

Nicholas Burney

OBGYN H&P #1

Full Name: A.B.

Age: 20

Sex: F

Marital Status: Single

Race/Nationality: Hispanic

Address: Bedford-Stuyvesant, Brooklyn

Date of Birth: 4/6/2001

Date and Time: 10/18/2021, 2:00 AM

Location: Woodhull

Source of Information: Self

Reliability: Reliable

Mode of Transport: Self transport

Chief Complaint: "I can't stop throwing up x 5 weeks".

History of Present Illness

A.B. is a 20 year old primigravida, LMP 7/18/2021, EGA 12 weeks, female with past medical history of asthma who presents for evaluation of multiple episodes of vomiting for the last 5 weeks. The patient reports not being able to tolerate food or drink without vomiting afterwards. She reports vomiting food contents as well as yellow-colored bile 3-4 times per day. She reports visiting the ED twice before for the same complaint. The patient also reports a pruritic rash over her lower extremities and lower back. She says the itching is severe enough to prevent her from sleeping at times. She reports having performed a home pregnancy test 2 months ago and has not received any prenatal care. Denies any attempt at self treatment for vomiting or rash. Denies knowledge of aggravating or relieving factors. Denies fever, chills, myalgias, chest pain, shortness of breath, hematemesis, vaginal bleeding, discharge, dysuria, leg swelling, claudication or insect bites. Denies recent travel or sick contacts. Admits to headache and dizziness.

Past Medical History

Asthma

Past Surgical History

Denies

Medications

Denies

Allergies

NKDA

Denies food or environmental allergies

Family History

Mother – Alive and well

Father – Alive and well

Social History

Denies smoking, drinking. Admits to marijuana use.

Review of Systems

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

Head: Denies trauma, vertigo. Admits headache.

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 or discharge

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

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

Gastrointestinal: No diarrhea or abdominal pain. Admits to nausea and vomiting.

Genitourinary: No discharge, hematuria, dysuria.

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

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

MSK: Denies painful joints.

Nervous system: Denies loss of consciousness or numbness and tingling.

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

Skin: Admits to skin rash .

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

Vital Signs

Height: 5'1

Weight: 140 lb

BMI: 26.1

BP: 140/96

Pulse: 116

RR: 20

T: 97.4 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: Symmetrical, no discharge or lesions.

ENT: No discharge, no epistaxis, airway clear.

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

Cardiac: **S1 S2 distinct, regular rhythm. Elevated heart rate greater than 125 during exam.**

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, grouped maculopapular lesions with central crusting over bilateral legs and lower back.**

Labs + Imaging

CMP –

Na – 131

K – 2.3

Cl- 94

ALT – 108

AST - 57

CBC :

WBC – 9.00

RBC – 4.58

Hgb/Hct – 12.8/36.2

Urinalysis –

Ketones – 40

Leukocyte esterase – Moderate

WBCs – 15-30

Bacteria – moderate

Squamous epithelial cells – moderate

Urine Toxicology – Positive for THC

HCG Quant – 50,362

Pelvic US – 9/16/21 – Intrauterine gestation of approximately 8 weeks.

VBG – pH 7.66

EKG – Sinus Tachycardia @125 – nonspecific ST changes in inferior leads

Assessment

20 year old G1P0 female with hyperemesis gravidarum, atopic eruption of pregnancy, and hypokalemia.

Plan:

- Reglan for nausea and vomiting
- Start on oral potassium, if cannot tolerate due to vomiting then IV KCl
- Normal Saline bolus 1 L
- Benadryl for skin rash
- Cardiology consult
- Dermatology consult
- GI consult
- Repeat BMP and EKG q6H
- Cardiac monitoring