

Anannya Dey
February 26, 2024
OB/GYN Rotation H&P # 2

Chief complaint: “Vaginal Bleeding” x 2 days

History of Present illness:

28 y/o female, G2P0101 at 11 weeks gestation (LMP 11/26/2023) with PHX of hypertension, presents to the ED with complaints of heavy vaginal bleeding for 2 days. Pt used about 8-9 pads a day over the last 2 days and states the bleeding has been getting worse. Started noticing blood clots on the pads last night as well. Pt also reports crampy, non-radiating pelvic pain since yesterday. Rates the pelvic pain at 5/10. Pt was seen in the ED 2 days ago and was told to return to the ED if bleeding worsens for repeat US and HCG to confirm viable pregnancy. This is a desired pregnancy. Pt had 1 previous vaginal delivery 2 years ago. History of preeclampsia at 18 weeks in her previous pregnancy. Menstruates regularly every month. Denies abdominal trauma, headache, fever, chills, nausea, vomiting, history of fibroids, cysts, STIs and cancer.

Past Medical History: Asthma and HTN

Immunizations: Up to date

Past hospitalization: Denies past hospitalization, childhood illnesses and blood transfusions

Screening tests and results: Pap smear 2 years ago, no abnormalities.

Past Surgical History: none

Medications:

- Labetalol 200 mg twice a day for HTN
- Prenatal vitamins and ferrous sulfate 325 mg for pregnancy
- Albuterol inhaler for asthma

Allergies:

Denies drug, environmental or food allergies.

Family history:

Father (55): DM

Mother (50): HTN, DM

Child (2 y/o): No known medical conditions, alive and well.

Denies history of gynecologic, breast, or colon malignancies.

Social history:

Denies smoking, alcohol use, history of substance abuse, and history of illicit substance use.

Travel – Denies recent travel.

Diet – Admits to following a well balanced diet.

Sleep Patterns – Admits to at least 8 hours of sleep per night with no issues.

Sexual Hx – With her husband only. Currently sexually active. Denies history of sexually transmitted infections. Denies contraceptive or barrier protection use. Denies depression or domestic abuse.

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: 2 years ago. 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: last year, 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 – (+) hematuria and pelvic pain. Denies urinary frequency, urgency, nocturia, oliguria, polyuria, dysuria, pyuria, incontinence, or flank pain.

Menstrual – Menarche at age 11. LMP 11/26/2023. (+) vaginal bleeding. Denies vaginal discharge, odor, or itching.

Obstetric – G2P0101, NVSD x 1 in 2021. History of preeclampsia at 18 weeks.

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 her stated age of 28, neatly groomed, well nourished, alert & oriented x 3, in no distress. Maintains eye contact and cooperates well.

Vital Signs:

BP: 114/70 (LT arm, seated)

RR: 16/min, unlabored

P: 99 beats/min, regular

T: 97.9 degrees F (oral)

O2 Sat: 98% Room Air

Height : 63 inches

Weight: 155 lbs.

BMI: 27.5

****only mentioned PEs that were performed****

Pelvic Exam:

Abdomen: Soft, non-tender, non-distended. No rebound tenderness, guarding or rigidity.

Genitalia: (+) mild vaginal bleeding. External genitalia without erythema or lesions. Vaginal mucosa pink without inflammation, erythema or discharge. Cervix closed and without lesions. Uterus is soft, mobile, non-tender and no masses. No cervical motion tenderness or adnexal tenderness.

Fetal assessment on bedside transvaginal ultrasound:

Able to see intrauterine gestational sac with yolk sac and fetal pole but no fetal heart. Fetus measures 6 weeks and 2 days. No fluid in the pelvis.

Lab: BHCG 2 days ago was 5,318 mIU/mL. Today's repeat BHCG is 2,912 mIU/mL.

Also did CBC, CMP and type and screen.

Assessment:

- 28 y/o G2P0101 at 11 weeks 3 days with failing uterine pregnancy. Physical exam of the pelvis shows vaginal bleeding and closed cervical os. Pt is hemodynamically stable. Beta HCG trended down from two days ago (about 5,000 to 3,000) and no fetal heart. Consistent with possible missed abortion. Pt was counseled about medical, surgical and expectant management of the pregnancy. Pt chooses medical management with misoprostol.

Plan:

- Misoprostol 800 mcg buccal
- Motrin for pain
- Pt will be followed up in clinic
- Pt was advised to return to the ED if she experiences heavy bleeding, abdominal pain, N/V and lightheadedness/dizziness.