BETA BOOK CONSULTATON REPORT

DATE OF CONSULTATION:
CONSULTING PHYSICIAN:
EMERGENCY DEPARTMENT OBSTETRICS AND GYNECOLOGY CONSULTATION NOTE

CHIEF COMPLAINT: Vaginal bleeding, positive home pregnancy test.

HISTORY OF PRESENT ILLNESS: Ms. Saunders is a very pleasant 30 year-old, gravida 1 with last menstrual period of December 5, 2011, who presents with 2 days of vaginal bleeding and a positive home pregnancy test that was taken today. The patient states that she usually has regular monthly menstrual periods, and her last was on December 5, 2011. However, the patient states that 2 days ago she began bleeding again, as though she was starting a normal menstrual period and was concerned by this. She called the Health Department and they recommended obtaining a urine pregnancy test at home, which was positive. The patient, therefore, came to the emergency department for further evaluation. The patient denies any abdominal pain. She states that she had some heavier bleeding 2 days ago but that this has now lessened substantially and she is only requiring a panty liner. She denies any dysuria, hematuria. No fevers, chills, nausea or vomiting. This is an undesired pregnancy. The patient was using condoms for birth control only. She is Rh-positive.
PAST OBSTETRICAL HISTORY: Gravida 1.
PAST GYNECOLOGIC HISTORY: The patient has a remote history of chlamydia that was treated approximately 12 years ago. She denies any history of abnormal Pap smears and no sexually transmitted infections since the chlamydia.
PAST MEDICAL HISTORY: Denies.
PAST SURGICAL HISTORY: Denies.
MEDICATIONS: None.
ALLERGIES: No known drug allergies.
SOCIAL HISTORY: The patient smokes 2 cigarettes per day. She drinks alcohol occasionally. She endorses occasional marijuana use. She denies any other illicit drug use. She is currently a graduate student, studying elementary education.
FAMILY HISTORY: Noncontributory.
REVIEW OF SYSTEMS: As per history of present illness, otherwise 12-point review of systems is negative.
PHYSICAL EXAMINATION: Vital signs: Temperature 36.7 degrees Celsius, blood pressure 116/73, pulse 110)pulse was 74 on repeat examination), respirations 16, oxygen saturation 100% on room air. General: No acute distress, lying comfortably in hospital stretcher bed. Cardiovascular: Regular rate and rhythm. Pulmonary: Lungs clear to auscultation bilaterally. Abdomen: Soft, nontender, nondistended. Normoactive bowel sounds. No rebound or guarding. Extremities: No lower extremity edema or calf pain. Pelvic: Scant blood noted in the vaginal vault. No active bleeding from the cervical os. No cervical motion tenderness. No vaginal or cervical lesions noted.

LABORATORY: The patient's blood type is O-positive. Her complete blood cell count was notable for a hematocrit of 27, white blood cell count of 5.2 and platelets of 292. The patient's basic metabolic panel was unremarkable. The patient's beta HCG value was 202. Urinalysis was obtained that was grossly contaminated with blood from the vagina.

IMAGING: A transvaginal ultrasound was obtained that was negative for intrauterine pregnancy. There was minimal fluid and debris, presumably blood, evident in the endometrial canal. The adnexal areas were normal with no evidence of mass or fluid collection.

IMPRESSION AND PLAN: A 30-year-old gravida 1 with early pregnancy and last menstrual period of December 5, 2011. Likely a spontaneous abortion, given the patient's bleeding over the last 2 days, ultrasound findings and beta HCG value. The patient is Rh-positive and RhoGAM is not indicated. This is an undesired and unplanned pregnancy for the patient. A long discussion was had with the patient regarding our findings and recommendations. It was explained to her that, although this is likely a spontaneous abortion, we cannot completely exclude the possibility of an early normal pregnancy or an ectopic pregnancy. Given this, it is our recommendation that the patient return to the Durham Regional Hospital Emergency Department in 48 hours for a repeat beta HCG measurement. Should this value be decreasing, this bolsters the likelihood that this is a spontaneous abortion. Still, we would like to follow the patient's beta HCG values until they are negative. In the event that the patient's beta HCG value is rising appropriately or has plateaued, the patient may indeed have an ectopic pregnancy and may require surgical intervention. The other possibility is that this is a normal early

pregnancy complicated by first-trimester bleeding which, by definition, would be a threatened abortion. The patient was given strict emergency room precautions on when to return, including heavy bleeding saturating a pad in an hour, extreme nausea or vomiting, severe abdominal pain not responsive to over-the-counter medications, fever and/or chills. The patient verbalized understanding of the plan and was amenable. If the patient's beta HCG value has decreased on her repeat examination, our Duke Gynecology Clinic nurses will give the patient a call on Tuesday, December 27th, to inform her of a subsequent followup appointment to confirm that the patient's beta HCG value has become undetectable.

The patient also has some evidence of iron deficiency anemia as noted by her complete blood cell count. It was, therefore, recommended that the patient be discharged with prescriptions for ferrous sulfate 325 mg to be taken twice daily with food, as well as Colace to help prevent constipation. There were no recent prior hematocrit values to which we could compare the patient's current value. The patient was informed of this anemia, and it was strongly recommended that she follow the prescribed medication regimen.

The plan of care for this patient was discussed with the attending physician on call, Dr. _____ and he agrees with the plan as outlined above.