**Patient Care Report**

**MICA Healthcare Solutions**



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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name:  Solutions | | | | | | | | | | | | First Name:  Mica | | | | | | | | | | | | | Middle Initial: H. | |
| DOB: (mm/dd/yyyy)  12/16/2024 | | | | Age:  24 | | Gender:  Male Female Other:\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | Patient ID:  0123456789 | | |
| Street:  8000 York Rd | | | | | City:  Towson | | | | | | | | State:  MD | | | | Country:  USA | | | | | | | | Zipcode:  21252 | |
| Phone Number:  (410)-704-XXXX | | | | Email Address:  XXXXX@towson.edu | | | | | | | | | | Insurance Provider:  Kaiser Permanente | | | | | | | Policy Number:  9876543210 | | | | | |
| **Emergency Contact Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: (Last Name, First Name, Middle Initial)  Campus, Noswot, U. | | | | | | | | | | | | | | | | | | Relationship to Patient:  Guardian | | | | | | | | |
| Phone Number:  (410)-612-XXXX | | | | | | | | | | | | | | Email Address:  XXXXX@towson.edu | | | | | | | | | | | | |
| **Reasons For Visit:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High fever of 102°F prior to visitation, pounding headache all around the head, neck stiffness, loss of appetite, occasional chills and fatigue. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medical History:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Past Medical History:*   * Hypertension  * Diabetes * Asthma * Heart Disease * Stroke * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Not Applicable | | | | | | | *Surgical History:*   * Neurosurgery * Cardiothoracic Surgery * General Surgery * Orthopedic Surgery * Urology Surgery * Trauma Surgery * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Not Applicable | | | | | | | | | | | | *Family History:*   * Heart Disease * Hypertension  * Stroke * Diabetes  * Cancer  * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Not Applicable | | | | | | | |
| **Medications:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Medications: | | | | | | | | | | | | | | Any Known Allergies: (Food, Drug, etc.) | | | | | | | | | | | | |
| 1. N/a | | | | | | | | Dosage: N/a | | | | | | Nut Allergy, Penicillin | | | | | | | | | | | | |
|  | | | | | | | | Dosage: | | | | | |
|  | | | | | | | | Dosage: | | | | | |
| **Physical Examination: (*For Healthcare Provider Use Only)*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Appearance: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alertness:  patient seems to be unaware of his surroundings | Posture:  Patient is slightly slouching forward (kyphosis) | | | | | | Hygiene:  Well-groomed, no signs of neglect | | | | | | | Nutritional Status:  Relatively healthy, muscular | | | | | Psychological State:  Patient looks dazed and confused | | | | | | Other:  Patient’s hands are shaking uncontrollably | |
| Vital Signs: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blood Pressure:  135 / 88 mmHg | | Heart Rate:  98 bpm | | | | | | | | Respiratory Rate:  18 bpm | | | | | Temperature:  102.6 ° F | | | | | | | Height:  200 lbs | | | | Weight:  72 in |
| Head and Neck: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Head:  Sign of swelling on left temporal just behind the ear | | | Eyes:  Appears to be normal but patient reports blurriness of vision | | | | | | | | Ears:  No sign of deformities | | | | | Mouth/Throat:  No swelling, but patient is wheezing and has elevated breathing count | | | | | | | Neck:  Stiffness of neck and pain when applied some pressure | | | |
| Cardiovascular: | | | | | | | | | | | | | | Respiratory: | | | | | | | | | | | | |
| Inspection: no jugular venous distension (JVD)  or obvious sign of heart failure  Palpation: PMI normal location, no thrills, heaves or  abnormal vibrations noted  Auscultation: S1 and S2 are normal in timing and intensity,  no rubs or extra heart sounds suggestive of  pericarditis | | | | | | | | | | | | | | Inspection: no sign of respiratory distress, no use of  accessory muscle  Palpation: no tenderness over the chest wall  Auscultation: clear to auscultation bilaterally, no crackles,  wheezes, or abnormal breath sounds  Percussion: resonant bilaterally, no dullness suggestive of  consolidation or effusion | | | | | | | | | | | | |
| Gastrointestinal: | | | | | | | | | | | | | | Neurological: | | | | | | | | | | | | |
| Inspection: abdomen flat and non-distended  Palpation: soft, non-tender, no hepatosplenomegaly  Auscultation: normal bowel movements  Percussion: tympanic, no shifting dullness | | | | | | | | | | | | | | Mental Status: confused and disoriented to time and place,  patient is unable to answer questions  coherently  Cranial Nerves: visual fields intact to confrontation, pupils  reactive to light and accommodation  Motor Functions: normal strength, 5/5 in all extremities,  no focal weakness  Sensory Functions: intact throughout, no sensory deficits  Coordination: normal with no signs of cerebellar  involvement | | | | | | | | | | | | |
| **Assessment / Diagnosis:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provider Name: (Last Name, First Name, Middle Initial)  Hopkins, John, U. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| License/ Certification Number:  9638520741 | | | | | | | | | Organization Name:  Johns Hopkins Medical | | | | | | | | | | | Contact Information:  XXXXX@hopkins.med | | | | | | |
| Primary Diagnosis: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Based on the patient’s symptoms, the primary diagnosis includes bacterial meningitis. Awaiting blood culture result to confirm diagnosis and order the correct antibiotics. If the patient does have bacterial meningitis, the patient will undergo a 6-week antibiotic program and assessment will be done to determine the next treatment plan. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Secondary Diagnosis: (*if applicable*) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N/A | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provider Signature: | | | | | | | | | | | | | | | | | | | | | Date and Time:  11/25/2024 | | | | | |

