

LEE, JONG HYUN HYUN Admin Sex: **Male** DOB: **06/1/1993**

Continuity of Care Document

Summarization of Episode Note | 05/24/2024 to 05/25/2024

Source: Georgetown University Hospital

Created: 11/26/2025

Demographics

Contact Information:

315 W 33RD ST APT 8J, NEW YORK, NY 10001, USA

Tel: (413)325-4473 (Work)

Tel: (413)325-4473 (Primary Home)

Email: HANK.LEE.QED@GMAIL.COM

Previous Address(es):

--

Marital Status: Single

Religion: No Religious Pref

Race: --

Previous Name(s):

LEE, JONG HYUN

LEE, JONG HYUN HYUN

LEE, JONG HYUN

LEE, JONG HYUN HYUN

LEE, JONG HYUN HYUN

LEE, JONG HYUN

Date of Death: //

Ethnic Group: Not Hispanic or Latino

Language: dn

ID: 51804557

Care Team

Type	Name	Represented Organization	Address	Phone
primary care physician	UNKNOWN, DOCTOR	--	--	--

Relationships

No Data to Display

Document Details

Source Contact Info

3800 Reservoir Road202-444-2000202-444-3597202-444-6473, Washington, DC 20007-, USA

Tel: (202)444-2000

Author Contact Info

11/26/2025 8:01 AM

Georgetown University Hospital

Recipient Contact Info

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Healthcare Professionals

No Data to Display

IDs & Code Type Data

Document Type ID: 2.16.840.1.113883.1.3 : POCD_HD000040

Document Template ID: 2.16.840.1.113883.10.20.22.1.1 : --, 2.16.840.1.113883.10.20.22.1.1 : 2015-08-01, 2.16.840.1.113883.10.20.22.1.2

: 2015-08-01

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Document Type Code: 2.16.840.1.113883.6.1, 34133-9

Document Language Code: en-US

Document Set ID: --

Document Version Number: --

Primary Encounter

Encounter Information

Registration Date: 05/24/2024

Discharge Date: 05/25/2024

Visit ID: --

Location Information

Georgetown University Hospital

(Work): 3800 Reservoir Road, Washington, DC 20007- , USA

Providers

Type	Name	Address	Phone
Admitting	Rahman, Sabrina	(Work): 3800 Reservoir Rd NW, Washington, DC 20007- , USA	Tel: (202)444-2116 (Work)
Attending	Rahman, Sabrina	(Work): 3800 Reservoir Rd NW, Washington, DC 20007- , USA	Tel: (202)444-2116 (Work)
Referring	SELF-REFERRED, SELF	--	--

Encounter

GUH FIN 7731762576 Date(s): 5/24/24 - 5/25/24

Georgetown University Hospital 3800 Reservoir Road Washington, DC 20007- USA (202) 444-2000

Encounter Diagnosis

Elevated white blood cell count, unspecified (Final) - 5/24/24

Abscess, peritonsillar (Discharge Diagnosis) - 5/24/24

Peritonsillar abscess (Final) - 5/24/24

Discharge Disposition: Disch to home or self care-Routine

Attending Physician: Rahman, MD, Sabrina

Admitting Physician: Rahman, MD, Sabrina

Referring Physician: SELF-REFERRED, SELF

Encounter Type: Emergency

Reason for Visit

POSSIBLE RIGHT EAR PERITONSILLAR ABSCESS

Allergies, Adverse Reactions, Alerts

No Known Medication Allergies

Author: Gibson, Jamila, MedStar Health Urgent Care at Chevy Chase

Last Modified: 05/24/2024 5:18 PM

Treatment Plan

No data available for this section

Immunizations

No data available for this section

Medications

amoxicillin-clavulanate (Augmentin 875 mg-125 mg oral tablet)

Status: Completed

Start Date: 5/24/24

Stop Date: 6/7/24

1 Tablet(s) By Mouth every 12 hours for 14 Day(s). Refills: 0.

Ordering provider: Cole, MD, Rachel Marie

Author: Georgetown University Hospital

Last Modified: 06/8/2024 3:16 AM

CVS/pharmacy #5674

3700 Newark St NW Washington, DC 200163036

Problem List

No data available for this section

Procedures

No data available for this section

Results

Laboratory List

Name	Date
Mononucleosis Screen	5/24/24
Complete Blood Count w/ Differential (CBC with Differential)	5/24/24
Comprehensive Metabolic Panel (CMP)	5/24/24
.GFR Universal	5/24/24

5/25/24:

Test	Result	Reference Range	Specimen Source	Laboratory
Diastolic BP, Automated <i>Author: Kodua, Shelly, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 5:03 AM</i>	68 mmHg	(Normal is 60-89 mmHg)		
Heart Rate Monitored <i>Author: Kodua, Shelly, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 5:03 AM</i>	85 bpm	(Normal is 60-100 bpm)		
MAP, Automated <i>Author: Kodua, Shelly, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 5:03 AM</i>	95 mmHg			
Respiratory Rate <i>Author: Kodua, Shelly, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 5:03 AM</i>	21 BR/min	(Normal is 12-20 BR/min)		
Systolic BP, Automated <i>Author: Kodua, Shelly, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 5:03 AM</i>	137 mmHg	(Normal is 90-139 mmHg)		
Diastolic BP, Automated <i>Author: Kodua, Shelly, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 4:26 AM</i>	69 mmHg	(Normal is 60-89 mmHg)		
Heart Rate Monitored <i>Author: Kodua, Shelly, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 4:26 AM</i>	82 bpm	(Normal is 60-100 bpm)		
MAP, Automated <i>Author: Kodua, Shelly, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 4:26 AM</i>	87 mmHg			
Respiratory Rate <i>Author: Kodua, Shelly, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 4:26 AM</i>	20 BR/min	(Normal is 12-20 BR/min)		
Systolic BP, Automated <i>Author: Kodua, Shelly, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 4:26 AM</i>	117 mmHg	(Normal is 90-139 mmHg)		

5/24/24:

Test	Result	Reference Range	Specimen Source	Laboratory
Diastolic BP, Automated <i>Author: Kodua, Shelly, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 4:26 AM</i>	59 mmHg	(Normal is 60-89 mmHg)		
Heart Rate Monitored <i>Author: Kodua, Shelly, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 4:26 AM</i>	79 bpm	(Normal is 60-100 bpm)		

MAP, Automated <i>Author: Kodua, Shelly, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 4:26 AM</i>	80 mmHg			
Respiratory Rate <i>Author: Kodua, Shelly, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 4:26 AM</i>	19 BR/min	(Normal is 12-20 BR/min)		
Systolic BP, Automated <i>Author: Kodua, Shelly, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 4:26 AM</i>	115 mmHg	(Normal is 90-139 mmHg)		
Mono Scr <i>Author: Asfaw, Mekuria A, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 12:02 AM</i>	Negative		Blood	
Peripheral Pulse Rate <i>Author: Krawczyk, Elodie Grace, Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:27 PM</i>	86 bpm	(Normal is 60-100 bpm)		
Temperature Oral <i>Author: Krawczyk, Elodie Grace, Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:27 PM</i>	36.3 DegC	(Normal is 36-37.8 DegC)		
BP Extremity, Automated <i>Author: Krawczyk, Elodie Grace, Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:27 PM</i>	Right upper			
A/G Ratio <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:58 PM</i>	1.4	(Normal is 1.0-3.8)	Blood	GUH Lab
AGAP <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:58 PM</i>	9 mmol/L	(Normal is 5-15 mmol/L)	Blood	GUH Lab
Albumin Lvl <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:58 PM</i>	4.6 gm/dL	(Normal is 3.2-4.8 gm/dL)	Blood	GUH Lab
Alk Phos <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:58 PM</i>	72 units/L	(Normal is 46-116 units/L)	Blood	GUH Lab
ALT <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:58 PM</i>	81 units/L	(Normal is 10-49 units/L)	Blood	GUH Lab
AST <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:58 PM</i>	68 units/L	(Normal is 0-33 units/L)	Blood	GUH Lab
Basophil % <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:38 PM</i>	0.3 %	(Normal is 0.0-2.0 %)	Blood	GUH Lab

Basophil Abs <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:38 PM</i>	0.0 k/uL	(Normal is 0.0-0.2 k/uL)	Blood	GUH Lab
Bili Total <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:58 PM</i>	0.5 mg/dL	(Normal is 0.3-1.2 mg/dL)	Blood	GUH Lab
BUN <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:58 PM</i>	11 mg/dL	(Normal is 9-23 mg/dL)	Blood	GUH Lab
Calcium Lvl <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:58 PM</i>	9.6 mg/dL	(Normal is 8.7-10.4 mg/dL)	Blood	GUH Lab
Chloride <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:58 PM</i>	107 mmol/L	(Normal is 98-107 mmol/L)	Blood	GUH Lab
CO2 <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:58 PM</i>	25 mmol/L	(Normal is 20-31 mmol/L)	Blood	GUH Lab
Creatininine <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:58 PM</i>	0.86 mg/dL	(Normal is 0.60-1.10 mg/dL)	Blood	GUH Lab
Eos % <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:38 PM</i>	0.5 %	(Normal is 0.0-6.0 %)	Blood	GUH Lab
Eosinophil Abs <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:38 PM</i>	0.1 k/uL	(Normal is 0.0-0.7 k/uL)	Blood	GUH Lab
est. CrCl <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:58 PM</i>	112.31 mL/min 1			
GFR Universal <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:58 PM</i>	119 mL/min/1.73 m2 2	(Normal is >=60 mL/min/1.73 m2)	Blood	
Globulin <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:58 PM</i>	3.3 gm/dL	(Normal is 1.3-4.7 gm/dL)	Blood	GUH Lab
Glucose Lvl Random <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:58 PM</i>	99 mg/dL 3	(Normal is 65-140 mg/dL)	Blood	GUH Lab
Hct <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:38 PM</i>	45.5 %	(Normal is 37.5-49.5 %)	Blood	GUH Lab
Hgb <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:38 PM</i>	14.9 gm/dL	(Normal is 12.5-16.5 gm/dL)	Blood	GUH Lab
Imm Gran % <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:38 PM</i>	0.4 %	(Normal is 0.1-0.3 %)	Blood	GUH Lab

Imm Gran Absolute <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:38 PM</i>	0.06 k/uL	(Normal is 0.01-0.03 k/uL)	Blood	GUH Lab
Lymph % <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:38 PM</i>	8.0 %	(Normal is 15.0-45.0 %)	Blood	GUH Lab
Lymph Absolute <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:38 PM</i>	1.4 k/uL	(Normal is 0.6-4.9 k/uL)	Blood	GUH Lab
MCH <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:38 PM</i>	29.4 pg	(Normal is 27.0-31.0 pg)	Blood	GUH Lab
MCHC <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:38 PM</i>	32.7 gm/dL	(Normal is 31.0-36.0 gm/dL)	Blood	GUH Lab
MCV <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:38 PM</i>	89.7 fL	(Normal is 81.0-100.0 fL)	Blood	GUH Lab
Mono % <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:38 PM</i>	11.2 %	(Normal is 3.0-12.0 %)	Blood	GUH Lab
Monocyte Abs <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:38 PM</i>	1.9 k/uL	(Normal is 0.1-1.3 k/uL)	Blood	GUH Lab
MPV <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:38 PM</i>	10.3 fL	(Normal is 7.5-10.4 fL)	Blood	GUH Lab
Neutro % <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:38 PM</i>	79.6 %	(Normal is 43.0-75.0 %)	Blood	GUH Lab
Neutro Absolute <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:38 PM</i>	13.5 k/uL	(Normal is 1.7-8.1 k/uL)	Blood	GUH Lab
NRBC Abs <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:38 PM</i>	0.0 k/uL	(Normal is 0.0-0.1 k/uL)	Blood	GUH Lab
NRBC auto <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:38 PM</i>	0 /100 wbcS	(Normal is 0-2 /100 wbcS)	Blood	GUH Lab
Platelet <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:38 PM</i>	320 k/uL	(Normal is 145-400 k/uL)	Blood	GUH Lab
Potassium Lvl <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:58 PM</i>	4.5 mmol/L	(Normal is 3.4-4.5 mmol/L)	Blood	GUH Lab
RBC <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:38 PM</i>	5.07 million/uL	(Normal is 4.20-5.50 million/uL)	Blood	GUH Lab

RDW <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:38 PM</i>	13.1 %	(Normal is 11.5-15.5 %)	Blood	GUH Lab
Sodium Lvl <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:58 PM</i>	141 mmol/L	(Normal is 136-145 mmol/L)	Blood	GUH Lab
Total Protein <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:58 PM</i>	7.9 gm/dL	(Normal is 5.7-8.2 gm/dL)	Blood	GUH Lab
WBC <i>Author: Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 9:38 PM</i>	16.98 k/uL	(Normal is 4.00-10.80 k/uL)	Blood	GUH Lab
Peripheral Pulse Rate <i>Author: Sanders, Genevieve A, Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 8:23 PM</i>	93 bpm	(Normal is 60-100 bpm)		
Temperature Oral <i>Author: Sanders, Genevieve A, Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 8:23 PM</i>	36.7 DegC	(Normal is 36-37.8 DegC)		
Body Mass Index Dosing <i>Author: Sanders, Genevieve A, Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 8:24 PM</i>	23.31 kg/m2	(Normal is 40 kg/m2)		
BSA Dosing <i>Author: Sanders, Genevieve A, Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 8:24 PM</i>	1.73 m2			
Dosing Height Method <i>Author: Sanders, Genevieve A, Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 8:24 PM</i>	Estimated			
Dosing Weight Method <i>Author: Sanders, Genevieve A, Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 8:24 PM</i>	Estimated			
Height/Length Dosing <i>Author: Sanders, Genevieve A, Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 8:24 PM</i>	167 cm	(Normal is 129-213 cm)		
Weight Dosing <i>Author: Sanders, Genevieve A, Georgetown University Hospital</i> <i>Last Modified: 05/24/2024 8:24 PM</i>	65 kg			

¹ Result Comment: Resulted by Rule: PHA_CrCl_CALCULATION_CPOE The documented "Ideal Body Weight" was used for this Calculation

Ideal body weight < Weight dosing

The estimated creatinine clearance is calculated based on the following Cockcroft-Gault formulas:

Male: $((140 - \text{Age}) / \text{SerumCreat}) * (\text{Weight} / 72)$

Female: $((140 - \text{Age}) / \text{SerumCreat}) * (\text{Weight} / 72) * 0.85$

As with any estimated result, discretion should be applied before clinical decisions are made.

² Interpretive Data: Below 60 mL/min/1.73m²- the prevalence of complications of CKD increases. GFR declines with age.

Calculation in use for the GFR result is the CKD-EPI (2021) equation from the National Kidney Foundation

³ Interpretive Data: Random Glucose Level cannot be used for diagnosis of diabetes. Glucose target in the hospitalized patient is 80-110 before meals and no more than 180 at other times.

Laboratory Information

CLIA Number: 09D0207566

GUH Lab

CLIA Number: 09D0207566

MedStar Georgetown University Hospital
3800 Reservoir Road, NW
(202)444-2592
Washington, DC 20007- USA

GUH Lab

MedStar Georgetown University Hospital
3800 Reservoir Road, NW
(202)444-2592
Washington, DC 20007- USA

Orders for Microbiology Reports

Name	Date
Culture, Bact, Drainage/Abscess	5/25/24

Microbiology Reports

TEST: C Drain/Absce

COLLECTED DATE/TIME: 5/25/24 1:51 AM

FINAL REPORT: Growth in Enrichment broth only Normal oral flora

Fusobacterium species

Author: Mondragon, Daniela, Georgetown University Hospital

Last Modified: 05/30/2024 11:57 AM

Radiology Reports

Exam Date Time	Procedure	Performing Provider	Status
5/24/24 7:12 PM	CT Neck w Contrast	CONTRIBUTOR_SYSTEM, POWERSCRIBE;	Auth (Verified)

Notes:

(CT Neck w Contrast) Reason For Exam: Mass (Specify Site)

REPORT

CLINICAL INFORMATION: Concern for right peritonsillar abscess

TECHNIQUE: CT of the neck with intravenous contrast.

All MedStar CT scans are performed using one of these three dose reduction techniques: automated exposure control, adjustment of the mA and/or kV according to patient size, or use of iterative reconstruction techniques.

CONTRAST DOSE: 100 mL Isovue 370 IV

COMPARISON: None.

FINDINGS:

INTRACRANIAL: Imaged portions of the brain are normal.

ORBITS: Normal.

PARANASAL SINUSES: Clear.

AERODIGESTIVE TRACT: Tonsillitis and right peritonsillar abscess measuring 2.5 (AP) x 1.7 (TR) x 5.0 (CC) cm (series 2, image 33; series 8, image 45). This causes mass effect and mild narrowing of the oropharyngeal airways. Effacement of the right parapharyngeal fat space.

SALIVARY GLANDS: The parotid and submandibular glands are normal.

THYROID: Normal.

LYMPH NODES: A few enlarged upper cervical lymph nodes bilaterally, likely reactive.

VASCULAR STRUCTURES: Normal.

BONES: No suspicious osseous lesions.

LUNG APICES: Clear.

OTHER: None.

IMPRESSION:

Tonsillitis with large right peritonsillar abscess that causes mass effect and mild narrowing of the oropharyngeal airways.

Mildly enlarged upper cervical lymph nodes bilaterally, likely reactive

Finding(s) reported via phone to Rachel Marie Cole by Matthew Bourne at 5/24/2024 8:19 PM

Reading Location: MGRGUHRRMKT426

***** Final *****

Dictated by: Bourne, DO, Matthew Dulles

Dictated at: 05/24/2024 7:51 pm

This Imaging Study Was Reviewed and Its Interpretation Verified by: Thakkar, MD, Rashmi S

Electronically Signed: 05/25/2024 9:58 am

Transcribed by: MDB

Author: Thakkar, Rashmi S, Georgetown University Hospital

Last Modified: 05/25/2024 1:58 PM

Vital Signs

5/25/24

Heart Rate Monitored <i>Author: Kodua, Shelly, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 5:03 AM</i>	85 bpm	(Normal is 60-100 bpm)
Heart Rate Monitored <i>Author: Kodua, Shelly, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 4:26 AM</i>	82 bpm	(Normal is 60-100 bpm)
Respiratory Rate <i>Author: Kodua, Shelly, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 5:03 AM</i>	21 BR/min*HI*	(Normal is 12-20 BR/min)
Respiratory Rate <i>Author: Kodua, Shelly, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 4:26 AM</i>	20 BR/min	(Normal is 12-20 BR/min)
Blood Pressure <i>Author: Kodua, Shelly, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 5:03 AM</i> <i>Author: Kodua, Shelly, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 5:03 AM</i>	137/68 mmHg	(Normal is 90-139/60-89 mmHg)
Blood Pressure <i>Author: Kodua, Shelly, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 4:26 AM</i> <i>Author: Kodua, Shelly, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 4:26 AM</i>	117/69 mmHg	(Normal is 90-139/60-89 mmHg)
MAP, Automated <i>Author: Kodua, Shelly, Georgetown University Hospital</i> <i>Last Modified: 05/25/2024 5:03 AM</i>	95 mmHg	

MAP, Automated Author: Kodua, Shelly, Georgetown University Hospital Last Modified: 05/25/2024 4:26 AM	87 mmHg	
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5/24/24

Temperature Oral Author: Krawczyk, Elodie Grace, Georgetown University Hospital Last Modified: 05/24/2024 9:27 PM	36.3 DegC	(Normal is 36-37.8 DegC)
Temperature Oral Author: Sanders, Genevieve A, Georgetown University Hospital Last Modified: 05/24/2024 8:23 PM	36.7 DegC	(Normal is 36-37.8 DegC)
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Height/Length Dosing Author: Sanders, Genevieve A, Georgetown University Hospital Last Modified: 05/24/2024 8:24 PM	167 cm	(Normal is 129-213 cm)
Body Mass Index Dosing Author: Sanders, Genevieve A, Georgetown University Hospital Last Modified: 05/24/2024 8:24 PM	23.31 kg/m2	(Normal is 40 kg/m2)
Weight Dosing Author: Sanders, Genevieve A, Georgetown University Hospital Last Modified: 05/24/2024 8:24 PM	65 kg	

Social History

Social History Type	Response
Birth Sex Author: MedStar Health Last Modified: 04/12/2025 6:17 AM	Male
Sex Representation Author: MedStar Health Last Modified: 04/12/2025 6:17 AM	Male (finding)
Pregnancy Status Author: Irvin, Emma, Georgetown University Hospital Last Modified: 05/25/2024 12:01 AM	N/A
Pregnancy Status Author: Irvin, Emma, Georgetown University Hospital Last Modified: 05/25/2024 12:02 AM	N/A
Pregnancy Status Author: Sanders, Genevieve A, Georgetown University Hospital Last Modified: 05/24/2024 8:24 PM	N/A

Goals

No data available for this section

Hospital Discharge Instructions

Section Author: Burrows, Eliese Friedel, Georgetown University Hospital, 05/25/2024 5:18 AM

Patient Education

05/25/2024 01:18:57

Pending Radiology Results (GUH)

Discharge Instructions for Patients with Pending Radiology Results

You had radiology imaging as part of your evaluation in the Emergency Department. The Emergency Department doctor or radiology resident caring for you has performed a preliminary interpretation of your image(s). The image(s) will be reviewed by the attending radiologist in the morning and there will be a final report of the findings.

One of three scenarios may occur:

- The attending radiologist will agree with the findings of the Emergency Department doctor or radiology resident
- The attending radiologist might notice something that was not seen by your Emergency Department doctor or the radiology resident and is related to your symptoms
- The attending radiologist might discover something that was not expected and unrelated to your symptoms

Always obtain a copy of your final imaging report to bring to your primary doctor in the event that there are findings that need follow up treatment, imaging, or subsequent monitoring. We will attempt to contact you by phone if there are any abnormal findings that need attention. If we are unable to reach you, we will send a letter by mail. You can also obtain a copy of your imaging report within your myMedstar Portal. If you are unable to obtain your results within 7 days, please contact the Medical Records department at the hospital in which you were treated.

myMedStar Patient Portal Instructions

myMedStar: It's fast and easy to Enroll!

Option 1: e-mail invitation

1. During registration, you were asked about your interest in the myMedStar patient portal. If you provided your email address an invitation has already been sent to you.

2. Follow the email instructions to enroll. You will need:

- First and last name
- Date of birth
- Patient ID/EMPI number – Your unique patient ID can be found on page one of your visit or discharge summary.

Option 2: Self Enrollment

1. Go to myMedStar.org

2. Click Enroll Now

3. Follow the instructions to enroll. You will need:

- First and last name
- Date of birth
- Patient ID/EMPI number – Your unique patient ID can be found on page one of your visit or discharge summary.

If you have questions or need assistance creating your account, please contact myMedStar support toll free at 1-877-745-5656.

If you need an immediate response for an urgent situation, please contact your physician's office by phone or
FOR A MEDICAL EMERGENCY, CALL 911.

05/25/2024 01:18:34

Peritonsillar Abscess

Return to ED for fevers, voice changes, trouble swallowing or for any other concerning symptoms.

Peritonsillar Abscess

A peritonsillar abscess is a collection of pus in the back of the throat, behind the tonsils. It usually occurs when an infection of the throat or tonsils (tonsillitis) spreads into the tissues around the tonsils.

What are the causes?

The infection that leads to a peritonsillar abscess is usually caused by streptococcal bacteria.

What increases the risk?

You are more likely to develop this condition if:

- You have recently been diagnosed with an infection in your mouth or throat.
- You smoke.
- You have gum disease or gingivitis (periodontal disease).

What are the signs or symptoms?

Early symptoms of this condition include:

- Fever and chills.
- A sore throat, often with pain on just one side.
- Swollen, tender glands (lymph nodes) in the neck.
- Headache.

As the infection gets worse, symptoms may include:

- Difficulty swallowing.
- Drooling because of difficulty swallowing saliva.
- Difficulty opening your mouth.
- Bad breath.
- Changes in how the voice sounds.

How is this diagnosed?

This condition may be diagnosed based on:

- Your symptoms and medical history.
- A physical exam.
- Imaging tests, such as ultrasound or CT scan.
- Testing a pus sample from the abscess. Your health care provider may collect a pus sample by swabbing the back of your throat or by removing some pus with a syringe and needle (needle aspiration).

How is this treated?

Treatment usually involves draining the pus from the abscess. This may be done through needle aspiration or by making an incision in the abscess and draining the fluid. You will also likely need to take antibiotic medicine.

Follow these instructions at home:

Medicines

- Take over-the-counter and prescription medicines only as told by your health care provider.
- If you were prescribed an antibiotic, take it as told by your health care provider. Do not stop taking the antibiotic even if you start to feel better.

Eating and drinking

- Drink enough fluid to keep your urine pale yellow.
- While your throat is sore, try only drinking liquids or eating only soft-textured foods such as yogurt and ice cream.

Activity

- Rest as told by your health care provider.
- Return to your normal activities as told by your health care provider. Ask your health care provider what activities are safe for you.

General Instructions

- If your abscess was drained, gargle with a mixture of salt and water 3–4 times a day or as needed.
 - To make salt water, completely dissolve $\frac{1}{2}$ –1 tsp (3–6 g) of salt in 1 cup (237 mL) of warm water.
 - Do not swallow this mixture.
- Do not use any products that contain nicotine or tobacco. These products include cigarettes, chewing tobacco, and vaping devices, such as e-cigarettes. If you need help quitting, ask your health care provider.
- Keep all follow-up visits. This is important.

Contact a health care provider if:

- You have more pain, swelling, redness, or pus in your throat.

- You have a headache.
- You have a lack of energy (lethargy) or feel generally sick.
- You have a fever or chills.
- You have trouble swallowing or eating.
- You have signs of dehydration, such as:
 - Light-headedness or dizziness when standing.
 - Urinating less than usual.
 - A fast heart rate.
 - Dry mouth.

Get help right away if:

- You are unable to swallow.
- You have trouble breathing, or it is easier for you to breathe when you lean forward.
- You cough up blood or vomit blood after treatment.
- You have severe throat pain that does not get better with medicine.

These symptoms may represent a serious problem that is an emergency. Do not wait to see if the symptoms will go away. Get medical help right away. Call your local emergency services (911 in the U.S.). Do not drive yourself to the hospital.

Summary

- A peritonsillar abscess is a collection of pus in the back of the throat. It usually occurs when an infection of the throat or tonsils spreads to surrounding tissues.
- Symptoms include a sore throat, difficulty swallowing, fever, chills, and occasional drooling.
- This condition is treated by draining the abscess and taking antibiotic medicine.
- Call your health care provider if you have trouble swallowing or eating after treatment.
- Get help right away if you vomit blood or cough up blood after treatment.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 04/29/2022 Document Reviewed: 04/29/2022

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Follow Up Care

05/24/2024 16:17:56

With: MGUH ENT Clinic

Address:

3800 Reservoir Rd, NW
1st Floor- Gorman
Washington, DC 20007-
(202)444-8186 Business (1)

When: 1 week

Comments: Call for followup appointment

Reason for Referral

No data available for this section

Health Concerns

No data available for this section

Implantable Device List

No data available for this section

Otolaryngology Consult note

Timothee, MD, Patricia: MODIFY, MODIFY, MODIFY, PERFORM, MODIFY, MODIFY, MODIFY

Event Display: ENT Consultation

Authored Date: 20240525013138-0400

Chief Complaint

See PA, pt sent from UC r/t sore throat, difficulty swallowing, swelling to neck. difficult controlling secretions, airway intact in triage.

Reason for Consultation

R PTA

Consulting Attending Physician

Dr. Davidson

Requesting Practitioner

ED

History of Present Illness

This is a 30M with no pmhx, who presents to te ED with close to one week of right sided throat pain that has worsened over the last 2 days. He has been able to tolerate PO, but has had limited intake as swallowing has been very painful. he denies a hx of prior throat infections like this. He denies sick contacts. He has not received abx prior to arrival in the ED. At home he has ad subjective fevers, chills, malaise.

Review of Systems

Review of systems is negative except specific symptoms preceded by a "+":

Constitutional: Fevers, Weight Loss

Eyes: Change in Vision, Double Vision

Ears: Pain, Hearing loss, Ringing

Nose: Runny Nose, Stuffiness/Congestion

Throat: Hoarseness, Sore Throat, pain with swallowing

Allergy: Sneezing, Itchy eyes/nose/ears

Respiratory: Shortness of Breath, Cough

Cardiac: Chest Pain, Rapid/irregular heartbeat

Neurological: Headaches, Weakness

Hematology: Lymph Node Swelling, Easy bruising

Psychiatry: Stress, Anxiety

Physical Exam

Vitals & Measurements

T: 36.3 °C (Oral) TMIN: 36.3 °C (Oral) TMAX: 36.7 °C (Oral) HR: 85 (Monitored) RR: 21

BP: 137/68 SpO2: 98% WT: 65 kg

Oxygen Delivery Device: Room Air (05/24/24 17:26:25)

Pain Assessment

Primary: Numeric Pain Score: 8 (05/24/24 18:00:00)

Pain Present: Yes actual or suspected pain (05/24/24 16:20:00)

General: Awake, alert. Resting comfortably in bed. No stridor.

Voice: clear

Ears: Bilateral pinnae within normal limits.

Face: Symmetric at rest.

Eyes: Pupils equal and round. EOMs intact. Primary gaze alignment intact.

Nose: Anterior nares clear bilaterally.

Oral cavity: MMM. Tongue mobile and midline. No PND. Bilaterally tonsils 2-3+ exophytic and crpytic.

Left soft palate edema/erythema. No uvular deviation. Autodrainage of PTA around the right tonsil.

Neck: Soft, flat. tender reactive LN right level 1b-2a. No palpable cervical lymphadenopathy.

Cardiovascular: Extremities warm and well-perfused.

Lungs: No increased WOB on room air.

Skin: No evident lesions of head or neck except as described above.

Neuro: Alert and oriented; V1-V3 sensate and equal bilaterally; symmetric smile; symmetric palate rise; HB1/6; 5/5 shoulder shrug bilaterally

Psych: Normal affect.

Procedure

After informed consent was obtained, the palate was anesthetized with 3cc of 1:100,000 lidocaine with epinephrine. Then, a 10cc syringe was used to aspirate approximately 5cc of thick purulent fluid from the abscess. A 1cm incision was made over the site of aspiration and tonsillar clamps were used to spread inside the abscess. The patient tolerated the procedure well and there were no immediate apparent complications.

Assessment/Plan

Mr Lee is a 30M who presents to the ED for evaluation of a persistent sore throat. In the ED, the patient was afebrile, in no acute distress and protecting his airway. Physical examination was notable for trismus, bulge of the right soft palate without contralateral uvular deviation. Preliminary labs were notable for a leukocytosis to 16.98. The clinical presentation was consistent with a peritonsillar abscess. The patient underwent uncomplicated incision and drainage, which they tolerated well.

Recommendations:

- PO Augmentin (875 BID, x14d)
- Medrol DosePak
- F/u Cultures
- Strict return precautions if worsening fevers/chills, inability to tolerate adequate PO intake, worsening pain, or shortness of breath.
- F/u in ENT clinic in 1-2 weeks for further

Page ENT with any questions or concerns 202-405-2350

Patricia Timothee, MD

Otolaryngology - Head & Neck Surgery, PGY-2

Medications

Home

amoxicillin-clavulanate(Augmentin 875 mg-125 mg oral tablet), 1 tab, PO, q12h

Allergies

No Known Medication Allergies

Social History

Smoking Status

Never smoker

Family History

No Data Found

Lab Results

CBC

WBC: 16.98 k/uL High (05/24/24 17:20:00)

Hgb: 14.9 gm/dL (05/24/24 17:20:00)

Hct: 45.5 % (05/24/24 17:20:00)

Platelet: 320 k/uL (05/24/24 17:20:00)

BMP

Sodium Lvl: 141 mmol/L (05/24/24 17:20:00)

Potassium Lvl: 4.5 mmol/L (05/24/24 17:20:00)

Chloride: 107 mmol/L (05/24/24 17:20:00)

CO2: 25 mmol/L (05/24/24 17:20:00)
BUN: 11 mg/dL (05/24/24 17:20:00)
Creatinine: 0.86 mg/dL (05/24/24 17:20:00)
Glucose Lvl Random: 99 mg/dL (05/24/24 17:20:00)

Electrolytes

Calcium Lvl: 9.6 mg/dL (05/24/24 17:20:00)

LFTs (latest in last 72H):

05/24/2024 17:20

Total Protein: 7.9 gm/dL

Albumin Lvl: 4.6 gm/dL

AST: 68 units/L HI

ALT: 81 units/L HI

Bili Total: 0.5 mg/dL

Alk Phos: 72 units/L

Coag Panel

Platelet: 320 k/uL (05/24/24 17:20:00)

Diagnostic Results

REPORT

CLINICAL INFORMATION: Concern for right peritonsillar abscess

TECHNIQUE: CT of the neck with intravenous contrast.

All MedStar CT scans are performed using one of these three dose reduction techniques: automated exposure control, adjustment of the mA and/or kV according to patient size, or use of iterative reconstruction techniques.

CONTRAST DOSE: 100 mL Isovue 370 IV

COMPARISON: None.

FINDINGS:

INTRACRANIAL: Imaged portions of the brain are normal.

ORBITS: Normal.

PARANASAL SINUSES: Clear.

AERODIGESTIVE TRACT: Tonsillitis and right peritonsillar abscess measuring 2.5 (AP) x 1.7 (TR) x 5.0 (CC) cm (series 2, image 33; series 8, image 45). This causes mass effect and mild narrowing of the oropharyngeal airways.

SALIVARY GLANDS: The parotid and submandibular glands are normal.

THYROID: Normal.

LYMPH NODES: A few prominent cervical lymph nodes, likely reactive.

VASCULAR STRUCTURES: Normal.

BONES: No suspicious osseous lesions.

LUNG APICES: Clear.

OTHER: None.

IMPRESSION:

Tonsillitis with large right peritonsillar abscess that causes mass effect and mild narrowing of the oropharyngeal airways.

Electronically signed by:

Timothee, MD, Patricia on: 05.25.2024 03:44 EDT

Electronically signed by:

Davidson, MD, Bruce J. on: 05.25.2024 11:24 EDT

Electronically signed by:

Blumenthal, MD, Daniel on: 05.25.2024 21:24 EDT

Author: Davidson, Bruce J., Georgetown University Hospital

Last Modified: 05/25/2024 3:24 PM

Discharge instructions

Event Display: Discharge Instructions

Author: Georgetown University Hospital

Last Modified: 05/31/2024 12:57 PM

Patient Care team information

Care Team Personnel

Name: Bitkeu bongni, Eric R

Position: Urgent Care Clinic Staff Cosign

Member Role: Diabetic Educator (Lifetime)

Author: Timothee, Patricia, MedStar Health

Last Modified: 05/25/2024 4:02 AM

Name: Blumenthal, MD, Daniel

Position: Referring Provider

Member Role: Specialist - Resident

Address: 3800 Reservoir Road NW

Washington, DC 20007- USA

Telecom: (202)444-8186

Author: Timothee, Patricia, MedStar Health

Last Modified: 05/25/2024 4:02 AM

Name: Timothee, MD, Patricia

Position: Physician - Resident

Member Role: Specialist - Resident

Address: 3800 Reservoir Rd NW

Washington, DC 20007- USA

Telecom: (202)444-8186

Author: Timothee, Patricia, MedStar Health

Last Modified: 05/25/2024 4:02 AM

Care Team Related Persons

Name: YOSHIMOTO,

Author: MedStar Health

Last Modified: 05/25/2024 5:54 AM

Family History

No data available for this section

Insurance Providers

Guarantor name: NA

Health Plan Information #: 1

Payer: CIGNA PPO

Payer Identifier: NA

Member Number: 92114840201

Group Number: 05655566

Subscriber Identifier: NA

Relationship to Subscriber: self

Coverage Type: HMO

Coverage Verification Date: NA

Telecom: NA

Address: NA