Reflect on a patient who is beyond 20 weeks gestation and presented with a health problem that commonly arises during pregnancy. Describe the patient's personal and medical history, drug therapy and treatments, and follow-up care. Then, explain the implications of the patient's health problem. If you did not have an opportunity to evaluate a patient with this background during the last eight weeks, you may select a related case study from a reputable source or reflect on previous clinical experiences.

Chief Complaint
lop

History of Present Illness
35-year-old G1 presents today for amenorrhea. She reports her last menstrual period was 8 weeks and 5 days ago. She had a positive pregnancy test. She had a pelvic ultrasound that showed an intrauterine pregnancy measuring 8 weeks and 5 days. He complains of significant nausea and vomiting. She has not been taking anything for the symptoms. Otherwise, the patient feels well. She started prenatal vitamin and folic acid. Prior to pregnancy, she had been taking metformin, though she is not taking this in several months. She was not diagnosed with diabetes, but possibly prediabetic. She has a history of one previous abnormal Pap smear at age 17. Last Pap smears in 2014. She does have regular menstrual cycles. She was not on contraception.

Review of Systems
Constitutional: positive for weight gain
Eye: Negative
ENMT: Negative
Respiratory: Negative
Cardiovascular: Negative
Gastrointestinal: Negative
Genitourinary: As per history of present illness
Hema/Lymph: Negative
Endocrine: Negative
Musculoskeletal: Negative
Integumentary: Negative
Neurologic: Negative
Psychiatric: Cooperative, alert and oriented

Physical Exam

Vitals & Measurements
HR: 114 (Peripheral) **BP:** 133/83
HT: 59.5 in **WT:** 171.2 lb **BMI:** 34
General: AAOx3, NAD
HEENT: NCAT
Neck: Supple
Thyroid: No thyromegaly
CV: RRR, no MRG
Resp: Lungs CTAB
Breasts: No lesions or masses
Abd: Soft, NTTP, normoactive BS
GU:
-Vulva: no visible lesions
-Bladder: Nontender
-Urethra: No prolapse
-Vagina: No discharge or lesions
-Cervix: No discharge, lesions, or CMT
-Uterus: Normal size/shape/position
-Adnexa: No palpable masses
Skin: No obvious lesions
Extremities: No edema
Neuro: Grossly intact
Psych: Appropriate mood and affect.

Assessment/Plan
Amenorrhea, secondary
Congratulated patient. Discussed office practices. Prescription given for Diclegis to take as needed for nausea vomiting. New ob labs sent today. She has started a PNV already. F/u at 12 weeks with NT u/s and OB nurse consult.
Ordered: Thin Prep Pap Smear (Request), Amenorrhea, secondary

Problem List/Past Medical History
Ongoing
Anemia
HSIL on Pap smear of cervix
Obesity
Historical
Anemia

Medications
Diclegis 10 mg-10 mg oral delayed release tablet, 2 tab(s), po, hs
Diclegis 10 mg-10 mg oral delayed release tablet, 2 tab(s), po, bid
ferrous sulfate 325 mg (65 mg elemental iron) oral delayed release tablet, 325 mg, 1 tab(s), po, tid, 10 refills

Allergies
No active allergies

Social History
Alcohol - Low Risk
Employment and Education
Work/School description: USC College of Nursing lab.
Substance Abuse - Denies Substance Abuse
Tobacco - Denies Tobacco Use

Family History
Arthritis: Mother.
Diabetes...: Grandfather (M).
Stroke: Grandmother (M).

Lab Results
Results (Last 90 days)
A1c: (12/01/16 04:45 PM EST)
ABO/Rh
(12/01/16 04:45 PM EST)
O POS (12/01/16 04:45 PM EST)
Abs Basophils: 0.06 K/uL (12/01/16 04:45 PM EST)
Abs Eosinophils: 0.07 K/uL (12/01/16 04:45 PM EST)
Abs Immature Granulocytes: 0.02 K/uL (12/01/16 04:45 PM EST)
Abs Lymphocytes: **H 4.40** K/uL (Range 1.18 - 3.74) (12/01/16 04:45 PM EST)
Abs Monocytes: **H 0.83** K/uL (Range 0.24 - 0.36) (12/01/16 04:45 PM EST)
Abs Neutrophils: **H 6.33** K/uL (Range 1.56 - 6.13) (12/01/16 04:45 PM EST)
Antibody Screen
(12/01/16 04:45 PM EST)
Negative ABSC (12/01/16 04:45 PM EST)
Auto Differential: (12/01/16 04:45 PM EST)
Basophil Auto: 0.5 % (12/01/16 04:45 PM EST)
Blood Urine Dipstick: Negative (12/01/16 02:28 PM EST)
CBC.: (12/01/16 04:45 PM EST)
Chlam/GC DNA: (12/01/16 03:50 PM

EST)
Chlamydia PCR: Negative (12/01/16 03:50 PM EST)
Chlamydia/GC Source: Thin Prep (12/01/16 03:50 PM EST)
Culture Urine
(12/01/16 04:45 PM EST)
(12/01/16 04:45 PM EST)
Culture Urine TR: Negative (12/01/16 04:45 PM EST)
Eosinophil Auto: 0.6 % (12/01/16 04:45 PM EST)
Est Average Glucose mg/dL: 94 mg/dL (12/01/16 04:45 PM EST)
FTA-IGG: <0.10 (12/01/16 04:45 PM EST)
GC PCR: Negative (12/01/16 03:50 PM EST)
Glucose Urine Dipstick: Negative (12/01/16 02:28 PM EST)
HIV Ag/Ab including P24
(12/01/16 04:45 PM EST)
Non-Reactive (12/01/16 04:45 PM EST)
Hct: **L 28.9** % (Range 34.1 - 44.9) (12/01/16 04:45 PM EST)
Hep Bs Ag
(12/01/16 04:45 PM EST)
Non-Reactive (12/01/16 04:45 PM EST)
Hep C Ab
(12/01/16 04:45 PM EST)
Non-Reactive (12/01/16 04:45 PM EST)
Hgb: **L 8.0** (Range 11.2 - 15.7) (12/01/16 04:45 PM EST)
Hgb A1c: 4.9 % (12/01/16 04:45 PM EST)
Hypochromia: Present (12/01/16 04:45 PM EST)
Immature Grans Auto: 0.2 % (12/01/16 04:45 PM EST)
Ketones Urine Dipstick: Negative (12/01/16 02:28 PM EST)
Leukocytes Urine Dipstick: Negative (12/01/16 02:28 PM EST)
Lymphocyte Auto: 37.6 % (12/01/16 04:45 PM EST)
MCH: **L 17.5** pg (Range 25.6 - 32.2) (12/01/16 04:45 PM EST)
MCHC: **L 27.7** (Range 32.2 - 35.3) (12/01/16 04:45 PM EST)
MCV: **L 63.1** fL (Range 79.4 - 95.3) (12/01/16 04:45 PM EST)
MPV: 9.8 fL (12/01/16 04:45 PM EST)
Manual Diff?: Diff Morphology (12/01/16 04:45 PM EST)
Microcytes: Present (12/01/16 04:45 PM EST)
Misc Test Result: Clinical Notes (12/01/16 03:50 PM EST)
Monocyte Auto: 7.1 % (12/01/16 04:45 PM EST)
Morphology Comment: (12/01/16 04:45 PM EST)
NRBCs: 0.0 /100WBC (12/01/16 04:45

PM EST)
Neutrophil Auto: 54.0 % (12/01/16 04:45 PM EST)
Nitrite Urine Dipstick: Negative *(12/01/16 02:28 PM EST)*
Ovalocytes: 1+ (12/01/16 04:45 PM EST)
Platelet: **H 540** K/uL (Range 150 - 400) (12/01/16 04:45 PM EST)
Plt Est: Increased (12/01/16 04:45 PM EST)
Plt Large: Present (12/01/16 04:45 PM EST)
Plt Morph: Present (12/01/16 04:45 PM EST)
Polychromasia: Present (12/01/16 04:45 PM EST)
Protein Urine Dipstick: Negative (12/01/16 02:28 PM EST)
RBC: 4.58 (12/01/16 04:45 PM EST)
RBC Morphology: Present (12/01/16 04:45 PM EST)
RDW CV: **H 23.4** % (Range 11.6 - 14.4) (12/01/16 04:45 PM EST)
RDW SD: **H 51.6** fL (Range 36.4 - 46.3) (12/01/16 04:45 PM EST)
Rubella IgG Ab
(12/01/16 04:45 PM EST)
4.5 (12/01/16 04:45 PM EST)
TSH
(12/01/16 04:45 PM EST)
1.170 uIU/mL (12/01/16 04:45 PM EST)
Treponema Pallidum Ab: (12/01/16 04:45 PM EST)
WBC: **H 11.7** K/uL (Range 3.7 - 11.0) (12/01/16 04:45 PM EST)
pH Urine Dipstick: 7.5 (12/01/16 02:28 PM EST)

Signature Line


on 12/08/2016 11:58 AM EST

OB Antepartum Note Entered On: 4/26/2017 4:09 PM EDT
Performed On: 4/26/2017 4:08 PM EDT by [redacted]

OB Note

Antepartum Note : Patient has no complaints at this time. She has been following up with Laurel endocrine for gestational diabetes. Currently on 6 units of insulin at night before bed. Fastings have been running in the 90s. Postprandials have been within goal under 120. He has been taking iron twice daily. Repeat CBC today. tdap today

Risk Factors (Current Pregnancy) : Advanced maternal age, Other: PT WAS BORN PREMATURELY AT 8 MONTHS

[redacted] 4/26/2017 4:08 PM EDT