

Nehaben Rahul Kaswala
51, Mountland Drive,
Scarborough, Ontario. M1G 2N7
Email : nehakaswala9795@gmail.com
Phone Number : 647-861-6443
Date : 05th October 2024

To,
The Canadian Embassy,
Immigration Department.

Subject : Request for Visitor Visa for My Mother

Respected Visa Officer,

I am writing to invite my mother Ms. Gitaben Dineshbhai Bavishi on visitor visa, refer personal details as below :

Name : Gitaben Dineshbhai Bavishi

DOB : 02nd December 1970

Current Address : C-503 Sukh Sahitya Heights, Opp. Mevada Green Party Plot, Nava Naroda Road, Ahmedabad, Gujarat, India.

Pin code : 382330

Mobile : +919737913114

I would like to invite my mother to provide emotional and practical support during my first positive pregnancy, following two earlier miscarriages.

My husband and I are eagerly expecting our first child. This pregnancy holds significant emotional weight for us given our past experiences.

Recently, I have completed my graduation in DevOps for Cloud Computing from Lambton college, and I have applied for My PGWP on 07th September 2024. I succeeded to secure the position of a full time DevOps Engineer which is started from 16th September'2024 with Omega Software Services Ltd.

My husband is working with Shah Trading Company since April'2023 as a full-time employee and has a stable income. Recently he has been promoted to the role of a Sales Representative. In this role, he will be travelling away from home daily for his official work. During this time, nobody will be at home to look after me. Also, my health is up and down with immense symptoms.

To tackle this sensitive phase consciously, I would like to invite my mother here in Canada, so that she can stay with us and look after me and the Baby.

We believe that having my mother with us during this crucial time will greatly help both of us in our mental and physical well-being. Her presence will offer much-needed comfort and support, as well as assist with the preparations for the baby and managing household responsibilities.

We are committed to fulfil all the conditions of her visitor visa and we assure you that she will return to her home country after said duration. We appreciate your understanding and consideration of our situation and look forward to a favourable response.

Thank you for your attention to this matter.

Sincerely,

N. R. Kaswala.

Nehaben Rahul Kaswala.

Dr. Brenda Sohn, MD FRCSC

Obstetrics, Gynecology and Minimally Invasive Surgery

Markham Sheppard Women's Health Centre

1780 Markham Road, Suite 140, Scarborough, ON M1B 2W2

Phone: (416) 286-3830 Fax: (416) 286-3133

2024-Aug-26

Name: BAVISHI GITABEN DINESHBHAI

DOB : 02 - DECEMBER - 1970

Address : C 503 SUKH SAHITYA HEIGHTS, OPP MEVADA GREEN PARTY PLOT, NAVA NARODA ROAD, AHMEDABAD, GUJARAT, INDIA. PIN CODE : 382330

Relationship : MOTHER

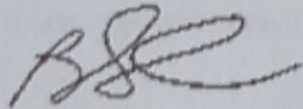
To whom it may concern,

This is to inform you that the above mentioned is the mother of Ms. Nehaben Kaswala, who is under my prenatal care. Her daughter's expected due date is February 23, 2025. She will be delivering at Scarborough Health Network - Centenary Site. I will providing ongoing antenatal, intrapartum and initial postpartum care to Ms. Kaswala.

Please accept this letter as support documentation for a visiting VISA for Ms. Gitaben , who presently resides in India. It would be ideal if the visiting VISA is granted for Ms. Gitaben before the birth of the newborn, so that she could be of assistance prior to the birth of the baby, and during Ms. Kaswala's post partum period. At this moment, my patient is experiencing some medical complications with her pregnancy and requires additional support at home.

If you require any more information, please do not hesitate to contact our office.

Sincerely,



Brenda Sohn, MD

Electronically Reviewed to Expedite Delivery

Name: Neha Kaswala | DOB: 9/7/1995 | MRN: 1810741742 | PCP: Mohamed Abounaja, MD | Legal Name: Nehaben Kaswala

Appointment Details

Notes

ED Provider Notes

Sam Patrick Lambert at 23/8/2024 22:09

Status: Signed

Nehaben Kaswala is a 29 y.o. female presenting to ED with

Chief Complaint

Patient presents with

- Vomiting and / or Nausea

Triage note reviewed:

Triage Note at 23/8/2024 20:57

Per husband pt is 13 wks pregnant

With N/V during pregnancy

Admitted x 1 wk for hyperemesis

Dx today with home care visits

Was told to come to ED 2 IV access for her tx

No abd cramping

No vaginal bleeding

G3P0M2

To triage per w/c

Looks tired

HPI

Patient is 13-week pregnant

Nausea and vomiting during pregnancy

Admitted for 1 week for hyperemesis

Was supposed to get home visit starting today

Was told to come to IV to get IV access for treatment

No cramping

No vaginal bleeding

G3P0A2

Patient looks unwell

After discussion with charge nurse and patient to the was determined that patient was declined home care service today because she did not have 2 lines for access

She is to get metoclopramide and KCl

Could not get it because of the 2 separate lines

Social History**Past Medical History**

Past Medical History:

2023: Miscarriage

No date: No disease found

No Known Allergies

Medications**Current Facility-Administered Medications on File Prior to Encounter**

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• [COMPLETED] potassium chloride (K-10) solution 20 mmol	20 mmol	oral	BID	Brenda Sohn		20 mmol at 23/08/2 4 0842
• [DISCONTINUED] acetaminophen (TYLENOL EXTRA STRENGTH) tablet 1,000 mg	1,000 mg	oral	QID PRN	Brenda Sohn		
• [DISCONTINUED] acetaminophen (TYLENOL EXTRA STRENGTH) tablet 1,000 mg	1,000 mg	Enteral Tube	QID PRN	Brenda Sohn		
• [DISCONTINUED] acetaminophen (TYLENOL) suppository 1,000 mg	1,000 mg	rectal	q6h PRN	Brenda Sohn		650 mg at 20/08/2 4 1700
• [DISCONTINUED] dimenhyDRINATE (GRAVOL) injection solution 25-50 mg	25-50 mg	intravenous	q4h PRN	Brenda Sohn		
• [DISCONTINUED] dimenhyDRINATE (GRAVOL) tablet 25-50 mg	25-50 mg	oral	q4h PRN	Brenda Sohn		
• [DISCONTINUED] famotidine (PEPCID) 20 mg in sodium chloride 0.9 % 100 mL IVPB	20 mg	intravenous	BID	Brenda Sohn		20 mg at 23/08/2 4 0844
• [DISCONTINUED] folic acid tablet 1 mg	1 mg	oral	Daily	Brenda Sohn		1 mg at 23/08/2 4 0842
• [DISCONTINUED] metoclopramide (MAXERAN) 5 mg/mL injection 10 mg	10 mg	intravenous	q12h SCH	Brenda Sohn		10 mg at 23/08/2 4 0843
• [DISCONTINUED] metoclopramide	5 mg	oral	QID PRN	Brenda Sohn		

(Maxeran) tablet 5 mg

• [DISCONTINUED] multivitamins without vit K 10 mL in dextrose 5 % in water (D5W) 1,000 mL IVPB		intravenous	Daily	Brenda Sohn	100 mL/hr at 22/08/24 2029	New Bag at 22/08/24 2029
• [DISCONTINUED] ondansetron (ZOFTRAN) 2 mg/mL injection 4 mg	4 mg	intravenous	q8h PRN	Brenda Sohn		4 mg at 20/08/24 1602
• [DISCONTINUED] ondansetron (ZOFTRAN) 2 mg/mL injection 4-8 mg	4-8 mg	subcutaneous	q8h PRN	Brenda Sohn		
• [DISCONTINUED] ondansetron tablet 4-8 mg	4-8 mg	oral	q8h PRN	Brenda Sohn		
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• [DISCONTINUED] sodium chloride 0.9% with potassium chloride 40 mmol/L infusion		intravenous	Continuous Infusion	Brenda Sohn	125 mL/hr at 22/08/24 1107	New Bag at 22/08/24 1107

Current Outpatient Medications on File Prior to Encounter

Medication	Sig	Dispense	Refill
• acetaminophen (TYLENOL EXTRA STRENGTH) 500 mg tablet	Take 2 tablets (1,000 mg total) by mouth 4 (four) times a day as needed for moderate pain.	30 tablet	0
• aluminum-magnesium hydroxide 200-200 mg/5 mL suspension	Take 15 mL by mouth every 6 (six) hours as needed for heartburn.	350 mL	0
• dimenhydrinate (GRAVOL) 50 mg tablet	Take 1 tablet (50 mg total) by mouth every 6 (six) hours as needed for nausea or vomiting.	60 tablet	0
• doxylamine-pyridoxine (DICLEPTIN) 10-10 mg tablet, delayed release (DR/EC)	Take 1 tablet by mouth daily for 2 days, THEN 1 tablet 2 (two) times a day for 2 days, THEN 2 tablets 2 (two) times a day.	126 tablet	0
• famotidine (PEPCID) 20 mg tablet	Take 1 tablet (20 mg total) by mouth 2 (two) times a day.	30 tablet	1
• metoclopramide (Maxeran) 5 mg	Take 1 tablet (5 mg	30 tablet	0

tablet	total) by mouth 4 (four) times a day as needed (for nausea) for up to 10 days.		
• MULTIVITAMIN ORAL			
• ondansetron 4 mg tablet	Take 1 tablet (4 mg total) by mouth every 8 (eight) hours as needed for nausea or vomiting for up to 20 doses.	20 tablet	0
• ondansetron 4 mg tablet	Take 1 tablet (4 mg total) by mouth every 8 (eight) hours as needed for nausea or vomiting for up to 7 days.	21 tablet	0
• potassium chloride (SLOW-K) 8 mmol (600 mg) CR tablet	Take 1 tablet (8 mmol total) by mouth 2 (two) times a day.	60 tablet	1

Physical Exam**Visit Vitals**

BP	103/73 (BP Location: Right arm, Patient Position: Sitting)	
Pulse	90	
Temp	36.7 °C (Tympanic)	
Resp	16	
Wt	41.5 kg	
LMP	(LMP Unknown)	Comment: is 13 weeks pregnant, pregnancy test positive Jul 2, 2024
SpO2	98%	
BMI	16.73 kg/m ²	
OB Status	Pregnant	
Smoking Status	Never	
BSA	1.35 m ²	

Vital signs above are reviewed and normal.

GENERAL: Patient is pale and vomiting. Looks unwell.

RESPIRATORY: Good air entry bilaterally to bases. No crackles, wheeze, rhonchi. Chest wall is normal.

CARDIO: Normal S1/S2. No extra heart sounds or murmurs appreciated. Symmetrical radial pulses.

ABDOMINAL: Abdomen is soft/non-tender. No scars appreciated. No Murphy's. No McBurney's.

Impression and Plan

Differential: Issue with IV access. Will give a dose of fluids and max ran here. and Tylenol as well.
Discharged home with new home care orders.

START TIME: 23/08/24 2145

END TIME: 2213

Reassessments and Actions

ED Course as of 24/08/24 0008

Sat 24 Aug 2024

0008 Patient reassessed and feeling much better. I feel that the home care form so that things are done properly. Patient is return if she cannot get her dose in the morning.

Final diagnoses:

None

ED Prescriptions

None

Sam Lambert, MD
Emergency Physican

Sam Patrick Lambert, MD
23/08/24 2213

ED Provider Notes

Sam Patrick Lambert at 23/8/2024 22:09

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	vomiting.		
• doxylamine-pyridoxine (DICLECTIN) 10-10 mg tablet, delayed release (DR/EC)	Take 1 tablet by mouth daily for 2 days, THEN 1 tablet 2 (two) times a day for 2 days, THEN 2 tablets 2 (two) times a day.	126 tablet	0
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Physical Exam**Visit Vitals**

BP 103/73 (BP Location: Right arm, Patient Position: Sitting)

Pulse 90

Temp 36.7 °C (Tympanic)

Resp 16

Wt 41.5 kg

LMP (LMP Unknown)

Comment: is 13 weeks pregnant, pregnancy test positive Jul 2, 2024

SpO2 98%

BMI 16.73 kg/m²

OB Status Pregnant

Smoking Status Never

BSA 1.35 m²

Vital signs above are reviewed and normal.

GENERAL: Patient is pale and vomiting. Looks unwell.

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END TIME: 2213

Reassessments and Actions

ED Course as of 24/08/24 0008

Sat 24 Aug 2024

0008 Patient reassessed and feeling much better. I feel that the home care form so that things are done properly. Patient is return if she cannot get her dose in the morning.

Final diagnoses:

None

ED Prescriptions

None

Sam Lambert, MD
Emergency Physican

Sam Patrick Lambert, MD
23/08/24 2213

Discharge Instructions

Sam Patrick Lambert at 24/8/2024 0:05

As we discussed I felt with the homecare form again. Hopefully they can complete the orders as previously ordered. I also message to her OB so that they are aware. If you cannot get your morning dose please come back to the emergency department for assessment. If you have any new or concerning symptoms you can was come back for assessment.

Name: Neha Kaswala | DOB: 9/7/1995 | MRN: 1810741742 | PCP: Mohamed Abounaja, MD | Legal Name: Nehaben Kaswala

Your Admission - 19/08/24

Notes

Discharge Summary

Brenda Sohn at 23/8/2024 13:28

Status: Signed

Admission date: August 18, 2024
Discharge date: August 23, 2024
Discharge Diagnosis: hyperemesis gravidarum

Procedures done in hospital: none

Hospital Course

Ms. Kaswala was admitted to SHC on August 18, 2024 due to unremitting emesis from hyperemesis gravidarum. She was initially assessed in the ED for chest pains where cardiac work-up was negative and it was felt to be MSK related to to the vomiting +/- acid reflux. She was given anti-emetics, but ultimately require admission for IV fluid rehydration and around the clock anti-emetic therapy. She was given IV famotidine, ondansetron, gravol and metoclopramide. She found the IV Gravol infusion unhelpful, so that was discontinued. Ultimately, the IV metoclopramide worked best for her and she was finally able to keep small amount of food/fluid down without vomiting. Dietician and social work were also consulted during her admission. Her potassium was noted to be persistently low and she was started on oral potassium in addition to IV.

Test Results Pending At Discharge
Pending Labs

Order	Current Status
Tissue Examination	In process

Issues Requiring Follow-Up
None

Outpatient Follow-Up
She was discharged home in stable condition.

Patient to seek urgent medical attention if she develops fever, chest pain, shortness of breath, severe abdo pain, heavy vaginal bleeding.

CCAC homecare was arranged for IV 0.9% NS + 20 mEq KCL daily and IV metoclopramide 10 mg IV q12h x 14 days.

The following Rx were provided: Slow K 8 mmol (600mg) CR tab PO BID, metoclorpramide 5-10 mg PO q6h PRN, Tylenol 500-1000 mg PO Q6H prn, famotdine 20 mg PO BID PRN. She already has Diclectin and Ondanestron at home

Follow-up with me in office September 11, 2024 already arranged.

Brenda Sohn, MD, FRCSC

23/8/2024 13:37 Discharge Summary signed by Brenda Sohn

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Name: Neha Kaswala | DOB: 9/7/1995 | MRN: 1810741742 | PCP: Mohamed Abounaja, MD | Legal Name: Nehaben Kaswala

Appointment Details

Notes

ED Provider Notes

Jackie Chou at 19/8/2024 0:08

Status: Addendum

ED Staff Physician Note

DEMOGRAPHICS

Nehaben Kaswala
51 Mountland Drive
Scarborough ON M1G 2N7
647-861-6443
1810741742AT

Chief Complaint

Patient presents with

- Chest Pain (Cardiac Features)

Triage Note at 18/8/2024 21:30

As per patient, is 13 weeks pregnant, chest pain and sob onset since this morning, 7 episodes of emesis, no hematemesis, just food contents

No vaginal bleeding or discharge

Administered diclectin, zofran and gravol with no effect

No fever, chills

No cough

G3P0A2

DLMP unknown patient does not recall

Pregnancy test positive July 2, 2024

Currently 8/10 pleuritic, reproducible with palpation, bilateral right and left pectoral region discomfort

On call - 24 hour call at Cent, called in at 2305 Aug 18, 2024

HPI:

Nehaben Kaswala is a 29 y.o. female presenting with n/v

Total 8x vomiting.
No blood

Improved a bit with zofran and gravol

No drugs no alcohol
No trauma no injuries

No PV bleeding
No stool changed

Patient History

The patient's chart and relevant storyboard were reviewed.

Past Medical History:	Medications:	
Past Medical History:	Current Outpatient Medications	
2023: Miscarriage	Medication	Instructions
No past surgical history on file.	• aluminum-magnesium hydroxide 200-200 mg/5 mL suspension	15 mL, oral, Every 6 hours PRN
	• dimenhyDRINATE (GRAVOL)	50 mg, oral, Every 6 hours PRN
	• MULTIVITAMIN ORAL	No dose, route, or frequency recorded.
	• ondansetron	4 mg, oral, Every 8 hours PRN
	No Known Allergies	

No family history on file.

Results:

No results found.

No orders to display

Physical Exam:

Vitals:

18/08/24 2130
BP: 109/71
BP Location: Right arm
Patient: Sitting
Position:
Pulse: 87
Resp: 20
Temp: 35.8 °C
TempSrc: Tympanic
SpO2: 99%
Weight: 42 kg

Height: 1.575 m

GCS 15, AAOX4,

Looks well pleasant, no acute distress, speaking full sentences, no tripodding, no drooling

Respiratory Equal Air entry with no wheeze or rhonchi

Exquisite tenderness to palpation over the chest wall over the left anterior chest and minimally over the epigastric area as well

CVS S1, S2, regular, no murmurs, cap refill <3s

Abdo soft non tender

No rashes

Labs Reviewed

ELECTROLYTES - Abnormal

Result	Value
Sodium	134 (*)
Potassium	3.8
Chloride	101
CO2	17 (*)
Anion Gap	16 (*)

BHCG, SERUM QUANTITATIVE - Abnormal

hCG Quant	>1,350 (*)
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CBC WITH AUTO DIFFERENTIAL - Abnormal

Leukocyte	11.9 (*)
Erythrocytes	4.24
Hemoglobin	121
Hematocrit	0.35
MCV	83
MCH	28.5
MCHC	345
Platelets	283
MPV	9.2
Absolute Neutrophils	8.3 (*)
Absolute Lymphocytes	2.9
Absolute Monocytes	0.7
Absolute Eosinophils	0.0
Absolute Basophils	0.1
Relative Neutrophils	0.69
Relative Eosinophils	0.00 (*)
Relative Basophils	0.01
Relative Lymphocytes	0.24
Relative Monocytes	0.06
nRBC	0.0
RDW	13.1

BHCG HIGH QUANTITATION - Abnormal

Quant BHCG	115,742 (*)
------------	-------------

GLUCOSE, RANDOM - Normal

Glucose Random	4.6
----------------	-----

HS TROPONIN - Normal

HS Troponin	2
-------------	---

Narrative:

RULE OUT AMI

0 h (>3h from chest pain onset): HS cTnl <4 ng/L

OR

0 h (anytime from chest pain onset): HS cTnl <5 ng/L & delta 1 h <4 ng/L

RULE IN AMI

0 h: HS cTnl >50 ng/L OR delta 1 h >15 ng/L

99th percenile = 18 ng/L

INR - Normal

INR 1.11

Narrative:

New reference ranges updated as of March 30, 2023

D-DIMER - Normal

D-Dimer, Quant (FEU) 339

Narrative:

New reference ranges updated as of March 30, 2023

CBC AND DIFFERENTIAL

Narrative:

The following orders were created for panel order CBC and differential.

Procedure	Abnormality
Status	

-----	-----	-----
CBC auto differential[472006601]	Abnormal	
Final result		

Please view results for these tests on the individual orders.

CREATININE

Creatinine	56
Egfr-Epi	>120

Assess and Plan

1. Nausea and vomiting in pregnancy
 - a. Nausea vomiting
 - b. Recently did stop taking Diclectin 1 week ago
 - c. There was some confusion about the dosage I have given him a different ramp up dose I will also give them ondansetron to be taken only as needed

ED Course

Medications - No data to display

ED Course as of 19/08/24 0451

Mon 19 Aug 2024

- 0450
1. Chest pain
 - d dimer <500
 - retrosternal and anterior reproducible chest pain
 - likely reflux and MSK related
 2. Hyperemesis
 - +FHR, +FM
 - Failed IV antiemetics IV fluids and cannot tolerate any p.o.
 - Discussed with gynecology on-call they are in agreement to transfer to the obstetrics ward in for admission and IV fluids and antiemetics

ED Prescriptions

None

Parts of the above note may have been dictated, but not read. Please allow for errors

Jackie Chou, MD

19/8/2024

00:08

They understood the discharge instructions and were in agreement with the plan. Opportunity to ask questions and seek clarification was provided.

Complete discharge instructions are documented on the AVS and were given to the patient.

Jackie Chou, MD

19/08/24 0017

Jackie Chou, MD

19/08/24 0451

Consult Notes

Lamide Bamidele M. Oyewumi at 19/8/2024 4:49

Status: Signed

GYNECOLOGY ER CONSULTATION

Date/Time Seen: 19/08/24 0449

ID: Nehaben Kaswala is a 29 y.o. female referred to Gynecologist on call for assessment

RFA: Severe Nausea vomiting of pregnancy

RFR ER MD: Dr. Jackie Chou

History of Presenting Illness: Known hyperemesis in this pregnancy -was on diclectin and zofran prn but stoppped this 5d ago as found diclectin was causing chest pressure as is her materna PNV

Came into ER yest with history of worsening GERD/ n/v 8 yest and q1-2h in ER, unable to tolerate any po intact

Last saw Dr. Sohn Aug 14th, 2024 and was advise to continue her po diclectin/zofran -

Past Obstetrical History: spont ab x2 - 2023 due to CMV infection

Past Medical History: 2021 recurrent ESBL UTI requiring IV meropenem (followed by Dr. Belhaj)

Past Surgical History:No past surgical history on file.

Pertinent Family History: nil

Medications:

,

Prior to Admission medications

Medication	Sig	Taking?	Discontinued?
doxylamine-pyridoxine (DICLECTIN) 10-10 mg tablet, delayed release (DR/EC)	Take 1 tablet by mouth daily for 2 days, THEN 1 tablet 2 (two) times a day for 2 days, THEN 2 tablets 2 (two) times a day.	19/8/24	
ondansetron 4 mg tablet	Take 1 tablet (4 mg total) by mouth every 8 (eight) hours as needed for nausea or vomiting for up to 7 days.	19/8/24	
aluminum-magnesium hydroxide 200-200 mg/5 mL suspension	Take 15 mL by mouth every 6 (six) hours as needed for heartburn.	13/7/24	
dimenhydrinate (GRAVOL) 50 mg tablet	Take 1 tablet (50 mg total) by mouth every 6 (six) hours as needed for nausea or vomiting.	3/7/24	
MULTIVITAMIN ORAL			
ondansetron 4 mg tablet	Take 1 tablet (4 mg total) by mouth every 8 (eight) hours as needed for nausea or vomiting for up to 20 doses.	13/7/24	

Allergies: NKDA**Physical Examination:****Visit Vitals**

BP	109/71 (BP Location: Right arm, Patient Position: Sitting)	
Pulse	87	
Temp	35.8 °C (Tympanic)	
Resp	20	
Ht	1.575 m	
Wt	42 kg	
LMP	(LMP Unknown)	Comment: is 13 weeks pregnant, pregnancy test positive Jul 2, 2024
SpO2	99%	
BMI	16.94 kg/m ²	
OB Status	Pregnant	
Smoking Status	Never Assessed	
BSA	1.36 m ²	
Bed side us by ER MD prior to transfer to L&D: + viable intrauterine pregnancy		

Lab Investigations:**Lab Results**

Component	Value	Date
HGB	121	18/08/2024
Na 134/K 3.8/Hg 122/Plt 283/Cr 56/Nl coags		
Troponin/D-dimer - neg		
Normal ECG		

Imaging Investigations: No results found for this or any previous visit from the past 5 days.**Assessment:** Severe N/V of pregnancy at 13wks+0wks GA

Plan:

1. Admit, daily BW, weights, clear fluid diet to hyperemesis diet
2. IV gravol infusion, Prn maxeran IV , Ranitidine IV
3. Urine R&M C&S
4. Daily FHR auscultation

L. Oyewumi MD PhD FRCSC

ED Provider Notes

Jackie Chou at 19/8/2024 0:08

ED Staff Physician Note**DEMOGRAPHICS**

Nehaben Kaswala

51 Mountland Drive

Scarborough ON M1G 2N7

647-861-6443

1810741742AT

Chief Complaint

Patient presents with

- Chest Pain (Cardiac Features)

Triage Note at 18/8/2024 21:30

As per patient, is 13 weeks pregnant, chest pain and sob onset since this morning, 7 episodes of emesis, no hematemesis, just food contents

No vaginal bleeding or discharge

Administered diclectin, zofran and gravol with no effect

No fever, chills

No cough

G3P0A2

DLMP unknown patient does not recall

Pregnancy test positive July 2, 2024

Currently 8/10 pleuritic, reproducible with palpation, bilateral right and left pectoral region discomfort

On call - 24 hour call at Cent, called in at 2305 Aug 18, 2024

HPI:

Nehaben Kaswala is a 29 y.o. female presenting with n/v

Total 8x vomiting.

No blood

Improved a bit with zofran and gravol

No drugs no alcohol
No trauma no injuries

No PV bleeding
No stool changed

Patient History

The patient's chart and relevant storyboard were reviewed.

Past Medical History:	Medications:										
Past Medical History: 2023: Miscarriage No past surgical history on file.	Current Outpatient Medications <table> <tr> <th>Medication</th><th>Instructions</th></tr> <tr> <td>• aluminum-magnesium hydroxide 200-200 mg/5 mL suspension</td><td>15 mL, oral, Every 6 hours PRN</td></tr> <tr> <td>• dimenhyDRINATE (GRAVOL)</td><td>50 mg, oral, Every 6 hours PRN</td></tr> <tr> <td>• MULTIVITAMIN ORAL</td><td>No dose, route, or frequency recorded.</td></tr> <tr> <td>• ondansetron</td><td>4 mg, oral, Every 8 hours PRN</td></tr> </table> No Known Allergies	Medication	Instructions	• aluminum-magnesium hydroxide 200-200 mg/5 mL suspension	15 mL, oral, Every 6 hours PRN	• dimenhyDRINATE (GRAVOL)	50 mg, oral, Every 6 hours PRN	• MULTIVITAMIN ORAL	No dose, route, or frequency recorded.	• ondansetron	4 mg, oral, Every 8 hours PRN
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• MULTIVITAMIN ORAL	No dose, route, or frequency recorded.										
• ondansetron	4 mg, oral, Every 8 hours PRN										

No family history on file.

Results:

No results found.

No orders to display

Physical Exam:

Vitals:

18/08/24 2130
 BP: 109/71
 BP Location: Right arm
 Patient Position: Sitting
 Pulse: 87
 Resp: 20
 Temp: 35.8 °C
 TempSrc: Tympanic
 SpO2: 99%
 Weight: 42 kg
 Height: 1.575 m

GCS 15, AAOX4,

Looks well pleasant, no acute distress, speaking full sentences, no tripodding, no drooling
Respiratory Equal Air entry with no wheeze or rhonchi

Exquisite tenderness to palpation over the chest wall over the left anterior chest and minimally over the epigastric area as well
 CVS S1, S2, regular, no murmurs, cap refill <3s
 Abdo soft non tender
 No rashes

Labs Reviewed

ELECTROLYTES - Abnormal

Result	Value
Sodium	134 (*)
Potassium	3.8
Chloride	101
CO2	17 (*)
Anion Gap	16 (*)

BHCG, SERUM QUANTITATIVE - Abnormal

hCG Quant >1,350 (*)

CBC WITH AUTO DIFFERENTIAL - Abnormal

Leukocyte	11.9 (*)
Erythrocytes	4.24
Hemoglobin	121
Hematocrit	0.35
MCV	83
MCH	28.5
MCHC	345
Platelets	283
MPV	9.2
Absolute Neutrophils	8.3 (*)
Absolute Lymphocytes	2.9
Absolute Monocytes	0.7
Absolute Eosinophils	0.0
Absolute Basophils	0.1
Relative Neutrophils	0.69
Relative Eosinophils	0.00 (*)
Relative Basophils	0.01
Relative Lymphocytes	0.24
Relative Monocytes	0.06
nRBC	0.0
RDW	13.1

BHCG HIGH QUANTITATION - Abnormal

Quant BHCG 115,742 (*)

GLUCOSE, RANDOM - Normal

Glucose Random 4.6

HS TROPONIN - Normal

HS Troponin 2

Narrative:

RULE OUT AMI

0 h (>3h from chest pain onset): HS cTnI <4 ng/L

OR

*0 h (anytime from chest pain onset): HS cTnI <5 ng/L & delta
 1 h <4 ng/L*

RULE IN AMI

0 h: HS cTnI >50 ng/L OR delta 1 h >15 ng/L

99th percenile = 18 ng/L

INR - Normal

INR 1.11

*Narrative:**New reference ranges updated as of March 30, 2023***D-DIMER - Normal**

D-Dimer, Quant (FEU) 339

*Narrative:**New reference ranges updated as of March 30, 2023***CBC AND DIFFERENTIAL***Narrative:**The following orders were created for panel order CBC and differential.*

Procedure	Abnormality
Status	
-----	-----
CBC auto differential[472006601]	Abnormal
Final result	

*Please view results for these tests on the individual orders.***CREATININE**

Creatinine	56
Egfr-Epi	>120

Assess and Plan

1. Nausea and vomiting in pregnancy
 - a. Nausea vomiting
 - b. Recently did stop taking Diclectin 1 week ago
 - c. There was some confusion about the dosage I have given him a different ramp up dose I will also give them ondansetron to be taken only as needed

ED Course

Medications - No data to display

ED Course as of 19/08/24 0451**Mon 19 Aug 2024**

- 0450
1. Chest pain
 - d dimer <500
 - retrosternal and anterior reproducible chest pain
 - likely reflux and MSK related
 2. Hyperemesis
 - +FHR, +FM
 - Failed IV antiemetics IV fluids and cannot tolerate any p.o.
 - Discussed with gynecology on-call they are in agreement to transfer to the obstetrics ward in for admission and IV fluids and antiemetics

ED Prescriptions

None

Parts of the above note may have been dictated, but not read. Please allow for errors

Jackie Chou, MD

19/8/2024

00:08

They understood the discharge instructions and were in agreement with the plan. Opportunity to ask questions and seek clarification was provided.

Complete discharge instructions are documented on the AVS and were given to the patient.

Jackie Chou, MD

19/08/24 0017

Jackie Chou, MD

19/08/24 0451

Consults

Lamide Bamidele M. Oyewumi at 19/8/2024 4:49

GYNECOLOGY ER CONSULTATION

Date/Time Seen: 19/08/24 0449

ID: Nehaben Kaswala is a 29 y.o. female referred to Gynecologist on call for assessment

RFA: Severe Nausea vomiting of pregnancy

RFR ER MD: Dr. Jackie Chou

History of Presenting Illness: Known hyperemesis in this pregnancy -was on diclectin and zofran prn but stoppled this 5d ago as found diclectin was causing chest pressure as is her materna PNv

Came into ER yest with history of worsening GERD/ n/v 8 yest and q1-2h in ER, unable to tolerate any po intact

Last saw Dr. Sohn Aug 14th, 2024 and was advise to continue her po diclectin/zofran -

Past Obstetrical History: spont ab x2 - 2023 due to CMV infection

Past Medical History: 2021 recurrent ESBL UTI requiring IV meropenem (followed by Dr. Belhaj)

Past Surgical History:No past surgical history on file.

Pertinent Family History: nil

Medications:

Prior to Admission medications

Medication	Sig	Taking?	Discontinued?
doxylamine-pyridoxine (DICLECTIN) 10-10 mg tablet, delayed release (DR/EC)	Take 1 tablet by mouth daily for 2 days, THEN 1 tablet 2 (two) times a day for 2 days, THEN 2 tablets 2 (two) times a	19/8/24	

ondansetron 4 mg tablet	day. Take 1 tablet (4 mg total) 19/8/24 by mouth every 8 (eight) hours as needed for nausea or vomiting for up to 7 days.
aluminum-magnesium hydroxide 200-200 mg/5 mL suspension	Take 15 mL by mouth 13/7/24 every 6 (six) hours as needed for heartburn.
dimenhyDRINATE (GRAVOL) 50 mg tablet	Take 1 tablet (50 mg 3/7/24 total) by mouth every 6 (six) hours as needed for nausea or vomiting.
MULTIVITAMIN ORAL ondansetron 4 mg tablet	Take 1 tablet (4 mg total) 13/7/24 by mouth every 8 (eight) hours as needed for nausea or vomiting for up to 20 doses.

Allergies: NKDA

Physical Examination:

Visit Vitals

BP	109/71 (BP Location: Right arm, Patient Position: Sitting)	
Pulse	87	
Temp	35.8 °C (Tympanic)	
Resp	20	
Ht	1.575 m	
Wt	42 kg	
LMP	(LMP Unknown)	Comment: is 13 weeks pregnant, pregnancy test positive Jul 2, 2024
SpO2	99%	
BMI	16.94 kg/m ²	
OB Status	Pregnant	
Smoking Status	Never Assessed	
BSA	1.36 m ²	
Bed side us by ER MD prior to transfer to L&D: + vibale intrauterine pregnancy		

Lab Investigations:

Lab Results

Component	Value	Date
HGB	121	18/08/2024
Na 134/K 3.8/Hg 122/Plt 283/Cr 56/Nl coags		
Troponin/D-dimer - neg		
Normal ECG		

Imaging Investigations: No results found for this or any previous visit from the past 5 days.

Assessment: Severe N/V of pregnancy at 13wks+0wks GA

Plan:

1. Admit, daily BW, weights, clear fluid diet to hyperemesis diet
2. IV gravol infusion, Prn maxeran IV , Ranitidine IV
3. Urine R&M C&S
4. Daily FHR auscultation

L. Oyewumi MD PhD FRCSC

Discharge Instructions

Jackie Chou at 19/8/2024 0:22

As discussed with you congratulations you are pregnant, you have nausea and vomiting during pregnancy which is very common the first line would be to use Diclectin start off 1 tablet in the morning for 2 days followed by 1 tablet twice a day for 2 days followed by 2 tablets in the morning 1 in the evening for 2 days and then ramp up to 2 tablets twice a day ongoing

Should you continue to have nausea or vomiting if absolutely necessary please use ondansetron provided

Please stay hydrated sit upright for 30 to 45 \minutes after eating or drinking anything as citrus drinks seems to cause her symptoms to get worse this is almost certainly gastritis or inflammation of the stomach and esophagus causing her symptoms which is also common in pregnancy

Otherwise I wish you well

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Ellesmere Family Health Group

106-2100 Ellesmere Road, Scarborough, , M1H 3B7

Tel: 416-690-3450/353; Fax: 1-888-630-9203

Certificate of Health Status

2024-08-03

Doctor: **Etaleb, Osama**

License: 92641

MSP ID: 025388

To Whom this may concern:

RE: KASWALA, NEHABEN

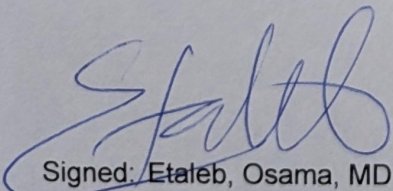
DOB: 09/07/1995 (d/m/y)

Dear Sir / Madam,

It is hereby confirmed that Nehaben Kaswala was seen at this clinic today, regarding Follow-up on the complication of pregnancy

due to her medical condition as she is unable to physically attend to school

I would recommend continuing her classes online from home for the rest of the course



Signed: Etaleb, Osama, MD

Veejai Sawh

106-2100 Ellesmere Road Scarborough M1H 3B7

Tel: 416-690-3450/3533 Fax: 18886309203

Consultation Request

Date:	2024-07-02	Patient:	KASWALA, NEHABEN
Status:	Non-Urgent	Address:	51 MOUNTLAND DR Toronto, ON, M1G2N7
Service:	ER	Phone:	647-861-6443
Consultant:		Work Phone:	
Phone:		Cell Phone:	
Fax:		Email:	
Address:		Birthdate:	1995-07-09 (y/m/d)
		Sex:	F
		Health Card No.:	(ON) 1810741742 AT
		Appointment date:	
		Time:	
		Chart No.:	

Reason for consultation:

TESTED POSITIVE FOR PREGNANCY WITH UTI
SEE RESULT

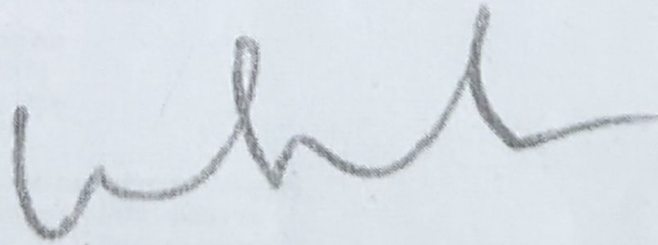
Referring Practitioner : dr.veejai sawh (032475)

MRP : ABOUNAJA, MD (023068)

Requesting Physician : dr.veejai sawh (032475)

Signature:

Freeks
+!



Name: Neha Kaswala | DOB: 9/7/1995 | MRN: 1810741742 | PCP: Mohamed Abounaja, MD | Legal Name: Nehaben Kaswala

Appointment Details

Notes

Visit Notes

Abdelbaset Belhaj at 16/7/2024 8:56

Status: Signed

On December 3, 2021, the CELIHN has implemented the computerized Clinical Information System, Epic. Despite best efforts to reduce deficiencies to patient care, some elements have been affected.

Patient's storyboard, relevant previous medical records, and triage note, including vitals have been reviewed.

INFECTIOUS DISEASE CONSULTATION

Primary Care Provider: Mohamed Abounaja, MD

Date Seen: 16/7/2024

Thank you for asking the Infectious Disease service to assess Ms. Kaswala, 29 y.o. in consultation with regards to UTI.

Subjective

Past Medical History:

Diagnosis	Date
• Miscarriage	2023

All Current Medications

Prior to Admission medications

Medication	Sig	Taking?	Discontinued?
aluminum-magnesium hydroxide 200-200 mg/5 mL suspension	Take 15 mL by mouth every 6 (six) hours as needed for heartburn.	13/7/24	
dimenhyDRINATE (GRAVOL) 50 mg tablet	Take 1 tablet (50 mg total) by mouth every 6 (six) hours as needed for nausea or vomiting.	3/7/24	
MULTIVITAMIN ORAL ondansetron 4 mg tablet	Take 1 tablet (4 mg total) by mouth every 8 (eight) hours as needed for nausea or vomiting for up to 20 doses.	13/7/24	

No current facility-administered medications for this visit.

Allergies:

No Known Allergies

Social History:

Not working

History of Presenting Illness:

ER 2/7 for frequency and abdo pain
Ucx ESBL E coli and citrobacter koseri
Treated with meropenem x 1 week
2/7 Ucx mixed
3/7 BC x 2 -ve
13/7 UA -ve
Pregnant now
No urinary symptoms now

Objective

Physical Examination:

On exam, she looked well and in no acute distress.

Visit Vitals

BP 105/73 (BP Location: Right arm,
Patient Position: Sitting)
Pulse 79
Temp 36.9 °C (Oral)
Resp 18
SpO2 98%

Heart sounds were normal without murmurs. Chest was clear to auscultation without crackles or wheezes. Abdomen was soft and non-tender to palpation.

Laboratory Investigations:**Results from last 7 days**

Lab	12/07/24 2332
LEUKOCYTE	11.7 H
HEMOGLOBIN	126
MCV	83
PLATELETS	296

Results from last 7 days

Lab	12/07/24 2332
SODIUM	133 L
POTASSIUM	4.0
CHLORIDE	102
CO2	22
CREATININE	45 L
ALT	11
BILIRUBIN TOTAL	10

Microbiology
Microbiology Results

**** No results found for the last 168 hours. ****

Diagnostic Investigations:

No results found.

Assessment and Plan:

Treated with meropenem for UTI and resolved
No FU

Abdelbaset Belhaj MD

Note partially generated using voice recognition software. Errors may exist despite proofreading.

Progress Notes

Abdelbaset Belhaj at 16/7/2024 8:56

On December 3, 2021, the CELIHN has implemented the computerized Clinical Information System, Epic. Despite best efforts to reduce deficiencies to patient care, some elements have been affected.

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Primary Care Provider: Mohamed Abounaja, MD

Date Seen: 16/7/2024

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Subjective

Past Medical History:

Diagnosis

- Miscarriage

Date

2023

All Current Medications**Prior to Admission medications**

Medication

Sig

Taking?

Discontinued?

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Abdelbaset Belhaj MD

Note partially generated using voice recognition software. Errors may exist despite proofreading.

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Name: Neha Kaswala | DOB: 9/7/1995 | MRN: 1810741742 | PCP: Mohamed Abounaja, MD | Legal Name: Nehaben Kaswala

Appointment Details

Notes

ED Provider Notes

Sandra Yichen Rao at 12/7/2024 22:01

Status: Signed

History of presenting illness

G3P2 LMP Feb 23, 2025 7w3 days
History of ESBL
Patient was seen on July 2 with a positive urine culture for ESBL E. coli with Citrobacter koseri. She was sent home with meropenem IV and subsequently had doses done through CCAC
She has infectious diseases follow up next week as well as EPAC

She is coming in with worsening vomiting over the last few days with some small amount of hematemesis. Unable to tolerate PO. Taking gravol but making her drowsy
No diarrhea no melena or brbpr
She does not think she is passing much gas
Having bm q2days

No vaginal bleeding

Past medical history.

Past Medical History:

Diagnosis	Date
• Miscarriage	2023

Allergy.

No Known Allergies

Medications

Prior to Admission medications

Medication	Sig	Start Date	End Date	Taking?	Authorizing Provider
dimenhyDRINATE (GRAVOL) 50 mg tablet	Take 1 tablet (50 mg total) by mouth every 6 (six) hours as needed for nausea or vomiting.	3/7/24	2/8/24		Zeyu Li, MD
MULTIVITAMIN ORAL					External Provider, MD

Physical exam

Vitals: Blood pressure 102/68, pulse 88, temperature 36 °C, temperature source Tympanic, resp.

rate 20, SpO2 98%.

Active vomiting

Abdomen soft non tender to palpation

No CVA tenderness

Assessment and Plan

Recurrent vomiting ?hyperemesis. At this point abdomen benign I dont think high likelihood

Routine labs

IV zofran

Total time in attendance 40 min 2200-0200

ED Course as of 13/07/24 0158

Sat 13 Jul 2024

0105 Still quite nauseous

Will add gravol IV

0152 Patient tolerated PO well.

Substantial improvement with maalox

Will dc with rx for maalox and zofran

RT ED if worse

Sandra Yichen Rao, MD

13/07/24 0158

ED Provider Notes

Sandra Yichen Rao at 12/7/2024 22:01

History of presenting illness

G3P2 LMP Feb 23, 2025 7w3 days

History of ESBL

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Past medical history.

Past Medical History:

Diagnosis

- Miscarriage

Date

2023

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No Known Allergies

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Will add gravol IV
0152 Patient tolerated PO well.
Substantial improvement with maalox
Will dc with rx for maalox and zofran
RT ED if worse

Sandra Yichen Rao, MD
13/07/24 0158

Discharge Instructions

Sandra Yichen Rao at 13/7/2024 1:55

Return to ER if:

- worsening abdominal pain despite pain medications
- black, tarry stool or rectal bleeding
- vomiting and not able to tolerate oral intake
- new or persistent fever
- any episodes of fainting, new chest pain, or new shortness of breath

Veejai Sawh

106-2100 Ellesmere Road Scarborough M1H 3B7

Tel: 416-690-3450/3533 Fax: 18886309203

Consultation Request

Date:	2024-07-02	Patient:	KASWALA, NEHABEN
Status:	Non-Urgent	Address:	51 MOUNTLAND DR Toronto, ON, M1G2N7
Service:	ER	Phone:	647-861-6443
Consultant:		Work Phone:	
Phone:		Cell Phone:	
Fax:		Email:	
Address:		Birthdate:	1995-07-09 (y/m/d)
		Sex:	F
		Health Card No.:	(ON) 1810741742 AT
		Appointment date:	
		Time:	
		Chart No.:	

Reason for consultation:

TESTED POSITIVE FOR PREGNANCY WITH UTI
SEE RESULT

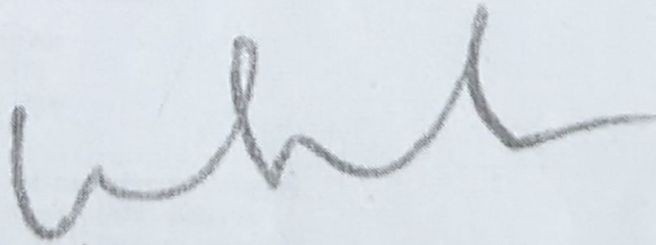
Referring Practitioner : dr.veejai sawh (032475)

MRP : ABOUNAJA, MD (023068)

Requesting Physician : dr.veejai sawh (032475)

Signature:

Freeks
+!



Name: Neha Kaswala | DOB: 9/7/1995 | MRN: 1810741742 | PCP: Mohamed Abounaja, MD | Legal Name: Nehaben Kaswala

Appointment Details

Notes

ED Provider Notes

Zeyu Li at 2/7/2024 23:21

Status: Signed

Chief Complaint

Patient presents with

- UTI Complaints

Triage Note at 2/7/2024 16:53

Pt ambulated to triage with husband. Stated that she was having urinary frequency. Had blood work and urine test. Told she has positive pregnancy test and uti. Pt does not know how many weeks/months pregnant. C/o nausea. decreased appetite and weakness Left sided abdominal pain x 1 week on and off. LMP was May 13/24. Had 2 miscarriages in 2023. No vaginal bleed. No shoulder or back pain. Seen by family Dr and sent here

HPI:

Nehaben Kaswala is a 28 y.o. female presenting with positive urine culture positive for ESBL e.coli and citrobacter koseri
Increased in frequency but no dysuria

Intermittent abdo pain lasting seconds, but no current pain

Left lower quadrant pain

Clinically well currently no pain

Intermittent N+V not taking any medications

G3P0 2 miscarriages

No vaginal bleeding

Sent in for management of positive urine culture

Review of Systems

Constitutional: Negative for chills, fatigue, fever and unexpected weight change.

HENT: Negative for trouble swallowing.

Respiratory: Negative for chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain and leg swelling.

Gastrointestinal: Positive for abdominal pain (**none right now**), nausea and vomiting.

Negative for abdominal distention, anal bleeding, blood in stool and diarrhea.

Genitourinary: Positive for frequency. Negative for dysuria, flank pain and hematuria.

Musculoskeletal: Negative for back pain.

Skin: Negative for rash.

Hematological: Negative for adenopathy. Does not bruise/bleed easily.

PMHx:	Meds:				
Past Medical History: 2023: Miscarriage No past surgical history on file.	Current Outpatient Medications				
	<table> <tr> <th>Medication</th><th>Instructions</th></tr> <tr> <td>• MULTIVITAMIN ORAL</td><td>No dose, route, or frequency recorded.</td></tr> </table>	Medication	Instructions	• MULTIVITAMIN ORAL	No dose, route, or frequency recorded.
Medication	Instructions				
• MULTIVITAMIN ORAL	No dose, route, or frequency recorded.				

No family history on file.

Vitals:

	02/07/24 1656	02/07/24 1701	02/07/24 2120	02/07/24 2149
BP:	(!) 89/58		(!) 83/59	
BP Location:	Right arm		Right arm	
Patient Position:	Sitting		Lying	
Pulse:	85		72	
Resp:	18		18	
Temp:		36 °C	37.5 °C	
TempSrc:	Tympanic	Oral	Oral	
SpO2:	99%		100%	99%

Physical Exam

Patient appears well not in any acute distress. GCS15, alert and oriented.

CVS normal S1S2 no murmurs.

RESP normal no wheezes, no crackles.

ABDO normal non distended, non tender, no rebound.

POCUS: +ve IUP.

Investigations:

Bw grossly normal

Urine normal

ED Course:

ED Course as of 03/07/24 0111

Wed 03 Jul 2024

0110 Per patient BP is normal range for patient.

On repeat assessments patient is still having Bps in the 80s per patient is this very normal for her

She's feeling better. Able to go home

No dizziness. No orthostatic drops.

Assess and Plan:

Urine culture positive

ESBL e.coli and citrobacter koseri

Will start on meropenem IV

First does given

Ccac organized

Return to ED if worsening symptoms, shortness of breath, chest pain, Abdo pain, fevers, or feeling generally unwell.

Parts of the above note may have been dictated, but not read. Please allow for errors

Zeyu Li, MD
03/07/24 0245

ED Provider Notes

Zeyu Li at 2/7/2024 23:21

Chief Complaint

Patient presents with

- UTI Complaints

Triage Note at 2/7/2024 16:53

Pt ambulated to triage with husband. Stated that she was having urinary frequency. Had blood work and urine test. Told she has positive pregnancy test and uti. Pt does not know how many weeks/months pregnant. C/o nausea, decreased appetite and weakness. Left sided abdominal pain x 1 week on and off. LMP was May 13/24. Had 2 miscarriages in 2023. No vaginal bleed. No shoulder or back pain. Seen by family Dr and sent here

HPI:

Nehaben Kaswala is a 28 y.o. female presenting with positive urine culture positive for ESBL e.coli and citrobacter koseri

Increased in frequency but no dysuria

Intermittent abdo pain lasting seconds, but no current pain

Left lower quadrant pain

Clinically well currently no pain

Intermittent N+V not taking any medications

G3P0 2 miscarriages

No vaginal bleeding

Sent in for management of positive urine culture

Review of Systems

Constitutional: Negative for chills, fatigue, fever and unexpected weight change.

HENT: Negative for trouble swallowing.

Respiratory: Negative for chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain and leg swelling.

Gastrointestinal: Positive for abdominal pain (**none right now**), nausea and vomiting.

Negative for abdominal distention, anal bleeding, blood in stool and diarrhea.

Genitourinary: Positive for frequency. Negative for dysuria, flank pain and hematuria.

Musculoskeletal: Negative for back pain.

Skin: Negative for rash.

Hematological: Negative for adenopathy. Does not bruise/bleed easily.

PMHx:	Meds:
Past Medical History:	Current Outpatient Medications
2023: Miscarriage	MedicationInstructions
No past surgical history on file.	• MULTIVITAMINNo dose, route, or frequency recorded.
	ORAL

No family history on file.

Vitals:

	02/07/24 1656	02/07/24 1701	02/07/24 2120	02/07/24 2149
BP:	(!) 89/58		(!) 83/59	
BP Location:	Right arm		Right arm	
Patient Position:	Sitting		Lying	
Pulse:	85		72	
Resp:	18		18	
Temp:		36 °C	37.5 °C	
TempSrc:	Tympanic	Oral	Oral	
SpO2:	99%		100%	99%

Physical Exam

Patient appears well not in any acute distress. GCS15, alert and oriented.

CVS normal S1S2 no murmurs.

RESP normal no wheezes, no crackles.

ABDO normal non distended, non tender, no rebound.

POCUS: +ve IUP.

Investigations:

Bw grossly normal

Urine normal

ED Course:

ED Course as of 03/07/24 0111

Wed 03 Jul 2024

0110 Per patient BP is normal range for patient.

On repeat assessments patient is still having Bps in the 80s per patient is this very normal for her

She's feeling better. Able to go home

No dizziness. No orthostatic drops.

Assess and Plan:

Urine culture positive

ESBL e.coli and citrobacter koseri

Will start on meropenem IV

First does given

Ccac organized

Return to ED if worsening symptoms, shortness of breath, chest pain, Abdo pain, fevers, or feeling generally unwell.

Parts of the above note may have been dictated, but not read. Please allow for errors

Zeyu Li, MD
03/07/24 0245

Discharge Instructions

Zeyu Li at 3/7/2024 2:16

Return to ED if worsening symptoms, shortness of breath, chest pain, Abdo pain, fevers, or feeling generally unwell.

You have ESBL UTI. Urine grew e.coli and citrobacter. Started on meropenem IV for 7 days

Please take gravol as needed for your nausea

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Name: Neha Kaswala | DOB: 9/7/1995 | MRN: 1810741742 | PCP: Mohamed Abounaja, MD | Legal Name: Nehaben Kaswala

Appointment Details

Notes

ED Provider Notes

Marc Gelman at 29/12/2023 21:12

Status: Signed

HPI
Chief Complaint
Patient presents with

- UTI Complaints

28 yo female with c/o dysuria, frequency, urgency x 2-3 days. No fever. No back pain. No hematuria. Denies pregnancy. No vaginal discharge or bleeding.

Patient History

Past Medical History:
Diagnosis

- Miscarriage

Date

2023

There is no problem list on file for this patient.

History reviewed. No pertinent surgical history.

No family history on file.

Review of Systems
Review of Systems
Constitutional: Negative for fever.
Respiratory: Negative for shortness of breath.
Cardiovascular: Negative for chest pain and palpitations.
Gastrointestinal: Negative for abdominal pain, diarrhea, nausea and vomiting.
Genitourinary: Positive for dysuria and urgency. Negative for decreased urine volume, flank pain, hematuria, vaginal bleeding and vaginal discharge.

Musculoskeletal: Negative for back pain.
 Neurological: Negative for weakness.

Physical Exam

ED Triage Vitals [29/12/23 1922]

Temperature	Heart Rate	Resp	BP
36.4 °C	77	18	(!) 97/72

SpO2	Peak Flow	Heart Rate Source	Patient Position
100 %	--	--	Sitting

BP Location	FiO2 (%)
Left arm	--

Physical Exam

Vitals and nursing note reviewed.

Constitutional:

General: She is not in acute distress.

Appearance: Normal appearance. She is not ill-appearing.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulses: Normal pulses.

Heart sounds: Normal heart sounds.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Abdominal:

General: Bowel sounds are normal. There is no distension.

Palpations: Abdomen is soft.

Tenderness: There is no right CVA tenderness, left CVA tenderness, guarding or rebound.

Comments: **Suprapubic tenderness.**

Musculoskeletal:

General: Normal range of motion.

Skin:

General: Skin is warm and dry.

Capillary Refill: Capillary refill takes less than 2 seconds.

Neurological:

Mental Status: She is alert.

ED Course

Plan

Marc Gelman, MD
 29/12/23 2239

Visit Notes

Denis Yip at 1/1/2024 8:07

Status: Signed

+ urine culture. Pending sensitivities. Patient currently on nitrofurantoin

Denis Yip at 7/1/2024 10:12

Status: Signed

Patient on appropriate Abx therapy

ED Provider Notes

Marc Gelman at 29/12/2023 21:12

HPI

Chief Complaint

Patient presents with

- UTI Complaints

28 yo female with c/o dysuria, frequency, urgency x 2-3 days. No fever. No back pain. No hematuria. Denies pregnancy. No vaginal discharge or bleeding.

Patient History

Past Medical History:

Diagnosis

- Miscarriage

Date

2023

There is no problem list on file for this patient.

History reviewed. No pertinent surgical history.

No family history on file.

Review of Systems

Review of Systems

Constitutional: Negative for fever.

Respiratory: Negative for shortness of breath.

Cardiovascular: Negative for chest pain and palpitations.

Gastrointestinal: Negative for abdominal pain, diarrhea, nausea and vomiting.

Genitourinary: Positive for dysuria and urgency. Negative for decreased urine volume, flank pain, hematuria, vaginal bleeding and vaginal discharge.

Musculoskeletal: Negative for back pain.

Neurological: Negative for weakness.

Physical Exam

ED Triage Vitals [29/12/23 1922]

Temperature	Heart Rate	Resp	BP
36.4 °C	77	18	(!) 97/72

SpO2	Peak Flow	Heart Rate Source	Patient Position
100 %	--	--	Sitting

BP Location	FiO2 (%)
Left arm	--

Physical Exam

Vitals and nursing note reviewed.

Constitutional:

General: She is not in acute distress.

Appearance: Normal appearance. She is not ill-appearing.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulses: Normal pulses.

Heart sounds: Normal heart sounds.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Abdominal:

General: Bowel sounds are normal. There is no distension.

Palpations: Abdomen is soft.

Tenderness: There is no right CVA tenderness, left CVA tenderness, guarding or rebound.

Comments: **Suprapubic tenderness.****Musculoskeletal:**

General: Normal range of motion.

Skin:

General: Skin is warm and dry.

Capillary Refill: Capillary refill takes less than 2 seconds.

Neurological:

Mental Status: She is alert.

ED Course**Plan**

Marc Gelman, MD
29/12/23 2239

Progress Notes**Denis Yip at 7/1/2024 10:12**

Patient on appropriate Abx therapy

Denis Yip at 1/1/2024 8:07

+ urine culture. Pending sensitivities. Patient currently on nitrofurantoin

Discharge Instructions

Marc Gelman at 29/12/2023 21:17

Return if increased pain, fever, back pain, difficulty urinating.

Discharge Attachments

Urinary Tract Infection Discharge Instructions, Adult (English)

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Name: Neha Kaswala | DOB: 9/7/1995 | MRN: 1810741742 | PCP: Mohamed Abounaja, MD | Legal Name: Nehaben Kaswala

Appointment Details

Notes

ED Provider Notes

Lana Grigoriou at 2/8/2023 18:51

Status: Signed

28-year-old female with lower abdominal pain and bleeding since this morning.

Patient's last menstrual period was June 30. She had a miscarriage in April. Her first normal period since then was in June. She says her pain feels like period cramps. She is having light bleeding. She vomited twice. No fever.

Patient was followed up in early pregnancy clinic in May. Her beta was trending downward. She did not have a confirmatory ultrasound.

On examination the patient was well. She is in no distress. Abdomen soft nontender.

20-year-old female with vaginal bleeding and abdominal pain. Her beta is 31. She may have retained products of conception versus early pregnancy versus threatened miscarriage.

ED Course as of 02/08/23 2357

Wed 02 Aug 2023

1930 Approach by husband patient had more bleeding
and passed tissue
2130 Us shows no IUP
Likely miscarriage given BHCG
2356 Pt will follow up with GP to have BHCG and US
repeated

Lana Grigoriou, MD
02/08/23 2357

ED Provider Notes

Lana Grigoriou at 2/8/2023 18:51

28-year-old female with lower abdominal pain and bleeding since this morning.

Patient's last menstrual period was June 30. She had a miscarriage in April. Her first normal period since then was in June. She says her pain feels like period cramps. She is having light bleeding. She vomited twice. No fever.

Patient was followed up in early pregnancy clinic in May. Her beta was trending downward. She did not have a confirmatory ultrasound.

On examination the patient was well. She is in no distress. Abdomen soft nontender.

20-year-old female with vaginal bleeding and abdominal pain. Her beta is 31. She may have retained products of conception versus early pregnancy versus threatened miscarriage.

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Wed 02 Aug 2023

1930 Approach by husband patient had more bleeding
and passed tissue
2130 Us shows no IUP
Likely miscarriage given BHCG
2356 Pt will follow up with GP to have BHCG and US
repeated

Lana Grigoriou, MD
02/08/23 2357

Discharge Instructions

Lana Grigoriou at 2/8/2023 21:32

Have US and BHCG repeated in one week
Return to ER if increasing bleeding >1 pad per hour
Follow up GP for fertility work up

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Name: Neha Kaswala | DOB: 9/7/1995 | MRN: 1810741742 | PCP: Mohamed Abounaja, MD | Legal Name: Nehaben Kaswala

Appointment Details

Notes

Visit Notes

Asha Kurup at 3/5/2023 10:10

Status: Signed

27 year old primip. LMP 12/03/23.

Came to ER on 29/04 because of abdominal pain and heavy bleeding PV and tissue removed from cervix in ER.

Today, BHCG 40 (it was 184 on 29/04)

Now, no bleeding PV or pain.

Impression: Complete abortion.

Advised PNV and Vitamin D3.

Plan: Discharge from EPAC

Progress Notes

Asha Kurup at 3/5/2023 10:10

27 year old primip. LMP 12/03/23.

Came to ER on 29/04 because of abdominal pain and heavy bleeding PV and tissue removed from cervix in ER.

Today, BHCG 40 (it was 184 on 29/04)

Now, no bleeding PV or pain.

Impression: Complete abortion.

Advised PNV and Vitamin D3.

Plan: Discharge from EPAC

Patient Instructions

Nurse Kirsi M at 3/5/2023 10:19

Discharged from EPAC clinic.