

Provider Report

Details for

Emergency Department Discharge Summary

28

February

Encounter ID: Q00860054837

Patient

Dictation Date

2/28/2024 2:13 PM

Facility

Regional Medical Center of
San Jose

225 N Jackson Ave

San Jose CA 95116

(.)

Summary

REGIONAL MEDICAL CENTER OF SAN JOSE (COCGBT)

EMERGENCY PROVIDER REPORT

REPORT#:0228-0320 REPORT STATUS: Signed

DATE:02/28/24 TIME: 1413

PATIENT: MARRUJO,JAZMYNE JOSEPHINE UNIT #: Q000331812

ACCOUNT#: Q00860054837 ROOM/BED:

DOB: 03/19/91 AGE: 32 SEX: F PCP PHYS: Lingamneni,Santhi S MD

SERVICE DT: 02/28/24 AUTHOR: Childs,Keona V MD

REP SRV DT: 02/28/24 REP SRV TM: 1413

* ALL edits or amendments must be made on the electronic/computer document *

HPI-General Illness

Free Text HPI Notes

Free Text HPI Notes

32-year-old otherwise healthy presenting for evaluation of abdominal pain.

Patient reports she is 16 weeks gestation which has been confirmed by ultrasound. She reports 2 days of mid abdominal pain. There are no exacerbating or inciting factors. She reports no vaginal bleeding or discharge.

She is G5P2 and saw her OBGYN yesterday where workup was otherwise unremarkable.

She has pending outpatient ultrasound on 03/03. Denies nausea, vomiting, diarrhea, vaginal bleeding or discharge.

She reports history of appendectomy

General

Confirmed Patient Yes

Initial Greet Date/Time 02/28/24 1254

Presentation

Chief Complaint Vomiting

Reason for ED Visit (v.PCP/UC)

vomiting

Hx Obtained From Patient

Review of Systems

Free Text ROS Notes

Free Text ROS Notes

Constitutional: Denies fever. Denies chills.

Eyes: Denies visual changes.

ENT: Denies congestion. Denies sore throat.

Neck: Denies stiffness. Denies pain.

Cardiovascular: Denies chest pain. Denies palpitations.

Respiratory: Denies cough. Denies shortness of breath.

Gastrointestinal: +abdominal pain. Denies nausea. denies vomiting. Denies diarrhea.

Neurological: Denies headache. Denies dizziness.

Musculoskeletal: Denies joint pains.

Skin: Denies rash.

GU: Denies dysuria.

All other systems reviewed negative, except as marked.

Past Medical History - Adult

Stated Complaint ABD PAIN

Allergies

Coded Allergies:

tramadol (Severe, HIVES 12/22/22)

Home Medications

Active Scripts

IBUPROFEN (MOTRIN 600 MG) 600 MG PO Q8H PRN PRN FEVER AND/OR PAIN

5 Days #15 TAB

Prov: 09/22/22

OXYMETAZOLINE (AFRIN NASAL SPRAY 0.05%) 2 SPRAY NASAL Q12H

3 Days #15 ML

Prov: 09/22/22

PSEUDOEPHEDRINE SA (SUDAFED 120 MG (12 HOUR)) 120 MG PO Q12H PRN PRN congestion

5 Days #10 TAB

Prov: 09/22/22

AMOXICILLIN/CLAVULANATE (AUGMENTIN 875 MG) 1 TAB PO Q12H

7 Days #14 TAB

Prov: 12/11/23

BENZOCAINE (ORABASE 20% ORAL PASTE) 1 APPLIC TOPICAL QID PRN PRN dental pain

BENZOCAINE (ORABASE 20% ORAL PASTE) 1 APPLIC TOPICAL QID PRN PRN dental
pain #11.9 GRAM

Prov: 12/11/23

cephALEXin (KEFLEX 500 MG) 500 MG PO Q12H

7 Days #14 CAP

Prov: 12/16/23

IBUPROFEN (MOTRIN 600 MG) 600 MG PO Q6H PRN PRN FEVER AND/OR PAIN

IBUPROFEN (MOTRIN 600 MG) 600 MG PO Q6H PRN PRN FEVER AND/OR PAIN #30 TAB

Prov: 09/19/22

ACETAMINOPHEN (TYLENOL 325 MG) 650 MG PO Q6H PRN PRN FEVER AND/OR PAIN

ACETAMINOPHEN (TYLENOL 325 MG) 650 MG PO Q6H PRN PRN FEVER AND/OR PAIN #30
TAB

Prov: 09/19/22

ERYTHROMYCIN (ROMYCIN OPHTH OINT 0.5%) 1 APPLIC LEFT EYE TID

5 Days #3.5 GRAM

Prov: 07/11/21

diphenhydramine (BANOPHEN 25 MG) 25 MG PO Q6H PRN PRN swelling/itching

diphenhydramine (BANOPHEN 25 MG) 25 MG PO Q6H PRN PRN swelling/itching #30
CAP

Prov: 07/11/21

AMOXICILLIN/CLAVULANATE (AUGMENTIN 875 MG) 875 MG PO BID

10 Days #20 TAB

Prov: 08/15/23

IBUPROFEN (MOTRIN 800 MG) 800 MG PO Q8H PRN PRN PAIN/INFLAMMATION

IBUPROFEN (MOTRIN 800 MG) 800 MG PO Q8H PRN PRN PAIN/INFLAMMATION #30 TAB
Prov: 08/15/23

BENZOCAINE (ORABASE 20% ORAL PASTE) 1 APPLIC TOPICAL QID PRN PRN dental pain
BENZOCAINE (ORABASE 20% ORAL PASTE) 1 APPLIC TOPICAL QID PRN PRN dental
pain #11.9 GRAM
Prov: 08/15/23

cephALEXin (KEFLEX 500 MG) 500 MG PO Q6H
cephALEXin (KEFLEX 500 MG) 500 MG PO Q6H #20 CAP
Prov: 08/20/21

HYDROCORTISONE RECTAL (ANUSOL HC 25 MG RECTAL SUPP) 1 SUPP RECTAL BID
HYDROCORTISONE RECTAL (ANUSOL HC 25 MG RECTAL SUPP) 1 SUPP RECTAL BID #12
SUPP
Prov: 06/24/20

ONDANSETRON ODT (ZOFTRAN ODT 4 MG) 4 MG PO Q6H PRN PRN NAUSEA
ONDANSETRON ODT (ZOFTRAN ODT 4 MG) 4 MG PO Q6H PRN PRN NAUSEA #12 TAB
Prov: 04/20/23

PENICILLIN V POTASSIUM (PEN V-K 500 MG) 500 MG PO Q6H
PENICILLIN V POTASSIUM (PEN V-K 500 MG) 500 MG PO Q6H #28 TAB
Prov: 10/02/20

ACETAMINOPHEN WITH CODEINE (TYLENOL WITH CODEINE #3) 1 TAB PO Q6H PRN PRN pain
ACETAMINOPHEN WITH CODEINE (TYLENOL WITH CODEINE #3) 1 TAB PO Q6H PRN PRN
pain #10 TAB
Prov: 10/02/20

IBUPROFEN (MOTRIN 600 MG) 600 MG PO Q8H PRN PRN FEVER AND/OR PAIN
IBUPROFEN (MOTRIN 600 MG) 600 MG PO Q8H PRN PRN FEVER AND/OR PAIN #20 TAB
Prov: 10/02/20

Reported Medications

[no home meds]

Past Medical History:

Denies: Diabetes mellitus, Hypertension.

Additional Medical History

PMH:

Asthma

Past Surgical Hx:

Appendectomy

Tonsillectomy

Social Hx:

Reports use of tobacco, alcohol, and marijuana.

Past Surgical History:

Reports: Appendectomy.

Drug Use Meth/amphetamines

Smoking status for patients 13 years old or older: Never Smoker

Other Social History Local resident

Physical Exam

Vital Signs

Vital Signs

First Documented:

	Result	Date Time
Pulse Ox	99	02/28 1319
B/P	121/71	02/28 1319
B/P Mean	87	02/28 1319
Temp	98.3	02/28 1319
Pulse	101	02/28 1319
Resp	18	02/28 1319

Last Documented:

	Result	Date Time
Pulse Ox	99	02/28 1319
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Pulse	101	02/28	1319
Resp	18	02/28	1319

Review of Vital Signs Reviewed

Free Text PE Notes

Free Text PE Notes

Appearance: Alert. Oriented X3. No acute distress.

Eyes: Pupils equal, round and reactive to light. Eyes normal inspection.

ENT: dry mucous membranes. Pharynx normal.

Neck: Normal inspection. Neck supple. No lymphadenopathy

Respiratory: No respiratory distress. Normal breath sounds.

Heart: Regular rate and rhythm. No murmurs. Normal pulses

Abdomen: Soft, nondistended, nontender, gravid uterus. Bowel sounds normal. No mass.

Back: Normal external inspection. Normal ROM.

Skin: Skin warm and dry. No rash

Extremities: Extremities exhibit normal ROM. No lower extremity edema.

Neuro: Oriented X 3. No motor deficit. No sensory deficit.

Interpretation Diagnostics

Lab Results Interpretation

Considerations Independ review imaging

Results

Laboratory Tests

02/28/24 1348:

[Embedded Image Not Available]

Laboratory Tests:

02/28 02/28

02/28

	1348	1348	1342
Chemistry			
Sodium (136 - 145 mmol/L)		138	
Potassium (3.5 - 5.1 mmol/L)		3.4 L	
Chloride (98 - 107 mmol/L)		106	
Carbon Dioxide (20 - 31 mmol/L)		26	
Anion Gap (10 - 20 mmol/L)		9 L	
BUN (9 - 23 mg/dL)		6 L	
Creatinine (0.55 - 1.02 mg/dL)		0.47 L	
Est GFR (CKD-EPI) (*)		130	
Glucose (74 - 106 mg/dL)		81	
Calcium (8.7 - 10.4 mg/dL)		8.5 L	
Total Bilirubin (0.3 - 1.2 mg/dL)		0.7	
AST (<34 U/L)		9	
ALT (10 - 49 U/L)		<7 L	
Total Alk Phosphatase (46 - 116)		69	
Serum Total Protein (5.7 - 8.2 g/dL)		6.1	
Albumin (3.2 - 4.8 g/dL)		4.0	
Globulin (2.1 - 4.1 g/dL)		2.1	
Albumin/Globulin Ratio (1.0 - 2.0)		1.9	
Lipase (12 - 53 U/L)		35	
Beta HCG, Quant (1 - 3 *)	28725 H		
Coagulation			
PT (9.6 - 11.5 SEC)		9.9	
INR		<0.93	
APTT (25 - 35 sec)		32	
Hematology			
WBC (4.5 - 11.0 K/mm3)		11.4 H	
RBC (4.20 - 5.40 M/mm3)		3.41 L	
Hgb (12.0 - 16.0 gm/dL)		10.5 L	
Hct (37.0 - 47.0 %)		31.1 L	
MCV (80.0 - 99.0 fL)		91.2	
MCH (27.0 - 32.0 pg)		30.8	
MCHC (30.0 - 37.0 g/dL)		33.8	

RDW (11.0 - 16.0 %)	12.9
Plt Count (150 - 350 K/mm3)	341
MPV (7.4 - 10.4 fL)	9.3
Neut % (Auto) (50 - 70 %)	73.2 H
Lymph % (Auto) (20 - 40 %)	17.6 L
Mono % (Auto) (0 - 8 %)	6.4
Eos % (Auto) (0 - 5 %)	2.0
Baso % (Auto) (0 - 2 %)	0.4

Urines

Urine Color (YELLOW)	Yellow	
Urine Clarity (CLEAR)	Cloudy *	
Urine pH (5.0 - 8.0)		7.5
Ur Specific Gravity (1.005 - 1.030)		1.022
Urine Protein (NEGATIVE mg/dL)	Negative	
Urine Glucose (UA) (NEGATIVE mg/dL)	Negative	
Urine Ketones (NEGATIVE mg/dL)	Negative	
Urine Blood (NEGATIVE)	Negative	
Urine Nitrite (NEGATIVE)	Negative	
Urine Bilirubin (NEGATIVE)	Negative	
Urine Urobilinogen (0.2 - 1.0 mg/dL)		0.2
Ur Leukocyte Esterase (NEGATIVE)	Small *	
Urine RBC (0 - 2 /hpf)		5-10 *
Urine WBC (0 - 5 /hpf)		10-20 *
Ur Epithelial Cells (NONE /lpf)	MODERATE *	
Amorphous Crystals (NONE /lpf)	MODERATE *	
Urine Bacteria (NONE /hpf)	MANY *	
Urine Mucus (NONE /lpf)	MANY *	
Hold Urine	CULTURE INDICATED	

Microbiology:

Date/Time	Procedure - Status
Source	Growth
02/28 1342	Urine Culture - COMP
URINE	STREP, BETA HEMOLYTIC GROUP B

Recent Impressions:

ULTRASOUND - US OB LIMITED 02/28 1751

*** Report Impression - Status: SIGNED Entered: 02/28/2024 1834

IMPRESSION:

1. Single viable intrauterine gestation estimated at 19 weeks and 1 days.
2. There appears to be normal interval growth since the December 16, 2023 exam.

Loc: 33

Impression By: PRSAIJE - Jerel Saito, M.D.

Lab Imaging Statement

Laboratory radiographic studies reviewed and considered in the medical decision-making.

Re-Evaluation MDM

Free Text MDM Notes

Free Text MDM Notes

Abdominal pain. Patient is currently pregnant. Vitals within normal limits.

Abdominal examination is benign.

Pending labs, imaging to further delineate source of current complaints.
Patient has confirm IUP based on 1st trimester ultrasound.

ddx: gastritis, PUD, cystitis, nephrolithiasis, biliary colic

Re-Evaluation/Progress #1

Text/Dict Note

UA suggestive urinary tract infection. Antibiotics administered.

Currently receiving IV fluids, antiemetics.

Labs with no gross abnormalities noted.

Fetal heart monitor is not working at this time. Will obtain ultrasound.

Ultrasound obtained. Demonstrates IUP at 19 weeks. Heart rate is 163 beats per minute.

Patient is otherwise stable with no acute complaints. Symptoms may be secondary to urinary tract infection. Will discharge with course antibiotics. Patient stable throughout ED and at the time of discharge.

ED Course

Medication(s) Ordered

Medication(s) Ordered:

Anti-Infective Agents

Medication	Dose	Sig/Sch	Route	Start time	Stop Time	Status	Last Admin
Ceftriaxone Sodium	1 GM	X1ED	STA	02/28 1423		DC	02/28
		IV		02/28 1424			1448

Antihistamine Drugs

Medication	Dose	Sig/Sch	Route	Start time	Stop Time	Status	Last Admin
Diphenhydramine HCl	12.5 MG	X1ED	STA	02/28 1413		DC	02/28
		IV		02/28 1414			1447

Central Nervous System Agents

Medication	Dose	Sig/Sch	Route	Start time	Stop Time	Status	Last Admin
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Acetaminophen 1,000 MG X1ED STA 02/28 1613 DC
PO 02/28 1614

Electrolytic, Caloric, And Wat

Medication	Dose	Sig/Sch	Route	Start time	Stop Time	Status	Last Admin
Sodium Chloride	1,000 ML	X1ED STA	IV	02/28 1412	02/28 1413	DC	02/28 1449

Gastrointestinal Drugs

Medication	Dose	Sig/Sch	Route	Start time	Stop Time	Status	Last Admin
Metoclopramide HCl	10 MG	X1ED STA	IV	02/28 1413	02/28 1414	DC	02/28 1447
Pantoprazole Sodium	40 MG	X1ED STA	IV	02/28 1413	02/28 1414	DC	02/28 1447

Patient Discharge Departure

Vital Signs/Condition

Vital Signs

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Pulse	101	02/28 1319
Resp	18	02/28 1319

All vital signs available at the time of this entry have been reviewed.

Clinical Impression

Clinical Impression

Primary Impression: Acute cystitis

Secondary Impressions: Abdominal pain in pregnancy, Intrauterine pregnancy

Disposition Decision

Discharge

)(Discharged to Home Yes

)(Time 1905

)(Date 02/28/24

Discharge/Care Plan

(Auto) Prescriptions

Current Visit Scripts

cephALEXin (KEFLEX 500 MG) 500 MG PO Q12H

5 Days #10 CAP

Referrals

Provider Referral: Lingamneni, Santhi S MD

Address:

2400 Moorpark Ave

San Jose, CA 95128

Discharge Note

I have spoken with the patient and/or caregivers. I have explained the patient's condition, diagnoses and treatment plan based on the information available to me at this time. I have answered the patient's and/or caregiver's questions and addressed any concerns. The patient and/or caregivers have as good an understanding of the patient's diagnosis, condition and treatment plan as can be expected at this point. The vital signs have been stable. The patient's condition is stable and appropriate for discharge from the emergency department.

The patient will pursue further outpatient evaluation with the primary care physician or other designated or consulting physician as outlined in the discharge instructions. The patient and/or caregivers are agreeable to this plan of care and follow-up instructions have been explained in detail. The patient and/or caregivers have received these instructions in written format and have expressed an understanding of the discharge instructions. The patient and/or caregivers are aware that any significant change in condition or worsening of symptoms should prompt an immediate return to this or the closest emergency department or a call to 911.

Electronically Signed by Childs,Keona V MD on 03/04/24 at 1207

RPT #: 0228-0320

END OF REPORT