

Identifying Data

Date: 07 / 13 / 2022
Time: 06:00 AM
Location: QHC General Surgery
Patient Name: D.V.
Sex: M
DOB: 09 / 01 / 2001
Informant: Patient
Reliability: Reliable

Chief Complaint

Abdominal pain x 8 hours

HPI

D.V. is a 20-year-old male with no significant PMHx presents to the ED for abdominal pain x 8 hours with nausea and a few episodes of non-bilious, non-bloody vomiting. Patient states the abdominal pain started abruptly and progressively got worse within a matter of hours. He describes the pain as sharp and crampy that waxes and wanes, which is occasionally followed by an episode of vomiting. He states pain starts in the periumbilical area and spreads to the RLQ. Patient denies any alleviating factors and states pain is exacerbated by walking or standing. Pain is rated 10/10. His last meal was 12 hours ago and has refused to eat since then. Admits to subjective fever with sweats. Denies flank pain, diarrhea, constipation, bloody stool, dysuria, hematuria, chest pain, SOB and recent travel or known sick contacts.

Great HPI and ROS, classic appy story**Past Medical History**

Present Illnesses: Denies
Past Illnesses: COVID-19 9/2020
Immunizations: Up to date
COVID-19 vaccine x 3 doses
Screening Tests: Denies
Hospitalizations: Denies
Medications: Denies
Allergies: No known allergies

Past Surgical History

Surgeries: Denies
Transfusions: Denies

Family History

Mother: Living at 50 years old, HTN and DM

Father: Living at 53 years old, DM and BPH
Brother: Living at 16 years old, Healthy

Social History

D.V. is a 20-year-old male living at home with his family in Queens. He is currently a full-time college student at Stonybrook University and a part time dog-walker.

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

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

Exercise: Walks frequently during his dog-walking job.

Sexual Activity: Active

Review of Systems

Constitutional **See HPI. Positive** for fever. **Negative** for activity change, weight loss, 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 **Negative** for dizziness, vertigo, mild headache, swelling, light-headedness, or recent head trauma.

Eyes **Negative** for visual disturbance, blurry vision diplopia, scotoma, eye fatigue, scotoma, halos, pruritus, lacrimation, photophobia, redness, or discharge.

Ears **Negative** for deafness, pain, discharge, tinnitus, hearing aid use.

Nose / Sinuses **Negative** for difficulty breathing, congestion rhinorrhea, discharge, epistaxis, nasal obstruction, trauma, pruritis, loss of smell.

Mouth / Throat **Negative** 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 **Negative** for neck pain, stiffness, decreased range of motion, trauma, localized swelling, lumps, or adenopathy.

Pulmonary **Negative** for cough, sputum production, SOB hemoptysis, wheezing, cyanosis, orthopnea, PND.

Cardiovascular **Negative** chest pain, palpitations, irregular heartbeat, syncope, or known murmurs / arrhythmias, pain in calves, ulcers, extremity swelling.

Gastrointestinal	See HPI. Positive for abdominal pain, nausea and vomiting. Negative for heartburn, pyrosis, dysphagia, unusual flatulence, eructations, diarrhea, jaundice, hemorrhoids, constipation, rectal bleeding, distention, swelling.
Genitourinary	Negative for nocturia, urgency, frequency, hesitancy, polyuria, oliguria, dysuria, change in urine color, difficult urination, incontinence, hematuria, pyuria, dark brown urine, flank pain.
Nervous	Negative for seizures, headaches, balance problems, dizziness, loss of consciousness, numbness, paresthesias, dysesthesias, hyperesthesia, ataxia, loss of strength, change cognition / mental status, weakness, or tremors.
Musculoskeletal	Negative for gait disturbance, chest pain, back pain, falls, deformity, redness, restricted motion, joint swelling, gout.
Hematologic	Negative 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 in the setting of severe abdominal pain. Negative for depression, OCD, memory loss, mental disturbance, suicidal ideations, hallucinations, paranoias, or delusions.

Physical Exam

Vitals	BP: 145/73 RA, Sitting RR: 19 breaths / min, unlabored Pulse: 90 beats / min O2 Sat: 99% Room air Temp: 97.9 F oral Height: 1.76 m (5'9) Weight: 57.0 kg (125 lbs) BMI: 18.4 kg/m ²
General	Alert, awake, not in acute distress but ill-appearing. Appears to be well-developed but underweight.
Skin	Warm, moist, even texture, good turgor. 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.
Ears	Symmetrical and appropriate in size. No lesions, masses, deformities, trauma, swelling on external ears.
Nose / Sinus	Unremarkable symmetry. No lesions, masses, discharge, deformities, discoloration, erythema, ecchymosis. Nares patent bilaterally. Nasal mucosa pink & well hydrated. Septum midline without lesions / deformities / injection / perforation. Turbinates without erythema or edema. No foreign bodies.
Mouth	Lips pink, moist, no cyanosis or lesions, swelling, fissures. Non-tender to palpation. 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 are unremarkable and symmetric. Uvula midline. Hard and soft palette intact. Tongue is pink, well papillated. No masses, lesions, or deviations or injection. Oropharynx shows no erythema, masses, lesions, foreign bodies, discharge, exudates.
Neck	Trachea midline rises well with swallowing. Symmetrical with no masses, lesions, scars or adenopathy. No abnormal pulsations or JVD noted. Supple, non-tender to palpation.
Thyroid	Not enlarged and non-tender to palpation. No palpable masses, nodules, irregularities, cysts, thyromegaly. No palpable lymphadenopathy.
Lungs	Pulmonary effort appears normal, no accessory muscle use. No stridor or respiratory distress. Chest expansion on respiration symmetrical and appropriate. No wheezes, diminished breath sounds. Clear to auscultation bilaterally. No signs of consolidation or fremitus. No tenderness noted.
Heart	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 th intercostal space at midclavicular line. No chest wall tenderness.

Abdomen Abdomen symmetric with no bruises, varicosities, striae, lesions, masses, deformities, jaundice, ecchymosis, hernias, visible pulsations and peristalsis noted. Soft and non-distended. Bowel sounds normoactive in all 4 quadrants with no aortic / renal / femoral bruits.

Tender to palpation in RLQ and periumbilical area with involuntary guarding. No rebounding noted. Tympanic throughout. No presence of ascites from negative fluid wave. No hepatosplenomegaly to palpation. No CVA tenderness.

- + Psoas sign (RLQ pain on hip extension)
- + Obturator sign (RLQ pain on rotation of hip flexion)
- + McBurney sign
- Rovsing sign

Thorough exam with all of the pertinent exams included

Genitourinary Bladder is not distended. No swollen scrotum or tenderness.

MSK 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.

Neuro Cranial + Peripheral – Not performed

Mental Status Alert and oriented to person, place, time, and situation. Intact language and speech. No depression or suicidal ideations.

Recent Labs

CBC

-	WBC	16.63 (H)	07/13/2022
-	HGB	13.8 (L)	07/13/2022
-	HCT	42.0	07/13/2022
-	MCV	89	07/13/2022

BMP

-	Sodium	139	07/13/2022
-	Potassium	3.8	07/13/2022
-	Chloride	101	07/13/2022
-	CO2	25.0	07/13/2022
-	Glucose	98	07/13/2022
-	BUN	12	07/13/2022
-	Creatine	0.94	07/13/2022
-	eGFR	63	07/13/2022

CMP

-	ALT	16	07/13/2022
-	AST	18	07/13/2022
-	ALK PHOS	100	07/13/2022

ENZYMES

-	LIPASE	21	07/13/2022
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Recent Imaging

CT Abdomen Pelvis with Contrast

06/02/2021

IMPRESSION:

- Dilated appendix measuring 1 cm with enhancing wall, suspect acute appendicitis.
- No peri-appendiceal abscess or pneumoperitoneum.

Assessment/Plan

D.V. is a 20-year-old male with no significant PMHx presents to the ED for abdominal pain x 8 hours with nausea and a few episodes of vomiting. Upon ED assessment pt appears uncomfortable lying on the stretcher. Vital signs remarkable for hypertension. Physical exam is notable for tenderness to palpation in RLQ and periumbilical area with involuntary guarding. McBurney's, Obturators, and Psoas maneuvers all elicited RLQ pain. Labs remarkable for WBC of 16. CT Abd/Pelvis is shows dilated appendix with enhancing wall thickening. Will admit to surgery for the treatment of acute appendicitis via laparoscopic appendectomy. The differential diagnosis includes acute appendicitis vs. perforated appendix vs. cecal diverticulitis vs. gastroenteritis vs. testicular torsion.

Differential Diagnoses

1. Acute Appendicitis (**most likely**)
 - **Likely** because patient has an abrupt onset of atraumatic periumbilical pain migrating to RLQ accompanied with N/V
 - PE positive for tenderness to palpation in RLQ and periumbilical area with involuntary guarding, McBurney's, Obturators, and Psoas maneuvers
 - CT Abdomen/Pelvis positive or dilated appendix
 - Labs positive for leukocytosis
2. Perforated appendix
 - Pt admits to atraumatic periumbilical pain migrating to RLQ accompanied with N/V
 - PE positive for tenderness to palpation in RLQ and periumbilical area with involuntary guarding, McBurney's, Obturators, and Psoas maneuvers
 - Labs positive for leukocytosis
 - **Unlikely** because patient is afebrile and imaging does not reveal a fluid collection in RLQ
3. Cecal diverticulitis
 - Pt admits to atraumatic periumbilical pain migrating to RLQ accompanied with N/V
 - PE positive for tenderness to palpation in RLQ and periumbilical area with involuntary guarding
 - **Unlikely** because CT imaging is absent of outpouchings especially in cecum area.
4. Gastroenteritis
 - Pt admits to abrupt onset of abdominal pain with N/V
 - **Unlikely** because pt denies diarrhea, physical exam and CT imaging point more towards acute appendicitis
5. Testicular torsion (**least likely**)
 - Pt admits to abrupt onset of abdominal pain with N/V
 - **Unlikely** because pt denies any urinary symptoms, denies pain in inguinal or genital area, physical exam and CT imaging point more towards acute appendicitis

Acute Appendicitis

- New admit to surgery service
- CT Abdomen/Pelvis showed 1 cm dilated appendix with enhancing wall thickening
- WBC 16
- Alvarado score: 7 (for migratory right iliac fossa pain, anorexia, N/V, right iliac fossa tenderness, leukocytosis)

Great DDX

PLAN:

- To OR today for laparoscopic appendectomy
- NPO
- Order pre-op labs
- CONTINUE IVF with NaCl 0.9% 2000mL IV
- CONTINUE Cefoxitin 2g IV
- Reassess for pain control, consider Morphine 2mg injection

Plan is good, I would add Zofran for antiemetics given nausea/vomiting, also as far as pain control, higher doses of morphine may help, +/- toradol depending on regards to antiplatelet effect given surgery, good case.