

Crisy Smith

**Patient Information:** DM

**DOB:**

**Gender:** F

**Source of History:** Patient have no known history of working.

**Reason for seeking care ( Chief Complaints):** Patient presents with shortness of breath and body pain.

**History of Present Illness (HPI):** MD is a 33 year old female who has a past medical history of Adjustment disorder with anxiety (1/2/2018), Asthma, Blood clot in vein, Pulmonary embolism, Sickle cell anemia, and Sickle cell crisis, who present to the ER with sickle cell crisis. Patient flew in from Richmond yesterday where she was transferred to MTSinai from the airport due to shortness of breath. States she was discharged after getting better but became symptomatic again. Endorsing swelling to the part of her previous sickle cell presentations. Patient was discharged 3/23 for sickle cell pain crisis. Endorses cough, nausea and chills. Denies chest pain, fevers, headaches, vomiting.

**Past History:**

**Allergy:** Clindamycin, Cantaloupe, Ceftriaxone

**Medications:** Folic Acid 1mg, Apixaban 5mg, Famotidine 20mg, Hydromorphone 2mg, Diphenhydramine 50 ml

**Social and Personal History**

Social: N/A

ETOH: social drinker

Illicit drug use: none

Smoking: 1 pack a day

**Family History:** Father deceased, Mother deceased, Sister deceased

**Review of Systems (Subjective - you should not document from your physical exam findings):**

General: Gained 5 lbs in the last 6 months

Head, Eyes, Ears, Throat (HEENT): No head injury

Neck: No lumps, swollen glands, goiter or stiffness

Breasts: No pain, nipple discharge, BSE

Respiratory: No shortness of breath, wheezing, Night sweats

Cardiovascular: No murmur, high blood pressure  
Gastrointestinal: No change in appetite or weight  
Urinary: No difficulty in urination, no pain or burning  
Genital:  
Peripheral Vascular: No varicose veins, clots in veins  
Musculoskeletal: No pain, swelling, stiffness  
Psychiatric: No tension, memory problems  
Neurologic: No headaches, paralysis  
Hematologic: No past transfusions  
Endocrine: No abnormal growth

**Physical Exam (objective: you should not document from your review of systems findings)**

Height: 5'7 Weight: 116 BMI: 18.3  
Vital Signs BP:108/69 Heart rate:89 Respiration rate:18 Temperature:98.8 F  
General Survey: D.M is a 33 y/o woman who appears to be in pain. Pt is well groomed with slight body odor. Pt speech is intact. Pt is alert and oriented 3x (Name, date, location. Gait is normal with no assistive devices.  
Head, Eyes, Ears, Throat (HEENT):  
Neck and lymph nodes: No signs of tenderness  
Thorax and Lungs:  
Cardiovascular:  
Breasts: No abnormalities  
Abdomen: No evidence of organ enlargement  
Genitalia:N/A  
Extremities: Swelling on LUE  
Peripheral Vascular: Normal refill of capillary  
Musculoskeletal: Normal Movement, Body Pain  
Neurologic;  
Mental Status: Alert and Attentive  
Cranial Nerves: All 12 cranial nerve intact  
Cerebellar: Normal  
Sensory: Pain  
Reflexes: Bilateral Flexor  
Laboratory Data:  
WBC: 10.06  
HGB:86  
Platelets:487  
BMP: Grossly normal lactate

**Nursing Assessment/Plan**

**Problem:** Acute pain related to sickle cell crisis

**Interventions:**

Acknowledge and accept the client's pain

Provide measures to relieve pain before it becomes severe

Administer opioids as ordered

Administer analgesia before painful procedures whenever possible

**Evaluation:**

Patient will provide feedback on how to take pain medications

Patient will be able to communicate the level of pain

Patient will seek medical attention if pain gets to level 8.