Daniel DeMarco H&P#1 Long Term Care

Good job on this overall. Good sequence and info capture. Some notes for you in red.

Chief Complaint: "Pain where I had my surgery," Left Leg Weakness. Admission to Margaret Tietz Nursing and Rehabilitation Center.

HPI:

BL is an 81yo White Female with PMH Hypertension, COPD, Asthma, Dermatomyositis, Gout, GAD, Endometrial Cancer s/p Hysterectomy B/L Salpingo-Oophorectomy (1998), and Cholecystitis s/p Laparoscopic Cholecystectomy (1992) who presented to New York Presbyterian Queens ED on the morning of 10/6/19 with a complaint of left hip pain and the inability to walk following a fall. The patient reported that while sleeping, she "rolled" off of her bed and fell onto the floor landing on her left side. The patient reported that she did not lose consciousness and did not strike her head. The patient lives in a house alone and does not have guardrails on her bed. She ambulates using a walker and is able to transfer on her own. When assessed in the ED, the patient was found to have a shortened, externally rotated left leg and was tender to palpation over the left hip. A CT scan of the left hip revealed an acute fracture of the left femoral neck. The patient was admitted on 10/6/19, and her surgery was scheduled for the following day. Adequate pain control was achieved in the interim with Morphine. The patient underwent left hip hemiarthroplasty on 10/7/19. Following the procedure, the patient's hospital course was uncomplicated and her pain was well controlled with Acetaminophen and Tramadol. Restorative PT/OT was recommended by the surgical team. She was accepted and transferred to Margaret Tietz Nursing and Rehabilitation Center on 10/10/19. Great first paragraph – clear sequence and course

Currently, patient complains of "Pain where I had my surgery" and left leg weakness. She reports that the pain comes and goes, is confined to the surgical site, and does not radiate. She describes it as a "soreness." She reports that resting makes it feel better in addition to taking her Tylenol and "other pain pill," while doing her therapy exercises can sometimes aggravate it. She currently ranks the pain 6/10 on a 10-point pain scale with 10 representing the worst pain. She states that her left leg has been weak following the fracture and the surgery. She expressed that she believes that with more therapy, her pain and weakness should slowly get better. Admits left hip pain and left leg weakness. Denies fever, chills, headache, nausea, vomiting, palpitations, dyspnea, shortness of breath, abdominal pain, constipation, calf swelling, loss of sensation or paresthesias.

PMH: Hypertension, COPD, Asthma, Dermatomyositis, Gout, GAD, Endometrial Cancer, Cholecystitis

PSH: Hysterectomy B/L Salpingo-Oophorectomy (1998) (why?), Laparoscopic Cholecystectomy (1992)

Medications:
Acetaminophen 325mg tab, take 2 PO q6h prn for pain

Allopurinol 300mg tab, take 1 tab PO qd
Alprazolam 0.25 mg tab, 1 tab PO tid
CoQ10 100mg cap, take 2 PO qd
Diltiazem/HCTZ CD 240mg/24h oral cap ER, take 1 cap PO qd
Enoxaparin 30mg SC qd
Fluticasone propionate/salmeterol 250mcg-50mcg inhalation powder, 1 puff inhaled bid
Loratadine 10mg tab, 1 tab PO qd
Tiotropium 1.25 mcg/inh inhalation, 2 puff qd
Tramadol 50mg 1 tab q6h if pain 4-6
Tramadol 50mg 2 tab q6h if pain 7-10
Triamterene-HCTZ 37.5-25 oral cap, 1 cap PO qd

Allergies: No known drug allergies, environmental allergies, or food allergies

Social History:

The patient is widowed and lives in a house alone. She ambulates using a walker and is able to transfer on her own. She does not have an aid. She does not have guardrails on her bed. Patient's daughter states that she and her son (the patient's grandson) will be moving in with the patient soon given recent events.

Denies current or past smoking history. Denies EtOH use. Denies illicit drug use.

Family History:

Mother, Deceased, HTN

Father, Deceased, HTN, DM2

Maternal Grandfather, Deceased, HTN, CAD, MI, DM2

Review of Systems:

General : Denies fever, chills, weakness, night sweats, fatigue, loss of appetite, weight loss

Skin, Hair, Nails : Denies change in texture, excessive dryness or sweating, discolorations, pigmentations, moles, rashes, pruritus, change in hair distribution

Head : Denies headache, trauma, unconsciousness, coma, fracture, vertigo

Eyes : Denies corrective lenses, visual disturbances, fatigue, photophobia, pruritus, lacrimation, Last Eye Exam: 10/2018, Dr. Graham

Ears : Denies deafness, pain, discharge, tinnitus, hearing aids

Nose/Sinuses : Denies discharge, epistaxis, obstruction, rhinorrhea

Mouth/Throat : Denies bleeding gums, sore tongue, sore throat, mouth ulcers, voice changes, dentures, Last Dental Exam: 04/2018, Dr. Umagi

Neck : Denies lumps, swelling, stiffness, decreased range of motion

Breast : Denies lumps, nipple discharge, pain last mammogram

Respiratory : Denies wheezing, hemoptysis, cyanosis, dyspnea, shortness of breath, cough, paroxysmal nocturnal dyspnea

Cardiovascular : Denies palpitations, chest pain, irregular heartbeat, edema, syncope, known heart murmur

Gastrointestinal : Denies change in appetite, abdominal pain, intolerance to specific foods, nausea, vomiting, dysphagia, pyrosis, flatulence, eructations, diarrhea, constipation, hemorrhoids, change in stool caliber, blood in stool

Genitourinary : Denies change in frequency, urgency, hesitancy, dribbling, nocturia, polyuria, oliguria, dysuria, change in urine color, incontinence, flank pain

Musculoskeletal : Admits muscle pain, joint pain in Left Hip. Admits left leg weakness. Denies deformity, swelling, redness

Peripheral Vascular : Denies intermittent claudication, coldness or trophic changes, varicose veins, peripheral edema, color change

Hematologic : Denies anemia, easy bruising/bleeding, lymph node enlargement, history of DVT/PE

Endocrine : Denies polyuria, polydipsia, polyphagia, heat or cold intolerance, goiter, hirsutism

Neurologic : Denies seizures, loss of consciousness, sensory disturbances, paresthesia, dysesthesia, hyperesthesia, ataxia, loss of strength, change in mental status, memory loss, asymmetric weakness

Psychiatric : Denies feelings of helplessness, feelings of hopelessness, lack of interest in usual activities, suicidal ideation, anxiety

Physical Exam:

Vital Signs :

T 37.0C

BP 134/74

P 82bpm

RR 14 breaths/min

SpO2 98%RA

BMI

General Survey : 81yo female, A/O x3. Resting comfortably in bed. NAD.

Skin : Warm and moist, good turgor. Nonicteric. No lesions, tattoos.

Head : Normocephalic, atraumatic. Nontender to palpation throughout.

Eyes : No conjunctival injection, pallor, or scleral icterus. EOMS full.

Neck : Trachea midline. No masses, lesions, scars. Supple, nontender to palpation. Full range of motion. No palpable lymphadenopathy.

Chest : Symmetrical. No deformities. No paradoxical respirations or accessory muscle use. Respirations unlabored. LAT to AP diameter 2:1. Nontender to palpation.

Lungs : Resonant to percussion throughout. Clear to auscultation bilaterally. No wheezing, rhonchi, or rales.

Cardiovascular : S1 and S2 normal. Regular rate and rhythm. No S3, S4, splitting of heart sounds, murmurs, rubs.

Abdomen : Laparoscopic surgical scars noted: 2 in RUQ, 1 in Sub-Xiphoid region, and 1 superior to the umbilicus. Soft, non-distended. Non-tender to palpation throughout. No striae, caput medusa, or abdominal pulsations. BS present in all four quadrants. No bruits over aortic/renal/iliac/femoral arteries. No masses, guarding, rebound tenderness, CVAT.

Extremities/Peripheral Vascular : Bilateral upper and lower extremities symmetric in color, size, and temperature. Pulses are 2+ bilaterally in upper and lower extremities. As discussed, need specific values for DP/PT at least for LLE No clubbing, cyanosis, stasis changes or ulcerations in bilateral upper and lower extremities. Left hip with surgical incision extending approximately 13cm and approximated with staples Say where it is more precisely. Minimal erythema. No edema, warmth, or purulent drainage. Moderate tenderness to palpation.

Neurologic : Patellar and Achilles reflexes 2+ in bilateral lower extremities. Light touch, deep touch, pain, temperature sensation equivalent in bilateral lower extremities. Strength for left

hip flexion 3/5. Strength for right hip flexion 5/5. Full passive, but not active 2/2 to pain, range of motion in left hip. Full passive and active range of motion in right hip. As discussed, need more specifics for affected leg. Can "import" PT note info with citation if it seems too intrusive to do it, but it needs to be in the note (or some statement that patient refused/was unable if that's the case)

Assessment:

BL is an 81yo Female with PMH Hypertension, COPD, Asthma, Dermatomyositis, Gout, GAD, Endometrial Cancer s/p Hysterectomy B/L Salpingo-Oophorectomy (1998), and Cholecystitis s/p Laparoscopic Cholecystectomy (1992) with recent left femoral neck fracture s/p left hip hemiarthroplasty on 10/7/19 being admitted to Margaret Tietz Nursing and Rehabilitation Center for restorative therapies. She endorses 6/10 left hip pain and left leg weakness at the present time.

#Pain and Weakness 2/2 to Left Femoral Neck Fracture s/p left hip hemiarthroplasty (10/7/19)
Would add functional status – able to ambulate with walker and transfer unassisted and condition of the wound here (the assessment for this issue)

- Cont. PT/OT 3-4x per week
- Cont. Acetaminophen 325mg tab, take 2 PO q6h prn for pain
- Cont. Tramadol 50mg 1 tab q6h if pain 4-6
- Cont. Tramadol 50mg 2 tab q6h if pain 7-10

#HTN – Stable

- Cont. Diltiazem/HCTZ CD 240mg/24h oral cap ER, take 1 cap PO qd
- Cont. Triamterene-HCTZ 37.5-25 oral cap, 1 cap PO qd

#COPD, Asthma – Stable

- Cont. Fluticasone propionate/salmeterol 250mcg-50mcg inhalation powder, 1 puff inhaled bid
- Cont. Loratadine 10mg tab, 1 tab PO qd
- Cont. Tiotropium 1.25 mcg/inh inhalation, 2 puff qd

#Gout – Stable, no acute flares at this time

- Cont. Allopurinol 300mg tab, take 1 tab PO qd

#GAD – Stable

- Cont. Alprazolam 0.25 mg tab, 1 tab PO tid

#Dermatomyositis – Stable

- Last appointment with Rheumatology was 6/2019. Patient is not on any medications at this time.

DVT Prophylaxis: Intermittent Pneumatic Compression and Enoxaparin 30mg SC qd

Nutrition: DASH Diet

Disposition: Patient will require extensive PT/OT to return to previous baseline level of functioning. Will likely require minimum 1-2wk stay. Social worker to discuss with patient's daughter options for creating a safer home environment to prevent future falls.

/s/ Daniel DeMarco, PA-S

Physician Assistant Student