

Rachel Freundlich
Rotation #4 - Emergency Medicine

History

Identifying Data:

Chief Complaint: "I'm having vaginal bleeding" x12 hours

History of Present Illness:

Pt is a 24 y/o F G1P00 with no significant PMH presenting with vaginal bleeding x12 hours. Pt reports she is 3 months pregnant. She arrived in the US 3 weeks ago and states that she had an ultrasound in her home country Mexico before arriving and was told that the pregnancy was normal. Last night, at 1:30am the patient notes she began to notice heavy bleeding. She admits pelvic cramping and noted the passage of a single clot. She soaked through 2 pads before arriving to the ED and notes the bleeding has been increasing. She describes it as dark red and "period like". She reports that this is a desired pregnancy and denies history of pregnancy or abortions. Pt denies nausea, vomit, fever, chills, dysuria, headache or dizziness.

Past Medical History:

Present illnesses – Denies present illnesses
Past medical illnesses – Denies past medical illnesses
Hospitalized – Denies previous hospitalizations
Childhood illnesses – Denies any illnesses
Immunizations – Pt unable to report this information
Screening tests and results – Unknown

Past Surgical History:

Denies

At home Medications:

No reported medications

Allergies:

Denies any food, drug, or environmental allergies.

Family History:

No significant family history

Social History:

P.A. is a G1P00 female who arrived in the US from Mexico three weeks ago. She is currently living in a shelter in East Harlem. She has a partner and was told that he is currently being detained in California. She does not have other family in the US.
Habits - Admits one cup of coffee with sugar and milk daily. Denies tobacco, alcohol, and drug use.

Travel - Pt traveled three weeks ago to the US from Mexico.

Diet - Pt reports eating a well balanced diet.

Exercise - Pt denies exercise.

Safety measures - Admits to wearing a seat belt.

Sleep – Pt reports regular sleep patterns.

Sexual Hx - Pt is currently sexually active with her partner.

Review of Systems:

General – Denies recent weight loss, loss of appetite, generalized fatigue, fever or chills, or night sweats.

Skin, hair, nails – Denies changes in texture, excessive sweating or dryness, discolorations or pigmentations, moles/rashes, pruritus or changes in hair distribution.

Head – Denies headaches, vertigo or head trauma.

Eyes – Pt does not wear glasses. Denies recent vision changes, photophobia, pruritus. Last eye exam unknown.

Ears – Denies deafness, pain, discharge, tinnitus or use of hearing aids.

Nose/sinuses – Pt denies nasal mucous discharge, epistaxis or obstruction.

Mouth/throat – Denies bleeding gums, sore tongue, sore throat, mouth ulcer or voice changes.

Neck – Denies localized swelling/lumps or stiffness/decreased range of motion.

Pulmonary system – Denies cough, wheezing, hemoptysis, dyspnea, orthopnea, cyanosis, or paroxysmal nocturnal dyspnea (PND).

Cardiovascular system – Denies chest pain, syncope, edema or known heart murmur.

Gastrointestinal system – **Admits lower abdominal pain.** Denies nausea, diarrhea, change in appetite, rectal bleeding, intolerance to specific foods, dysphagia, pyrosis, unusual flatulence or eructations, jaundice, hemorrhoids, constipation, hematemesis.

Genitourinary system – **Admits pelvic pain, cramping and vaginal bleeding.** Denies urinary frequency, hesitancy, nocturia, urinary urgency, flank pain, oliguria, polyuria, or dysuria.

Nervous – Denies seizures, headache, loss of consciousness, sensory disturbances, ataxia, loss of strength, change in cognition / mental status, weakness or recent onset memory loss.

Musculoskeletal system – Denies deformity or swelling, redness or arthritis.

Peripheral vascular system – Denies peripheral edema, discolorations, coldness or trophic changes.

Hematological system – Denies history of easy bruising, anemia, lymph node enlargement, or prior history of DVT/PE.

Endocrine system – Denies polydipsia, polyphagia, heat or cold intolerance, excessive sweating prior to admission, hirsutism, or goiter.

Psychiatric – Denies history.

Physical

General: 24 y/o F appears A&Ox3 in mild pain and obvious emotional distress. Pt is well groomed, dressed appropriately for the weather.

Vital Signs:

BP: Seated: 110/69

HR: 80 BPM

R: 16 min unlabored

T: 98.6F (forehead)

O2 Sat: 100% room air

Weight: 132 BMI: 24.1

Physical Exam:

Skin: Non diaphoretic. Warm and moist, with good turgor. Nonicteric, no erythema, pigmentation, lesions, unhealed scars, or tattoos.

Hair: Normal hair distribution. No lesions, lice, or seborrhea.

Nails: No clubbing, lesions or infection. Capillary refill <2 seconds in upper extremities.

Head: Normocephalic, atraumatic, non tender to palpation throughout. No swelling noted.

Eyes: Symmetrical OU. No strabismus, exophthalmos, or ptosis. Sclera white, cornea clear, conjunctiva pale pink.

Visual acuity - not assessed.

Visual fields - full OU. PERRLA, EOMs intact with no nystagmus.

Ears: Symmetrical and appropriate in size. No lesions, scars, scabs, erythema or tenderness present. Ear canal nonerythematous, no masses, foreign bodies present. Cone of light, tympanic membrane noted.

Nose: Nasal mucosa pink with no discharge or bleeding noted. No bony deformities or tenderness present. Septum midline.

Sinuses: Sinuses nontender to palpation.

Lips: Pink, moist, and well hydrated.

Mucosa: Pink, no masses, well hydrated, nontender, no leukoplakia.

Palate: Pink, intact with no lesions, scars, erosion.

Teeth: Good dentition.

Gingivae: Pink, moist, no hyperplasia, masses, lesions, discharge.

Tongue: Pink, well papillated, no masses, lesions, deviations. Frenulum intact.

Oropharynx: No exudates, masses, lesions, foreign bodies. Tonsils present with no exudate.

Uvula: pink, no edema.

Neck: Trachea midline. No masses, lesions, scars. FROM, no stridor, 2+ carotid pulse, no thrills, no bruits noted bilaterally, no cervical adenopathy, JVD noted.

Thyroid: Non-tender, no palpable masses, no thyromegaly, no bruits noted.

Chest: Symmetrical, no deformities, no trauma. Respirations unlabored.

Lungs: Chest expansion and diaphragmatic excursion symmetrical. Tactile fremitus symmetric throughout. Normal breath sounds throughout.

Heart: No JVP present. Irregular rate, irregular rhythm. S1 and S2 are distinct with no murmurs, S3 or S4. No splitting of S2 or friction rubs appreciated.

Abdomen: Abdomen round and slightly enlarged secondary to pregnancy. Abdomen is without striae or pulsations noted. Bowel sounds normoactive. No CVA tenderness appreciated. No aortic/renal/iliac or femoral bruits. No hepatosplenomegaly to palpation.

Pelvic Exam: (Chaperone present) External genitalia without lesions or erythema or signs of injury. Blood noted around the external labia. Vaginal mucosa pink, although without inflammation. Right and left adnexal tenderness present.

Speculum Exam: (Chaperone present) Moderate amount of blood observed in the vaginal vault. Cervical bleeding present which prevented clear visualization of the cervical os. Possible product of conception noted in the vaginal vault. POC was removed and placed in specimen cup to be sent to surgical pathology.

Rectal: not performed

Neuro Exam: Patient is alert to person, place and time. No focal deficits present.

PVS: Extremities are warm and without edema. No varicosities or stasis changes. Calves are supple and nontender. Pulses are 2+ and symmetric.

MSK: No erythema, warmth or crepitus noted. FROM bilaterally in upper and lower extremities.

Differentials:



Incomplete vs Complete Spontaneous Abortion



- Due to the patient's reported pregnancy, vaginal bleeding and possible POC visualized in the vaginal vault, the patient is most likely to be actively having an abortion. An ultrasound and accurate visualization of the cervical os is necessary to confirm whether the abortion is incomplete or complete.



Labs: (right most column)

BASIC/COMPLETE M...  

Anion Gap	11.0
Sodium	137
Potassium	4.6
Chloride	102
CO2	24.0
BUN	6.0
Creatinine	0.5 ▼
Glucose	108 
Calcium	9.7
eGFR(cr)	134.2
Osmolality Calc	282

CBC W/WO DIFFERE...  	
WBC	9.92
RBC	4.69
HGB	14.3
HCT	42.5
MCV	90.6
MCH	30.5
MCHC	33.6 ▼
RDW	12.8
PLT	236
MPV	10.7 ▲
Monocyte %	8.7
Monocyte Abs	0.86 ▲
Neutrophil Abs	6.70 ▲
Neutrophil %	67.5 ▲
Lymphocyte Abs	2.02
Lymphocyte %	20.4 ▼
Eosinophil %	2.8

RENAL FUNCTION P...  	
Sodium	137
Potassium	4.6
Chloride	102
CO2	24.0
BUN	6.0
Creatinine	0.5 ▼

URINALYSIS (UA)  	
Specific Gravity Urine	1.023
Protein Urine	Trace !
Glucose Qualitative Urine	Negative
Ketones Urine	80
Bilirubin Urine	Negative
Blood Urine	Large !
Urobilinogen Urine	0.2
Nitrite Urine	Negative
Leukocyte Esterase Urine	Negative
Squamous Epithelial Cells Urine	0-7
White Blood Cells Urine	0-5
Red Blood Cells Urine	50-100
Bacteria Urine	Negative
Hyaline Cast Urine	0-4
pH Urine	5.5
Appearance Urine	Clear
Color Urine	Yellow

UA - (above) Notable for positive blood in urine, negative Leukocyte Esterase, negative Nitrite

HCG - **1,474** (expected to be around 25,000 - 280,000)

T&S - O+

Imaging:

TVUS: Uterus is homogenous and is anteverted in position and measures 8.6 x4.4x6.6cm. Tthe endometrial echo measures 8mm and appears unremarkable. Cervix is unremarkable. Right ovary is

2.8x2.1x1.6cm. Multiple follicles seen within the right ovary. Left ovary measures 2.1x2.4x2cm. Multiple follicles seen within the left ovary.

No free fluid. Normal ovaries with normal flow. No sonographic evidence of IUP.

Assessment:

P.A. is a 24 y/o G1P0 female presenting with vaginal bleeding in the third month of her pregnancy. Blood was noted in the vaginal vault and suspected POC was sent to surgical pathology. HCG not consistent with continued pregnancy. TVUS indicates complete abortion. Pt in significant emotional distress. Tissues and emotional support provided to patient.

Plan:

- Vaginal bleeding in pregnancy secondary to complete abortion
- POC removed and sent to surgical pathology, results pending
- Continue to monitor VS and reassess
- OBGYN referral placed and patient instructed to schedule follow up in 1-2 days
- Referral for PCP placed
- Pt provided strict return instructions if bleeding increases, dizziness, lightheadedness, fever develops