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

<u>Allergy</u>

No Known Allergies

Medications

Prior to Admission medications

Medication Sig Start End Takin Authorizing Provider

Date Date g?

dimenhyDRINATE Take 1 tablet (50 3/7/24 2/8/24 Zeyu Li, MD

(GRAVOL) 50 mg tablet mg total) by

mouth every 6 (six) hours as needed for nausea or vomiting.

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

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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

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