ED Provider Notes
PHYSICIAN (D.O.) Signed
Specialty: Emergency Medicine

Emergency Department Note:

Provider exam time/date: 6/3/2021 at 11:48 PM
Patient:
MRN: 110005132917
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 Jerkins is a 74 Y female who presents to the ED with shortness of breath x 2 days, assocaited with exertion and laying flat. Patient is a daily smoker. No chest pain, back pain or other COVID sxs. 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 Tobacco	Never Used
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

Note Details

File Time 6/3/2021 11:50 PM

Author Type	PHYSICIAN (D.O.)	Status	Signed
Last Editor	Pyie, Aung Peter (D.O.)	Specialty	Emergency Medicine
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ED to Hosp-Admission (Discharged) Note shared with patient on 6/3/2021