

JAY KOLASINAC
HPPA 522 LAB
PROFESSOR MAZANET
HOSPITAL VISIT H & P - PRE-ADMISSION TESTING

95

IDENTIFYING DATA

- NAME: MRS. L
- ADDRESS: N/A
- DATE OF BIRTH: MARCH 2ND, 1960 ~ 60 yrs old ✓
- DATE & TIME: 03/10/2020 ~ 8:45 A.M.
- LOCATION: NYPO - FLUSHING, NY
- RELIGION: DOES NOT IDENTIFY WITH ANY RELIGION
- SOURCE OF INFORMATION: SELF [TRANSLATOR WAS USED, HOSPITAL SERVICE]
- RELIABLE: PATIENT IS RELIABLE
- MODE OF TRANSPORTATION: UBER.

• CHIEF COMPLAINT: " I HAVE A RECTAL POLYP "

• HPI: 60F ^{S/P RENAL TRANSPLANT x 2} WITH A PAST MEDICAL HISTORY OF CHRONIC KIDNEY DISEASE, HYPERTENSION, AND A 7.5 PACK-YEAR-SMOKING HISTORY PRESENTED TO THE PRE-ADMISSION TESTING CENTRE 1 WEEK BEFORE HER SCHEDULED SURGERY TO REMOVE A RECTAL POLYP. PATIENT HAD A ROUTINE COLONOSCOPY DONE 2 MONTHS AGO WHERE THE RECTAL POLYP WAS DISCOVERED. BIOPSY OF THE POLYP WAS PERFORMED AND RESULTS INDICATED A BENIGN RECTAL POLYP. ✓
PATIENT DEMES ANY PAIN, CHANGE IN BOWEL HABITS, HEMORRHOIDS, DIARRHEA, CONSTIPATION, FLANK PAIN, RECTAL BLEEDING, OR BLOOD IN STOOL. PATIENT ALSO DEMES ANY SMOKING OR SLEEP APNEA.

WEIGHT LOSS, FEVERS, CHILLS, BONE PAIN, LIGHTHEADEDNESS, DIZZINESS

PERTINENT NEGATIVES
FOR CANCER

PERTINENT NEGATIVE
FOR ANEMIA

PAST MEDICAL HISTORY

PRESENT ILLNESSES: CKD x 20 YRS, HYPERTENSION x 25 YEARS
CHILDHOOD ILLNESSES: DENIES ANY CHILDHOOD ILLNESSES ✓
IMMUNIZATIONS: RECEIVED FLU SHOT IN OCTOBER ✓
SCREENING TESTS / RESULTS: COLONOSCOPY DONE IN JANUARY. - FOUND
BENIGN RECTAL POLYP.

PAST SURGICAL HISTORY

2011 - LEFT KIDNEY TRANSPLANT - NO COMPLICATIONS
2001 - RIGHT KIDNEY TRANSPLANT - NO COMPLICATIONS
VERY UNUSUAL TO HAVE BILATERAL RENAL TRANSPLANTS UNLESS ONE OF THEM FAILED

MEDICATIONS

- TACROLIMUS - 1mg / DAY / PO.
- ASPIRIN - 81mg / DAY / PO
- PREDNISONE - 5mg / DAY / PO
- RASUVASTATIN - 5mg / DAY / PO

ALLERGIES

POLEN / DUST - ~~HIVES~~ ^{J.C} WHEEZING, ^{J.C} DYSPNEA ✓
NO KNOWN DRUG ALLERGIES

FAMILY HISTORY

MOTHER: DECEASED. 67. HISTORY OF CHRONIC KIDNEY DISEASE AND SUGARS.
FATHER: ALIVE AND WELL. 83.
SIBLINGS: BROTHER: ALIVE AND WELL. 55. ✓
NO CHILDREN.
GRANDPARENTS UNKNOWN.

SOCIAL HISTORY

MRS. L IS A MARRIED WOMAN WHO IS CURRENTLY RETIRED AND LIVES WITH HER HUSBAND. SHE USED TO RUN A RESTAURANT HERE IN NYC.

HABITS: DOES NOT DRINK ALCOHOL. SMOKES ~5 CIGARETTES PER DAY FOR THE LAST 30 YEARS.

TRAVEL: DOES NOT TRAVEL FREQUENTLY.

DIET: DIET TAILORED TO REDUCE BLOOD PRESSURE. LOW SODIUM.

EXERCISE: DOES NOT EXERCISE.

SAFETY MEASURES: MRS. L WEARS A SEAT BELT

SEXUAL HISTORY: NOT SEXUALLY ACTIVE. HETEROSEXUAL FEMALE.
NO HISTORY OF KNOWN STIs.

REVIEW OF SYSTEMS.

GENERAL → PATIENT DENIES ANY FEVER, CHILLS, NIGHT SWEATS, FATIGUE, WEAKNESS, LOSS OF APETITE, OR ANY RECENT WEIGHT LOSS.

SKIN, HAIR, NAILS → DENIES ANY CHANGES IN TEXTURE, EXCESSIVE DRYNESS/SWEATING, DISCOLORATIONS, PIGMENTATIONS, MOLES/NAevi, PRURITIS, OR CHANGES IN HAIR DISTRIBUTION

HEAD → DENIES ANY HEADACHE, VERTIGO, HEAD TRAUMA, UNCONSCIOUSNESS, COMA, FRACTURE.

EYES → PATIENT WEARS READING GLASSES. DATE OF LAST EYE EXAM IS UNKNOWN. DENIES ANY VISUAL DISTURBANCES, FATIGUE, LACRIMATION, PHOTOPHOBIA, PAIN,

EARS → DENIES ANY DEAFNESS, PAIN, DISCHARGE, TINNITUS, OR HEARING AIDS.

- Nose / Sinuses → DENIES ANY DISCHARGE, EPISTAXIS, OBSTRUCTION ✓
- MOUTH & THROAT → DENIES ANY BLEEDING GUMS, SORE TONGUE, SORE THROAT, ✓
MOUTH ULCERS, VOICE CHANGES, DENTURES, LAST DENTAL EXAM: OCT. 20 ✓
- NECK → DENIES ANY LOCALIZED SWELLING / LUMPS, STIFFNESS / DECREASED RANGE OF MOTION. ✓
- BREAST → DENIES ANY LUMPS, NIPPLE DISCHARGE, PAIN. ✓
- PULMONARY SYSTEM → DENIES ANY DYSPNOEA, SOB, COUGH, WHEEZING, ✓
HEMOPTYSIS, CYANOSIS, ORTHOPNEA, OR PND. ✓
- CARDIOVASCULAR SYSTEM → DENIES ANY CHEST PAIN, HTN, PALPITATIONS, ✓
IRREGULAR HEART BEAT, EDEMA / SWELLING OF THE ANKLES, SYNCOPE, OR KNOWN HEART MURMUR. ✓
- GASTROINTESTINAL SYSTEM → SEE HPI. ✓
- GENITOURINARY → DENIES ANY CHANGES IN FREQUENCY, COLOR OF URINE, ✓
INCONTINENCE, DYSURIA, NOCTURIA, URGENCY, OUBURIA, POLYURIA ✓
- ~~SEXUAL HISTORY → SEE SOCIAL HISTORY.~~
- MENSTRUAL / OBSTETRICAL → DATE OF LAST NORMAL PERIOD 7 YRS AGO.
MENARCHE ~ 14 YRS AGO. PATIENT IS IN MENOPAUSE
AND IS NOT EXPERIENCING ANY ASSOCIATED SYMPTOMS
- OBSTETRICAL: G₀ T₀ P₀ A₀ L₀.

~~OSSEAL~~ HEAD

- MUSCULOSKELETAL SYSTEM → DENIES ANY MUSCLE/JOINT PAIN, DEFORMITIES, SWELLING, REDNESS, OR ARTHRITIS. ✓
- PERIPHERAL VASCULAR SYSTEM → DENIES ANY INTERMITTENT CLAUDICATION, COLORES OF TROPHIC CHANGES, VARICOSE VEINS, PERIPHERAL EDEMA OR COLOR CHANGE. ✓
- HEMATOLOGIC SYSTEM → DENIES ANY ANEMIA, EASY BRUISING/BLEEDING, LYMPH NODE ENLARGEMENT, OR HISTORY OUT/IN. ✓
- ENDOCRINE SYSTEM → DENIES ANY POLYURIA, POLYDIPSIA, POLYPHAGIA, HENT OR CWD INTOLERANCE, GOITERS, OR HIRUTY. ✓
- NERVOUS SYSTEM → DENIES ANY SEIZURES, LOSS OF CONSCIOUSNESS, SENSORY DISTURBANCES, ATAXIA, LOSS OF STRENGTH, CHANGE IN COGNITION/MENTAL STATUS/MEMORY, OR WEAKNESS. ✓
- PSYCHIATRIC → DENIES ANY DEPRESSION/SADNESS, ANXIETY, OBSSIVE/COMPULSIVE DISORDER, OR ANY MEDICATIONS. ✓

PHYSICAL EXAM

• GENERAL → ALERT/ORIENTED X 3. ^{J.K.} SKIN MAINT. SKIN FEMALE. NEATLY GROOMED. APPARENTLY STATED AGE OF 60.

VITALS → BP: 143/85 WEIGHT: 146.6

T: 97.5 ^{ORAL} HEIGHT: 153cm ~ 5'0" ✓

WILL BE IN

P: 74

BMI: 28.6 ~ OVERWEIGHT

PERIPHERAL

RR: 17

O₂ SAT: 98% ON ROOM AIR

VASCULAR EXAM → AV FISTULA LEFT LOWER ARM, ⊕ THRU, ⊕ BRUIT

SKIN → WARM AND MOIST. NON ICTERIC. NO MASSES/LESIONS/SCARS.

AV FISTULA LOCATED ON LEFT ARM. NO TATTOOS.

HAIR → AVERAGE QUANTITY. COARSE HAIR. EVEN DISTRIBUTION. NO Lice/SEBORRHEA ✓

• NAILS → CAPILLARY REFILL < 2 SEC. NO SIGNS OF CLUBBING/INFECTIONS/MASSES/LESIONS/SPLINTER HEMORRHAGES. ✓

• HEAD → NORMOCEPHALIC. ATTRAUMATIC. NON-TENDER TO PALPATION. ✓

IS THIS PATIENT ON PARALYSIS? • EYES → SYMMETRICAL. PERRL. NO ACCOMMODATION. NO MASSES/LESIONS/SCARS. NO STRABISMOS/EXOPHTHALMOS/OIL PTOSIS.

IF SHE HAD BEEN PRIOR TO TRANSPLANT DOCUMENT IN PAST SURGICAL HISTORY

SCLERA IS WHITE, CONJUNCTIVA IS PINK. VISUAL ACUITY: 20/20 OS, 20/20 OD, 20/20 OU. VISUAL FIELDS ARE FULL, OU EDH'S ARE FULL w/ NO NYSTAGMUS. ✓

SECONDLY, THIS PROCEDURE SHOULD THE PLACEMENT OF THE SHUNT SHOULD BE DOCUMENTED IN SURGICAL HISTORY

FUNDOSCOPY → RED LIGHT REFLEX IS INTACT, OU. CUP TO DISC < 0.5 ^{HT}. OU. NO AV NICKING, HEMORRHAGES, EXUDATES, OU.

• EARS → SYMMETRICAL, ⁷ (NORMAL) SIZED, AV. NO MASSES/LESIONS/SCARS. NO DISCHARGE/FOREIGN BODIES. T.M. IS PEARLY WHITE. LIGHT REFLEX IN CORRECT POSITION, AV. AUDITORY ACUITY INTACT TO WHISPER TEST, AV. WEBER IS MIDDLE. AC > BC, AV.

NOSES → SYMMETRICAL. NO DISCHARGE, OBSTRUCTION. NO
MASSES | LESIONS | SCARS. PATENT BILATERALLY. NO ✓
MASSES | LESIONS | SCARS. NASAL MUCOSA IS PINK/MOIST.
RHINOSCOPY → SEPTUM MIDLINE. NO FALLEN BONES/
PERFORATIONS | INJECTIONS.

SINUSES → NON-TENDER TO PALPATION TO BOTH MAXILLARY
AND FRONTAL SINUSES. ✓

MOUTH / PHARYNX → LIPS → PINK/MOIST. NO CYANOSIS | LESIONS.
MUCOSA → PINK/MOIST. NO MASSES | LESIONS | ULCERATION.
PALATE → PINK/MOIST. NO MASSES | LESIONS.
TEETH → GOOD DENTITION. NO CAVITIES. ✓
GINGIVAE → PINK/MOIST. NO HYPERPLASIA | MASSES |
LESIONS | RECESSION.
TONGUE → PINK/MOIST. WELL PALPATED. NO
MASSES | LESIONS | SCARS.
OROPHARYNX → PINK/MOIST. NO INJECTION | EXUDATES |
MASSES | LESIONS. POST-NASAL DRIP.
TONSILS PRESENT W/ NO EXUDATES.
VELLA PINK RISES W/ MIDLINE.

NECK → TRACHEA MIDLINE. NO MASSES | LESIONS | SCARS. NON-TENDER TO PALPATION.
AD² THYROID NON PALPABLE. NO ADENOPATHY PRESENT. ✓ NOTED.

CHEST → CHEST WALL SYMMETRICAL. AP DIAMETER 2:1. NO DEFORMITIES
ATRAUMATIC. RESPIRATIONS UNLABORED. NON-TENDER TO PALPATION ✓

LUNGS → CLEAR TO PERCUSSION / AUSCULTATION. BILATERALLY. RESPIRATORY
EXPANSION SYMMETRICAL. TACTILE FREMITUS SYMMETRICAL. NO ✓
ADVENTITIOUS SOUNDS.

HEART → JVP IS 2.5 CM, ABOVE STERNA ANGLE WHILE
BED IS AT 30°. PMI LOCATED IN 5TH LEFT INTERCOSTAL
SPACE. IN MIDCLAVICULAR LINE. CAROTID PULSES ARE
2+ BILATERALLY. NO BRUITS, REGULAR RATE AND RHYTHM.
S₁ AND S₂ ARE DISTINCT W/ NO SPLITTING OF S₂
NO EVIDENCE OF S₃, S₄, OR FRICTION PNB.

ABDOMEN. → ABDOMEN FLAT AND SYMMETRICAL. NO STAIRS/STAIRS/
MASSSES/LESIONS/CANT REDUCIBLE/HELMINTHS/ASCITES. (UMBILICUS
IS NOT INFLAMED) PERITONEAL BOWEL SOUNDS IN
ALL 4 QUADRANTS AND CLEAR TO PERCUSSION. NON-TENDER
TO PALPATION. NO GUARDING/REBOUND. TYMPANIC
THROUGHOUT, NO HEPATOMEGALY, OR OVA TENDERNESS NOTED.

BREAST → NO MASSES TO PALPATION. SYMMETRIC. NO DIMPLES/RASIES.
NIPPLES SYMMETRIC W/ OUT DISCHARGE OR LESIONS. ✓
NO AXILLARY NODES PALPABLE.

GENITO/RECTAL. → EXTERNAL GENITALIA W/ OUT ERYTHEMA/LESIONS.
VAGINAL MUCOSA PINK W/ OUT INFLAMMATION, ERYTHEMA,
OR DISCHARGE. CERVIX PALLID PINK, NO LESIONS OR
DISCHARGE. NO CERVICAL MOTION TENDERNESS. UTERUS ✓
ANTERIOR MIDDLE, SMOOTH, NON-TENDER AND NOT ENLARGED.
NO ADnexAL TENDERNESS OR MASSES NOTED PPD SMOKE
OBTAINED. NO NODULE ADENOPATHY. RECTOVAGINA WALL
INTACT. NO EXTERNAL HEMORRHOID SWELLINGS, ULCERS, SWMS
TRACTS, ANAL FISSURES, INFLAMMATION OR EROSIONS.
GOOD ANAL SPHINCTER TONE. NO MASSES/TENDERNESS. THREE
BROWN STOOL PRESENT IN VAULT. FOB NEGATIVE.

MOTOR/CEREBELLAR

NEUROLOGICAL → FULL ACTIVE/PASSIVE ROM OF ALL EXTREMITIES

W/OUT RIGIDITY OR SPASTICITY. SYMMETRIC MUSCLE BULK

W/ GOOD TONE. NO ATROPHY, TICS, TREMORS, FASCICULATIONS. ✓

STRENGTH 5/5 THROUGHOUT. RHOMBERG NEGATIVE, NO PROMOTOR

DRIFT NOTED. GAIT STEADY W/ NO ATAXIA. TANDEM WALKING

AND HEPPING SHOW BALANCE INTACT. COORDINATION BY

RAPID ALTERNATING MOVEMENT AND POINT TO POINT INTACT

BILATERALLY, NO ASTERIXIS.

↳ SENSORY → INTACT TO LIGHT TOUCH, SHARP/DULL AND VIBRATORY SENSE THROUGHOUT. PROPRICEPTION, POINT LOCALIZATION, EXTINCTION, STEREONOSIS, & GRAPHOESTHESIA INTACT BILATERALLY.

↳ REFLEXES → 2+ THROUGHOUT. NEGATIVE BABINSKI, NO CLONUS APPRECIATED.

↳ MENORAL SIGNS → NO NUCHAL RIGIDITY, NISTED. BRUZOVSKE'S / KERNS' NEGATIVE.

↳ MENTAL STATUS EXAM. → ALERT/ORIENTED X3. NO TICS/TREMORS.

WELL DRESSED, NEUTRAL FACIAL EXPRESSION,

NO ABNORMAL MANNERISMS. PATIENT IS

TALKATIVE, GOOD TONE/NO ARTICULATION AT A RAPID PACE.

PATIENT DENIES ANY FEELINGS OF SUICIDA IDEATION, ANGER, DEPRESSION, OR ANXIETY. NO ABNORMAL FLIGHT OF IDEAS.

DENIES ANY DELUSIONS/HALLUCINATIONS/PHOBIAS/OBSESSIONS.

GOOD INSIGHT/JUDGEMENT. MEMORY/ATTENTION INTACT. COGNITIVE FUNCTIONS ARE FULL.

La CRANIAL NERVES

- I → CORRECTLY IDENTIFIES COFFEE AND MINT BILATERALLY.
- II → VISUAL ACUITY IS 20/20 OS, 20/20 OD, 20/20 OU, CORRECT RED LIGHT REFLEX INTACT. NO AN. NICKING, EXOSSES, OR HEMORRHAGES. VISUAL FIELDS ARE FULL.
- III, IV, VI → EOKs ARE INTACT. PERILLA. NO PTOSIS.
- V → FACE SENSATION INTACT BILATERALLY, CORNEAL REFLEX INTACT, JAW MUSCLES STRONG W/ NO ATROPHY.
- VII → CORRECTLY IDENTIFIES SWEET, SALT, SOUR, BITTER FLAVORS, STRONG EYELID MUSCLES, FACIAL EXPRESSIONS INTACT, NO PROBLEMS W/ B.M.P. SOUNDS.
- VIII → AUDITORY ACUITY INTACT TO MINOR TEST. WEBER MIDLINE. AC > BC, AN.
- IX/X → NO HOARSENESS, UNLA. MIDLINE W/ ELEVATION OF SOFT PALATE, GRAB REFLEX INTACT. NO DIFFICULTY SWALLOWING.
- XI → FULL RANGE OF MOTION AT NECK, 5/5. STRONG SHOULDER STRONG.
- XII → TONGUE MIDLINE W/OUT FASCICULATIONS, GOOD TONGUE STRENGTH.

ASSESSMENT

MRS. L IS A 60F, w/ PMH of CKD, HTN, 1.5-PACK
YEAR SMOKING HISTORY WHO IS SCHEDULED TO REMOVE A
BENIGN RECTAL POLYP IN 1 WEEK TIME. ✓

Dx / DDX

- WOULD BE THINKING THESE IF WAS NOT CONFIRMED BY BIOPSY
- ① BENIGN RECTAL POLYP → CONFIRMED BY BIOPSY
 - ② COLORECTAL CANCER → NO PAIN SO COULD BE CANCEROUS
 - ③ HEMORRHOIDS → LESS LIKELY DUE TO NO PAIN/NO BLEEDING
 - ④ CROHN'S DISEASE → LESS LIKELY DUE TO NO PAIN/ BLEEDING
 - ⑤ INFLAMMATORY BOWEL DISEASE → ✓

PLAN

CKD → CONTINUE TAKING CURRENT MEDICATIONS
HTN → CONTINUE TAKING CURRENT MEDICATIONS.
SMOKING → ADVISE PATIENT TO QUIT SMOKING. NOT GOOD FOR KIDNEYS. HAVE A NICOTINE PATCH IF SHE REQUESTS.

NEED TO BE MORE SPECIFIC

BEFORE SURGERY → STOP EATING BY MIDNIGHT NIGHT PRIOR TO SURGERY. CAN TAKE MEDICATIONS IN MORNING OF SURGERY w/ TINY SIPS OF WATER. AVOID ASPIRIN (8mg) AND ANY OTHER SUBSTANCES THAT CAN INTERFERE WITH CLOTTING (FISH OIL, HERBAL SUPPLEMENTS, ETC...)