(1 of 3)

Ruthie Schreiber
PD II

Hospital
H&P #3

- ID: April 9th, 2019, 9:04AM, D.Q. Male, Chinese, 38, Married, 789 Cedar St. Smallville, NY 12345
- Informant: Patient himself, Reliable
- Referral Source: Self; PCP: Dr. Viguach
- Chief Complaint: "I have high fever" x 2 weeks
- HPI: 38 year old male with no significant PMH presents with high persistent fever of 104 degrees F for 2 weeks. Patient feels achy + Shaky all over + admits to coming to the hospital 2 days ago. Fever is constant, had a sudden onset (woke up in AM with it). Denies taking anything to control the fever. Admits to multiple dental procedures over the past 3 months, most recently a crown was placed one week ago. Admits to fever, chills, night sweats, fatigue, weakness, loss of appetite, recent weight loss (10 lbs), diarrhea (x2 weeks), nausea + vomiting (1x this morning, clear). Denies headache, vertigo, head trauma, unconsciousness, coma, fracture, chest pain, HTN, palpitations, irregular heartbeat, edema, syncope, known heart murmur, intolerance to specific food, dysphagia, pyrosis, flatulence, eructations, abdominal pain, jaundice, hemorrhoids, constipation, rectal bleeding, colonoscopy.
- PMH: Denies receiving yearly influenza vaccine
- Past Surgical History: Admits to hospitalization for kidney stones (2012), no complications
- Medications: Denies use of any medications
- Allergies: Denies drug, environmental, food allergies
- Family History: Father - 66, alive + well, HTN
  Mother - 63, alive + well
  Grandparents/siblings - unknown

- Social History: Insurance underwriter, lives at home with wife. Denies past/present smoking, use of alcohol, illicit drugs, recent travel, exercise, caffeine use. Admits to well-balanced diet, 12 hours of sleep per night, following safety procedures.
- Review of Systems:
  - → General: Admits to generalized weakness/fatigue, recent weight loss, loss of appetite, fever, chills, night sweats
  - → Skin/Hair/Nails: Denies any changes in texture, excessive dryness or sweating, discolorations, pigmentations, moles, rashes, pruritus, changes in hair distribution
  - → Eyes: Denies lacrimation, photophobia, pruritus, glasses, remembering last eye exam
  - → Ears: Denies deafness, pain, discharge, tinnitus, hearing aids
  - → Nose/Sinus: Denies discharge, epistaxis, obstruction
  - → Mouth/Throat: Admits to last dental exam (April 2019). Denies bleeding gums, sore tongue, sore throat, mouth ulcers, voice changes, dentures
  - → Neck: Denies localized swelling, lumps, stiffness, decreased range of motion
  - → Breast: Denies lumps, nipple discharge, pain
  - → Pulmonary: Denies SOB, DOE, cough, wheezing, hemoptysis, cyanosis, orthopnea, PND
  - → Cardiovascular: Denies chest pain, HTN, palpitations, irregular heart beat, edema/swelling of ankles or feet, syncope, known heart murmur
  - → GI: Denies intolerance to specific foods, dysphagia, pyrosis, irregular flatulence, eructations, abdominal pain, jaundice, hemorrhoids, constipation, rectal bleeding, colonoscopy. Admits to change in appetite, recent weight loss, diarrhea, nausea + vomiting

GU: Denies frequency, nocturia, urgency, oliguria, polyuria, dysuria, irregular color of urine, incontinence, awakening at night to urinate, pain (flank)
Sexual History: sexually active with women, in a monogamous relationship with wife, denies protection
Nervous: Admits to loss of strength, weakness. Denies seizures, headache, loss of consciousness, sensory disturbances, ataxia, change in cognition.
Musculoskeletal: Denies muscle/joint pain, deformity/swelling, redness, rheumatoid arthritis
Peripheral Vascular: Denies intermittent claudication, coldness or trophic changes, varicose veins, peripheral edema, color change
Hematologic: Denies anemia, easy bruising or bleeding lymph node enlargement, blood transfusions, history of DVT/PE
Endocrine: Denies polyuria, polydipsia, polyphagia, heat or cold intolerance, goites, excessive sweating, hirsutism
Psychiatric: Denies depression, sadness, anxiety, OCD, use of mental health professionals, use of medications
- General Survey: 38 y/o male, A/O x 3, looks young for stated age. Pt is well dressed + groomed, in slight distress
- Vital Signs: BP: seated R: 112/60 L: 114/62
  R: 18/min, unlabored
  P: 95 bpm, regular
  T: 101.6°F (oral); Tmax = 103.1°F (oral)
  O_2 sat: 98% on RA
  Height: 68 in Weight: 220 lbs BMI: 33.5
- Skin: warm + moist, good turgor. Nonicteric, no tattoos/scars
- Hair: average quantity + distribution
- Nails: no clubbing, capillary refill < 2 seconds throughout
- Head: normocephalic, atraumatic, nontender to palpation throughout

- Eyes: Symmetrical OU; no strabismus, exopthalmos or ptosis; conjunctivitis noted. Visual acuity (uncorrected 20/200 OS, 20/20 OD, 20/20 OU). Visual fields full OU. PERRLA. EOMs full with no nystagmus. Fundoscopy-red reflex intact OU. Cup:Disc ≤ 0.5. OU/no AV nicking, papilledema hemorrhage, exudate, cotton wool spots, neovascularization
- Ears: Symmetrical + good size. No lesions, masses, trauma of external ears. No discharge, foreign bodies in external canal AU. TMs pearly white, intact with light reflex in good position AU. Auditory acuity intact to whispered voice AU. Webers midline/Rinne reveals AC>BC
- Nose: Symmetrical, no masses/lesions/deformities/trauma Nares patent bilaterally, nasal mucosa pink + well hydrated No discharge noted on anterior rhinoscopy. Septum midline without lesions, deformities, injection, perforation No foreign bodies
- Sinuses: Non tender to palpation + percussion over bilateral frontal, ethmoid + maxillary sinuses
- Lips: Pink, moist; no evidence of cyanosis or lesions
- Mucosa: pink, well hydrated; No masses/lesions noted, no evidence of leukoplakia
- Palate: Pink, well hydrated. Palate intact with no lesions, masses, scars
- Teeth: poor dentition, several obvious dental caries + false teeth noted. Crown on back left molar
- Gingivae: Pink, moist. No hyperplasia, masses, enethryma
- Tongue: pink, well papillated; no masses/lesions/deviation
- Oropharynx: well hydrated, no injection/exudate/masses lesions/foreign bodies. Tonsils present with no injection or exudate. Uvula pink, no lesions noted.
- Neck: Trachea midline. No masses, lesions, scars, pulsations. Supple, non-tender to palpation. FROM, no stridor. Carotid pulses 2+; no thrills/bruits/palpable adenopathy

- Thyroid: Nontender, no palpable masses; no thyromegaly/bruits
- Chest: symmetrical, no deformities/trauma. Respirations unlabored/no paradoxic respirations or use of accessory muscles noted. Lat to AP diameter 2:1. Nontender to palpation
- Lungs: clear to auscultation + percussion bilaterally. Chest expansion + diaphragmatic excursion symmetrical. Tactile fremitus symmetrical throughout. No adventitious sounds
- Heart: JVP is 2.5cm above the sternal angle with the head of the bed at 30°. PMI in 5th ICS in mid-clavicular line. Carotid pulses are 2+ bilaterally without bruits. S1 + S2 are normal. No murmurs or extra heart sounds.
- Abdomen: flat/symmetrical/no scars, striae, caput medusae or abdominal pulsations. BS present in all 4 quadrants. No bruits noted over aortic/renal/iliac/femoral arteries. Tympany to percussion throughout. Non-tender to palpation. No organomegaly. No masses noted. No evidence of guarding or rebound tenderness. No CVAT noted bilaterally.
- Male: circumcised male. No penile discharge/lesions. No scrotal swelling or discoloration. Testes descended bilaterally. Smooth + without masses. Epididymis non-tender. No inguinal or femoral hernias noted
- Rectal: No perirectal lesions or fissures. External sphincter tone intact. Rectal vault without masses. Prostate smooth + nontender with palpable median sulcus. Stool brown + Hemoccult negative.
- Peripheral: Extremities are normal in color, size, temperature. Pulses are 2+ bilaterally in upper + lower extremities. No bruits noted. No clubbing, cyanosis or edema noted bilaterally. No stasis changes or ulcerations noted
- Musculo: No soft tissue swelling, erythema, ecchymosis, atrophy, deformities in bilateral upper + lower extremities. Non-tender to palpation, no crepitus

FROM of all upper + lower extremities bilaterally. No evidence of spinal deformities

Mental Status: alert + oriented to person, place, + time. Memory + attention intact. Receptive + expressive abilities intact. Thought coherent. No dysarthria, dysphonia or aphasia noted

Cranial Nerves: I-intact no anosmia. II-VA 20/20 bilaterally visual fields full. III-IV-VI - PERRLA, EOM intact without nystagmus V-facial sensation intact, strength good. Corneal reflex intact bilaterally. VII-facial movements symmetrical + w/out weakness VIII-hearing grossly intact to whispered voice bilaterally. Weber midline. Rinne AC > BC. IX-X-XII: swallowing + gag reflex intact. Uvula elevates midline. Tongue movement intact. XI-Shoulder shrug intact. SCM + trapezius muscles strong

Assessment: 38 y/o male with no significant PMH presents with high persistent fever of 104°F for 2 weeks. Findings most likely consistent with endocarditis

Problem List: fever, chills, night sweats, fatigue, weakness, loss of appetite, recent weight loss, nausea, vomiting, diarrhea

DDx:

1) Infective Endocarditis: most likely due to appearance of flu-like symptoms (persistent fever + chills), fatigue, aching joints/muscles, night sweats, poor appetite, weight loss, diarrhea, nausea, vomiting, multiple dental procedures in recent past
2) Sepsis secondary to bacteremia: also likely due to presence of persistent fever, chills, shaking, nausea vomiting + diarrhea
3) EBV (Epstein-Barr Virus): likely due to malaise, fever, muscle aches. Rule out by ordering CBC to check for WBC elevation.

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④ CMV (Cytomegalovirus): likely due to fever, night sweats, fatigue, low appetite + weight loss. Rule out by ordering CBC to check for WBC elevation

⑤ Acute Rheumatic Fever: possible due to presence of fever. Rule out using Jones Criteria (need 2 essential + 2 major, or 1 major + 2 minor manifestations to diagnose a primary episode)

- Plan: Admission; administration of Cefepime + vancomycin (both IV) for bacterial infection. Ibuprofen 600mg for fever control. Order for CBC, CMP, CXR, blood cultures, UA, blood smear, TTE. Empiric antibiotic coverage until culture results are available + patient is febrile. ~~Cont~~ Consider flu swab? lactate? ur analysis, urine culture.