**Rotation 6 – Ambulatory Medicine Site Eval 2 HP 2**

**Jay Kolasinac**

**7/23/2021**

**Identifying Information:**

* Name: J.M
* Sex: Male
* DOB: \*/\*/1996 – 25-years-old
* Date: 7/21/2021 @ 2:30 PM
* Location: CUC – Middle Village, Queens, NY
* Source of Information: Self
* Source of Referral/Mode of Transport: Car

**CC**:

“Something in my right eye” x 1 day.

**HPI**:

25-year-old, male, with no significant PMH, presents with a foreign body sensation in his right eye x 1 day. Pt states he works as a welder, believes that yesterday, he saw a spark fly backwards towards his face and is concerned it may have gotten into his eye. He reports not wearing protective goggles at the time. He immediately flushed his eye with warm water for 15 minutes afterwards. Pt states he is a contact lens wearer and was wearing his contacts at that time. He has been using OTC Visine Eye Drops with minor relief. Denies any trauma, visual disturbances, ocular discharge, painful eye movements, blurry vision, flashing lights, floaters, itching, or redness. Denies any fevers, chills, headaches, dizziness, chest pain, SOB, or abd pain.

**Past Medical History:**

Denies

**Medications** –

Denies

**Past Surgical History:**

Denies

**Allergies**-

Denies any known drug/environmental allergies.

**Past Family History:**

**Father –** Unknown.

**Mother –** 48-years-old. History of HTN. Alive and well.

**Brother –** 20-years-old. History of asthma, eczema. Alive and well.

**Social History:**

J.M. is a 25-year-old, male, who works as a welder working 50 hours per week. He denies any smoking, EtOH usage, or illicit drug usage. Pt is a heterosexual male, currently sexually active with his female partner, and admits to using protection. He denies any history of STDs in the past.

**Review of Systems:**

General:(-) fatigue, chills, nausea, vomiting, weight gain or loss.

HEENT:(-) any headache, sore throat, visual changes, auditory changes, rhinorrhea, or epistaxis.

EYES: SEE HPI

Respiratory: (-) any SOB, cough, dyspnea, or sputum production.

Cardiac: (-) any chest pain, palpitations, murmurs or dyspnea on exertion.

Psych: (-) Denies any depression, anxiety, or mood changes.

**Physical Exam**

Vitals: BP: 118/74 mm Hg, HR:60/min, RR: 16/min, O2 Sat: 98%, T: 97.1F, Wt: 205lbs, Ht: 5’11’’, BMI: 28.60

General: Patient is AOx3. Appears stated age, properly dressed/groomed, well nourished, and in no acute distress.

Head: Normocephalic, atraumatic. Good hair distribution. No masses/lesions.

**Eyes: Right eye** without masses, lesions, obvious foreign bodies, scarring, erythema, edema, or deformity. Visual acuity is 20/20 OD, 20/20 OS, 20/20 OU. PERRLA. EOMs intact. Visual fields are full. **Left eye:** without masses, lesions, obvious foreign bodies, scarring, erythema, edema, or deformity. Visual acuity is 20/20 OD, 20/20 OS, 20/20 OU. PERRLA. EOMs intact. Visual fields are full.

Fluorescein Stain: Right eye: **2 mm corneal abrasion located inferior to pupil.**

Cardiac: No masses/lesions noted on chest. No visible lifts, heaves, or thrills. Heart rate and rhythm are within normal limits. Distinct S1/S2 are heard with no obvious murmurs, gallops, or rubs.

Lungs: Chest wall is symmetric with no deformities. Nontender. No signs of respiratory distress. Lungs are clear to auscultation bilaterally. No wheezing, rhonchi, or crackles heard.

**Assessment**:

25-year-old male presenting with foreign body sensation x 1 day.

DDx:

* Glaucoma – R/O
* Foreign body in eye
* Corneal abrasion
* Corneal ulcer
* Blepharitis
* Conjunctivitis

**Plan:**

* Start TobraDex Suspension, 0.3-0.1%, 1 drop into affected eye, ophthalmic, every 8 hrs, 2 days, 1 bottle, 0 refills.
* Ophthalmology follow up within the next 2 days.
* Pt advised to continue medication as prescribed, side effects reviewed and discussed.
* Patient advised to go to the ER if any new or worsening symptoms, such as pain, discharge, or visual changes.
* Patient had opportunity to ask questions and presented a good understanding of instructions, care plan and follow-up.
* Patient was non-toxic appearing at the time of discharge.