Nicholas Burney Ambulatory H&P #1

**Full Name**: A.V.
**Age**: 54
**Sex**: F
**Marital Status**: Married
**Race/Nationality**: Black
**Address**: Crown Heights, Brooklyn
**Date of Birth**: 2/11/1967
**Date and Time**: 9/15/2021, 2:00 PM
**Location**: Statcare, Brooklyn
**Source of Information**: Self
**Reliability**: Reliable
**Mode of Transport**: Self transport

**Chief Complaint**: “I have a cut that won’t stop bleeding”.

**History of Present Illness**

A.V. is a 54 year old female with past medical history of DVT, s/p thrombectomy 2 weeks ago who presents for evaluation of continuously bleeding wound on the left chest x 1 day. The patient reports that she believes she accidentally scratched herself with her fingernail on her left breast and the wound has been bleeding since yesterday. She also reports scattered bruises over both arms and legs. She reports that since her thrombectomy 2 weeks ago she’s been taking 2 pills of Plavix per day and 81mg of aspirin. She reports putting bandages over the area but they quickly become saturated with fluid. Denies fever, chills, myalgias, trauma, purulent discharge, nausea, vomiting, diarrhea, chest pain, SOB, abdominal pain, leg swelling.

**Past Medical History**

DVT

**Past Surgical History**

Thrombectomy removal in left calf 8/28/2021.

**Medications**

Plavix

Aspirin

**Allergies**

NKDA

**Family History**

Mother – Alive and well

Father – Alive and well

**Social History**

Denies smoking, drinking, illicit drug use past and present.

 **Review of Systems**

**General**: Denies fever, night sweats, chills, weight gain or loss.

**Head:** Denies trauma, headache, vertigo.

**Eyes:** No visual changes, eye pain, and photophobia.

**ENT**: No deafness, otorrhea or tinnitus. No voice changes or bleeding gums.

**Neck:** No localized swelling, stiffness or decreased ROM.

**Breast: No lumps, admits to blood and serous discharge on breast.**

**Respiratory**: No cough or respiratory distress. No hemoptysis, shortness of breath.

**Cardiovascular**: No edema. No chest pain with exertion or palpitations.

**Gastrointestinal**: No nausea, no vomiting, diarrhea or abdominal pain.

**Genitourinary**: No discharge, hematuria, dysuria.

**Peripheral Vascular**: No varicose veins, coldness or trophic/color changes.

**Hematologic**: Denies anemia, DVT or lymph node enlargement.

**MSK**: Denies painful joints.

**Nervous** **system**: Denies loss of consciousness or headache.

**Endocrine**: Denies polydipsia, polyphagia, polyuria, intolerance to heat or cold.

**Skin**: **No skin rash, excessive dryness or sweating. Admits to bruising.**

**Psychiatric:** Negative for anxiety, depression, stress, memory deficits, or ever having taken psychiatric drugs.

**Vital Signs**

**Height**: 5’5
**Weight**: 145 lb
**BMI**: 24.1
**BP**: 134/75
**Pulse**: 83
**RR**: 16
**T**: 97.5 degrees Fahrenheit
**O2 Sat**: 99% on RA

**Physical Exam**

**General**: NAD, non-toxic appearing, well developed and well nourished.

**Head**: Normocephalic, no signs of trauma.

**Eyes**: PERRL, sclera and conjunctiva clear.

**Neck**: Non-tender, no meningeal signs, supple.

**Breast**: **~2cm erythematous laceration above the left nipple. Serosanguinous discharge from wound. Area is warm to the touch. No dimpling, crusting, or lumps appreciated.**

**ENT**: No discharge, no epistaxis, airway clear.

**Pulmonary**: Equal breath sounds bilaterally, no wheezes, ronchi or rales.

**Cardiac**: S1 S2 distinct, regular rate and rhythm.

**Abdomen**: soft, non-distended, nontender.

**Genitourinary:** No lesions, no CVA tenderness.

**MSK**: FROM in all extremities.

**Neurological**: A&O x3. No focal deficits. Strength 5/5 with no sensory deficits. Steady gait.

**Skin**: **Scattered ecchymoses present over bilateral arms and legs in various stages of healing.**

**Labs + Imaging**

**CBC – WNL**

**INR – 11.3**

**Assessment and Plan**

54 year old female with accidental Plavix over-dosing and non-healing laceration on left breast with signs of infection.

Plan:

1. Immediately stop Plavix and return to 1 pill per day once INR is stabilized
2. Prescribe cephalexin 500mg Q12
3. Return to clinic in 5 days for follow up and repeat labs