

**Keziah Babu- CUNY York College PA Program
Rotation 8- OB/GYN Woodhull Hospital
H&P 1**

Identifying Data:

Full name: V.T.
Address: Bushwick, NY
Date of Birth: XX/XX/1978
Date & Time: 10/6/2022
Location: Woodhull Hospital
Ethnicity: Hispanic
Source of Information: Self (via interpreter)
Source of referral: Self
Reliability: Fair

HISTORY

Chief Complaint: I have been bleeding and having abdominal pain since last night

History of Present Illness: V.T. is a 43 y/o G3P2002 with PMHx of fibroids at 39 weeks with her estimated due date on 10/9/2022, LMP 11/2021 presents to L&D triage for bleeding and lower abdominal pain onset last night (10/5/2022). Patient describes bleeding as light, bright red and "spotting" and states that this has never happened to her in the past. She also endorsed 7/10 lower bilateral abdominal pain last night with contractions every 10 minutes, which has since decreased in intensity and frequency. She states that she did not take any medication for her pain besides her regular iron and prenatal vitamins. The patient tried laying down to ease her pain with no improvement. Currently, she admits to contractions every 30 minutes and her abdominal pain has minimized. Additionally, the patient noticed minimal light brown fluid loss this morning.

Patient admits to normal fetal movement. Denies nausea, vomiting, chest pain, SOB, discharge, itching, dysuria or fever.

OB Hx:

G3P2002; Each child was delivered via NSVD with no hx of C-section or IOL
Denies complications for previous or current pregnancies including gestational HTN, gestational DM, preeclampsia, etc.

GYN Hx:

Patients admits to irregular menstrual cycles, with her last period occurring in November 2021
States her last Pap smear was normal (4/08/2022)
Denies hx of STDs/ STIs, UTIs

Past Medical History:

Fibroids

Patient denies previous diagnosis of depression or anxiety

Patient states that she doesn't have a regular PCP- last medical exam was 1 year ago

Immunizations:

COVID: Never received

Influenza: 9/1/22

Hepatitis B Vaccine: 9/29/22

All other vaccinations up to date

Past Surgical Hx:

Denies

Medications:

Ferrous Sulfate 325 mg tablet PO qd

Prenatal multivitamin 28-0 mg tablet PO qd

Pyridoxine 25 mg tablet PO qd

NKDA

Family Hx:

Father (deceased): alcohol abuse

Mother: No known problems

Social Hx:

Denies alcohol abuse

Denies tobacco abuse

Occupation: "delivers packages"

Social Support: Patient lives at home with her husband, children, and mother

Travel: Denies recent travel

Diet: Healthy diet

Exercise: active

Sexual history: patient is sexually active and in a monogamous heterosexual relationship with her husband, last sexual activity was 1 month ago, denies history of STIs

Patient states she feels safe at home

Review of Systems:

General: Patient denies fatigue, weakness, loss of appetite, fever, chills, nausea, vomiting, night sweats

Skin, hair, nails: Denies changes in texture, moisture, discolorations, pigmentations, moles/ rashes, pruritus, changes in hair distribution

Head: Denies headaches, migraines, or head trauma, vertigo, loss of consciousness or coma

Eyes: Denies corrective lenses, pruritus, visual disturbances, photophobia, lacrimation

Ears: Denies vertigo, deafness, pain, discharge, tinnitus, hearing loss

Nose/sinuses: Denies discharge, obstruction, epistaxis

Mouth/throat: Denies bleeding gums, sore tongue, sore throat, mouth ulcers, hoarseness

Neck: Denies localized swelling/ lumps, stiffness, decreased range of motion

Breast: Denies pain, lumps, masses, swelling

Pulmonary: Denies cough, dyspnea, wheezing, hemoptysis, cyanosis, orthopnea, paroxysmal nocturnal dyspnea

Cardiovascular: Denies chest pain, palpitations, arrhythmias, edema/swelling of ankles or feet, syncope, known heart murmur

Gastrointestinal: **Admits to lower bilateral abdominal pain.** Denies nausea, vomiting, diarrhea, constipation, loss of appetite, dysphagia, pyrosis, unusual flatulence or eructations, hemorrhoids, rectal bleeding

Genitourinary: **Admits to light, bright red “spotting” since the night prior. admits to urinary frequency throughout the pregnancy; denies urgency, polyuria, dysuria, nocturia, hematuria, discharge, lesions, flank pain. LMP was 11/2021**

Nervous: Denies seizures, loss of consciousness, ataxia, loss of strength weakness

Musculoskeletal: admits to lower back pain that has worsened throughout her pregnancy, but is not severe enough to limit her activities; denies instability, deformity, redness, swelling, reduced range of motion

Peripheral Vascular: Denies intermittent claudication, coldness or trophic changes, varicose veins, color changes

Hematologic: Denies bruising, petechiae, purpura, anemia

Endocrine: denies polyuria, polydipsia, polyphagia, heat or cold intolerance, excessive sweating, hirsutism, goiter

Psychiatric: denies stress, anxiety, depression/sadness; denies ever seeing a mental health professional

PHYSICAL

Vital Signs

BP: 114/50

HR: 79

Resp: 18

Temp: 37 C (oral)

SpO2: 98% RA

Weight: 180 lb

Height: 4'11"

BMI: 36.35

General: 43 year old female in no acute distress who appears stated age, cooperative, good-hygiene, well-developed; alert-oriented x 4

Skin: warm and moist, good turgor; nonicteric, no scars or tattoos noted; capillary refill < 2 seconds throughout

Neck: thyroid non-tender, no palpable masses, no thyromegaly; trachea midline, no masses, lesions, scars, pulsations, FROM; no lymphadenopathy noted

Chest: symmetrical; no gross deformities or evidence of trauma; no paradoxical respiration or use of accessory muscles noted; contended to palpation

Lungs: breath sounds equal bilaterally with no adventitious sounds

Heart: regular rate and rhythm; S1 and S2 are distinct with no murmurs, S3 or S4; no splitting of S2 or friction rubs appreciated

Breast: non-tender, no palpable masses, skin or nipple changes; no axillary lymphadenopathy noted; symmetrical

Abdomen: Gravid uterus, mild tenderness to palpation in bilateral lower abdomen, no rebound tenderness; soft symmetrical; no evidence of guarding, CVA tenderness, or pain out of proportion to the exam

GU: normally developed external genitalia with no lesions; vagina shows no lesions, inflammation, discharge or tenderness; no cervical motion tenderness; cervix long, 1cm dilated posterior

Fetal Assessment:

Movement: present

Heart rate: 150s

Dilation: 1

Effacement (%): 0
Station: -3
Cervical: 0
Bishop score: 2

Musculoskeletal: no soft tissue swelling, erythema, ecchymosis, atrophy, deformities in bilateral upper and lower extremities; no calf tenderness or edema

Peripheral Vascular: no edema noted in bilateral lower extremities; pulses 2+ bilaterally in upper and lower extremities; no bruits, clubbing, cyanosis, stasis changes, ulcerations, erythema

Neuro: alert and oriented x 4; symmetric muscle bulk with good tone; no atrophy, tics, tremors, fasciculations

Labs and Imaging:

GBS negative

Type and Screen:

- ABO type: O
- Rh Factor: positive
- Antibody screen: negative

CBC

- WBC: 7.19
- RBC: 4.41
- Hgb: 12.9
- Hct: 38.3
- MCV: 86.8
- MCH: 29.3
- MCHC: 33.7
- MPV: 10.8 (elevated)
- RDW: 17.1 (elevated)
- PLT: 198
- Neutrophil %: 76.3
- Lymphocyte %: 18.2 (reduced)
- Monocyte%: 4.3
- Eosinophil %: 0.3
- Basophil %: 0.3
- Imm Gran %: 0.6
- Neutrophil Abs: 5.49
- Lymphocyte Abs: 1.31
- Monocyte Abs: 0.31
- Eosinophil Abs: 0.2
- Basophil Abs: 0.02
- Immature Gran Abs: 0.04

Syphilis Ab Total w/ reflex to RPR titer

- nonreactive

Cepheid COVID-19 RSV Influenza A/B PCR: Patient Communication

- Influenza A PCR: negative
- Influenza B PCR: negative
- RSV: negative
- SARS-CoV-2 PCR: negative
- SARS-CoV-2 Ct value: 0.0

US OB Ultrasound (9/22/2022)

FETAL EVALUATION:

Num Of Fetuses: 1
Preg. Location: Intrauterine
Fetal Heart Rate(bpm): 144
Cardiac Activity: Observed
Presentation: Vertex
Placenta: Anterior No Previa Grade 2

Amniotic Fluid

AFI FV: Normal

AFI Sum(cm)	%Tile	Largest Pocket(cm)
13.54	51	4.88

RUQ(cm)	RLQ(cm)	LUQ(cm)	LLQ(cm)
4.7	1.62	4.88	2.34

BIOPHYSICAL EVALUATION:

Amniotic F.V: Normal F. Tone: Observed
F. Movement: Observed Score: 8/8
F. Breathing: Observed

BIOMETRY:

BPD:	88.6 mm	G.Age:	35w 6d	22 %
HC:	328.1 mm	G.Age:	37w 2d	22 %
AC:	349.9 mm	G.Age:	38w 6d	92 %
FL:	77.4 mm	G.Age:	39w 4d	91 %

CI:	73.6 %	70 - 86
FL/HC:	23.6 %	20.9 - 22.7
HC/AC:	0.94	0.92 - 1.05
FL/BPD:	87.4 %	71 - 87
FL/AC:	22.1 %	20 - 24
Est. FW:	3497 gm	7 lb 11 oz 81 %

OB HISTORY:

Gravidity: 3 Term: 2
Living: 2

GESTATIONAL AGE:

U/S Today: 37w 6d EDD: 10/7/22
Best: 37w 4d Det. By: U/S (05/16/22) EDD: 10/9/22

ANATOMY:

Stomach: Normal appearance
Kidneys: Normal appearance
Bladder: Normal appearance

COMMENTS:

The patient is of advanced maternal age with h/o fibroids and abnormal Quad screen results (+T21). This pregnancy is significant for marginal cord insertion into the placenta. Amniocentesis was performed and revealed regions of homozygosity.

EFW is 3497 gms which falls at 81 %. Interval fetal growth is appropriate. Sonographic measurements are consistent with assigned gestational age.

A biophysical profile of 8/8 was identified. There was evidence of normal amniotic fluid volume, fetal gross body movements, fetal tone, and 30 seconds of sustained fetal breathing within 30 minutes.

Previously seen myomas were not visualized on today's exam due to advanced gestational age.

Rebecca Shiffman, Attending Physician
Electronically Signed Final Report 9/22/2022 04:26 pm

IMPRESSION:

RECOMMENDATIONS:

Follow-up if clinically indicated.

Differential Diagnosis:

Early Onset of Labor

Placenta Abruption
Placenta Previa
Fibroids

Assessment:

Patient is a 43 year old G3P2002 at 39w5d with bishop score of 2 complaining of lower abdominal pain and minimal bleeding onset last night. She is currently not in active labor and she is GBS negative

Plan:

Lower abdominal pain and spotting:

- Ensure patient with comfort with pain medication (Acetaminophen)
- IV access with fluid IV hydration
- Monitor for changes in abdominal pain or bleeding
- Monitor for active labor
- Continue fetal monitoring
- Continue Ferrous sulfate, pyridoxine and prenatal vitamins
- If feeling well, can discharge home. Patient can return for next scheduled visit (in 2 days) or if symptoms return/worsen
- Next pap smear + HPV testing due 4/08/2027