

Jun Ma Hospital Visit

Date: 01/30/2018

Time: 10:00 am

Location: NYP Queens, 56-45 Main Street, Flushing, NY 11355 ✓

History

Identification

Name: L.T. Sex: Female

DOB: 02/09/1929

Age: 88 y/o Race: White

Citizenship: U.S.A.

Marital status: married

Religion: Christian

Self, reliable ✓

Informant

Referral source

Self ✓

Chief complaint

HPI

right knee pain x 10 yrs, worsening x 1 yr
Mrs. T, a 88 y/o female with PMHx of HTN, hypercholesterolemia, hypothyroidism, and kidney cancer, presented to PAT with complaints of right knee pain for 10 years, worsening for 1 year. The pain started suddenly, is sharp and consistent without radiation, aggravated by walking and relieved by rest, and has been severer (8 on 1-10 scale) for 1 year. Denies trauma, fever, or swelling of right knee. CT showed right knee osteoarthritis and right knee replacement surgery was scheduled by Dr. Edison David, located at NYP Queens on 02/07/2018. ✓

Past Medical History

HTN x 30 yrs under control (see medications)
hypercholesterolemia x 30 yrs under control (see medications)

hypothyroidism x 30 yrs under control (see medications)

✓ kidney cancer x 11 yrs → TREATED w/ SURGERY
(ALWAYS ASK IF PT HAD RADIATION/ CHEMO ALSO)

Immunizations up-to-date

Dental exam 10/07/2017 and eye exam 08/11/2017

Past Hospitalization and Surgery History

Hospitalization and left kidney removal surgery for kidney cancer at NYP Queens on 10/09/2006.

Denies blood transfusions.

Medications

Atenolol (25 mg, PO daily), HCTZ (12.5mg, PO daily), and amlodipine (5mg, PO daily) for HTN, last dose yesterday morning.

✓ Atorvastatin (10mg, PO daily) for hypercholesterolemia, last dose yesterday evening.

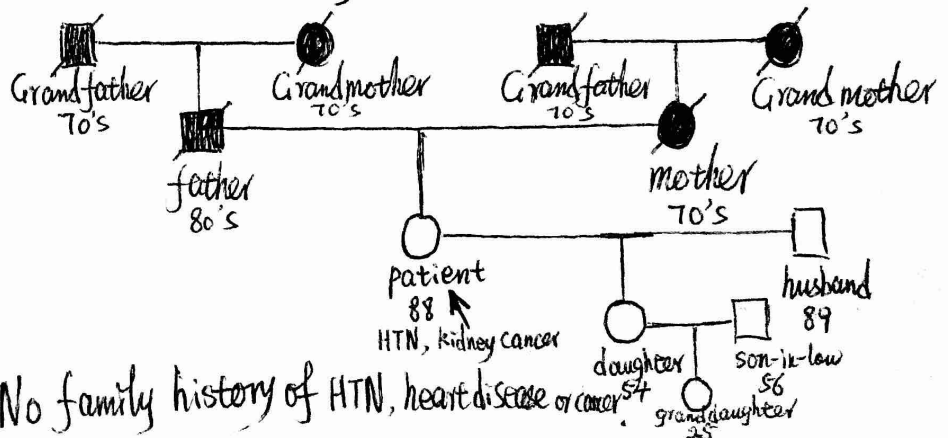
Levothyroxine (75mg, PO daily) for hypothyroidism, last dose yesterday morning.

Allergies

✓ Penicillin - severe skin itching rashes

Denies other drug, food or environmental allergies.

Family History



Social History

Denies smoking, alcohol drinking, drug use or caffeine drinking.

Denies recent traveling.

Married, retired, living with husband.

Denies any specific sleeping disorders.

Low-salt diet.

No exercises.

Sexual life inactive x 15 yrs. Denies STD history.

ROS

General: ✓

Denies weight loss or gain, loss of appetite, fever, chill or night sweats.

Skin, hair and nails: ✓

Denies dryness, itchiness, discolorations, moles or rashes.

Head: ✓

Denies headache, vertigo or trauma.

Eyes: ✓

Denies visual disturbance, lacrimation, photophobia or pruritus. Last eye exam 08/01/2017.

Ears: ✓

Denies hearing loss, pain, discharge, tinnitus or hearing aids.

Nose/sinuses: ✓

Denies running, itching nose, epistaxis or obstruction.

Mouth and throat: ✓

Denies bleeding gums, sore tongue or throat, mouth ulcers, voice changes or dentures.

Neck: ✓

Denies localized swelling, lumps or stiffness.

Breast: ✓

Denies mass, lesion or pain. Mammogram N/A.

Pulmonary system: ✓

Denies cough, sputum, SOB, wheezing, hemoptysis or cyanosis.

Cardiovascular system: ✓

Denies chest pain, irregular heartbeat, edema, syncope, palpitation or any known heart murmur.

LAST DENTAL EXAM?

- gastrointestinal system: Denies loss of appetite, intolerance to specific foods, heartburn, nausea, vomiting, dysphagia, flatulence, burping, abdominal pain, diarrhea, constipation, jaundice, hemorrhoids or change in bowel habits.
- Genitourinary system: Denies urinary frequency, pain, urgency, nocturia, oliguria, polyuria, incontinence or flank pain. Urine color is light yellow. Denies hesitancy or STDs. Sexually inactive. PAP smear N/A.
- Nervous system: Denies dizziness, seizures, loss of consciousness, sensory disturbances, ataxia, weakness or memory loss.
- Musculoskeletal system: Admits right knee pain. Denies other joint or muscle pain, intermittent claudication, varicose veins, skin temperature changes, peripheral edema or skin color changes.
- Hematologic system: Denies anemia, easy bruising or bleeding, lymph node enlargement, blood transfusions or history of DVT/PE.
- Endocrine system: Denies polydipsia/polyphagia, heat or cold intolerance, goiter, excessive sweating or hirsutism.
- Psychiatric: Denies anxiety, depression, OCD or mental health professional visit.

Physical Exam

General: 88 y/o female, well-developed, in ~~moderate~~ apparent distress. A/O x 3. small build and slow gait. Looks just like her age.

Vital signs:

BP (mmHg):	R	L
seated	160/73	158/72 ✓
supine	158/73	158/70

R: 18 breaths/min, unlabored
P: 60 beats/min, regular ✓
T: 96.7° F (oral)
O₂ Sat: 98% Room air
Height: 62 inches Weight: 130 lb BMI: 23.8

- Skin:** Warm & moist, nonicteric, no lesions or tattoo noted,
✓ a surgical vertical scar in midscapular line on left middle back, about 30 cm.
- Hair:** ✓ Average quantity and distribution, grey color.
- Nails:** ✓ No clubbing, capillary refill < 2 seconds throughout.
- Head:** ✓ Normocephalic, atraumatic, non tender to palpation throughout.
- Eyes:** Symmetrical OU; no evidence of strabismus, ptosis or exophthalmos; sclera white; conjunctiva & cornea clear.
Visual acuity (uncorrected - 20/20 OS, 20/20 OD, 20/20 OU)
✓ Visual fields full OU. PERRLA. EOMs full with no nystagmus.
Fundoscopy - Red reflex intact OU. Cup: Disk \leq 0.5 OU / no evidence of A-V nicking, papilledema, hemorrhage, exudate, cotton wool spots, or neovascularization OU.
- Nose:** ✓ Symmetrical / no obvious masses / lesions / deformities / trauma / discharge. Nares patent bilaterally / Nasal mucosa pink & well hydrated. No discharge noted on anterior rhinoscopy. Septum midline without lesions / deformities / injection / perforation. No evidence of foreign bodies.
- Sinuses:** ✓ Non tender to palpation and percussion over bilateral frontal, ethmoid and maxillary sinuses.
- Ears:** ✓ Symmetrical and ^{Good} normal size. No evidence of lesions / masses / trauma on external ears. No discharge / foreign bodies in external auditory canals AU. TM's pearly white / intact with light reflex in ^{Good} normal position AU. Auditory acuity intact to whispered voice AU. Weber midline / Rinne reveals AC > BC AU.
- Lips:** ✓ Pink, dry; no evidence of cyanosis or lesions. Non-tender to palpation.
- Mucosa:** ✓ Pink, well hydrated. No masses or lesions noted. Non-tender to palpation. No evidence of leukoplakia.

- Palate: ✓ Pink, well hydrated. Palate intact with no lesions, masses or scars. Non-tender to palpation; continuity intact.
- Teeth: ✓ Good dentition/no obvious dental caries noted.
- Gingivae: ✓ Pink, moist. No evidence of hyperplasia, masses, lesions, erythema or discharge. Non-tender to palpation.
- Tongue: ✓ Pink, well papillated; no masses, lesions or deviation noted. Non-tender to palpation.
- Oropharynx: Well hydrated; no evidence of injection, exudate, masses, lesions, or foreign bodies. Tonsils present with no evidence of injection or exudate. Uvula pink, no edema or lesions.
- Neck: Trachea midline. No masses, lesions, scars or pulsations noted. Supple; non-tender to palpation. FROM; no stridor noted. ✓ 2+ Carotid pulse, no thrills or bruits noted bilaterally, no palpable adenopathy noted.
- Thyroid: ✓ Non-tender, no palpable masses, no thyromegaly, no bruits noted.
- Chest: Symmetrical, no deformities, no evidence of trauma. Respirations ✓ unlabored/no paradoxical respirations or use of accessory muscles noted. Lat to AP diameter 2:1. Non-tender to palpation.
- Lungs: Clear to percussion bilaterally. Chest expansion and diaphragmatic excursion symmetrical. Tactile fremitus ^{SYMMETRIC} intact throughout. No adventitious sounds.
- Heart: ✓ JVP is 2.5 cm above the sternal angle with the head of the bed at 30°. PMI in 5th ICS in midclavicular line. ✓ Carotid pulses are 2+ bilaterally without bruits. Regular rate and rhythm (RRR); S₁ and S₂ unremarkable. No murmurs, S₃, S₄, splitting of heart sounds, friction rubs or other extra sounds.
- Abdomen: ✓ Flat/symmetrical/no evidence of striae, caput medusae or abnormal pulsations (A 30cm surgical vertical scar in mid-scapular line on left middle back.)
- BS present in all 4 quadrants. No bruits noted over aortic/renal/iliac/femoral arteries.

ALREADY MENTIONED

ABOVE, NO NEED TO REPEAT

ALREADY MENTIONED

Abdomen: (continued) Tympany to percussion throughout. Non-tender to percussion or to light/deep palpation. No evidence of organomegaly. No masses noted. No evidence of guarding or rebound tenderness. No CVAT noted bilaterally.

Assessment and Plan:

88 y/o female with PMHx of HTN, hypercholesterolemia, hypothyroidism and kidney cancer, presented to PAT with complaints of right knee pain for 10 years, worsening for 1 year, along with right knee tenderness and CT findings, consistent with the diagnosis of osteoarthritis, right knee.

Osteoarthritis, right knee:

Pre-op procedures: ECG and blood tests for CBC, CHEMO, PT/INR, PTT.
Right knee replacement surgery.

HTN:

Continue: Atenolol 25mg PO Qdaily
HCTZ 12.5mg PO Qdaily ✓
amlodipine 5mg PO Qdaily

Hypercholesterolemia:

Stop medication one week before surgery → ?

Hypothyroidism:

Stop medication one week before surgery → ?

Kidney cancer:

Follow up with specialist for care

Differential Diagnoses:

Osteoarthritis, right knee
patellofemoral syndrome
prepatellar bursitis ✓
gout
rheumatoid arthritis

GOOD! WHY ARE YOU STOPPING
THE CHOLESTEROL AND THYROID
MEDICATION A WEEK EARLY?

THIS IS A PAT H&P → REALIZE
THAT A TRUE PLAN MAY READ
SOMETHING LIKE THIS -

HYPERCHOLESTEROLEMIA - CONTINUE ATORVASTATIN 10mg
PO DAILY. CHECK LFT'S, CPK EVERY SIX MONTHS.
CHECK FASTING LIPID PANEL

RENAL Ca - IN REMISSION, SURGICALLY TREATED.
PT FOR FOLLOW UP WITH ONCOLOGY (GIVE ESTIMATED
FOLLOW UP DATE)

ECT...