Encounter #1

History & Physical Report
5/25/2023: Urgent Care Visit - Closed head injury (S09.90XA), Facial laceration (S01.81XA), Knee abrasion (S80.219A), Elbow abrasion (S50.319A) (Kayla Rehm, PA)
David Park
Appointment: 5/25/2023 9:00 AM
Location: ContinuEM - Office South
Patient #: 03311998
DOB: 3/31/1998
Undefined / Language: Undefined / Race: Undefined
Male

History of Present Illness (Kayla Rehm PA; 5/25/2023 2:35 PM)
Patient words: pt states was biking and fell off his bike injured right eye face knees left hand elbow.

The patient is a 25 year old male who presents with a complaint of laceration. Patient here with complaints of a facial laceration and multiple wounds after falling off of his bike. He reports that he slipped on some gravel and fell and hit his head, elbow, hand, knee. He reports multiple abrasions and wounds. Biggest concern was lacerations to the right periorbital area. No vision changes. No loss of consciousness. No headache or vomiting. He thinks lacerations are from his sunglasses. He is unsure of his last tetanus immunization. Denies any neck pain, back pain, chest pain, abdominal pain. Does not think anything broken. Has been ambulatory.

Problem List/Past Medical (Desiree Hindman, MA; 5/25/2023 1:26 PM)
Anxiety and depression (F41.9)
Eczema (L30.9)

Allergies (Desiree Hindman, MA; 5/25/2023 1:26 PM)
No Known Drug Allergies [05/25/2023]:

Medication History (Desiree Hindman, MA; 5/25/2023 1:26 PM)
Effexor XR (oral) Specific strength unknown - Active.

Social History (Desiree Hindman, MA; 5/25/2023 1:27 PM)
Tobacco Assessment Never smoker.
No Drug Use
Non Drinker/No Alcohol Use

Immunization History (Desiree Hindman, MA; 5/25/2023 1:27 PM)
Up to date covid vaccinex3

Past Surgical History (Desiree Hindman, MA; 5/25/2023 1:27 PM)
left wrist surgery

Review of Systems (Kayla Rehm PA; 5/25/2023 2:36 PM)

Note: GENERAL: no weakness, no fatigue
SKIN: + wounds
EYES: no vision changes
ENT: no epistaxis, no drainage from ears
CARDIAC: no palpitations
PULMONARY: no shortness of breath
GASTROINTESTINAL: no vomiting, no abdominal pain
NEUROLOGIC: no focal weakness, no slurred speech
MUSCULOSKELETAL: no joint swelling
HEMATOLOGY: no abnormal bleeding
IMMUNOLOGY: no immunosuppression
PSYCH: no substance abuse

Vitals (Desiree Hindman MA; 5/25/2023 1:27 PM)
5/25/2023 1:27 PM
Weight: 162.8 lb **Height:** 71 in
Body Surface Area: 1.93 m² **Body Mass Index:** 22.71 kg/m²
Pain Level: 3/10
Temp.: 97° F (Oral) **Pulse:** 91 (Regular) **Resp.:** 19 (Unlabored) P.OX: 99% (Room air)
BP: 135/95(Sitting, Left Arm, Standard)

Physical Exam (Kayla Rehm PA; 5/25/2023 2:38 PM)
The physical exam findings are as follows:
Note: GENERAL: Well-developed, well-nourished alert and in no acute distress. Ambulates into the room without any difficulty or assistance.
SKIN: Warm and dry.
HEENT: Normocephalic without palpable deformities. Atraumatic.
EYES: Pupils equal, round, and reactive to light. Extraocular movements intact. No periorbital ecchymosis or step-off. No nystagmus. No hyphema noted. No raccoon eyes. Patient has a 1 cm linear nongaping laceration noted just below the right brow line. He has a 1-1/2 cm more gaping wound noted just to the infraorbital area. No double vision with upward gaze.
EARS: Canals are patent. Tympanic membranes are clear. No battle signs or hemotympanum.
NOSE/FACE: Atraumatic. There is no septal hematoma. Facial bones are nontender to palpation and stable with attempts at manipulation.
MOUTH/THROAT: No intraoral trauma. Teeth and mandible are intact.
NECK: No midline point tenderness, step-off or deformity to firm palpation at posterior cervical spine. Full range of motion of the neck without limitations or pain.
CHEST: Lungs have good tidal volume with normal breath sounds bilaterally.
HEART: Regular rate and rhythm. Tones are normal and clear.
Abdomen: Nontender to palpation; no guarding, rebound, or rigidity.
BACK: Nontender without step-off or deformity to firm midline palpation. No CVAT.
EXTREMITIES: Full range of motion without limitation or pain. Good strength in all extremities. Patient has abrasions noted to his left hand, right knee, right elbow. He has no bony tenderness to any of these areas. He has full range of motion without limitation or pain.
NEURO: A&O x3, GCS 4-6-5. Cranial nerves II through XII are intact. Cerebellar exam with finger-nose testing is normal. No pronator drift. Negative Romberg. Good strength in upper and lower extremities. Normal gait.

Results (Kayla Rehm PA; 5/25/2023 2:44 PM)
Procedures

Name	Value	Date
Laceration Repair (v10)	Reason for Procedure: Repair of laceration (PROCEDURE: LACERATION REPAIR - to supraorbital area The procedure was explained and verbal consent was obtained. The wound area was prepped and thoroughly irrigated with sterile saline, and the area was draped in a sterile fashion. Anesthesia was achieved with lidocaine without epi. The wound was explored and there is no evidence of foreign body or significant deep structure injury. I was able to visualize to the depth of the wound in a bloodless field under direct light. The wound was repaired with 3 6-0 nlyon sutures in a simple interrupted fashion. The wound was dressed and wound care instructions were discussed in detail. Patient tolerated procedure without any significant adverse event. Wound length repaired: 1 cm Number of sutures: 3)	Performed: 5/25/2023 9:00 AM
COMPLEX REPAIR OF LACERATION OF FACE, 1.1 CM TO 2.5 CM (13131)	Procedure Note: PROCEDURE: LACERATION REPAIR - infraorbital The procedure was explained and verbal consent was obtained. The wound area was prepped and thoroughly irrigated with sterile saline, and the area was draped in a sterile fashion. Anesthesia was achieved with lido without epi. The wound was explored and there is no evidence of foreign body or significant deep structure injury. I was able to visualize to the depth of the wound in a bloodless field under direct light. The wound was repaired with one deep 6-0 vicryl, 4 superficial 6-0 nylon sutures in a simple interrupted fashion. The wound was dressed and wound care instructions were discussed in detail. Patient tolerated procedure without any significant adverse event. Wound length repaired: 1.5 Number of sutures: 1 deep, 4	Performed: 5/25/2023 9:00 AM

Assessment & Plan (Kayla Rehm PA; 5/25/2023 2:44 PM)
Closed head injury (S09.90XA)
Impression: Patient with closed head injury. Does not meet criteria for imaging of his head. He has no headache or vomiting. No evidence of any periorbital step-off or deformity or entrapment concerning for orbital fracture or need for CT imaging at this time. No evidence of trauma to the eye itself. Laceration was repaired as above. Patient has multiple other abrasions without evidence of any bony tenderness or limited range of motion that I think requires x-ray. Wound care discussed with the patient. Patient does have a strong history of keloid scars in the past so discussed that if he does keloid he may need to follow-up with plastic surgery.

Return and ER precautions were reviewed in detail. Patient verbalized their understanding and agreed with the plan of care.
Current Plans
- Patient Instructions:
  - Take over-the-counter Tylenol and ibuprofen as needed for pain.
  - Keep wound covered and dry for at least 12 hours.
  - Follow-up with your primary care doctor or community clinic in 2 days for wound check.
  - Sutures out in 5-7.
  - Go to the emergency department immediately if increased pain, redness, swelling, fever, discharge, rash, decreased movement, or any new or worsening symptoms.
- Pt Education - Laceration
- Pt Education - Head Injury, Adult

Facial laceration (S01.81XA)
Current Plans

- TDAP (TETANUS, DIPHTHERIA, AND ACELLULAR PERTUSSIS) VACCINE (90715)(J8499) - STAT
- LACERATION TRAY to BEDSIDE (A4550)
- SIMPLE REPAIR OF SUPERFICIAL WOUND OF FACE, 2.6CM TO 5.0CM (12013)
- Started bacitracin 500 unit/gram topical ointment, 1 application 2 times per day, 30 Gram, 05/25/2023, No Refill.
- LIDOCAINE INJECTION (J2001) - STAT (100 Units)
- SIMPLE REPAIR OF FACE, UP TO 2.5 CM (12011)
- COMPLEX REPAIR OF LACERATION OF FACE, 1.1 CM TO 2.5 CM (13131)

Knee abrasion (S80.219A)

Elbow abrasion (S50.319A)

History and Physical Note
Chart Review Note (Mitchell, MD Elizabeth; 5/25/2023 3:00 PM)
I have reviewed the history and physical note and findings.

Completed and submitted for review by Kayla Rehm PA (5/25/2023 2:46 PM)
Signed by MD Elizabeth Mitchell (5/25/2023 3:01 PM)

Procedures

TDAP (TETANUS, DIPHTHERIA, AND ACELLULAR PERTUSSIS) VACCINE (90715)(J8499) Performed: 05/25/2023 (Final, Reviewed)

LACERATION TRAY to BEDSIDE (A4550) Performed: 05/25/2023 (Final, Not Reviewed)

SIMPLE REPAIR OF SUPERFICIAL WOUND OF FACE, 2.6CM TO 5.0CM (12013) Performed: 05/25/2023 (Final, Not Reviewed)

LIDOCAINE INJECTION (J2001) (100 Units) Performed: 05/25/2023 (Final, Reviewed)

SIMPLE REPAIR OF FACE, UP TO 2.5 CM (12011) Performed: 05/25/2023 (Pending)

- Reason for Procedure: Repair of laceration (PROCEDURE: LACERATION REPAIR - to supraorbital area
  The procedure was explained and verbal consent was obtained. The wound area was prepped and thoroughly irrigated with sterile saline, and the area was draped in a sterile fashion. Anesthesia was achieved with lidocaine without epi. The wound was explored and there is no evidence of foreign body or significant deep structure injury. I was able to visualize to the depth of the wound in a bloodless field under direct light. The wound was repaired with 3 6-0 nlyon sutures in a simple interrupted fashion. The wound was dressed and wound care instructions were discussed in detail. Patient tolerated procedure without any significant adverse event.

  Wound length repaired: 1 cm
  Number of sutures: 3)

COMPLEX REPAIR OF LACERATION OF FACE, 1.1 CM TO 2.5 CM (13131) Performed: 05/25/2023 (Pending)

- Procedure Note: PROCEDURE: LACERATION REPAIR - infraorbital
  The procedure was explained and verbal consent was obtained. The wound area was prepped and thoroughly irrigated with sterile saline, and the area was draped in a sterile fashion. Anesthesia was achieved with lido without epi. The wound was explored and there is no evidence of foreign body or significant deep structure injury. I was able to visualize to the depth of the wound in a bloodless field under direct light. The wound was repaired with one deep 6-0 vicryl, 4 superficial 6-0 nylon sutures in a simple interrupted fashion. The wound was dressed and wound care instructions were discussed in detail. Patient tolerated procedure without any significant adverse event.

  Wound length repaired: 1.5
  Number of sutures: 1 deep, 4