History Data Panel

**Presenting Complaint:** “I’m in a lot of pain. I hurt all over.”

**Person Giving Information:** Patient

**History of Present Illness:** Pain in right chest, right side of abdomen and flank, pain in both legs, and cough. The pain has worsened over the past 24 hours.

**History of Present Illness - If Asked:**
- Chest pain is mildly pleuritic.
- Cough is nonproductive.
- Location and quality of the pain is similar to previous sickle cell episodes.

**Past Medical History**
- Surgical: Appendectomy, age 9
- Medical: Well-established diagnosis of sickle cell disease; Multiple admissions for pain control and infections; Multiple ED visits
- Injuries: None
- Medications: Oxycodone for pain
- Allergies: No known drug allergies
- Obstetrics: Gravida 0, Para 0, LNMP 1 week ago

**Habits**
- Smoking: No
- Drugs: None
- Alcohol: Occasional

**Family Medical History**
- Father: Sickle cell disease
- Mother: Alive and well, Sickle trait
- Siblings: Two brothers, both with sickle cell disease

**Social History**
- Married: No
- Children: None
- Occupation: Movie theater usher
- Education: High school
Case e5371

Physical Data Panel

Gender: Female  
Patient Name: Brenda Green  
Weight: 65.77 kg (145.0 lbs.)

General
Appearance: Thin black female in moderate distress due to pain, moaning and speaking in full sentences.

HEENT
Head: Normal
Eyes: Pupils 4 mm and reactive; EOM’s full; Conjunctivae pale
Ears: Normal
Nose: Normal
Throat: Normal

Neck: Supple; No masses or thyromegaly

Skin: Dry; No rashes

Chest: Splinting of respirations; Rales right middle lobe

Heart: Regular Tachycardia with II/VI systolic ejection murmur heard at the left sternal border

Abdomen: Scaphoid; Old surgical scar right lower quadrant; Diffuse mild tenderness; No rebound; No masses; Decreased bowel sounds

Back: Normal

Pelvic Examination: Normal

Rectal: Normal tone; Stool negative for occult blood

Extremities: Unremarkable; No tenderness

Neurologic:
Glasgow Coma Scale: Nonfocal
Other: Moderately agitated due to pain; Somewhat impatient and hostile
Case e5371

VERBAL REPORTS

ABG (on oxygen)
- pH: 7.43
- pCO₂: 36 mm Hg
- pO₂: 240 mm Hg
- HCO₃: 24 mEq/L
- O₂ sat: 99%

Gallbladder Ultrasound
Normal gallbladder, no stones, ducts normal

Intravenous Pyelogram
Normal

Pain Scale
- On Arrival: 10/10
- Inadequate: 7/10
- Analgesia: 3/10

Spun Hematocrit
22%

IVP or Helical CT (Chest)
No evidence of pulmonary embolism

IVP or Helical CT (abdomen/pelvis)
Negative for stone

Baseline
- Hgb: 7.6 g/dL
- Hct: 23%

Abdominal X-ray
Normal

STIMULUS INVENTORY

Imaging Studies
- Chest X-ray (PA)
- Chest X-ray (Lateral)
- ECG

Lab Studies
- CBC
- BMP
- Urinalysis
- UPT
- LFTs

Audio/Video
- Video 1: Patient on Arrival
- Video 2: Nurse Concern
- Video 3: Inadequate Analgesia
- Video 4: Adequate Analgesia
- Video 5: No Parenteral Opioid Ordered

Vital Signs
- Vital Signs (on arrival)
- Adequate Analgesia
- Inadequate Analgesia
- Pulse Ox on O₂
- Temperature After Any Antipyretic

Patient Devices
- Cardiac Monitor - CM
- Oxygen – O₂
- Pulse Ox - PO
- RAC IV - IV
- LAC IV – IV

Fluids
- Normal Saline
- Normal Saline

Medications
- Vancomycin
- Antipyretic
- Antibiotic
- Ibuprofen
- Analgesic (narcotic)
- Morphine
- Analgesic
Case e5371

General Guidelines

General Scoring Guidelines

- Consider scoring down in healthcare outcome if candidate chooses outpatient management.
- Consider scoring down in healthcare outcome if candidate gives over 2 liters of IV fluid.

General Play of Case Guidelines

None