Identifying Data:

Full Name: Mr. VR

Address: 56-45 Main St, Queens, NY 11355

DOB: 03/05/1994

Date & Time of Encounter: August 31,2020 @10:00am

Location: NYPQ

Source of Information: Self - Reliable

Source of Referral: PCP

Mode of Transport: Self

HPI

Patient is a 26-year-old male with a PMHx of Asthma presenting to the ED with complaint of recurrent right lower extremity pain, swelling, and redness. Patient states the symptoms started in July 2020 as a "pimple-like" lesion and later progressed to lower extremity erythema and swelling. He was initially seen by his PMD on 8/5/2020 and discharged on a course of Amoxicillin. Patient continued with persistent symptoms, so he was seen at an urgent care on 8/15/2020 and started on Bactrim. Patient was then admitted on 8/17/2020 and treated with IV Vancomycin. He was discharged the next day on 8/18/2020 and prescribed Linezolid. Given his insurance, he was ineligible for OPAT. Patient reports seeing initial improvement in symptoms with Vancomycin, however, after starting Linezolid, the symptoms returned. He completed 9 days of Linezolid and returns today with report of recurrent pain and swelling to right lower leg and new tenderness in left lower leg. Patient denies fever, chills, SOB, chest pain, cough, or recent trauma.

PMH: Asthma

PSH: Denies

Family History:

Mother: Alive, 56 y/o, with HTN, DM

Father: Alive, 61 y/o, with HTN, DM

Social History:

Lives with his parents in Queens. Denies current or past tobacco use, alcohol, or any illicit drug use. He works as an ED tech in a hospital.

Review of Systems:

General: denies weakness, recent weight loss or gain, loss of appetite, fever, chills, or night sweats.

Skin, hair, nails: **admits to discoloration in RLE**. denies excessive dryness/sweating, changes in pigmentation, texture, moles/rashes, pruritus.

Head: denies lightheadedness, vertigo, and head trauma

Eyes: denies blurring, diplopia, halos, lacrimation, photophobia, pruritus and glasses use.

Ears: denies deafness, discharge, tinnitus and hearing aid use.

Nose: denies discharge, epistaxis, rhinorrhea.

Mouth/throat: denies dental complaints, bleeding gums, sore throat, mouth ulcers, voice changes and dentures.

Neck: denies edema, masses, stiffness.

Cardiovascular: denies hypertension, murmurs, angina, palpitations, peripheral edema, DOE, or orthopnea

Resp: **admits to asthma history**. Denies cough, wheeze, SOB.

Gastrointestinal: denies abdominal pain, nausea, vomiting, diarrhea, constipation, dysphagia, loss of appetite, jaundice, rectal bleeding, or blood in stool.

GU: denies nocturia, dysuria, frequency, oliguria, polyuria, change in color of urine, incontinence and flank pain.

Musculoskeletal: **admits to pain, swelling and redness in RLE.** Denies joint stiffness, muscle fatigue, arthritis, muscle deformity.

Peripheral vascular: denies intermittent claudication, coldness or trophic changes, varicose veins, peripheral edema or color changes.

Neuro: denies loss of sensation, numbness, tremors, weakness/paralysis

Heme: denies anemia, easy bruising/bleeding, petechiae, purpura, transfusions.

Endocrine: denies heat or cold intolerance, polyuria, polydipsia, polyphagia, goiter, excessive sweating, hirsutism.

Allergies: No Known Allergies

Outpatient Medication Profile:

Linezolid 600 mg oral tablet: Rx, 1 tab(s) orally every 12 hours x 10 days -Indication: Cellulitis

Albuterol 90 mcg/inh inhalation aerosol: Hx, 2 puff(s) inhaled every 6 hours -Indication: Asthma

Vitals:

Tc: 37.1 Tmax: 37.1

HR: 89 (80 - 89)

BP: 118/71 (110/70 - 145/78)

SpO2: 96% RA

RR(pt): 17

Physical Exam:

GENERAL: obese male patient sitting upright in bed, A&Ox3, in no acute distress.

SKIN: warm and dry (see Extremities PE)

HEAD/NECK: normocephalic/atraumatic; supple, FROM, trachea midline

EYES: PERRL, EOMI without nystagmus, sclera white, conjunctiva non erythematous

ENT: patent airway, tongue uvula midline, mucous membranes pink and moist, swallowing intact

CARDIAC: RRR, no gallops, murmurs, or skips; S1 S2 noted

LUNGS: clear to auscultation b/l, breathing unlabored and symmetrical, no wheeze, rhonchi, or rales

GI: abdomen soft round, non-distended, non-tender, BS noted in all 4 quadrants, no guarding or rebound tenderness

NEURO: AOx3, sensation intact bilaterally, CN II-XII grossly intact

EXTREMETIES: motor strength 5/5 in UE/LE. RLE swelling/ non-pitting edema of calf, indurated with erythema, tender to touch, no ulcer or lesion noted. LLE 1cm firm area or erythema and tenderness over shin; dorsalis pedis pulses palpable b/l

Lab Results:

141 | 102 | 10.7

----------< 71 Ca: 9.5 Anion Gap: 15

4.4 | 24 | 0.96

WBC: 9.39 / Hb: 14.9 (MCV: 85.1) / Hct: 48.0 / Plt: 277

-Diff: N:59.3% L:27.60% Mo:7.0%

UA -- Appearance: Yellow / Clear, s.g.:1.024, pH: 7.0, glucose: Negative, protein: Negative, ketones: 15, blood: Negative, glucose: Negative, nitrite: Negative, leuk est: Trace

UA (micro) -- RBC: 4, WBC: 5, Bacteria: Negative

Radiology/Other Results:

XR LOWER LEG RT

Impression: UNREMARKABLE EXAMINATION.

Assessment:

26-year-old male with a PMHx of Asthma presenting to the ED with complaint of recurrent right lower extremity pain, swelling, and redness. Previously admitted and treated with Vancomycin and Linezolid as outpatient, now without resolution. Admit for RLE cellulitis warranting IV antibiotics.

Condition stable.

Plan:

#RLE cellulitis

#Lactic acidosis

Patient failed multiple outpatient treatments (previously treated with Amoxicillin, Bactrim, Vancomycin and Linezolid). Linezolid likely failed due to obesity and inadequate distribution in pt.

Started on Vancomycin in ED, will continue for now, pending Infectious Disease evaluation.

Patient is afebrile, no leukocytosis, ESR 63, CRP 0.97, lactate 2.0 - trend ESR/CRP, lactate

Order Hgb A1c level

Patient given IVF hydration and Tylenol PRN for pain

XR of the right leg unremarkable, will follow up with CT of RLE

#COVID - low suspicion

96% on RA

SARS-CoV-2 pcr swab negative

#Chronic conditions

Asthma- Albuterol prn

DVT ppx- low risk, encourage ambulation

GI ppx- not indicated