Excellent (from first rotation)

CC: JR is a 47 year old male who is admitted to the hospital for the first time for fainting this afternoon.

HPI:
Source: JR and his wife
JR and his wife were attending an outdoor company picnic earlier this afternoon. As the patient was eating a BBQ lunch and drinking beer (three in total); he began to feel that his surroundings were spinning. He reports that he felt as if he were about to pass out so he put his head down on the table and lost consciousness. A few minutes later; he regained consciousness and was surrounded by family and friends trying to cool him off with ice packs. The patient said that after fainting; he felt no pain but did experience a soreness in the center of his chest and felt fatigued and "worn out." He also reported feeling like he "wasn't getting enough air." When bystanders attempted to elevate his legs; it aggravated the patient's chronic lower back pain and his back and legs hurt. The patient was transported to the VA emergency room via ambulance. He was given fluids by paramedics and said that this made him feel slightly better. Currently; the patient continues to feel weak and "out of it." He also reports a continuing occasional strange feeling in his chest which he describes as a "dull pressure." The patient's PMH is not significant for cardiac or pulmonary problems. He said that he has not fainted in the past; but did report feeling weak and slightly dizzy when attempting to move a boat a few months ago. This morning; the patient awoke with a headache and tool Tylenol. He had one cup of coffee.

HPI: Good specifics, flows nicely, tells a story, tries to include relevant PMH, misses some pertinent ROS but that is common for students at this level.

PMH:
1. Secondary Squamous Cell Carcinoma in the neck – The patient was diagnosed in May of 1993 after discovering a mass on his neck. The enlarged lymph nodes was biopsied. The patient underwent a radical neck resection with reconstructive surgery of the neck and jaw and radiation. His physicians have classified him as being in remission for the past six years.
2. Hypothyroidism – Diagnosed in 1995 after radiation therapy; managed with medication.
3. Lower back pain and leg pain – The patient reports two herniated discs in the lumbar spine that cause him nearly constant pain since being hit by a car while driving a motorcycle on 08/19/1982. The accident also resulted in a shattered tibia and fibula in the left side. His left leg is shorter than the right and over time this has resulted in some pelvic deformities.
4. Migraines – With auras and occasional nausea and vomiting. The patient experienced some migraines as a child. He was symptom free from age 16 to 40. Currently; he experiences a headache approximately every six months. The headaches are managed with several medications. In the past few months; the patient was admitted to the hospital for a migraine headache unresponsive to medication.
5. Kidney stones – Patient has had 3-4 kidney stones over the past few years. All of them were passed out. His last kidney stone was in December; 2004. The one prior to that was in 2001.
6. Diverticulitis – Diagnosed in 2005; patient attempts to control by avoiding certain foods (strawberries; corn kernels; etc.).
7. BPH – Diagnosed in December 2005; no problems with urination.

PSH:
Reconstructive neck surgery in 1993.

Medications:

Active Outpatient Medications (including Supplies):

Issue Date
Status Last Fill
Active Outpatient Medications Refills Expiration
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1) ACETAMINOPHEN 325/BUTAL 50/CAFF 40MG TAB ACTIVE Issu:06-23-06
Qty: 90 for 30 days Sig: TAKE 1 TO 2 Refills: 3 Last:06-23-06
TABLETS BY MOUTH EVERY 6 HOURS AS Expr:06-24-07
NEEDED FOR HEADACHE; DO NOT EXCEED 6
TABLETS IN 24 HOURS
2) DIAZEPAM 5MG TAB Qty: 120 for 30 days ACTIVE Issu:05-08-06
Sig: TAKE ONE TABLET BY MOUTH FOUR Refills: 0 Last:07-12-06
TIMES A DAY FOR ANXIETY Expr:11-08-06
3) DIVALPROEX 250MG EC(DELAYED RELEASE) TAB ACTIVE Issu:06-23-06
Qty: 180 for 30 days Sig: TAKE THREE Refills: 5 Last:06-23-06
TABLETS BY MOUTH TWICE A DAY FOR Expr:06-24-07
MIGRAINES ** DOSE CHANGED
4) LEVOTHYROXINE NA (SYNTHROID) 0.125MG TAB ACTIVE Issu:01-31-06
Qty: 90 for 90 days Sig: TAKE ONE Refills: 2 Last:04-25-06
TABLET BY MOUTH ONE TIME EACH DAY FOR Expr:02-01-07
THYROID
5) PROMETHAZINE HCL 25MG TAB Qty: 21 for 7 ACTIVE Issu:06-19-06
days Sig: TAKE ONE TABLET BY MOUTH Refills: 0 Last:06-19-06
THREE TIMES A DAY FOR NAUSEA OR Expr:07-19-06
VOMITING
6) TRAMADOL HCL 50MG TAB Qty: 57 for 30 ACTIVE Issu:05-10-06
days Sig: TAKE ONE TABLET BY MOUTH Refills: 3 Last:05-10-06
ONE TIME EACH DAY FOR 3 DAYS; THEN Expr:05-11-07
TAKE ONE TABLET TWICE A DAY FOR PAIN
7) ZOLMITRIPTAN 5MG TAB Qty: 3 for 30 days ACTIVE Issu:12-19-05
Sig: TAKE ONE-HALF TABLET BY MOUTH AS Refills: 1 Last:05-08-06
NEEDED FOR MIGRAINES MAY REPEAT Expr:12-20-06
DOSE IN 2 HOURS; NO MORE THAN 2
TABLETS IN ANY 24 HOUR PERIOD

Allergies: NKDA

Family History
Mother – MI; history of heart problems on maternal side
Father – Stroke
Brother – IDDM; testicular lymphoma

Social History:
JR was born in IL. His highest level of education is two years of college. His religious affiliation is Christian; Lutheran. He has been married to his wife for 11 years. He has one daughter who is 22 years old. He has three step grandchildren. He lives with his wife in ___. He served in the army prior to his motorcycle accident; after which he was honorably discharged. After his time in the military he was a construction site supervisor. Since 1997; he has been on disability due to back pain. His hobbies include watching NASCAR and motorcycles.

Tobacco – current smoker; 30 pack year history
Alcohol – occasional social drinker (less than one drink per month)
Street Drugs – patient denies use of illicit drugs (blood tests in ER positive for cannabis)
Code Status – full

ROS:
Additional findings not reported above:
General – Five pound weight gain over the past six months; patient reports increased fatigue on exertion over the past eight months
Eyes – Far sighted; wears glasses; occasional floaters in eyes over the past three months; occasional increased sensitivity to light related to migraine headaches
Ears – Mild tinnitus since military basic training; slight hearing loss in left ear since radiation treatment for cancer
GI – Rectal hemorrhoids; looser stools for past month which patient attributes to improved diet (increased consumption of fruit juices; etc.)
Endocrine – Mild heat intolerance
Psychiatric – Anxiety

Other history: great job filling in details but also avoided redundancy in ROS and deleted extraneous info from VA med list

Physical Exam:
Thin; middle-aged white male noticeably fatigued who is lying on his side on the ER stretcher. Alert and oriented X3.

Vitals – T 98.8; BP 83/54; R 16; Pulse 86

Cardiac – No murmurs; rubs; or gallops. ECG shows irregularly; irregular rhythm
Pulmonary – Diffuse wheezes; no crackles
Abdominal – Soft; non-tender; not distended. Positive bowel sounds; no masses
Extremities – No c/c/e; 2+ pulses

PE: Clearly misses key info and ECG in wrong place

Lab Data:
BASIC METABOLIC PANEL; PLASMA - Partial Panel found
UREA NITROGEN; PLASMA; 9 mg/dL (9-20)
SODIUM; PLASMA; 140 mmol/L (135-145)
CHLORIDE; PLASMA;103 mmol/L (98-108)
CO2; PLASMA; 22 L mmol/L (23-32)
ANION GAP; PLASMA; 15 mmol/L (5-15)
POTASSIUM; PLASMA; 3.6 mmol/L (3.5-5.0)
CALCIUM; PLASMA; 9.6 mg/dL (8.4-10.5)
CREATININE; PLASMA;1.0 mg/dL (0.5-1.2)
eGFR; PLASMA; 84.8 mL/min ()
GLUCOSE; PLASMA; 99 mg/dL (65-99)

PO4 1.1 L
MAGNESIUM 2

HCT: 42.9
HGB: 15
MCH: 33.6

MCHC: 35
MCV: 96
PLT: 238
RBC: 4.47
WBC: 9.55

BILIRUB: Negative
CLAR: Clear
COLOR : Yellow
KETONES: Negative
LEU ASE: Negative
NITRITE: Negative
PH: 8.0
PRO UR: Negative
SP.GRAV: 1.011
UR GLU: Negative
UR. BLD: Negative
UROBIL: Normal

ECG goes here

Assessment/Plan:
JR is a 48 year old male who presents after fainting earlier in the day with an irregularly irregular rhythm on ECG consistent with atrial fibrillation.

Very nice, concise summary with clear working diagnosis

1. Atrial Fibrillation/Fainting – JR's irregularly irregular rhythm on ECG is indicative of atrial fibrillation. He will be placed on telemetry in order to monitor his condition. Cardiac enzymes (Troponin T; CKMB) should be obtained to check for an MI. Additionally; he should be placed on anticoagulant prophylaxis to reduce the risk of clot formation due to blood stasis in the atria. His atrial fibrillation may be self-limited in nature and spontaneously resolve in the coming hours or days or it may be persistent or even permanent and cardioversion may ultimately be necessary. It is also important to determine the underlying cause of JR's afib. Causes of afib can include cardiac ischemia; pulmonary embolism; hypertension; and hyperthyroidism; among others. JR does not have hypertension and his history does not suggest pulmonary embolism (he did not meet any of the components of Virchow's Triad of hypercoaguability; stasis; and vessel damage). He may; however; have iatrogenic hyperthyroidism. Thyroid function tests will be ordered to assess this. Additionally; a cardiac stress test should be performed to determine if cardiac ischemia is causing the afib.

2. Migraine headaches – JR has a history significant for severe migraine headaches and stressful circumstances can often bring on such a headache. Currently; the patient is not experiencing any headaches. Lab studies indicate excessive levels of valproic acid so it is recommended that the patient stop taking Divalproex until the VA levels return to a therapeutic range. If he develops a migraine while hospitalized; it may be necessary to initiate treatment with different medications and move the patient to a private room with dimmed lights until it subsides.

3. Chronic back pain – The patient has a long history of lower back and leg pain. At the present time; JR tolerates the pain and appears to be satisfied with his medical regimen

used to treat it. In light of this and the patient's atrial fibrillation; this appears to be an inappropriate time to start new pain medications.

4. Looser stools; mild heat intolerance – These symptoms could be related to a hyperthyroid state that is also causing the atrial fibrillation. The patient; however; reports recent weight gain that is inconsistent with hyperthyroidism. Thyroid function tests will be ordered to rule out hyperthyroidism.

This student gives a relevant differential and identifies that the cause of the afib is the relevant focus. It is also very clear what the student is thinking and why each aspect of the plan is recommended. The student is a bit verbose about inactive problems, but this is minor. With the exception of the incomplete PE, this would be an excellent write-up that would earn and 8 as one point subtracted for incomplete PE.