

Smith, John

DOB: January 20th, 1984

MRN: Unarmed

Date: June 4th, 2022

Follow-up: in 1 week with X-Rays.

Diagnosis: cholera due to vibrio cholerae 01, biovar cholerae (a00.0), and cholera due to vibrio cholerae 01, biovar eltor (a00.1)

Work Duty: Full duty

Chief Complaint: Left hand and grinding

History Of Presenting Illness:

John Smith is a very pleasant 38 year old, left-hand dominant male who works as an engineer. He comes in today complaining of frequent grinding to his left hand. He states the symptoms have been present since June 1st, 2022, at severe to mild level intensity and developed gradually. He admits to injury: "nothing hahaha". He states symptoms are worse with typing and get better with sitting. He admits to the radiation of symptoms down right leg, and down right arm, No radiation hahaha. He has received previous treatment including cortisone. No treatment hahaha. He has taken the following medications to help with this condition: LEVO-T (Oral Pill)

Allergies:

1. Sulfamethoxazole/Trimethoprim (Oral Pill) - Hives
2. SYNTHROID (Oral Pill) - Sun reaction
3. Levothyroxine (Oral Pill) - Testing reaction
4. LEVO-T (Oral Pill) - Levi reaction

Medications:

1. amLODIPine (Oral Pill) - 5 mg 1x Daily

Past Medical History:

1. Anxiety
2. COPD/Emphysema
3. Seizure disorder

Past Surgical History:

- Carpal tunnel release

Family History:

Mother's Conditions: blood clots

Fathers's Conditions: heart disease, and stroke

Grand Parents Conditions: cancer, and stroke

Siblings Conditions: heart disease

Social History:

Occupation: Engineer

Martial Status: single

Smokes: No

Drinks: No

Hand Dominance: left

Review of Systems:

General: fever or chills, and trouble sleeping

Neurological: tingling

Skin: none

Hematologic: none

Musculoskeletal: muscle or joint pain, and back pain

Endocrine: none

Psychiatric: none

Physical Examination:

General Examination: John Smith is a&o x 2 male. He appears greater than stated age. He has a pleasant demeanor. He is able to follow instructions. He is in no acute distress. Gait is nonantalgic.

Vitals:

Ht: 5' 6"

Wt: 143 lbs

BMI: 23.078283

BP: 116 / 80

Pulse: 75

RR: 22

CV: Regular rate and rhythm

Pulm: Crackles

Skin Exam positive for:

- Petechia to the 12 23 in size, 32

The Patient has tenderness to palpation at:

- Index finger right hand Middle Phalanx
- Index finger right hand DIP Joint

Range of motion:

- Right Hand Index MP 12-23

Strength:

Right	Name	Left
5/5	Hand ADM	5/5

The patient has a positive:

- Bunnell on the Right Hand
- FDP Deficiency on the Left Hand
- Tinel Ulnar Nerve on the Left Wrist
- PLRI on the Left Elbow

- Pain with Flexion on the Left Elbow

The patient has a negative:

- Durkan on the Right Wrist
- Pain with Act Resisted Wrist Pronation on the Right Elbow

Assessment: John Smith is a 38 year old male with:

1. Cholera due to *Vibrio cholerae* 01, biovar cholerae (A00.0)
2. Cholera due to *Vibrio cholerae* 01, biovar eltor (A00.1)

Plan: John Smith presents signs and symptoms consistent with: cholera due to *vibrio cholerae* 01, biovar cholerae (a00.0), and cholera due to *vibrio cholerae* 01, biovar eltor (a00.1)

Diagnosis and treatment plan was reviewed with the patient at today's visit.

Treatment plan includes:

- Rest, ice, compression, elevation
- Cortisone - After review of risks and benefits including hypopigmentation and fat atrophy, decision made to proceed with injection. Expectations from injection were reviewed including temporary anesthesia followed by possible flare response from steroid. This can be managed with ice and non-steroidal medications. Response to injection is typically 1-3 days after injection. Intraarticular injection was performed to the left knee using a supralateral approach after sterile prep with a combination of 2.0 cc of Celestone and 8.0 cc of 2% Lidocaine.
- Crutches
- Wrist brace
- Modabber

The patient will follow up in 1 week with X-Rays.

Work Duty:

Full duty