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CUNY York College - PA Program

HPI – # 3

CC: “Headache” x 1 week.

HPI: 41 y/o G4P2012 F at 33 weeks gestation (LMP:10/17/2023) with a PMH of migraine and estimated due date (7/23/24) admitted for observation after reporting new onset of a headache for the past 7 days. The patient initially arrived in the USA from the Dominican Republic last tuesday (06/05) and came to care for a family member with cancer. Patient states that she has a history of chronic headaches and developed a new one in the past 1 week that is worse than usual. She reports a persistent right-sided headache that feels like a sharp pulsating type of pain with radiation to her right eye. Patient rates the headache pain a 7/10 in intensity and finds mild relief with Tylenol 600 mg OTC but the headache returns after around 3 hours of rest. She also mentions occasional photophobia but is not currently experiencing it. She denies any fever, cough, blurry vision, CP, SOB, abdominal pain, dysuria or hematuria.

Past Medical History:

-Migraines

Past Surgical History:

-Two C sections: 2006 and 2022

Medications:

-Acetaminophen 650 mg -Q6h PRN
-Aspirin 81 mg QD
-Folic acid 400 mg QD
-Prenatal Vit-FE fumarate-FA 28 mg QD

Allergies:

-NKDA
-Denies food allergies
-Denies environmental allergies

Family History:

-Mother: HTN
-Father: Unknown

Social History:

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

Illicit drugs - Denies any use of drugs.

Alcohol - Denies any consumption of alcohol

Diet - Consists of daily home cooked meals like meats, vegetables and carbohydrates.

Exercise - Denies any exercise use.

Sleep - Admits to getting 7-8 hours of sleep a night.

Travel - Admits to travel from DR.

Sexual - Not currently sexually active

Immunizations

-Up to date with all childhood immunizations

-Up to date COVID-19 Pfizer vaccines with boosters.

Review of systems:

General - Denies weight loss, night sweats, weakness.

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

Head - **Admits to right sided headaches.** Denies vertigo or head trauma.

Eyes - **Admits to occasional photophobia.** Denies discharge or dryness.

Ears - Denies any ear pain, use of hearing aids, deafness or tinnitus.

Nose/sinus - Denies pain or discharge.

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

Neck - Denies any known masses or swelling.

Breast - Denies any breast pain, nipple discharge or masses.

Pulmonary system - Denies cough, shortness of breath, wheezing or hemoptysis.

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

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

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

Menstrual/obstetrical - Denies any vaginal bleeding, discharge or skin lesions.

Nervous - Denies seizures, sensory disturbances or ataxia.

Musculoskeletal system - Denies swelling or arthritis.

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 - Denies depression, anxiety or suicidal ideations.

Physical

General: 41 y/o pregnant F laying on bed on room air , A&Ox3 (person, place, time), responding to questions, appears stated age and in no current distress.

Vital Signs

BP: Seated: R: 122/71 mm/Hg

RR: 18 breaths/min, unlabored, regular rhythm

Pulse: 81 beats/minute, regular

Temp: 97.5 F, Oral thermometer

SPO2: 96% in room air

Height: 5'3"

Weight: 162 lbs

BMI: 28.86 kg/m

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

Hair: Black hair color, normal texture, distribution, and 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, Rinne 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: Pink, moist, 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 good dentition, no signs of loose teeth.

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. Regular rate and rhythm. 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: Soft non tender, bowel sounds normal and Gravid uterus. 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: Full range of motion in all joints of the upper and lower extremities. No evidence of swelling or deformity. No CVA tenderness

Breast: No masses, tenderness or nipple retraction. No bleeding or discharge.

Female genitalia: External genitalia with no lesions. Vagina with normal mucosa. Cervix with normal clear mucus, no cervical motion tenderness. Uterus is small and non tender. Andexa is negative.

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:

FHR Baby

Fetal Heart Rate -Present

Fetal Heart Rate - 140 BPM filed at 06/10/2024

Baseline Rate -135 bpm filed at 06/10/2024

Baseline Classification - Normal filed at 06/10/202

Variability - Normal filed at 06/10/2024

Pattern - Accelerations filed at 06/10/2024

Pattern Observations - Loss of contact filed at 06/10/2024

Labs: 06/10/2024

CBC	CMP
WBC:12.2 RBC:3.8 MCV:91.4 MCH:29.2 MCHC:32.0 RDW:14.5 (H) MPV:10.5 (H) HGB:11.2(L)	Sodium: 136 Potassium: 3.9 Chloride: 103 CO2: 22 (L) BUN: 6 (L) Creatinine: 0.45 (L) Calcium:8.5 Calcium oxalate crystals urine: Present ALT: 45 AST: 29

Differential Diagnosis:

- Migraine headache:** The patient has a history of migraines, which are recurrent headaches characterized by moderate to severe pain, often unilateral, and with associated photophobia. Migraines can present during pregnancy, and the characteristics (sharp pain with radiation to the right eye, intermittent relief with Tylenol) are consistent with migraine headaches. The lack of fever or other systemic symptoms also makes this diagnosis likely.
- Preeclampsia:** This condition is characterized by hypertension and proteinuria after 20 weeks of gestation. While hypertension is not currently noted, headaches, particularly severe and persistent ones, can be an early sign along with the daily use of aspirin 81 mg. Criteria for PC is systolic pressure of 140 mm Hg or higher or diastolic pressure of 90 mm Hg or higher on two occasions at least four hours apart with proteinuria or thrombocytopenia (<100k), renal insufficiency(CR >1.1) , impaired liver function test (2x), pulmonary edema, cerebral or visual symptoms
- Intracranial mass:** Less likely than the others ddx, intracranial mass can be considered in any patient with new-onset or persistent headaches. Symptoms like persistent severe headache, particularly if sudden onset or worsening, could raise concern for intracranial hemorrhage or thrombosis. However, the absence of focal neurological findings (Hemiparesis or weakness, sensory deficits, visual field deficits) make this less likely.

Assessment: : 41 y/o pregnant female at 33 weeks gestation presenting with a persistent right-sided headache, likely attributed to previous migraines exacerbated by recent travel.

Plan:

#Headache

- Admit to antepartum unit
- Administer Zofran, tylenol and magnesium oxide PRN

-Obtain neurology consult

#Pregnancy (33 weeks gestation)

-NST Q8H PRN

Patient education: Hello Y.P, today, you've been admitted to the hospital's obstetrics unit to carefully monitor your persistent headache during third trimester pregnancy. We'll be providing medications like Zofran and Tylenol to help manage your symptoms as needed. Additionally, we'll perform regular Non-Stress Tests to ensure your baby's well-being during your stay. A neurology consultation will further assess your headaches and see what the options are. It's important to stay hydrated, rest well, and watch for any new symptoms.