

Ryan Julien  
04/22/2022

**Date of Admittance:**  
03/16/2022

**Chief Complaint:**  
Right knee pain

**History of Present Illness:**

69 y/o African American female presents with Right Knee pain after dehiscence on 3/16 of her TKA (total knee arthroplasty, which took place 2/14). Patient presents to the ED at 20:17 after attempting to walk on her own without the use of a support device. Patient states that she heard a tearing sound, and she felt a sharp pain, that felt like a 9/10 come from her right knee at 19:23. She immediately fell to the ground and called for help. She denies hitting her head or experiencing dizziness before she fell. The patient had no time to take medications for the pain because her sister was alerted to the incident and attempted to help pick the patient up off the floor. The paramedics were immediately called by her sister at 19:38, and from their house the patient was delivered to Lenox Hill Hospital.

**Biographic Data:**

**Name:** L, Gloria  
**Address:** Long Island, NY  
**Age/DOB:** (69 y/o); 1/2/53  
**Birthplace:** Long Island, NY  
**Gender:** Female  
**Marital status:** single  
**Race:** African American  
**Ethnic origin:** African American  
**Occupation:** n/a  
**Primary language:** English  
**Authorized representative:** Younger sister

**Source of History:**

Patient  
Chart

**Past Medical History:**

- Rheumatoid arthritis
- Thrombocytopenia
- Cellulitis
- Osteoarthritis
- Spinal stenosis
- PVD (peripheral vascular disease)
- Obesity
- Edema in both lower legs
- Pulmonary emboli
- HTN (hypertension)
- Asthma

**Medications:**

- hydroxychloroquine orally - 200 mg BID
- tigecycline IVPB - 50mg IV q12H
- carvedilol - 6.25mg Q12H
- mometason inhaler - 220 mcg 1 puff QD
- acetaminophen tablet orally - 975 mg Q8H
- enoxaparin injectable subcutaneous - 120 mg Q12H
- cyanocobalamin orally - 1000 mcg - QD
- pantoprazole table orally - 40 mg QD
- Sucralfate orally - 1G QID
- Albuterol HFA inhalation - 90 mcg 2 puffs Q6D
- Hydrochlorothiazide orally - 50mg QD

**Allergies:**

- daptomycin - rash
- Keflex - Hives
- rifampin - other

**Social History:**

Pt lives in Long Island, New York with her sister and has no children. Pt has trouble performing most ADLs without assistance, like walking or getting up. Pt has not worked for the last 8 years and has been fully reliant on family members to take care of her. Pt denies smoking, taking illegal drugs, or drinking.

**Family History**

- Father - HTN
- Both Parents - diabetes

**Review of Systems:**

- **Constitutional** - (+) lethargic
- **Eyes** - (-) double vision, (-) blurred vision
- **ENT** - (-) loss of hearing
- **Skin** - (+) laceration of right knee
- **Cardiovascular** - (-) palpitations
- **Pulmonary** - (+) SOB
- **Endocrine** - (-) fatigue, (-) weight loss
- **Gastrointestinal** - (-) abdominal pain, (-) constipation
- **Genitourinary** - (-) dysuria, (-) urinary frequency, (-) dysuria
- **Musculoskeletal** - (+) Joint pain, (+) back pain (+) leg pain
- **Neurologic** - (-) changes in memory, (-) LOC
- **Psychology** - (-) anxiety, (-) depression (-) mental disturbance
- **Heme/Lymph** - (+) edema in B/L lower legs

**Physical Exam:**

- Vitals:
  - o Ht: 160 cm
  - o Wt: 120.20 kg
  - o BMI: 46.95
  - o Temp: 97.8
  - o BP: 151/91

- o Pulse: 87
- o Pulse O2: 94
- o RR: 17
- o Pain level: 7/10
- General: lethargic and
- Skin: suture on lateral aspect of right knee, minor drainage, scarring on left knee from previous surgery.
- Hair: thick and black with no signs of lice
- Head: normocephalic with no tenderness
- Neck: venous distention with no lymphadenopathy
- Thorax and lungs: decreased lung sounds near B/L bases
- Cardiovascular: RRR no carotid bruits
- Breasts: nontender with no signs of masses
- Abdomen: normal bowel sounds
- Extremities: edema in B/L lower legs
- Spinal: Lower lumbar pain
- Musculoskeletal: 5/5 strength in upper extremities, 1/5 strength in right leg, but 2/5 strength in left leg,
- Neurological: Alert and oriented x3, CN 2-12 intact
- Genitalia and Rectal: not performed because it was not related to situation

#### **Pertinent Diagnostic Tests:**

**Chest x-ray:** chest x-ray showed signs of aortic stenosis on both the tricuspid valve and mitral valves. X-ray of lungs also showed pulmonary edema in the form of infiltrates in the base of the B/L lungs.

#### **Assessment:**

Excess fluid volume related to heart failure as evidence by edema in lower extremities and pulmonary edema.

- Provide patient with prescribed medications like carvedilol.
- Elevate bed to fowlers or high fowlers
- Educate patient on breathing exercises like deep breathing and coughing to prevent pneumonia.
- Provide and educate patient on how to use peak flow meter and incentive spirometer.
- Follow medical order to reduce patient's fluid intake
- Avoid sodium in diet
- Use prescribed diuretics like hydrochlorothiazide to increase output
- Monitor input and output
- Provide patient with inhaler to open respiratory passages as needed