Name: W.K.	**Pt. Encounter Number:**	
Date: 1/27/2023	**Age:** 48	**Sex:** F

SUBJECTIVE

CC: "I suffer from daily migraines".

HPI: Patient is a 48-year-old Caucasian female presenting to the clinic today because she is suffering for daily migraines. She noticed this problem two weeks ago. Since then, migraines have become worse and started to take place daily. Once the pain starts, it may continue for 5 to 10 hours. She tried over the counter medications, but they appear not effective. Three days ago, the pain became throbbing and intensive, so she decided to come for an evaluation. The pain becomes more intense with movement. Other symptoms are nausea, lightheadedness, and photophobia. The patient reports going through serious stress these days, and she connects her health issue to the stress at work she is facing currently due to the optimization at her workplace. Patient denies trauma and history of headaches or any other conditions.

Location: head
Onset: two weeks ago, and ever since the problem is stably worsening
Character: the pain became throbbing and intensive
Associated signs and symptoms: nausea, lightheadedness, and photophobia
Timing: once the pain starts, it may continue for 5 to 10 hours
Exacerbating/relieving factors: bright lights make the pain worse
Severity: 8/10

Medications: Ibuprofen in the dosage of 400 mg PO every six hours

PMH

Allergies: no known allergies

Medication Intolerances: none known so far

Chronic Illnesses/Major traumas: hyperlipidemia

Hospitalizations/Surgeries: Never hospitalized before.

Family History
Father died at the age of 56 of kidney failure; mother living, age 74, suffers from migraine headaches and depression. Brother, age 56, suffers from hypertension and hyperlipidemia. Son, age 13, healthy. Family history is positive for HTN and elevated

cholesterol for all members, including father, mother, and brother.
Social History Patient lives with her husband and 13-year-old son. She is nonsmoker; no alcohol intake; no illicit drug use. Patient is an IT specialist employed for 40 hours per week.
ROS

General Denies any weight change, fever, chills, night sweats, and low energy level.	**Cardiovascular** Denies any chest pain, SOB, or edema.
Skin Denies any skin changes, any skin discoloration, any moles, any rashes.	**Respiratory** Denies any cough, wheezing, hemoptysis, dyspnea, or hx of pneumonia and TB.
Eyes Denies any visual loss, blurred vision, double vision or yellow sclerae.	**Gastrointestinal** Denies any nausea, vomiting, or diarrhea. No abdominal pain or blood.
Ears Denies any hearing loss, sneezing, congestion, runny nose, or sore throat.	**Genitourinary/Gynecological** Denies any urgency, frequency burning, change in color of urine.
Nose/Mouth/Throat Denies any sinus problems, dysphagia, nose bleeds or discharge, dental disease, hoarseness, and throat pain	**Musculoskeletal** Denies any back pain, joint swelling, stiffness or pain, fracture hx, and osteoporosis
Breast Denies any changes, including lumps, drainage from nipples, change in nipples color.	**Neurological** Reports intense headaches, fatigue, nausea, lightheadedness, and photophobia.
Heme/Lymph/Endo HIV negative. Denies any bruising, blood transfusion hx, night sweats, swollen glands, increase thirst, increase hunger, and cold or heat intolerance	**Psychiatric** Denies any depression, suicidal ideation/attempts, and previous dx.

OBJECTIVE		
Weight 120 pounds **BMI** 21.3 normal	**Temp** 97	**BP** 120/82
Height 5 feet 3 inches	**Pulse** 105 **O2 SAT** 97%.	**Resp** 18

General Appearance
48-year-old woman in no acute distress. Alert and oriented; answers questions appropriately.

Skin
Skin is normal color, warm, dry, clean, and intact. No rashes or lesions noted.

HEENT
Head is normocephalic, atraumatic, and without lesions; hair evenly distributed. Eyes: PERRLA. EOMs intact. No conjunctival or scleral injection. Ears: Canals patent. Bilateral TMs pearly gray with positive light reflex; landmarks easily visualized. Nose: Nasal mucosa pink; normal turbinates. No septal deviation.
Neck: Supple. Full ROM; no cervical lymphadenopathy; no occipital nodes. No thyromegaly or nodules.
Oral mucosa, pink and moist. Pharynx is nonerythematous and without exudate. Teeth are in good repair.

Cardiovascular
S1 and S2 noted, RRR, no murmurs, noted. No parasternal lifts, heaves, and thrills. Peripheral pulses equally bilaterally. No edema in lower extremities.

Respiratory
Symmetric chest wall. Lungs clear to auscultation bilaterally. Respirations unlabored.

BS active in all the four quadrants. Abdomen soft, nontender. No hepatosplenomegaly.

Breast
Breast is free from masses or tenderness, no discharge, no dimpling, wrinkling, or discoloration of the skin.

Genitourinary
Bladder is nondistended; no CVA tenderness. External genitalia reveal coarse pubic hair in normal distribution; skin color is consistent with general pigmentation. No vulvar lesions noted. Well estrogenized. A small speculum was inserted; vaginal walls are pink and well rugated; no lesions noted. Cervix is pink and nulliparous. Scant clear to cloudy drainage present. On bimanual exam, cervix is firm. No CMT.
Uterus is antevert and positioned behind a slightly distended bladder; no fullness, masses, or tenderness.
No adnexal masses or tenderness. Ovaries are nonpalpable.

Musculoskeletal
Full ROM seen in all four extremities as the patient moved about the exam room.

Neurological
Speech clear; posture erect; balance stable; gait normal. Cranial muscle tenderness

present. Simultaneous paresthesias noted. Pupillary size and light responses, extraocular movements, and visual fields are normal.

Psychiatric
Alert and oriented. Dressed appropriately for the occasion. Maintains eye contact. Speech is soft, though clear and of normal rate and cadence, answers questions appropriately.

Lab Tests

CBC, ESR, CRP, BMP, CMP, Blood glucose, thyroid function panel, electrolyte panel, lipid profile, liver and renal panel. Also, MRI, lumbar puncture, and angiography of the head and neck will be ordered.

Special Tests

None

Diagnosis

- **Main diagnosis**. **Acute migraines G.346** – presents with acute headaches, photophobia, nausea in some patients. Diagnosis is made based on patient symptoms of severe headache, accompanied by nausea, lightheadedness, and photophobia along with stressful life events these days and as a result of ruling out the differential diagnoses (Côté et al., 2019).

Differentials:

- Muscle Contraction Tension Headache – can take place when neck and scalp muscles become tense or contract. The muscle contractions can be a response to stress, depression, head injury, or anxiety (Côté et al., 2019). They may occur at any age but are most common in adults and older teens.
- Cluster Headache – presents with intense pain in or around one eye on one side of the head that awakens in the middle of the night. Bouts of frequent attacks, known as cluster periods, can last from weeks to months, usually followed by remission periods when the headaches stop (Di Lorenzo et al., 2021).
- Brain Tumor – presents with severe headaches, nausea, vomiting, progressing fatigue and dizziness. Potentially, a deadly condition with possible every fast progression. Diagnosed using an MRI (Di Lorenzo et al., 2021).

PLAN

- Further testing – all labs taken; results are pending.
- Medication - Eletriptan (Relpax): 20 mg initially, no more than 80 mg daily; Metoclopramide: 10 mg PO TID (Côté et al., 2019).
- Education – it important to avoid triggers of the condition in order to establish better functionality with the condition (Côté et al., 2019). Migraines can be triggered by many different things, including stress, physical exertion, fatigue, lack of sleep, hunger, odors, chemicals, and certain medications and substances

(Côté et al., 2019). It can be helpful to have a diary of symptoms to watch which changes caused the next attack of the condition. This tactic will help to avoid risks and increase functionality to improve the quality of life.

- Nonmedication treatments – rest, healthy nutrition with more vegetables and fruits, and less fats, high salt food, limiting sugar-sweetened beverages and sweets, stress management, massage, relaxation, walks, stretching, yoga for the stabilization of the work of the nervous system and improving prognosis and symptoms (Côté et al., 2019).
- Follow-up – For medications refill. Contact provider earlier, should you have any new or additional concerns.
- Reflections - I found this patient case educative because this chief complaint often occurs. It is important to identify red flags in patient with this complaint not to miss a condition with potentially fatal trajectory. Ruling out the differentials requires taking labs, additional diagnostic tests, and thorough history taking.

References

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