

Continuity of Care Document

Summarization of Episode Note | 09/7/2024 to 09/8/2024

Source: Georgetown University Hospital

Created: 11/26/2025

Demographics

Contact Information:

2520 MASSACHUSETTS AVE NW, WASHINGTON, DC 20008, USA

Tel: (415)605-9076 (Primary Home)

Email: AYEYSMT@GMAIL.COM

Previous Address(es):

--

Marital Status: Single

Religion: None

Race: --

Previous Name(s): --

Date of Death: //

Ethnic Group: Not Hispanic or Latino

Language: dn

ID: 50804262

Care Team

No Data to Display

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 5:59 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: 09/7/2024

Discharge Date: 09/8/2024

Visit ID: --

Location Information

Georgetown University Hospital

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

Providers

Type	Name	Address	Phone
Admitting	Haselden, Laura	(Work): 3001 S. Hanover Street, Baltimore, MD 21225- , USA	Tel: (202)444-2116 (Work)
Attending	Haselden, Laura	(Work): 3001 S. Hanover Street, Baltimore, MD 21225- , USA	Tel: (202)444-2116 (Work)
Referring	SELF-REFERRED, SELF	--	--

Encounter

GUH FIN 7731950783 Date(s): 9/7/24 - 9/8/24

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

Encounter Diagnosis

Shortness of breath (Discharge Diagnosis) - 9/7/24

Other chest pain (Final) - 9/7/24

Chest pain (Discharge Diagnosis) - 9/7/24

Shortness of breath (Final) - 9/7/24

Discharge Disposition: Disch to home or self care-Routine

Attending Physician: Haselden, MD, Laura

Admitting Physician: Haselden, MD, Laura

Referring Physician: SELF-REFERRED, SELF

Encounter Type: Emergency

Reason for Visit

PA/CP, SOB, CONCERN FOR PE

Allergies, Adverse Reactions, Alerts

No Known Medication Allergies

Author: Hernandez, Jocelyn Samantha, MedStar GUH Neurology at Beverly Rd

Last Modified: 07/7/2025 2:20 PM

Substance	Criticality	Severity	Reaction	Reaction Severity	Status
Pollen <i>Author: Eith, Jeremy M, MedStar Medical Group Primary Care at Lafayette Centre</i> <i>Last Modified: 08/27/2025 1:56 PM</i>			eye irritation sneezing throat irritation		Active

Treatment Plan

Future Scheduled Tests

Radiology:

US Breast Complete Bilateral 8/19/25

Author: Eith, Jeremy M, MedStar Health

Last Modified: 08/19/2025 8:04 PM

US Transvaginal 8/19/25

Author: Eith, Jeremy M, MedStar Health

Last Modified: 08/19/2025 8:04 PM

Immunizations

No data available for this section

Medications

drospirenone-ethinyl estradiol (Yaz 3 mg-0.02 mg oral tablet) Status: Ordered Start Date: 11/8/24 1 Tablet(s) By Mouth every day. start first tablet today. Refills: 4. Ordering provider: Buek, MD, John David Author: Buek, John David, MedStar WHC OB/GYN at Lafayette Centre Last Modified: 11/8/2024 2:18 PM	CVS/pharmacy #5674 3700 Newark St NW Washington, DC 200163036
ethinyl estradiol-norethindrone (Junel Fe 1 mg-20 mcg oral tablet) Status: Ordered Start Date: 10/9/25 1 Tablet(s) By Mouth every day. Refills: 3. Ordering provider: Quiett, MD, Valencia M. Author: Quiett, Valencia M., MedStar WHC OB/GYN at Lafayette Centre Last Modified: 10/9/2025 7:19 PM	CVS/pharmacy #1347 6 Dupont Cir NW Washington, DC 200361108
naproxen (naproxen sodium 550 mg oral tablet) Status: Ordered Start Date: 8/27/25 1 Tablet(s) By Mouth 2 times a day as needed migraine. can take with caffeinated beverage. Refills: 1. Ordering provider: Schreiber, PA-C, Lisa Marlene Author: Schreiber, Lisa Marlene, MedStar NRN Physiatry at Lafayette Centre Last Modified: 08/27/2025 2:27 PM	CVS/pharmacy #1347 6 Dupont Cir NW Washington, DC 200361108
drospirenone-ethinyl estradiol (Yaz 3 mg-0.02 mg oral tablet) Status: Completed Start Date: 8/22/24 Stop Date: 11/8/24 1 Tablet(s) By Mouth every day. Refills: 4. Ordering provider: Buek, MD, John David Author: Buek, John David, MedStar WHC OB/GYN at Lafayette Centre Last Modified: 11/8/2024 2:18 PM	CVS/pharmacy #5674 3700 Newark St NW Washington, DC 200163036
mupirocin topical (mupirocin 2% topical ointment) Status: Completed Start Date: 6/7/24 Stop Date: 6/17/24 1 Application Topical 2 times a day for 10 Day(s). Refills: 0. Ordering provider: Russo, MD, Mark E. Author: MedStar Medical Group Ear Nose and Throat at Lafayette MACC Last Modified: 06/17/2024 3:46 PM	CVS/pharmacy #5674 3700 Newark St NW Washington, DC 200163036
naproxen (naproxen sodium 550 mg oral tablet) Status: Discontinued Start Date: 7/7/25 Stop Date: 8/27/25 1 Tablet(s) By Mouth 2 times a day as needed migraine. can take with caffeinated beverage. Refills: 1. Ordering provider: Schreiber, PA-C, Lisa Marlene Author: Schreiber, Lisa Marlene, MedStar GUH Neurology at Beverly Rd Last Modified: 08/27/2025 2:27 PM	CVS/pharmacy #1347 6 Dupont Cir NW Washington, DC 200361108

acetaminophen (Tylenol) Status: Voided Start Date: 6/7/24 Stop Date: 7/7/25 By Mouth. Author: Hernandez, Jocelyn Samantha, MedStar Medical Group Ear Nose and Throat at Lafayette MACC Last Modified: 07/7/2025 1:22 PM	
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Problem List

Condition	Confirmation	Course	Effective Dates	Status	Health Status	Informant
Migraine with aura Author: Tinsley, Amanda Grace, MedStar GUH Neurology at Beverly Rd Last Modified: 07/7/2025 1:56 PM	Confirmed			Active Author: Tinsley, Amanda Grace, MedStar GUH Neurology at Beverly Rd Last Modified: 07/7/2025 1:56 PM		
Prolonged aura migraine Author: Tinsley, Amanda Grace, MedStar GUH Neurology at Beverly Rd Last Modified: 07/7/2025 2:03 PM	Confirmed			Active Author: Tinsley, Amanda Grace, MedStar GUH Neurology at Beverly Rd Last Modified: 07/7/2025 2:03 PM		
Numbness Author: Tinsley, Amanda Grace, MedStar GUH Neurology at Beverly Rd Last Modified: 07/7/2025 2:02 PM	Confirmed			Active Author: Tinsley, Amanda Grace, MedStar GUH Neurology at Beverly Rd Last Modified: 07/7/2025 2:02 PM		

Procedures

No data available for this section

Results

Laboratory List

Name	Date
Basic Metabolic Panel (BMP)	9/7/24
Complete Blood Count w/ Differential (CBC with Differential)	9/7/24
Troponin-I High Sensitivity	9/7/24
VTE D-Dimer	9/7/24
.GFR Universal	9/7/24

9/7/24:

Test	Result	Reference Range	Specimen Source	Laboratory
Peripheral Pulse Rate Author: Hoon, Simon, Georgetown University Hospital Last Modified: 09/8/2024 2:26 AM	69 bpm	(Normal is 60-100 bpm)		

BP Extremity, Automated <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 2:26 AM</i>	Right upper			
Respiratory Rate <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 2:26 AM</i>	18 BR/min	(Normal is 12-20 BR/min)		
Temperature Oral <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 2:26 AM</i>	36.9 DegC	(Normal is 36-37.8 DegC)		
Diastolic BP, Automated <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 2:26 AM</i>	69 mmHg	(Normal is 60-89 mmHg)		
MAP, Automated <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 2:26 AM</i>	80 mmHg			
Systolic BP, Automated <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 2:26 AM</i>	102 mmHg	(Normal is 90-139 mmHg)		
AGAP <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:41 AM</i>	6 mmol/L	(Normal is 5-15 mmol/L)	Blood	GUH Lab
Basophil % <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:19 AM</i>	0.4 %	(Normal is 0.0-2.0 %)	Blood	GUH Lab
Basophil Abs <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:19 AM</i>	0.0 k/uL	(Normal is 0.0-0.2 k/uL)	Blood	GUH Lab
BUN <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:41 AM</i>	12 mg/dL	(Normal is 9-23 mg/dL)	Blood	GUH Lab
Calcium Lvl <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:41 AM</i>	9.3 mg/dL	(Normal is 8.7-10.4 mg/dL)	Blood	GUH Lab
Chloride <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:41 AM</i>	108 mmol/L	(Normal is 98-107 mmol/L)	Blood	GUH Lab
CO2 <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:41 AM</i>	25 mmol/L	(Normal is 20-31 mmol/L)	Blood	GUH Lab
Creatinine <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:41 AM</i>	0.47 mg/dL	(Normal is 0.50-0.80 mg/dL)	Blood	GUH Lab
D-Dimer VTE <i>Author: Bushrie, Redwan Ahemdin, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:44 AM</i>	<0.27 mcg/mL FEU 1	(Normal is <=0.50 mcg/mL FEU)	Blood	GUH Lab

Eos % <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:19 AM</i>	2.7 %	(Normal is 0.0-6.0 %)	Blood	GUH Lab
Eosinophil Abs <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:19 AM</i>	0.2 k/uL	(Normal is 0.0-0.7 k/uL)	Blood	GUH Lab
est. CrCl <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:41 AM</i>	148.27 mL/min 2			
GFR Universal <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:41 AM</i>	132 mL/min/1.73 m2 3	(Normal is >=60 mL/min/1.73 m2)	Blood	
Glucose Lvl Random <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:41 AM</i>	94 mg/dL 4	(Normal is 65-140 mg/dL)	Blood	GUH Lab
Hct <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:19 AM</i>	36.1 %	(Normal is 34.5-44.0 %)	Blood	GUH Lab
Hgb <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:19 AM</i>	12.1 gm/dL	(Normal is 11.0-14.5 gm/dL)	Blood	GUH Lab
Imm Gran % <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:19 AM</i>	0.1 %	(Normal is 0.1-0.3 %)	Blood	GUH Lab
Imm Gran Absolute <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:19 AM</i>	0.01 k/uL	(Normal is 0.01-0.03 k/uL)	Blood	GUH Lab
Lymph % <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:19 AM</i>	50.9 %	(Normal is 15.0-45.0 %)	Blood	GUH Lab
Lymph Absolute <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:19 AM</i>	3.6 k/uL	(Normal is 0.6-4.9 k/uL)	Blood	GUH Lab
MCH <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:19 AM</i>	30.6 pg	(Normal is 27.0-31.0 pg)	Blood	GUH Lab
MCHC <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:19 AM</i>	33.5 gm/dL	(Normal is 31.0-36.0 gm/dL)	Blood	GUH Lab
MCV <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:19 AM</i>	91.4 FL	(Normal is 81.0-100.0 FL)	Blood	GUH Lab
Mono % <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:19 AM</i>	4.8 %	(Normal is 3.0-12.0 %)	Blood	GUH Lab
Monocyte Abs <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:19 AM</i>	0.3 k/uL	(Normal is 0.1-1.3 k/uL)	Blood	GUH Lab

MPV <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:19 AM</i>	9.4 FL	(Normal is 7.5-10.4 FL)	Blood	GUH Lab
Neutro % <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:19 AM</i>	41.1 %	(Normal is 43.0-75.0 %)	Blood	GUH Lab
Neutro Absolute <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:19 AM</i>	2.9 k/uL	(Normal is 1.7-8.1 k/uL)	Blood	GUH Lab
NRBC Abs <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:19 AM</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: 09/8/2024 1:19 AM</i>	0 /100 wbcs	(Normal is 0-2 /100 wbcs)	Blood	GUH Lab
Platelet <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:19 AM</i>	376 k/uL	(Normal is 145-400 k/uL)	Blood	GUH Lab
Potassium Lvl <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:41 AM</i>	3.8 mmol/L	(Normal is 3.4-4.5 mmol/L)	Blood	GUH Lab
RBC <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:19 AM</i>	3.95 million/uL	(Normal is 3.60-5.00 million/uL)	Blood	GUH Lab
RDW <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:19 AM</i>	11.5 %	(Normal is 11.5-15.5 %)	Blood	GUH Lab
Sodium Lvl <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:41 AM</i>	139 mmol/L	(Normal is 136-145 mmol/L)	Blood	GUH Lab
Troponin I HS <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:41 AM</i>	<3 ng/L 5	(Normal is 0-34 ng/L)	Blood	GUH Lab
WBC <i>Author: Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 1:19 AM</i>	7.07 k/uL	(Normal is 4.00-10.80 k/uL)	Blood	GUH Lab
Body Mass Index Dosing <i>Author: Vargas, Maribeth Padilla, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 12:03 AM</i>	20.26 kg/m2	(Normal is 40 kg/m2)		
BSA Dosing <i>Author: Vargas, Maribeth Padilla, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 12:03 AM</i>	1.55 m2			
Dosing Height Method <i>Author: Vargas, Maribeth Padilla, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 12:03 AM</i>	Estimated			

Dosing Weight Method <i>Author: Vargas, Maribeth Padilla, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 12:03 AM</i>	Estimated			
Height/Length Dosing <i>Author: Vargas, Maribeth Padilla, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 12:03 AM</i>	162 cm			
Weight Dosing <i>Author: Vargas, Maribeth Padilla, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 12:03 AM</i>	53.18 kg			
Peripheral Pulse Rate <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/7/2024 11:58 PM</i>	79 bpm	(Normal is 60-100 bpm)		
Diastolic BP, Automated <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/7/2024 11:58 PM</i>	73 mmHg	(Normal is 60-89 mmHg)		
MAP, Automated <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/7/2024 11:58 PM</i>	85 mmHg			
Systolic BP, Automated <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/7/2024 11:58 PM</i>	109 mmHg	(Normal is 90-139 mmHg)		
Peripheral Pulse Rate <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/7/2024 11:58 PM</i>	75 bpm	(Normal is 60-100 bpm)		
BP Extremity, Automated <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/7/2024 11:58 PM</i>	Left upper			
Respiratory Rate <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/7/2024 11:58 PM</i>	16 BR/min	(Normal is 12-20 BR/min)		
Temperature Oral <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/7/2024 11:58 PM</i>	36.8 DegC	(Normal is 36-37.8 DegC)		

¹ Interpretive Data: Below the D-Dimer age-based cutoff, VTE is unlikely in low to moderate risk patients as determined by clinical risk assessment, stratification, and scoring system.

Use of an age-adjusted D-Dimer cut off value is a post-analytic modification of this FDA approved test and is considered off label use of the test result. MedStar has confirmed the validity of age-adjusted cut off for this assay based on literature (Summary of Age-adjusted D-Dimer articles as published in the American Academy of Emergency Medicine Common Sense Newsletter, Jan/Feb 2016) and a clinical retrospective study.

Lipemia may cause an under-estimation of the D-Dimer level. Therefore, results from lipemic specimens should be interpreted with caution. The presence of rheumatoid factor at a level > 50 IU/ml may lead to an over-estimation of the D-Dimer level.

² Result Comment: Resulted by Rule: PHA_eCrCl_CALCULATION_CPOE

The documented "Actual Body Weight Calc" Was used for the calculation.

Actual Weight < Ideal Body Weight

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.

³ 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

⁴ 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.

⁵ Interpretive Data: Unlikely ACS if baseline hsTropI:

≤ 3 ng/L;

4-34 ng/L (female) or 4-53 ng/L (male) AND ≥ 6 hours symptoms;

4-34 ng/L (female) or 4-53 ng/L (male) AND 0-6 hours symptoms PLUS

repeat hsTropI showing ≤ 34 ng/L (female) or ≤ 53 ng/L (male) and $\Delta < 7$ ng/L every 2-3 hours until 6 hours from symptom onset

Evaluate for ACS if baseline hsTropI:

> 34 ng/L (female) or > 53 ng/L (male);

4-34 ng/L (female) or 4-53 ng/L (male) AND 0-6 hours symptoms PLUS

repeat hsTropI showing > 34 ng/L (female) or > 53 ng/L (male) or $\Delta \geq 7$ ng/L every 2-3 hours until 6 hours from symptom onset

Laboratory Information

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

GUH Lab

CLIA Number: 09D0207566

MedStar Georgetown University Hospital

3800 Reservoir Road, NW

(202)444-2592

Washington, DC 20007- USA

Radiology Reports

Exam Date Time	Procedure	Performing Provider	Status
9/7/24 8:50 PM	XR Chest 1 View	CONTRIBUTOR_SYSTEM, POWERSCRIBE;	Auth (Verified)

Notes:
(XR Chest 1 View) Reason For Exam: Chest Pain
REPORT
CLINICAL HISTORY: chest pain

TECHNIQUE: Portable AP view(s) of the chest.

COMPARISON: None.

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.

Reading Location: MGRHU2RRMDT418
***** Final *****

Dictated by: Liu, MD, Matthew
Dictated at: 09/07/2024 8:51 pm
This Imaging Study Was Reviewed and Its Interpretation Verified by: Patel, MD, Rina P.
Electronically Signed: 09/08/2024 9:06 am
Transcribed by: ML

Author: Patel, Rina P., Georgetown University Hospital
Last Modified: 09/8/2024 1:06 PM

Vital Signs

9/7/24

Temperature Oral Author: Hoon, Simon, Georgetown University Hospital Last Modified: 09/8/2024 2:26 AM	36.9 DegC	(Normal is 36-37.8 DegC)
Temperature Oral Author: Hoon, Simon, Georgetown University Hospital Last Modified: 09/7/2024 11:58 PM	36.8 DegC	(Normal is 36-37.8 DegC)
Peripheral Pulse Rate Author: Hoon, Simon, Georgetown University Hospital Last Modified: 09/8/2024 2:26 AM	69 bpm	(Normal is 60-100 bpm)

Peripheral Pulse Rate <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/7/2024 11:58 PM</i>	79 bpm	(Normal is 60-100 bpm)
Respiratory Rate <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 2:26 AM</i>	18 BR/min	(Normal is 12-20 BR/min)
Respiratory Rate <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/7/2024 11:58 PM</i>	16 BR/min	(Normal is 12-20 BR/min)
Blood Pressure <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 2:26 AM</i> <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 2:26 AM</i>	102/69 mmHg <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 2:26 AM</i> <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 2:26 AM</i>	(Normal is 90-139/60-89 mmHg)
Blood Pressure <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/7/2024 11:58 PM</i> <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/7/2024 11:58 PM</i>	109/73 mmHg <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/7/2024 11:58 PM</i> <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/7/2024 11:58 PM</i>	(Normal is 90-139/60-89 mmHg)
BP Extremity, Automated <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 2:26 AM</i>	Right upper	
BP Extremity, Automated <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/7/2024 11:58 PM</i>	Left upper	
MAP, Automated <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 2:26 AM</i>	80 mmHg	
MAP, Automated <i>Author: Hoon, Simon, Georgetown University Hospital</i> <i>Last Modified: 09/7/2024 11:58 PM</i>	85 mmHg	
Height/Length Dosing <i>Author: Vargas, Maribeth Padilla, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 12:03 AM</i>	162 cm	
Body Mass Index Dosing <i>Author: Vargas, Maribeth Padilla, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 12:03 AM</i>	20.26 kg/m2	(Normal is 40 kg/m2)
Weight Dosing <i>Author: Vargas, Maribeth Padilla, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 12:03 AM</i>	53.18 kg	

Social History

Social History Type	Response
Tobacco/Nicotine	Use: Past. <i>Author: Brown, Marquita Chauntice</i> <i>Last Modified: 05/27/2024 12:36 PM</i>
Birth Sex <i>Author: MedStar Health</i> <i>Last Modified: 11/5/2025 3:53 PM</i>	Female
Sex Representation <i>Author: MedStar Health</i> <i>Last Modified: 11/5/2025 3:53 PM</i>	Female (finding)
Pregnancy Status <i>Author: Holmes, Adrienne, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 3:47 AM</i>	Patient denies
Pregnancy Status <i>Author: Vargas, Maribeth Padilla, Georgetown University Hospital</i> <i>Last Modified: 09/8/2024 12:03 AM</i>	Patient denies

Goals

No data available for this section

Hospital Discharge Instructions

Section Author: Msays, Cecile, Georgetown University Hospital, 09/8/2024 3:07 AM

Patient Education

09/07/2024 23:07:17

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.

09/07/2024 23:07:08

Chest pain with urgent heart

Chest Pain

You were seen today for chest pain, your work-up in the ER was reassuring and did not show any acute abnormalities, there was no evidence of a blood clot in the lungs. Please return to the ER if you have more pain, shortness of breath, dizziness, weakness, feeling worse or have any other concerns. Please follow up with a primary care provider within one week.

Chest pain can be caused by many different conditions. There is always a chance that your pain could be related to something serious, such as a heart attack or a blood clot in your lungs. Chest pain can also be caused by conditions that are not life-threatening. If you have chest pain, it is very important to follow up with your health care provider.

What are the causes?

Causes of this condition include:

- Heartburn.
- Pneumonia or bronchitis.
- Anxiety or stress.
- Inflammation around your heart (pericarditis) or lung (pleuritis or pleurisy).
- A blood clot in your lung.
- A collapsed lung (pneumothorax). This can develop suddenly on its own (spontaneous pneumothorax) or from trauma to the chest.
- Shingles infection (varicella-zoster virus).
- Heart attack.
- Damage to the bones, muscles, and cartilage that make up your chest wall. This can include:
 - Bruised bones due to injury.
 - Strained muscles or cartilage due to frequent or repeated coughing or overwork.
 - Fracture to one or more ribs.
 - Sore cartilage due to inflammation (costochondritis).

What increases the risk?

Risk factors for this condition may include:

- Activities that increase your risk for trauma or injury to your chest.
- Respiratory infections or conditions that cause frequent coughing.
- Medical conditions or overeating that can cause heartburn.
- Heart disease or family history of heart disease.
- Conditions or health behaviors that increase your risk of developing a blood clot.
- Having had chicken pox (varicella zoster).

What are the signs or symptoms?

Chest pain can feel like:

- Burning or tingling on the surface of your chest or deep in your chest.
- Crushing, pressure, aching, or squeezing pain.
- Dull or sharp pain that is worse when you move, cough, or take a deep breath.

- Pain that is also felt in your back, neck, shoulder, or arm, or pain that spreads to any of these areas.

Your chest pain may come and go, or it may stay constant.

How is this diagnosed?

Lab tests or other studies may be needed to find the cause of your pain. Your health care provider may have you take a test called an ECG (electrocardiogram). An ECG records your heartbeat patterns at the time the test is performed. You may also have other tests, such as:

- Transthoracic echocardiogram (TTE). In this test, sound waves are used to create a picture of the heart structures and to look at how blood flows through your heart.
- Transesophageal echocardiogram (TEE). This is a more advanced imaging test that takes images from inside your body. It allows your health care provider to see your heart in finer detail.
- Cardiac monitoring. This allows your health care provider to monitor your heart rate and rhythm in real time.
- Holter monitor. This is a portable device that records your heartbeat and can help to diagnose abnormal heartbeats. It allows your health care provider to track your heart activity for several days, if needed.
- Stress tests. These can be done through exercise or by taking medicine that makes your heart beat more quickly.
- Blood tests.
- Other imaging tests.

How is this treated?

Treatment depends on what is causing your chest pain. Treatment may include:

- Medicines. These may include:
 - Acid blockers for heartburn.
 - Anti-inflammatory medicine.
 - Pain medicine for inflammatory conditions.
 - Antibiotic medicine, if an infection is present.
 - Medicines to dissolve blood clots.
 - Medicines to treat coronary artery disease (CAD).
- Supportive care for conditions that do not require medicines. This may include:
 - Resting.
 - Applying heat or cold packs to injured areas.
 - Limiting activities until pain decreases.

Follow these instructions at home:

Medicines

- 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.
- Take over-the-counter and prescription medicines only as told by your health care provider.

Lifestyle

- Do not use any products that contain nicotine or tobacco, such as cigarettes and e-cigarettes. If you need help quitting, ask your health care provider.
- Do not drink alcohol.
- Make lifestyle changes as directed by your health care provider. These may include:
 - Getting regular exercise. Ask your health care provider to suggest some activities that are safe for you.
 - Eating a heart-healthy diet. A registered dietitian can help you to learn healthy eating options.
 - Maintaining a healthy weight.
 - Managing diabetes, if necessary.
 - Reducing stress, such as with yoga or relaxation techniques.

General instructions

- Avoid any activities that bring on chest pain.
- If heartburn is the cause for your chest pain, raise (elevate) the head of your bed about 6 inches (15 cm) by putting blocks under the legs. Sleeping with more pillows does not effectively relieve heartburn because it only changes the position of your head.
- Keep all follow-up visits as told by your health care provider. This is important. This includes any further testing if your chest pain does not go away.

Contact a health care provider if:

- Your chest pain does not go away.

- You have a rash with blisters on your chest.
- You have a fever.
- You have chills.

Get help right away if:

- Your chest pain is worse.
- You have a cough that gets worse, or you cough up blood.
- You have severe pain in your abdomen.
- You have severe weakness.
- You faint.
- You have sudden, unexplained chest discomfort.
- You have sudden, unexplained discomfort in your arms, back, neck, or jaw.
- You have shortness of breath at any time.
- You suddenly start to sweat, or your skin gets clammy.
- You feel nauseous or you vomit.
- You suddenly feel light-headed or dizzy.
- Your heart begins to beat quickly, or it feels like it is skipping beats.

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.

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.

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ED Chest Pain Patient Family Education

MedStar Chest Pain Discharge Patient and Family Education

Information About Your Diagnosis

Chest Pain

What you should know about this problem:

There are many things which cause chest pain and make people come to the Emergency Room. Some of these things need to be taken care of right away in the hospital, but others can be taken care of outside of the hospital. Pain in your chest may be coming from problems with your heart, lungs, stomach, muscles, ribs, gallbladder or bones. While there are many ways doctors can find the cause of your chest pain, sometimes more testing is needed to make sure it is not something more serious or life-threatening. This is why you may need more tests after you leave the Emergency Room. Make sure you follow the directions given to you by your Emergency Room doctor.

Go back to the Emergency Room right away if you feel:

- Chest pain that feels like crushing, squeezing, tightening or pressure.
- Pain that radiates or moves to your jaw, left arm, or between your shoulder blades.
- Chest pain with nausea, dizziness, sweating, a fast heartbeat or trouble breathing.
- Symptoms that change in nature or get worse.

Follow Up Care

09/07/2024 19:53:47

With: MGUH General Internal Medicine

Address:

2233 Wisconsin Ave, NW 3rd Floor, Suite 300

Washington, DC 20007-

(202)741-1250 Business (1)

When: 1 week

Comments: Call to make an appointment to establish a primary care provider in DC. If you would like to find a primary care provider at a different location, you may call the MultiCare referral line at 800-342-9919.

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

Discharge instructions

Event Display: Discharge Instructions

Author: Georgetown University Hospital

Last Modified: 09/12/2024 6:01 PM

Patient Care team information

Care Team Personnel

Name: Garcia, Gladys

Position: Ambulatory: Clinic Staff Co-sign Preg

Member Role: Diabetic Educator (Lifetime)

Author: Garcia, Gladys, MedStar Health

Last Modified: 11/5/2025 4:01 PM

Care Team Related Persons

Name: LEE, JONG HYUN

Author: MedStar Health

Last Modified: 05/2/2025 10:48 AM

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Last Modified: 05/2/2025 10:48 AM

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Last Modified: 05/2/2025 10:48 AM

Family History

No data available for this section

Insurance Providers

Guarantor name: NA

Health Plan Information #: 1

Payer: AETNA OPEN

Payer Identifier: NA

Member Number: 904150909

Group Number: NA

Subscriber Identifier: 904150909

Relationship to Subscriber: self

Coverage Type: HMO

Coverage Verification Date: NA

Telecom: NA

Address: NA