

Jordan Villaruel
Hospital Visit H&P
HPI + ROS + Physical Exam

Identifying Data

Date: 03 / 30 / 2021
Time: 9:25 AM
Location: NYP Queens Emergency Room
Patient Name: A.D.
Sex: F
DOB: 02 / 01 / 1996
Informant: Self
Reliability: Reliable

Chief Complaint

“Nausea/vomiting with streaks of blood” x 10 days

HPI

A.D. is 25-year-old female with an unremarkable past medical history, presents to the ED with complaints of N/V with streaks of blood for the past 10 days. She states the N/V began abruptly when she woke up one morning 10 days ago. The N/V happens once a day, in the morning when she wakes up, and lasts for 5 minutes. She describes the vomit to be projectile, yellow, and thin consistency with bright red blood streaks. She states feelings of relief after vomiting, so no medications are taken to alleviate it. The N/V is not alleviated or worsened by anything. A.D. has not noticed any triggering factors. The N/V is accompanied by chills throughout her body, mild and short-lasting upper abdominal pain, and constant constipation. Denies fever, diarrhea, weight loss, change in eating habits, recent trauma, new medications, headache, chest pain, SOB, positive pregnancy tests, or recent infection. Patient states she never experienced this in the past.

Past Medical History

Current Illnesses: Denies

Past Illnesses: Denies

Immunizations: Up to date
Flu vaccine yearly
Denies COVID-19 vaccine

Screening Tests: Denies

Hospitalizations: Denies

Medications: Naproxen 500 mg, pill PRN for knee pain
Estradiol 1mg, 1 tab daily

Allergies: NDKA- Denies allergies to medication / food / environmental factors

Past Surgical History

Surgeries: Left Knee Meniscectomy 2020 – no complications

Transfusions: Denies

Family History

Mother: Living, 45 years old with diabetes mellitus

Father: Living 48 years old has obstructive sleep apnea

Sister: Living, 33 years old and healthy

Brother: Living, 14 years old and healthy

Social History

AD is a female living in Queens with her boyfriend and working in retail.

Habits: She drinks about 1-2 glasses of beer a month. She has 2-3 cups of coffee a day. States to smoke marijuana 2-3x weekly. Denies past and present tobacco use.

Diet: She claims to have an “inconsistent diet” consisting of breakfast sandwiches or fruits for breakfast and lunch. Occasionally will have chips and cookies for snacks. Rice, beans, and beef frequently for dinner.

Exercise: Physical therapy 2x weekly for post-surgical knee recovery. Claims her sleep schedule varies because she works overtime. Averages to 5 hours a sleep daily.

Sexual Hx: Heterosexual, monogamous

Review of Systems

General Admits to recent fatigue, loss of appetite, and chills during episodes of N/V. Denies recent weight loss or gain, fever, or night sweats.

Skin / hair / nails Admits to recent pallor in face. Denies changes in texture, excessive dryness or sweating, discolorations, pigmentations, redness, open wounds, moles/rashes, pruritus, or changes in hair distribution.

Head Denies headaches, vertigo, light-headedness, or recent head trauma.

Eyes Denies blurring, diplopia, scotoma, eye fatigue, scotoma, halos, lacrimation, photophobia, pruritus, redness, or discharge. Does not wear glasses or contacts. Last eye exam 2020 – normal. Visual acuity is 20/20.

Ears Denies deafness, pain, discharge, tinnitus, hearing loss, or hearing aid use.

Nose / Sinuses	Denies discharge, epistaxis, nasal obstruction, trauma, pruritis or difficulty breathing.
Mouth / Throat	Denies bleeding gums, sore tongue, sore throat, mouth ulcers, voice changes, swelling, pain, dryness, or use of dentures. Last dental exam 2020 – normal, 2 wisdom teeth removed with local anesthesia.
Neck	Denies decreased range of motion, neck pain and stiffness, trauma, localized swelling, or lumps.
Breast	Denies lumps, nipple discharge, pain, swelling in breast and armpit area. Never had a mammogram.
Respiratory	Admits to mild orthopnea for 2 years, uses 2 pillows for relief. Denies SOB / DOE, coughing, wheezing, hemoptysis, cyanosis, or PND.
Cardiovascular	Denies chest pain, HTN, palpitations, irregular heartbeat, edema / swelling of legs or feet, syncope, or known heart murmur.
Gastrointestinal	Admits to loss of appetite during vomiting episodes and constant constipation. Constipation is associated with N/V and nothing alleviates or exacerbates it. Admits to change in bowel habits from constipation, once every other day. Nature of N/V is yellow, thin consistency, and has bright red blood streaks (See HPI) Denies intolerance to specific foods, pyrosis, dysphagia, flatulence, eructations, abdominal pain, diarrhea, jaundice, hemorrhoids, rectal bleeding or blood in stool.
Genitourinary	Admits to urinary frequency, 6-7 times daily. Denies nocturia, urgency, oliguria, polyuria, dysuria, change in urine color, hematuria, pyuria, dark brown, incontinence, awakening at night to urinate, or flank pain. Sexual Hx: Sexually active, monogamous, men. Admits to use of birth control pills. Denies STIs / STDs (never been tested before), or any incompetence / anorgasmia.
Menstrual/Obstetrical	G1 P0 T0 P0 A1 L0 Admits to irregular menstruation due to premature ovarian insufficiency, 8 times yearly. Prior to ovarian insufficiency she would have monthly cycles. Admits to spotting in between periods. LMP – 2 weeks ago, 28-day interval, periods last 5 days, medium to heavy flow. Menarche – age 11. Denies dysmenorrhea, metrorrhagia, menorrhagia, premenstrual symptoms, abnormal vaginal discharge, foul odor, trauma, itchiness, or pain.

Nervous	Denies seizures, headaches, loss of consciousness, numbness, paresthesias, dysesthesias, hyperesthesia, ataxia, loss of strength, change cognition / mental status / memory, weakness, or tremors.
Musculoskeletal	Admits to sporadic joint pain in left knee, usually after PT, alleviated by Naproxen 500mg. Denies muscle pain, deformity or swelling, redness, or arthritis.
Peripheral Vascular	Denies intermittent claudication, coldness or trophic changes, varicose veins, peripheral edema, or color changes.
Hematologic	Denies anemia, easy bruising or bleeding, lymph node enlargement, blood transfusions, or history of DVT/PE.
Endocrine	Denies polyuria, polydipsia, polyphagia, heat or cold intolerance, goiters, excessive sweating, hirsutism, or hair loss.
Psychiatric	Admits to currently seeing mental health professional for work induced anxiety. Denies depression/sadness, OCD, memory loss, mental disturbance, suicidal ideations, hallucinations, or paranoias.

Physical Exam

Vitals	BP: 113/74 RA, Fowler's position 114/75 LA, Supine RR: 19 breaths / min, unlabored Pulse: 85 beats / min O2 Sat: 97% Room air Temp: 36.6 C, oral Height: Info not provided / no equipment available Weight: Info not provided / no equipment available BMI: Info not provided / no equipment available
General	Slender female, neatly groomed, well- nourished, overall well appearing, appears stated age of 25. Alerted, oriented, appears comfortable, not in acute distress.
Skin	Warm, moist, good turgor (no tenting). Smooth, even texture. Bilateral skin temperature consistently warm on all extremities. No masses, lesions, deformities, scars, tattoos. No discoloration, rashes, moles, pigmentations, bruises, macules, papules. Nonicteric.
Nails	Capillary refill <2 seconds throughout upper and lower extremities Unremarkable shape and color. Unremarkable nails and nail beds. No lesions, clubbing, infection.

Hair	<p>Unremarkable quantity, even distribution, texture is thick. No seborrhea, lice, nits, dandruff. No masses, lesions, deformities on scalp. No swelling, trauma, tenderness, lesions on scalp.</p>
Head	<p>Unremarkable symmetry. Normocephalic, atraumatic, non-tender to palpation throughout. No abnormal facies. No, lesions, mass, deformities, depressions. No swelling, edema, scars.</p>
Eyes	<p>Unremarkable. No signs of lesions, masses, deformities, discharge, abnormal color. Symmetrical OU. Sclera white, cornea clear, conjunctiva pink without injection or discharge. No strabismus, exophthalmos, ptosis. Visual acuity uncorrected 20/20 OU. Visual fields full OU by. PERRLA. EOMS intact with no nystagmus.</p>
Fundoscopy	<p>Positive red reflex intact OU. Cup to disk ratio <0.5 OU. No opacities of lens, cornea. No AV nicking, hemorrhages, exudates, papilledema, or neovascularization OU.</p>
Ears	<p>Symmetrical and appropriate in size. No lesions, masses, deformities, trauma, swelling on external ears. No discharge / foreign bodies in auditory canals AU. Tympanic membrane pearly white/intact with light of reflex AU. Auditory acuity intact to whispered voice AU. Weber midline / Rinne reveals AC > BC AU.</p>
Nose / Sinus	<p>Unremarkable symmetry. No lesions, masses, discharge, deformities, discoloration, erythema, ecchymosis. No tenderness, bogginess, trauma, or step off. Rhinoscopic exam and sinus transillumination exam was not performed because patient felt discomfort If exam was unremarkable → Nares patent bilaterally. Nasal mucosa pink & well hydrated. Septum midline without lesions / deformities / injection / perforation. Turbinates without erythema or edema. No foreign bodies. Sinuses are non-tender to palpation and percussion.</p>
Mouth	<p>Lips pink, moist, no cyanosis or lesions, swelling, fissures. Did not to palpate for tenderness. Mucosa is pink, well hydrated. No masses, lesions, scars. Palate is pink, well hydrated and intact. Gums are pink, moist. No masses, lesions, erythema, discharge. Tonsils unremarkable and symmetric. Uvula midline. Hard and soft palette intact. Tongue is pink, well papillated. No masses, lesions, or deviations or injection. Did not to palpate for tenderness. Oropharynx shows no injection, masses, lesions, foreign bodies, discharge, exudates. Did not to palpate for tenderness.</p>

Neck

Trachea midline rises well with swallowing.
Symmetrical with no masses, lesions, scars.
No abnormal pulsations noted, JVD, carotid thrills
Supple, non-tender to palpation.
[Did not auscultate for carotid bruits.](#)

Thyroid

Non-tender. No palpable masses, nodules, irregularities, cysts, thyromegaly.
No palpable lymphadenopathy in pre/postauricular, occipital, tonsillar, submandibular, submental, superficial, anterior cervical, posterior cervical, supraclavicular, infraclavicular.