

10.6 Electronic Health Records

Emergency Department Visit

Chief Complaint: Hemoptysis

History of Present Illness: The patient has been brought to the emergency department by her

mother. She is a 22-year-old female with cystic fibrosis. She has had a

1-day history of **hemoptysis**. She has been feeling tired for

5 days. Her mother says that the patient has had mild dyspnea and cough. The patient's last **PFTs** were much worse than normal for her. She has not had any epistaxis, bleeding from her gums, bloody stool, or

easy bruising.

Past Medical History: Cystic fibrosis; bronchiectasis.

> **Medications:** Inhaled antibiotic (tobramycin); mucolytic agent (pulmozyme); vita-

> > mins ADEK; bronchodilator (albuterol).

Allergies: NKDA.

Social: She is a nonsmoker. She is a sophomore in college and lives with her

parents.

Surgical History: None.

Physical Exam: RR: 30; HR: 92; Temp: 102.1°F; BP: 90/57; **Pulse ox:** 89%

Gen: Mildly cvanotic. In mild respiratory distress.

Her nose and mouth are a little dry.

HEENT: Her ear drums and ear canals are normal.

CV: Mildly tachycardic. No murmur. Her pulses are a little weak.

Resp: Tachypneic, shallow breaths, breath sounds are weaker than normal

bilaterally.

GI: Normal. Her liver and spleen are not large.

Emergency Department Course: When she came to the **ED**, the patient was in acute respiratory dis-

> tress. She was intubated with an endotracheal tube and placed on **SIMV.** A **CXR** verified correct placement in her trachea. She had poor (prbcs). An ABG showed hypoxemia and hypercapnia, both of which improved on follow-up ABG after she was intubated. The pulmonology

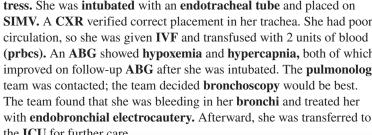
the ICU for further care.

MEDICAL LANGUAGE ACCELERATED





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