

Office Visit 6/4/2024
Bon Secours Neurology Clinic
Westchester

Provider: APRN - NP (Neurology)
Primary diagnosis: Chronic migraine without aura, intractable, with status
migrainosus
Reason for Visit: New Patient

Progress Notes

APRN - NP (Nurse Practitioner) • Neurology



BON SECOURS MEDICAL GROUP

27 y.o. female who presents with the following

Chief Complaint

Patient presents with

- New Patient

Patient was referred by Dr. for headaches. Patient reports having almost daily headaches.

HPI

Patient comes in as a new patient for chronic migraines
She is having a migraine every single day
She was diagnosed in her teenage years but then had a unfortunate bad car accident in 2019 which made them significantly worse
Since then she has been having debilitating migraines
Hypersensitivity light sound and smell
Nausea but no vomiting
Some dizziness and lightheadedness
She has not had an MRI since car accident
She is also been left to have significant weakness on the left side of her body
She is currently in a wheelchair today for long distance
She can get around her house okay
She lives with her grandmother and tries to be as self-sufficient as she can
She is significantly weaker on the left side
The right side is very strong and intact
She has multiple areas of previous skin grafts and damage from this

She was given Topamax and it did not work well for her and made her feel worse
She is currently on Cymbalta 30 mg daily
This has not helped
She cannot take blood pressure medications as she is hypotensive so this is medically contraindicated
She has an allergy to shellfish

She was given Imitrex last time but did not help from her primary care

She is not really sure what triggers her migraines
They come every single day and can last all day and night

Allergies

Allergen

- Shellfish Allergy

Reactions

Anaphylaxis

*Reaction Type: Allergy***Current Outpatient Medications**

Medication	Sig	Dispense	Refill
• Fremanezumab-vfrm (AJOVY) 225 MG/1.5ML SOAJ	Inject 1.5 mLs into the skin every 30 days	1.5 mL	5
• rizatriptan (MAXALT-MLT) 10 MG disintegrating tablet	1 at HA onset and repeat in 2 hours if needed. Max 2 in 24 hours	9 tablet	5
• polyethylene glycol (GLYCOLAX) 17 GM/SCOOP powder	Take 17 g by mouth daily	850 g	1
• nicotine (NICODERM CQ) 14 MG/24HR	PLACE ONE PATCH ONTO SKIN DAILY EVERY 24 HOURS	30 patch	1
• tranexamic acid (LYSTEDA) 650 MG TABS tablet	TAKE 2 TABLETS (1300MG) BY ORAL ROUTE 3 TIMES PER DAY DURING MENSES FOR 5 DAYS		
• budesonide-formoterol (SYMBICORT) 160-4.5 MCG/ACT AERO	INHALE INHALE 2 PUFFS INTO LUNCH DAILY *RINSE MOUTH AFTER EVERY USE*	10.2 g	5
• DULoxetine (CYMBALTA) 30 MG extended release capsule	Take 1 capsule by mouth nightly	90 capsule	1
• butalbital-acetaminophen-caffeine (FIORICET, ESGIC) 50-325-40 MG per tablet	Take 1 tablet by mouth every 4 hours as needed for Headaches Do not take more then 6 per day.	180 tablet	3
• cetirizine (ZYRTEC) 10 MG tablet	Allergy Relief (cetirizine) 10 mg tablet, TAKE 1 TABLET BY MOUTH DAILY		
• albuterol (ACCUNEB) 0.63 MG/3ML nebulizer solution	Inhale 3 mLs into the lungs every 6 hours as needed		
• albuterol sulfate HFA (PROVENTIL; VENTOLIN; PROAIR) 108 (90 Base) MCG/ACT inhaler	Inhale into the lungs		
• HYDROmorphone (DILAUDID) 4 MG tablet	Take 1 tablet by mouth every 6 hours as needed.		

No current facility-administered medications for this visit.

Social History**Tobacco Use**

Smoking Status	Every Day
• Current packs/day:	0.25
• Average packs/day:	0.3 packs/day for 8.0 years (2.0 ttl pk-yrs)
• Types:	Cigarettes
Smokeless Tobacco	Never

Average packs/day:

Cigarettes

Types:

Never

- Smokeless tobacco:

Vaping Use

Never used

- Vaping Use:

Substance and Sexual Activity

Not Currently

- Alcohol use:

Never

- Drug use:

Not Currently

- Sexual activity:

Male

Partners:

Social Determinants of Health

Financial Resource Strain: Low Risk (5/26/2023)

Overall Financial Resource Strain (CARDIA)

- Difficulty of Paying Living Expenses: Not hard at all

Transportation Needs: Unknown (5/26/2023)

PRAPARE - Transportation

- Lack of Transportation (Non-Medical): No

Physical Activity: Inactive (1/30/2024)

Exercise Vital Sign

- Days of Exercise per Week: 0 days
- Minutes of Exercise per Session: 0 min

Housing Stability: Unknown (5/26/2023)

Housing Stability Vital Sign

- Unstable Housing in the Last Year: No

Review of Systems

Remainder of comprehensive review is negative.

Physical Exam :

BP 119/61 (Site: Right Upper Arm, Position: Sitting, Cuff Size: Large Adult) | Pulse 93 | Resp 18 | Ht 1.727 m (5' 8") | LMP 05/15/2024 (Exact Date) | SpO2 95% | BMI 44.40 kg/m²

General: Well defined, nourished, and groomed individual in no acute distress.

Neck: Supple, nontender, no bruits, no pain with resistance to active range of motion.

Musculoskeletal: Extremities revealed no edema and had full range of motion of joints.

Psych: Good mood and bright affect

NEUROLOGICAL EXAMINATION:

Mental Status: Alert and oriented to person, place, and time

Cranial Nerves:

II, III, IV, VI: Visual acuity grossly intact. Visual fields are normal.

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

Extra-ocular movements are full and fluid. Fundoscopic exam was benign, no ptosis or nystagmus.

V-XII: Hearing is grossly intact. Facial features are symmetric, with normal sensation and strength. The palate rises symmetrically and the tongue protrudes midline. Sternocleidomastoids 5/5.

Motor Examination: Normal tone, bulk, and strength, 5/5 muscle strength throughout RUE and RLE, 3/5 gross movement in LLE and LUE, has a LLE AFO brace

Coordination: Finger to nose was normal. No resting or intention tremor

Gait and Station: wheelchair, not assessed

Reflexes: DTRs 3+ throughout.

**MRI Result (most recent):
MRI CERVICAL SPINE WO CONTRAST**

Narrative

Reason for Exam:

Evaluation of Brachial Plexus Roots

Report

Ordering Physician:MD,

Study: MRI CERVICAL SPINE WITHOUT CONTRAST

Date: 8/12/2020

History: Evaluation of Brachial Plexus Roots

Technique: Axial and sagittal T2 weighted, axial gradient echo, axial T2 SPACE, and sagittal T1-weighted sequences were obtained without IV contrast material.

Comparisons: CT neck 7/14/2020

Findings:

There is reversal of the normal cervical lordosis. Vertebral body heights are maintained. Diffuse endplate changes and disc space narrowing in the cervical spine, worse at C3-C4 and C4-C5. Minimal disc bulging at C4-C5 without significant spinal canal stenosis or neuroforaminal narrowing.

The cervical spinal cord is normal in size, contour, and signal intensity. The craniocervical junction is normal. The included intracranial structures are grossly normal.

There is increased T2 signal in the left C7-T1 and T1-T2 neural foramina, extending from neural foramina to the soft tissues along the post foraminal C8 and T1 nerve roots, suspicious for evulsion injury and posttraumatic meningoceles.

The esophagus is patulous and filled with fluid. There is a small amount of fluid layering in the trachea, concerning for aspiration.

Impression:

Final report.

1. Fluid signal surrounding at the left C7-T1 and T1-T2 neural foramina extending along the post foraminal and T1 nerve roots, suspicious for evulsion injury and posttraumatic meningocele with indeterminate age.
2. Layering fluid in the trachea, consistent with aspiration.

I have reviewed the images and dictated, reviewed or edited the final report.

Communication of a IP Significant message to the paging profile of was initiated via the PowerConnect Actionable Findings system on 8/13/2020 6:54 AM, Message ID 3969220.

Dictated By:

Electronically Verified by:

**CT Result (most recent):
CT ABDOMEN WO IV CONTRAST 06/05/2023**

Narrative

INDICATION: Evaluate parastomal hernia.

TECHNIQUE: CT of the abdomen and pelvis was performed without intravenous contrast. Coronal and sagittal reconstructions were generated.

Automated mA/kV exposure control was utilized and patient examination was performed in strict accordance with principles of ALARA.

RADIATION AMOUNT: 1396.96 mGy-cm.

COMPARISON: US pelvis 2/24/2023. CT AP 12/14/2022.

FINDINGS:

Abdomen:

Atelectasis right lower lobe. 2.4 x 1.3 cm ovoid nodule along the lower inner quadrant right breast. Images of the liver show a small 1 cm cyst right hepatic lobe. Gallbladder contains multiple stones. The spleen, pancreas, adrenal glands and kidneys show no acute pathology. Rounded hypodensity in the lower right kidney measures 2 cm with density value 28 Hounsfield units.

There is no free air or lymph node enlargement. Abdominal aorta is not aneurysmal. IVC filter. Images of the appendix are normal

Left lower quadrant colostomy. A peristomal hernia measures 16.8 x 10.3 x 14.4 cm containing mesenteric fat, nondilated loops of small bowel and portions of large bowel. The fascial defect of the peristomal hernia measures 5.7 cm diameter.

Pelvis:

Chronic appearing bilateral sacral decubitus ulcers left greater than right. Images of the uterus and ovaries are normal. There is no free fluid. Lymph nodes are not enlarged. Urinary bladder is unremarkable.

Skeleton:

There are no acute fractures. No suspicious bony lesions.

Impression

Left lower quadrant colostomy with large parastomal hernia measuring 16.8 x 10.3 x 14.4 cm. The peristomal hernia contains mesenteric fat, nondilated loops of large and small bowel. Fascial defect measures 5.7 cm diameter.

2.4 cm ovoid nodule within the lower inner quadrant right breast is stable compared to prior exams.

Cholelithiasis.

Rounded hypodensity lower pole right kidney 2 cm diameter. Unenhanced density measurement of the right renal lesion cannot confirm simple cyst. The size is stable compared to CT abdomen 9/23/2020 and could represent a complex right renal cyst. Further evaluation could be obtained with follow-up renal ultrasound.

EEG Result:

Carotid Doppler:

Recent Labs:

No results found for: "WBC", "HGB", "HCT", "MCV", "PLT"

No results found for: "NA", "K", "CL", "CO2", "BUN", "CREATININE", "GLUCOSE", "CALCIUM", "PROT",

"LABALBU", "BILITOT", "ALKPHOS", "AST", "ALT", "LABGLOM", "GFRAA", "AGRATIO", "GLOB"

No results found for: "CHOL"

No results found for: "TRIG"

No results found for: "HDL"

No components found for: "LDLCHOLESTEROL", "LDLCALC"

No results found for: "VLDL"

No results found for: "CHOLHDLRATIO"

No results found for: "SEDRATE"

No results found for: "LABA1C"

No results found for: "ANA"

1. Chronic migraine without aura, intractable, with status migrainosus

- MRI BRAIN WO CONTRAST; Future
- Fremanezumab-vfrm (AJOVY) 225 MG/1.5ML SOAJ; Inject 1.5 mLs into the skin every 30 days, Disp-1.5 mL, R-5Normal
- rizatriptan (MAXALT-MLT) 10 MG disintegrating tablet; 1 at HA onset and repeat in 2 hours if needed. Max 2 in 24 hours, Disp-9 tablet, R-5Normal

2. Visual changes

- MRI BRAIN WO CONTRAST; Future

3. Dizziness

- MRI BRAIN WO CONTRAST; Future

Discussed her plan of care

Discussed an MRI of the brain without contrast and she will need sedation as she gets claustrophobic and cannot handle this without it

Will start Ajovy 225 mg every 30 days for preventative of migraine

She has failed AED and SSRI

She is not able to take blood pressure medications

Will use Maxalt as needed for rescue the dissolvable tablet as Imitrex has not helped

Continue to track symptoms and look at any kind of triggers and will follow back up after

This note was created using voice recognition software. Despite editing, there may be syntax errors.

Other Notes

All notes



Instructions

AVS (Automatic SnapShot taken 6/5/2024)

Additional Documentation

Vitals: BP 119/61 (Site: Right Upper Arm, Position: Sitting, Cuff Size: Large Adult) Pulse 93 Resp 18

Ht 1.727 m (5' 8") LMP 05/15/2024 (Exact Date) SpO2 95% BMI 44.40 kg/m² BSA 2.52 m²

Flowsheets: PHQ-2, Vitals Reassessment, Quick Vitals

Travel Screening

Screenings since 06/03/24 0000

Have you been in contact with someone who was sick?

No / Unsure

Do you have any of the following new or worsening symptoms?

None of these

Have you traveled internationally or domestically in the last month?

No

Travel History

Travel since 05/18/24

No documented travel since 05/18/24

Communications

Chart Review Routing History

No routing history on file.

Encounter Status

BestPractice Advisories

Click to view BestPractice Advisory history

Encounter Messages					
Read	Composed	From	To	Subject	
Y	6/2/2024 8:39 PM			Neurology History	
Y	6/1/2024 7:17 AM			Upcoming appointment at BON SECOURS NEUROLOGY CLINIC WESTCHESTER on 6/04/24	
N	2/1/2024 10:09 AM			Appointment Scheduled	

Orders Placed

MRI BRAIN WO CONTRAST

Outpatient Medications at End of Encounter as of 6/4/2024	
Fremanezumab-vfrm (AJOVY) 225 MG/1.5ML SOAJ (Taking)	Inject 1.5 mLs into the skin every 30 days
rizatriptan (MAXALT-MLT) 10 MG disintegrating tablet (Taking)	1 at HA onset and repeat in 2 hours if needed. Max 2 in 24 hours
polyethylene glycol (GLYCOLAX) 17 GM/SCOOP powder (Taking)	Take 17 g by mouth daily
nicotine (NICODERM CQ) 14 MG/24HR (Taking)	PLACE ONE PATCH ONTO SKIN DAILY EVERY 24 HOURS
tranexamic acid (LYSTEDA) 650 MG TABS tablet (Taking)	TAKE 2 TABLETS (1300MG) BY ORAL ROUTE 3 TIMES PER DAY DURING MENSES FOR 5 DAYS
budesonide-formoterol (SYMBICORT) 160-4.5 MCG/ACT AERO (Taking)	INHALE INHALE 2 PUFFS INTO LUNCH DAILY *RINSE MOUTH AFTER EVERY USE*
DULoxetine (CYMBALTA) 30 MG extended release capsule (Taking)	Take 1 capsule by mouth nightly
butalbital-acetaminophen-cafeine (FIORICET, ESGIC) 50-325-40 MG per tablet (Taking)	Take 1 tablet by mouth every 4 hours as needed for Headaches Do not take more then 6 per day.

cetirizine (ZYRTEC) 10 MG tablet (Taking)

Allergy Relief (cetirizine) 10 mg tablet, TAKE 1 TABLET BY MOUTH DAILY

albuterol (ACCUNEb) 0.63 MG/3ML nebulizer solution (Taking)

Inhale 3 mLs into the lungs every 6 hours as needed

albuterol sulfate HFA (PROVENTIL;VENTOLIN;PROAIR) 108 (90 Base) MCG/ACT inhaler (Taking)

Inhale into the lungs

HYDROmorphone (DILAUDID) 4 MG tablet (Taking)

Take 1 tablet by mouth every 6 hours as needed.

Medication Changes

As of 6/4/2024 2:43 PM

	Refills	Start Date	End Date
Added: Fremanezumab-vfrm (AJOVY) 225 MG/1.5ML SOAJ Inject 1.5 mLs into the skin every 30 days - SubCUTaneous	5	6/4/2024	—
Added: rizatriptan (MAXALT-MLT) 10 MG disintegrating tablet 1 at HA onset and repeat in 2 hours if needed. Max 2 in 24 hours	5	6/4/2024	6/10/2024
Discontinued or Completed: SUMAtriptan (IMITREX) 50 MG tablet (Therapy completed) Patient-reported medication			
Discontinued or Completed: topiramate (TOPAMAX) 25 MG tablet (Therapy completed) Patient-reported medication			

Medication List at End of Visit

As of 6/4/2024 2:43 PM

	Refills	Start Date	End Date
Albuterol Sulfate			
albuterol (ACCUNEb) 0.63 MG/3ML nebulizer solution Inhale 3 mLs into the lungs every 6 hours as needed - Inhalation Patient-reported medication	—		—
albuterol sulfate HFA (PROVENTIL;VENTOLIN;PROAIR) 108 (90 Base) MCG/ACT inhaler Inhale into the lungs - Inhalation Patient-reported medication	—		—
budesonide-formoterol (SYMBICORT) 160-4.5 MCG/ACT AERO INHALE INHALE 2 PUFFS INTO LUNCH DAILY *RINSE MOUTH AFTER EVERY USE* Notes to Pharmacy: Maximum Refills Reached	5	1/23/2024	—
butalbital-acetaminophen-caffeine (FIORICET, ESGIC) 50-325-40 MG per tablet Take 1 tablet by mouth every 4 hours as needed for Headaches Do not take more then 6 per day. - Oral	3	9/7/2023	6/10/2024
cetirizine (ZYRTEC) 10 MG tablet Allergy Relief (cetirizine) 10 mg tablet, TAKE 1 TABLET BY MOUTH DAILY Patient-reported medication	—	4/20/2023	—
DULoxetine (CYMBALTA) 30 MG extended release capsule Take 1 capsule by mouth nightly - Oral	1	10/17/2023	—
Fremanezumab-vfrm (AJOVY) 225 MG/1.5ML SOAJ	5	6/4/2024	—

	Refills	Start Date	End Date
Inject 1.5 mLs into the skin every 30 days - SubCUTaneous			
HYDROmorphone (DILAUDID) 4 MG tablet	—		—
Take 1 tablet by mouth every 6 hours as needed. - Oral			
Patient-reported medication			
nicotine (NICODERM CQ) 14 MG/24HR	1	4/15/2024	6/14/2024
PLACE ONE PATCH ONTO SKIN DAILY EVERY 24 HOURS			
Notes to Pharmacy: Authorized Quantity Exceeded			
polyethylene glycol (GLYCOLAX) 17 GM/SCOOP powder	1	5/16/2024	—
Take 17 g by mouth daily - Oral			
rizatriptan (MAXALT-MLT) 10 MG disintegrating tablet	5	6/4/2024	6/10/2024
1 at HA onset and repeat in 2 hours if needed. Max 2 in 24 hours			
tranexamic acid (LYSTEDA) 650 MG TABS tablet	—	12/14/2023	—
TAKE 2 TABLETS (1300MG) BY ORAL ROUTE 3 TIMES PER DAY DURING MENSES FOR 5 DAYS			
Patient-reported medication			

Visit Diagnoses

Primary: **Chronic migraine without aura, intractable, with status migrainosus** G43.711

Visual changes H53.9

Dizziness R42