Learner Instructions

Patient's Name: Tiffany O'Donnell
Age: 40 year-old female
Setting: Emergency Department
Primary v Sign-Out: primary

Initial Chief Complaint on arrival to the ED: Abdominal Pain

Patient Information from initial H&P:
40-year-old female with a PMH significant for kidney stones, who presented to the ED with 24 hours of abdominal pain. Her symptoms have been ongoing since arriving in the ED and feel different from the pain associated with previous kidney stones. Upon arrival to the ED labs and urine were obtained for testing and results are pending.

Her vital signs and physical exam over the course of the evaluation are as follows:

Vital signs:

Initial Triage Vitals:	HR 86 BP 134/76 mmHg RR 18 Sat 100% RA T 98.6 F (oral)
Current Vitals:	HR 72 BP 128/70 mmHg RR 16 Sat 100% RA T 98.6 F (oral)

Exam (abnormal findings bolded):

General: Well-developed, well-nourished female resting comfortably in no acute distress.
HEENT: Normocephalic, atraumatic, no conjunctival injection or pallor, sclera non-icteric, PERRLA, nasal mucosa pink, moist mucous membranes, oropharynx without evidence of erythema, tonsillar enlargement or exudates.
Neck: No cervical lymphadenopathy, no thyromegaly, or mass.
Cardiovascular: No jugular venous distension, regular rhythm, normal S1 and S2, no murmurs, rubs, or gallops. Radial and DP pulses 2+ bilaterally. No edema.
Pulmonary: Thorax is symmetric without increase in anteroposterior diameter. Lungs clear to auscultation, no rales, wheezes, rhonchi, or rubs.
Abdomen: Flat, no hepatosplenomegaly, soft, **mild epigastric tenderness**, otherwise non-tender to palpation.
Musculoskeletal: full range of motion in al joints, no evidence of swelling or deformity.
Neuro: Alert and oriented x 3. CNs II – XII symmetric, sensation to light touch grossly intact, 5/5 strength in all extremities. Gait steady without evidence of ataxia.
Psych: Affect full range. Speech is fluent, no SI or HI.

The results of her initial diagnostic work-up are indicated here (results outside reference range are bolded):

CBC			**CHEMISTRY**		
WBC	7.4	(3.5-10.5)	SODIUM	139	(135-148)
RBC	5.01	(4.2-5.8)	POTASSIUM	4.1	(3.5-5)
HEMOGLOBIN	14.2	(13.0-17.5)	CHLORIDE	107	(95-108)
HCT	42.6	(38.0-50)	BICARB	24	(24-32)
MCV	89	(80-99)	BUN	15	(0-20)
MCH	30	(27-34)	CREATININE	0.7	(0-1.7)
MCHC	34.2	(33-35.5)	GLUCOSE	98	(65-110)
RDW	14.8	(11-15)	CALCIUM	9.2	(8.5-10.5)
PLATELET	187	(140-390)			
			HEPATIC PANEL		
			TOTAL PROTEIN	70	(60-83 g/L)
Beta-HCG (pregnancy)		negative	ALBUMIN	4	(3.5-5.5 U/L)
			TOTAL BILI	0.4	(0.1-1.3 mg/dL)
			DIRECT BILI	0.1	(0-0.3 mg/dL)
			ALT	25	(5-56 U/L)
			AST	28	(8-40 U/L)
			ALK PHOS	63	(53-128 U/L)
			LIPASE	15	(7-60 U/L)

ECG: NORMAL SINUS RYHTHM. NORMAL ECG

She was given a 20mg of IV pepcid and a GI cocktail and had a RUQ US performed.

The RUQ US results are included on the following page.

Your initial plan was to discharge the patient if all of her labs and ultrasound imaging were normal.

RUQ US and laboratory testing were performed, and the results are included. The patient has not had a change to her pain and is awaiting the results of testing done in the ED.

Your Task:

1. Reassess and the update
2. Discharge the patient from the Emergency Department.

3. This simulation is focused on communication. This case is not an assessment of your medical decision making. You do not need to order additional emergency department tests or admit this patient.
4. * When you are finished, you can tell her that the nurse will be in shortly to give her paperwork and take out her IV

RUQ US REPORT

Name of Patient: Tiffany O'Donnell
Age: 40
Physician: Dr. Smith

PROCEDURES: US ABDOMEN LIMITED

HISTORY: Upper quadrant pain.

TECHNIQUE: Limited grayscale ultrasound of the upper abdomen was performed.

COMPARISON: None.

FINDINGS:

LIVER: The liver is normal in size and echogenicity. The echotexture is smooth. There is no intrahepatic mass. There is no intrahepatic mass or biliary ductal dilatation. There is hepatopetal flow in the main portal vein. The surface of the liver is smooth.

GALLBLADDER: There is no cholelithiasis. There is no gallbladder wall thickening. There is no extrahepatic biliary ductal dilatation.

KIDNEYS: The right kidney is normal in echogenicity. There is no right hydronephrosis.

PANCREAS: The visualized portions of the pancreas are unremarkable.

IMPRESSION:

Normal RUQ US

FINAL REPORT