Georgetown University Hospital
3800 Reservoir Road
Washington, DC 20007-

(202) 444-2000

Patient: **YOSHIMOTO, AYAE**
MRN: GUH-000002380268
FIN: GUH-07731950783
DOB/Age/Sex: 10/26/1994 31 years Female

Date of Service: 9/7/2024
Attending Provider: Haselden,MD,Laura

Patient Viewable Documents

DOCUMENT NAME: ED Note - Clinician Co-Sign
PERFORM INFORMATION: Msays,PA-C,Cecile (9/7/2024 23:13 EDT)
RESULT STATUS: Auth (Verified)
SERVICE DATE/TIME: 9/7/2024 23:12 EDT
SIGN INFORMATION: Haselden,MD,Laura (9/8/2024 07:56 EDT); Msays,PA-C,Cecile (9/7/2024 23:13 EDT)

Clinician Assign
Time Seen:
Msays, PA-C, Cecile / 09/07/2024 23:00 - ED PA/NP
Haselden, MD, Laura / 09/07/2024 23:06 - ED Attending
Preferred Language/Interpretation Services
Preferred Language Discussing Healthcare: English

Sources reviewed:

Initial nursing notes reviewed.

Chief Complaint

As per Triage RN:
Chest pain x 1.5 wks. Denies SOB
Arrived From for ED: Home

History of Present Illness
Patient is a 29-year-old female with no past medical history who presents to the ER complaining of left-sided chest pain. Patient states 1 week ago she was on a 9-hour flight and the next day began to experience left-sided chest pain and mild shortness of breath that has been constant since this time. Denies personal/family cardiac history, LE swelling, history of VTE, recent travel/surgery/immobility, history of malignancy, palpitations, cough. She does take OCPs. Patient was advised to come to the ED to rule out a PE.

Relevant Social Determinants of Health
My ability to evaluate or manage the patient during this ED visit was directly affected by the following social determinant(s) of health:
[ ] Impaired literacy/health literacy
[ ] English not primary language
[x] Lack of PCP, transportation/accessibility to healthcare
[ ] Employment instability
[ ] Housing instability
[ ] Lack of social support
[ ] Other psychosocial circumstances:
[ ] NONE

Problem List/Past Medical History
Ongoing
No chronic problems

Allergies
aspirin
ibuprofen

Home Medications
Home
acetaminophen(Tylenol), PO
drospirenone-ethinyl estradiol(Yaz 3 mg-0.02 mg oral tablet), 1 tab, PO, Daily, 4 refills

Social History
Smoking Status
Never smoker

Alcohol
Alcohol Use:Denies

Substance Use
Use:Denies

Tobacco/Nicotine
Use:Past
Smoking Status
Not Previously Documented

Family History

Lab Results

HEMATOLOGY	LATEST RESULTS	
WBC	09/07/24 21:06	7.07
Hgb	09/07/24 21:06	12.1
Hct	09/07/24 21:06	36.1

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Review of Systems
Constitutional: No fevers, no chills
Skin: No rashes
Eye: No changes in vision
ENMT: No ear pain, no nasal congestion, no sore throat, no sinus pressure
Respiratory: + SOB, no cough
Cardiovascular: + Chest pain, no chest pressure, no palpitations, no syncope
Gastrointestinal: No nausea/vomiting, No change in bowel habits, no abdominal pain
Genitourinary: No hematuria, no discharge, no dysuria, no change in urinary frequency
MSK: No body aches, no generalized weakness, no unilateral weakness
Neuro: no paresthesias, no headaches

The remainder of the complete review of systems were reviewed and were negative with the exception of those noted above as positive.

Past medical, family, and social histories reviewed and no pertinent or significant findings observed related to current problem other than those noted in HPI. Current medication and allergy lists also reviewed.

All available Patient Intake and Emergency Screening documentation reviewed.

Physical Exam

Vitals:
Initial Vitals
T: 36.8 degC (Oral) **HR:** 79 (Peripheral) **RR:** 16 **BP:** 109/73 (Automated) **SpO2:** 97%
Oxygen Delivery Device: Room Air

Vital Sign(s) Noted
General: Well developed, well nourished Female. Appears comfortable
HEENT: Head normocephalic, atraumatic. Sclera are non-icteric and the conjunctiva are pink bilaterally. EOMs intact. The neck is supple with full range of motion.
Respiratory: No respiratory distress. Lungs are clear to auscultation bilaterally with good air exchange.
CV: Reproducible chest wall tenderness. Regular rate. No murmur, gallop or rub. Radial pulses 2+ bilaterally. Capillary refill <3 seconds. No appreciable skin tenting. No edema is noted in either leg.
Abdomen: No tenderness to palpation. Bowel sounds are present and normal. Soft, supple and not distended. There is not any organomegaly, nor are any masses appreciated.
Neuro: Cranial nerves symmetric, face with clear speech. Sensation to light touch is preserved.
Musculoskeletal: No gross deformities. Tolerates full range of motion of all extremities without tenderness.
Skin: Normal color. Warm and dry.
Psych: Normal affect and thought. Alert and oriented to person, place and time.

Assessment and Plan/Medical Decision Making
Patient presents to the ER complaining of left-sided chest pain and shortness of breath x 6 days, patient has a history of OCP use and recent travel, no other risk factors for VTE,

Platelet	09/07/24 21:06	376	
MCV	09/07/24 21:06	91.4	
MCH	09/07/24 21:06	30.6	
MCHC	09/07/24 21:06	33.5	
RDW	09/07/24 21:06	11.5	
RBC	09/07/24 21:06	3.95	
Neutro %	09/07/24 21:06	41.1	Low
Lymph %	09/07/24 21:06	50.9	High
Mono %	09/07/24 21:06	4.8	
Eos %	09/07/24 21:06	2.7	
Basophil %	09/07/24 21:06	0.4	
Neutro Absolute	09/07/24 21:06	2.9	
Lymph Absolute	09/07/24 21:06	3.6	
Monocyte Abs	09/07/24 21:06	0.3	
Eosinophil Abs	09/07/24 21:06	0.2	
Basophil Abs	09/07/24 21:06	0.0	
Imm Gran %	09/07/24 21:06	0.1	
Imm Gran Absolute	09/07/24 21:06	0.01	
MPV	09/07/24 21:06	9.4	
NRBC auto	09/07/24 21:06	0	
NRBC Abs	09/07/24 21:06	0.0	

COAGULATION	LATEST RESULTS	
D-Dimer VTE	09/07/24 21:06	<0.27

CHEMISTRY	LATEST RESULTS

Patient Viewable Documents

vitals are stable, physical exam with reproducible chest wall tenderness otherwise no acute abnormalities. Will obtain labs, CXR, and EKG.

ED EKG/Rhythm/Imaging Interpretation
ED EKG - Completed
-- One Time, Stop Date 09/07/24 20:03:25 EDT, 09/07/24 20:03:25 EDT
My independent review and interpretation of the EKG is as follows:
Indication: chest pain
Findings: Rhythm: [sinus] Rate [regular] BPM [74]
Impression:
PR: 170
QRS: 72
QTc: 415
Axis: normal
No ST elevation or depressions. No signs of acute ischemia.

Diagnostic Results
(09/07/2024 20:50 EDT XR Chest 1 View)
FINDINGS:
The lungs are clear. Pulmonary vascularity is normal. No pleural effusion or pneumothorax. The cardiomediastinal silhouette is within normal limits.

Visualized osseous structures and upper abdomen are unremarkable.

IMPRESSION:
No evidence of acute cardiopulmonary process. [1]

ED Course
EKG interpreted by me as normal sinus rhythm, no acute ischemia, arrhythmia, nor evidence of pericarditis. Labs interpreted by me as no acute abnormalities, troponin less than 3, negative D-dimer, no leukocytosis or anemia. CXR interpreted by me as no acute cardiopulmonary abnormalities. Patient is safe for discharge, advised patient to use ibuprofen for pain and follow-up with PCP within 1 week, return to the ED immediately if she developed any worsening chest pain, shortness of breath, LE swelling, or any other symptom concerning to her. Patient verbalizes understanding and is in agreement with this treatment plan. Patient discharged in stable condition.

Impression/Disposition

ED Diagnosis:
Chest pain| (R07.9)
Shortness of breath| (R06.02)
Patient Disposition
Discharge Patient (Discharge Patient MGUH) - Ordered
-- 09/07/24 23:07:00 EDT, Home, Improved/Stable

Discharge Prescriptions:
No documented discharge medications

Sodium Lvl	09/07/24 21:06	139
Potassium Lvl	09/07/24 21:06	3.8
Chloride	09/07/24 21:06	108 High
CO2	09/07/24 21:06	25
BUN	09/07/24 21:06	12
Creatinine	09/07/24 21:06	0.47 Low
est. CrCl	09/07/24 21:06	148.27
Glucose Lvl Random	09/07/24 21:06	94
Calcium Lvl	09/07/24 21:06	9.3
AGAP	09/07/24 21:06	6
GFR Universal	09/07/24 21:06	132

Cardiac Testing	**LATEST RESULTS**	
Troponin I HS	09/07/24 21:06	<3

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Attending Physician Note:
I have discussed with the Advance Practice Provider and agree with the findings and plan as documented in their notes. I was present and available when this patient was in the ED.

[1] XR Chest 1 View; CONTRIBUTOR_SYSTEM, POWERSCRIBE 09/07/2024 20:50 EDT

Electronically signed by:

Msays, PA-C, Cecile on: 09.07.2024 23:13 EDT

Electronically signed by:

Haselden, MD, Laura on: 09.08.2024 07:56 EDT