



Memorial Hospital at Gulfport

4500 13th Street
Gulfport, MS 39501-2515

Patient:	Helwick, Paula			Admit:	1/9/2024
DOB/Age/Sex:	3/29/1954	69 years	Female	Disch:	1/10/2024
MRN:	0000857597			Admitting:	
FIN:	2010009893			Attending:	Chamberlain,Ryan J MD
Location:	ED; T4; A				

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Sign Information:	Chamberlain,Ryan J MD (1/10/2024 03:32 CST)

Chief Complaint

pt states she fell 6 weeks ago R shoulder pain and R hand swelling. hx of lymphodema and cancer.

History of Present Illness

No qualifying data available.
69-year-old female presents today with history of metastatic breast cancer not undergoing chemotherapy followed by Dr. Hightower now with worsening pain to the point she cannot sleep reports pain in the right arm swelling to the right arm and significant bilateral lower extremity swelling patient not prescribed or taking any pain medication patient seems to lack some insight to the severity and likely terminal nature of her disease process. Patient reports that she has difficulty walking and has not been able to leave the house in a couple weeks due to the leg swelling that her husband is having to carry her to the bathroom. Does report a fall over a month ago with right arm pain from that fall

Review of Systems

Unless otherwise noted the review of systems is negative.

I have reviewed and confirmed the nursing documentation for the patient medications, allergies, medical history, family history, and social history and agree.

Please note that dragon dictation software used throughout this note. Efforts were made to correct any typographical errors and mistakes. Please excuse any dictation errors.

Physical Exam

Vitals & Measurements

T: 36.8 °C (Oral) **HR:** 132 (Peripheral) **RR:** 20 **BP:** 139/66 **SpO2:** 97%
HT: 169 cm **WT:** 67.1 kg (Dosing) **WT:** 67.1 kg

General: Chronically ill-appearing
HEENT: Head atraumatic
Eyes: No scleral erythema, No discharge
Heart: Regular Rate and Rhythm, Normal S1, S2,
Lungs: No respiratory distress noted, Clear bilaterally, no wheezes or crackles
Abdomen: Non-distended, non-tender, no rebound or guarding.
Skin: Fungating right breast mass but appears invasive into the chest wall with

Problem List/Past Medical History

Ongoing

- Breast cancer
- Closed fracture of distal end of radius
- Fracture of distal end of radius
- Hypertension
- Intentional weight loss
- Wrist stiff

Historical

- No qualifying data

Procedure/Surgical History

Tonsillectomy

Medications

Inpatient

No active inpatient medications

Home

- CBD Oil, **Over the counter**
- Med Honey, **Over the counter**
- Norco 5 mg-325 mg oral tablet, 1 tab, Oral, q6h, PRN

Allergies

No Known Allergies

Social History

Alcohol

Past

Employment/School

Retired, Work/School description: Retired from Retail sales. Highest education level: Some college.

Home/Environment

Lives with Spouse. Living situation: Home/Independent. Alcohol abuse in household: No. Substance abuse in household: No. Smoker in household: No. Injuries/Abuse/Neglect in household: No. Feels unsafe at home: No.

Nutrition/Health

Wellness Healthy diet

Sexual

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large open fungating wound foul-smelling
Musculoskeletal: No obvious deformity
Psych: Normal mood.
Neurologic: Alert and oriented x 4, no focal deficits, no facial droop, normal speech
Lymphatics: 3+ right upper and bilateral lower extremity swelling 2+ distal pulses

Sexual orientation: Straight or heterosexual.
Identifies as female Gender Identity:.

Substance Abuse

Never

Tobacco

Never (less than 100 in lifetime) Tobacco Use:.

Diagnostics Interpretation

EKG: I (Ryan Chamberlain, M.D.) have independently interpreted the EKG and it shows sinus tachycardia ventricular rate 113 QTc is 400 no acute ST elevation

Family History

Breast cancer: Sister.
Heart disease: Mother and Father.
Schizophrenia: Brother.

Chest X-Ray: I have independently interpreted the chest x-ray and it shows some bibasilar opacities likely corresponding to carcinomatosis seen on CT

Lab Results

Labs (Last four charted values)

WBC 8.26 (JAN 10)

Hct H 49.8 (JAN 10)

Progress Notes

Patient presented with a new problem to this examiner and additional workup is planned.

Independent history obtained from patient

Ordered labs independently reviewed and interpreted by myself. Relevant findings: CBC CMP BNP of note normal renal function normal BNP

Ordered studies independently reviewed and interpreted by myself. Relevant findings: Per above diagnostic interpretation

Therapies given IV Lasix IV Dilaudid given

I reviewed available external medical records with relevant findings of: Per PMH

I discussed the patient's case with the available family/caregivers if present.

Relevant PMH / social determinants of health per PMH

Procedures performed: None

Differential diagnosis includes but not limited to: Heart failure renal failure lymphedema

Medical Decision Making:

Believe that patient's right arm swelling is secondary to her large fungating mass obstructing lymphatics resulting in lymphedema patient also has some Depen edema to bilateral lower extremities. Patient states she is having difficulty walking at home but was able to get up walk and transfer to the bed here is edematous was given some Lasix was given Dilaudid PMP reviewed will prescribe pain medicine. Patient seems to lack insight into her disease does not really understand her prognosis patient certainly needs more aggressive pain control likely some degree of home health versus hospice will place case management consult recommend close follow-up with oncology

Consultants: None

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Disposition Plan: Discharge home

Assessment/Plan/Goals

1. Lymphedema of right arm (Lymphedema, not elsewhere classified, I89.0) .

Breast cancer, stage 4 (Malignant neoplasm of unspecified site of unspecified female breast, C50.919) .

Lymphedema of lower extremity (Lymphedema, not elsewhere classified, I89.0) .

Orders:

Norco 5 mg-325 mg oral tablet, 1 tab, Oral, q6h, PRN as needed for pain, X 5 day(s), # 20 tab, 0 Refill(s)

Consult to Case Management, 01/10/24 2:44:00 CST, home health vs hospice, close onc f/u

Discharge Patient, 01/10/24 2:45:00 CST, Home

MSE Complete - Urgent/Emergent, 01/10/24 1:22:00 CST

Peripheral IV Insertion, 01/10/24 1:36:00 CST

UA with Culture if indicated, Urine, Clean Catch, Stat collect, 01/10/24 1:35:00

CST, Once, Stop date 01/10/24 1:36:00 CST, Nurse collect

XR Chest PA/AP Portable (Routine), 01/10/24 1:36:00 CST, ASAP, Stop date 01/10/24 1:36:00 CST, Reason: Other (please specify), Reason: sob, Transport

Mode: Portable, 67.1 kg

XR Humerus Right, 01/09/24 23:27:00 CST, ASAP, Stop date 01/09/24 23:27:00 CST, Reason: Injury, shoulder scapula & upper arm, 67.1 kg

Electronically Signed on 01/10/2024 03:32 AM CST

Chamberlain, Ryan J MD