

(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 Patient Education Note

PERFORM INFORMATION:

Holmes,LPN,Adrienne (9/8/2024 00:01 EDT)

RESULT STATUS:

Modified

SERVICE DATE/TIME:

9/8/2024 00:01 EDT

SIGN INFORMATION:

Holmes,LPN,Adrienne (9/8/2024 00:01 EDT); Msays,PA-C,
Cecile (9/7/2024 23:07 EDT); Msays,PA-C,Cecile (9/7/2024
23:06 EDT)

ED Patient Education Note

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:**

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- 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.**

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.

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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.

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- 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.

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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.

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- 4**Maintaining a healthy weight.
- 4**Managing diabetes, if necessary.
- 4**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.

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- 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.

Document Released: 09/27/2006 Document Revised: 09/11/2017 Document Reviewed: 09/11/2017
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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.

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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.

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