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| Human | Watson |
| Chief complaint atypical chest pain.  History the patient is a 74-year-old  Caucasian female patient of the physician who presented to the emergency room with atypical chest pain {period}  She saw her hand orthopedist, the physician because of right wrist pain and was given meloxicam  on the MM, DD {period} She also  is aware of having hiatal hernia and having GERD,  which was controlled on ranitidine {period}  She started taking meloxicam five days ago and had taken  once daily for the past five days and had been experiencing this discomfort on her lower sternum  that she described it like tightness  and this had  prompted her to come to the emergency room {period} Her workup showed slightly elevated troponin of 0.45  and EKG showing  nonspecific ST wave changes  {period}  She seems to have  been feeling better  and her pain had been slowly subsiding {period}  She is comfortable resting in the gurney,  but due to the slightly elevated troponin that she is being admitted for to rule out  possibility of having acute coronary syndrome.  Past medical history is  significant for having  one episode of high blood pressure most likely due to stress after having ERCP,  but not on any medication. History of ulcerative colitis.  History of  osteoarthritis and osteoporosis. History of melanoma and basal cell cancer. History of hypercholesterolemia. History of breast cancer. History of sleep apnea.  Past surgical history is status post laparoscopic cholecystectomy, status post parathyroidectomy, status post cataract surgery, status post bilateral knee arthroscopic surgery, status post total knee replacement, status post abdominal hysterectomy, status post mastectomy, status post lower back surgery.  Social history she had been  married and living with her husband and a known smoker. Denies drinking any alcohol.  Allergies she is unable to tolerate statin and penicillin and Diovan.  List of medications includes Prozac 20 mg once daily, meloxicam 15 mg once daily,  Zantac 150 mg twice daily and Ambien 10 mg at bedtime  and Norco  7.5/325 mg as needed.  Physical exam, she is awake, alert, comfortable, resting in the gurney, in no cardiorespiratory distress. Blood pressure 150/70, heart rate  in the 60s, respirations 18.  HEENT anicteric sclerae. Pink conjunctivae. Clear nasal cavity and oropharynx. Neck is supple. No mass. Lungs sound clear to auscultation bilateral with unlabored breathing. Heart sound regular rhythm.  No murmur.  Extremity  no edema. No cyanosis. Labs showed troponin of 0.45.  White blood cell of 8.8, H and H of 14 and 43 with a platelet count of 229,000. Liver enzymes are unremarkable. Sodium 139, potassium 4, creatinine 0.63 with a glucose of 93.  Chest x-ray is unremarkable with hiatal hernia. EKG shows normal sinus rhythm  with a heart rate of 67 and a first-degree AV block.  Assessment and plan atypical chest pain, needing to rule out acute coronary syndrome. Patient is now being admitted for serial troponin and CK-MB  and if the trend is going up then might need cardiology consult  versus Lexiscan.  Assessment and plan number two hiatal hernia with GERD, which I suspect is what is causing more of her symptoms. We will give her Protonix 40 mg IV once daily.  Assessment and plan number three  osteoarthritis  and  depression. Continuing with her  Norco and Prozac and we will inform  her regular primary care, the physician, to follow up in the morning.  Oh addendum to the past medical history also with history of depression and possible chronic recurrent UTI since she had been on  Prozac and Macrobid.  End of report. | sixteen chief complaint atypical  slant is a seventy four year old  can a doctor G. prior who presented to the emergency room with atypical chest pain period  and orthopedist Dr demon because of right wrist pain and was given meloxicam  the end of December period she also  is aware of having hiatal hernia and having Gerd  which was controlled on ranitidine period  she started taking meloxicam five days ago and had taken  once daily for the past five days and had been experiencing this discomfort on her lower sternum  that she described it like tightness  and this had  prompt her to come to the emergency room period her workup showed slightly elevated troponin of zero point four five  and EKG showing  nonspecific as the wave changes  current  she seems to head  been feeling better  and her pain had been slowly subsiding period  she is comfortable resting in the Gurney  but due to the slightly elevated troponin that she is being admitted for to rule out  possibility of having acute coronary syndrome  past medical history is  significant for having  one episode of high blood pressure most likely due to stress after having ERCP  but not on any medication history of ulcerative colitis  history of  osteoarthritis and osteoporosis history of melanoma and basal cell cancer history of hypercholesterolemia history of breast cancer history of sleep apnea  surgical history is status post laparoscopic cholecystectomy status post parathyroidectomy status post cataract surgery status post bilateral knee arthroscopic surgery status post total knee replacement status post abdominal hysterectomy status post mastectomy status post lower back surgery  social history she had been  married and living with her husband and a known smoker denies drinking alcohol  allergies she is unable to tolerate statin and penicillin and Diovan  list of medications includes Prozac twenty mg once daily meloxicam fifteen mg once daily  zantac one fifty mg twice daily and Ambien ten milligram at that time  and Norco  seven point five cents to twenty five milligram as needed  physical exam she is awake alert comfortable resting in the Gurney in no cardiorespiratory distress blood pressure one fifty over seventy heart rate  in the sixties respirations eighteen  HEENT anicteric sclerae pain conjunctival clinical cabin or Franks like a supple no mess lungs sound clear to auscultation bilateral with unlabored breathing heart sound regular rhythm  No murmur  extremity  no edema no cyanosis labs showed troponin of zero point four five  white blood cell of eight point eight H. and H. of fourteen forty three with a platelet count to twenty thousand liver enzymes are unremarkable sodium one thirty nine potassium four creatinine zero point six three with a glucose of ninety three  six recent remarkable with hiatal hernia EKG shows normal sinus rhythm  what a heart rate of sixty seven and a first degree AV block  assessment plan atypical chest pain needing to rule out acute coronary syndrome patient is now being admitted for serial component CKD and be  and if the trend is going up then might need cardiology consultation  versus Lexiscan  %HESITATION system number two hiatal hernia with Gerd which I suspect is what is causing more all four symptoms will give her protonix forty mg IV once daily  %HESITATION system number three  osteoarthritis  and  depression continuing with her  Norco and Prozac and will inform  to follow up in the morning  oh addendum to the past medical history also with history of depression and possible chronic recurrent UTI since she had been on  Prozac and Macrobid  repor |