Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

13229

6 - MD NOTES

CFSAV 13229

MEDICAL SHORT STAY RECORD

PRIMARY MEDICAL DOCTOR [redacted] ADM. DATE 11 / 22 / 98 DSCH. DATE 11 / 23 / 98

ADMITTING DIAGNOSIS

HISTORY OF PRESENT ILLNESS 15 y/o ♀, previously healthy x̄ w/ depression, G, P, A₀, who presented to [redacted] ER c/o of CP on 11/21, after ingesting 6 diet pills containing Mahuang (an ephedrine like substance). CP was dull, substernal, w/ radiation to (B) arms, Pt was anxious, diaphoretic, tachycardic, nauseated. EKG @ [redacted] showed diffuse T wave inversion this AM (EKG in ER was NL). Pt was R/O by enzymes for MI. Pt was observed O/N in ATU. This AM her CP was much improved. However, because of the change in her EKG she was transferred to, [redacted] for further W/U. (+) 22 lb wt loss in past 2 mo. Taking diet pills x 2 mo.
ROS: ∅ Fever / ∅ URI sx / (+)

PAST MEDICAL / BIRTH HISTORY
- Depression
Hospitalized for birth of son but ∅ other hospitalizations or surgeries.

SOCIAL / FAMILY HISTORY Pt lives w/ uncle & 2 y/o son. Goes to [redacted] high school.
Fam Hx: (−) sudden death,

MEDICATIONS Prosac 40 mg PO QD

ALLERGIES - Augmentin, Lorbid?, other Abx that pt doesn't know name of - HIVES

IMMUNIZATIONS

DIET Regular

PHYSICAL EXAMINATION T 36 P 80 R 20 BP 98/54 HT ____ (%) WT 56.4 kg %) OFC ____ (%)

APPEARANCE - Alert, irritable

HEENT / NECK - mmm, PERRLA, EOMI (B), ∅ o/p ength. ∅ nystagmus

CHEST - CTA (B)

HEART - occasional irreg beat (related to resp?) ∅ (m) ∅ S3/S4

ABDOMINAL / RECTAL - Soft, NT, ND, (+) BS, ∅ HSM

GENITALIA -

EXTREMITIES - WWP

SKIN - ∅ rashes

NEUROLOGICAL - ∅ focal deficits

LABS / X-RAYS

PROBLEM LIST / ASSESSMENT AND PLAN 15 y/o ♀ w/ T wave inversions and prolonged QT ~ here to w/u for Long QT syndrome.
① FEN: Regular diet, monitor I & O's
② Cardio: → EKG tonight & in AM (11/23) → Cardiology Consult
→ CRD monitor.
③ Ψ: H/O Depression → cont Prozac 40 mg [redacted]

DATE 11 / 22 / 98 PHYSICIAN'S SIGNATURE [redacted]

BEEPER # [redacted]

[redacted]

ADDRESSOGRAPH PLATE

CASE NO.

NAME

B-DATE

000002

[redacted]

CFSAN 13229

DATE & TIME	ADMIT TEAM ADDITIONAL HISTORY / PHYSICAL EXAM / ASSESSMENT / PLAN

PROGRESS NOTES:

11/23/98

R, PN

S: Slight bradycardia O/N, ∅ other events, ∅ CP

O: Tm 37° Tc 36.5 P 50-108 R 16-26 BP 105-110 / 59-61

PE: HEENT - PERRLA, EOMI (B), ∅ O/P eryth, mmm, ∅ Nystagmus
CV - RRR, ∅ (m), ∅ S3, S4 Lungs - CTA (B) Abd - Benign
Ext - WWP.

EKG: (11/23) Sinus Brady (52 BPM) QT = 417 msec

Treadmill Stress test: NL, max HR 186 w/ approp shortening of QT w/ exertion.

A/P: 15 y/o ♀ w/ acute toxic rxn to ephedrine like substance ingested

① Card: Appreciate Cardiology Consult. Per Cardiology pt w/ NL cardiac fxn ~ recommend that pt avoid substances w/ ephedrine extract as pt had acute toxic reaction to this ingestion, as reflected by acute EKG changes ~ now resolving.
→ Pt instructed to avoid ephedrine containing substances in the future.

[redacted]

DATE	FINAL DIAGNOSIS: Acute toxic reaction 2° to ephedrine extract w/ EKG changes ~ Now resolved.
11/23/98	FOLLOW-UP PLANS (include medications):

① Meds: Contine outpt meds - Prosac 40 mg PO QD

② F/U w/ PMD prn.

[redacted]

[redacted]

ATTENDING SIGNATURE

C[redacted] PMD @ [redacted] pH # [redacted]
Fax # [redacted]