**H&P 2 for OB/GYN**

**Identifying Data:**

Full Name: C.B.

Date of Birth: xx/xx/1993

Age: 26 y/o

Sex: Female

Date & Time: 07/05/2019, 10:30 am

Location: WD, Brooklyn, NY

Religion: N/A

Source of Information: Self

Reliability: reliable

Source of Referral: self

**Chief Complaint:** “vaginal itching with discharge” x 2 months.

**History of Present Illness:**

Ms. B, a 26 y/o female G0P0000 and LMP 6/10/2019, without significant past medical history c/o vaginal itching and discharge for 2 months. Patient states discharge is little, malodorous, yellow colored. Sexual life is active, only with boyfriend using condom. Denies any trauma, abnormal vaginal bleeding, abdominal or pelvic pain, pain during sex activities, urinary burning pain, lower back pain, IUD or history of STIs.

Two differential diagnoses:

bacterial vaginosis: the most common vaginal infection in women of reproductive age, and symptoms include vaginal discharge and sometimes itching.

vulvovaginal candidiasis: a common vaginal infection with vaginal itching

**Past Medical History:** None

**Past Surgery History:** None

**Past Hospitalization History:** None

**Immunizations** – Up to date.

**Medications:** None

**Allergies:** Denies any drug, environmental or food allergies.

**Family History:** Non-contributory

**Social History:** Single, living with father and mother. Denies drinking alcohol/caffeine, smoking, or illicit drug use. Denies recent travelling. Regular diet. Routine running. Denies sleeping problem. Sexually active, only with her boyfriend. Denies history of STIs.

OB History: G0P0000

Gyn History: Last pap 08/2017, normal. Denies history of STIs, breast mass, cyst, uterine leiomyoma or endometriosis.

**Review of Systems:**

General –Denies recent weight loss or gain, loss of appetite, generalized weakness/fatigue, fever, chill or night sweats.

Skin, hair, nails – Denies excessive sweating, moles or changes in hair distribution.

Head – Denies headaches or head trauma.

Eyes – Denies pain, redness, swelling, visual disturbances, or photophobia. No glasses.

Ears – Denies deafness, pain, discharge, tinnitus or use of hearing aids.

Nose/sinuses – Denies discharge, obstruction or epistaxis.

Mouth/throat – Denies bleeding gums, sore tongue, sore throat, mouth ulcers, voice changes or use dentures. No recent dental exam.

Neck – Denies localized swelling/lumps or stiffness/decreased range of motion.

Breast – Denies pain/lumps/discharge/asymmetry.

Pulmonary system – Denies dyspnea, dyspnea on exertion, cough, wheezing, hemoptysis, cyanosis, orthopnea, or paroxysmal nocturnal dyspnea (PND).

Cardiovascular system – Denies chest pain, palpitation, irregular heartbeat, edema/swelling of ankles or feet, syncope or known heart murmur.

Gastrointestinal system – Denies change in appetite, intolerance to specific foods, dysphagia, abdominal pain, nausea, vomiting, constipation, diarrhea, or jaundice. Last colonoscopy, 7/2016, normal.

Genitourinary system – Admits vaginal itching with discharge. Denies urinary frequency or urgency, nocturia, oliguria, polyuria, dysuria, incontinence, awakening at night to urinate or flank pain. Last pap 08/2017, normal.

Nervous –Denies seizures, headache, loss of consciousness, ataxia, loss of strength, change in cognition / mental status / memory, or weakness.

Musculoskeletal system – Denies muscle/joint pain, deformity or swelling, redness or arthritis.

Peripheral vascular system – Denies intermittent claudication, coldness or trophic changes, varicose veins, peripheral edema or color changes.

Hematological system – Denies anemia, easy bruising or bleeding, lymph node enlargement, blood transfusions, or history of DVT/PE.

Endocrine system – Denies polyuria, polydipsia, polyphagia, heat or cold intolerance, excessive sweating, hirsutism, or goiter

Psychiatric – Denies depression/sadness, anxiety, OCD or ever seeing a mental health professional.

**Physical Exam:**

General: Well developed, well nourished female, in no acute distress. Alert and cooperative. Looks just like her age.

Vital signs: BP: R L

Seated 101/61 103/64

R: 16 breaths/min, unlabored

P: 73 beats/min, regular

T: 36.7 degrees C (oral)

O2 Sat: 98% Room air

Height 66 inches Weight 128 lbs. BMI: 20.7

Skin: warm, good turgor. Nonicteric, no tattoos. Dry, raised, red skin lesions covered with silvery scales on left lower leg.

Hair: black color, average quantity and distribution.

Nails: no clubbing, capillary refill <2 seconds throughout.

Head: normocephalic, atraumatic, non tender to palpation throughout

Eyes: symmetrical OU; no evidence of strabismus, exophthalmos or ptosis; sclera white; conjunctiva & cornea clear. Visual acuity-deferred. Visual fields full OU. PERRLA. EOMs full with no nystagmus. Fundoscopy - deferred.

Ears: Symmetrical and 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 normal position AU. Auditory acuity intact to whispered voice AU. Weber midline / Rinne reveals AC>BC AU.

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.

Lips: Pink, moist; no evidence of cyanosis or lesions. Non-tender to palpation.

Mucosa: Pink; well hydrated. No masses; lesions noted. Non-tender to palpation. No evidence of leukoplakia.

Palate: Pink; well hydrated. Palate intact with no lesions; masses; scars. Non-tender to palpation.

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; foreign bodies. Tonsils present with no evidence of injection or exudate. Uvula pink, no edema, lesions

Neck: Trachea midline. No masses; lesions; scars; pulsations noted. Supple; non-tender to palpation. FROM; no stridor noted. 2+ Carotid pulses, no thrills; bruits noted bilaterally, no palpable adenopathy noted.

Thyroid: Non-tender; no palpable masses; no thyromegaly; no bruits noted.

Chest: Symmetrical, no deformities, no evidence trauma. Respirations unlabored / no paradoxic respirations or use of accessory muscles noted. Lat to AP diameter 2:1. Non-tender to palpation.

Breast: Deferred.

Lungs: Clear to auscultation and percussion bilaterally. Chest expansion and diaphragmatic excursion symmetrical. Tactile fremitus 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 mid-clavicular line. Carotid pulses are 2+ bilaterally without bruits. Regular rate and rhythm (RRR); S1 and S2 are normal. There are no murmurs, S3, S4, splitting of heart sounds, friction rubs or other extra sounds.

Abdomen: Flat/ symmetrical / no evidence of scars, striae, caput medusae or abnormal pulsations. BS present. No bruits noted over aortic/renal/iliac/femoral arteries. Tympany to percussion throughout. Soft. No evidence of organomegaly. No masses noted. No evidence of tenderness, guarding or rebound tenderness. No CVAT noted bilaterally.

Rectal: Deferred.

Genitourinary: Unremarkable external genitalia or cervix, CMT negative, vagina erythematous, malodorous yellow discharge. Uterus small non-tender no adnexal masses.

Peripheral Vascular: Bilateral lower leg edema, non-pitting ++. Skin normal in color and warm to touch upper and lower extremities bilaterally. No calf tenderness bilaterally, equal in circumference. Homan's sign not present bilaterally. No palpable cords or varicose veins bilaterally. No palpable inguinal or epitrochlear adenopathy. No cyanosis, clubbing / noted bilaterally.

Neurological:

Mental Status: Mental Status: Alert and oriented to person, place and time. Memory and attention intact. Receptive and expressive abilities intact. Thought coherent. No dysarthria, dysphonia or aphasia noted.

Cranial Nerves

II- Visual fields by confrontation full. Fundoscopy deferred.

III-IV-VI- PERRLA, EOM intact without nystagmus.

V- Decreased sensation of the right side of face, strength good. Corneal reflex intact bilaterally.

VII- Facial movements symmetrical and without weakness.

VIII- Hearing grossly intact to whispered voice bilaterally. Weber midline. Rinne AC>BC.

IX-X-XII- Swallowing and gag reflex intact. Uvula elevates midline. Tongue movement intact.

XI- Shoulder shrug intact. Sternocleidomastoid and trapezius muscles strong.

Motor/Cerebellar: Full active/passive ROM of all extremities without rigidity or spasticity. Normal muscle bulk and tone. No atrophy, tics, tremors or fasciculations. Strength equal and appropriate for age bilaterally (5/5 throughout). No Pronator Drift. Gait normal with no ataxia. Coordination by RAM and point to point intact bilaterally. Romberg negative.

Sensory: Decreased sensation of the right arm to light touch. Intact to sharp/dull, vibratory, proprioception, point localization, extinction, stereognosis and graphesthesia testing bilaterally.

Reflexes R L R L

Brachioradialis 2+ 2+ Patellar 2+ 2+

Triceps 2+ 2+ Achilles 2+ 2+

Biceps 2+ 2+ Babinski neg neg

Abdominal 2+/2+ 2+/2+ Clonus negative

Meningeal Signs: No nuchal rigidity noted. Brudzinski's and Kernig's signs negative.

Musculoskeletal: No soft tissue erythema / edema / ecchymosis / atrophy / or deformities in bilateral upper and lower extremities. Non-tender to palpation / no crepitus noted throughout. FROM (Full Range of Motion) of all upper and lower extremities bilaterally. No evidence of spinal deformities.

Three differential diagnoses:

bacterial vaginosis: the most common vaginal infection in women of reproductive age, and symptoms include malodorous yellow vaginal discharge and sometimes itching

vulvovaginal candidiasis: a common vaginal infection with vaginal itching and white discharge

trichomoniasis: vaginal infection with itching in the genital area and a bad smelling thin vaginal discharge

**Assessment:** 26 y/o female c/o vaginal itching and discharge for 2 months, along with PE findings, compatible with bacterial vaginosis.

**Plan:**

Metronidazole 500 mg bid PO for 7 days.

Condom usage always - without spermicide.

Return in 1 month for f/u if needed.

Work up: After treatment, symptoms were relived. The patient will follow up with Gyn within 1 month if symptoms continue or worsen.

Patient education:

Bacterial vaginosis (BV) is a disease of the vagina caused by excessive growth of bacteria. Common symptoms include increased vaginal discharge that often smells like fish. The discharge is usually white, yellow or gray in color. Burning with urination may occur. Occasionally, there may be no symptoms.

BV is the most common vaginal infection in women of reproductive age. The percentage of women affected at any given time varies between 5% and 70%. In the United States about 30% of women between the ages of 14 and 49 are affected.

BV is caused by an imbalance of the naturally occurring bacteria in the vagina. There is a change in the most common type of bacteria and a hundred to thousandfold increase in total numbers of bacteria present. Typically, bacteria other than Lactobacilli become more common. Risk factors include douching, new or multiple sex partners, antibiotics, and using an intrauterine device, among others. Diagnosis is suspected based on the symptoms, and may be verified by testing the vaginal discharge and finding a higher than normal vaginal pH, and large numbers of bacteria.

Usually treatment is with an antibiotic, such as clindamycin or metronidazole. However, the condition often recurs following treatment. Probiotics may help prevent re-occurrence.

Visit your doctor if the symptoms are worsening.

Metronidazole is an antibiotic and antiprotozoal medication. It is used either alone or with other antibiotics to treat pelvic inflammatory disease, endocarditis, and bacterial vaginosis. It is effective for dracunculiasis, giardiasis, trichomoniasis, and amebiasis. Metronidazole is available by mouth, as a cream, and by injection into a vein. In your case, metronidazole was given for bacterial vaginosis and possible mixed fungal infection. Your dose is 500 mg bid PO for 7 days. Common side effects include nausea, a metallic taste, loss of appetite, and headaches. Occasionally seizures or allergies may occur. If any of these effects persist or worsen, notify your doctor or pharmacist promptly.