

Patient #: [REDACTED]

DOB: [REDACTED] (66 years)

Date of Encounter: 10/02/2018 08:50 AM

## History of Present Illness

[REDACTED] SCRIBE 10/02/2018 04:28 PM

Patient words: Follow up from hospital.

Last Sunday she was doing her daily activities and then around 7:30pm she sat down and she did "not feel right". Around 8 o'clock she called her sister to call an ambulance to come and get her because she could not move her legs. She was "stuck" holding her walker and could not move. She had pain that was so acute in the middle of her back. Once she got to the hospital, she could not move off of the gurney. She was having extreme pain and took over 1/2 an hour to move her into a wheel chair and then had a male nurse lift her into the bed. She was given Dilaudid and she was vomiting from it, but finally she had relief from the pain. The doctor's diagnosed her pain and "stuck" feeling as a muscle spasm. She was given Robaxin and it helped.

She is still getting intermittent spasms in her back, which is normal post surgery.  
She states she gets intermittent pains that go down her leg and has "zings" that go around her torso.

She is doing PT from home.

The patient is a 65 year old female who presents for a hospital follow up. The patient was admitted to [REDACTED]. The admission date was 9/23/2018. The discharge date was 9/25/2018. The admission diagnosis was Lumbar radiculopathy. Note for "Hospital follow up": Hospital Course:

Please see history and physical for complete information.

Patient is 65y.o. female who was admitted to the hospital with severe low back pain. She had recent lumbar surgery. She had MRI lumbar spine showed no acute abnormalities. Seen by spine surgery consult. Pain improved. She was able to walk. Discharged home in stable condition. She did not want to use steroids due to hx of osteoporosis. Given short script for norco in case she developed uncontrolled pain. Referred to pain management clinic.

She has outpatient infusion appointment for abatacept later today.

Education provided about opioid side effects, overdose risks, potential for developing dependence or addiction, avoiding sharing, non-medical use, safe storage, and disposal. Reviewed MAPS.

History of Present Illness:

This is a 65y.o. female with a PMH of RA, migraines, OA. She is s/p decompressive laminectomy L4-L5 with disectomy from 8/29/18 by [REDACTED] who presented with a sudden onset of left sided low back pain that started upon sitting. The pain is described as sharp continual without radiation. She is unable to ambulate because of the pain and stated this is worse than the pain she had prior to her surgery one month ago.

She denies radiation of the pain down her leg. Denies numbness, tingling, bowel/bladder incontinence, saddle numbness.

She was evaluated in ED and received minimal relief of pain with dose of Morphine. Because of inability to ambulate, severity of pain, and recent surgery, she was brought to [REDACTED] for ortho consult and MRI.

9/25/2018 TCM call completed with patient. [REDACTED] states that she is doing a bit better. States that pain level is tolerable at 3/10 and that she is ambulating with walker. States that Robaxin is assisting with pain control. States appetite is decreased but she is making sure that she is eating enough. Denies any N&V and reports LBM was yesterday. Educated pt on fall prevention; keeping cell phone with pt at all times, use of nightlights, change position slowly and removal of throw rugs and clear pathways to prevent falls and injury. Pt states that she keeps cell phone with her in her pocket and has a shower chair and grab bars in shower but states that she has many throw rugs on pathways in the home. Discussed with pt asking her sister to help her remove throw rugs to decrease risk of falls and injury. Pt states she is tell sister today to remove all throw rugs. Pt verbalized understanding of all education provided during call. Reviewed medications with pt and updated medication list.

Additional reasons for visit:

Transition into care is described as the following:

The patient is transitioning into care from a hospital and a summary of care was reviewed.

## History

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### Allergy

Cardizem \*CALCIUM CHANNEL BLOCKERS\* []: Difficulty breathing, Asthma  
Clindamycin HCl \*Anti-infective Agents - Misc.\*\* []: Swelling  
Erythromycin (Acne Aid) \*DERMATOLOGICALS\* [Drug allergy]: Irregular heart rate  
Tetra \*Tetracyclines\*\* []: Swelling  
Corticosteroids []: suicidal  
Bactrim \*ANTI-INFECTIVE AGENTS - MISC.\* []: Difficulty breathing  
Penicillins []: Swelling; mental status change  
Levaquin \*FLUOROQUINOLONES\* []: mental status change  
Allergies Reconciled

### Social

Marital status: Single  
Alcohol Use 1 drink a night  
Employment status retired  
Ethnicity:   
Illicit drug use: No drug use  
Tobacco Use 14 pack year history she is in the precontemplation stage  
current smoker 8-10 a day  
Race:

### Medications

Cyanocobalamin (1000MCG/ML Solution, 1 Injection 1 ml 2 times a month, Taken starting 10/11/2017) Active.  
Hydrocodone-Acetaminophen (5-325MG Tablet 1 Oral three times daily, as needed, Taken starting 09/26/2018) Active - Hx Entry. (For severe pain)  
Albuterol Sulfate ((2.5 MG/3ML)0.083% Nebulized Soln, 1 Inhalation every 8 hours prn, Taken starting 05/15/2016) Active.  
KlonoPIN (1MG Tablet 1 Oral at bedtime, Taken starting 10/11/2017) Active - Hx Entry.  
Orencia (250MG For Solution, 750 Intravenous every four weeks, Taken starting 05/05/2016) Active.  
Aspirin (81MG Tablet Chewable, 1 Oral daily) Active.  
Magnesium (500MG Capsule, 1 cap Oral daily) Active.  
Probiotic Advanced ( Oral) Specific strength unknown - Active.  
Acetaminophen (500MG Tablet, 1-2 tabs Oral three times daily, as needed) Active. (for pain)  
Fish Oil (1000MG Capsule, 1 cap Oral daily) Active.  
Robaxin (500MG Tablet 1 tab Oral three times daily, as needed) Active - Hx Entry. (for muscle spasm)  
Ultram (50MG Tablet, 1 tab Oral four times daily, as needed) Active. (for moderate pain)  
Calcium (500MG Tablet, 1 tab Oral two times daily) Active.  
Multi-Day (1 Oral daily) Active.  
Vitamin D3 (5000UNIT Tablet, 1 Oral daily) Active.  
Omega-3 Fatty Acids (300MG Capsule, 1 Oral daily) Active.  
CoQ10 (100MG Capsule, 1 Oral daily) Active.  
Medications Reconciled.

## Review of Systems

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**General** Present- Feeling well. Not Present- Chills, Fever and Night Sweats.

**Musculoskeletal** Present- Back Pain (Due to recent surgery.).

**Neurological** Present- Tingling (Occasional.). Not Present- Numbness.

## Vital Signs

<b>Date:</b>	10/02/2018 08:50 AM	<b>Height:</b>	60 in	<b>Note:</b>	-
<b>Temperature:</b>		<b>Weight:</b>	120 lb		
<b>Pulse:</b>	56	<b>Waist:</b>			
<b>Respirations:</b>		<b>BMI:</b>	23.44 kg/m <sup>2</sup>		
<b>Peak Flow:</b>		<b>BSA:</b>	1.5 m <sup>2</sup>		
<b>Blood Pressure:</b>	118/76				
<b>Reading Type:</b>	Manual				

## Physical Exam

██████████, MD, 10/07/2018 05:35 PM

### General

**Build & Nutrition** - Well nourished and Well developed.

**Mental Status** - Alert.

**General Appearance** - Not in acute distress.

### Chest and Lung Exam

**Chest and lung exam reveals** - normal excursion with symmetric chest walls and quiet, even and easy respiratory effort with no use of accessory muscles.

### Cardiovascular

**Cardiovascular examination reveals** - on palpation PMI is normal in location and amplitude, no palpable S3 or S4. Normal cardiac borders. and normal heart sounds, regular rate and rhythm with no murmurs.

### Musculoskeletal

Incision site C/D/I

### Assessment & Plan ██████████ MD; 10/07/2018 05:37 PM)

#### **Lumbar radiculopathy (M54.16)**

**Today's Impression:** Reviewed discharge summary and clarified questions.

Assured patient over her MRI results and over her hospital stay.

The back pain is better and encouraged patient to continue PT at home and to not over exert herself.

She will continue current Rx's

#### Current Plans:

- Continued Hydrocodone-Acetaminophen 5-325MG, 1 Tablet three times daily, as needed, #120, 10/07/2018, No Refill.
- Started Robaxin 500MG, 1 tab Tablet two times daily, #60, 10/07/2018, No Refill.
- Follow up in 6 months or as needed
- How to access health information online

#### **BMI 24.0-24.9, adult (Z68.24)**

#### Current Plans:

I, ██████████, personally scribed the services dictated to me by ██████████ MD in this documentation. This note has been reviewed by ██████████ and has made personal changes and impressions.

██████████

Signed Electronically by: ██████████ MD