



Clinical logbook for Simon Downes

Obstetrics & Gynecology

4302 S. Sugar Rd Ste #206, Edinburg, Tx 78539

Chief attending: Kristy Morales, MD, FACOG

Duration: February 1st to March 26th, 2021

Student details:

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(Signatures attached)

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The rotation in Obstetrics and Gynecology with Dr. Morales included daily clinic work in addition to rounds in the hospital and surgeries. Students were also able to take call which allowed us plenty of opportunities to see surgery/procedures. For example: live births, cesarean sections, tubal ligations, hysteroscopies, cyst and polyp removal, bedside procedures etc.

In addition, Dr. Morales allowed the students to assist with clinic procedures, such as Pap smears, colposcopies, measuring the baby, listening for the fetal heartbeat, and collecting specimens for pathology.

For deliveries, we were able to participate hands-on with Dr. Morales guiding our movements. In this capacity, we were able to bring out the babies together, cut the cord, and pull out the placenta. This built a great deal of confidence in the students.

During Cesarean section surgery, bilateral tubal ligations and other surgical procedures, we were allowed to scrub in and assist Dr. Morales with suturing, holding the uterus, holding retractors etc. This was a fantastic experience as we felt like part of the OR team.

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The med students have the choice to switch off on call, but we elected to come for all call surgical cases, if possible. My first partner, Angelo and then Mustafa created a text group with Dr. Morales.

While I had experience with being on call before during internal medicine, for OB/GYN, the call seemed to be more urgent, and sudden. This experience provided a realistic feeling of what it would be like to be a doctor on call.

We participated directly in patient interviews, seeing the patient first, then presented to Dr. Morales.

In addition, we had discussion sessions regarding the ACOG Practice Bulletins and research paper assignments.

Clinical procedures performed/observed

Dr. Morales encouraged students to participate fully with procedures, and over the rotation, I gained confidence in a number of bedside procedures.

Clinical procedure #1

Name of the procedure: Normal vaginal delivery



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Principle of the procedure:

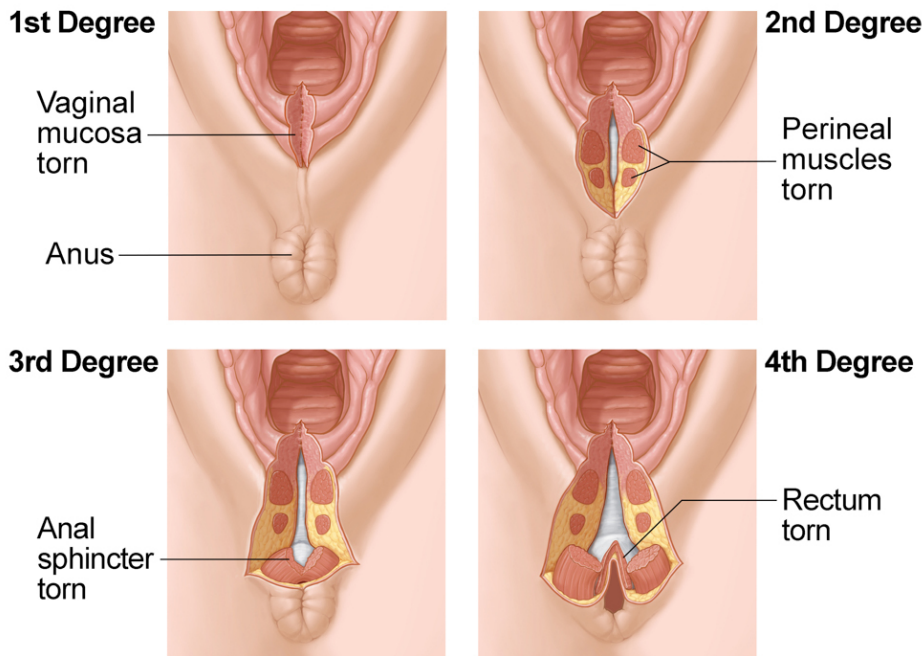
One might expect that over about 1.9 million years of human births, it would be a straightforward procedure - with no surprises. However, as I found out, there are several things that can go wrong, although I was happy to see that for most cases, things went well.

Indication(s) for the procedure:

Giving birth is a natural phenomenon, and under normal circumstances, we would like to see the mother give birth before 41 weeks. In certain conditions, such as mothers with gestational diabetes, or other anomalies, we can induce the birth earlier. During my time at the clinic, we followed the mothers from conception to giving birth, and generally, the babies followed and expected pattern. In some cases, in order to avoid complications, mothers requested to be induced earlier.

Associated risk(s) with the procedure:

Ideally, the mother will give birth without complications, and without tearing which requires suturing. Dr. Morales decided which degree a certain tear was before suturing the it closed.

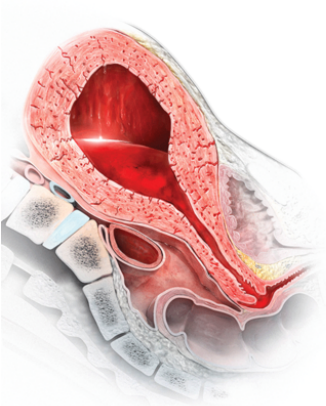


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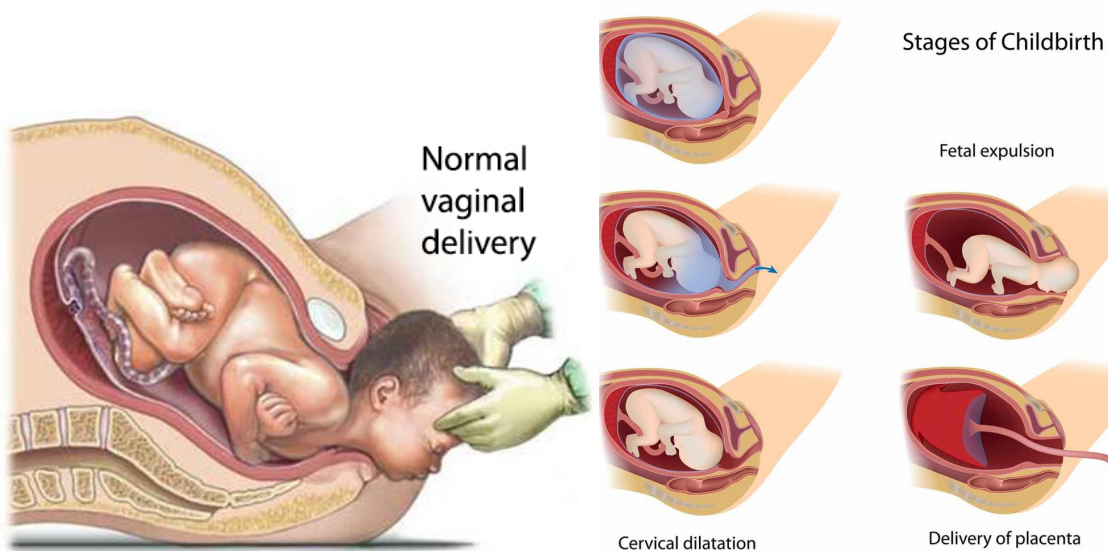
In my experiences, I saw one 4th degree tear, one 3rd degree tear, and a few 1st and 2nd degree tears. During the birthing process, the provider helps the mother with bringing the baby out.

Unexpected excessive bleeding can also occur. Usually we can expect around 500ml of blood, but when bleeding is not stopping, first pressure is applied to the uterus, and the drug misoprostol is given to aid in stopping the bleeding.



Method:

There are exact procedures for guiding the baby out of the vaginal canal. In cases where there is no unusual position, the provider can expect how the baby will present.

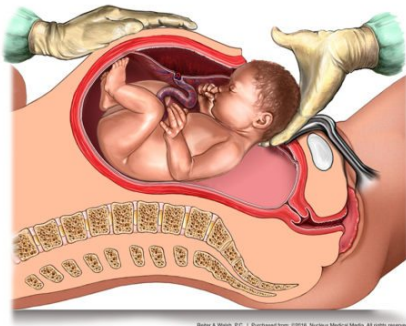


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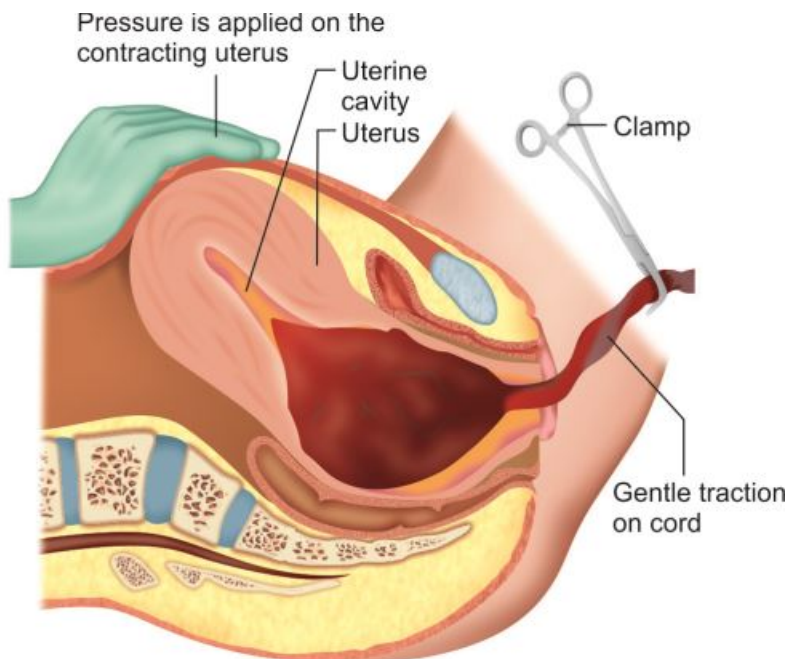
As described above, sometimes there is tearing of the vagina and perineum as the baby comes out.

Also, in cases where the baby cannot come out, an emergency cesarian must be performed. For this reason, the OR is always ready.



Expected outcome/ advantage/ interpretation:

When there are no complications such as excessive bleeding or need for a cesarian section as described above, the next step following the baby is to remove the placenta and to take a blood sample for pathology. This is done by placing a clamp on the placenta and applying pressure to the abdomen.



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Clinical procedure #2 - Cesearian Section



Whether is for an emergency or planned, the cesarian section surgery is done in the operating room under sterile conditions with a support staff. I am very grafeul to to Dr. Morales for allowing the students to assist in the procedcure.

Principle of the procedure:

After correct positioning on the table and receiving an epidural anesthetic, the doctor will open the uterus and bring out the baby.

Associated risk(s) with the procedure:

Blood loss is a risk. Although the mother significantly increases her blood volume during pregnancy, too much blood loss will be very dangerous for the mother. For this reason, there are time restraints put on each part of the procedure, and great efforts are made to minimize blood loss.

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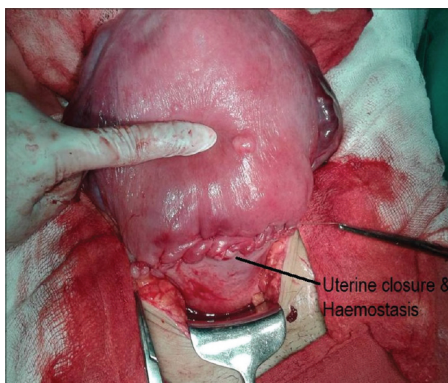


Another important risk is that the child may not oxygenated correctly after birth. If there is a delay bringing out the baby, it can be dangerous to both the baby and the mother. A team of nurses and respiratory therapist is standing by to resuscitate he baby as soon as he or she is delivered.



Method:

First, a cut is made in the abdomen horizontally (in the cases of Dr. Morales). As the cut goes deeper, the doctor gradually reveals the uterus and the placenta. With her hands or a device, she breaks the water, brings the baby out while other members of the team push from the side or from the back. After the baby is out, the uterus is pulled out and closed with sutures.



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The uterus is then placed back into the abdomen and after inspection, and bleeding is stopped, the abdomen is closed.



Expected outcome/ advantage/ interpretation:

The mother remains awake during the surgery, and the baby is presented to the mother after he or she is stabilized. In general, the entire procedure can be finished within an hour, with no complications.



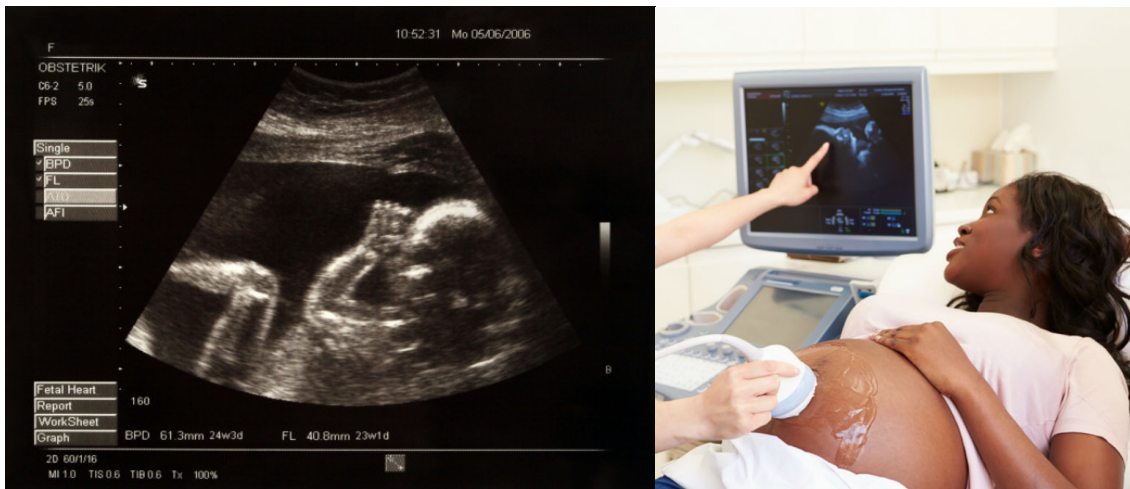
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Seminars presented/attended



1. Dr. Morales sent us research articles and updates from ACOG, which we discussed as a group. Example articles were: Chronic Hypertension, PROM, Prevention of RhD Alloimmunization, Management of Stillbirth, Multifetal gestations, Early pregnancy loss



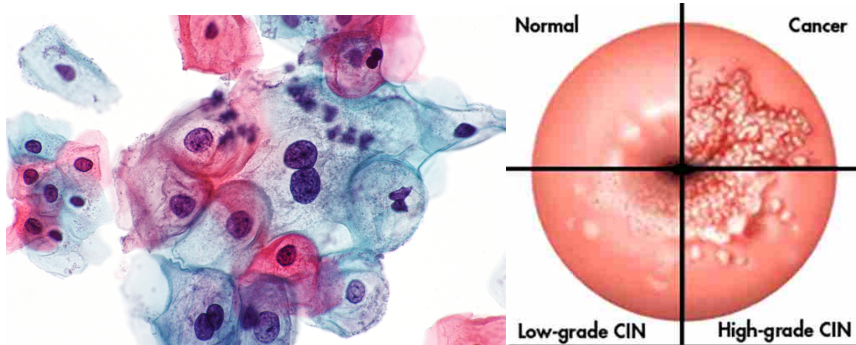
2. Dr. Morales also allowed us to watch sonograms for the mothers while explaining all we were seeing. We also had sessions with the sonographer and the mothers which were described step-by-step.

3. Also, sometimes a medial rep would come and give us information of new drugs or services for women, such as genetic testing.

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Case history #1: Cervical cancer examination



(Example image)

Cervical cancer is found in the cells of the cervix — There are various strains of the human papillomavirus (HPV) which play the strongest role in the transmission of this disease - mostly 16 & 18.

Patient details

Age: 43

Sex: F

Date: 03-11-2021

Chief complaint(S): vaginal bleeding after intercourse, unusual vaginal discharge

History of present illness (HPI):

This patient was a new referral and had an abnormal Pap smear about 5 years ago. She was asked to come back for a colposcopy by her last provider but was lost to follow-up. Her last menstrual period was 3 weeks ago. She is currently sexually active and had received counseling in the past regarding possibility of developing cervical cancer.

Past history:

She denies any surgical or medical history. However, she agreed to have her previous Pap smear results to be sent over to the clinic.

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**Family history:**

Mother has history of breast cancer at 40.

Personal and social history:

No pertinent history, no tobacco, never smoker, no drug use, no alcohol

Review of systems:

NEURO -no dizziness or Hx of neuro Dx, HEENT - No allergies, no glasses, no throat pain, RESP - No wheezing, CV - no hx chest pain or orthopnea, no PND, atypical chest pain, GI- no report of abnormalities, MSK - WNL, GU - general malaise, nauseated, Endo - normal function, not diabetic, HEME/IMM- not anemic

Physical examination**General survey:**

Pt. looked well except she was complaining of pelvic pain.

Vital signs:

T: 98.6, BP: 120/60, P: 68, RR: 18, Pain: 3/10

Skin:

Clear skin on face, no scars, bruises, rash or edema

Head, eyes, ears, nose, throat (HEENT):

NC/AT, nontender, PERRLA, EOMI, pharynx WNL, no nasal discharge

Neck:

Supple, JVD neg, no bruits, LN and thyroid not enlarged, no pain with turning

Back:

No discoloration or scars

Thorax and lung:

Lungs - clear, no wheezing, no crackles, rales, no rhonchi

Cardiovascular system:

S1 & S2 WNL, RRR, No rubs, gallops, or murmurs while sitting or supine. No JVD, clubbing or edema noted. No carotid bruits, DP & PT pulses nl and equal B/L

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Abdomen:

Normal shape, slightly bloated. BS + in all quads. No bruits noted. No rebound tenderness. Liver WNL no hepatosplenomegaly, No Rovsing sign. Negative murphy sign. No CVA tenderness.

Bowel sounds normal, dull ache/tenderness in the area below the umbilicus, including some sharp pains.

Extremities:

No ulcers, not erythematous.

Nervous system:

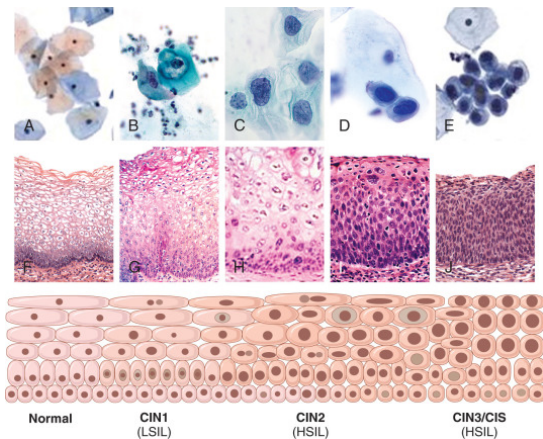
A&Ox3 (no pain), CNs 2-7, 9-12 intact B/L. Sensation to light touch, vibration and proprioception intact, right foot, left foot no neuropathy. Motor 5/5 in all muscle groups, DTRs 2/4 and symmetric in all extremities B/L.

Differential diagnoses:

Vaginal cancer, PID, endometrial carcinoma, cervicitis

Provisional diagnosis:

low-grade squamous intraepithelial lesion (LSIL), possibly progressed to HSIL with HPV infection.



Investigations and result:

The results from her previous provider showed she had HPV 16. She did not have gonorrhea or chlamydia.

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Final diagnosis:

The diagnosis for now is low-grade squamous intraepithelial lesion (LSIL), and pending results it could become HSIL. However, she will need a colposcopy and possibly LEEP - loop electrosurgical excision.

Treatment and follow-up:

1. Repeat Pap smear
2. Schedule colposcopy
2. Follow up 2wks or if pain worsens

Final outcome:

The patient received a repeat Pap smear, and a colposcopy on that same day.

Review of case:

As the patient was a transfer and we did not have her complete records, we could not come to a complete diagnosis but repeated the Pap smear and gave her a colposcopy. When the results come back we will be more sure of her prognosis and treatment plan.

1. Correct protocol:

Abnormal Cervical Cancer Screening Test Results

<https://www.acog.org/womens-health/faqs/abnormal-cervical-cancer-screening-test-results>

Cervical Cancer Treatment (PDQ®)-Patient Version

<https://www.cancer.gov/types/cervical/patient/cervical-treatment-pdq>

Practice Parameters for the Management of Perianal Abscess and Fistula-in-Ano

2. Relevant research articles:

The ASCUS/LSIL Triage Study for Cervical Cancer (ALTS)

<https://prevention.cancer.gov/clinical-trials/landmark-trials/ascuslsil-triage-study>

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Case history #2: Diabetic foot osteomyelitis (DFO)



(Sample image)

Osteomyelitis is a soft tissue infection that eventually spreads to the bone - it can reach all the way to the bone marrow.

Patient details

Age: 61

Sex: M

Marital status: S

Date: 01-06-21

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**Chief complaint(S):**

Osteomyelitis of left 3rd toe (distal aspect of left 3rd digit).

History of present illness (HPI):

Sx include pain, swelling and redness and other (non healing ulcer to the toe pad x 3 months). Preceding event was a blister. Sx exacerbated by pressure and wt bearing. Sx relieved by rest. Oral Abx were given - 2 courses of 10 day clindamycin. Pt has DM, peripheral artery disease.

Past history:

Osteomyelitis of third toe of left foot, Type 2 DM, diabetic foot ulcer, HTN, CAD, CKD, Obesity, Anxiety, Edema, Hyperlipidemia, PVD, Hammer toe

Family history:

Brother, father have DM2

Personal and social history:

Former smoker, quit 10 yrs ago
No drugs, alcohol quit 40 yrs ago

Review of systems:

NEURO - denies dizziness HEENT - Throat is clear, no infections, RESP - breathes with ease, not SOB, CV - no MI, no orthopnea, no PND, denies chest pain, GI- LLQ tenderness, MSK - no pain or abnormalities, 2 + leg swelling, numbness in toes, GU - BPH, Endo - WNL, HEME/IMM- no coagulopathies

Physical examination**General survey:**

Alert and oriented x 3, no difficulty communicating, obese

Vital signs:

T: 98.2, BP: 145/70, P: 78, RR: 19, O2: Pain: 0/10

Skin:

Supple, no scars, no bruises, no rashes, 2+ edema

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Head, eyes, ears, nose, throat (HEENT):

NC/AT, nontender, PERRLA, EOMI, no pharynx soreness, no nasal discharge

Neck:

Supple, JVD neg, no bruits, LN and thyroid not enlarged

Back:

Denies any pain, no deformities

Thorax and lung:

Lungs - clear to auscultation, no crackles, rales, no rhonchi

Cardiovascular system:

S1 & S2 WNL, RRR, No rubs, gallops, or murmurs while sitting or supine. No JVD, clubbing or edema noted. No carotid bruits, DP & PT pulses nl and equal B/L

Abdomen:

Soft, non-distended. BS + in all quads. No bruits noted. No tenderness or masses, No rebound tenderness. Liver WNL no hepatosplenomegaly, No Rovsing/Psoas/Obturator sign noted. Negative murphy sign. No CVA tenderness.

Extremities:

Hammer toe, 2+ edema B/L

Nervous system:

A&Ox3, CNs 2-7, 9-12 intact B/L. Sensation to light touch, vibration and proprioception intact in all extremities B/L. Motor 5/5 in all muscle groups, DTRs 2/4 and symmetric in all extremities B/L, Babinski normal.

Differential diagnoses:

Bone tumor, osteonecrosis, gout, sarcoidosis

Provisional diagnosis:

Osteomyelitis - Hammer toe changes to 3rd toe on left, mild swelling



Investigations and result:

Thick and rigid nails, poor pedal pulses in left foot, mild swelling noted

Final diagnosis:

Osteomyelitis of 3rd toe

Final outcome /Treatment:

Start Amoxicillin-Pot Clavulanate 500-125 MG Oral Tablet, One tablet BID, 30 days no refill.

Patient education: Diabetes: Foot ulcers and infections

Review of case:

Pt was aware of risk of poor healing and amputation given co-morbidities.

This was the type of case I saw multiple times during the rotation. Some of the pts had already amputated limbs, and others were about to have the surgery. Actually some of the patients welcomed it in order to stop the non-healing ulcers/osteomyelitis.

PO ABX for now - Augmentin 500 mg BID; consider IV ABX depending on clinical course, counselled about ABX related diarrhea, FFup in 2-3 weeks and PRN if acute changes.

1. Correct protocol:

Diagnosis and Management of Osteomyelitis

<https://www.aafp.org/afp/2011/1101/p1027.html#:~:text=The%20optimal%20duration%20of%20antibiotic,of%20four%20to%20eight%20weeks.>

Mayo clinic: Osteomyelitis

<https://www.mayoclinic.org/diseases-conditions/osteomyelitis/diagnosis-treatment/drc-20375917>

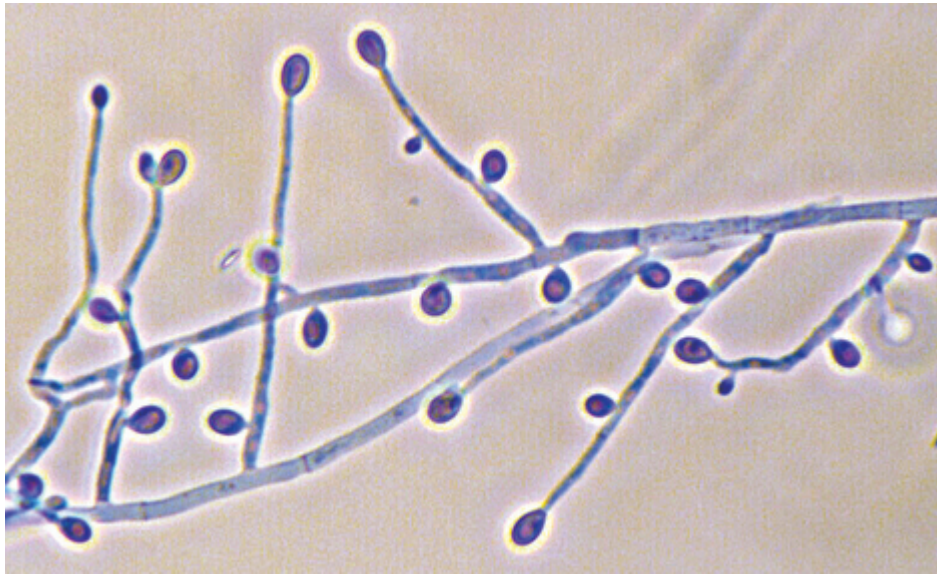
2. Relevant research articles:

Osteomyelitis: Recent advances in pathophysiology and therapeutic strategies

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5090239/>



Case history #3: Scedosporium lung infection



This infection can be seen in both immunocompetent and immunocompromised patients. The most common sites of infection are the lungs. Infection can also be seen in sinuses, bones, joints, eyes, and the brain. It is found in agricultural soil, animal droppings, environmental water sources, and sewage.

Patient details

Age: 73

Sex: F

Date: 01-12-2021

Chief complaint(S):

Follow-up for *Scedosporium apiospermum* with cavitary lesion in the superior segment of the right lobe. First diagnosed May 22, 2020.

History of present illness (HPI):

Pt is presently on PO Voriconazole 200 mg BID since 6/1/20. Well tolerated. No photosensitivity or bone pain. Still with exertional dyspnea but at baseline. No cough, no fever. Seen in urgent care on 12/1 due to intermittent chest pain - described as sharp pain to the midsternal area lasting 5 min. Cardiac workup was negative.

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**Past history:**

Chronic bronchitis, asthma, 'irregular heartbeat', HTN, DM, HTN, GERD, Breast cancer 2014, pulmonary TB at 5yrs old, reactivated in 2017, treated by TDH.

Family history:

No pertinent history.

Personal and social history:

Lives with husband.

Review of systems:

NEURO - responsive to voice, but not commands, HEENT - no nodules, pain erythema, RESP - exertional dyspnea, CV - no chest pain, GI- WNL, MSK - no pain or abnormalities, B/Lleg swelling, no numbness in toes, GU - Catheter placed, Endo - WNL, HEME/IMM- no coagulopathies

Physical examination:**General survey:**

Exertional dyspnea. Otherwise presents well.

Vital signs:

T: 95.3, BP: 130/88, P: 73, RR: 22, Pain: 0

Skin:

No bruises, no rash cyanosis, no edema

Head, eyes, ears, nose, throat (HEENT):

NC/AT, nontender, PERRLA, EOMI, pharynx WNL, no nasal discharge

Neck:

Supple, JVD neg, no bruits, LN and thyroid not enlarged

Back:

WNL, no masses

**Thorax and lung:**

Lungs - some wheezing, no asthma, no rales, no rhonchi

Cardiovascular system:

S1 & S2 WNL, RRR, No rubs, gallops, or murmurs while sitting or supine. No JVD, clubbing or edema noted. No carotid bruits, DP & PT pulses nl and equal B/L

Abdomen:

Soft, non distended. BS + in all quads. No bruits noted. No tenderness or masses on light and deep palpation in all 4 quads. No rebound tenderness. Tympanic in all 4 quads. Liver WNL no hepatosplenomegaly, No Rovsing/Psoas/Obturator sign noted. Negative murphy sign. No CVA tenderness.

Extremities:

No Edema, no erythema, masses

Nervous system:

CNs 5-12 intact. B/L. vibration and proprioception intact in all extremities B/L. Motor 5/5 in all muscle groups, DTRs responsive B/L, Babinski normal.

Others:

No other labs were taken

Differential diagnoses:

S. apiospermum, *Sporothrix schenckii*, *Mycobacterium marinum*, *Francisella tularensis*, *Nocardia brasiliensis*, and *Leishmania brasiliensis*

Investigations and result:

Follow-up CT showed decrease in size of RUL cavitory nodule

Final diagnosis:

Scedosporium apiospermum with cavitory lesion in the superior segment of the right lobe.



Treatment and follow-up:

Continue with Voriconazole 200 mg BID for now (on 6th month). Monitor for drug interactions with voriconazole. Avoid QT prolonging drugs. Avoid steroids. Monitor LFTs,

Final outcome:

Follow-up in 1 month (or sooner depending on CT chest results)

Review of case:

Dr. Roper noted that this was a unique case, and good for my learning. Despite continuing infection, and some difficulty breathing with exertion, pt seemed to be coping well, and will continue treatment.

1. Correct protocol:

Infections Caused by *Scedosporium* spp

<https://cmr.asm.org/content/21/1/157>

Recent Advances in the Treatment of Scedosporiosis and Fusariosis

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6023441/>

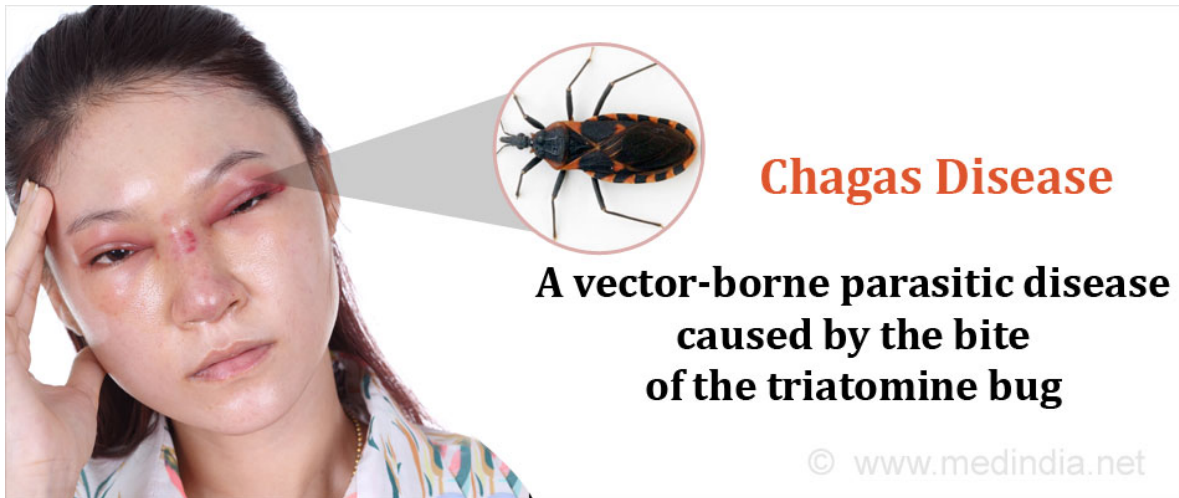
2. Relevant research articles:

Distribution of *Scedosporium* species in soil from areas with high human population density and tourist popularity in six geographic regions in Thailand

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0210942>



Case history #4: Chagas disease



This patient was born in Mexico. *Trypanosoma cruzi* can be found in South America, Central America, and Mexico. While in the worst cases, a pt can develop CHF, usually there will be mild swelling and fever - it can be short or long lasting.

Patient details

Age: 25

Sex: F

Marital status: S

Date: 01-05-2021

Chief complaint(S):

Bug bite to Rt upper arm on 11/06/20.

History of present illness (HPI):

Following the bite, the local pain and erythema to the area resolved. Otherwise she is doing well at baseline. No new complaints on this visit. No associated fever, headache, lethargy pain, muscle pain, or rash. The bug was sent to the lab and identified as NOT a triatome kissing bug. But serology for *T. cruzi* IgM borderline positive at 1:16 (11/26/20) and 12/10/20). She moved to the US as an infant, not aware of Chagas Disease in mother.

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**Past history:**

No surgeries or other pertinent Hx.

Family history:

Both parents alive

Personal and social history:

Single, drinks socially, never tobacco

Review of systems:

NEURO -not dizzy, normal mentation, HEENT - no neck problems or hoarseness, RESP - lungs clear CV - WNL, no PND, chest pain radiating to shoulder, GI- WNL, MSK - no weakness in legs, GU - WNL, Endo - denies abnormalities, HEME/IMM- no coagulopathies

Physical examination**General survey:**

Her arm is no longer red, no other complaints. Cooperative, not in acute distress.

Vital signs:

T: 96.1, BP: 150/89, P: 76, RR: 16, Pain: 0/10

Skin:

No dryness, no scars, no marks on arms or legs, no bruises, rash or edema

Head, eyes, ears, nose, throat (HEENT):

NC/AT, nontender, PERRLA, EOMI, pharynx WNL, no nasal discharge

Neck:

Supple, JVD neg, no bruits, LN and thyroid not enlarged

Back:

WNL, no scoliosis, no masses

Thorax and lung:

Lungs - clear, no wheezing on expiration, no crackles, rales, or rhonchi

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**Cardiovascular system:**

S1 & S2 WNL, no thrills, No JVD, clubbing or edema noted. No carotid bruits, DP & PT pulses wnl and equal B/L

Abdomen:

Soft, non-distended. BS + in all quads. No bruits noted. No tenderness or masses on light and deep palpation in all 4 quads. No rebound tenderness. Tympanic in all 4 quads. Liver WNL no hepatosplenomegaly, No Rovsing/Psoas/Obturator sign noted. Negative murphy sign. No CVA tenderness.

Extremities:

No cyanosis clubbing or edema, no marks from needles or erythema

Nervous system:

A&Ox3, CNs 2-7, 9-12 intact B/L. Sensation to light touch, vibration and proprioception intact in all extremities B/L, Motor 5/5 in all muscle groups, DTRs 2/4 and symmetric in all extremities B/L, Babinski normal.

Others:

None

Differential diagnoses:

Borreliosis leading to Lyme disease

Provisional diagnosis:

Chagas disease

Investigations and result:

PE revealed no new symptoms.

Trypanosoma cruzi Ab, IgM borderline positive 1:16

Final diagnosis:

Chagas disease - T. cruzi

Treatment and follow-up:

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Case discussed with Hildalgo County health Department. The state lab identified the bug as not triatomine kissing bug. So it is unlikely she has acute Chagas disease. But prudent to repeat serology given other epidemiological risk factors for chronic Chagas including birth in Mexico.

Final outcome:

The next step will be to order T. cruzi antibody IgG . If it is positive we'll need to coordinate with the lab and send to CDC for further confirmation period - the patient will return to the clinic on January 6 for lab order.

Review of case:

Again, this was another opportunity for learning as up until now, I had only read about Chagas disease in textbooks. It is interesting that even though the bug was not a triatome bug, still, the serology shows Trypanosoma cruzi.

1. Correct protocol:

Parasites - American Trypanosomiasis (also known as Chagas Disease)

https://www.cdc.gov/parasites/chagas/health_professionals/index.html

Treatment

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6132494/>

2. Relevant research article:

Ten years of Chagas disease research: Looking back to achievements, looking ahead to challenges

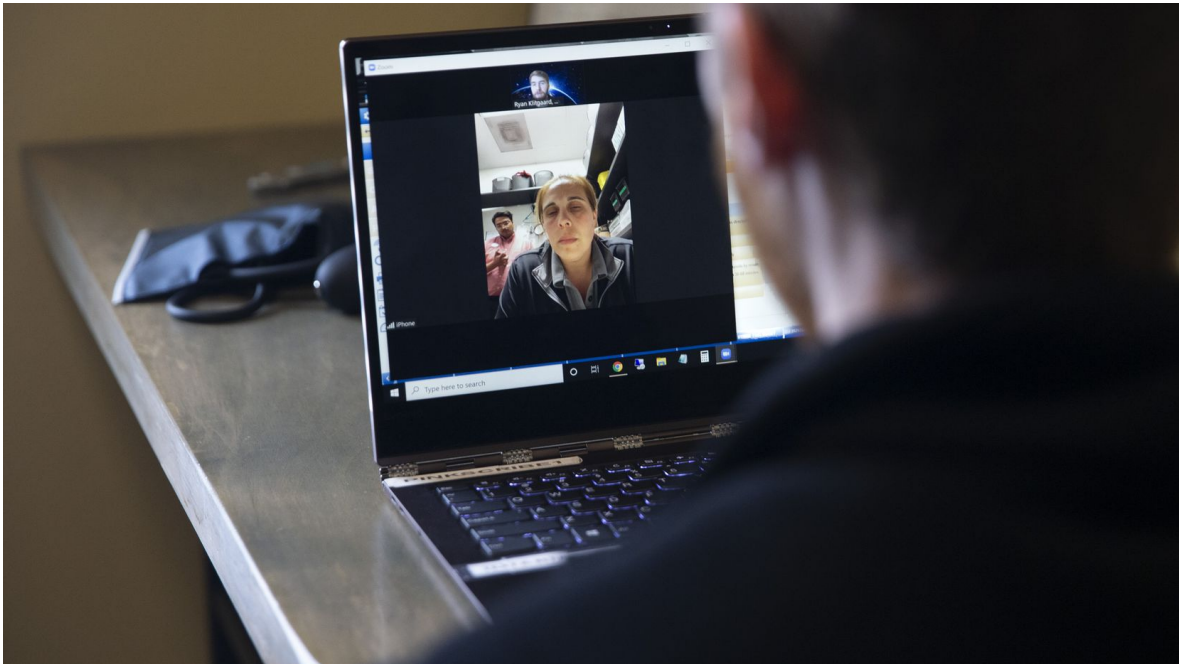
<https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0005422>

Chagas disease research and development: Is there light at the end of the tunnel?

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5196238/>



Case history #5: HIV follow-up via telemedicine visit



(sample image)

Telemedicine visits require pt consent. However, although there can be no physical examination, a great deal can be learned in a telemedicine visit with the help of recent lab reports and seeing the patient's face/movement etc.

Patient details

Age: 59

Sex: M

Date: 01-15-2020

Chief complaint(S): HIV follow-up

History of present illness (HPI):

The patient last came to the clinic January 2020 and is doing well regarding his HIV. There are no acute infections since the last visit. There are no new

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complaints. The patient is adherent with Triumeq. The latest laboratory on June 1st 2020 showed a viral load < 20 and CD4 of 540. He had a negative TB gold, RPR and hepatitis C, of note still with mild hypokalemia: on lisinopril and hydrochlorothiazide for hypertension. Patient also with mild elevated FPS-126.

The pt is currently being treated with HAART since 12/2007, was on Kaletra and Truvada. Pt is complaint with Tx.

Other medical Hx:

Other pertinent medical history includes low grade adenocarcinoma of: diagnosed October 2017 also diffuse B cell non Hodgkin's lymphoma diagnosed March 2012 (GI lymphoma of transverse colon - completed chemotox and is in remission). Also has a brain aneurysm but no surgery.

Personal and social history:

Married, foreign travel to Mexico w/in last 6 mo, heterosexual, denies alcohol use

Review of systems:

NEURO - no mental abnormalities, no dizziness or bumps on head, HEENT - no sore throat, no nodules, RESP no history of asthma or breathing diff / trauma, CV - orthopnea, sleeps with no difficulties, no chest pain, GI- WNL, MSK - no numbness or difficulty with gait, GU - WNL, Endo - no reported abnormalities, HEME/IMM- no coagulation or bleeding problems.

Physical examination:

As this is a telemedicine visit, the doctor cannot make direct assessments for the physical exam but instead must rely on patient reports and what is noticed during the clinical interview.

General survey:

Pt is in good spirits, and does not seem to be in acute pain.

Vital signs:

T: 98.2, BP: 130/76, P: 76, RR: 16, Pain: 0/10

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**Differential diagnosis:**

No differential as this is a follow-up for HIV

Final diagnosis:

March 2012; in remission; steatosis

Treatment and follow-up:

Continue ART with Triumeq; counseled about adherence
HIV labs in October to include yearly UA and TB Gold

Counseled about hypokalemia and mild elevated FBS (fasting blood glucose)
- to address with PCP, Follow-up with PCP for health maintenance, Follow-up here in 4 months.

Review of case:

In the time since I began my clinical rotations, telemedicine visits have been increasing. Certainly, due to the pandemic, patients often choose this method if it is available to avoid exposure to COVID. However, the length of the telemedicine visit is around the same as a regular visit, so even though there is no physical examination, the experience for the patient seems to be favorable.

Currently, the pt is limited in what assessments can be done at home, for example: taking vital signs or blood sugar readings. I expect telemedicine will continue to improve in the future to allow patients to conduct more simple home assessments to aid the physician.

1. Correct protocol:**CDC Guidelines**

<https://www.cdc.gov/hiv/guidelines/index.html>

WHO monitoring guidelines

<https://www.who.int/3by5/capacity/ptmonguidelinesfinalv1.PDF>

2. Relevant research articles:

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Determinants of loss to follow-up among HIV positive patients receiving antiretroviral therapy in a test and treat setting: A retrospective cohort study in Masaka, Uganda

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7138304/>

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Activities:

Date: February 1, 2021		
Discussion topics	Quad screen test for spina bifida	Post-partum bell's palsy
Hospital rounds		
Procedures done sample	Fetal heart beat	Measure fundal height
Procedures/surgery observed	Normal vaginal delivery	IUD placement
Medical counseling	Types of IUDs	
Cases presented samples	20wks, vaginal bleeding, blurry vision	Hydrocephalus mother
Cases presented samples	25 yo F cholestasis, rt breast pain. vomiting - sent to ER	PCOS, HTN, DM, arthritis
Initials:		

Date: February 2, 2021		
Discussion topics	Induce before 41 wks	Fibroids
Hospital rounds		
Procedures done sample		
Procedures/surgery observed	Examination of cervix	
Medical counseling	Biopsy of uterus lining	
Cases presented samples	31, can't get pregnant	Pre-eclampsia
Cases presented samples	PCOS, hypothyroid	Child with fragile X
Initials:		

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Date: February 3, 2021		
Discussion topics	Scoliosis	TDAP/FLU shots
Hospital rounds		
Procedures done sample		
Procedures/surgery observed	Colposcopy	
Medical counseling	Pregnancy w scoliosis	GTT visit
Cases presented samples	C/s follow-up, scar pain	anterior facing placenta
Cases presented samples	Pap smear	Fetal HB/Fundal growth
Initials:		

Date: February 4, 2021		
Discussion topics	Provera for menopause SX	TDAP/Vaccination/imm.
Hospital rounds	See pt before C/S	
Procedures done sample		
Procedures/surgery observed	Cesarean section	
Medical counseling	GTT	PNV
Cases presented samples	Post-partum, laceration repair F/o	Removal of NEXPLANON
Cases presented samples	OB/F/U and growth	Numbness in knees, legs
Initials:		

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Date: February 5, 2021		
Discussion topics	Misoprostol	GBS+, ABx
Hospital rounds		
Procedures done sample		
Procedures/surgery observed	Skin tag removal, inner thigh after giving birth	
Medical counseling	BRCA testing	
Cases presented samples	36, dizziness	Constip., hemorrhoids
Cases presented samples	HTN, DM, 29wks	44yo, cancer testing
Initials:		

Date: February 6/7 (Saturday/Sunday), 2021		
Discussion topics	Use of Misoprostol for stopping bleeding	Insurance coverage
Hospital rounds		
Procedures done sample		
Procedures/surgery observed	Induced labor with Pitocin	Bilateral Tubal Ligation
Initials:		

Date: February 8, 2021		
Discussion topics	Quad screen, spina bifi	IUD placement/types
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling	BTL counseling	
Cases presented samples	18.6, quad screen	22.1w, round lig pain
Cases presented samples	36yo, c/s glue check	36.5w, contractions
Initials:		

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Date: February 9, 2021		
Discussion topics	Monozygotic twins	Unapp. estrogen - polyp
Hospital rounds		
Procedures done sample		
Procedures/surgery observed	Ultrasonography of twins - ID parts	
Medical counseling		
Cases presented samples	12.w, bones popping	37.1, cervidill, cervix qu
Cases presented samples	26yo, 35.2w, chron HTN	38w, chron pain, bloatin
Initials:		

Date: February 10, 2021		
Discussion topics	Braxton hicks contracti	
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples	30.4w, heartbu, e.blurr	23w, Hx ectopic fetus
Cases presented samples	33w, sciatic n pain	6.2w, hypothyroid
Initials:		

Date: February 11, 2021		
Discussion topics	Breast vs bottle feeding	Thinning Uterus wall
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples	30yo, copper IUD f/o	30w, UTI, GBS+
Cases presented samples	37wk, anatomic survey	55yo, painful Pap smear
Initials:		

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Date: February 12, 2021		
Discussion topics	BTL at youn. age reason	PHQ-9 depression scale
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples	34yo, 29w, HTN, MFM r.	38yo, L ovary pain,
Cases presented samples	36.2w, white discharge	44yo, 32.4w, cholangitis
Initials:		

Date: February 13,14 (Saturday/Sunday) 2021		
Discussion topics		
Hospital rounds		
Procedures done sample		
Procedures/surgery observed	Vaginoscopy to see uterus/fibrous change	Natural vaginal birth
Initials:		

Date: February 15, 2021		
Discussion topics		
Hospital rounds		
Procedures done sample	Assist collect specimen	
Procedures/surgery observed	General pelvic exam	
Medical counseling		
Cases presented samples	24to, 18.4, Hx COVID	27yo, 31.5w, f/u, vertigo
Cases presented samples	40.1w, baby posit qus	27yo, b control, dizzy
Initials:		

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Date: February 16, 2021		
Discussion topics		
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples	41yo, IUD, bleeding	31yo, 37w, fetal growth
Cases presented samples	23.3w, back pain, GTT	22.6w, OB, F/u, anatomy
Initials:		

Date: February 17, 2021		
Discussion topics	Abortion referrals	Miscarriage
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples	25yo, spotting, Hx D&C	33yo, Hx kidney stones, stent
Cases presented samples	35.4w, HTN, birth plan	34.1w, fatigue, tachcard
Initials:		

Date: February 18, 2021		
Discussion topics	Pre-eclampsia	Prenatal vitamins
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples	28yo, OCP F/U, Pap sm	31.5w, chronic HTN, Hx COVID
Cases presented samples	41yo, Hx polyp, D&C	39yo, refil lexapro
Initials:		

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Date: February 19, 2021		
Discussion topics	Hysterectomy	
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling	Diet counseling	
Cases presented samples	34 yo, 9.6w, nausea, fatigue	51yo, uterus polyp, f/o, hysterectomy qus
Cases presented samples	32.1w, Non stress test	29y, NOB, BTL qus
Initials:		

Date: February 20/21, (Saturday/Sunday) 2021		
Discussion topics	Achondroplasia	Prenatal Physical Profile
Hospital rounds		
Procedures done sample		
Procedures/surgery observed	Cyst removal and BTL of pt w Achondroplasia	General surgeon assisted Dr. M
Initials:		

Date: February 22, 2021		
Discussion topics	Pelvic floor reconstruction	
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples	25yo, post-partum pain, 3 rd degree tear	33.5w, HA, acid refulx
Cases presented samples	38.2 w, P. Phys. Profile	22y, 1wk, post-p f/u
Initials:		

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Date: February 23, 2021		
Discussion topics	Gestational diabetes	
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples	35.1 w, chest pain	46yo, annual exam, HTN
Cases presented samples	23yo, pre-eclampsia, tingling fingers	34.6w, gestational diabetes, Glucose log
Initials:		

Date: February 24, 2021		
Discussion topics		
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples	24.4 wk, 1hr GTT, Quad	32.2, pre-eclampsia, NST
Cases presented samples	31yo, post-p bleed, vaginal itching	29wk, f/u/sono, hypoth, MFM, Mekina inject
Initials:		

Date: February 25, 2021		
Discussion topics		
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples	35.3wk, B hicks, Zyrtec	22.1w, leukemia remiss.
Cases presented samples	42 yo, PCOS, hyperthyr	38w, qu regarding birth
Initials:		

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Date: February 26, 2021		
Discussion topics	Menopause	Early hysterectomy
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples	54 yo, pelvic pain, menopause Sx	26yo, hysterectomy request / advice
Cases presented samples	24w, songram, growth	37w, breech present. PPP, sono, HA
Initials:		

Date: February 27,28 (Saturday/Sunday) 2021		
Discussion topics	Cervical ripening balloon	
Hospital rounds		
Procedures done sample	Bedside examination, cervical ripening balloon	
Procedures/surgery observed	Induced birth, no laceration	
Initials:		

Date: March 1, 2021		
Discussion topics		
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling	Vaginal dryness /sex	
Cases presented samples	39w, induction request	54yo, painful sex
Cases presented samples	35yo, colposcopy r/o C	25yo, STD, Birth control
Initials:		

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Date: March 2, 2021		
Discussion topics		
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples		
Cases presented samples		
Initials:		

Date: March 3, 2021		
Discussion topics		
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples		
Cases presented samples		
Initials:		

Date: March 4, 2021		
Discussion topics		
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples		
Cases presented samples		
Initials:		

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Date: March 5, 2021		
Discussion topics		
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples		
Cases presented samples		
Initials:		

Date: March 6,7 (Saturday/Sunday) 2021		
Discussion topics	PPE during COVID	
Hospital rounds	Visited COVID pt. on ward, post-partum RN	
Procedures done sample		
Procedures/surgery observed	BTL	
Initials:		

Date: March 8, 2021		
Discussion topics		
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples		
Cases presented samples		
Initials:		

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Date: March 9, 2021		
Discussion topics		
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples		
Cases presented samples		
Initials:		

Date: March 10, 2021		
Discussion topics		
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples		
Cases presented samples		
Initials:		

Date: March 11, 2021		
Discussion topics		
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples		
Cases presented samples		
Initials:		

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Date: March 12, 2021		
Discussion topics		
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples		
Cases presented samples		
Initials:		

Date: March 13, 14 (Saturday/Sunday) 2021	On CALL	
Discussion topics	Levels of laceration	Post-partum bleeding
Procedures done sample	Induced labor with Pitocin	
Procedures/surgery observed	Vaginal birth	
Initials:		

Date: March 15, 2021		
Discussion topics	Nexplanon placement	
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples	30yo, b control referral	
Cases presented samples	21y, std screen, pap sm	38.0w, HTN, ob f/u
Initials:		

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Date: March 16, 2021		
Discussion topics	PCOS	
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples	27w, Hx still birth	3mo f/o, PCOS
Cases presented samples	35w, milk bleb, dischar	Post-part f/o, c/s scar
Initials:		

Date: March 17, 2021		
Discussion topics	Prenatal vitamins	Doula assistance birth
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples	10w, holy cross transfer	36.4w, pain vagina
Cases presented samples	26w, nausea, Zofran	21.3w, L ovarian cyst
Initials:		

Date: March 18, 2021		
Discussion topics		
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples	13.6w, ant. placenta	21.0w, heav discharge
Cases presented samples	51yo, L. ovarian cyst	32.5w, const, hemorrhoi
Initials:		

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Date: March 19, 2021		
Discussion topics	Osseus pigment. dyspl	
Hospital rounds		
Procedures done sample	Pap smear	
Procedures/surgery observed	Colposcopy	
Medical counseling		
Cases presented samples	38.0w, bleeding,	13 y, f/o heav. bleeding
Cases presented samples	22yo, pelv pain, Ov cyst	24.5, 1 hr GTT
Initials:		

Date: March 20/21, (Saturday/Sunday) 2021	On CALL	
Discussion topics	BTL procedure	
Hospital rounds		
Procedures done sample	Bedside exam before C/S	
Procedures/surgery observed	C/Section, bilateral tubal ligation	
Initials:		

Date: March 22, 2021		
Discussion topics	Hydrocephalus and preg	Hysteroscopy
Hospital rounds	Miscarriage	Post partum C/S incision
Procedures done sample	Fetal heart rate	Fundal measurement
Procedures/surgery observed	Hysteroscopy - pt had HG of 5, bleeding	Sonography by Dr. Morales
Medical counseling	Glucose tolerance test	
Cases presented samples	r/o placenta previa	Thyroid removal/Rx
Cases presented samples	BTL but has cramping	Breast pain
Initials:		

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Date: March 23, 2021		
Discussion topics		
Hospital rounds		
Procedures done sample		
Procedures/surgery observed	Laparoscopic BTL x 2	Hysteroscopy for polyps
Medical counseling	Positions for birth	
Cases presented samples	17.5 f/u, NOB, sono	Vertex presentation
Cases presented samples	G7P3, itchy feet, GTT	28.4w, Breech present,
Initials:		

Date: March 24, 2021		
Discussion topics	Ectopic emergency	Types of birth control
Hospital rounds	Post ectopic surgery	
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples	35.6w, l.back cramps, contractions	45y, hidden cervix, suicide ideations, peri-m
Cases presented samples	37yo, freeze eggs	
Initials:		

Date: March 25, 2021		
Discussion topics		
Hospital rounds		
Procedures done sample		
Procedures/surgery observed	Cesarian section surgery	
Medical counseling	51yo, hysterectomy adv	40yo, post-partum, numbness, swelling
Cases presented samples	19yo, depression, uti	37y, l ovarian cyst, pain
Cases presented samples		
Initials:		

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Date: March 26, 2021		
Discussion topics		
Hospital rounds		
Procedures done sample		
Procedures/surgery observed		
Medical counseling		
Cases presented samples		
Cases presented samples		
Initials:		

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