

Emergency Room Report
* Final Report *

BICKNELL, MIRANDA LYNN BARRETT - F000095190

Result type: Emergency Room Report
Result date: June 10, 2024 6:15 CDT
Result status: Auth (Verified)
Result title: Headache *ED
Performed by: Maha, Julian, MD on June 10, 2024 6:16 CDT
Verified by: Maha, Julian, MD on June 10, 2024 7:31 CDT
Encounter info: F2416200732, Baptist Prattvi, Prattville Emergency Room, 6/10/2024 - 6/10/2024

* Final Report *

Headache *ED

Patient: **BICKNELL, MIRANDA LYNN BARRETT** MRN: **F000095190** FIN: **F2416200732**
Age: **36 years** Sex: **Female** DOB: **3/25/1988**
Associated Diagnoses: **Headache**
Author: **Maha, Julian, MD**

Basic Information

Time seen: Date and time 6/10/2024 06:15:00, pt seen by physician as soon as pt in bed. please see nursing note for time if not stated.

History source: Patient.

Arrival mode:

Automobile from Home or Work
, private vehicle.

History limitation: None.

Additional information: ED Chief Complaint

6/10/2024 3:47 CDT ED Chief Complaint pt c/o severe headache symptoms started to get worse around 11pm tonight. pt unable to sleep and does not have a hx of migraines. .

History of Present Illness

The patient presents with headache, "migraine" and This feels like her Normal migraine. Denies any fever, chills or rigors. No neck stiffness . The onset was 2 weeks ago and gradual. The course/duration of symptoms is constant and fluctuating in intensity. Location: Frontal temporal. Radiating pain: none. The character of symptoms is throbbing. The degree at onset was moderate, 5 /10. The degree at maximum was moderate, 5 /10. . The degree at present is moderate, 5 /10. There are exacerbating factors including light and noise but not exertion, neck motion, coughing, bending over or standing. The relieving factor is none. Risk factors consist of none. Prior episodes: frequent, migraine and multiple ED visits. Therapy today: none. Preceding symptoms: none. Associated symptoms: nausea, denies dizziness, denies altered vision, denies photophobia, denies fever, denies chills, denies neck pain, denies syncope, denies rash, denies altered speech, denies altered level of consciousness and denies seizure. Additional history: none.

Review of Systems

Constitutional symptoms: Negative except as documented in HPI.

Skin symptoms: Negative except as documented in HPI.

Eye symptoms: Negative except as documented in HPI.

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ENMT symptoms: Negative except as documented in HPI.
Respiratory symptoms: Negative except as documented in HPI.
Cardiovascular symptoms: Negative except as documented in HPI.
Gastrointestinal symptoms: Negative except as documented in HPI.
Genitourinary symptoms: Negative except as documented in HPI.
Musculoskeletal symptoms: Negative except as documented in HPI.
Neurologic symptoms: Negative except as documented in HPI.
Psychiatric symptoms: Negative except as documented in HPI.
Endocrine symptoms: Negative except as documented in HPI.
Hematologic/Lymphatic symptoms: Negative except as documented in HPI.
Allergy/immunologic symptoms: Negative except as documented in HPI.
Additional review of systems information: All other systems reviewed and otherwise negative.

Health Status

Allergies:

NKA

Allergic Reactions (Selected)

NKA.

Medications:

Home Medications (2) Active

Bactrim DS 1 Tab, PO, Twice Daily

Zyrtec 10 mg oral tablet 10 mg = 1 Tab, PO, DAILY

Immunizations:

Last Tetanus: Less than 5 years

No Immunizations UDT Information Found For This Visit

Menstrual history:

LMP: 06/10/2024 00:00

Past Medical/ Family/ Social History

Medical history: Active problems

Class 1 obesity with body mass index (BMI) of 32.0 to 32.9 in adult

Eustachian tube dysfunction

First degree AV block

Irritable bowel syndrome with constipation and diarrhea

Mitral valve regurgitation

Pulmonic valve insufficiency

Seasonal allergies

Surgical history:

breast augmentation: 05/01/13

Adenoidectomy

breast augmentation on 5/1/2013 at 25 Years.

Adenoidectomy (460600014)..

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Family history:

Alcoholism
Father
HTN - Hypertension
Father
COPD
Mother
Depression
Father
High cholesterol
Father

Social history:

Alcohol

Details: Alcohol Use: Yes. Frequency of Alcohol Use: Special Occasions.

Details: Alcohol Use: Yes.

Details: Alcohol Use: Yes. Frequency of Alcohol Use: Special Occasions.

Substance Abuse

Details: Drug Use: No.

Details: Drug Use: No.

Details: Drug Use: No.

Tobacco

Details: Tobacco Use: Never (less than 100 in lifetime). Non-Smoking Literature: Non-smoker.

Details: Tobacco Use: Never (less than 100 in lifetime). Non-Smoking Literature: Yes.

Details: Tobacco History: Never smoked. Non-Smoking Literature: Non-smoker.

Physical Examination

Vital Signs

Triage Vital Signs (First Results)

Label	Result	Date/Time
Respiratory Rate	18 br/min	06/10/2024 03:47
Blood Pressure, Systolic (Monitored)	110 mmHg	06/10/2024 03:47
Blood Pressure, Diastolic (Monitored)	73 mmHg	06/10/2024 03:47
Blood Pressure, Mean (Monitored)	88 mmHg	06/10/2024 05:53
Temperature, Oral	98.2 DegF	06/10/2024 03:47
SpO2	98 %	06/10/2024 03:47
Heart Rate, Monitored	66 bpm	06/10/2024 03:47

Measurements

6/10/2024 3:47 CDT

CLINICALHEIGHT	62 in
CLINICALWEIGHT	82.554 kg
Weight Method	Stated
BMI	33.29
IBW	50 kg

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General: Alert, no acute distress.**Skin:** Warm, moist, no rash, normal for ethnicity.**Head:** Normocephalic.**Neck:** Supple, trachea midline, no tenderness, no JVD, no carotid bruit, Negative Kernig and Negative Brudzinski's sign. No meningismus.**Eye:** Pupils are equal, round and reactive to light, extraocular movements are intact, normal conjunctiva, vision unchanged.**Ears, nose, mouth and throat:** Tympanic membranes clear, oral mucosa moist, no pharyngeal erythema or exudate.**Cardiovascular:** Regular rate and rhythm, No murmur, Normal peripheral perfusion, No edema.**Respiratory:** Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal, Symmetrical chest wall expansion.**Chest wall:** No tenderness, No deformity.**Back:** Nontender, Normal range of motion, Normal alignment, no step-offs.**Musculoskeletal:** Normal ROM, normal strength, no tenderness.**Gastrointestinal:** Soft, Nontender, Non distended, Normal bowel sounds, No organomegaly.**Genitourinary:** No tenderness, no discharge, normal external genitalia, no lesions.**Neurological:** Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, CN II-XII intact, normal sensory observed, normal motor observed, normal speech observed.**Lymphatics:** No lymphadenopathy.**Psychiatric:** Cooperative, appropriate mood and affect, normal judgment, non-suicidal.**Medical Decision Making****Differential Diagnosis:** Migraine, tension headache.**Documents reviewed:** Emergency department nurses' notes.**Results review:****ED Lab Results**

<u>Assay Result</u>	<u>Date/Time</u>
Hematology	
Hematology Other	
BHCG urine, QL	Negative 06/10/24 04:49
Urinalysis	
U Color	Yellow 06/10/24 05:04
U Appear	Clear 06/10/24 05:04
U Spec Grav Auto	1.025 06/10/24 05:04
U pH	6.5 06/10/24 05:04
U Protein	NEGATIVE 06/10/24 05:04
U Gluc	NEGATIVE 06/10/24 05:04
U Ketones	NEGATIVE 06/10/24 05:04
U Occult Blood	1+ (Small) A 06/10/24 05:04
U Leuk Est	NEGATIVE 06/10/24 05:04
U Nitrite	NEGATIVE 06/10/24 05:04
U Urobilinogen	0.2 E.U./dL 06/10/24 05:04
U Bili	NEGATIVE 06/10/24 05:04
Ur WBC	Occ hpf 06/10/24 05:07
U RBC	0-2 hpf 06/10/24 05:07
U Mucous	Few lpf 06/10/24 05:07
Ur Bacteria	1+ A 06/10/24 05:07

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U Epi Squamous Cells

2-5

06/10/24 05:07

Radiology results: Radiology results (ST)

Radiology Reports (Last 24 Hours) - Range: 06/09/2024 07:00 - 06/10/2024 06:16

Reports Found: 1

Brain w/o contrast Exam Dt/Tm: 06/10/2024 05:00

FINDINGS: There is no acute intracranial hemorrhage. There is no mass, mass effect, or midline shift. There are no extra-axial collections. Gray-white differentiation is maintained. Ventricles and sulci are normal. Paranasal sinuses and mastoid air cells are predominantly clear. The globes are intact. The scalp soft tissues are unremarkable. No acute calvarial fracture.

IMPRESSION: 1. No acute intracranial abnormality. Workstation: PWPRMTDOCC3 Job ID: 199443

Reexamination/ Reevaluation

Notes: dc home .

Impression and Plan

Diagnosis

Headache (PNED 06FF0E4F-06F3-468C-AF7B-93D8ED1F1B26, Reason For Visit, Medical)

Plan

Condition: Stable.

Disposition: Medically cleared.

Certified medical emergency: Yes.

Signature Line

(Electronically Signed On 06.10.24 07:31 CDT)

Maha, Julian, MD

Completed Action List:

- * Perform by Maha, Julian, MD on June 10, 2024 6:16 CDT
- * Modify by Maha, Julian, MD on June 10, 2024 7:31 CDT
- * Sign by Maha, Julian, MD on June 10, 2024 7:31 CDT

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* VERIFY by Maha, Julian, MD on June 10, 2024 7:31 CDT

CT Brain w/o contrast
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Result type: CT Brain w/o contrast
Result date: June 10, 2024 5:00 CDT
Result status: Auth (Verified)
Result title: CT Brain w/o contrast
Performed by: Stevens Jr., Allan T on June 10, 2024 5:03 CDT
Verified by: Ritchie, David J, MD on June 10, 2024 5:03 CDT
Encounter info: F2416200732, Baptist Prattvi, Prattville Emergency Room, 6/10/2024 - 6/10/2024

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Reason For Exam

Headache

Report

BICKNELL, MIRANDA L

EXAM:

CT BRAIN W/O CONTRAST

HISTORY:

Headache.

COMPARISON:

CT Brain w/o contrast dated 7/23/2018

TECHNIQUE:

CT brain without contrast. All CT scans performed at this location utilize dose optimization techniques, including automated exposure control with adjustment of mA and/or kv according to patient size and use of iterative reconstruction technique.

FINDINGS:

There is no acute intracranial hemorrhage. There is no mass, mass effect, or midline shift. There are no extra-axial collections. Gray-white differentiation is maintained. Ventricles and sulci are normal.

Paranasal sinuses and mastoid air cells are predominantly clear. The globes are intact. The scalp soft tissues are unremarkable. No acute calvarial fracture.

IMPRESSION:

1. No acute intracranial abnormality.

Workstation: PWPRMTDOCC3

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CT Brain w/o contrast
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BICKNELL, MIRANDA LYNN BARRETT - F000095190

Job ID: 1994434

Signature Line

ELECTRONICALLY SIGNED BY: Ritchie, David J, MD
PHYSICIAN SIGNED DATE AND TIME 06/10/2024 05:03
TECHNOLOGIST: ATS

CT Brain w/o contrast

This document has an image

Completed Action List:

- * Order by Oshinowo, Abayomi G, MD on June 10, 2024 4:40 CDT
- * Perform by Stevens Jr., Allan T on June 10, 2024 5:00 CDT
- * Assist by Davidson, Audrey A, ARRT on June 10, 2024 5:00 CDT
- * VERIFY by Ritchie, David J, MD on June 10, 2024 5:03 CDT
- * VERIFY by Ritchie, David J, MD on June 10, 2024 5:03 CDT

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Printed on: 10/29/2024 9:47 CDT

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