Document info

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Performed by:	Cameron MacAdams
Verified by:	Cameron MacAdams
Modified by:	Cameron MacAdams

ED Note

Patient:	**DELOZIER, CARINE ANN**	**DOB:**	**Mar 05, 1961**

Patient: **DELOZIER, CARINE ANN** MRN: **10332253** FIN: **70073523**
Age: **62 years** Sex: **F** DOB: **03/05/1961** Active Insurance: **HUMANA SR PLAN L64**
Admitting MD: **PHYSICIAN, ED** Location: **SRS ER2: :** PCP: **No PCP, Unknown**
Author: **MacAdams, Cameron MD**

Date/Time
Admit Date: 06/27/23 14:50
Provider Contact Time:
06/27/2023 15:04

Mode of Arrival
Mode of Arrival: Ambulatory

Chief Complaint
Chief Complaint ED: I am SOB, coughing up blood, and had a fever x 3 weeks I was exposed to TB 4 years ago 06/27/23 14:55
Subjective Nursing Assessment: Pt AAO x 4 Resp even and unlabored Pt's skin warm and dry (06/27/23 14:55)

History of Present Illness
Patient presented after being sent in by "pulmonary Associates" after she attempted to make an appointment for hemoptysis. States that she was on a legal hold for suicide attempt and sent to psychiatric facility for least a few days. While she was there there were multiple people sick with fevers and coughing. She states that she had intermittent fevers for a couple of weeks which just stopped a few days ago. States she has had copious

Problem List/Past Medical History
Chronic
Suicide risk
Historical
No qualifying data

Procedure/Surgical History
No pertinent procedure/surgical history

Allergies
Unable to Obtain (Unknown, unk)
Valium (Agitation)
albuterol (Hives)
morphine (Unknown)

Social History
Alcohol
Unknown alcohol history, 06/27/2023
Denies, 06/27/2023
Denies, 06/06/2023
Denies, 11/19/2020
Home/Environment
Religious restrictions/concerns: None., 06/27/2023
Religious restrictions/concerns: None., 06/06/2023
Religious restrictions/concerns: None. Living situation: Home/Independent., 11/19/2020
Substance Abuse
Denies, 06/27/2023
Denies, 06/06/2023
Denies, 11/19/2020
Tobacco
10 or more cigarettes (1/2 pack or more)/day in last 30 days, 06/27/2023

production of sputum with pink and red tinge which she thinks is blood. Reports some shortness of breath which is chronic for her. Reports a history of asthma, COPD and bronchiectasis. History of smoking. Has not been taking breathing treatments. Denies chest pain or history of heart problems. Reports she may have had a fungal lung infection in the past. Not currently on any antibiotics.

Health Status

Pregnancy Status Patient denies

Review of Systems

A 10-point review of systems, other than pertinent positives and negatives as stated per HPI, is otherwise negative.

Physical Exam

First Vitals Signs

Blood Pressure: **182 / 91** (06/27/23 14:55)
Heart Rate: **99** (06/27/23 14:55)
Respiratory Rate: **18** (06/27/23 14:55)
SPO2: **95%** (06/27/23 14:55)
Oxygen Method: **Room air** (06/27/23 14:55)
Temperature PO **36.7** (06/27/23 14:55)
VITAL SIGNS: Reviewed.
GENERAL: Awake, conversant, GCS 15
HEAD: No visible signs of trauma
EYES: Pupils equal, EOM grossly intact
EARS: Hearing grossly intact.
MOUTH: No visible lesions
NECK: Appears supple
CHEST: Breathing comfortably, no wheezing, no increased work of breathing, rhonchi bilaterally
CARDIAC: Regular rhythm
ABDOMEN: Soft, nontender, benign exam
NEUROLOGIC EXAM: Awake and Alert, non-focal
SKIN: No visible rashes
EXTREMITIES: [No deformities noted]
VASCULAR: Appears well perfused

Most Recent Vitals

T: 36.7 °C (Oral) **HR:** 99 (Monitored) **RR:** 18
BP: 182/91 **SpO2:** 95% **Oxygen Method:** Room air
WT: 87.982 kg **WT:** 194 lbs

Emergency Department Orders

Orders for this visit

Isolation Activity Task: 06/27/23 15:02:15 PDT.
Isolation: 06/27/23 15:02:15 PDT, Airborne, High Risk, None.
Infection Control Screen: 06/27/23 15:02:16 PDT, Routine.
XR Chest 1 View: Rad Type, 06/27/23 15:28:00 PDT, Stat, Fever, kg 87.982, 06/27/23 15:28:00 PDT.
EKG: 06/27/23 15:28:00 PDT, Other, Stat, X1.
COVID19 PUI/Influenza A,B/RSV Panel PCR: 06/27/23 15:28:00 PDT, Nasopharyngeal Swab, Stat, Nurse Collect, 06/27/23 15:29:00 PDT.
Isolation Activity Task: 06/27/23 15:29:29 PDT.
Isolation: 06/27/23 15:29:29 PDT, Droplet/Contact,

10 or more cigarettes (1/2 pack or more)/day in last 30 days, 06/06/2023
10 or more cigarettes (1/2 pack or more)/day in last 30 days, 11/19/2020

Family History

No other pertinent family history

Home Medications

No active home medications

COVID-19 Risk or Confirmed, None, USE EYE PROTECTION.

Tobacco Cessation Education: 06/27/23 15:34:28 PDT.

Culture Blood: 06/27/23 15:28:00 PDT, Blood, Peripheral, Stat, Hold Until Collected Two Different Peripheral Sites, 06/27/23 15:29:00 PDT.

Comprehensive Metabolic Panel: 06/27/23 15:28:00 PDT, Blood, Stat, Lab Collect.

CRP C-Reactive Protein: 06/27/23 15:28:00 PDT, Blood, Stat, Lab Collect.

D-Dimer Quantitative: 06/27/23 15:28:00 PDT, Blood, Stat, Lab Collect.

Lactate Dehydrogenase (LDH): 06/27/23 15:28:00 PDT, Blood, Stat, Lab Collect.

Lipase Level: 06/27/23 15:28:00 PDT, Blood, Stat, Lab Collect.

BNP (B-Type Natriuretic Peptide): 06/27/23 15:28:00 PDT, Blood, Stat, Lab Collect.

Troponin-I: 06/27/23 15:28:00 PDT, Blood, Stat, Lab Collect.

*Differential Automated: Collected, 06/27/23 16:08:00 PDT, Blood, Stat, Lab Collect.

CBC w/Diff (man diff if indicated): 06/27/23 15:28:00 PDT, Blood, Stat, Lab Collect.

Procalcitonin Level: 06/27/23 15:28:00 PDT, Blood, Stat, Lab Collect.

Lactic Acid w/Reflex: 06/27/23 15:28:00 PDT, Blood, Stat, Lab Collect.

Culture Blood: 06/27/23 15:33:00 PDT, Blood, Peripheral, Stat, Hold Until Collected Two Different Peripheral Sites, 06/27/23 15:33:00 PDT.

doxycycline: 100 mg, 100 mL/hr, IV, x1.

cefTRIAXone: 2,000 mg, IV Push, x1.

CT Chest w Con: 06/27/23 16:53:00 PDT, Stat, Reason For Exam: cough, hemoptysis, pna, 87.982 kg, 06/27/23 16:53:00 PDT.

iopamidol: 100 mL, IV Push, x1.

Culture Respiratory: 06/27/23 15:27:00 PDT, Mouth, Stat, Nurse Collect, 06/27/23 15:29:00 PDT.

AFB Culture and Stain A60152: 06/27/23 15:28:00 PDT, Sputum, Stat, Nurse Collect, 06/27/23 15:29:00 PDT.

Team Discharge (ED Use Only): 06/27/23 21:19:00 PDT, Please discharge home. Dr. MacAdams would like to go with you to the bedside for the DC process.

Discharge: 06/27/23 21:19:00 PDT, Now, Home or self care.

Care Plan - Review/Complete: 06/27/23 21:21:26 PDT, once.

Laboratory Results

Common Labs - This Encounter, Most Recent, Last 24 hrs
Last 24 Hours

Hematology -CBC 06/27/23	Coag 06/27/23	General Chemistry 06/27/23
WBC: 8.5	D-Dimer, Quant.:277 (H)	Sodium: 140
RBC: 4.64		Potassium: 3.6
Hgb: 14.6		Chloride: 107
Hct: 42.5		CO2: 25
MCV: 91.5		Anion Gap: 8
MCH: 31.5		Glucose Level:104 (H)
MCHC: 34.4		BUN: 14
RDW: 13.7		Creatinine: .72
Plt:409 (H)		BUN/Cr Ratio: 19.4
MPV: 7.7		eGFRcr: 94
Neut%: 69.5		Calcium: 9.4
Lymph%: 24.5		Protein, Total: 7.2
Mono%: 5.0		Albumin: 3.5
Eos%: 0.7		Globulin: 3.7
Baso%: 0.3		A/G Ratio: 0.9
		Bili Total: 0.4
		ALT:76 (H)
		AST: 32
		Alkphos: 108
		LDH:338 (H)
		Lipase: 52
		Lactic Acid: 1.84

Cardiac 06/27/23	Special Chemistry 06/27/23
B-Natriuretic Peptide: 49	Procalcitonin Lvl: 0.02

Troponin
I: <0.003
C Reactive
Prot: 1.00

Additional
No qualifying data available.

Diagnostic Results/Interpretation

ECG
12 Lead EKG interpretation by ED physician
Obtained: 06/27/23 at 15:40
Rhythm: Normal Sinus Rhythm
Rate: 74
Axis: Normal
Intervals: Baseline artifact.
ST/T Segments: Non-specific T wave changes.

Interpretation: EKG as noted above.

Radiology
Radiology - Full Interpretation, Last 24 hrs
Name: DELOZIER, CARINE ANN
Account: 70073523
MRN: 10332253
DOB: 03/05/1961

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Result Date: 06/27/23 19:09
Verified By: Levin, Marc MD at 06/27/23 19:26

Report : CT Chest w Con
STUDY: CT Chest w Con

CLINICAL HISTORY: Cough and hemoptysis, pneumonia.

TECHNIQUE: CT imaging of the chest was obtained with intravenous contrast. Iterative reconstruction technique, and/or mA and/or kV dose adjustments based on patient size was utilized.

COMPARISON: Chest radiograph performed on 6/27/2023

FINDINGS:

The trachea is midline, central airways are patent. There are patchy airspace opacities in the lung bases, right greater than left. No pneumothorax or pleural effusion. A less pronounced patchy opacity is noted in the right upper lobe on image 20, series 2 and abutting the right major fissure.

There is a left-sided aortic arch with conventional arch anatomy. There are mild atherosclerotic calcifications at

the origin of the right subclavian artery. The heart is normal in size. No pericardial effusion.

There are enlarged right hilar and mediastinal lymph nodes measuring up to 1.1 cm in short axis. No left hilar adenopathy. There is no axillary lymphadenopathy.

The thyroid gland is normal. The esophagus is unremarkable.

Limited evaluation of the superior abdomen demonstrates diffuse hypoattenuation of the hepatic parenchyma and post cholecystectomy changes.

The soft tissues are unremarkable. There are no suspicious osteolytic or osteoblastic lesions. There are partially visualized cervical spondylitic changes. There is diffuse idiopathic skeletal hyperostosis.

IMPRESSION:

Patchy airspace opacities in the right upper lobe and to a greater extent, the right base. Findings are suggestive of an infectious/inflammatory etiology. Recommend follow-up in 3-6 months to ensure resolution.

Report generated on workstation: SRSDDIM041 06/27/23 19:26
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Result Date: 06/27/23 15:46
Verified By: Valliappan, Saravanan MD at 06/27/23 16:02

Report : XR Chest 1 View
History: Fever

Procedure:
1.) XR Chest 1 View

Comparisons:
1.) No prior

FINDINGS:

The heart is normal. Mild right lower lobe pneumonia. No effusion. Bony structures are intact.

IMPRESSION:

1. Mild bilateral pneumonia.

Report generated on workstation: SRSDDIM038 06/27/23 16:02
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Reexamination/Reevaluation

06/27/23 20:11 - Pt states that she is allergic to Levofloxacin. I offered pt admission to which she declined. Discussed with pt results, diagnosis and plan for discharge. Counseled pt on strict return precautions for new or worsening symptoms and follow-up with the physician(s) provided. Pt understands and agrees. All questions answered at this time.

Medical Decision Making

I have reviewed the patient's medical records and external medical records.
I have reviewed and interpreted the EKG independently
I have reviewed the laboratory findings
Patient presents with hemoptysis. Well-appearing on examination no respiratory distress or hypoxia. EKG shows nonspecific changes troponin not elevated making ACS less likely. No leukocytosis or anemia. Normal electrolytes and renal function. D-dimer not elevated per age-adjusted guidelines making pulmonary embolism less likely. Chest x-ray shows possible mild bilateral pneumonia. CT scan shows patchy opacities but no PE. Antibiotics ordered for patient. Pulmonology was consulted who recommended discharge if patient stable. I offered admission to patient but she declined. Patient was willing to have antibiotics but did have a bad experience with levofloxacin. Doxycycline and Augmentin were prescribed as she has had both of them before without reactions. I discussed with her that she needs to follow-up with pulmonology in the next week for repeat x-ray and further evaluation. Patient agreeable with plan. I discussed the plan for discharge, treatment and follow-up with the patient and they understand the information and agree with the plan. All labs and imaging were printed out and given to the patient at discharge and all abnormalities were discussed with patient in addition to the need for followup.

Consults

Call out : 06/27/23 via Tiger Text : Call returned at: 20:11
Dr. Amesur, Pulmonology , phone call, consult. Notified regarding patient's case and agrees to consult.
Per Dr. Amesur, rx Levofloxacin but since pt states that she is allergic to this medication, rx Augmentin, cefdinir, doxycycline, steroids, and albuterol.

Final Diagnosis

Diagnosis this visit:

Pneumonia (J18.9) 06/27/2023 21:25 Discharge
Hemoptysis (R04.2) 06/27/2023 21:25 Discharge
Elevated D-dimer
Elevated LDH

Disposition

Discharge

Order Details: 06/27/23 21:19:00 PDT, Now, Home or self care

Condition

Stable

Discharge Medications

New Prescriptions

1. predniSONE(predniSONE 20 mg oral tablet) 40 mg= 2 Tab By mouth Tab once daily 5 Day
2. albuterol(albuterol 0.63 mg/3 mL (0.021%) inhalation solution) 0.63 mg= 3 mL By nebulizer Soln four times daily
3. doxycycline(doxycycline hyclate 100 mg oral capsule) 100 mg= 1 Cap By mouth Cap every 12 hours 10 Day
4. amoxicillin-clavulanate(Augmentin 875 mg oral tablet) 1 Tab By mouth Tab every 12 hours 10 Day

Follow-up

Follow-Up Details:

Provider/Org Name: Amesur, Rajiv DO
Within: 1 to 3 days
Address: 1669 W Horizon Rdige Pkwy Ste 100 Henderson NV 89012;(702) 781-4800;
Comments: Pulmonology: Call for follow up appointment

Comments

As discussed, please proceed to follow up with a pulmonologist this week to have repeat testing done. Return to the ED if your symptoms worsen.