

04/17/2018, 9:14 AM

G, M, HISPANIC, DOB: 03/07/1974, Age: 44
100 WASHINGTON AVE., HICKSVILLE, NY, 11801
MO: D. JOAN BERGES

DANIEL
DEMARCO PD
H+R 3
EMERGENCY
MEDICINE

951

PERMANENT: SELF, RELIABLE

REFERRAL: SELF

CHIEF COMPLAINT: "I have a headache" x 2 weeks ✓

HISTORY OF PRESENT ILLNESS:

Mr. C is a 44 y/o MALE complaining of sharp, l-sided headache that radiates from behind his eye to the side and back of his head x 2 weeks. Patient states it began 2 weeks ago after a night of ETOH consumption totaling 3 beers. The intermittent pain worsens at night and with tv watching, though nothing makes it better. He has never experienced this before. Pain described as 10/10 on a pain severity scale where 10 is the worst. Denies history of migraines, headaches, trauma, "blacking out", nausea, vomiting, scotomas, anuras. ~~PHOTOPHOBIA~~ PHOTOPHOBIA, INVOLUNTARY MOVEMENTS

PAST MEDICAL HISTORY

DENIES ✓

IMMUNIZATIONS UP TO DATE ✓

PAST SURGICAL HISTORY

DENIES. ✓

MEDICATIONS

DENIES. ✓

ALLERGIES

~~NSAID~~ ON 12/2018 ASPIRIN MOTRIN (Ibuprofen) } CAUSES ANGIOEDEMA AND HIVES ✓
NO KNOWN FOOD ALLERGIES ✓
NO KNOWN ENVIRONMENTAL ALLERGIES. ✓

WHAT CHANGED TODAY THAT MADE HIM COME TO ED?

WITH ASSOCIATED LACRIMATION ~

FAMILY HISTORY

PATERNAL GRANDFATHER, UNKNOWN, DECEASED ✓
PATERNAL GRANDMOTHER, UNKNOWN, DECEASED ✓
MATERNAL GRANDFATHER, UNKNOWN, DECEASED ✓
MATERNAL GRANDMOTHER, UNKNOWN, DECEASED ✓
MOTHER, PMH: DM, DECEASED, 80 y/o ✓
FATHER, PMH: LUNG CA, DECEASED, 78 y/o ✓
DAUGHTER, DENIES PMH, LIVING, 16 y/o ✓
DAUGHTER, DENIES PMH, LIVING, 13 y/o ✓
DAUGHTER, DENIES PMH, LIVING, 9 y/o ✓
SON, DENIES PMH, LIVING, 8 y/o ✓

SOCIAL HISTORY

HABITS

ADMITS: ETOH USE: 2 DRINKS (WINE) / DAY, CAFFEINE CONSUMPTION: 1 CUP COFFEE / DAY ✓

DENIES: PAST / PRESENT TOBACCO USE, ILICIT DRUG USE ✓

TRAVEL:

PERSONAL HISTORY

MARRIED ✓
OCCUPATIONAL HISTORY
CONSTRUCTION → CURRENTLY WORKING? ✓
HOME SITUATION
LIVES WITH WIFE AND 4 KIDS. ✓

DIET

BREAKFAST: BAGEL
LUNCH: TUNA SANDWICH ✓
DINNER: STEAK

EXERCISE

1 HOUR MODERATE-INTENSE / WEEK (AEROBIC, WEIGHT LIFTING) ✓

SEXUALLY HISTORY

SEXUALLY ACTIVE, HETEROSEXUAL, MONOGAMOUS, NO HISTORY OF STIS, CONDOMS FOR CONTRACEPTION ✓

REVIEW OF SYSTEMS

GENERAL

DENIES fever, chills, night sweats, fatigue, weakness, loss of appetite, recent weight loss or gain ✓

Skin, HAIR, NAILS

DENIES change in texture, excessive dryness or sweating, discolorations, pigmentations, moles, rashes, pruritis, change in hair distribution ✓

HEAD

ADMITS HEADACHE
DENIES VERTIGO, trauma, unconsciousness, coma, fracture. ✓

Eyes

ADMITS LACRIMATION
DENIES CORRECTIVE LENSES, VISUAL DISTURBANCES, fatigue, photophobic, pruritis.
LAST EYE EXAM: 06/21/2017, Dr. NOEL GRAHAM, WNL per patient ✓

NOSE/SINUSITIS: DENIES discharge, epistaxis, obstruction ✓

MOUTH/THROAT: DENIES bleeding gums, sore tongue, sore throat, mouth ulcers, voice changes, dentures ✓

LAST DENTAL EXAM: July 2017, Dr. JENNIFER FLOSS, WNL per patient ✓

EARS: DENIES DEAFNESS, PAIN, discharge, tinnitus, hearing aids ✓

NECK

DENIES localized lumps/swelling, stiffness, decreased range of motion ✓

BREAST

DENIES lumps, nipple discharge, pain ✓

PULMONARY SYSTEM

DENIES dyspnea, SOB, cough, wheezing, hemoptysis, cyanosis, orthopnea, PND ✓

CARDIOVASCULAR SYSTEM

DENIES chest pain, HTN, palpitations, irregular heart beat, edematous swelling of ankles or feet, syncope, known heart murmur ✓

GASTROINTESTINAL SYSTEM

DENIES change in appetite, abdominal pain, intolerance to specific foods, nausea, vomiting, dysphagia, pyrosis, flatulence, eructations, diarrhea, change in bowel habits, hemorrhoids, constipation, rectal bleeding

GENITOURINARY SYSTEM
DENIES CHANGE in frequency, urgency, hesitancy, dribbling, nocturia, polyuria, oliguria, dysuria, change in urine color, incontinence, flank pain.
LAST PROSTATE EXAM: N/A.

MUSCULOSKELETAL SYSTEM

DENIES muscle/joint pain, deformity, swelling, redness, arthritis.

PERIPHERAL VASCULAR SYSTEM

DENIES intermittent claudication, coldness or trophic changes, varicose veins, peripheral edema, color change.

HEMATOLOGIC SYSTEM

DENIES ANEMIA, easy bruising/bleeding, lymph node enlargement, history of DVT/PE

ENDOCRINE SYSTEM

DENIES polyuria, polydipsia, polyphagia, heat or cold intolerance, goiter, hirsutism.

NERVOUS SYSTEM

→ WOULD ADD MOST OF THESE TO HPI

DENIES seizures, loss of consciousness, sensory disturbances, numbness/paraesthesias, dyesthesias, hyperesthesia, ataxia, loss of strength, change in condition/mental status/memory, asymmetric weakness

PSYCHIATRIC SYSTEM

02/21/2018

DENIES feelings of helplessness/hopelessness, lack of interest in usual activities, suicidal ideation, anxiety, obsessive-compulsive disorder, history of ever seeing a mental health professional.

GENERAL SURVEY

44 year old MALE, A/D x 3. PATIENT HAS A SLENDER BUILD. SITTING IN PATIENT DOWN WITH HAND OVER RIGHT EYE. DISTRESSED. DUE TO PAIN

VITAL SIGNS

BP:	R	L
SEATED	122/84	126/82
SUPINE	114/78	115/78

RESPIRATIONS: 14 breaths/min, unlabored

PULSE: 56 bpm, strong, regular

O₂ SAT: 99% RA ✓

TEMPERATURE: 98.4^oF (oral)

HEIGHT: 70 inches

WEIGHT: 150 lbs.

BMI: 21.5 ✓

PHYSICAL EXAM

SKIN: Warm and moist, good turgor. Non-tender. No lesions, scars, tattoos. ✓

NAILS: No clubbing, ~~signs of infection~~, lesions. Capillary refill < 2s throughout. ✓
INFECTION IS A DIAGNOSIS. NO ERYTHEMA, NO SWELLING

HAIR: AVERAGE quantity and distribution. ✓

HEAD: Normocephalic, atraumatic. Non-tender to palpation throughout.

EYES: Symmetrical OD. No strabismus, exophthalmos, ptosis. Sclera white.

Conjunctiva ^{PINK} and cornea clear. Visual Acuity: $\frac{20}{40}$ OS, $\frac{20}{30}$ OD, $\frac{20}{30}$ OU. ✓
Visual fields full OU. PERLA. Cup: Disk 0.5 OU. No AV nicking, papilledema, hemorrhage, exudate, cotton wool spots, neovascularization OU.

EARS: Symmetrical and average size. No lesions/masses/trama on external ears. No discharge, foreign bodies in external auditory canals AV.

TMs pearly white and intact \bar{c} light reflex in good position AV. ✓

Auditory acuity intact to whispered voice AV. Weber Midline. Rinne reveals AC > BC AV.

NOSE: Symmetrical. No masses, lesions, deformities, trauma, or discharge.

Nares patent bil. Nasal mucosa pink and well-hydrated. No discharge noted on anterior rhinoscopy. Septum midline without lesions, deformities, injection, perforation. No foreign bodies. ✓

SINUSES: Non-tender to palpation and percussion over all frontal, ethmoid, and maxillary sinuses. ✓

MOUTH AND PHARYNX

LIPS: PINK, moist, no lesions/cyanosis. Non-tender to palpation. ✓

MUCOSA: PINK, WELL-HYDRATED. No masses, lesions, leukoplakia. Non-tender to palpation ✓

PALATE: PINK, well-hydrated. Intact \bar{c} no lesions, masses, scars. continuity intact. Non-tender to palpation. ✓

TEETH: Good dentition, no dental caries noted. ✓

GINGIVAE: PINK, moist. No hyperplasia, masses, lesions, erythema, or discharge. Non-tender to palpation. ✓

TONGUE: PINK, well-papillated. No masses, lesions, or deviation. Non-tender to palpation. ✓

PHARYNX: Well-hydrated. No injection, exudate, masses, lesions, foreign bodies. Tonsils present \bar{c} no injection/exudate. Uvula pink, midline. No edema. ✓

TRACHEA: Trachea midline. No masses, lesions, scars, pulsations. Supple, non-tender to palpation. Full RANGE OF MOTION. No stridor. 2+ crepitid pulses, no thrills, bruits. No palpable lymphadenopathy. ✓

THORAX AND LUNGS:

CHEST: Symmetrical. No deformities. No paradoxical respirations or accessory muscle use. Respirations unlabored. LAT to AP DIAMETER 2:1. Non-tender to palpation.

LUNGS: CLEAR to auscultation and percussion bilaterally. Chest expansion and diaphragmatic excursion symmetrical. Tactile fremitus symmetric throughout. No wheezing, rales, or crackles.

HEART: JVP is 2.5 cm above the sternal angle \sim head of bed at 30°. PMI in 5th intercostal space, mid-clavicular. Coarcted pulse 2x b/l. without bruits. S1 and S2 are normal. R/R/R. No murmurs/extra heart sounds. (~~No mitral stenosis, mitral regurgitation, aortic stenosis, or aortic regurgitation~~)

Abdomen: Flat, symmetrical. No scars, striae, or epigastric or abdominal pulsations. BS present in all 4 quadrants. No bruits over aortic/renal/hepatic/femoral arteries. Tympany to percussion throughout. Non-tender to percussion or light/deep palpation. No organomegaly, masses, guarding, or rebound tenderness. NO CVAT b/l.

MALE GENITALIA AND HERNIAS: Circumcised male. No penile discharge or lesions. No scrotal swelling or discoloration. Testes descended b/l. Smooth and without masses. Epididymis nontender. No inguinal/femoral hernias.

ANUS, RECTUM, PROSTATE: No perianal lesions (fissures). External sphincter tone intact. Rectal vault without masses. Prostate non-tender to palpation. No enlargement noted. Stool brown and hemoccult negative.

BREAST: Symmetric. No dimpling, masses, nipple discharge, axilla, lymphadenopathy.


PERIPHERAL VASCULAR: The extremities are ^{SYMMETRIC} normal in color, size, and temperature. Pulses are 2+ b/l. in upper and lower extremities. No bruits noted. No clubbing, cyanosis or edema b/l. No stasis changes or ulcerations.

MENTAL STATUS: Alert and oriented to person/place/time. Attention intact.

MEMORY: INTACT. Receptive and expressive abilities intact. Thought coherent. No dysarthria, dysphonia or aphasia noted.

CRANIAL NERVES

I: Nerves patent b/l. Intact, no anisocoria.

II: VISUAL ACUITY: 20/40 OS, 20/30 OD, 20/30 OD. Visual fields full. Fundoscopic and red light reflex OD, discs sharp with  yellow \sim sharp margins. NO AU nicking, hemorrhage, or papilledema.

III, IV, VI - PERILIA. EOM intact without nystagmus.

V: Facial sensation intact, strength good. Corneal reflex intact b/l.

VI: Facial movement symmetrical and without weakness.

VIII: Hearing grossly intact to whispered voice bilaterally. Weber midline. Rinne AC > BC.

IX, X, XI: Swallowing and gag reflex intact. Uvula elevates midline. Tongue movement intact.

Motor / Cerebellum - full active/passive arm- or all extremities, without rigidity or spasticity. ~~Normal~~ ^{GOOD} muscle bulk and tone. No atrophy, ties, tumors, or fasciculations. Strength equal and appropriate for age 6/1. S/S throughout. No pronator drift. GAIT normal with no ataxia. Tandem walking and hopping shows balance intact. Coordination by RAN and point to point intact 6/1. ✓
Romberg negative.

SENSORY: Intact to light touch, sharp/dull, vibratory, proprioception, point localization, extinction, stereognosis, and graphoesthesia 6/1. ✓

REFLEXES:

	R	L		R	L
BRACHIORADIALIS	2+	2+	PATELLAR	2+	2+
TRICEPS	2+	2+	ACHILLES	2+	2+
BICEPS	2+	2+	BABINSKI	neg	neg
Abdominal	2+/2+	2+/2+	CLONUS	neg	neg

MENTAL SIGNS

NO NOCTAL RIGIDITY NOTED. ~~BRUDZINSKI'S~~ and ~~KEHNIG'S~~ SIGN NEGATIVE. ^{DO NOT NEED TO DOCUMENT UNLESS MENINGITIS IS IN THE DIFFERENTIAL}

MUSCULOSKELETAL SYSTEM

UPPER EXTREMITY: NO SOFT TISSUE SWELLING/ERYTHEMA/ECHYMOSIS/atrophy/or deformities in 6/1 upper extremities. Non-tender ✓
to palpation/no crepitus throughout. Full RANGE OF ACTIVE MOTION 6/1.

LOWER EXTREMITY: NO SOFT TISSUE SWELLING/ERYTHEMA/ECHYMOSIS/atrophy/or deformities in 6/1 lower extremities. Non-tender ✓
to palpation/no crepitus throughout. Full range of active motion 6/1.

SPINE: NO EVIDENCE OF SPINAL DEFORMITIES. ✓

A:

44 y/o MALE presents with complaint of severe, intermittent headache x 2 weeks.

P:

LIKELY CLUSTER HEADACHE

- START 100% O₂ via NRB @ 15 L/min.

- LABS: CBC, serum electrolytes, U/A ✓

IF NOT IMPROVING, NEURO CONSULT

- R/O: occult tumor, CT scan

Prevention: AVOID TRIGGERS (ETOH), Tylenol PRN. ✓

DDX:

② MALIGNANCY (MASS/TUMOR)

R/O: potential mass behind R eye causing ex. (CT scan).
Hx doesn't include other findings that may suggest malignancy i.e. weight loss, loss of appetite, etc.

↓
MRI IS MUCH BETTER FOR TUMOR

③ Occult Hemorrhage (Sub-achnoid/Subdural)

R/O: SEE ABOVE. CT SCAN.
PARENT STATES H/A started 2 weeks ago after EtOH consumption and series memory loss. Though, must consider that he may have "blacked out" and had a traumatic injury to the head. → NEEDS HEAD CT TO RULE OUT BLEEDING

④ Acute episodes of HTN.

SERIAL BP MONITORING.
BP was WNL on PE so unlikely.

⑤ Allergen Exposure.

consider allergy testing (i.e. blood test or patch testing).
CBC = differential.
→ look for Eosinophilia.

⑥ FACTITIOUS DISORDER - ~~DISCUS~~ CONSIDER PSYCH EVALUATION