

Melinda Chiu
QHC - Pediatric Rotation

H&P 1

Name: TJ (4438791)
Age: 16
Gender: Female
Address: Jamaica, NY
Date & Time: Nov 29 2020 @ 9:57 AM
Location: QHC
Reliability: Reliable
Source of Information/Referral: patient and adult sister
Mode of Transportation: family car
Language: English

CC: referred by PCP for abnormal results drawn 4 days ago

PHI: TJ is a 16yo female with no PMH, presents to Pediatric ER (accompanied by adult sister) after being referred by PCP for abnormal lab results from annual check up. Labs drawn on 11/25/20, resulted with Hb/Hct 5.6/23.3. Patient admits to feeling generalized weakness, especially in her upper arms for the past 1-2 months. When she walks 1 block distance, she has dizziness, palpitations, and feels short of breath. Patient stated that her menses used to be regular (menarche in 6/2016) every 28 days with 3-4 pads used, but she skipped menses from February - April, and since then her periods have gotten heavier. Her LMP lasted 1.5 months, ending on 11/18, needing 5-6 pads per day. Towards the end of this menstrual cycle, patient stated she had a syncopal episode (started with weakness, then LOC for unknown length of time when placed in bed, patient was given a boiled egg to eat after, felt better and no medical attention was sought). Denies fever, chills, cough, nausea, vomiting, diarrhea, headache, head trauma, chest pain, urinary sx, current vaginal bleeding/discharge, nor history of syncope.

PMH: none, immunizations UTD

Surgical history: none

Social History: Came from Bangladesh last year. Lives at home with family. Currently attending online school due to COVID19. Not sexually active. Denies ever smoking, drinking, nor illicit drug use.

Family History: none

Allergies: NKDA. Allergic beef, shrimp, and pollen

Medications: none

ROS

General: admits to fatigue. Denies fever, chills, confusion

Skin/Hair/Nails: no complaints

Head: admits to dizziness when exerting herself. Denies H/A, dizziness, trauma

Eyes: denies blurry vision, diplopia, visual disturbances, glasses use

Ears: no complaints

Nose: denies recent URI, no complaints

Mouth: no complaints

Neck: no complaints

Heart: admits to palpitations when exerting herself. Denies chest pain or history of HTN.

Lungs: admits to SOB when walking 1 block distance. Denies recent URI, cough, PND, orthopnea

GI: denies N/V/D, abdominal pain, change in appetite, hemoptysis, stool changes

Vascular: denies lower extremity swelling, claudication

Urinary: no urinary sx.

MSK: admits to weakness of bilateral upper arms

Neuro: admits to dizziness when exerting herself, and an episode of syncope 2 weeks ago.

Denies H/A, nor sensory/motor disturbances

Reproductive: admits irregularly heavy and long periods (see HPI)

Psychiatric: denies history of anxiety, depression, panic attacks

PE:

Vitals: BP 122/79, Pulse 117, RR 18, Temp 99.8 F, O2 99% on room air, Weight 144lb

General: A&Ox3, no apparent distress, well appearing, sitting comfortably in chair

Skin: warm and moist, good turgor, capillary refill 2-3 seconds, no pallor/scars/lesions noted

Head: normocephalic, atraumatic, non tender

Eye: PERRA, EOM intact, conjunctiva pale pink and moist

Nose: no discharge nor erythema of nasal mucosa noted

Mouth: unremarkable dentition, no oral lesions nor erythema of throat

Ears: nontender to palpation, EAC and TM wnl bilaterally

Neck: supple, ROM intact, no lymphadenopathy

Chest: clear S1 & S2, RRR, no murmurs, rubs, gallops

Lungs: no use of accessory muscles, CTA, no adventitious sounds

Abdomen: non distended, BS present in all 4 quadrants, soft, non-tender

Vascular: radial and DP pulses 2+, no edema noted on LE

Lab Results:

Urine Hcg: negative

CMP: Na 136, K 4.8, Cl 101, CO2 22, BUN 13, Creatinine 0.55, LFT wnl

CBC: WBC 12.6, Hb 5.7, Hct 22, Platelet 349, low MCV/MCH/MCHC

T&S: O+

Assessment/Plan:

16yo female with no PMH, presents to Pediatric ER for abnormal labs of Hb/Hct 5.6/23.3, with generalized weakness, dizziness, palpitations, SOB, irregularly heavy menses, and a syncopal episode. Patient is anemic, likely from blood loss from heavy menstrual bleeding.

Patient will be discharged and transferred to Cohen's Medical Center Hematology team.