**Date: 10/09/2022**

Full name: R.I

Address: Jackson Heights NY

Date of Birth: 07/09/1968

Location: Nao Medical (STATcare)

Religion: None

Source of Information: Self

Reliability: Reliable

Source of Referral: None

Mode of Transport: Self

**Chief Complaint: “I think I might have a UTI”**

**History of Presenting Illness**:

54 y/o female with PMHx of Diabetes, HTN, and High Cholesterol presents to the urgent care with complaints of dysuria and urinary frequency x 5 days. She states that a day prior to the onset of her symptoms she was starting treatment with erythromycin for a sinus infection. She states the very next day she began to experience a burning sensation with urination, urinary frequency. She states that she has been experiencing feelings of incomplete voiding and fullness after urination. She states that she has not taken any pain medications to help. She is sexually active with a male partner with whom she is monogamous with and married to. She does not use barrier protection such as condoms. She denies any abdominal or pelvic pain, any flank pain, back pain, fever, bad odor, chills, fatigue, malaise, nausea, vomiting, dizziness, hematuria, vaginal itching, abnormal vaginal discharge, abdominal or pelvic pain, abnormal vaginal bleeding, or abnormal discharge from the urethra. She denies starting any other new medications. She denies any history of recurrent UTIs or previous history of UTIs. There are no other complaints currently.

**Past Medical History**:

Diabetes

HTN

High Cholesterol

**Past Surgical History**:

Hysterectomy x 2008

**OB/GYN hx**: She began menopause 5 years ago. She stopped having children in 1964 and has 2 full term babies.

**Hospitalizations**:

She was hospitalized in 2008 after her hysterectomy.

**Medications:**

Janumet (Sitagliptin-Metformin HCL) PO 50-1000mg

Amlodipine 5mg

Simvastatin 40 mg PO

Lisinopril 40 mg PO

Metformin HCL 500 mg PO

Flonase allergy relief

**Allergies**:

NKDA or environmental or food allergies.

**Family History**

Mother – 82 years old and alive, hx of HTN

Father – 85 and alive, hx of Diabetes, High cholesterol

Brother – No known pmhx

**Social history:**

- She works as a store clerk in a grocery store and lives with her husband youngest daughter in an apartment.

- Denies alcohol use

- Denies ever smoking or illicit drug use

- She is sexually active in a monogamous marriage with her Husband.

**Review of system**

General - Denies fever, chills, fatigue, myalgias

Skin, hair, and nails –denies itching, rash

Head – Denies headache

Eyes – denies change in vision

Ears – denies ear pain

Nose /Sinuses – denies rhinorrhea, congestion, discharge, sinus pain or fullness.

Mouth/ throat – denies sore throat, hematemesis

Neck – denies swelling or discomfort

Breast – denies any abnormal changes

Pulmonary system – denies any wheezing, coughing or shortness of breath

Cardiovascular system - denies any chest pain or palpitations

Gastrointestinal system – denies abdominal pain, diarrhea, nausea, vomiting, or constipation

Genitourinary system – endorses dysuria (burning), frequent urination, incomplete voiding, or fullness. Denies bad odor, hematuria, abnormal discharge from the urethra or itching.

Menstrual /obstetrical – denies abnormal bleeding, discharge, dryness, dyspareunia

Nervous – denies dizziness or headache.

Musculoskeletal – denies any back or joint pain or soreness. Denies flank pain.

Peripheral vascular system – denies any swelling

Hematological – denies any bleeding from gums

Endocrine system – endorses urinary frequency

Psychiatric – denies depressed mood or anxiety

**Physical exam:**

**Vital signs:**

Using machine: BP (right arm, sitting) 142/82 mmHg

Pulse: 108 bpm RRR

RR: 16 breaths/min unlabored

T: 98.2F (oral)

O2 sat: 98 % on room air

BMI: Weight: 200 lbs, Height: 5’2 = 36.6

**General appearance:** Hispanic female, is alert and oriented x 3 in no acute distress. She appears well nourished and is cooperative. She is dressed appropriately for weather with normal affect.

**Skin, hair, and nails**: No abnormal lesions, normal skin turgor, no rashes, no clubbing

**Head:** Atraumatic, normocephalic, no scalp lesions

**Eyes:** PERRLA. Non-icteric sclera, no swelling in upper or lower lids.

**Ears**: Tympanic membrane intact and normal. No external trauma or mastoiditis.

**Nose**: Patent bilaterally, no tender

**Mouth**: Oral Mucosa is moist.

**Neck**: Supple, non-tender.

**Throat**: clear, uvula is midline, no erythema, or exudates

**Pulmonary**: Lungs clear to auscultation bilaterally. No wheezing, rales, or rhonchi. Normal respiratory effort.

**Cardiovascular:** Normal S1 and S2 sounds with regular rate and rhythm.

**Abdominal exam**: soft non-tender, bowel sounds present. Non-distended, no guarding or rebound tenderness. Abdomen is soft non distended.

**Breast:** Not performed due to lack of consent.

**Genitourinary/ Pelvic exam**: Not performed due to lack of consent.

**Endocrine system**: No goiter.

**Neuro exam**: No nystagmus or focal deficits. She is alert and Oriented x 3.

**Musculoskeletal:** Active and passive ROM present in the in all extremities. No costovertebral angle tenderness.

**Peripheral vascular system**: No lower extremity swelling bilaterally. No clubbing. Extremities were non-tender and warm to touch.

**Psychiatric:** Normal behavior, good eye contact and speech is clear.

**Assessment**:

54 y/o female with PMHx of Diabetes, HTN, and High Cholesterol presents to the urgent care with complaints of dysuria and urinary frequency x 5 days. Patient is no acute distress and is ambulating comfortably. Physical exam shows no flank pain or CVA tenderness, no abdominal signs. Overall exam is mainly normal with the exception of genitourinary exam. No signs of systemic illness.

**Differentials:**

1. **Acute Simple cystitis (Uncomplicated UTI):** The patient appears to be at more risk of a simple cystitis vs a complicated UTI. The patient denies any flank pain or systemic illnesses which could indicate an infection that extends beyond the bladder.
2. **Pyelonephritis:** Patients may present with signs such as nausea, vomiting, dysuria, urinary frequency, hematuria, urgency, suprapubic pain, flank pain, systemic symptoms (such as fever, chills, malaise) etc.
3. **Nephrolithiasis:** These patients may experience symptoms like pain, hematuria (gross), nausea, vomiting, dysuria, urgency.
4. **Vaginitis:** Vaginal symptoms such as vaginal discharge or odor, pruritis, absence of urinary frequency or urgency should, prompt consideration of vaginitis.
5. **Urethritis:** May be noted in sexually active women and can also be associated with dysuria. This may present with pyuria on urinalysis but in the absence of bacteria.
6. **Pelvic inflammatory disease:** These patients may present with lower or abdominal discomfort, but this patient does not complain of abnormal vaginal discharge.

**Plan:**

1. Urinalysis obtained in office and Urine culture to be sent to the lab.
2. Start of **Nitrofurantoin 100mg 1 capsule with food q12 hrs for 5 days**.
3. Patient advised to return to the clinic if there are new or worsening sxs.

**Urinalysis results**

1. Only positive findings were **elevated leukocytes (500) and Leukocyte esterase**. Other findings negative (Specific gravity, pH, Protein, Glucose, Ketones, Blood, Bilirubin)