Unacceptable write-up

CC: 57 year old white male with hx of CHF; DMII and HTN presenting with SOB and CP.

HPI: Patient has been short of breath for one week. He states that he is not able to walk more than a minute before becoming dyspneic. This shortness of breath has also hindered his sleep. He now has to sleep elevated on three pillows at night. Even with this method; he still gets little sleep. The patient's chest pain has also been occurring for one week. The pain is located along his left sternal border and does not radiate. He characterized it as a dull pain that increases with exercise. Patient states that both the dyspnea and chest pain are similar to previous CHF exacerbations. He also admits that he has stopped taking all of his medications except lasix for one month now; since they caused "testicular swelling." Pertinent positives from review of systems include a non-productive cough of approximately one month and foot/leg swelling.

HPI: well-organized though need to include more details about CHF history and explore reasons for stopping meds more

PMH:
Diabetes Mellitus II; diet controlled.
HTN; stage I
CHF; ejection fraction of 20-25% on 10/05.

PSH: 7/05; CABG x 4 secondary to an 80% blockage. Patient states that he did not have a "heart attack;" experience pain or pressure. He only felt numbness in/on his left chest at that time.

ALL: codeine

Meds:
Lasix
Lisinopril
Toprol
Lipitor
ASA

FH: Mother and father both died in early 50's from myocardial infarctions.

SH: Diabetic diet. 3 cigs per day for last year. Approximately 60-90 pack year history before this year. 2-3 beers a week. Denies illicit drug use.

ROS:
General: -weight change; -headache; +fatigue; -weakness; -fever; -chills; -excessive sweating; -night sweats
Skin: -itching; -rashes; -sores
Head: -head trauma
Eyes: -blurry vision; -vision changes; -excessive tearing; -itching
Ears: -ear pain; - ear discharge; -hearing loss; -tinnitus; -vertigo
Nose: -rhinorrhea; -stuffy nose; -epistaxis; -sneezing; -itching
Mouth/Throat: -oral ulcers; - bleeding gums; -toothaches; -sore throat; -hoarseness; -swollen neck

Cardiac: +HTN; +CP; -murmur; -palpitations; +edema
Resp: +shortness of breath; +cough; -wheezing; -asthma; -bronchitis; -pneumonia; -emphysema; -hemoptysis
GI: -nausea; -vomiting; -appetite change; -diarrhea; -abdominal pain; -constipation
GU: -polyuria; -hematuria; -nocturia; -dysuria; -incontinence; -vaginal discharge; -vaginal itching; -genital sores
MS: -weakness; -joint stiffness; -loss of range of motion; +swelling; -warmth; -gout; -arthritis
Neuro: -loss of sensation; - numbness; -tremors; -seizures
Heme: -anemia; -easy bruising;
Endo: +DM; -heat/cold intolerance; -polyuria; -polydipsia; -polyphagia; -thyroid problems

Other history: Detail good in some places and pretty scanty in others (med doses, allergic reaction) ROS with redundant positives

PE:
Vitals on admission T97.6; P101; R24; BP167/108; O2sat 99% on RA.
General: Fatigued; A&Ox3; mild resp. distress
HEENT: NCAT; no lymphadenopathy; clear sclera; eyes PEERL; EOM intact; visual fields intact; no pinna pain; TMs translucent; non bulging; non erythematous; with landmarks visible; nasal mucosa clear without ulceration or turbinate swelling; oral mucosa clear without ulceration or tonsillar swelling; normal dentition.
Neck: No masses; thyroid not palpable; no tracheal deviation.
Cardiac: Distant heart sounds. RRR; S1S2; no m/g/r; no carotid bruits; JVD observed but not measured; carotid and radial pulses 2+ bilaterally; DP pulse 1+ bilaterally.
Back: Spine straight; no CVA tenderness.
Resp: Observed respiratory rate of 26 bpm; mild supraclavicular retractions bilaterally; chest normotympanic; faint crackles heard LL>UL bilaterally.
Abd: SNTND; BS + in all four quadrants; no aortic or renal bruits auscultated; normotympanic; no hepatosplenomegaly; no pain on palpation; no rebound; no guarding.
GU: no penile masses; ulcers or discharge. No testicular masses; swelling; pain or other abnormalities.
Ext: 2+ pitting edema bilaterally from feet to upper leg; does not extend superior to knees; no clubbing; no cyanosis.
Neuro: A&Ox3; CN 2-12 intact; distal sense and proprioception intact in all extremities; strength 5/5 in all extremities; DTR 2+ bilaterally; patient is able to ambulate; cerebellar functioning intact.

PE complete and student made good effort to provide clear descriptions of findings

Labs:
Na 140; K 3; Cl 101; Bicarb 27; BUN 20; Cr 1.3 (at patient's baseline); glucose 149; anion gap 12; Magnesium 2.3.
WBC 7; Hgb 14.2; Hct 42; Plt 178
BNP 4907
CK 104; TropT 0.04
CXR showed cardiomegaly with mild pulmonary congestion

Patient was given lasix; K-dur; ASA; nitroglycerin and metoprolol in ED. Medicine

service was consulted.

Lab data: ECG missing and unsure why ER treatment included here otherwise fine.

Problem list missing

A/P
57 year old white male with CHF complaining of SOB and CP for one week.
1. CHF exacerbation. Lasix 40 mg IV q12hr; lipitor 20 mg po qhs; ASA 81 mg qday; lisinopril 5 mg po qday; Tylenol prn for pain. While none of patient's previous medications have been known to cause testicular swelling; we will consult cardiology on this matter. Also must rule out MI. EKG and cardiac enzymes qday; repeat CXR in morning. Echocardiogram to assess ejection fraction.
2. SOB. Probably secondary to CHF exacerbation. Begin 2L O2 nasal cannula; albuterol/atrovent MDI. Repeat CXR in morning.
3. DM. Insulin sliding scale. Accuchecks q8 hours.
4. Heparin and Nexium prophylaxis.

This student clearly commits to a working diagnosis but provides no rationale and no dfferential. At the very least I'd expect a differential on why the patient got into CHF to demonstrate some understanding of pathophys. Student has also not proved clear rationale for the plan.

This write-up has acceptable data gathering and barely acceptable assessment. This write-up would hurt the student's overall evaluation. Furthermore if this student performed poorly on the exam or team evals this write-up would not provide me with enough info about the student's medical knowledge or clinical reasoning to deem him/her "acceptable" in that competency and the student would require remediation. (The student also obviously didn't look at or at least follow the directions for a write-up provided on-line and emphasized at orientation.)