

**Identifying Data**

Date: 06 / 03 / 2022  
Time: 12:30 AM  
Location: NYPQ Medicine  
Patient Name: M.B.  
Sex: F  
DOB: 03 / 14 / 1935  
Informant: Patient  
Reliability: Reliable

**Chief Complaint**

Dizziness x 6 hours

**HPI**

M.B. is an 87 year old female with a PMHx HTN, HLD, GERD, OA, overactive bladder, anxiety, left eye macular degeneration presents to the ED for dizziness x 6 hours with nausea and 1 episode of non-bilious non-bloody emesis. Patient describes the dizziness as a room spinning sensation that developed suddenly 6 hours ago. She reports the dizziness as intermittent episodes, that lasts a few minutes each and is exacerbated upon standing up or walking. Patient notes earlier today she had an ophthalmology appointment and underwent a routine dilated eye examination, however, the dizziness has never happened before. She admits the dizziness is accompanied by blurry vision and mild headache. Denies any hearing loss, ear fullness, tinnitus, recent viral infection, fever, chest pain, auras, or recent trauma.

In the ED, vitals remain stable. Labs are unremarkable. CT Head is negative for acute infarct or hemorrhage. Patient states symptoms were mildly relieved after receiving meclizine and Zofran in the ED, but she is unable to ambulate independently at this time. Will admit to further workup of vertigo possibly secondary to BPPV.

**Past Medical History**

Present Illnesses: HTN x 25 years  
HLD x 20 years  
L macular degeneration x 5 years

Past Illnesses: COVID-19 4/2020

Immunizations: Shingrix completed 2/2019  
Influenza 09/2021  
Pneumococcal 10/2020  
TDAP 9/2017  
COVID-19 vaccine x 3 doses

Screening Tests: DEXA scan 2009 – negative  
Colonoscopy 2013 – negative

Hospitalizations: Denies

Medications: Losartan 50 mg Tablet, Daily for HTN  
Atorvastatin 10 mg Tablet, Daily for HLD

Vascepa 1 g Capsule, Daily for HLD  
Omeprazole 20 mg Capsule, Daily for GERD  
Famotidine 20 mg Tablet, Daily for GERD  
Oxybutynin 5 mg Tablet, Daily for Overactive Bladder  
Paroxetine 30 mg Tablet, Daily for Anxiety  
Glucosamine / Chondroitin 1,500 mg Tablets, Daily for OA  
Robaxin 500 mg Capsule, PRN for OA

Allergies: Penicillins

### **Past Surgical History**

Surgeries: L Eye Surgery 2018

Transfusions: Denies

### **Family History**

Mother: Deceased at 85 years old, Old Age  
Father: Deceased at 90 years old, Old Age  
Brother: Living at 77, Colon Cancer  
Daughter: Living at 55, Healthy  
Son: Living at 60, HTN

### **Social History**

M.B. is a 87 year old Caucasian female living in a private home alone in Queens. She ambulates with a cane at baseline, is independent in ADLs and dependent in all IADLs. She is widowed and has 2 living children. She has been retired for 30 years from her previous work as an accountant. She was born in NY to Jewish immigrants. Her highest education level completed is high school. She currently receives assistance from her weekly house keeper and daughter that lives nearby.

Habits: Denies current and past smoking, alcohol use, tobacco use, marijuana use, and illicit drug use.

Diet: She claims to have balanced diet mostly consisting of vegetables and chicken. Tries to minimize salt and sugar intake.

Exercise: Tries to be active. Can ambulate 4 blocks before feeling short of breath or tired. Can climb 1-2 flights of stairs before feeling SOB or tired.

Sexual Activity: Not Currently

### **Review of Systems**

Constitutional **Negative** for activity change, weight loss, fever, chills, night sweats, malaise/fatigue.

Skin / hair / nails **Negative** for changes in texture, excessive dryness, discolorations, redness pigmentations, ulcers, moles/rashes, pruritus, or changes in hair distribution.

Head	See HPI. <b>Positive</b> for dizziness, vertigo, mild headache. <b>Negative</b> for swelling, light-headedness, or recent head trauma.
Eyes	See HPI. <b>Positive</b> for visual disturbance, blurry vision with dizziness episode. <b>Negative</b> for diplopia, scotoma, eye fatigue, scotoma, halos, pruritus, lacrimation, photophobia, redness, or discharge.
Ears	<b>Negative</b> for deafness, pain, discharge, tinnitus, hearing aid use.
Nose / Sinuses	<b>Negative</b> for difficulty breathing, congestion rhinorrhea, discharge, epistaxis, nasal obstruction, trauma, pruritis, loss of smell.
Mouth / Throat	<b>Negative</b> for sore throat, post nasal drip, bleeding gums, sore tongue, mouth ulcers, voice changes, tooth pain, swelling, pain, dryness, loss of taste, or use of dentures.
Neck	<b>Negative</b> for neck pain, stiffness, decreased range of motion, trauma, localized swelling, lumps, or adenopathy.
Pulmonary	<b>Negative</b> for cough, sputum production, SOB hemoptysis, wheezing, cyanosis, orthopnea, PND.
Cardiovascular	<b>Negative</b> chest pain, palpitations, irregular heartbeat, syncope, or known murmurs / arrhythmias, pain in calves, ulcers, extremity swelling.
Gastrointestinal	See HPI. <b>Positive</b> for nausea and vomiting. <b>Negative</b> for abdominal pain, heartburn, pyrosis, dysphagia, unusual flatulence, eructations, diarrhea, jaundice, hemorrhoids, constipation, rectal bleeding.
Genitourinary	<b>Negative</b> for nocturia, urgency, frequency, hesitancy, polyuria, oliguria, dysuria, change in urine color, difficult urination, incontinence, hematuria, pyuria, dark brown urine, flank pain. OB status – postmenopausal.
Nervous	See HPI. <b>Positive</b> for dizziness. <b>Negative</b> for seizures, headaches, balance problems, loss of consciousness, numbness, paresthesias, dysesthesias, hyperesthesia, ataxia, loss of strength, change cognition / mental status, weakness, or tremors.
Musculoskeletal	<b>Positive</b> for gait problem due to dizziness and chronic joint pain due to PMHx OA, currently controlled with pain management. <b>Negative</b> for chest pain, back pain, falls, deformity, redness, restricted motion, joint swelling, gout.
Hematologic	<b>Negative</b> for anemia, easy bruising or bleeding, lymph node enlargement, blood transfusions, or history of DVT/PE.

Endocrine                    **Negative** for polydipsia, polyuria, excessive sweating or flushing, polyphagia, heat or cold intolerance, goiters, or hirsutism.

Psychiatric                **Positive** for **anxiety**. **Negative** for depression, OCD, memory loss, mental disturbance, suicidal ideations, hallucinations, paranoias, or delusions.

### **Physical Exam**

Vitals                    BP: 141/70 RA, Sitting – took meds in AM  
RR: 18 breaths / min, unlabored  
Pulse: 84 beats / min  
O2 Sat: 94% Room air  
Temp: 36.6 C oral  
Height: 160 cm  
Weight: 74 kg  
BMI: 29.05 kg/m<sup>2</sup>

General                Alert, awake, not in acute distress. Appears to be well-developed and well-nourished.

Skin                    Warm, moist, even texture, poor turgor but appropriate for age. No masses, lesions, deformities, scars, tattoos. No cyanosis, nonicteric. No discoloration, rashes, moles, pigmentations, bruises, macules, papules. Non diaphoretic. Bilateral skin temperature consistently warm on all extremities.

Hair                    Unremarkable quantity, even distribution, texture is thick. No seborrhea, lice, nits, dandruff. No masses, lesions, deformities on scalp.  
No swelling, trauma, tenderness to scalp on palpation.

Head                    Unremarkable symmetry. Normocephalic, atraumatic, non-tender to palpation throughout. No abnormal facies. No, lesions, mass, deformities, depressions. No swelling, edema, scars. No facial pain to palpation. No recent falls.

Nails                    Capillary refill <2 seconds throughout upper and lower extremities.  
Appropriate shape, color for nails and nail beds. No lesions, clubbing, infection.

Eyes                    No signs of lesions, masses, deformities, discharge. Symmetrical OU.  
Sclera white, cornea and lens clear, conjunctiva pink without injection or discharge. No strabismus, exophthalmos, ptosis. No cataracts or scleral icterus.  
Visual acuity appropriate to Snellen chart OU. Visual fields full by confrontation in 4 quadrants, **PERRL with no accommodation**. EOMS intact. **Nystagmus on lateral gaze bilaterally, more prominent on left eye**.

Ears                    Symmetrical and appropriate in size. No lesions, masses, deformities, trauma, swelling on external ears. No discharge / foreign bodies in auditory canals AU. Appropriate amount of cerumen. No tenderness to palpation. Tympanic membrane pearly white/intact with light of reflex AU. Auditory acuity intact to whispered voice AU.

Nose / Sinus            Unremarkable symmetry. No lesions, masses, discharge, deformities, discoloration, erythema, ecchymosis. No tenderness, bogginess, trauma, or step off to palpation.

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.

Mouth	<p>Lips pink, moist, no cyanosis or lesions, swelling, fissures. Non-tender to palpation. Mucosa is pink, well hydrated. No masses, lesions, scars.</p> <p>Palate is pink, well hydrated and intact. Gums are pink, moist. No masses, lesions, erythema, discharge. Tonsils are unremarkable and symmetric.</p> <p>Uvula midline. Hard and soft palette intact.</p> <p>Tongue is pink, well papillated. No masses, lesions, or deviations or injection.</p> <p>Oropharynx shows no erythema, masses, lesions, foreign bodies, discharge, exudates.</p>
Neck	<p>Trachea midline rises well with swallowing. Symmetrical with no masses, lesions, scars or adenopathy. No abnormal pulsations noted, JVD, carotid thrills. Supple, non-tender to palpation. No carotid bruits on auscultation.</p>
Thyroid	<p>Not enlarged and non-tender to palpation. No palpable masses, nodules, irregularities, cysts, thyromegaly. No palpable lymphadenopathy.</p>
Lungs	<p>Pulmonary effort appears normal, No accessory muscle use. No stridor or respiratory distress. Chest expansion on respiration and diaphragmatic excursion symmetrical and appropriate. No wheezes, diminished breath sounds. Clear to auscultation bilaterally. No signs of consolidation or fremitus. No tenderness noted. Resonant throughout percussion.</p>
Heart	<p>Regular rate and rhythm. Auscultation revealed normal heart sounds - S1 and S2 are normal and distinct with no murmurs, friction rubs, or gallops heard. Neck supple. No JVD present. No abnormal pulsations noted. No heaves or thrills or lifts on palpation. PMI palpable in the 5<sup>th</sup> intercostal space at midclavicular line. No chest wall tenderness.</p>
Abdomen	<p>Abdomen symmetric with no bruises, varicosities, striae, lesions, masses, deformities, jaundice, ecchymosis, hernias, visible pulsations/peristalsis noted. <b>Vertical scar from previous cesarean section.</b> No distention noted.</p> <p>Bowel sounds normoactive in all 4 quadrants with no aortic / renal / femoral bruits. Tympanic throughout. No guarding or rebounding noted. No presence of ascites from negative fluid wave. No hepatosplenomegaly to palpation. No CVA tenderness.</p> <p>Abdomen soft and non-tender to palpation.</p>
MSK	<p>Symmetric muscle bulk with appropriate tone for her age. No soft tissue swelling, erythema, ecchymosis, atrophy, or deformities in bilateral lower and upper extremities. Full active/passive ROM of all extremities without rigidity or spasticity. Strength 5/5 throughout against resistance. No tenderness to palpation.</p>
Neuro	<p>Cranial + Peripheral</p>
CN II	<p>See Eyes section.</p>

CN III, IV, VI	See Eyes section
CN V	Face sensation intact bilaterally to light touch. Strong contraction of jaw muscles without fasciculations or atrophy.
CN VII	Facial expressions are symmetric and intact at rest and smile. No difficulty with BMP speech sounds. Strong eye muscle closure against resistance.
CN VIII	Auditory acuity intact to whispered voice AU.
CN IX and X	No dysarthria. Uvula midline with elevation of soft palate, gag reflex intact. No difficulty swallowing. No hoarseness.
CN XI	Full ROM at neck. Strong shoulder shrug against resistance bilaterally.
CN XII	Tongue midline without fasciculations or atrophy. Strong and symmetric tongue. No difficulty with LTND speech sounds.
Motor	No abnormal movements seen – no atrophy, tics, tremors, bradykinesia or fasciculation. No pronator drift and rapid finger taps bilaterally. Full ROM at distal and proximal extremities Strength 5/5 against resistance symmetric bilaterally.
Cerebellar	Coordination by point-to-point intact bilaterally. No dysmetria. No asterixis. <b>Gait assessment deferred due to patient safety.</b>
Sensory	Intact to light touch and vibratory sense throughout. Proprioception intact bilaterally. <b>Romberg test unable to be performed due to unsteady gait.</b>
Reflexes	Deep tendon and abdominal reflexes 2+ throughout. Negative Babinski. No clonus appreciated.
Mental Status	Alert and oriented to person, place, time, and situation. Intact memory for recent and remote events. Intact judgement, insight, cognitive function. Intact comprehension and attention to 1 and 2 step commands without difficulty. Intact language and speech. No depression or suicidal ideations.
Vascular	Extremities are appropriate in color, size, temperature. Pulses are 2+ bilaterally in upper extremities. Pulses 2+ bilaterally in lower extremities at posterior tibialis, dorsalis pedis, popliteal. No edema noted. No calf tenderness bilaterally, equal in circumference. No palpable cords or varicose veins bilaterally. No palpable inguinal or epitrochlear adenopathy. No bruits noted, clubbing, cyanosis, stasis changes or ulcerations. Extremities are warm and well-perfused

### Recent Labs

CBC			
-	WBC	8.21	06/02/2022
-	HGB	11.8	06/02/2022
-	HCT	34.0 (L)	06/02/2022

-	Platelets	265	06/02/2022
-	MCV	86.30	06/02/2022
<b>BMP</b>			
-	Sodium	139	06/02/2022
-	Potassium	4.4	06/02/2022
-	Chloride	101	06/02/2022
-	CO2	28.0	06/02/2022
-	Glucose	98	06/02/2022
-	BUN	21	06/02/2022
-	Creatine	0.83	06/02/2022
-	eGFR	63	06/02/2022
<b>CMP</b>			
-	ALT	14	06/02/2022
-	AST	18	06/02/2022
-	ALK PHOS	100	06/02/2022
<b>LIPID PANEL</b>			
-	Triglyceride	127	06/02/2022
-	Cholesterol	103	06/02/2022
-	HDL	38 (L)	06/02/2022
-	LDL	100	06/02/2022
<b>THYROID</b>			
-	TSH	2.41	06/02/2022
<b>RHEUMATOLOGY LABS</b>			
-	ESR, CRP, ANA, RF etc.	Negative	06/02/2022

### **Recent Imaging**

CTH without Contrast 06/02/2021

#### **IMPRESSION:**

- No evidence of acute intracranial hemorrhage or CT evidence of acute territorial infarct.

### **Recent Exams**

TTE 06/03/2021

#### **INTERPRETATION:**

- Borderline LVH
- LV ejection fraction 50-55%
- Moderate mitral regurgitation
- Normal RV systolic function

EKG 12 LEAD 06/02/2022

#### **INTERPRETATION:**

- Normal sinus rhythm, no abnormalities

### **Problem List**

1. Vertigo
2. Unsteady gait secondary to vertigo
3. HTN

4. HLD
5. Left Eye Macular Degeneration
6. Anxiety
7. Overactive Bladder
8. GERD
9. DVT prophylaxis

### **Assessment/Plan**

87 year old female with a PMHx HTN, HLD, GERD, OA, overactive bladder, anxiety, left eye macular degeneration presents to the NYPQ ED for dizziness, nausea, and emesis. In ED, vital signs within normal limits for patient. Physical exam is notable for bidirectional nystagmus on lateral gaze, more prominent on the left eye. No other focal neurological deficits noted. Labs are unremarkable. CT Head is negative for acute infarct or hemorrhage. Patient states symptoms were mildly relieved after receiving Meclizine and Zofran in the ED, but she is unable to ambulate independently at this time. Will admit to medicine further workup of vertigo. The differential diagnosis includes vertigo secondary to BPPV vs. vestibular neuritis vs. Meniere vs. orthostatic hypotension vs. stroke.

### Differential Diagnoses

1. Benign Paroxysmal Positional Vertigo (**most likely**)
  - **Likely** because episodes of room spinning sensations that lasted 1-2 minutes and denies hearing loss
  - PE positive for lateral nystagmus
  - CT Head negative for infarct or ICH
  - Although Dix Hallpike and Epley maneuvers were not performed due to environmental constraints, however, dizziness and nausea mildly relieved by meclizine and Zofran upon arrival to ED further suggesting vertigo
2. Meniere
  - Admits to episodic vertigo, nausea, vomiting
  - PE positive for horizontal nystagmus
  - **Unlikely** because denies hearing loss, tinnitus, ear fullness
3. Vestibular Neuritis or migraine
  - Admits to vertigo, nausea, vomiting, and no hearing loss
  - PE positive for horizontal nystagmus
  - **Unlikely** because vertigo is episodic not continuous, denies recent viral infection
4. Orthostatic hypotension
  - Admits to dizziness that is worse when standing
  - **Unlikely** because vital signs within normal limits, CT Head negative for bleed, pt stable on hypertensive medication for a long time
5. Stroke (**least likely**)
  - Admits to sudden onset of dizziness
  - **Unlikely** because dizziness is positionally affected, CT Head negative for acute infarct or hemorrhage, PE shows no focal neurological deficits and NO vertical nystagmus

**# Vertigo likely secondary to BPPV**

**# Unsteady gait likely secondary to BPPV**

- New admit to general medicine floor
- Vitals stable on admission
- Labs unremarkable



- CT Head showed no acute infarct, hemorrhage, or lesions
- Resolved symptoms s/p Meclizine and Zofran in the ED

PLAN:

- CONTINUE Meclizine and Zofran PRN
- CONSULT Neurology
- ORDERED MRI brain w/o gad to r/o cerebellar pathologies such as posterior circulation infarct or CVA given patients risk factors
- CONTINUE to Monitor
- START Fall Precautions

**# Hypertension**

- BP controlled today (141/70)

PLAN:

- Advised pt to monitor BP at home
- CONTINUE Losartan 50 mg daily

**# Hyperlipidemia**

- Lipid abnormalities are controlled.
- Recent LDL within normal limits

PLAN:

- CONTINUE Atorvastatin 10 mg daily
- CONTINUE Vascepa 1 g Capsule daily

**# Left Eye Macular Degeneration**

- Physical exam notable for bidirectional nystagmus on lateral gaze, more prominent on left eye
- Denies any current pain or feelings of pressure

PLAN:

- Follows with outside ophthalmologist

**# Overactive Bladder**

- Controlled, denies urological complaints

PLAN:

- Continue Oxybutynin 5mg daily

**# GERD**

- Stable
- Denies weight loss, dysphagia, odynophagia

PLAN:

- CONTINUE Famotidine 20mg daily
- CONTINUE Omeprazole 20mg daily

**# Anxiety**

- Offers no complaints at present
- MSE within normal limits

PLAN:

- Continue Paroxetine 30 mg daily

**# DVT prophylaxis**

- Hospital admission

PLAN:

- START Lovenox 40 mg daily during admission