Markenzie Jean-baptiste

Ambulatory Care Rotation

07/21/2020

**Soap Note**

**Identifying Data:**

Full Name: LG

Address: Queens, NY

Age: 18

Date & Time: 7/20/ 2020 @ 3:23 pm

Location: Centers Urgent Care

Religion: None

Reliability: reliable

Source of Information: patient

Source of Referral: none

Mode of Transport: Ambulatory

**Chief Complaint**: “My chest has been hurting x 2 days.”

**S:**   18 y/o M smoker with no significant PMH c/o of LT sided mid sternal chest pain and LT sided upper back pain x 2 days.  States he first noticed the chest pain when he was laying down on his back on his bed, 45 minutes after he was smoking a cigarette and marijuana. Describes the chest pain as constant, worsening, 5 out of 10 in pain now, pulsating and radiating to the left side of his back. States the chest pain is worsened when taking in a deep breath, laying down on his back, with walking and turning to his LT side, and when eating food. States the chest pain improves when he leans forward. Denies recent periods of prolonged immobility, long car rides or bus rides. States he has not taken any medication for his symptoms. Denies recent trauma/surgery, SOB, palpitations, abdominal pain, upper or lower extremity pain/swelling, fever, chills, nausea, vomiting, headache, dizziness, syncope, vision change, dysuria, hematuria.

PMHx: none

Medication: none

Allergies: no food, drug or environmental allergies

Surgery: none

Fam Hx: Mother 43- HTN.  Father 45- HTN, No other pertinent family hx.

Social hx: pt admits to social drinking 1-2 alcoholic drinks a week. Admits to smoking 2-3 cigarettes a day x 2 years. States that he does smoke marijuana at least 3 times a week.

**O:**

**Vital signs:** BP 116/66 bpm, HR 60, RR 16/min, SPO2 98 % room air, Temp 98.7 F, HT 74 inches, WT 140lbs. BMI 17.97

**Physical Exam:**

General: Alert and oriented x 3, PT is tall with thin build, appears well groomed, comfortable, no use of accessory respiratory muscles. No cyanosis on nail beds or lips, no acute distress.

HEENT: Ears normal, nares patent with no lesions or gross foreign body, oral mucosa moist, no tonsillar enlargement, injection or exudates, Uvula midline, no edema or lesions. Throat patent and normal,

Neck: lymph nodes normal, trachea mid-line

Chest wall: symmetrical, no deformity, no sign of trauma, Respiration unlabored, no parodoxic respiration or use of accessory muscles. Lat AP diameter 2: 1. No masses, lesions, ecchymosis or rashes. **Tenderness to palpation to the LT side of mid sternal chest. Pain reproduced with patient leaning backwards and improves when leaning forward.**

Heart: Regular rate and rhythm, no murmurs or gallops, S1,S2 normal

Lungs: clear to auscultation B/L, no wheezes, rales or rhonchi, no egophony or tactile fremitus.

Abdomen: normal, bowel sounds present in all 4 quadrants, soft, nontender, nondistended. No guarding or rebound tenderness. No CVA tenderness B/L. No bruits over aortic/renal/iliac/femoral arteries. Tympanic to percussion throughout. No masses or evidence of organomegaly.

Peripheral Vascular: Extremities are normal in color, size and temperature. Pulses are 2+ bilaterally in upper and lower extremities. No bruits noted. No clubbing, cyanosis or edema noted bilaterally. No stasis changes or ulcerations noted.

Musculoskeletal: no acute abnormalities, FROM extremities with no pain, Pulses are 2+ bilaterally in upper and lower extremities.

Neurological: CN 2-12intact

**Tests:**

1) EKG: Sinus bradycardia @ 50 bpm, bi phasic t- wave noted.

[EKG- Pneumothorax patient](https://markenziej.commons.gc.cuny.edu/wp-content/blogs.dir/5363/files/2020/07/EKG-Pneumothorax-patient.pdf)

2) Chest X-ray PA and lateral: 10 % pneumothorax noted in LT lung field interpreted by radiologist

**Differential Diagnosis:**

1. Pneumothorax: pt with LT sided chest pain and back pain, smoking hx, tall and thin build.
2. Myocardial Infarction- LT sided chest pain, smoking hx
3. Pulmonary embolism- LT sided chest pain, smoking hx.
4. Pericarditis- chest pain improved with leaning forward
5. Costochondritis- chest pain radiate to the back, reproduced with palpation

**A:**

18 y/o Hispanic M with no significant PMH c/o of LT sided mid sternal chest pain and LT sided upper back pain x 2 days, first noticed 45 minutes after smoking a cigarette and marijuana. Describes the chest pain as constant, worsening, 5 out of 10 in pain now, pulsating and radiating to the left side of his back. Worsened when taking in a deep breath, laying down on his back, with walking and turning to his LT side, and when eating food. EKG revealed sinus bradycardia @ 50 bpm and biphasic t- wave suggesting Wellen Syndrome. Chest x-ray revealed a 10 % pneumothorax noted in LT lung field reading by radiologist. Physical exam and tests suggest pneumothorax.

**P:**

1. PT sent to the Emergency Room accompanied by mother for further workup and treatment of pneumothorax.
2. PT was advised to go by ambulance but pt declined. AMA form was completed.
3. Pt advised to follow up with ER/Cardiologist for further workup of EKG finding suggesting Wellen syndrome.

**Follow up:**

Called ER and was informed that patient had a 20 % pneumothorax of the LT lung. PT was treated with oxygen therapy and monitoring.