

SOAP #8

S:

JL is 50 y.o F w/ PMHx of HLD and DM, who presents for an episode of syncope. Patient reports that prior to arrival she was arguing with her son who was drunk at home, breaking things, and being aggressive. States that she was sitting in a chair when she passed out due to her emotional state. Reports having headache afterwards, which has now almost resolved, and some nausea.

Denies chest pain, SOB, dizziness, weakness, numbness, tingling, trauma, abdomen pain, vomiting, constipation, diarrhea, dysuria, hematuria, urinary frequency/urgency, fever, chills, cough, sore throat, congestion, ear pain, suicidal/homicidal ideation or Covid19 sick contacts.

PMH: HLD, DM2

PSH: Appendectomy, C-section

Allergies: NKDA

Medications: Jardiance, Janumet

FHx: Non-contributory

SHx: Married, lives at home, non- Smoker, Occasional EtOH use, Denies illicit drug use

O:

T 36.8C orally | BP 127/85 mmHg | P 72 BPM, regular | RR 18 breaths/min, unlabored | SpO2 95% RA
H 61in | W 160 lb. | BMI 30.23

Gen: Obese, neatly groomed, looks her stated age of 50 years. AxO x3. Appears in no acute distress.

Skin: Warm, dry, non-icteric, no cyanosis, no rash

CV: RRR. S1 and S2 are normal. There are no murmurs, S3, S4, splitting of heart sounds, friction rubs.

Head: Normocephalic atraumatic, no swelling, no tenderness, no boggy

Eyes: PERRL, EOMI, no conjunctival pallor, no scleral icterus

Ear, nose, mouth, throat: Mucous membranes moist, no erythema, airway patent, no stridor

Neck: No c-spine tenderness, no stiffness

Back: No paravertebral muscle tenderness, midline tenderness, no spasm

Pulm: Clear to auscultation and percussion bilaterally. Chest expansion symmetrical. No wheezing, rhonchi, or rales.

Musculoskeletal: FROM. No deformity, lower extremity edema, calf tenderness.

GI: Soft, non-tender to palpation throughout, no guarding, no rebound tenderness, no CVA tenderness

Neurological: Cranial nerves II-XII intact. Strength 5/5 in upper and lower extremities. Sensation intact to light touch in all extremities. Cerebellar testing normal. Gait normal. No meningismus.

Psych: Patient states that they feel safe at home. Denies depression/sadness (feelings of helplessness, lack of interest in usual activities, suicidal/homicidal ideation), anxiety, OCD or ever seeing a mental health professional. Denies past or present usage of psychiatric medications

A:

50 yo female with appearing with syncopal episode secondary to acute stressful event. Likely vasovagal syncope.

Differential Diagnosis:

- MI
- SAH
- TIA
- Dysrhythmia
- CHF
- Hypoglycemia
- Vasovagal Syncope

P:

Labs:

- CBC with diff
- BMP
- ProBNP
- HCGQual
- Troponin x2, r/o MI

Hypoglycemia:

- Fingerstick r/o hypoglycemia

Vasovagal Syncope:

- IV access; Normal Saline 1000 mL over 1 hr

Headache:

- Acetaminophen 650 mg

Imaging/Tests:

- ECG r/o MI
- CXR

Initial DDx Based on CC:

- Dysrhythmias:
- Valvular Disease (AS, MS, tricuspid stenosis)
- Aortic Dissection
- Myocardial Infarction
- CHF
- Hypertrophic Cardiomyopathy
- PE
- Pericardial Tamponade
- Myxoma
- Pulmonary Hypertension
- Pacemaker malfunction
- Vasovagal Syncope
- Situational Syncope
- Carotid sinus stimulation
- Orthostatic hypotension-mediated syncope
- Dehydration (vomiting, diarrhea)
- Hemorrhage
- Sepsis
- Stroke
- SAH
- TIA
- Subclavian steal
- Heat syncope
- Hypoglycemia
- Asphyxiation
- Seizure
- Narcolepsy
- Psychogenic
- Toxic

Adjusted DDx After H&P:

- MI
- SAH
- TIA
- Dysrhythmia
- CHF
- Hypoglycemia
- Vasovagal Syncope