

# ED Provider Notes

## History

### Chief Complaint

Patient presents with

- Fever-9 Weeks To 74 Years

*was on meds for hpylori about 1 month ago, has had a fever for 2 weeks, went back to pcp was put on antibiotics, this past tuesday developed a cough still fever put on doxy and steroid and inhaler, coughing is getting worse, still has fever, pcp told him to come to ed*

**HPI Comments:** 67 y/o w/ hx of cough/fever and being treated on doxy presents w/ worsening cough/fever. Pt notes on doxy for past 1.5 weeks w/ worsening sx's; cough productive. Denies chest pain, SOB, nausea, vomiting, abd pain, HA, dysuria.

Patient is a 67 y.o. male presenting with cough. The history is provided by the patient.

### Cough

This is a recurrent problem. The current episode started more than 1 week ago. The problem occurs constantly. The problem has been gradually worsening. The cough is productive of sputum. The maximum temperature recorded prior to his arrival was 101 to 101.9 F. Associated symptoms include chills, sweats and sore throat. Pertinent negatives include no chest pain, no headaches, no rhinorrhea, no shortness of breath and no wheezing.

## Past Medical History

Elevated PSA

## Past Surgical History

NECK SURGERY  
HERNIA REPAIR

No family history on file.

## History

### Social History

- Marital Status: Married
- Spouse Name: N/A
- Number of Children: N/A
- Years of Education: N/A

### Social History Main Topics

- Smoking status: Former Smoker
- Types: Cigarettes
- Smokeless tobacco: Not on file
- Alcohol Use: 0.0 oz/week
- Drug Use: Not on file
- Sexual Activity: Not on file

### Other Topics

- Not on file

Concern

Social History Narrative

Review of Systems

Constitutional: Positive for chills. Negative for fever.  
HENT: Positive for sore throat. Negative for rhinorrhea.  
Respiratory: Positive for cough. Negative for shortness of breath and wheezing.  
Cardiovascular: Negative for chest pain.  
Gastrointestinal: Negative for vomiting and abdominal pain.  
Skin: Negative for rash.  
Neurological: Negative for headaches.  
All other systems reviewed and are negative.

Physical Exam

ED Triage Vitals:

BP: 137/85 mmHg [08/28/15 1921]  
Pulse: 106 [08/28/15 1921]  
Resp: 17 [08/28/15 1921]  
Temp: 100.8 °F (38.2 °C) [08/28/15 1921]  
Temp src: Oral [08/28/15 1921]  
SpO2: 95 % [08/28/15 1921]

BP 141/64 mmHg | Pulse 101 | Temp(Src) 100.8 °F (38.2 °C) (Oral) | Resp 16 | Wt 70.308 kg | SpO2 96%

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae are normal.

Neck: Normal range of motion.

Cardiovascular: Normal heart sounds.

**No leg swelling**

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. He has no wheezes. He has no rales.

Abdominal: He exhibits no distension. There is no tenderness. There is no rebound.

Neurological: He is alert and oriented to person, place, and time. No cranial nerve deficit. Coordination normal.

Skin: He is not diaphoretic.

**No rashes seen**

Psychiatric: His behavior is normal.

Nursing note and vitals reviewed.

Procedures

**12 Lead EKG**

Date/Time: 8/28/2015 7:59 PM

Interpreted by ED physician

Comparison: compared with previous ECG

Rhythm: sinus rhythm

Rate: tachycardic

QRS axis: left

ST Segments: ST segments normal

T Waves: T waves normal

Other findings: LVH  
Clinical impression: abnormal ECG

ED Course

**Medical Decision Making**

**One-Liner** : 67 y/o w/ hx of cough/fever and being treated on doxy presents w/ worsening cough/fever.

**Assessment & Plan** : Pt here w/ worsening cough and fever on doxy. Likely represents failure of outpatient treatment for PNA. Denies chest pain or SOB so MI/ACS or PE are unlikely.

Plan  
EKG  
CXR  
Labs/bmp/cultures  
Normal saline (mild tachy)  
No hx of COPD/smoking so will hold on nebs/steroids

Update: 8:56 PM

Workup Largely engative; CXR clear, urine clean, pt's mild tachy responded to fluids. Pt appears well, no SOP/CP. Discussed w/ [REDACTED] (PCP), will see in clinic tomorrow.

ED COURSE

Reviewed previous: labs and ECG  
Interpreted by ED Provider: labs, ECG and x-ray

Patient Reevaluation: Attending Supervised: Resident

I was present during key portions of E/M, I performed Hx, PE, and MDM and I examined and fully participated in care of this patient and Case discussion with resident, agree with E/M with corrections/additions as noted; participated in mgmt of patient care.

Hx noted. Febrile, cough. No cp. No headache or neck pain. Work up noted. PCP coverage notified and will see patient in am.

Patient progress: stable

**ED Clinical Impression(s)**

Final diagnoses:  
Cough  
Fever, unspecified fever cause

ED Disposition  
Discharge

