

Nehaben Rahul Kaswala  
51, Mountland Drive,  
Scarborough, Ontario. M1G 2N7  
Email : [nehakaswala9795@gmail.com](mailto:nehakaswala9795@gmail.com)  
Phone Number : 647-861-6443  
Date : 06<sup>th</sup> October 2024

To,  
The Canadian Embassy,  
Immigration Department.

Subject : Request for Visitor Visa for My Mother

Respected Visa Officer,

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

Name : Gitaben Dineshbhai Bavishi

DOB : 02<sup>nd</sup> 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

The purpose of her visit is to provide essential emotional and practical support during my first positive pregnancy, especially after experiencing two previous miscarriages. Her presence is vital for my well-being during this critical time, and she plans to return to India in 2 months once I am stable and more settled.

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 07<sup>th</sup> September 2024. I succeeded to secure the position of a full time DevOps Engineer which is started from 16<sup>th</sup> 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 has been fluctuating with intense symptoms, making physical and emotional support crucial during pregnancy and after delivery.

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.

My father Dineshbhai Chhaganbhai Bavishi is working as a Manager in a Diamond Making Company named as M/s Bhungaliya Brothers in Ahmedabad, Gujarat, India. He is living in India along with my brother, mother, and grandparents. They own two houses, a car, and farming land in India with good financial status. Their siblings and other blood relatives are also staying in India in the neighbourhood and are visiting very frequently during social occasions, get together and other family functions.

**1. Purpose of Visit:**

As my husband and I are expecting our first child, and this pregnancy is specifically very crucial considering previous experiences with two miscarriages, we are inviting my mother Gitaben Dineshbhai Bavishi, so that she can stay with us during this significant time and provide us the emotional support, warmth and practical assistance during my first pregnancy and postpartum. After delivery she will go back to her home country to resume her family life with my father, brother and grandparents.

**2. Stay and Accommodation:**

She will be visiting Canada from 07<sup>th</sup> January 2025 to 05<sup>th</sup> March 2025, for two months which will cover my expected last 1.5 months of pregnancy, time of delivery and postpartum. During the visit she will be staying with us at 51, Mountland Drive, Scarborough, Ontario M1G 2N7. During her stay, all living, and food expenses will be covered by herself and my father. If any additional financial support is required, my brother is also there to provide all the support for her expenses. I am attaching all financial supporting documents of my family and myself.

**3. Reason for Returning India :**

My parents have deep-rooted ties in India, including familial, social and professional connections. My father is working as a Manager in a Diamond Making Company named as M/s Bhungaliya Brothers in Ahmedabad, Gujarat, India since 2014. They are living in an extended family in my home country including my mother, brother and grand parents. My mother is an independent self-employed woman doing craft work and making customized outfits. My brother is working as a Software Engineer since Jan'2021 and recently, he has started own business along with the job in Dec'2023 in Ahmedabad, Gujarat, India.

My grandparents are living their retirement life and partially dependent for their day-to-day routine activities. My family is financially and socially well-established and is staying together in their own house since many years. My Mother is spending most of her time in her craft work, looking after my grandparents and other household activities. She is actively involved in the social and cultural activities. After delivery, she is planning to go back at the earliest so that she can resume her personal, profession, social and cultural life. Due to her dependency and work life in India, it is never expected to overstay in Canada during her visit.

**4. Financial Establishments :**

To address the concerns regarding their financial situation, I am enclosing updated balance certificates, Income Tax Returns, Valuation Reports of the current assets, Salary slips and letter of employment demonstrating their financial stability and ability to support themselves during my mother's visit to Canada.

Additionally, I am attaching my bank statement along with my husband to showcase our financial stability and ability to support my mother's stay during here visit in Canada.

**Summary of Movable Income :**

[\*Exchange rate CAD \$1 = 62.04 Indian Rupees]

Type of Finance	Owner (Whose name is it ?)	Financial Institution	Amount in Indian Rupees	Amount in CAD (*Exchange Rate)
Saving Account	Bavishi Gitaben	Yes Bank	17,51,959/-	28239 CAD
Fixed Deposit	Dineshbhai		19,030/-	307 CAD
		<b>TOTAL</b>	<b>17,70,989/-</b>	<b>28546 CAD</b>

**Summary of Immovable & Tax Return:**

[\*Exchange rate CAD \$1 = 62.04 Indian Rupees]

Type of Asset	Owner (Whose name is it ?)	Location / Year	Amount in Indian Rupees	Amount in CAD (*Exchange Rate)
Gold Ornaments and Jewellery	Gitaben Bavishi	Ahmedabad, Gujarat	10,00,000/-	16118 CAD
Residential Apartment	Gitaben Bavishi & Shubham Bavishi	Ahmedabad, Gujarat	53,75,000/-	86637 CAD
Residential House	Gitaben Bavishi	Amreli, Gujarat	29,50,000/-	47550 CAD
Agricultural Land	Dineshbhai Bavishi	Amreli, Gujarat	26,75,330/-	43122 CAD
		<b>TOTAL</b>	<b>1,20,00,330/-</b>	<b>193429 CAD</b>

**Summary of Tax Return:**

[\*Exchange rate CAD \$1 = 62.04 Indian Rupees]

Type of Asset	Owner (Whose name is it ?)	Location / Year	Amount in Indian Rupees	Amount in CAD (*Exchange Rate)
ITR Acknowledgement	Gitaben Bavishi	2024-2025	3,32,470/-	5359 CAD
		2023-2024	2,86,520/-	4618 CAD
ITR Acknowledgement	Dineshbhai Chhaganbhai Bavishi	2024-2025	4,10,780/-	6621 CAD
		2023-2024	3,25,000/-	5238 CAD
ITR Acknowledgement	Shubham Dineshbhai Bavishi	2024-2025	18,58,390/-	29955 CAD
		2023-2024	11,29,060/-	18199 CAD

I have attached the below mentioned documents to support her visa application :

1. An invitation letter showing the purpose of her visit and our current circumstances.
2. Proof of our relationship.
3. Evidence of my wife's current pregnancy, medical records and a letter from doctor.
4. A copy of my mother's passport and a completed visa application form.
5. Proof of financial support, including recent bank balance certificates, Income Tax Returns, Valuation Reports of the current assets and Salary slips along with the letter of the employment.

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.* 06th October 2024

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

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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**

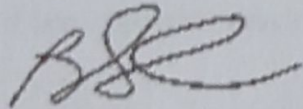
To whom it may concern,

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

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

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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		
• [DISCONTINUED] ondansetron tablet 4-8 mg	4-8 mg	Enteral Tube	q8h PRN	Brenda Sohn		
• [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 <sup>2</sup>	
OB Status	Pregnant	
Smoking Status	Never	
BSA	1.35 m <sup>2</sup>	

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

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

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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 abod 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
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0.9 % 100 mL IVPB						
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• [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 (ZOFran) 2 mg/mL injection 4 mg	4 mg	intravenous	q8h PRN	Brenda Sohn	4 mg at 20/08/24 1602	
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• [DISCONTINUED] ondansetron tablet 4-8 mg	4-8 mg	Enteral Tube	q8h PRN	Brenda Sohn		
• [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
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• 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	60 tablet	0

	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
• 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 tablet	Take 1 tablet (5 mg total) by mouth 4 (four) times a day as needed (for nausea) for up to 10 days.	30 tablet	0
• 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<sup>2</sup>

OB Status Pregnant

Smoking Status Never

BSA 1.35 m<sup>2</sup>

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

## **Discharge Instructions**

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**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

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**Jackie Chou at 19/8/2024 0:08**

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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 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 (*)
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#### **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?
<b>doxylamine-pyridoxine (DICLECTIN) 10-10 mg tablet, delayed release (DR/EC)</b>	<b>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.</b>	<b>19/8/24</b>	
<b>ondansetron 4 mg tablet</b>	<b>Take 1 tablet (4 mg total) by mouth every 8 (eight) hours as needed for nausea or vomiting for up to 7 days.</b>	<b>19/8/24</b>	
<b>aluminum-magnesium hydroxide 200-200 mg/5 mL suspension</b>	<b>Take 15 mL by mouth every 6 (six) hours as needed for heartburn.</b>	<b>13/7/24</b>	
<b>dimenhydrinate (GRAVOL) 50 mg tablet</b>	<b>Take 1 tablet (50 mg total) by mouth every 6 (six) hours as needed for nausea or vomiting.</b>	<b>3/7/24</b>	
<b>MULTIVITAMIN ORAL</b>			
<b>ondansetron 4 mg tablet</b>	<b>Take 1 tablet (4 mg total) by mouth every 8 (eight) hours as needed for nausea or vomiting for up to 20 doses.</b>	<b>13/7/24</b>	

**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 <sup>2</sup>	
OB Status	Pregnant	
Smoking Status	Never Assessed	
BSA	1.36 m <sup>2</sup>	
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**

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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.	<b>Current Outpatient Medications</b> <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  
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Temp: 35.8 °C  
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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
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MPV	9.2
Absolute Neutrophils	8.3 (*)
Absolute Lymphocytes	2.9
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Relative Neutrophils	0.69
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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	



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

**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 <sup>2</sup>	
OB Status	Pregnant	
Smoking Status	Never Assessed	
BSA	1.36 m <sup>2</sup>	
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/NI 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**

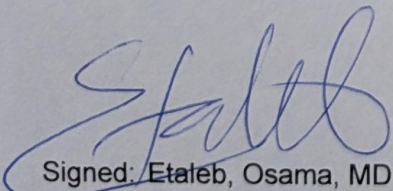
**DOB: 09/07/1995 (d/m/y)**

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

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

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

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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

- Miscarriage

Date

2023

### **Allergy.**

No Known Allergies

### **Medications**

**Prior to Admission medications**

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

**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**

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Routine labs  
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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

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

---

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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

## Discharge Instructions

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**Lana Grigoriou at 2/8/2023 21:32**

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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

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##### Asha Kurup at 3/5/2023 10:10

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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

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##### 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

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

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Discharged from EPAC clinic.