Name: Chris Michael Nowlin | DOB: 5/10/1981 | MRN: 20018442849 | PCP: Paul J. Murata, MD

ED Provider Notes

Alexander Skog at 08/13/21 1533

History

Chief Complaint

Patient presents with

- Elbow Pain
  right

Christopher Michael Nowlin is a 40 y.o. with a PMH significant for HLD and childhood asthma presenting with right elbow pain that has been persistent for approximately 3 days. He noticed redness and swelling over the area. Is noticed no skin breakdown. No trauma to the area.

Arm on the arm rest for 20 hour drive north and he was leaning on his right elbow. The patient is concerned about ongoing pain as he works as a baseball player and is a pitcher.

Right elbow swelling pain
Onset: 3 days ago
Progression: worsensing
Exacerbating factors: Flexing extending the elbow
Relieving factors: Rest
Medications Tried: Ibuprofen with great improvement.

The patient has had no other joint swelling.

The patient denies any recent history of fever, cough, congestion, vomiting, diarrhea, dysuria, swelling, abnormal bleeding.

PCP Paul J. Murata, MD

PTA Home Medications

Medication	Sig
• ibuprofen (ADVIL,MOTRIN) 600 MG tablet	Take 1 tablet by mouth every 6 hours as needed for Pain.

He has No Known Allergies.

Patient Active Problem List

Diagnosis

- Idiopathic chronic gout of multiple sites with tophus
- Mild intermittent asthma, uncomplicated
- Pure hypercholesterolemia

Past Medical History:

Diagnosis	Date
• Asthma	
• Gout	

History reviewed. No pertinent surgical history.

Family History

Problem	Relation	Age of Onset
• High blood pressure	Mother	
• Diabetes	Maternal Grandmother	

Social History

Tobacco Use
- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Vaping Use
- Vaping Use: Never used

Substance Use Topics
- Alcohol use: Not on file
- Drug use: Yes
  Types: Marijuana

Review of Systems

A 10 point review of systems was completed with pertinent positives and negatives noted in the history of present illness.

Physical Exam

Temp: 37 °C (98.6 °F) Pulse: 62 Resp: 16 BP: **(!) 158/101** SpO2: 99 %

Physical Exam

Vitals reviewed. Nursing note reviewed: **Triage note reviewed**.

Constitutional:
General: He is not in acute distress.
Appearance: He is not ill-appearing.

HENT:
Head: Normocephalic and atraumatic.

Eyes:
Extraocular Movements: Extraocular movements intact.
Conjunctiva/sclera: Conjunctivae normal.

Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.

Musculoskeletal:
General: Swelling **(Erythema, swelling and tenderness on the right olecranon bursa)** and tenderness present. No deformity or signs of injury.
Cervical back: Normal range of motion and neck supple.

Comments: **no circumferential right elbow swelling or pain. Full ability to flex and extend at the elbow with only mild pain**
Skin:
Coloration: Skin is not jaundiced or pale.
Comments: **No signs of skin breakdown around the elbow**
Neurological:
Mental Status: He is alert.
Comments: **sensation to light touch intact in the right upper extremity with full ability to flex and extend at the elbow as well as pronate and supinate**
Psychiatric:
Mood and Affect: Mood normal.
Behavior: Behavior normal.

ED Course

Procedures

MDM

The patient's initial **vital signs** were significant for **HTN**.

I **reviewed the available chart records** for a recent provider note, discharge summary, or significant imaging studies for additional understanding of the patient's clinical presentation.

Remarkable findings from any workup, clinical progression in the ED, and discussions with consultants in the emergency department include:

Medical Decision Making as of Aug 13 2228
Fri Aug 13, 2021
1515 I visualized the imaging and agree with the radiologist's interpretation as follows:
Radiology Impression:

IMPRESSION:

Suspected olecranon bursitis.
XR Elbow Right 2 Vw

Given the patient's clinical presentation and ED course the following were the **top diagnoses considered**:

- Olecranon bursitis: Most consistent with presentation
- Septic joint: Less likely without any total joint swelling or pain
- Cellulitis: Less likely with exam findings
- Fracture: Less likely with x-ray finding
- Gout: Considered but less likely without entire elbow swollen

Based on the work-up, I discussed with the patient conservative management of their symptoms with rest and over-the-counter medications for ongoing pain and discomfort as well as appropriate follow-up instructions.

Final diagnoses:
Olecranon bursitis, right elbow
Elevated blood pressure reading

The patient was discharged to home. Instructions to for follow up with a healthcare provider and reasons to return to the emergency department were discussed with the patient. The patient verbalized understanding of discharge instructions and follow-up plan of care. The patient was stable at the time of discharge and in no emergent distress.

Discharge Medication List as of 8/13/2021 3:52 PM

Alexander Skog, MD
08/13/21 2232

ED Notes

Nurse Terri B at 08/13/21 1558

Emergency Department Discharge Summary
OWF PROVIDENCE WILLAMETTE FALLS MEDICAL CENTER
8/13/2021, 3:58 PM PDT

Did patient/guardian and/or care provider verbalize understanding of discharge plan and confirm ability to care for patient/self at current level of need? yes

Who was provided with discharge information or care facility report? patient

Medications discussed and patient/caregiver verbalized understanding? N/A

Patient advised to avoid alcohol consumption and operation of heavy machinery or motor vehicles for 24 hours? N/A

Were mobility and ADL's assessed and is patient safe to return to prior living environment? yes

Patient discharged safely to Home

Transportation mode: POV

Was this transportation mode assessed for optimal patient safety?yes

Additional information:

ED Triage Notes

Nurse Terri B at 08/13/21 1430

Pt states that he is having right elbow pain and swelling x 3 days.

Emergency Department Arrival Summary
OWF PROVIDENCE WILLAMETTE FALLS MEDICAL CENTER
8/13/2021, 2:31 PM PDT

Isolation initiated on arrival?: NONE

Residence: Private Residence

Facility Name: home

Mobility: Ambulatory (Independent)

Transport Type: Private vehicle

Additional Information:

Discharge Instructions

Alexander Skog at 08/13/21 1548

Thank you for coming to Providence Willamette Falls Emergency Department. In order to assess whether there is an emergent cause of your symptoms, you received a physical exam as as well as an x-ray that was most consistent with olecranon bursitis.

To treat your pain, we recommend applying an ice pack or cold compress to the affected area for 15 minutes a time every 3-4 hours while you are awake. Please do this for the next 3-4 days. Additionally, we recommend you use Tylenol 650mg every 4 hours as needed for pain and Ibuprofen 400 mg every 6 hours for inflammation for the next 4 days. Please take the Ibuprofen after eating or with a large glass of water to avoid stomach upset and complications. Please return to the Emergency Department or see your primary care provider immediately if you start to have black stools, vomit blood, vomit brown material that looks like coffee grounds, or feel light headed.

We recommend you elevate your right elbow above the level of your chest while you sleep at night to help decreased swelling and pain.

To review your symptoms and consider additional testing, we strongly recommend you make a follow up appointment with the provider listed on these instructions within the next 5 days. If you are unable to be seen in clinic in this time period and still have ongoing concerns, please return to the emergency department for reevaluation.

We recommend that you rest your arm from any significant activity for the next 2 to 3 days.

In the emergency department your blood pressure was elevated. Blood pressure elevations can be related to pain, stress, anxiety or acute illness. Dangerous long-term side effects of high blood pressure such as heart attacks and strokes can occur if your blood pressure remains elevated when you are not in an acutely stressful or painful situation. We recommend that you follow-up with a primary care provider for reevaluation of your blood pressure in a more relaxed setting and discussion of appropriate treatments if your blood pressure remains elevated at that time.

Please return to the emergency department immediately if you have continuing symptoms, worsening symptoms, fever (greater than 101F that doesn't respond to tylenol, an expanding area of redness, increasing localized warmth of your skin, drainage of pus, confusion, or any other symptoms that are acutely concerning.