BUNIONECTOMY		1/00
• CESAREAN SECTION		1967
• IOL-PHACO CATARACT SURGERY BILATERAL	Bilateral	5/3/2016
• RELEASE OF TRIGGER FINGER		12/21/2012

Meds: I reviewed the medication list.

ALL Allergies: Flagyl [metronidazole hydrochloride] and Lisinopril

Social Hx:

Tobacco History

Tobacco Use

Smoking Status Current Every Day Smoker

- Packs/day: 0.50
- Types: Cigarettes
- Last attempt to quit: 9/8/2012
- Years since quitting: 8.7

Smokeless Never Used

Tobacco

Tobacco Comment

smokes 6-7 cigs/day

Fam Hx: No family history on file.

Physical Exam:

BP 133/88 | Pulse 93 | Temp 98.4 °F (36.9 °C) | Resp 23 | Wt 51.3 kg (113 lb) | SpO2 98%
| BMI 22.82 kg/m²

Gen: Well-appearing, NAD

HEENT: Extraocular movements intact, mucous membrane moist

CV: RRR, no murmur

Resp: Clear to auscultation bilaterally, no Wheezing, Rales or Rhonchi

Abdominal: Soft, no distention, no tenderness, no guarding, no rebound tenderness, no CVAT

MSK: no edema, pulses intact, +2 pitting edema bl LE

Skin: warm and well perfused, no rashes on exposed skin

Neuro: Aox3, CN grossly intact, move all extremities, normal tone

Psy: Normal mood and affect, no SI/HI.

ED Assessment and Plan:

All relevant labs, imaging, EKG and old records were personally reviewed. Agree with any radiology reports.

1. Shortness of breath - likely CHF exacebation. Patient also develops an acute respiratory distress, likely flushed plumonary edema, responded well to bipap as well as Nitro.

Laboratory results, Imaging and ED Course:

Examined without PPE.

ED DISCHARGE DIAGNOSIS:

Shortness of breath

Discharge Plan:

Patient and/or family agree with plan. Patient was addressed with return precautions and instructed to follow-up with PCP in 2-3 days.

I have reviewed the clinical diagnoses listed below which were considered in the care of this patient. At the time of this visit there are no changes in these conditions unless otherwise noted. The patient will be advised to follow up after discharge with their PCP or appropriate specialist as treatment warrants.

HYPERLIPIDEMIA (Chronic)
LEFT SUBCLAVIAN ARTERY STENOSIS (Chronic)
HTN (HYPERTENSION) (Chronic)
SLEEP APNEA (Chronic)
SUBCLINICAL HYPOTHYROIDISM (Chronic)
CKD STAGE 3A (GFR 45-59) (Chronic)

Disposition: HBS

Condition on leaving ED: stable

Author Type
Last Editor
Hospital Acct #

PHYSICIAN (D.O.)

Status
Specialty
Admit Date

Signed
Emergency Medicine