

Identifying Data

Date: 11 / 15 / 2022
Time: 2:00 PM
Location: Nao Medical Urgent Care
Patient Name: E.V.
Sex: F
DOB: 05 / 20 / 1994
Informant: Patient
Reliability: Reliable

Chief Complaint

Abdominal pain x 8 hours

HPI

E.V. is a 28-year-old female with no significant PMHx presents to urgent care for abdominal pain x 8 hours with nausea and 3 episodes of non-bilious, non-bloody vomiting. Patient states the abdominal pain started abruptly and progressively got worse within a matter of hours. She describes the pain as sharp and crampy that waxes and wanes. Pain is located in the periumbilical area and radiates to the RLQ. Patient denies any alleviating factors and states pain is exacerbated by walking or standing. Pain is rated 10/10. Her last meal was 10 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. LMP x 1 week ago.

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 60 years old, Healthy
Father: Living at 63 years old, DM
Sister: Living at 22 years old, Healthy

Social History

E.V. is a 28-year-old female living at home with her family in Queens. She currently works as a journalist.

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

Exercise: Active

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. LMP – 1 week ago.
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 gain 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: 132/89 RA, Sitting RR: 19 breaths / min, unlabored Pulse: 106 beats / min O2 Sat: 99% Room air Temp: 98.9 F oral Height: 1.63 m (5'4) Weight: 69.8 kg (154 lbs) BMI: 26.4 kg/m ²
General	Appears to be in acute distress . Alert, awake. Appears to be well-developed.
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.
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.
Nose / Sinus	Unremarkable symmetry. No lesions, masses, discharge, deformities, discoloration, erythema, ecchymosis
Mouth	Lips pink, moist, no cyanosis or lesions, swelling, fissures. Non-tender to palpation. Mucosa is pink, well hydrated. No masses, lesions, scars.
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	Tachycardic. Regular 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, 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
Genitourinary	Bladder is not distended. No suprapubic 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	16.65 (H)	11/15/2022
- HGB	13.8 (L)	11/15/2022
- HCT	42.0	11/15/2022
- MCV	89	11/15/2022

POC

- URINE PREGNANCY	Negative	11/15/2022
-------------------	----------	------------

URINE ANALYSIS

- WBC	0.5	11/15/2022
- GLUCOSE	Negative	11/15/2022
- BLOOD	Negative	11/15/2022
- PROTEIN	Negative	11/15/2022
- NITRITES	Negative	11/15/2022
- LUEKOCYTE ESTERASE	Negative	11/15/2022
- RBCs	Negative	11/15/2022
- BACTERIA	Negative	11/15/2022

Recent Imaging

No imaging done at this facility

Assessment/Plan

E.V. is a 28-year-old female with no significant PMHx presents to urgent care for crampy abdominal pain radiating to RLQ x 8 hours associated with nausea and a few episodes of vomiting. Upon assessment pt appears in acute distress. Vital signs remarkable for tachycardia. Physical exam notable for exquisite tenderness in RLQ and periumbilical area with involuntary guarding. McBurney's, Obturators, and Psoas maneuvers all elicited RLQ pain. Labs remarkable for WBC of 16. Patient warrants emergent care to for further evaluation and imaging. Will send patient via ambulance to ED to r/o acute appendicitis. The differential diagnosis includes acute appendicitis vs. perforated appendix vs. ovarian torsion vs. cecal diverticulitis vs. gastroenteritis.

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
- Labs positive for leukocytosis
- Proper imaging warranted in ED for further evaluation

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. However, proper imaging warranted in ED for further evaluation

3. Ovarian Torsion (from cyst or tubo-ovarian abscess)
 - Pt admits to atraumatic acute onset of suprapubic pain associated with N/V
 - PE positive for tenderness in RLQ with involuntary guarding.
 - **Unlikely** because of leukocytosis. No suprapubic tenderness.
 - Proper imaging warranted in ED for further evaluation
4. 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. Labs show leukocytosis.
 - **Unlikely** because due to history – denies having this type of pain before or history of diverticulosis
 - Proper imaging warranted in ED for further evaluation
5. Ectopic pregnancy (**least likely**)
 - Pt admits to abrupt onset of abdominal pain with N/V and patient is sexually active.
 - LMP x 1 week ago.
 - **Unlikely** because pt denies any vaginal issues such as bleeding or amenorrhea. Urine pregnancy negative for pregnancy. No suprapubic tenderness.

Acute Appendicitis

- Emergent services needed for further evaluation and treatment
- WBC 16
- Alvarado score: 6 (for migratory right iliac fossa pain, N/V, right iliac fossa tenderness, leukocytosis)

PLAN:

- Send patient via ambulance to NYPQ ED
- GIVE Toradol 1mL IM for pain control
- NPO
- Patient education