

Anannya Dey  
February 28, 2024  
OB/GYN Rotation H&P # 3

**History**

Full Name: M.R.  
Address: Queens, NY  
Date & Time: 2/18/2024, 8:30 pm  
Location: Queens Hospital Center, OB triage  
Source of Information: patient  
Mode of Transport: Walking

**Chief complaint:** “Itching and burning feeling in my vagina” x 1 week

**History of Present illness:**

33 y/o female G4P3003 at 33 weeks gestation, with no PHX presents to OB triage with itching in her vagina and dysuria for about 1 week. States the pain gets worse when urinating and that it is a “burning” sensation. Reports seeing a white discharge the last 4 days but no bleeding. Pt did not take any medication or use any suppositories. Pt rates the discomfort as 8/10 and that she has to move around to feel comfortable. She never experienced these symptoms in her last 3 pregnancies. Reports good fetal movement and not experiencing any contractions. No complications so far in this current pregnancy. Sexually active with husband only. Last sexual activity 2 weeks ago. Denies fever, flank pain, malodorous discharge, urinary frequency or urgency, abdominal or pelvic pain, hematuria, N/V, leakage of fluid or sick contact. Denies history of STDs, fibroids or cyst.

**Past Medical History:**

Asthma

**Immunizations:** Up to date

**Past hospitalization:**

Denies hospitalization, childhood illnesses and blood transfusions

**Screening tests and results:**

Pap smear in 2022: no abnormalities

**Past Surgical History:**

None

**Medications:**

Albuterol  
Prenatal vitamins

**Allergies:** Denies drug, environmental or food allergies.

**Family history:**

Father (60): HTN

Mother (58): none

Children: No known medical conditions, alive and well.

Denies history of gynecologic, breast, or colon malignancies.

**Social history:**

Unable to obtain.

**Review of Systems:**

**General** – Denies recent weight loss or gain, fatigue, loss of appetite, fevers, chills, or night sweats.

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

**Head** – Denies headache, vertigo, or head trauma.

**Eyes** – Denies wearing glasses. Last Eye Exam: unknown. Denies visual disturbance such as blurring, diplopia, fatigue with use of eyes, scotoma, or halos. Denies lacrimation, photophobia, pruritus.

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

**Nose/Sinuses** – Denies discharge, epistaxis, and obstruction.

**Mouth and throat** – Last dental exam: 1 year ago, normal. Denies bleeding gums, sore tongue, sore throat, mouth ulcers, voice changes, or use of dentures.

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

**Breast** – Denies lumps, nipple discharge or pain.

**Pulmonary System** – Denies cough, dyspnea, dyspnea on exertion, wheezing, hemoptysis, cyanosis, orthopnea, or paroxysmal nocturnal dyspnea.

**Cardiovascular System** – Denies chest pain, palpitations, irregular heart beat, syncope, feet or ankle edema, and known heart murmur.

**Gastrointestinal System** – Denies abdominal pain, loss of appetite, pyrosis, nausea and vomiting, dysphagia, jaundice, hemorrhoids, rectal bleeding.

**Genitourinary System** – (+) itching and discharge. Denies urinary frequency, urgency, nocturia, oliguria, polyuria, dysuria, hematuria, pyuria, incontinence, or flank pain.

**Obstetric** – G4P3003, vaginal delivery x 3, no complications.

**Nervous System** – Denies seizures, loss of consciousness, ataxia, loss of strength, change in cognition/ mental status/memory, weakness, and sensory disturbances such as numbness, parestias and dysesthesia

**Musculoskeletal System** – Denies h/o arthritis, joint pain, deformity, or redness.

**Peripheral Vascular System** – Denies intermittent claudication, coldness or trophic changes, varicose veins, peripheral edema, or color change.

**Hematologic System** – Denies anemia, easy bruising or bleeding, lymph node enlargement, blood transfusions or history of DVT/PE.

**Endocrine System** – Denies polyuria, polydipsia, polyphagia, cold and hot intolerance, goiter, excessive sweating, or hirsutism.

**Psychiatric** – Denies feelings of helplessness or hopelessness, lack of interest in usual activities or suicidal ideation. Denies anxiety, obsessive / compulsive disorder, or use of psychiatric medications.

### **Physical:**

General: Female. Patient appears to be in discomfort. Appears her stated age of 33, neatly groomed, well nourished, alert & oriented x 3, in no respiratory distress. Maintains eye contact and cooperates.

### **Vital Signs:**

BP: 125/82 (LT arm, seated)

RR: 16/min, unlabored

P: 88 beats/min, regular

T: 98.4 degrees F (oral)

O2 Sat: 98% Room Air

Height : 64 inches

Weight: 165 lbs.

BMI: 28.3

### **\*\*only mentioned PEs that were performed\*\***

#### **Pelvic Exam:**

**Abdomen:** Bowel sounds normoactive in all four quadrants with no aortic, renal, iliac, or femoral bruits. Non-tender to palpation. No guarding or rebound tenderness noted. No hepatosplenomegaly to palpation. No CVA tenderness.

**Genitalia:** (+) white thick vaginal discharge seen with speculum. External genitalia without erythema or lesions. Vaginal mucosa pink without inflammation, erythema or discharge. Cervix pink, and without lesions. No cervical motion tenderness. Cervix closed, lateral and posterior. No adnexal tenderness or masses noted.

**Procedures and labs:**

**Fetal assessment on bedside ultrasound:**

Good fetal movement and heart rate.

Intrauterine pregnancy

Tocometer placed to monitor: Normal HR of fetus, unremarkable

Urine test: negative

**Assessment:**

- 33 y/o female G4P3003, currently 33 weeks, with no PHX presents to OB triage with itching in her vagina and dysuria for about 1 week. Pt is in discomfort and states the itching is unbearable. No fetal distress or abnormalities seen on ultrasound. Denies any contractions or leakage of fluid. PE shows white thick vaginal discharge with a speculum exam. Consistent with vaginal candidiasis.

**Plan:**

- Miconazole suppository
- Advised to insert suppository before bedtime