

Chaya Newfield
Rotation 4- OBGYN
H&P #3

Identifying data:

Name: AO
Location: QHC, OBGYN Clinic
Date and Time: 5/19/2021, 1:00 PM
Informant: Self
Sex: Female
Race: African American
Age: 19
Referral Source: Self
Marital Status: single
Reliability: Reliable

Chief Complaint: "I have heavy periods"

HPI: AO is a reliable 19 y/o G0 female who presents to OBGYN clinic with prolonged and frequent menses. The patient was sexually active last year, February 2020. Pt states her LMP started since December (6 months) pt states menses all 6 months long with one week every so often of just spotting. Pt states most days she soaks 6 pads a day with clots around 3 cm in size. Pt admits to dizziness and lightheadedness at times but not currently. Pt denies SOB and palpitations Pregnancy test in clinic- neg. Pt denies smoking, hx of HTN and blood clots.

PMH

Current Illness- denies
Past Medical Illness- none
Injuries- denies
Surgeries- denies
Allergies- Penicillin, hives. Denies allergies to food
Medications- denies
Immunizations- Up to date, HPV vaccine completed 2014
Diet- Admits to diet including fast food, sugary drinks, lacking fruits and vegetables
Past Family/ Social History
Family History – Denies family history of diabetes or heart disease, breast/ovarian/colon cancer

Social History:

Marital Status- single

Home- Lives in private residence with parents

Sexual history- not sexually active

Smoking- Denies smoking e-cigarettes, tobacco, marijuana or any other illicit drugs, or history of smoking .

Substance use – Denies drinking alcohol

Caffeine- Drinks one cup of coffee a day

Travel – AO denies any recent travel.

Review of systems:

General – Denies loss of appetite, weakness and fatigue, recent weight gain or loss, fatigue, fever, headaches, or night sweats.

Skin, hair, nails –Denies changes in texture, excessive dryness or sweating, discolorations, pigmentations, moles/rashes, pruritus or changes in hair distribution.

Head – Admits frequent dizziness, most often in morning. Denies headaches, vertigo or head trauma, head fracture or coma.

Eyes –Denies contacts or glasses, visual disturbances, fatigue, photophobia, and pruritus. Last eye exam unknown

Ears –Denies deafness, tinnitus, pain, discharge, or use of hearing aids.

Nose/sinuses – Denies discharge, obstruction or epistaxis.

Mouth/throat – Denies bleeding gums, denies dentures, sore throat, sore tongue, mouth ulcers, voice changes. Last dental exam within 5 years, wnl

Neck – Denies localized swelling/lumps or stiffness/decreased range of motion.

Pulmonary– Denies dyspnea, DOE, cough, wheezing, orthopnea, paroxysmal nocturnal dyspnea, cyanosis and hemoptysis.

Cardiovascular– Denies chest pain, swelling of the extremities, irregular heartbeat, syncope or known heart murmur.

Gastrointestinal– Denies lower abdominal pain, loss of appetite, nausea, and vomiting. Denies flatulence, eructation, acid reflux and blood in the stool. Denies intolerance to specific foods, constipation, dysphagia, pyrosis, diarrhea, jaundice, hemorrhoids, rectal bleeding, or blood in stool.

Genitourinary system – Denies urinary frequency, urgency, incontinence and nocturia. Denies oliguria, polyuria, dysuria, or flank pain.

Sexual History- Denies sexual activity. Past partners were always male. Does not use condoms or contraceptives. Denies history of sexually transmitted diseases or anorgasmia.

gynecological – G0, since December many days soaking 6 pads and every few weeks one week of spotting. Patient declined STD check, HPV vaccine completed 2014

Breast- Denies skin changes, lumps, nipple discharge, and pain.

Nervous – Denies seizures, loss of consciousness, sensory disturbances, ataxia, loss of strength, change in cognition / mental status / memory, or weakness.

Musculoskeletal system – Denies deformity or swelling, joint or muscle pain, redness or arthritis.

Peripheral vascular system – Denies intermittent claudication, coldness or trophic changes, varicose veins, peripheral edema or color changes.

Hematological system – Denies easy bruising or bleeding. Denies lymph node enlargement, or history of DVT/PE.

Endocrine system – Denies polyuria, polyphagia, polydipsia, heat or cold intolerance, excessive sweating, hirsutism, or goiter.

Psychiatric – Admits frequent anxiety, denies seeing mental health professional or taking medication for it. Denies depression/sadness, OCD or ever seeing a mental health professional.

Physical Exam:

Vitals:

BP: 129/82

HR: 100

RR: 18

Temperature: 98.2 F (axillary)

O2 sat: 99 in room air

Ht: (5 ft 5 in)

Wt: (230 lb)

BMI: 38.3 kg/m²

Skin:

Skin was warm, smooth, mild turgor, nonicteric, no lesions, masses, scars, tattoos, thickensses or opacities.

Nails:

Normal color size and shape of the nails. Has proper capillary refill on both the fingers and toes. No spooning, clubbing, beau's lines fissures, paronychia noted.

Head

Atraumatic, normocephalic. No tenderness or pain on the frontal, temporal, occipital, or parietal areas. No deformities or specific faces noted.

Hair

Good quantity evenly dispersed. Thick hair with no lice or seborrhea noted.

Eyes

Symmetrical OU. Eyebrows and eyelashes even distribution, eyelids have no discharge or swelling, lacrimal glands have no excessive tearing, dryness, enlargement or erythema, lacrimal sac not inflamed or swollen. No strabismus, exophthalmos or ptosis. Sclera white, conjunctiva pink.

Visual acuity uncorrected – not obtained

Visual fields full OU. PERRLA, EOMs intact with no nystagmus.

Ears:

Symmetrical and normal size. No lesions, masses or trauma on external ears. No discharge/foreign bodies in external auditory canals AU.

Nose

Symmetrical, no masses lesions or deformities, trauma or discharge.

Mouth

Lips – Pink, moist; no cyanosis or lesions. Non-tender to palpation.

Mucosa – Pink; well hydrated. No masses; lesions noted. Non-tender to palpation.

Palate – Pink, well hydrated. Palate intact with no lesions; masses; scars.

Teeth – Good dentition and no obvious dental caries noted.

Gingivae – Pink; moist. No hyperplasia; masses; lesions; erythema or discharge.

Tongue – Pink; well papillated; no masses, lesions or deviation noted. Non-tender to palpation.

Oropharynx – Well hydrated; no injection; exudate; masses; lesions; foreign bodies.

Neck- Trachea midline. No masses; lesions; scars; pulsations noted. No erythema, ecchymosis, or edema. Supple; Tenderness over bilateral cervical paravertebral muscles. FROM

Thorax & Lungs

Chest – Symmetrical, no deformities, no evidence of trauma. Respirations are unlabored, no paradoxical respirations or use of accessory muscles noted. Lat to AP diameter 2:1. No tenderness to palpation.

Lungs – Clear to auscultation and percussion bilaterally. Chest expansion and diaphragmatic excursion symmetrical. No adventitious sounds.

Abdomen

Nondistended, positive bowel sounds, soft, nontender, no rebound tenderness, guarding or rigidity.

Pelvic exam, patient declined

Breast exam, patient declined

Musculoskeletal

Normal muscle tone. Normal ROM upper extremity and lower extremity. Strength 5/5 bilaterally for both upper and lower extremities.

Heart

Normal rate and rhythm. S1 and S2 are distinct with no murmurs, S3 or S4. No splitting of S2 or friction rubs appreciated.

DDx: endometritis,, endometrial hyperplasia

1. Obesity- Excess weight may cause long periods. Fatty tissue can cause the body to produce more estrogen.
2. Malignancy- often the first symptom of uterine/cervical cancer is abnormal uterine bleeding
3. Anovulatory uterine bleeding- more commonly in adolescents and perimenopausal women, this can cause a buildup of the endometrium causing menorrhagia
4. Uterine polyp/submucous myoma- these can both cause AUB

5. PCOS - patient has risk factors including obesity and unhealthy diet. PCOS causing lower levels of progesterone can lead to irregular and heavy periods
6. Hypothyroidism- Even subclinical cases of hypothyroidism produce heavy uterine bleeding
7. Endometritis/endometrial hyperplasia- inflammation of the inner lining of the uterus may be caused by the endometrium embedding in the uterine muscle wall causing chronic menorrhagia. Unusually thick endometrium can also cause this

Assessment: 19 year old G0 female, LMP since December, presents to GYN clinic with prolonged menses x6 months. Patient also has possible mild symptomatic anemia with occasional dizziness upon waking.

Plan:

US pelvis, transvaginal US

Labs: (H&H) CBC, CMP, Thyroid panel, HCG, urinalysis

Start birth control to regulate menstrual cycles and reduce bleeding (desogestrel-ethinyl estradiol (APRI) 0.15 mg-30 mcg per tablet, Take 1 tablet by mouth daily, Disp: 30 tablet, Rfl: 2)

Start iron supplements daily (ferrous sulfate (FERROUS SULFATE) 325 MG tablet, Take 1 tablet (325 mg total) by mouth 2 (two) times a day, Disp: 60 tablet, Rfl: 3)

Patient education: If lighthead, palpitations, dizziness or severe blood loss go to ER.

Patient should keep track of menses and follow up with televisit in 2 weeks for results of sonogram and to discuss treatment plan.

Discuss case with supervising physician