**Pre-Class Exercise for Clinical Cases Module**

Following are two HPIs with preceding information. Please review the document I sent earlier “On writing an effective H&P for a patient in a Long-Term Care Facility”. Now I want you to take on the role that I usually have:

* Read these two HPIs and note what’s
  + Good
  + Missing
  + Needs better order
  + Needs to be expanded
* Write a brief summary of the feedback you would give this student
* We’ll discuss these at the start of our first session.

**PATIENT 1**

Identification:

● Date: 09/06/19

● Time: 2:30 PM

● Name: EA

● Sex: F

● Race: Nigerian

● Age: 78

● Marital status: Married

● Address: Long Term Care, Gouverner

Informant:

● Source of history: Patient, reliable

Referral Source: Self

Chief Complaint:

● “Trembling and weakness of right arm and hand x 1 day”

Present Illness:

78 year old Nigerian female with PMHx HTN, pre-diabetes, arthritis, and GERD c/o “trembling and weakness of right arm and hand x 1 day.” Patient states that she woke up in the morning and tried to grab her phone when she noticed some trembling and weakness of her right arm and hand. She reports that the trembling and weakness occurs at rest and is worse when moving or holding something. Patient has not tried any treatments yet. She admits to slowed cognition, slowing of speech, and fatigue. Denies any fever, chills, N/V/D, HA, dizziness, LOC, numbness, tingling, vision changes, slurred speech, incontinence, recent falls or trauma.

As per chart review, patient presented to Mount Sinai Queens ER with acute right cerebellar hemorrhage on 07/04/19. According to son, patient woke up on the morning of 07/04/19 with slurred speech and c/o dizziness for one week prior to that morning. Both son and daughter had multiple conversations with the patient without any problems the night before. Upon arrival to the ED, patient was noted to have left sided facial weakness.

Stat head CT revealed right cerebellar hemorrhage with mass effect, no hydrocephalus. Patient was intubated for airway protection, placed on propofol infusion for sedation, and cardene for BP control as systolic BP on arrival to ED was >200. Patient was given DDDAVP given for chronic ASA use, mannitol 100g IV, and transferred for surgical intervention. She was taken to the OR emergently for minimally invasive right cerebellar hemorrhage evacuation and right occipital EVD placement.

**PATIENT 2**

Name: AS

Race: African American

Date: 9/13/19

Source: pt himself

DOB: 4/02/1950

Referral: self

Reliable

CC: “pain in my right foot” x 15 years

HPI:

69 yo AA Male with PMH of multiple medical problems including HTN, HLD, chronic pain, depression, Cervical spondylosis with myelopathy and hx of multiple falls presents to ADHC for monthly evaluation c/o right foot pain x 15 years. The pt states the pain in his foot is chronic but he has noticed recently, for the past 1-2 weeks, that his foot is more swollen, to the point that his shoe does not fit properly. Pt states that the pain is an 8/10 on the pain scale and that while gabapentin usually relieves his pain, it is not helping at this time. The pain is sharp in character and nonradiating, pt states pain is worse with ambulation and standing. Denies any recent trauma to the foot. Denies fatigue, dizziness, lightheadedness, diaphoresis, night sweats, chills, change in weight, muscle fatigue, arthritis, muscle deformity and redness

**Feedback:**

**For Patient 1 HPI:**

Good PMHx and CC. Should clarify if the other focal neuro Sx’s (slowed cognition, slowed speech, and fatigue) are specifically from the R cerebellar hemorrhage on 07/04/19 or if those are newer developments. I’d like to know if patient admits to or denies any previous episodes of this type of weakness/trembling. It might also be worth noting in HPI if pt reports or denies any loss of sensation or coordination in that arm (or anywhere else).

Good comprehensive review of ED work-up, dx, and tx. I’d like to know if patient responded well to the hemorrhage evacuation and EVD placement, or was there any sequelae from that procedure?

**For Patient 2:**

This is a good, mostly complete, “OLD CARTS” for the CC, but there are several elements missing from this HPI. Pertaining to the CC, I’d also like to know if pt reports any loss of strength or sensation in R foot. Are they taking any other meds besides the gabapentin (for pain or otherwise)? Also, why were they originally prescribed the gabapentin, and how long have they been on it? Pt denies trauma to that foot, but how about *any* trauma (and, if pertinent, when was there last fall)?

Furthermore, I’d like to know how long they’ve been coming to the ADHC, and what was their overall condition/baseline functionality was at the time of admission? Are they ambulatory, use any canes/walkers/etc, and how accessible is their living situation for their condition?