Date: 1/20/09

Pt. Initials: B.S. Age: 23 y.o. Gender: F

Problem List

Active:	Inactive:
01/09 Weight Gain	None Identified
01/09 Depression	
01/09 Migraines	

Risk Factors:	Risk For:
Overweight	HTN, Type II DM, arthritis, sleep apnea
Smoker	CA, Respiratory disorders

Chief Complaint: 1/20/09 -23 year old white female healthcare worker to office with headache with vision changes x 2 days. "I am afraid I have a brain tumor".

Subjective:
HOPI: Symptoms began yesterday at work. Sudden onset of visual disturbances including double vision, blurred vision and eventual loss of vision. These symptoms waxed and waned for 45 minutes. She also had difficulty forming words during this time. These symptoms completely resolved after 45 minutes with return to baseline. Immediately after symptoms resolved, headache began and has been persistent. Headache is unilateral and frontal, pounding, non-radiating. Rates as a 5 on a 1-10 scale. Taking Tylenol ES with minimal relief. Reports lack of sleep night before symptoms began. Positive for history of migraines. Experienced similar symptoms and headache 2 to 3 months ago. Denies increase in stress level or excessive caffeine intake. Denies recent trauma.

Allergies: NKDA

Medications: None routine. Denies use of herbals, vitamins. Has been taking Tylenol ES 2 tabs PO for headache every 6 hours since yesterday with minimal relief.

Past History: In generally good health. History of depression previously managed with Zoloft, patient discontinued use 2-3 months ago. Past history of migraines, no current medical management. Did take Midrin in past without relief. Does not recall having any childhood illnesses except chicken pox without sequelae. Negative for cancer, DM, CAD. Flu vaccine 11/08. Last tetanus unknown, however patient reports it has been in the past 10 years.

Family History: Unknown (patient adopted).

Personal/Social History: Works as patient care assistant at an extended care facility. Smokes ½ ppd x 5 years. Denies ETOH. Denies recreational drug use. Drinks 2 cups coffee and 1-2 cans caffeinated soda per day.

ROS:
General- Has gained 15 pounds in past 3 months. Denies weakness, fever, fatigue.
HEENT- See HOPI. Denies dizziness, lightheadedness. Denies seeing spots, specks or flashing light. Denies trouble hearing, tinnitus, vertigo, earache. Denies nasal congestion, sinus trouble. Denies sore throat, mouth or tooth pain.
Neuro- Denies changes in mood, memory. Denies fainting, seizures, weakness, numbness, paralysis, tingling, tremors.
Neck- Denies swollen glands, stiff neck.
Respiratory- Denies cough, dyspnea.
Cardiovascular- Denies high blood pressure, chest pain, palpitations.
GI- Denies nausea, changes in bowel habits.

Objective:
B/P: 108/64 RA sitting T: 98.6 F (o) HR: 66 regular RR:16
Wt: 238 lbs. Ht: 5'9" BMI: 35.2
General: Alert and oriented, healthy, well groomed. In moderate distress from headache. Tearful.
HEENT: *Head*-No temporal artery tenderness. No TMJ tenderness. *Eyes*: Sclera white, conjunctiva pink. Visual acuity 20/20 OU. PERRLA. Disc margins sharp; no hemorrhages or exudates. *Ears:* Acuity good to whispered voice at 10 feet. TMs with good cone of light. *Nose*-Nasal mucosa pink, septum midline, no sinus tenderness. *Throat*- Oral mucosa pink, dentition good, pharynx with exudates. *Neck*- Trachea midline. Neck supple. Thyroid isthmus palpable, lobes not felt. No lymphadenopathy.
Neuro: Alert, cooperative. Thought process coherent. Oriented to person, place and time. Detailed cognitive testing deferred. CN II-XII intact. Good muscle tone and bulk. Strength 5/5 throughout. Gait steady. Romberg-maintains balance with eyes closed. No pronator drift. Reflexes 2+ and symmetric with plantar reflexes downgoing.
Respiratory: CTA
Cardiovascular: Good S1, S2. No murmur, rubs or gallops.

Assessment:

1. Headache with vision changes (DDx: Migraine vs. Intracranial mass)

Plan:

1. MRI with contrast
   CBC, CMP, TSH, T3, T4
   Motrin 400-600 mg PO q 6 hr PRN with food
   No driving
   F/U 2 days after MRI done
   To ED if symptoms worsen

Patient Education:

Information about migraines with auras.
Reason for MRI.
Danger signs indicating need to go to ED.
Medication information