

Patient: **LEE, JONG HYUN HYUN HYUN**

MRN: GUH-000002380178

FIN: GUH-07731762576

DOB/Age/Sex: 6/1/1993 32 years

Male

Date of Service: 5/24/2024

Attending Provider: Rahman,MD,Sabrina

Patient Viewable Documents

DOCUMENT NAME: ED Note-Clinician
PERFORM INFORMATION: Cole,MD,Rachel Marie (5/24/2024 18:35 EDT)
RESULT STATUS: Auth (Verified)
SERVICE DATE/TIME: 5/24/2024 18:29 EDT
SIGN INFORMATION: Rahman,MD,Sabrina (5/24/2024 23:55 EDT); Cole,MD,Rachel Marie (5/24/2024 23:20 EDT)

Clinician Assign**Time Seen:**

Cole, MD, Rachel Marie / 05/24/2024 18:02 - ED Resident

Rahman, MD, Sabrina / 05/24/2024 18:03 - ED Attending

Preferred Language/Interpretation Services

Preferred Language Discussing Healthcare: English

Sources reviewed:

Initial nursing notes reviewed.

Chief ComplaintAs per Triage RN:

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

Arrived From for ED: Urgent Care

History of Present Illness

Patient is a 30-year-old previously healthy male who presents from urgent care with sore throat. Per patient, he reports a one week history of sore throat that acutely worsened in the past 2 days, prompting urgent care evaluation. In addition to sore throat, he reports pain with swallowing, voice change, and pooling secretions only while sleeping. He reports subjective chills and congestion. He denies fever, cough, dyspnea, chest pain, abdominal pain. He reports most recent dental appointment within the past year. No antibiotics for this illness. Rapid strep at UC negative.

Relevant Social Determinants of Health

None apparent

Review of Systems

ROS per HPI above

Physical Exam**Vitals:**Initial Vitals

T: 36.7 degC (Oral) HR: 93 (Peripheral) RR: 16 BP: 113/79 (Automated) SpO2: 100%

General: Well developed, well nourished. Appears comfortable.

Allergies

No Known Medication Allergies

Medication Administration**Administered:**Medications:

Decadron, 10 mg, IV Push (05/24/2024 18:52 EDT)

Tylenol, 1000 mg, PO (05/24/2024 18:52 EDT)

Isovue 370 (Radiology Protocol), 100 mL, IV Push (05/24/2024 19:04 EDT)

morphine, 4 mg, IV Push (05/24/2024 21:16 EDT)

ondansetron IV, 4 mg, IV Push (05/24/2024 21:16 EDT)

EPINEPHrine-lidocaine 1:100,000-1% injectable solution, 10 mL, Infiltrate (05/24/2024 21:17 EDT)

Unasyn + Sodium Chloride 0.9% 100 mL, IVPB (05/24/2024 21:18 EDT)

morphine, 4 mg, IV Push (05/24/2024 23:47 EDT)

ondansetron IV, 4 mg, IV Push (05/24/2024 23:47 EDT)

Social History**Smoking Status**

Not Previously Documented

Family History**Lab Results**

HEMATOLOGY	LATEST RESULTS	
WBC	05/24/24 17:20	16.98 High
Hgb	05/24/24 17:20	14.9

Report Request ID:

825675847

Print Date/Time:

11/26/2025 08:40

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Georgetown University Hospital

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Head: Normocephalic, atraumatic.

Eyes: Sclera are non-icteric and the conjunctiva are not injected bilaterally.

ENT: Oral mucosa moist. Asymmetric and exquisitely tender R posterior oropharynx to palpation. Uvula mildly deviated to left. Tonsils without exudates. Secretions controlled. Right cervical lymphadenopathy.

Respiratory: No respiratory distress. Lungs are clear to auscultation bilaterally.

CV: Regular rate. No murmur, gallop or rub.

Abdomen: Soft, nondistended, nontender.

Neuro: Alert and oriented to person, place and time. CN grossly intact.

Skin: Normal color. Warm and dry.

Extremities: Moves all extremities spontaneously. No lower extremity edema.

Psych: Cooperative, normal mood and affect.

Assessment and Plan/Medical Decision Making

Patient is a 30-year-old previously healthy male who presents from urgent care with sore throat. HDS on arrival. All VS reviewed. Patient is well-appearing. Right posterior mouth is exquisitely tender to palpation. Right cervical lymphadenopathy noted. Differential diagnosis includes but is not limited to viral URI, PTA, pharyngitis, mononucleosis. High concern for PTA. Will provide Tylenol and Decadron. Pending labs and CT neck. Disposition pending workup.

I personally reviewed and interpreted the labs and imaging. CBC notable for leukocytosis to 17. CT with large right PTA. Will provide unasyn. Will consult ENT. Signed out to Dr. Burrows pending ENT evaluation and final disposition.

Diagnostic Results

(05/24/2024 19:12 EDT CT Neck w Contrast)

IMPRESSION:

Tonsillitis with large right peritonsillar abscess that causes mass effect and mild narrowing of the oropharyngeal airways. [1]

ED Course

20:44 hrs ENT paged.

21:03 hrs patient discussed with ENT. To see patient. Patient updated at bedside regarding workup and plan. Will provide morphine and Zofran. Airway remains intact.

23:12 hrs patient reevaluated bedside. Airway remains intact. Educated patient regarding importance of PTA drainage. Signed out to Dr. Burrows pending ENT evaluation and final disposition.

Discussion/Consultations

Dr. Nable and Dr. Lewis

Impression/Disposition

ED Diagnosis:

1. Abscess, peritonsillar| (87514)

Patient Disposition

No qualifying data available.

Hct	05/24/24 17:20	45.5
Platelet	05/24/24 17:20	320
MCV	05/24/24 17:20	89.7
MCH	05/24/24 17:20	29.4
MCHC	05/24/24 17:20	32.7
RDW	05/24/24 17:20	13.1
RBC	05/24/24 17:20	5.07
Neutro %	05/24/24 17:20	79.6 High
Lymph %	05/24/24 17:20	8.0 Low
Mono %	05/24/24 17:20	11.2
Eos %	05/24/24 17:20	0.5
Basophil %	05/24/24 17:20	0.3
Neutro Absolute	05/24/24 17:20	13.5 High
Lymph Absolute	05/24/24 17:20	1.4
Monocyte Abs	05/24/24 17:20	1.9 High
Eosinophil Abs	05/24/24 17:20	0.1
Basophil Abs	05/24/24 17:20	0.0
Imm Gran %	05/24/24 17:20	0.4 High
Imm Gran Absolute	05/24/24 17:20	0.06 High
MPV	05/24/24 17:20	10.3
NRBC auto	05/24/24 17:20	0
NRBC Abs	05/24/24 17:20	0.0

CHEMISTRY	LATEST RESULTS
Sodium Lvl	05/24/24 17:20 141
Potassium Lvl	05/24/24 17:20 4.5

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Discharge Prescriptions:

Augmentin 875 mg-125 mg oral tablet: 1 tab, PO, q12h, for 14 Day(s), 28 tab, 0 Refill(s)

Ordered by: Cole, MD, Rachel Marie - 05/24/2024 23:09

Care assumed By

Dr. Burrows

Attending Physician Note:

Case discussed with the Resident. I have interviewed and examined the patient and agree with the plan of care unless otherwise noted.

Chloride	05/24/24 17:20	107
CO2	05/24/24 17:20	25
BUN	05/24/24 17:20	11
Creatinine	05/24/24 17:20	0.86
est. CrCl	05/24/24 17:20	112.31
Glucose Lvl Random	05/24/24 17:20	99
Calcium Lvl	05/24/24 17:20	9.6
Total Protein	05/24/24 17:20	7.9
Globulin	05/24/24 17:20	3.3
Bili Total	05/24/24 17:20	0.5
AST	05/24/24 17:20	68 High
ALT	05/24/24 17:20	81 High
AGAP	05/24/24 17:20	9
GFR Universal	05/24/24 17:20	119
Albumin Lvl	05/24/24 17:20	4.6
A/G Ratio	05/24/24 17:20	1.4
Alk Phos	05/24/24 17:20	72

[1] CT Neck w Contrast; CONTRIBUTOR_SYSTEM, POWERSCRIBE 05/24/2024 19:12 EDT

Electronically signed by:

Cole, MD, Rachel Marie on: 05.24.2024 23:20 EDT

Electronically signed by:

Rahman, MD, Sabrina on: 05.24.2024 23:55 EDT

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