Martin Vanegas
05/3/2024
CUNY York College - PA Program

HPI – # 3

Identifying Data
Full Name: M,C
Address: N/A
DOB: 10/11/1931
Age: 92
Date & time: 05/2/2024, 10:00 AM
Location: Gouverneur subacute rehab center
Source of information: Self
Source of referral: Self
Mode of transport: Senior care EMS

CC: "Left leg pain" x 12 days

HPI:
92 Y/o F with a PMH of CAD, DMII, HTN, HLD, UWL (30lbs in 1 year), CKD stage III, cervical and lumbar spinal stenosis (L2/L3), depression and osteopenia presenting to SAR from NYP hospital due to a fall that occured at home on 04/20/2024 . Patient states that the fall occurred as they were walking into the bathroom. She was using her walker, felt weakness on her left leg and had slipped, causing a fall on her left side. Patient was able to crawl back to bed and fell asleep, where she was found by her health home aid 2 hours later and woke her up. After the HHA heard the story, she called 911 and the patient was taken to the hospital. During the hospital stay, she was found to have bruising to her left thigh and pain in her left foot. She was also diagnosed with a left ankle fracture by orthopedics. Due to the patient's age, fracture site and complex medical history, orthopedics recommend conservative treatment through wearing a Controlled Ankle Motion (CAM) boot for support. The hospital course was further complicated by a case of melena that was resolved on 4/27 but the patient was treated with H. pylori quadruple therapy due to a positive stool culture. Currently, the patient is still having left leg pain, which feels like a sharp pain sensation around the knee and ankle that is made worse with movement. Patient states that she was receiving pain medication (oxycodone) in the hospital and without it, the pain feels like an 8/10 in severity. She also has mentioned feeling short of breath for the past 3 days that comes and goes throughout the day. Patient states that she feels this way around 2 times a day (lasts around 1-2 minutes) and relates this to disliking hospitals and remembering that she was treated in one. Currently, she denies any LOC, head trauma, dizziness, fever, cough, C, \chest pain, dysuria, abdominal pain or N/V/D.

Past Medical History:
-CAD
-DMII

-HTN
-Unintentional weight loss (30 lbs in the past 1 year)
-CKD stage 3
-Cervical/1umbar stenosis（L2/L3）.
-Depression
-Breast cancer hx
-Uterine cancer hx
-HLD
-Osteopenia
-Sensorineural hearing loss B/L
-Denis any history childhood illnesses
-Immunizations: Up to date on all immunizations

Past Surgical History:
-Cholecystectomy
-Total hysterectomy with B/L salpingo-oophorectomy
-Lumpectomy of left breast
-Hemorrhoid removal

Medications:
-Polyethylene glycol 3350 powder
-Metronidazole 500 mg
-Insulin glargine 100 units
-Senna 8.6 mg
-oxyCODONE 5 mg
-Escitalopram 5 mg
-Pantoprazole 40 mg
-Bisacodyl 10 mg
-Metoprolol succinate 100 mg
-Aspirin 81 mg
-Doxycycline 100 mg
-Acetaminophen 325 mg
-Bismuth 262 mg
-Gabapentin 300 mg

Allergies:
-Ampicillin
-Iodide
-Pregabalin
-Rousvastin
-Denies food allergies
-Denies environmental allergies

Family History:
-Mother: HTN, DMII - Deceased
-Father: HTN, DMII - Deceased

Social History:
Status - Pt currently lives alone and gets help for daily activities through the use of a health home aid (4 hours a day).

Occupation - Pt is retired and used to work at a dental receptionist office.

Smoking - Denies any smoking use of cigarettes or vape products.

Illicit drugs - Denis any use of drugs.

Alcohol - Denies any alcohol use.

Diet - Consists of a mixture of soft foods that are easy for her to digest.

Exercise - Denies any exercise use.

Sleep - Admits to getting poor sleep with only 4-5 hours of sleep a night.

Travel - Denis any recent travel in the past 30 days.

Sexual - Not sexually active

Immunizations
-Up to date with all childhood immunizations
-Up to date COVID-19 Pfizer vaccines with boosters.
-Up to date with Influenza vaccine.

Review of systems:
General - **Admits weight loss.** Denies any night sweats, weakness.

Skin, Hair and Nails - Denies skin, hair, nail changes, discolorations, pruritus, or new moles.

Head - Denies vertigo, head trauma or headaches.

Eyes - Denies photophobia, discharge, dryness. Last eye exam-

Ears - **Admits sensorineural hearing loss B/L.** Denies any ear pain, use of hearing aids, deafness or tinnitus.

Nose/sinus - Denies nasal pain, epistaxis or discharge.

Mouth/throat - Denies sore throat, ulcers, bleeding gums, lesions or use of dentures. Last dental exam - 2023

Neck - Denies any known masses or swelling.

Breast - Denies any breast pain, discharge, itchiness or lesions.

Pulmonary system - **Admits SOB**. Denies cough, wheezing or hemoptysis.

Cardiovascular system - Denies chest pain, palpitations, syncope or lower leg edema.

Gastrointestinal System - Denies abdominal pain, nausea, dysphagia or diarrhea.

Genitourinary system - Denies dysuria, urinary frequency, urinary urgency, flank pain or oliguria.

Menstrual/obstetrical – Denies any vaginal bleeding, discharge or itchiness.

Nervous - Denies seizures, sensory disturbances or ataxia.

Musculoskeletal system - **Admits to pain of left knee and ankle**. Denies any loss of sensation.

Peripheral vascular system - Denies any known skin changes or ulcers.

Hematologic system - Denies any hx of anemia, abnormal bleeding, easy bruising.

Endocrine system - Denies heat intolerance, goiter or excessive sweating.

Psychiatric - **Admits hx of depression.** Denies suicidal ideations.

Physical

General: 92 y/o F laying upright on wheelchair on room air , A&Ox3 (person, place, time), responding to questions, appears stated age and in mild discomfort.

Vital Signs
BP: Seated: **176/67 R: mm/Hg**
RR: 18 breaths/min, unlabored, regular rhythm
Pulse: 90 beats/minute, regular
Temp: 98.2 F, Oral thermometer
SPO2: 95% in room air
Height: 5'5"
Weight: 124.6 lbs
BMI: 20.7

Skin: Skin was pink, warm & moist with good turgor. Non-icteric in nature.

Hair: **Grey hair color,** normal texture, **lighter distribution, and less quantity noted.**

Nails: Capillary refill on nails was under 2 seconds. No clubbing, erythema, swelling, lesions were noted.

Head: Normocephalic, atraumatic and nontender on palpation.

Eyes: PERRLA, EOMs intact with no strabismus, exophthalmos, or ptosis. Sclera was white, cornea clear, conjunctiva pink and clear. Visual acuity uncorrected - 20/20 OS, 20/20 OD, 20/20 OU Fundoscopy - Red reflex intact OU. Cup to disk ratio < 0.5 OU. No AV nicking, papilledema, hemorrhages, exudates, or neovascularization OU

Ears: TM's grayish-white, intact, cone of light in normal position AU. Auditory acuity intact to whispered voice AU. Finger rub test demonstrated intact auditory acuity. Weber midline, Rhinne showed AC>BC B/L.

Nose: Symmetrical nares. No masses, lesions, trauma, discharge. Nasal mucosa pink. No foreign bodies or nasal septal hematoma noted b/L.

Sinuses: Nontender to palpation and percussion over bilateral frontal, ethmoid, and maxillary sinuses.

Lips: **Semi pink, dry.** No cyanosis, cheilitis or lesions. Non-tender to palpation

Oral mucosa: Pink and dry. No masses or lesions or leukoplakia. Non-tender to palpation

Palate: Pink and well hydrated. Palate intact with no lesions, masses or scars. Continuity intact.

Teeth: **Overall poor detention.**

Gingivae: Pink and moist. No hyperplasia, masses, lesions, erythema or discharge.

Tongue: Pink and well papillated. No masses, lesions or deviation noted.

Oropharynx: Moist mucosal membranes with no exudate, lesions, foreign bodies of any kind noted. Uvula is midline and present.

Neck: Trachea midline. No masses, lesions or scars present.

Thyroid: Non-tender, no palpable masses, no thyromegaly.

Chest -Anterior/posterior chest appears symmetrical in nature. Respirations unlabored with no signs of paradoxical respirations or use of accessory muscles noted. Lats to AP diameter 2:1. Non-tender to palpation throughout.

Lungs – Regular rate, rhythm, depth. Chest expansion and diaphragmatic excursion symmetrical. Tactile fremitus symmetric throughout. Negative bronchophony, egophony, or whispered pectoriloquy.

Heart: S1 and S2 are present. No murmurs or S3/S4 sounds heard. Carotid pulses are brisk 2+ bilaterally without bruits. JVP is 3 cm above the sternal angle with the head of the bed at 30 ° .The PMI is tapping, 1 cm lateral to the midclavicular line in the 5th intercostal space.

Abdomen: Abdomen symmetric and round throughout. Bowel sounds hyperactive in all four quadrants. No hepato-splenomegaly to palpation, no CVA tenderness appreciated. Light and deep palpation over all four quadrants with negative TTP, guarding or rebound tenderness. Percussion in all four quadrants are tympani in nature. Negative tenderness to palpation at McBurney's point. Neg Rovsing sign, no guarding, no rebound tenderness. Negative Murphy's sign.

Musculoskeletal: **Tenderness to palpation over the anterior knee with small contusion noted over lateral thigh. Moderate amount of swelling around left ankle with pain to palpation over lateral malleolus. Able to extend the leg around 15 degrees without pain aggravation.** Pedal pulses were present and sensation was intact.

Breast: Not examined

Female genitalia: Not Examined

Hernias: No visual signs of umbilical, inguinal or femoral hernias present. Genitals were not examined

Anus, rectum: Not performed.

Neurologic: Mental status: Pt is alert and oriented to person, place and time. Recent and remote memory is intact, attention, abstract thinking, and new learning ability are intact. Cranial nerves II-XII intact. Good muscle bulk and tone with strength 5/5, no fasciculations. Cerebellar: Rapid alternating movements, finger to nose intact. Gait includes normal stride, on toes, on heels, and tandem walking intact. Negative Romberg and Pronator Drift. Sensory- Pinprick, light touch, graphesthesia, stereognosis, position and vibration intact bilaterally.

Reflexes:

	Bicep	Tricep	Brachioradialis	Patellar	Ankle/Achilles	Babinski
Right	2+	2+	2+	2+	2+	Absent
Left	2+	2+	2+	2+	2+	Absent

Initial labs/imaging:

- **XR Ankle (AP, Mort, Lat) - Left Results:**
  Findings: Diffuse osseous demineralization. Overlap of the trabecula within the distal fibula at the level of the tibiotalar joint with a fracture line.

  All other imaging including X-ray of the left leg, knee, CT of the head, abdomen and pelvis were negative for fractures.

Differential Diagnosis:

1. **Left ankle fracture:** The patient had an already confirmed diagnosis of left ankle fracture and was placed on a CAM boot for support by orthopedics with conservative management and PT. The ankle itself was moderately swollen and had tenderness to palpation over the lateral malleolus on PE.

2. **Osteoporosis:** Due to the patients age and hx of osteopenia, it may be possible that the pain in the knee can be due to osteoporosis. Osteopenia can lead to bone fragility and increased chance of fracture.

3. **Metastatic bone cancer from previous breast cancer hx:** The patient has a hx of breast cancer and unintentional weight loss (30 lbs) in the past 1 year. This may point to some form of metastasis to the bones, which can be causing her this pain to her knee and left ankle. Monitor with a CBC and CMP for lab values including calcium levels and alkaline phosphatase.

Assessment: 92 Y/o F with a PMH of CAD, DM, HTN, CKD, cervical and lumbar spinal stenosis presenting to SAR from the hospital due to a mechanical fall. The left ankle showed moderate amounts of swelling and pain to palpation with evidence of fracture.

Plan:

#Deconditioning

#Low back pain (known 12-3 severe stenosis) causing immobility

#left knee pain

#Left ankle fracture

-Place patient on fall precautions

-Start PT/OT Monday- Friday for gait stability

-C/w pain management with Tylenol 325 MG TID PRN,Oxycodone 5mg PRN and gabapentin 200 mg TID
-Continue to wear left CAM boot x 6 weeks and follow up outpatient with orthopedic appointment.

#Positive H pylori culture in stool
-C/w Quadruple therapy for H.Pylori (bismuth, pantoprazole, flagyl, Doxycycline) (started in hospital on 4/29)

#CAD
-C/w Metoprolol 100 mg
-C/w Aspirin 81 mg

#DMII
-Hemoglobin A1C 7.7 on 4/30
-C/w Insulin Glargine 14 units
-Monitor finger sticks for glucose Levels

#Constipacion
-C/w Senna 8.6 mg PRN
-C/w Polyethylene Glycol 3350 Powder PRN

#Depression
-C/w Escitalopram 5 mg

Patient education:
Hello CM, you have been experiencing left leg pain following your recent ankle fracture from the fall you had two weeks ago. I'm here to provide guidance on managing your symptoms and promoting healing. The hospital has discharged you from their services to SAR for gait stability, where we help you get back to where you were slowly through progress in PT. The sharp pain sensation around your left knee and ankle is expected after sustaining a fracture (likely due to the osteopenia), and it's crucial to remember that healing takes time. To alleviate discomfort, it's important to take your prescribed medications from the nurses, wear your left CAM boot as instructed by your orthopedic surgeon, rest and elevate the leg when possible. If you have any questions or concerns, don't hesitate to reach out to the nurses on the floor, who will alert me and come support you if anything changes in terms of your health.