



FAX COVER SHEET

DATE: Thursday, May 04, 2017 3:49:02 AM

TO: Alan W Dappen, MD
TO FAX #: 703-938-4618
FROM: Matthew David Barrett, MD

Number of pages including this cover sheet: 05

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MESSAGE:

OPH PROVIDENCE PORTLAND MEDICAL CENTER
4805 NE Glisan ST
Portland OR 97213-2933
IP Auto Routed Notes

DAPPEN,BENJAMIN I
MRN: 20010809466
DOB: 11/20/1981, Sex: M
Adm: 5/3/2017, D/C: 5/3/2017

ED Provider Notes by Matthew David Barrett, MD at 5/3/2017 20:45

Author: Matthew David Barrett, MD Service: Emergency Medicine Author Type: Physician
Filed: 5/4/2017 3:48 Note Time: 5/3/2017 20:45 Status: Signed
Editor: Matthew David Barrett, MD (Physician)



**Providence Portland Medical Center
Emergency Department Encounter Note**

Benjamin I Dappen
MRN:20010809466
PCP:Alan W. Dappen, MD

History**CC:**

Chest Pain

HPI:

Benjamin I Dappen is a 35 y.o. male who presents to the ED for evaluation of left-sided chest pain. This evening around 5:45 PM, the patient was walking with his kids. He suddenly developed an ache in the left side of his chest. He did state he had a brief radiation of pain in both arms. He describes this more as a twinge of pain in his arm. The patient did not have any associated shortness of breath, jaw pain, or neck pain. Patient has never had this discomfort before. He did state he thought maybe this was reflux so he took some Gaviscon which did not change his symptoms. He does have coronary disease risk factor that he states his dad had a myocardial infarction at age 50. He does not have any other risk factors.

PMH:

Past Medical History

Diagnosis

Date

- HTN (hypertension)
- Asthma

PSH:

History reviewed. No pertinent past surgical history.

Medications:

Discharge Medication List as of 5/3/2017 23:03

CONTINUE these medications which have NOT CHANGED

Details

hydroCHLORothiazide
(HYDRODIURIL) 12.5 MG tablet

Take by mouth Daily.Historical Med

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ED Provider Notes by Matthew David Barrett, MD at 5/3/2017 20:45 (continued)

Allergies:

Review of patient's allergies indicates no known allergies.

Social History:

Social History

Social History

- Marital Status: Married
- Spouse Name: N/A
- Number of Children: N/A
- Years of Education: N/A

Social History Main Topics

- Smoking status: Never Smoker
- Smokeless tobacco: None
- Alcohol Use: Yes
Comment: sbirt negative 5/3/17
- Drug Use: No
- Sexual Activity: Not Asked

Other Topics

- None

Concern

Social History Narrative

- None

Review of Systems: As in HPI otherwise complete review of systems negative except for those listed above.

Physical Exam

VITAL SIGNS:

Triage Vitals

Date and Time	Temp	Pulse	Resp	BP	SpO2	Weight	Wh
05/03/17 2027	36.8 °C (98.2 °F)	65	18	137/82 mmHg	98 %	77.111 kg (170 lb)	RA B

HEENT: Oropharynx is clear with moist mucous membranes. No tonsillar hypertrophy or exudate. Uvula Midline. Pupils equal, extra ocular movement intact.

Neck: Supple and nontender without adenopathy.

Chest: Lungs clear to auscultation without wheezes, rales or rhonchi.

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

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

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Urogenital: No CVA tenderness.

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

Extremities: No peripheral edema.

Musculoskeletal: No posterior calf tenderness.

Neurologic: Alert & oriented. Cranial Nerves 2-12 Intact. Motor Strength 5/5 bilateral upper and lower extremities. No Ataxia. No Dysarthria. No Aphasia.

Vascular: Strong dorsalis pedis and posterior tibial pulses.

Psych: Normal Mood and Affect.

ED Course and Medical Decision Making:

Benjamin I Dappen presented to the ED for evaluation, and he was triaged to the acute side of the emergency department. Past Medical Records and nursing notes reviewed. Based on his history and exam the differential diagnosis includes: Myocardial infarction versus acute coronary syndrome versus pulmonary embolism versus pneumonia. Patient EKG demonstrates normal sinus rhythm at 65. First troponin is normal. I did a repeat troponin 2 hours later which was also normal. Patient's chest x-ray and d-dimer were normal. I do think the patient to be discharged home and follow-up with his primary care provider.

Results:

IMAGING: (Images and Radiologist interpretation reviewed by me)

ECG: Normal sinus rhythm rate of 65 without ST elevation or depression

(Reviewed by me)

LABS (Reviewed by me)

Labs Reviewed

CBC WITH DIFFERENTIAL

COMPREHENSIVE METABOLIC PANEL

TROPONIN I

D-DIMER

TROPONIN I

Last Vitals:

BP 114/72 mmHg | Pulse 57 | Temp(Src) 36.8 °C (98.2 °F) (Oral) | Resp 18 | Ht 1.829 m (6') | Wt 77.111 kg (170 lb) | BMI 23.05 kg/m2 | SpO2 98%

Medications Given In ED:

ED Medication Administration from 05/03/2017 2016 to 05/04/2017 0345

Date/Time	Order	Dose	Route	Action	Action by
05/03/2017 2056	ibuprofen (ADVIL, MOTRIN) tablet 800 mg	800 mg	Oral	Given	Kayla M Smith, RN

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CLINICAL IMPRESSION:

Final diagnoses:

Chest pain in adult

PLAN:

As discussed above. The patient was discharged in good condition.

Rx and Follow up:**ED Prescriptions**

None

Follow-up Information**Follow up with Alan W. Dappen, MD. Schedule an appointment as soon as possible for a visit on 5/4/2017.**

Specialty: Family Medicine

Why: For ED follow up.

Contact information:

370 MAPLE AVE WEST SUITE V

Vienna VA 22181

703-938-4604

Follow up with PROVIDENCE PORTLAND MED CTR EMERGENCY CENTER. Go on 5/3/2017.

Specialty: Emergency Medicine

Contact information:

4805 Ne Glisan St

Portland Oregon 97213-2933

503-215-6000

Discharge to Home

Matthew David Barrett, MD
05/04/17 0348