

ED H&P

Date: 11/25/2021

Patient name: JM

MR: #####

CC: Shortness of breath x1 day

HPI: 57 y.o. Domiciled to street male with PMhx of COPD (non compliant with medications due poor access), an episode of SVT, polysubstance abuse (cocaine and marijuana), presented to the ED with complaints of shortness of breath x1 day. Patient endorses that he is unable to get his medications and for about 1-2 days has been feeling shortness of breath and cough with whitish sputum. He denies chest pain, palpitations, fevers, headaches, LOC. Never been intubated, unknown baseline pulmonary function.

PMH:

- COPD
- Coronary artery disease
- SVT

PSH:

- Denies

Fhx:

-Unable to obtain

PCP: Patient Does Not Have A Pcp

Social hx:

Tobacco Use

- Smoking status: Current Everyday Smoker
Types: Cigarettes

Substance and Sexual Activity

- Alcohol use: Yes
- Drug use: Yes
Types: Marijuana, Cocaine
Comment: States smoked Marijuana yesterday, Cocaine 2 days ago

Allergies:

- NKDA
- Shellfish-Derived Products Reaction: Rash

Medications:

- albuterol (PROVENTIL HFA; VENTOLIN HFA) 108 (90 Base) MCG/ACT inhaler
Inhale 2 puffs every 4-6 (four to six) hours as needed for wheezing
- budesonide-formoterol 80-4.5 MCG/ACT (SYMBICORT) 80-4.5 MCG/ACT inhaler
Inhale 2 puffs (2 inhalation total) 2 (two) times a day
- loratadine (CLARITIN) 10 MG tablet Take 1 tablet (10 mg total) by mouth daily
as needed for allergies (for nasal congestion)
- montelukast (SINGULAIR) 10 MG tablet Take 1 tablet (10 mg total) by mouth nightly

Review of Systems:

Constitutional: Negative for chills, diaphoresis, fever, malaise/fatigue and weight loss.

Respiratory: Positive for **cough, sputum production, shortness of breath and wheezing.**

Negative for hemoptysis.

Cardiovascular: Negative for chest pain and leg swelling.

Gastrointestinal: Negative for abdominal pain, nausea and vomiting.

Genitourinary: Negative for dysuria and hematuria.

Neurological: Negative for dizziness, seizures and headaches.

Differential:

- COPD exacerbation
 - Patient is a current smoker, has not refilled his medications or followed up with PCP recently. Most likely having an exacerbation.
- Pneumonia
 - Patients with COPD are at increased risk for pneumonia

- Pneumothorax
 - Patient has SOB, cough. COPD is associated with increased risk of developing secondary spontaneous pneumothorax.
- Congestive heart failure
 - Sx of SOB, cough. Less likely because the patient denies chest pain, swelling, palpitations.

VITALS:

BP	120/79 (BP Location: Right arm, Patient Position: Sitting)
Pulse	94
Temp	98.4 °F (36.9 °C) (Oral)
Resp	18
Ht	1.905 m (6' 3")
Wt	75.8 kg (167 lb)
SpO2	96%
BMI	20.87 kg/m ²
Smoking Status	Current Every Day Smoker
BSA	2.03 m ²

Physical Exam:

Constitutional:

General: He is not in acute distress.

Appearance: He is not ill-appearing.

HENT:

Head: Normocephalic and atraumatic.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Heart sounds: Normal heart sounds. No murmur heard.

Pulmonary:

Diffuse expiratory wheezing with poor air entry. No evidence of labored breathing, no nasal flaring, costal or subcostal retractions.

Abdominal:

General: There is no distension.

Palpitations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Musculoskeletal:

Right lower leg: No edema.

Left lower leg: No edema.

Neurological:

General: No focal deficit present.

Mental Status: He is alert and oriented to person, place, and time.

Labs:

CBC

WBC 14.20 (4.5-10.9)

HGB 13.2 (14.0-18.0)

HCT 40.0 (42.0-52.0)

Neutrophil % 79.8 (38.7-60.3)

Lymphocyte % 14.5 (22.4-49.0)

Imm Gran % 0.6 (0-0)

Absolute Neutrophil 11.34 (1.51-7.30)

Pro BNP 5 (≤ 125)

Troponin T 0.010 (≤ 0.010 ng/mL)

CMP:

SODIUM 144

POTASSIUM 4.6

CHLORIDE 105

BUN 26.0*

CREAT 1.06

CALCIUM 9.8

ANION GAP 11

Total Bilirubin 0.1

ALK PHOS 82

AST (SGOT) 17

CO2 28

Glucose 108

Albumin 4.3

Imaging/Studies:

DX Chest AP Only

IMPRESSION:

Stable hyperinflation of the lungs consistent with COPD/emphysema.

No focal consolidation, pleural effusion or pneumothorax

Assessment:

Assessment & Plan:

57 y/o male with PMHx of COPD polysubstance abuse and SVT presenting with 1 day wheezing shortness of breath. HD stable. Saturating 95% RA. Exam notable for diffuse expiratory wheezing with poor air entry. No evidence of labored breathing, no nasal flaring, or subcostal retractions. Likely COPD exacerbation.

Plan:

COPD exacerbation

- Duonebs (Ipratropium and albuterol)
- Oral prednisone 40 mg
- Magnesium 2 gm IV
- Monitor pulse ox
- If o2 sat remains stable, discharge with albuterol and symbicort inhalers and counsel regarding the importance of taking daily medication to reduce exacerbations. If patient desats or wheezing does not improve, admit to medicine.

Polysubstance abuse (HCC)

- patient endorsed smoking cannabis prior to ED visit; chronic use of cannabis and cocaine. Recommend detox/cessation program