

**Keziah Babu- CUNY York College PA Program  
Rotation 9- Internal Medicine NSUH  
H&P 2**

**Identifying Data:**

Full name: F.K  
Address: Long Island, NY  
Date of Birth: XX/XX/1939  
Date & Time: 11/30/2022  
Location: NSUH  
Ethnicity: White  
Source of Information: Self  
Source of referral: Self  
Reliability: Fair

**HISTORY**

**Chief Complaint:** “I’ve been really short of breath and I just keep feeling worse”

**History of Present Illness:** 83 year old female with PMH of DMT2, CAD s/p stent, mild COPD, HTN and HLD comes to the emergency department with fever and shortness of breath. Patient states that 2 days ago, she started to develop a sore throat, which then progressed to a cough that was mildly productive of beige-colored sputum. The patient started to have worsening shortness of breath and wheezing as well as malaise last night which progressed today which led her to come to the ED. The patient had not taken any medication to treat her symptoms.

Upon arrival to the ED, the patient was also found to have a fever. She states that at home, her sputum was dark yellow, and now in the hospital it is not. Patient mentioned she lives at home with her daughter and grandchildren, all of whom have been experiencing similar symptoms. Denies chest pain, night sweats, or LE edema.

**Past Medical History:**

Diastolic dysfunction, unknown years  
Diabetes mellitus type 2, unknown years  
COPD, unknown years  
HLD, unknown years  
HTN, unknown years

**Immunizations:**

Up to Date on childhood vaccinations  
COVID x3 (Pfizer)- last booster was 1/2022  
Influenza vaccination- 11/2022

**Past Surgical Hx:**

Stented coronary arteries- 2016

**Medications:**

Albuterol 90 mcg/inh inhalation aerosol 2 puffs every 6 hours  
Aspirin 81 mg PO once a day  
Metformin 1000 mg PO twice a day  
Symbicort 160 mcg-4.5 mcg/inh inhalation aerosol 2 puffs twice a day  
Rosuvastatin 5 mg PO once a day  
Losartan 100 mg PO once a day  
NKDA

**Family Hx:**

Family hx noncontributory

**Social Hx:**

Denies alcohol abuse  
Denies tobacco abuse- **Previous social smoker, quit 30 years ago**  
Denies substance abuse  
Lives with daughter and grandchildren  
Travel: No recent travel  
Diet: healthy diet  
Exercise: not active  
Sexual history: Patient is a heterosexual female, currently not sexually active with no previous history of STDs

**Review of Systems:**

General: **Patient admits to fever, chills, fatigue and weakness**

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

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

Eyes: Denies eye pain, visual disturbances, pruritus, photophobia, or lacrimation

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

Nose/sinuses: Denies discharge, obstruction, epistaxis

Mouth/throat: **Admits to sore throat.** Denies bleeding gums, sore tongue, mouth ulcers, hoarseness

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

Pulmonary: **Admits to cough, wheezing, and shortness of breath, and dyspnea on exertion**

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

Gastrointestinal: Denies nausea, vomiting, diarrhea, constipation, loss of appetite, dysphagia, pyrosis, unusual flatulence or eructations, hemorrhoids, rectal bleeding

Genitourinary: Denies urgency, polyuria, dysuria, nocturia, hematuria, discharge, lesions, flank pain.

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

Musculoskeletal: 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: 125/68

HR: **111**

Resp: 20

Temp: **100.7 F**

SpO<sub>2</sub>: 93% on 2L nasal cannula; **83% on RA**

Weight: 150 lb

Height: 5'3"

BMI: 26.57

General: 83 year old woman in no acute distress who appears stated age, cooperative, good-hygiene, well- developed, alert and oriented x 3

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, 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: + **minimal expiratory wheezing bilaterally**, no rales, rhonchi, or other adventitious lung 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

Abdomen: no rebound tenderness; soft symmetrical; no evidence of guarding, CVA tenderness, or pain out of proportion to the exam

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: Full active/passive ROM of all extremities without rigidity or spasticity. Symmetric muscle bulk with good tone. No atrophy, tics, tremors or fasciculations. Strength 5/5 throughout. No pronator drift noted. Coordination by rapid alternating movement and point to point intact bilaterally, no asterixis.

### **Labs and Imaging:**

CBC:

Hgb 13.7

Hct 42.4

WBC **15.33-11.89**

Plt 337

Lactate: 1.8

BMP:

Na 135

K 3.5

Cl 97

HCO<sub>3</sub>- 28

BUN 9

Cr 0.72

Glucose **122**

Liver Function:

AST 55

ALT 33

Alk Phos 117

Total Bilirubin 0.3  
Protein 7.7  
Albumin 4.4

**\*\*BLOOD CULTURE AND URINE CULTURE PENDING**

EKG: sinus tachycardia, HR 119, WTC 424, non-specific ST segment findings  
Rapid RVP: not detected 11/30/22  
PCR COVID-19: not detected 11/30/22

CXR on 11/30/22 reveals no focal consolidation; interstitial prominence bilaterally which may represent atypical infection pulmonary edema

Chest CT on 11/30/22 reveals: no main, left, right, or lobar pulmonary embolism; a few patchy and clustered bilateral lung opacities, predominantly in the right upper lobe; no pleural effusion and no pneumothorax; there are atherosclerotic calcifications of the aorta and coronary arteries and aortic valve.

**Differential Diagnosis:**

1. Pneumonia
2. COPD exacerbation (was a previous smoker)
3. PE

**Assessment:**

83 yo F w/ PMHx of DM2, CAD s/p stent, mild COPD, HTN, and HLD presents to ED with fever and SOB as well as a productive cough. O2 sat is currently 93% while on 2L Nasal Cannula and 83% on RA. Patient meets Sepsis criteria with elevated HR and fever, and will be admitted for sepsis workup and treatment.

**Plan:**

1. Sepsis
  - a. Meets sepsis criteria by HR and fever, likely source is respiratory infection
  - b. Start Ceftriaxone 1000 mg and azithromycin 500 mg PO
  - c. Follow up with blood and urine cultures
2. COPD with acute exacerbation
  - a. Likely infectious trigger since family members have similar symptoms
  - b. History of smoker and mild emphysema- follow up with Chest CT
  - c. Continue nebulizer, Solumedrol 40 mg IV daily, Symbicort bid, methylprednisolone IV push 40 mg
  - d. Incentive spirometry (as per pulmonology recommendation)
  - e. Sats 83% on ambulation on RA; will need home O2 set up
3. CAD
  - a. Continue aspirin and statin
4. DM Type 2
  - a. Fingertick and sliding scale inpatient
  - b. On metformin at home, Lantus 10 units at bedtime, Admelog sliding scale tid before meals

- c. Check A1c
- 5. HTN
  - a. Continue Losartan 100 mg
- 6. HLD
  - a. Atorvastatin 20 mg PO at bedtime
- 7. DVT prophylaxis
  - a. Lovenox