

Ob Initial Note

Identifying Data:

Full Name: Ms. A
Address: Brooklyn, NY
Date of Birth: 06/27/1995
Clinic Visit: 04/07/2020
Location: Woodhull Women Health Services, NY
Nationality: Hispanic
Marital Status: Not married
Source of Information: Self
Sources of Referral: Self

CC: "I'm here to start my prenatal care."

HPI: 25 year old reliable female G1P0 LMP 05/19/2020 EGA 7w0d with EDD 02/23/21 presents to clinic today for her initial OB visit. Patient and her partner are happy with pregnancy although it was unplanned. She plans to continue with the pregnancy. Pt reports mild fatigue, nausea and a few vomiting episodes in the morning the past 2 weeks. She also admits to decreased appetite. Pt reports that she has been experiencing crampy RLQ pain and slight spotting. Denies any other complaints.

Past Medical History: Denies
Immunizations- up to date
Screening tests and results- none

Past Surgical History:
Gastroschisis surgery- neonatally

Medications: Denies
Allergies: NKDA

Family History:
Mother: alive and healthy
Father: alive and healthy

Social History: Ms. A is a young healthy female that currently lives with her partner and says he is supportive and that she feels safe. She denies ever smoking, denies alcohol, and denies illicit drug use. She has not recently traveled and is does not exercise regularly.

ROS

General: Admits to fatigue, loss of appetite. Denies fever, chills, night sweats, weight loss.
GI: Admits to N/V, abdominal pain, and change in appetite. Denies diarrhea, constipation, rectal bleeding or blood in stool.
Menstrual/Obstetrical: G1P0. LMP 05/19/2020. Admits to some spotting.

Physical Exam

Vitals: BP 116/70, Pulse 90, RR 18, Temp 97.8 F, SpO2 100%, BMI **30.11kg**

General: Well developed, well appearing 25 year old female in NAD.

Breast: Normal on inspection and palpation. No masses or axillary nodes palpable.

Abdomen: Previous surgical scar noted, no visible umbilicus, no masses.

Pelvic: Normal external genitalia, no cervical motion tenderness, normal cervix, no adnexal masses, non-tender uterus, uterine size about 8 weeks.

Assessment: 25 year old G1P0 at 7w0d LMP 05/19/2020 presents for prenatal visit and reports crampy RLQ pain and slight spotting. Offers no other complaints and otherwise doing well.

Problem List:

- 7 weeks of gestational pregnancy- dated by LMP 05/19/2020, EDD 02/23/21
- Nausea and vomiting during pregnancy
- Spotting in pregnancy

Plan:

1. Order pelvic/transvaginal US and beta hCG to r/o ectopic
2. Order 1st trimester labs:
 - Urine Analysis & Culture
 - CBC and Differential
 - 1 hr GCT 50gm
 - Hemoglobin A1C
 - Hemoglobin Electrophoresis
 - Rubella Antibody, IgG
 - Rubeola Antibody, IgG
 - Mumps
 - Varicella Antibody
 - Syphilis Screen
 - Hepatitis B antigen and antibody
 - HIV AG/AB Screen By CMIA
 - Gyn Cytology (Pap smear)
 - Chlamydia/ G.C. Amplification
 - Lead, Blood
 - QuantiFERON Plus TB
 - TSH
 - Type and Screen
 - CF screening
3. Schedule an initial prenatal sonogram
4. Educate patient on the importance of healthy diet, continuous intake of prenatal vitamins, moderate activity, and adequate rest. Hyperemesis gravidarum eating plan provided.
5. Prescription for nausea sent- Benadryl 25mg TIB prn, Reglan 10mg 3-4 times a day prn for no more than 10 days, Pyridoxine 25mg TID prn
6. Pt was scheduled for televisit in 4 weeks and in-office visit in 8 weeks, but was informed to go to the ER if she experiences severe abdominal pain, vaginal bleeding or any other extreme symptoms