Nicole Skursky
October 8, 2019
Hospital Visit → Pre Admission Testing

## Identifying Data

Full Name: DE
Sex: Female
Pronouns: she/her/hers
Race: Asian
Nationality: Chinese
Date of Birth: Unknown

Age: 67 years old
Marital Status: Married
Religion: Denies
Address: Flushing, Queens
Date/Time: 10/8/2019; 9:35AM
Location: NYP Queens; Pre-Admission Testing; W115

## Informant / Referral Source

Source of Information: Self
Source of Referral: Dr. Robert Li, Orthopedic Surgeon

Reliability: reliable
Mode of Transport: car

## CHIEF COMPLAINT

"I've had hip pain" x 6 years.

## HISTORY OF PRESENT ILLNESS

Start

DE is a reliable 67 year old former smoker(5 pack years), married, Chinese female, with a past medical history of high cholesterol, high blood pressure, lumbar back pain and a left meniscus tear, who presents today at pre-admission testing with hip pain for six years before right hip replacement surgery on Monday 10/21/2019. DE originally was treated for a lower back issue; however, after remaining in pain, she got a second opinion from Dr. Robert Li, an orthopedic surgeon who is now addressing and rectifying DE's right hip pain. The pain started gradually and now is a constant ache throughout the day. The pain is usually localized to her right hip, but can cause radiating pain to her knees and lumber back if she is sitting for too long. The pain is described as 6/10. DE treats the pain with 600mg of Tylenol twice a day when she is working or running errands; however, she tries to not take anything when she is home and chooses to "hobble around" instead. DE tried naproxen

as an alternative to Tylenol but discontinued usage after she noticed bruising on her arms. DE has tried cortisone shots as an alternative treatment. She is uncertain of the brand or dosage or exactly when the shots were given, but it was within this year (2019). The first cortisone shot was successful and alleviated her pain for two months; however, the second shot was unsuccessful and she only gained a week of alleviated pain. DE admits to limping, a decreased quality of life, muscle and joint pain, swelling in her legs, an intolence to coldness in her extremities, and varicose veins. DE denies any deformity, redness, arthritis, intermittent claudication, coldness or trophic changes, peripheral edema, and skin color changes.

any injuries? strenous activity? history of osteoporosis etc?

## PAST MEDICAL HISTORY

Present medical illnesses: Hypercholesterolemia x 10 years; hypertension x 12 years; developed hyperthyroid symptoms during second pregnancy in 1988-1989, no resolved.

Childhood illnesses: Admits to chicken pox, measles, mumps. History is uncertain by the patient since she grew up in China and doesn't have medical records

Hospitalizations: Hospitalized at LIJ in 1984 for 7 days due to hemorrhaging, edema, and losing consciousness during childbirth. Admits to blood transfusion.

Immunizations: Up to date; has not received a flu shot yet this year; last pneumonia vaccine, 2/2019.

Screening tests/results: Pap smear, breast exam, and mammography, 2/2019, normal; colonoscopy, 5/2017, normal.

## PAST SURGICAL HISTORY

Left meniscus tear - age 63, 2015, LIJ Hospital. Due to a walking injury, no complications, denies blood transfusion

Lipoma removed - age 62, 2014, LIJ Hospital, located on right side of posterior neck, lateral to C7. No complications, well-healed scar, no blood transfusions.

Caesarean section - age 37, 1989, LIJ Hospital. Due to bleeding prior to due date. No other complications, denies blood transfusion.

## MEDICATIONS

Atorvastatin (Lipitor) 20 mg, 1 tablet by mouth daily for high cholesterol, last dose this morning.

Irbesartan - Hydrochlorothiazide (Avalide) 150-12.5 mg, 1 tablet by mouth daily for high blood pressure, last dose this morning.

Adult multivitamin, 1 tablet by mouth for general health, last dose last night

Biotin 100 mcg, 1 tablet by mouth daily for general health, last dose last night

Calcium 1000 mg, 1 tablet by mouth daily for general health, last dose last night.

Magnesium 400 mg, 1 tablet by mouth daily for general health, last dose last night.

Zinc 15 mg, 1 tablet by mouth daily for general health, last dose last night

Vitamin D3 25 mcg, 1 tablet by mouth daily for general health, last dose last night

Denies birth control

## ALLERGIES

Admits to amoxicillin allergy, hives on abdomen reaction. Denies food and environmental allergies. or other drug allergies

## FAMILY HISTORY

Maternal/paternal grandparents - deceased at unknown ages/unknown reasons

Mother - 95, alive and well, living in a nursing home since 2018

Father - Deceased at 76, lung cancer due to lifelong smoking

Sister - 66, alive and well

Brother - 63, alive and well

Sister - Deceased at 54, colon cancer.

Son - 35, alive and well

Son - 30, alive and well

Denies family history of hypertension, diabetes, cardiovascular diseases, hypercholesterolemia, chronic kidney disease, myocardial infarction, coronary artery disease, or other cancers.

## SOCIAL HISTORY

DE is a married female, living with her husband, son (he moved back home a year ago), and no pets. She works part time as a payroll specialist for an events planning company in Queens.

Habits: She denies alcohol, vaping, and illicit drug use. Admits to former cigarette smoking (5 pack years) but is no longer smoking, in cessation for 5 years. Admits to caffeine drinking (2-3 coffees/teas each day)

Travel: Denies any recent transfusions or local traveling. Denies military service.

Diet: Has undergone a lot of changes. DE was motivated to lose weight for her son's wedding this summer and lost 30 pounds between January to August 2019. She has been carrying extra weight since her last pregnancy and needed something to motivate the change. Diet is currently healthy, has reduced ~~diet~~ sugar intake, dessert and refined carbohydrate consumption. Eats nuts, pretzels, fruits, and vegetables as snacks at work. Breakfast is normally just coffee with cream and sugar (DE feels she is more hungry through the day when she eats breakfast). Lunch is more like brunch and she eats eggs any style with a side of ham or sausage. Dinner is varied, but usually includes a protein, starch, and vegetable.

Exercise: She stretches every morning for about 20 minutes, and was walking a few miles each night until the hip pain became unbearable. Denies any evening exercise now.

Sleep: Tends to get a restful night's sleep, 6-7 hours each night.

Safety measures: Admits to wearing a seat belt.

Sexual history: Heterosexual, 1 partner (husband). Admits to being sexually active but has sex infrequently due to dyspareunia and vaginal dryness. Denied anorgasmia, sexually transmitted infections, and contraception.

## REVIEW OF SYMPTOMS

General: Denies fever, chills, night sweats, fatigue, weakness, recent weight gain, loss of appetite. Admits to recent weight loss (self monitored, 30 pounds).

Skin/hair/nails: Denies excessive dryness or sweating, discolorations, pigmentations, pruritis, changes in hair distribution, moles/rashes. Admits to nail texture changes.

Head: Denies headache, vertigo, head trauma, coma, fracture. Admits to recent unconsciousness, 6/16/2019. DE was barbequing for a Father's Day party and fell backwards, injuring her lumbar spine in her backyard. She got up quickly and went to sit down in her house. While sitting, her vision blurred and she passed out. She was brought to NYP Queens by her sons and husband and underwent 4 hours of observation, no other complications.

Eyes: Denies contacts, visual disturbances, fatigue, lacrimination, pruritis. Admits to wearing prescription glasses for driving and has photophobia (causes tearing, uses sunglasses). Last eye exam 2/2017. normal?

Ears: Denies deafness, pain, discharge, tinnitis, and use hearing aids.

Nose/sinuses: Denies discharge, epistaxis, obstruction

Mouth/throat: Denies bleeding gums, sore tongue, sore throat, voice changes, dentures. Admits to mouth blisters if she eats fried foods. Last dental exam unknown.

Neck: Denies localized swelling or current lumps, stiffness, decreased range of motion. Admits to history of lipoma.

GUS signed 10/2/2019

Breasts: Denies lumps, nipple discharge, pain. Last mammography, 2/2019, normal.

Pulmonary system: Denies dyspnea, shortness of breath, cough, wheezing, hemoptosis, cyanosis, orthopnea, paroxysmal nocturnal dyspnea.

Cardiovascular system: Denies chest pain, pal/palpitations, irregular heartbeat, edema or swelling in ankles/feet, syncope, known heart murmur. Admits to hypertension.

Gastrointestinal system: Denies nausea and vomiting, intolerance to foods, dysphagia, pyrosis, abnormal flatulence, eructating, abdominal pain, diarrhea, jaundice, change in bowel habits, hemorroids, constipation, rectal bleeding, blood in stool, pain in flank. Admit to change in appetite (eating less since weight loss). Last colonoscopy, 5/2017, normal.

Genitourinary system: Denies changes in frequency or color of urine, incontinence, dysuria, nocturia, urgency, oliguria, polyuria.

Menstrual: Age of menarche 12, in menopause since 2002, started at age 50. Denies current periods, dysmenorrhea, menorrhagia, premenstrual symptoms, vaginal discharge. Admits to postcoital bleeding and pain, dyspareunia, vaginal dryness.

Obstetrical: G2P2002 (one C-section and one natural birth), complications during both pregnancies (during childbirth).

Nervous: Denies seizures, sensory disturbances (including numbness, paresthesia, dysesthesias, hyperesthesia), ataxia, loss of strength, change in cognition/memory/mental status, asymmetrical weakness. Admits to recent loss of consciousness and is noticing she is more forgetful as she gets older.

Musculoskeletal: Denies deformity or swelling other than her legs, redness, arthritis. Admits to leg swelling and muscle/joint pain.

Peripheral vascular system: Denies intermittent claudication, coldness or trophic changes, peripheral edema, color changes. Admits to varicose veins (three sections: top of right knee, lateral side of right knee, and top of left knee).

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

Endocrine system: Denies polyuria, polydipsia, polyphagia, heat intolerance, goiter, hirsutism. Admits to cold intolerance in fingers and toes.

Psychiatric: Denies depression, sadness, feelings of hopelessness or helplessness, lack of interest in usual activities, suicidal ideation, obsessive/compulsive disorder. Denies seeking help from a mental health professional, medications. Admits to anxiety.

## PHYSICAL EXAM

General: Alert and oriented X3. Slender female, neatly groomed, looks younger than her stated 67 years of age.

Vital signs:

| BP | R | L |
|---|---|---|
| Seated | 122/80 | N/A |
| Standing | 130/85 | N/A |

Patient had a blood draw during the H:P from her left arm and refused.

R: 12 breaths/min, unlabored

P: 72 beats/min, regular

T: 98.0° F (oral)

$O_2$ Saturation: 97% Room air

Height: 62 inches Weight: 134 pounds BMI: 24.9

Skin, Hair, Nails, Head

Skin: warm and moist, good turgor, Nonicteric, ~~no lesions noted~~; no tattoos. One inch scar on back on neck from lipoma remore. The scar is lateral to the C7 ~~process~~ prominece and is well healed. A lipoma is distal to her pisiform bone and measures 1.5cm x 1.5cm. No redness or warmth associated with the lipoma and patient is under the care of a dermatologist. Four very small (0.5mm) cherry angiomas on the middle lower abdomen. No blanching, redness, or warmth.

Hair: Average quantity and distribution

Nails: No clubbing, capillery refill < 2 seconds throughout. Nails have a ridged texture with vertical lines running down each nail. Dryness around lateral sides.

Head: Normocephalic, atraumatic, non-tender to palpating throughout (frontal, temporal, parietal, and occipital regions)

Eyes: Symmetrical between both eyes. No evidence of strabismus, exophthalmos or ptosis. Sclera white and conjunctiva/cornea clear.

Visual acuity: uncorrected, 20/40 in both, 20/40 in left, 20/50 right

Visual fields: Full OU, PERRLA, EOMs full with no nystagmos

Fundoscopy: Red reflex intact OU, Cup:Disk < 0.5 OU (unable to perform). No evidence of A-V nicking, papilledema, hemorrhage, exudate, cotton wool spots, neovascularization OU.