Markenzie Jean-Baptiste

H & P

Internal Medicine

12/19/2020

**Identifying Data:**

Full Name: J.C.

Address: Queens, NY

Age: 79

Date & Time: December 11, 2020 @ 10:00pm

Location: New York Presbyterian Queens Hospital

Reliability: reliable

Source of Information: patient

Source of Referral: Patients daughter

Mode of Transport: ambulatory

**Chief Complaint**: “I have fell and had left sided facial droop x 6 hours”

**History of Present Illness**:

Ms. JC is a 76 y/o female with PMH of HTN, DM, HLD, CKD, and thyroid nodules presents to the ED as a stroke activation with LT sided facial droop s/p fall around 1630 today (6 hours ago). Patient was last known normal around 1600 when she took a nap on her sofa around. At 1630, the phone rang, and she went to go get the phone and fell out of the sofa landing on her RT side. PT’s daughter who witnessed the fall state that she noticed that pt had a left facial droop at that time so decided to bring her to the emergency room. PT also reported that she noticed she had some mild slurring of her speech and LT sided facial numbness at onset which has since resolved. Also reports some facial numbness at onset which has resolved. PT also c/o RT shoulder pain since the fall which she describes as an ach and worst with direct pressure or movement of her RT shoulder and arm. PT states that she normally takes aspirin and clopidogrel but stopped taking them at some point last week because she has an upcoming planned surgery for removal of thyroid nodules. Patient denies any head injury or LOC. Denies neck pain, back pain, headache, dizziness, vision changes, weakness, numbness, chest pain, SOB, palpitations, cough, fever, chills, nausea, vomiting, abdominal pain, or urinary symptoms.

**Past Medical History:**

HTN

DM

HLD

CKD

Thyroid nodule

Past Surgical History:

Inguinal hernia repair- date unknown

Sinus surgery- date unknown

hysterectomy- date unknown

Medications:

Carvedilol 6.25 mg tablet- 1 tab orally twice a day- for HTN

Losartan 25 mg tablet- 1 tab daily- for HTN

Insulin lispro 100 units/mL injection solution 7 units(s) injectable 3 times a day (before meals) Insulin glargine 100 units/mL subcutaneous solution 32-unit(s) subcutaneous once a day (at bedtime) indication: DM

Rosuvastatin 20 mg tablet- 1 tab daily for HLD

Aspirin 81 mg (stopped last week for planned surgery to remove thyroid nodules)

Clopidogrel 75 mg (stopped last week for planned surgery to remove thyroid nodules).

Allergies:

Penicillin- unknown reaction

Imaging contrast - skin redness and swelling

Family History:

Mother- unknown

Father- unknown

Social History:

PT lives alone, is a Non-smoker, no ETOH or illicit drug use, lives alone

**Review of Systems:**

Constitutional: no fevers, chills, night sweats, weight changes

Eyes: no blurry vision, diplopia, vision changes,

Ears/Nose/Mouth/Throat: no sore throats, rhinorrhea, changes in hearing, dysphagia

Cardiovascular: no chest pain, palpitations, orthopnea, PND

Respiratory: no SOB, cough, wheezing, cyanosis

Gastrointestinal: no nausea, vomiting, constipation, diarrhea, hematochezia, melena

Genitourinary: no dysuria, frequency, urgency, hematuria

Musculoskeletal: + RT shoulder pain, no myalgias,

Endocrine: no fatigue, heat/cold intolerance, polyuria.

Neurological: + left sided facial weakness and numbness, + slurred speech, no headache, dizziness, syncope, seizures

**Physical Exam**

Vital Signs:

Blood Pressure: 175/85 (178/73-175/85)

Heart Rate: 82 (80-82)

Respiration Rate: 20 (20-38)

Temperature: 97.5 F

Sp02: 95% (95%-96%) on room air

Height: 56 inches

Weight: 175 lbs.

BMI: 28.2

Initial Stroke Team Evaluation:

Last seen well within 2 hrs of arrival: No

Last seen well within 6 hrs of arrival: No

Date symptoms discovered: 10 – Dec- 2020

Time symptoms discovered: 14: 30

Arrival (Door) Time: 10 – Dec – 2020 22: 30

Seen by MD (goal 10 minutes from arrival) 10 – Dec– 2020 22: 30

Seen by Stroke Team (goal 15 minutes from arrival) 10 – Dec– 2020 22: 35

CT Done (goal 25 minutes from arrival) 10 – Dec– 2020 22: 50

CT Interpreted (goal 45 minutes from arrival) 10 – Dec– 2020 22: 56

Activase (Alteplase) administered: No

NIH Stroke Scale: (performed 24- Nov- 2020 09: 44)

1a. Level of Consciousness( alert, drowsy, etc) : (0)= Alert

1b. LOC Questions(month, age): (0) Answers both question correctly

1c. LOC Commands(open/close eyes, make fist/let go): (2) Performs both task correctly

2. Best gaze(eyes open- patient follows finger): (0) Normal

3. Visual Fields: (0) No visual loss.

4. Facial Palsy(show teeth, raise eyebrow, squeeze eyes shut): **(2) Partial paralysis (total or near-total paralysis of lower face).  LT facial droop**

5a. Right Arm Motor (limb holds 90 degrees for 10 seconds): (0) No drift

5b. Left Arm Motor (limb holds 90 degrees for 10 seconds): (0) No drift

6a. Right Leg Motor: (leg holds 30 degrees for 5 seconds): (0) No drift

6b. Left Leg Motor: (leg holds 30 degrees for 5 seconds): (0) No drift

7. Limb Ataxia (finger-nose, heel to shin): (0) Normal

8. Sensory (pin prick to face, arm trunk, leg): (1) patient feels pinprick is less sharp or is dull on the left side of face

9. Best Language (name items described): (0) No aphasia

10. Dysarthria (repeat list of words for speech clarity): (0) Normal articulation.

11. Extinction and Inattention (use info from prior test to identify neglect: (0)No Neglect

**Total Score: 3**

General: 76 y/o female with average build, well groomed, lying in bed, in no acute distress.

Skin: Skin is warm and moist, good turgor, non-icteric, no cyanosis, no rashes,

Head: normocephalic, atraumatic, nontender to palpation throughout,

Eyes: PERRLA, EOMI, scleral anicteric

Ears: Symmetrical and normal size. No evidence of lesions/ masses/ trauma on external ears. No discharge, foreign bodies in external auditory canals AU. TM’s are pearly white/ intact with light reflex at AS/AD (AU)

Nose: Symmetrical no obvious masses/deformities. Nares patent bilaterally. Nasal mucosa pink & well hydrated. No discharge noted on anterior rhinoscopy. Septum midline.

Mouth and Pharynx: No erythema or edema; airway paten No stridor. mucous membranes moist

Neck: Trachea midline. Supple, no tenderness, no JVD. Full ROM.

Lungs: normal effort, no accessory muscle usage, clear to auscultation bilaterally, no wheezes/rales/rhonchi

Cardiovascular: S1 S2, RRR, no murmurs/rubs/gallops

Abdomen: soft, nontender, nondistended, no guarding

Peripheral Vascular: no peripheral edema, 2+ pulses in upper and lower extremities. No clubbing, cyanosis or edema noted bilaterally (no C/C/E B/L). No stasis changes or ulcerations noted.

Musculoskeletal: (+) RT shoulder tenderness. Full ROM of both upper and lower extremities. No deformity or swelling, redness, arthritis. Normal sensation in upper and lower extremities. 2+ pulses in upper and lower extremities.

Neurological:

A&O x 3, CN II-XII intact, **(+) left facial droop (flattening of L nasolabial fold). Mild decreased sensation of the LT side of face maxillary area(decreased pin prick sensation).** Strength 5/5 in all extremities, sensation intact

**Tests:**

**Labs:**

Na 139

K+ 4.6

Cl 104

CO2 26

BUN 33.1

**Cr 1.92**

Glu 130

Ca 9.2

P 3.6

Mg 2.0

Anion gap 9

Hgb 8.95. HCT 10.1. Hct 31.8. Plt 249

PT: 11.7 PTT 28.3. INR .98

Troponin <0.010

UA: neg blood, neg nit, neg leu without evidence of UTI.

**Imaging:**

CT Head without acute intracranial abnormalities.

CT Neck without evidence of fracture. Enlarged multinodular thyroid gland extending into the superior mediastinum.

CXR showing diffuse increased bilateral interstitial markings with a few scattered linear reticular opacities.

XR RT shoulder negative for acute fx/dislocation.

EKG showing normal sinus rhythm at rate 73 with 2 PACs, no ST-T changes

**DDX:**

CVA/Ischemic Stroke

Transient Ischemic Attack

Bell’s Palsy

Seizure

**Assessment**

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* In ED, pt was afebrile, HR 80, BP 178/73, RR 38, SpO2 96% on RA.  Labs significant for Cr 1.92, otherwise unremarkable.
* CT Head without acute intracranial abnormalities.  CT Neck without evidence of fracture. Patient and family refused CTA head/neck given Hx of CKD
* Patient not a candidate for tPA as presented to ED out of time window >4.5hrs and Patient is not a candidate for thrombectomy as no clinical signs/symptoms of LVO as per Initial Evaluation.

**Plan:**

* # Left facial droop
* Admit to medicine/stroke unit for further w/up w/Q4hrs neuro and vital sign checks.
* Fingerstick monitoring with Goal FS <180
* MRI head without Gadolinium and MRA brain and neck
* Carotid Doppler
* Repeat EKG and cardiac monitoring to r/o arrhythmia
* TTE with bubble study to r/o cardioembolic source
* Telemetry monitoring
* Draw labs: check serial cardiac enzymes, HgbA1C, Lipid Panel with LDL, LFTs, TSH, B12/folate, homocysteine
* COVID Testing

Medications

* Give aspirin 325 mg x 1 dose now, then 75 mg starting tomorrow.
* Start Lipitor 80 mg daily, adjust statin dose per lipid panel result
* Allow for permissive hypertension until MRI and CTA are resulted. Hold all anti-hypertensives medications if SBP <180 and DBP <110. Do not treat unless SBP>180 or DBP>110. If necessary, treat cautiously, and do not lower BP by greater than 15% in 1st 24 hours.
* Evaluate and treat any hypotension. Can use IVF w/NS if needed.
* DVT prophylaxis with heparin subQ
* Speech and swallow evaluation when clinically appropriate

**Follow up**

**12/11**

- Today NIHSS- 4 for left facial droop, slurred speech, left arm drift with decreased fine finger movements as well as A&Ox2 to name and place

MRI brain w/o contrast 12/11:

Small acute infarcts right corona radiata posterior aspect. No

significant mass effect or associated hemorrhage.

Partial empty Sella, considered benign incidental finding.