

Chief Complaint: Chest pain: non traumatic

Encounter Type: Initial

Acuity: C Red

NO DICTATION FOUND

CHART:

Physicians caring for patient:

MD

Diagnosis

Shortness of breath (SOB)

Notes:

Possible medication effect

Possible anxiety

Disposition

Provider documentation to be completed on HMED.

Copy to:

Disposition - Discharge from ED: home . Condition: stable . The patient is to follow up with his or her usual primary care provider. If you do not have a primary care provider, call (during the week-day) to speak to "Call St. Luke's" for a primary care referral. , as needed. . Recheck immediately for new or worsening symptoms. . Return if any new concerns develop, you develop any new symptoms or you are feeling worse

Medication instructions: No changes

Private Physician(s)

FAMILY PRACTICE

Chief Complaint

Chief complaint/quote: Patient complains of left side chest pain since yesterday. Admits dyspnea on exertion. States she felt like her heart was beating "differently" the past two days.

History of Present Illness

HPI text: This is a 40-year-old female with a history of hypothyroidism, presenting tonight for evaluation of left-sided chest pain with associated SOB with exercise. Patient reports that she has been feeling "funny" since arriving home from a long drive to Seattle. She states that yesterday she began to feel "nervous and edgy" and a slight chest discomfort. When her chest discomfort continued to persist today she elected to come into the

ED for evaluation. Upon review of systems patient indicates that she recently started taking a new hypothyroid medication 5-weeks ago. At-this-time patient denies any nausea, fevers, diaphoresis, vomiting, abdominal pain, radiation or any other acute symptoms.

Review of Systems

Review of systems is as indicated in the HPI. All other systems were reviewed and were negative.

Medications

Home medications: Mucinex oralLevothyroxine Sodium PO  
Allergies

Patient allergies: Penicillins Amoxicillin (Skin reactions) Sulfa drugs  
(GI disturbances)

Past Medical/Surgical History

PAST MEDICAL/SURGICAL HISTORY Hypothyroid Allergies Knee surgery  
Dilation  
and curretage

Patient has not been diagnosed with antibiotic resistant infection.

Social History

Tobacco use: (-)

Alcohol use: (-)

Drug use: (-)

Living arrangement: Patient lives with spouse/significant other

Additional Social History: Patient is accompanied to the ED by her husband

Family History

There is no significant family history of any medical condition pertinent to the patient's current presentation

VITAL SIGNS

Initials/Date/Time Temp(C) Rt. Pulse Resp Syst Diast Pos. O2 O2  
DelPain

Sat

Sc

SH1	6/7/2008	20:04	37.4	0	73	24	138	83	S	100	.R/A	3
KLN	6/7/2008	20:16			100	18	127	91	S	99	.R/A	2
KLN	6/7/2008	20:45				18	133	62	S	99	.R/A	2
KLN	6/7/2008	21:05			79	13	122	56	S	98	.R/A	2

Physical Exam

GENERAL: well-appearing; no acute distress

HEAD: normocephalic; atraumatic

EYES: sclera anicteric; extra-ocular muscles intact

NECK: no meningismus; no stridor; no cervical lymphadenopathy

PULMONARY: lungs clear to auscultation bilaterally

CARDIOVASCULAR: regular rhythm; no murmurs; no rubs; no gallops;  
 strong  
 peripheral pulses; no peripheral edema  
 GI: abdomen soft; abdomen non-tender; no abdominal distention  
 GU: no suprapubic tenderness; no CVA tenderness

MUSC/SKEL: no focal bony tenderness; no gross deformity

NEURO: normal mental status; grossly non-focal motor and sensory exam

RESULTS

Lab

CBC/Auto Diff; Specimen: blood ; Location: Not applicable  
 Result 6/7/2008 20:39

CBC/Auto Diff; Specimen: blood ; Location: Not applicable

Test	Flag	Value	Units	Ref. Range	Status
NEUTROPHIL %		61	%	40-76	F
LYMPHOCYTE %		30	%	24-44	F
MONOCYTE %		6	%	1.0-10.0	F
EOSINOPHIL %		2	%	0.0-3.0	F
BASOPHIL %		1	%	0.0-1.0	F
NEUTROPHIL #		7.2	K/UL	1.90-8.80	F
LYMPHOCYTE #		3.5	K/UL	1.00-4.80	F
MONOCYTE #		0.7	K/UL	0.10-0.80	F
EOSINOPHIL #		0.2	K/UL	0.00-0.50	F
BASOPHIL #		0.1	K/UL	0.00-0.10	F

Reviewed By: MD 6/7/2008 20:57  
 Result 6/7/2008 20:39

CBC/Auto Diff; Specimen: blood ; Location: Not applicable

Test	Flag	Value	Units	Ref. Range	Status
WBC COUNT	H	11.6	K/UL	4.5-11.0	F
RBC COUNT		4.06	MIL/UL	3.50-5.50	F
HEMOGLOBIN		13.4	G/DL	12.0-15.0	F
HEMATOCRIT		37.9	%	36.0-48.0	F
MCV		93.3	FL	79.0-98.0	F
MCH		33.0	PG	25.0-35.0	F
MCHC		35.3	%	31.0-37.0	F
RDW-CV		11.9	FL	11.0-16.0	F
PLATELET COUNT		277	K/UL	130-350	F
MPV		7.6	FL	7-10	F

Reviewed By: MD 6/7/2008 20:57

Comprehensive Metabolic; Specimen: blood ; Location: Not applicable

Result 6/7/2008 20:54

Comprehensive Metabolic; Specimen: blood ; Location: Not applicable

Test	Flag	Value	Units	Ref. Range	Status
SODIUM		140	MMOL/L	135-148	F
POTASSIUM		3.5	MMOL/L	3.5-5.5	F
CHLORIDE		104	MMOL/L	95-108	F

TOTAL CO2		27.7	MMOL/L	21.0-32.0	F
GLUCOSE	H	105	MG/DL	60-95	F
BUN		13	MG/DL	7-25	F
CREATININE		0.8	MG/DL	0.6-1.0	F
GFR Estimated		>60		>60	F
GFR Estimated		UNITS = ML/MIN/1.73m2		>60	
GFR Estimated		If patient is		>60	
		African-American,			
		multiply result by 1.21.			
ALBUMIN		4.0	GM/DL	3.4-5.0	F
AST(SGOT)		19	U/L 37	10-40	F
TOTAL BILIRUBIN		0.2	MG/DL	0-1.3	F
CALCIUM		9.3	MG/DL	8.7-10.5	F
TOTAL PROTEIN		7.5	GM/DL	6.0-8.0	F
ALKALINE		71	U/L 37	50-136	F
PHOSPHATASE					
ALT(SGPT)		31	U/L 37	30-65	F

Reviewed By: MD 6/7/2008 20:57

Urine Triage Drug Testing; Specimen: Clean catch ; Location: Not applicabl

Result 6/7/2008 21:11

Urine Triage Drug Testing; Specimen: Clean catch ; Location: Not applicable

Test	Flag	Value	Units	Ref. Range	Status
SPECIFIC GRAVITY		1.019		1.002-1.030	F
OPIATES		NEGATIVE	NEG		F
TETRAHYDROCANNABINOL		NEGATIVE	NEG		F
BENZODIAZEPINE		NEGATIVE	NEG		F
COCAINE		NEGATIVE	NEG		F
METHAMPHETAMINES		NEGATIVE	NEG		F
TRICYCLIC		NEGATIVE	NEG		F
ANTIDEPRESS					
AMPHETAMINE		NEGATIVE	NEG		F
BARBITURATES		NEGATIVE	NEG		F
PHENCYCLIDINE		NEGATIVE	NEG		F
PHENCYCLIDINE			NEG		
PHENCYCLIDINE		The urine drug test is a screening test. The result is a preliminary/presumptive finding. If clinically indicated,	NEG		
PHENCYCLIDINE		confirmation of the result using a separate analytical method can be requested. Additional charges will be applicable.	NEG		
PHENCYCLIDINE			NEG		
PHENCYCLIDINE		False positive methamphetamine results have been noted in specimens	NEG		

PHENCYCLIDINE	with a high specific gravity. Please interpret with caution.	NEG
PHENCYCLIDINE		NEG
PHENCYCLIDINE	DETECTION LIMITS:	NEG
PHENCYCLIDINE	PHENCYCLIDINE 25 NG/ML	NEG
PHENCYCLIDINE	BARBITURATES 300 NG/ML	NEG
PHENCYCLIDINE	AMPHETAMINES 1000 NG/ML	NEG
PHENCYCLIDINE	COCAINE 300 NG/ML	NEG
PHENCYCLIDINE	METHAMPHETAMINES 1000 NG/ML	NEG
PHENCYCLIDINE	TRICYCLIC ANTIDEPRESSANTS 1000 NG/ML	NEG
PHENCYCLIDINE	OPIATES 300 NG/ML	NEG
PHENCYCLIDINE	TETRAHYDROCANNABINOL 50 NG/ML	NEG
PHENCYCLIDINE	BENZODIAZEPINES 300 NG/ML	NEG

CK; Specimen: blood ; Location: Not applicable  
Result 6/7/2008 20:54

CK; Specimen: blood ; Location: Not applicable

Test	Flag	Value	Units	Ref. Range	Status
CK		66	U/L	37 21-215	F

Reviewed By: MD 6/7/2008 20:57  
\*CARDIAC EVALUATION  
Result 6/7/2008 20:56

\*CARDIAC EVALUATION

Test	Flag	Value	Units	Ref. Range	Status
CK MB		0.9	NG/ML	0.0-5.6	F
TROPONIN I		0.00	NG/ML	0.00-0.09	F

Reviewed By: MD 6/7/2008 20:57  
Radiology

CT; Pulmonary CT Angio w/WO/IV Contrast; Modifier: None; Indications: chest pain

Result 6/7/2008 20:53

CT; Pulmonary CT Angio w/WO/IV Contrast; Modifier: None; Indications: chest pain

\*\*\* PRELIMINARY REPORT \*\*\*

DATE: 06/07/2008  
CT PULMONARY ANGIOGRAM

CLINICAL DATA: Chest pain.

COMPARISON: None.

PROCEDURE: Axial 2-mm images were obtained through the chest after injection of 100 ml of Omnipaque 300 IV. Coronal and oblique reformations were produced.

FINDINGS: There is optimal contrast opacification of the pulmonary

arteries. There are no filling defects to suggest pulmonary embolism. The pulmonary artery sizes are within normal limits. The lungs are clear with no consolidation or masses. No significant lymphadenopathy in the mediastinum or axilla. The heart size is normal. Thoracic aorta appears unremarkable. There are mild degenerative changes in the thoracic spine.

CONCLUSION: Negative CT pulmonary angiogram. No evidence of pulmonary embolism.

These findings were discussed with Dr. by telephone on 06/07/08 at 9:06 p.m.

\*\*\*Preliminary Report\*\*\*

M.D.

Boise Radiology Group

T: CLH

d: Jun 7 2008 9:07P t: Jun 7 2008 10:22P

Document #2576915 Job # 25695

CC: MD

Read by:

Procedures

12 lead EKG prior to order ; shown to: Jaime Martin, MD  
SH1 06/07/08 20:04

Urine dip stick: Glucose: negative (Ref range neg) Bilirubin: negative (Ref range neg) Ketone: negative (Ref. range neg) Specific gravity:

1.010

(Ref range 1.002-1.030) Occult blood: negative (Ref range neg) pH: 7.0

(Ref range 4.5-8.0) Protein: negative (Ref range neg) Urobilinogen:

0.2

(Ref range 0-2.0) Nitrite: negative (Ref range neg) Leukocytes:

Negative

(Ref range neg) . Order status: per order KLN 06/07/08 20:57

Bedside urine preg test: negative . Quality control: OK . Order status:

per order KLN 06/07/08 21:08

Progress Notes

Medical Decision-Making

Pulse Ox: 100%

Oxygen: Room air

Interpretation: Normal

Intervention: 3L oxygen per protocol

Medical Decision-making:

this patient presents to the ED with a complaint of shortness of breath.

The patient state she has been increasing symptoms of shortness of breath

when she carries on activities of a living. She states over the past few days and probably over the past week she has been having slowly increasing dyspnea with exertion. And the patient states she has a recent history of travel and has been sitting in a car traveling to a neighboring state. She denies fevers, leg pain, chest pain, abdominal pain, vomiting diarrhea or any other complaints. Physical exam revealed an alert female in no distress resting comfortably in bed. Her exam is essentially normal. Differential include acute coronary syndrome, acute MI, pulmonary embolism, pneumonia, pneumothorax, reactive airway disease, anxiety and, hyperthyroid.

In the ED showed stable vital. she had a full workup including a CT angiogram which was entirely normal. Her EKG was normal, at this point I feel the patient probably has either sensitivity to hurt nearly prescribed or dedication and or possibly anxiety attacks. The patient was urged to follow up with her doctor three to four days and return to the ED sooner for worsening symptoms. She was discharged home in excellent condition