Emergency Department - May 27, 2025

at Ruth and Harry Roman Emergency Department

Notes from Care Team

ED Provider Notes

Benjamin Sebastian Santos, MD at 05/27/25 2122

Cedars Sinai
DEPARTMENT OF EMERGENCY MEDICINE

TREATMENT RECORD

Patient Name: RACHEL Li
MRN: 203748565
Author of note: Benjamin Sebastian Santos, MD

CHIEF COMPLAINT

Chief Complaint
Patient presents with
- Dizziness
- Headache

HISTORY OF PRESENT ILLNESS

Patient presents with:
Dizziness
Headache

CC: HA, Dizziness

26 yo F with pmhx of mild cognitive impairment, migraines on memantine.

Presenting with acute on chronic dizziness x 3-4 years, worse today.

She was seen by her pcp today who referred to her to a new neurologist. But decided to come in because she felt acutely worse today.
Describes symptoms as "feeling really drunk" however denies any etoh or drug use. Per her PCP note: She has been experiencing chronic issues, including dizziness, weakness, near syncope, and speech alterations, which have persisted for 3 to 4 years. These symptoms prompted an emergency room visit at UCLA on 05/10/2025.
Was dc with dx of vertigo.
Had an MRI a year ago that was normal, no repeat imaging done at that time.
"She has previously consulted with a neurologist who diagnosed her with chronic migraines and prescribed memantine. Despite significant improvement with this medication, her symptoms have not completely resolved. She experiences daily headaches accompanied by auras. She has seen three different specialists. A neurosurgeon reported normal brain imaging, while a neurologist in Indiana suggested that her symptoms extend beyond migraines. She also consulted with an eye doctor via video appointment. She has seen multiple neuropsychiatrists."

States she is still experiencing most of these symptoms, just felt more intense today and was concerned.
Does not drive, is fearful. Takes bus.
Symptoms started while on the bus today.
Denies any paresthesias, neck pain.
Endorses dizziness, headaches intermittently, nausea. Off balance feeling.

* *
ER STAFF NOTES:

Pt ambulatory to triage c/o headache and dizziness x2 days. Pt seen by PCP today with same symptoms and referred to neurologist by PCP but pt presents here stating symptoms have gotten worse. +blurred vision. Pt states "I feel drunk but I haven't had anything to drink". Speaking clearly and in full sentences.

Pt up to triage window inquiring about current wait times, made aware of wait times and triage/ED process, endorsing feeling increased dizziness.

Patient presenting to ED for c/o dizziness a/w headaches ongoing x2 days. Patient states it feels like she is drunk and she doesn't feel comfortable driving. Denies ear/sinus discomfort. Endorses hx of migraines. Patient denies visual changes.

Ambulates w/ strong, steady gait. Moves all extremities. Dizziness w/ standing, otherwise no focal neuro deficits.

* *
Past Medical History:

No date: Gluten intolerance

No date: Intractable chronic migraine without aura and without status migrainosus
No date: MCI (mild cognitive impairment)

No past surgical history on file.
* *

History

PAST HISTORY

Past Medical History [1]

[1]

Past Medical History:

Diagnosis Date

- Gluten intolerance
- Intractable chronic migraine without aura and without status migrainosus
- MCI (mild cognitive impairment)

Past Surgical History [2]

[2]

No past surgical history on file.

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Vaping Use

- Vaping status: Never Used

Substance and Sexual Activity

- Alcohol use: Never
- Drug use: Never
- Sexual activity: Never

Family History [3]

[3]

No family history on file.

MEDICATION HISTORY

No Known Allergies

Prior to Admission Medications

Prescriptions	**Last Dose**	**Taking?**
memantine (NAMENDA) 5 mg tablet		No

Sig: Take 5 mg by mouth 2 times daily.

Facility-Administered Medications: None

Physical Exam

PHYSICAL EXAM

ED VITALS:

ED Vitals

Date/Time	Temp	Pulse	Resp	BP	SpO2	Dosing Weight	Pain Rating	FiO2 Set (%)	Who
05/27/25 1933	98.8 °F (37.1 °C)	89	18	111/71	--	68 kg (150 lb)	--	--	DP
05/27/25 1935	--	--	--	--	--	--	6	--	GL

Physical Exam

Vitals and nursing note reviewed.

Constitutional:

Appearance: Normal appearance. She is well-developed.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Nose normal.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Eyes:

General: No visual field deficit.

Extraocular Movements: Extraocular movements intact.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulses: Normal pulses.

Heart sounds: Normal heart sounds.

Pulmonary:
Effort: Pulmonary effort is normal.
Breath sounds: Normal breath sounds.
Abdominal:
General: Abdomen is flat. Bowel sounds are normal.
Palpations: Abdomen is soft.
Tenderness: There is no abdominal tenderness.
Musculoskeletal:
General: No tenderness or signs of injury. Normal range of motion.
Cervical back: Normal range of motion. No tenderness.
Right lower leg: No edema.
Left lower leg: No edema.
Skin:
General: Skin is warm.
Capillary Refill: Capillary refill takes less than 2 seconds.
Neurological:
General: No focal deficit present.
Mental Status: She is alert and oriented to person, place, and time.
Cranial Nerves: Cranial nerves 2-12 are intact. No cranial nerve deficit or facial asymmetry.
Sensory: Sensation is intact. No sensory deficit.
Motor: Motor function is intact. No weakness or pronator drift.
Coordination: Coordination is intact. Finger-Nose-Finger Test normal.
Gait: Gait is intact.
Comments: **Strength 5/5 UE and LE b/l**
Psychiatric:
Mood and Affect: Mood normal.
Behavior: Behavior normal.

Results

LABORATORY:

Labs Reviewed
URINE CULTURE AND SENSI - Abnormal; Notable for the following components:

Result	Value	Ref Range	Status
Culture	(*)		Final
Value:	>100,000 col/ml LACTOBACILLUS LESS THAN 10,000 COL/ML 2 TYPES		

All other components within normal limits

METABOLIC PANEL, BASIC (BMP) - Abnormal;

Notable for the following components:

Glucose	190 (*)	70 - 99 mg/dL	Final
Creatinine	0.40 (*)	0.57 - 1.11 mg/dL	Final

All other components within normal limits

CBC - Abnormal; Notable for the following components:

RDW	11.3 (*)	11.7 - 14.4 %	Final
MPV	8.8 (*)	9.4 - 12.3 FL	Final

All other components within normal limits

URINALYSIS W/REFLEX TO CULTURE - Abnormal; Notable for the following components:

Specific Gravity, UA	1.031 (*)	1.002 - 1.024	Final
Glucose, UA	4+ (*)	NEG	Final
Ketones, UA	1+ (*)	NEG	Final
Leukocyte Esterase, UA	75 (*)	NEG Leu/uL	Final
Squamous Epithelial, UA	4 (*)	<1 /HPF	Final

All other components within normal limits

CBC WITH DIFFERENTIAL
DIFFERENTIAL
BETA-HCG, QUALITATIVE
DRUG ABUSE PANEL 10 WITH CANNABINOIDS, W/ REFLEX TO CONF, URINE
ETHANOL, BLOOD

IMAGING AND ANCILLARY DATA:

IMAGING

Imaging Results

None

ED COURSE

ED Non Lab Orders (From admission, onward)

Start	Ordered		Status	Ordering Provider
05/27/25 2109	05/27/25 2108	**Measure Orthostatic Vital Signs** ONE TIME Comments: If a patient can safely stand up: Measure blood pressure and heart rate in the following sequence: 1. Supine: Have the patient lie down for 5 minutes. Measure blood pressure (BP) and heart rate (HR). 2. Standing 1 minute: Have the patient stand. Repeat BP and HR rate after standing for 1 minute. 3. Standing 3 minutes: Wait 3 minutes then measure BP and HR again. Abnormal values: - A drop in systolic BP greater than or equal to 20 mmHg or in diastolic BP of greater than or equal to 10 mmHg or; - An increase in HR greater than or equal to 30 beats/min while the patient stands (or sits) or; - The patient becomes light-headed while standing or sitting. If patient cannot stand, have the patient sit upright for 1	Completed by PALACK, JOSEPH on 5/28/2025 at 12:14 AM	KRUSHENA, KATHERINE

		patient sit upright for 1 minute then take BP and HR for step 2. Make sure that the patient sits with the back and arms supported, with legs uncrossed, and both feet on the floor.			
05/27/25 1936	05/27/25 1936	**EKG 12 Lead** TIME	ONE	Final result	TORBATI, SAM SHAHRAM

ED Medication Administration from 05/27/2025 1928 to 06/01/2025 1616

Date/Time	Order	Dose	Route	Action	Comments
05/28/2025 0005 PDT	**0.9% NaCl IV bolus 1,000 mL**	0 mL	IV Infusion	Paused	--
05/27/2025 2336 PDT	**0.9% NaCl IV bolus 1,000 mL**	1,000 mL	IV Infusion	New Bag/Syringe/Cartridge	--
05/27/2025 2153 PDT	**acetaminophen (TYLENOL EXTRA STRENGTH) tablet 1,000 mg**	1,000 mg	Oral	Given	--
05/27/2025 2232 PDT	**diphenhydrAMINE (BENADRYL) 50 mg/mL injection 25 mg**	25 mg	IV Push	Given	pt request hold
05/27/2025 2202 PDT	**diphenhydrAMINE (BENADRYL) 50 mg/mL injection 25 mg**	0 mg	IV Push	Hold	pt request
05/27/2025 2305 PDT	**Magnesium sulfate IVPB 1 gram**	0 gram	IVPB	IV Stop	--
05/27/2025 2242 PDT	**Magnesium sulfate IVPB 1 gram**	1 gram	IVPB	New Bag/Syringe/Cartridge	pt request
05/27/2025 2153 PDT	**meclizine (ANTIVERT) tablet 25 mg**	25 mg	Oral	Given	--
05/27/2025 2236 PDT	**metoclopramide (REGLAN) injection 5 mg**	5 mg	IV Push	Given	pt request

ECG Results

EKG 12 LEAD (Final result)

Collection Time	Result Time	VENTRICULAR RATE	ATRIAL RATE	P-R INTERVAL	QRS DURATION	QT	QTC	P AXIS	R AXIS	T AXIS
05/27/25 19:40:37	**05/28/25 00:00:11**	92	92	124	96	416	514	53	85	60

Final result

Narrative:

Normal sinus rhythm
Cannot rule out Anterior infarct , age undetermined
Prolonged QT interval or tu fusion, consider myocardial disease, electrolyte imbalance, or drug effects
Abnormal ECG

EKG reviewed, interpreted, and electronically signed by me Santos, Benjamin (1034) on 5/28/2025 12:00:10 AM

MEDICAL DECISION MAKING:

Katie Krushena PAMedical Decision Making:
26 yo F with pmhx of mild cognitive impairment, migraines on memantine presenting with acute on chronic dizziness x 3-4 years, worse today. VSS. Neuro exam reassuring. Was seen by PCP today has recent ED visit dx with vertigo. Has dx of migraines also on memantine taking as directed. MRI last year normal.
Will give migraine cocktail and reassess.

ED Attending Physician, Dr. Santos, Summary/Discussion/ED Course:
As the Attending Physician, I saw the patient with Katie Krushena PA.

I have examined the patient and have reviewed the patient's presenting complaints history, past medical history, medications, and ED course. I personally provided the substantive portion of the visit and performed the entire medical decision-making component:

ASSESSMENT...
Recurrent headaches vertigo and dizziness. Patient will be given migraine medicines in the ED.

Twelve-lead ECG abnormal... NSR 92 bpm
Normal sinus rhythm
Cannot rule out Anterior infarct , age undetermined
Prolonged QT interval or tu fusion, consider myocardial disease, electrolyte imbalance, or drug effects
Abnormal ECG

LABS...
CBC NL
Electrolytes... Glucose 190 and elevated with a normal anion gap of 13. Remaining electrolytes normal.
Urine culture in process
Serum EtOH negative
DOA 10 negative, nondetected.
HCG NEG
UA... Pos UTI, Cx to follow

X-Rays...None

REPEAT ASSESSMENT...
Improved, stable. Ambulatory and tolerating p.o.
Patient asking to be discharged
From the ED quickly.

Results discussed

The patient is reassured that these symptoms do not appear to represent a serious or threatening condition.

NO further need for any EMERGENT work up nor intervention.
After care instructions printed out and given to Pt and family.
Return precautions discussed.
PT comfortable with DC home plan.
Patient does not wish to be prescribed any migraine or vertigo medicine.
Prescription medication sent to preferred pharmacy.

* *
DIAGNOSES:

(R42) Dizziness (primary encounter diagnosis)

(G43.719) Intractable chronic migraine without aura and without status migrainosus
Plan: CANCELED: ED - CARE COORDINATOR REFERRAL,
CANCELED: ED - CARE COORDINATOR REFERRAL,
CANCELED: ED - CARE COORDINATOR REFERRAL,
CANCELED: ED - CARE COORDINATOR REFERRAL

(R42) Vertigo

Signed,
Ben S. Santos, MD, MPH, FACEP
Department of Emergency Medicine
Cedars-Sinai Medical Center
* *

06/01/2025
** KEFLEX prescribed given Culture result.

History was independently obtained from the following: Patient. Serial exams and reassessments were performed during the patient's ED course.
Vital signs and nursing notes, including patient history in the notes were reviewed. The patient/family was updated and educated on ED test results, the diagnostic impression, and plan of care.

DIAGNOSIS

Diagnoses made in the ED at the time of disposition at Tue 5/27/25 11:57 PM include the following:

Diagnoses

	Comments
Dizziness - Primary	
Intractable chronic migraine without aura and without status migrainosus	
Vertigo	

DISPOSITION

Discharged

Follow-up Information

Ribaudo, Janice, MD. Schedule an appointment as soon as possible for a visit in 1 week.

Specialty: Family Medicine

Contact information

8635 W 3RD STREET STE 295 W

Los Angeles CA 90048

424-315-2282

Sicotte, Nancy L, MD. Schedule an appointment as soon as possible for a visit in 1 week.

Specialty: Neurology

Contact information

127 S SAN VICENTE BLVD

STE A6600

Los Angeles CA 90048

310-423-6472

Discharge Instructions

We suggest that you call and discussed the results of today's visit with primary care doctor within 24 hours of your visit today. Please share today's test results with your doctor. Please return to the emergency room immediately for continuing, worsening or new symptoms. Including fainting chest pain, difficulty breathing, fever over 101 Fahrenheit, nausea, vomiting, lightheadedness, vision changes, changes in strength or sensation in your extremities, or any other sudden changes in her physical or medical condition.
* *

DIAGNOSES:

		ICD-10-CM	
1.	**Dizziness**	**R42**	
2.	**Intractable chronic migraine without aura and without status migrainosus**	**G43.719**	**ED - CARE COORDINATOR REFERRAL** **ED - CARE COORDINATOR REFERRAL**
3.	**Vertigo**	**R42**	

- **No acute unstable emergent condition was identified.**
- **Continue all your previously prescribed medications.**

- **FOLLOW UP with your regular MD and/ or NEUROLOGIST in 1-2 weeks for a repeat evaluation and further management as needed.**
- **[Call 1-800-CEDARS1 for referral to a regular MD or specialist as needed.]**
- **RETURN TO any ER at any time for any worsening symptoms or any health concerns.**

Discharge Instructions Received
Benign Positional Vertigo (English)
How to Perform the Epley Maneuver (English)

New Medication Prescribed in Emergency Department

Medication	Sig	Dispense	Auth. Provider
cephalexin (KEFLEX) 500 mg capsule	Take 1 capsule by mouth 3 times daily for 10 days.	30 capsule	Santos, Benjamin Sebastian, MD

Note written by: Katherine Krushena, PA-C
6/1/2025 4:16 PM

ED Notes

Joseph P, RN at 05/28/25 0014
Results, follow up, and when to return to ED discussed. Verbalized understanding. Pt well appearing, hemodynamically stable at time of discharge. Ambulated out of ED w/ strong, steady gait.

Joseph P, RN at 05/28/25 0005
Patient requesting IVF to be paused, to speak w/ MD regarding discharge. MD Santos made aware.

Janelle R, RN at 05/27/25 2347
Report to Joseph RN.

Kathalina Lee at 05/27/25 2330
Pt doesn't think she can performed the orthostatic vitals. Per pt she still feel dizzy, doesn't think she can stand up or sit. MD and RN aware.

Janelle R, RN at 05/27/25 2300
Received report from Joseph RN for break coverage. Pt a/a/o x4. Resp even and unlabored. Magnesium IV infusing. Pending dispo. Pt in NAD.

Joseph P, RN at 05/27/25 2150
Patient presenting to ED for c/o dizziness a/w headaches ongoing x2 days. Patient states it feels like she is drunk and she doesn't feel comfortable driving. Denies ear/sinus discomfort. Endorses hx of migraines. Patient denies visual changes.

Ambulates w/ strong, steady gait. Moves all extremities. Dizziness w/ standing, otherwise no focal neuro deficits.

Anselma J, RN at 05/27/25 2045
Pt up to triage window inquiring about current wait times, made aware of wait times and triage/ED process, endorsing feeling increased dizziness

ED Triage Notes

Gabrielle L, RN at 05/27/25 1933

Pt ambulatory to triage c/o headache and dizziness x2 days. Pt seen by PCP today with same symptoms and referred to neurologist by PCP but pt presents here stating symptoms have gotten worse. +blurred vision. Pt states "I feel drunk but I haven't had anything to drink". Speaking clearly and in full sentences.