

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 (*)
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GLUCOSE, RANDOM - Normal

Glucose Random	4.6
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HS TROPONIN - Normal

HS Troponin	2
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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

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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.

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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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