

08/20/2018 - ED in PROVIDENCE PORTLAND MED CTR EMERGENCY CENTER (continued)

03/25/2018 - ED in PROVIDENCE PORTLAND MED CTR EMERGENCY CENTER

ED Provider Note

ED Provider Notes

Tracy L Shultz, FNP at 3/25/2018 1644

Author: Tracy L Shultz, FNP

Service: Emergency Medicine

Author Type: Nurse Practitioner

Filed: 03/25/18 2212

Date of Service: 03/25/18 1644

Status: Signed

Editor: Tracy L Shultz, FNP (Nurse Practitioner)

Providence Portland Medical Center
Emergency Department Encounter Note

Erika Katrin Meyer
20002029698
No Physician on file

History

CC:

Back Pain

HPI:

Erika Katrin Meyer is a 49 y.o. female who presents to the ED for evaluation of left upper back pain. Onset was 2 days ago. She denies any injury. She has a chronic history of back spasms in this area. No low-back pain. No loss of bowel or bladder control. No saddle anesthesia. No urinary frequency or dysuria. No chest pain or shortness of breath. She has been taking aspirin and Flexeril without relief. No radiation of pain to upper or lower extremities. No fever or chills. She has been ambulatory without difficulty. She walked here to the hospital from her house. Denies history of IV drug abuse.

Review of Systems:

All other systems are reviewed and are otherwise negative.

Past Medical History:

Past Medical History:

Diagnosis

Date

- Back pain

Past Surgical History:

Procedure

Laterality

Date

- NOSE SURGERY

Medications:

Previous Medications

ASPIRIN 325 MG TABLET Take 325 mg by mouth
Daily.

Allergies:

She is allergic to acetaminophen; erythromycin; and trazodone.

Social History:

She reports that she has never smoked. She has never used smokeless tobacco.. She reports that she drinks about 3.0 oz of alcohol per week . Single, not employed.

Physical Exam

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ED Provider Note (continued)

BP 123/69 | Pulse 101 | Resp 16 | Ht 1.651 m (5' 5") | Wt 72.6 kg (160 lb) | SpO2 97% | BMI 26.63 kg/m²

Patient Vitals for the past 24 hrs:

	BP	Temp src	Pulse	Resp	SpO2	Height	Weight
03/25/18 1630	123/69	Oral	101	16	97 %	1.651 m (5' 5")	72.6 kg (160 lb)

Constitutional: No acute distress. Non-toxic appearance.

HEENT: Normocephalic. Atraumatic. TMs and EACs are normal. No tonsillar erythema, enlargement, or exudate. No facial swelling. Nose normal.

EYES: conjunctiva normal, no discharge

Neck: No midline tenderness to palpation. Supple. No adenopathy.

Chest: Lungs clear to auscultation without wheezes, rales or rhonchi. No chest tenderness.

Cardiovascular: Regular rate and rhythm without murmurs, rubs or gallops.

Abdomen: Bowel sounds normal, Soft, No tenderness, No masses, No pulsatile masses. No hepatosplenomegaly.

Back: no tenderness to palpation over thoracic or lumbar spine. Normal ROM. No CVAT. She has no tenderness over the left upper trapezius muscle area. No obvious erythema or induration. No ecchymosis.

Skin: Warm and dry. No erythema. No rash.

Extremities: No edema

Musculoskeletal: Moving all extremities, no deformities, no joint swelling.

Neurologic: Alert & oriented, Normal motor function, no deficits noted. Upper and lower extremity reflexes are 2+ and equal. Patient has normal motor strength and sensation in upper and lower extremities. Heel toe walk intact. Sitting straight-leg raise is negative.

Psychologic: Affect normal.

Emergency Department Data:

ED Course and Medical Decision Making:

Erika Katrin Meyer presented to the ED for evaluation, and she was triaged to room ED39. Medical records and nursing notes reviewed. Patient had no direct trauma to back, no radicular symptoms, and no neurological deficits. Xrays were not obtained as there is no history of direct trauma to suggest fracture and the patient is young and at low risk for bony metastasis or spontaneous compression fractures. The differential diagnoses includes but is not limited to cauda equina syndrome, spinal infection such as epidural and subdural abscess, pyelonephritis, retroperitoneal pathology, fracture, discogenic and musculoskeletal pain. Cauda equina syndrome felt unlikely as the patient has a normal motor and sensory exam, and no history of loss of bowel/bladder control. There are no obvious risk factors for spinal infection, nor do I feel the presentation supports this diagnosis. Patient is afebrile without history of IVDU or immunocompromise making discitis or epidural abscess unlikely. Patient has no CVA tenderness. She has no urinary symptoms.. There is no radiation of pain to suggest discogenic etiology. There is tenderness to palpation and pain with movement. Reviewed precautions for return to ED for any fever/bowel or bladder incontinence/inability to walk, or other worrisome symptoms. I am recommending conservative measures for now with pain medication and muscle relaxers. Patient has been instructed to follow up with their PCP if not improving. It is my opinion that based on history and physical findings, patient is stable for discharge home. Precautions and reasons to return to the ED were discussed with patient and family. Patient verbalizes understanding of discharge instructions. Discharge ambulatory in good condition.

CLINICAL IMPRESSION:

1. **Spasm of thoracic back muscle**

Providence Portland Medical Center
4805 NE Glisan ST
Portland OR 97213-2933

Meyer, Erika Katrin
MRN: 20002029698, DOB: 3/29/1968, Sex: F
Adm: 3/25/2018, D/C: 3/25/2018

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PLAN:

As discussed above. The patient was discharged Discharge to Home in good condition.

Rx and Follow up:

New Prescriptions

OXYCODONE (ROXICODONE) 5 MG TABLET	Take 1 tablet by mouth every 6 hours as needed for Pain for up to 10 days. Do not drive or operate machinery while using oxycodone as it may impair your coordination and reaction time.
TIZANIDINE (ZANAFLEX) 4 MG TABLET	Take 1 tablet by mouth every 6 hours as needed.

Sara K Mitenbuler, CRNP
600 NE 8th Street
Gresham OR 97030
503-988-5155

Schedule an appointment as soon as possible for a visit
As needed

Tracy L Shultz, FNP
03/25/18 2212

Electronically signed by Tracy L Shultz, FNP at 03/25/18 2212

11/08/2017 - ED in PROVIDENCE PORTLAND MED CTR EMERGENCY CENTER

ED Provider Note

ED Provider Notes

Aaron Allan Burchfield, MD at 11/8/2017 2226

Author: Aaron Allan Burchfield, MD

Service: —

Author Type: Physician

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Editor: Aaron Allan Burchfield, MD (Physician)