Farhana Chowdhury

Date of Visit: January 13th, 2021

**CC:** Right lower quadrant abdominal pain since yesterday 9 pm

**HPI:**

A 33 years old female LMP January 3rd 2021 with no significant past medical history presented to the ED complaining of right lower quadrant pain since last night 9pm. Pt states after having dinner a 8pm, pt was watching TV when she felt a vague epigastric pain. Over the time, the pain has moved to the right lower quadrant and the pain was severe for the patient to come to the ED. Pt describes the pain as constant, piercing, 9/10, radiating to the back. Pt tried taking tylenol with mild to no relief. Reports decrease appetite, subjective fever, chills, nausea and 5 episodes of non bilious and non blood vomiting. Denies chest pain, SOB,diarrhea, headache, dizziness, weight loss, vaginal bleeding, blood in stool or urinary complaints

**Past Medical History:** none

**Past Surgical History:** none

**Allergies:** penicillin

**FHx**: Unremarkable

**SHx**: denies alcohol, smoking or recreational drug use.

**Home meds**: none

**Review of Systems:**

**Constitutional**: reports fever, chills, fatigue but denies recent weight loss or gain.

**Head** –Denies headaches, vertigo or head trauma.

**Pulmonary system** – denies dyspnea, dyspnea on exertion, cough, hemoptysis, cyanosis,

orthopnea, or paroxysmal nocturnal dyspnea (PND).

**Cardiovascular system** – Denies chest pain, palpitations, irregular heartbeat, edema/swelling of ankles or feet. syncope or known heart murmur

**Gastrointestinal:** reports right lower quadrant abdominal pain, nausea and vomiting. Denies abdominal distention, anal bleeding, blood in stool, diarrhea, dysphagia, flatulence.

**Genitourinary system** – denies urinary frequency, polyuria urgency, nocturia, oliguria, dysuria, incontinence, or flank pain.

**Physical Exam**

**General:** pt appears well-developed and well-nourished, oriented to person, place, and time. Non-toxic appearance. Pt seems to be in severe distress.

**Vitals**

**BP:** 122/85 Left arm, lying

**Pulse:** 90

**RR:** 18

**SpO2:** 98%RA

**Temp:** 98.8°F

**Height**: 66 inches

**Weight**: 185 LB

**BMI**: 30.12

**Physical Exam**

**Nails:** no sign of clubbing, cyanosis, capillary refill <2 seconds throughout.

**Skin:** warm, moist and smooth to touch, good turgor. Nonicteric, no evidence of hypo or

hyper pigmentation, erythema, mass, lesions, scars or tattoos.

**Head:** normocephalic and atraumatic

**Eyes:** Pupils are equal, round, and reactive to light.

**Neck**:Trachea midline. Neck supple.

**Heart:** Regular rate and rhythm (RRR); S1 and S2 are normal. There are no murmurs, S3, S4,

splitting of heart sounds, friction rubs or other extra sounds.

**Lungs**: Clear to auscultation and no evidence of adventitious sounds.

**Abdomen**: Flat / symmetrical / non distended/ no evidence of scars, striae. Bowel sounds present in all four quadrants; Soft, severely tender to palpation in RLQ specifically at mcmurray's point. Rovsing positive, voluntary guarding; no masses, no organomegaly, rebound or rigidity.

**Musculoskeletal:**  Normal range of motion. He exhibits no edema, tenderness or deformity.

**Neurological:** She is alert and oriented to person, place, and time.

**Lab Data:**

UA- Appearance: yellow / clear, pH: 6.0, glucose: negative, protein: negative, ketones: 15, Trace of leukocytes

WBC: 13.71 / Hb: 10.1 (MCV: 93.1) / Hct: 31.0 / Plt: 302

 -- Diff: N:87.0% L:6.3% Mo:6.1% Eo:0.10%

Alb: 5.1 / Bili: 1.1 / ALT:14 / AST: 16 / AlkPhos: 75 / Lip: 13 /Amylase: 60

 137 | 97 | 10

 -----------------< 128 Ca: 10.3 Anion Gap: 13

 3.9 | 20 | .82

T&S, PT:11.9/ aPTT:29.8/ INR:1.01, bmp and LFTs, covid negative

**Imaging:**

CT of the abdomen

Impression:

The appendix is fluid-filled and mildly dilated concerning acute appendicitis.

**Assessment:** 33 years old female with no significant PMHx presents to the ED complaining of right lower quadrant pain for since last night. Patient's physical exam shows RLQ tenderness at McBurney's point which is a concern for appendicitis.

**Differential Diagnosis:**

* Appendicitis
* Diverticulitis
* Ovarian Torsion
* Ovarian Cyst
* Pyelonephritis
* Colon Cancer
* Inflammatory Bowel Disease

**Plan**

1. Patient will be admitted to the surgical floor for further stabilization and monitoring
2. Patient will go to the OR for laparoscopic appendectomy today (1/13/21)
3. The benefits and drawbacks of laparoscopic appendectomy were discussed with the patient and a consent was signed to perform the procedure.
4. NPO
5. Fluids
6. Analgesia: Toradol
7. Antibiotics: Zosyn 3.375 mg and Flagyl 500 mg IV ordered
8. Lovenox for DVT prophylaxis.
9. Protonix for GI prophylaxis.
10. Spirometry