Patient Information

Patient Name	Sex	DOB	SSN
Hill, Brian D	Male	5/26/1990	xxx-xx-0319

ED Provider Notes by Scott T Goldston, MD at 11/7/2014 3:14 PM

Author: Scott T Goldston, MD | Service: Emergency Medicine | Author Type: Physician
Filed: 11/7/2014 5:39 PM | Note Time: 11/7/2014 3:14 PM | Note Type: ED Provider Notes
Status: Signed | Editor: Scott T Goldston, MD (Physician)

CSN: 630173081 Arrival date & time 11/7/14 1440

History

First MD Initiated Contact with Patient 11/07/14 1449

Chief Complaint
Patient presents with:
- Hyperglycemia

(Consider location/radiation/quality/duration/timing/severity/associated sxs/prior Treatment)

HPI Comments: 24 yo male with hx of type 1 diabetes and autism presents with hyperglycemia. He came into Marshall's company and was noted to have a blood sugar of 534. He apparently had increased respirations and was given 30 units of his novolin. His glucose came down to 510 a few hours later on a recheck. He missed his insulin last night. Due to his continued elevated glucose and increased respirations he was sent to ED for evaluation. History is mildly limited due to his autism, but he denies any infectious symptoms, vomiting, diarrhea or abd pain. States he thinks he has a history of DKA.

The history is provided by the patient and the police.

Past Medical History

Diagnosis	Date
• Diabetes mellitus without complication	
• Autism	
• OCD (obsessive compulsive disorder)	

History reviewed. No pertinent past surgical history.
No family history on file.

History
Substance Use Topics

• Smoking status:	Never Smoker
• Smokeless tobacco:	Not on file
• Alcohol Use:	No

Review of Systems
Constitutional: Negative for fever.
HENT: Negative for sore throat.
Respiratory: Negative for cough and shortness of breath.
Gastrointestinal: Negative for vomiting, abdominal pain and diarrhea.
Neurological: Negative for weakness.
All other systems reviewed and are negative.

ED Provider Notes by Scott T Goldston, MD at 11/7/2014 3:14 PM (continued)

Allergies

Review of patient's allergies indicates no known allergies.

Home Medications

Current Outpatient Rx

Name	Route	Sig	Dispense	Refill
• FLUoxetine (PROZAC) 40 MG capsule	Oral	Take 40 mg by mouth daily.		
• insulin glargine (LANTUS) 100 UNIT/ML injection	Subcutaneous	Inject 36 Units into the skin at bedtime.		
• insulin NPH (HUMULIN N,NOVOLIN N) 100 UNIT/ML injection	Subcutaneous	Inject 30 Units into the skin every morning.		

BP 130/75 | Pulse 88 | Temp(Src) 98.2 °F (36.8 °C) (Oral) | Resp 20 | Ht 5' 10" (1.778 m) | Wt 150 lb (68.04 kg) | BMI 21.52 kg/m2 | SpO2 98%

Physical Exam

Nursing note and vitals reviewed.
Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. No distress.
HENT:
Head: Normocephalic and atraumatic.
Right Ear: External ear normal.
Left Ear: External ear normal.
Nose: Nose normal.
Mildly dry lips
Eyes: Right eye exhibits no discharge. Left eye exhibits no discharge.
Neck: Neck supple.
Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.
Pulmonary/Chest: Effort normal and breath sounds normal.
Abdominal: Soft. He exhibits no distension. There is no tenderness.
Neurological: He is alert and oriented to person, place, and time.
Skin: Skin is warm and dry.

ED Course

Procedures (including critical care time)

Labs Review

Labs Reviewed

GLUCOSE, CAPILLARY - Abnormal; Notable for the following:

Glucose-Capillary	374 (*)
All other components within normal limits	

BASIC METABOLIC PANEL - Abnormal; Notable for the following:

Sodium	133 (*)
Glucose, Bld	403 (*)

ED Provider Notes by Scott T Goldston, MD at 11/7/2014 3:14 PM (continued)

All other components within normal limits

BLOOD GAS, VENOUS - Abnormal; Notable for the following:

pH, Ven	7.403 (*)
Bicarbonate	27.9 (*)
Acid-Base Excess	2.9 (*)

All other components within normal limits

GLUCOSE, CAPILLARY - Abnormal; Notable for the following:

Glucose-Capillary	163 (*)

All other components within normal limits

URINALYSIS, ROUTINE W REFLEX MICROSCOPIC

BLOOD GAS, VENOUS

Imaging Review
No results found.

EKG Interpretation
None

MDM

1. Hyperglycemia

No evidence of DKA. Patient is well-appearing. Was given a couple liters of fluid. His glucose trended down to the 160s. He was not given any insulin while he was here. I discussed with the Marshalls of the need to recheck his glucose in the next hour or so to make sure is not trending down further. At this point the patient is stable for discharge.

Scott T Goldston, MD
11/07/14 1739

END OF REPORT