8/10/2020—Hospital Follow-up Visit PCP (Sanford—Fargo)

HPI:

...Currently she has made significant improvements in her functionality. Husband who is accompanying agrees. Big issue today is sleep- chronic but worse d/t her acute on chronic pain, elbow and back pain, and cough…Has had persistent cough since extubation- traumatic and vocal cord swelling. Causing some chest pain with the cough. COVID -. Hx of seasonal allergies and does feel some drainage in back of throat.

ROS:

Constitutional: Positive for activity change. Negative for chills, fatigue and fever.
HENT: Positive for postnasal drip and sore throat. Negative for congestion, ear pain, nosebleeds, tinnitus, trouble swallowing and voice change.
Eyes: Positive for visual disturbance. Negative for photophobia and pain.
Respiratory: Positive for cough. Negative for chest tightness, shortness of breath and wheezing.
Cardiovascular: Positive for chest pain **(d/t cough)**. Negative for palpitations and leg swelling.
Gastrointestinal: Negative for abdominal distention, abdominal pain, constipation, diarrhea and nausea.
Genitourinary: Negative for difficulty urinating and dysuria.
Musculoskeletal: Positive for arthralgias, back pain, gait problem and joint swelling.
Skin: Negative.
Neurological: Negative for dizziness, seizures, weakness and light-headedness.
Hematological: Negative.
Psychiatric/Behavioral: Positive for dysphoric mood and sleep disturbance. Negative for confusion and self-injury. The patient is not nervous/anxious.

Physical/Results:

Constitutional: She appears well-developed and well-nourished. No distress.
Eyes: Conjunctivae are normal. No scleral icterus.
Neck: Trachea normal and phonation normal. Neck supple. No tracheal tenderness, no spinous process tenderness and no muscular tenderness present. No neck rigidity. No edema present. No thyromegaly present.
Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.
Pulmonary/Chest: Effort normal and breath sounds normal.
Abdominal: Soft. Bowel sounds are normal.
Musculoskeletal: She exhibits tenderness. She exhibits no edema or deformity.
Left elbow tenderness to palpitation and slight swelling of the bursa.
Thoracic mid back tenderness and tightness
Skin: Skin is warm and dry. Capillary refill takes less than 2 seconds. She is not diaphoretic.
Psychiatric: She has a normal mood and affect. Her speech is normal and behavior is normal. Judgment and thought content normal. Cognition and memory are impaired.
Nursing note and vitals reviewed.

Assessment/Plan:

- reviewed hospital stay from OHS as well as IP rehab, Labs stable, improved inflammatory markers. No repeat needed.

- Since d/c from IP rehab having issues with sleep related to pain in back and elbow. Messaged her primary PT and they will assess for pain modality at upcoming appointment. For elbow-? Bursitis- swollen bursae- will refer to ortho-? Injection will help. Will consider OMT with integrative health if no improvement on check up.
- reports more depressed mood with all that is going all, most likely contributing to her pain- will trial increase in Cymbalta to 90- may also help with her acute on chronic pain as well.
- She continues to work OP PT/OT/ST. This is going well, continue.
- She has follow up with Neurology in regards to her post traumatic seizures on 9/3/2020. She also is to follow up on 8/18/2020 with Neurosurgery as well in regards to her SDH and SAH. Will await their recommendations. Will touch base with neurology given keppra SE.
- Cough likely combo of traumatic intubation, allergies and atelectasis. IS given today. Will trial OTC allergy pills and Flonase. Cepacol lozenge. If no improvement will refer to ENT for vocal cord evaluation
- follow in 4 weeks with me for pain, cough, and sleep.

Return in about 4 weeks (around 9/7/2020) for if available please schedule with 9/3/2020 after neurology appointment-with Dr. Estepp.

8/19/2020—Speech Therapy Outpatient Cognitive/Language Evaluation (Sanford—Fargo)

Subjective:

Patient is alert, responsive and cooperative. Patient ambulates to the department without incident and is unaccompanied. She is an accurate historian, though is perseverative at times across conversation. She is otherwise socially appropriate in conversation, and appears to understand and use language without difficulty. Vocal hoarseness is perceptually noticeable with frequent throat clearing and coughing. Patient reports significant fatigue due to inability to sleep caused by frequent coughing.

8/21/2020—Speech Therapy Outpatient Cognitive/Language Evaluation, Sarah Ring, SLP (Sanford—Fargo)

Subjective:

Patient is seen in the department for treatment and is unaccompanied. She is alert and cooperative across the session, and verbalizes motivation towards treatment and return to driving and work. Vocal hoarseness is perceptually noticeable with frequent throat clearing and coughing.

Patient reports 0/10 pain level at this time.

Objective:

…Voice exercises provided (Ingo Titze and Tom Burke Straw Exercises) to address persistent hoarseness. Techniques modeled and practiced. Handouts provided for reference in the home. Frequency and intensity of home programming reviewed.

Regarding sleep hygiene, patient reports ongoing difficulty with sleep, primarily due to coughing. Importance of consistent sleep/wake cycle reviewed at length as it relates to cognitive performance. Education will be ongoing.

8/20/2020—Messaged PCP (Sanford—Fargo)

From: Amanda Mitchell
Sent: 8/20/2020 1:25 PM CDT
To:
Subject: Cough & disability paperwork

Hi Dr. ----,

I wanted to let you know that I am still coughing and feel more "wheezy" and "tight" to my upper airway/vocal cord area. Zyrtec and Flonase have not helped. I do not have a fever or chills. I don't smoke and I do not have asthma.

I also have disability paperwork my employer needs me to fill out with a physician statement, however it is a pdf and Sanford isn't letting me attach the form. What is your email address so I can send it to you? I hope you're having a good day.

Thank you!
Amanda

From: Office of ---

Received: 8/21/2020 11:57 AM CDT

Subject: RE: Cough & disability paperwork

Hi Amanda,
We will let Dr --- know your symptoms are not improving and get back to you. For your paperwork, you can take a picture of the paperwork, please make sure the pictures are clear and send it through My Sanford Chart that way or you can drop it off at the clinic. We are unable to give out our emails to patients. Thank you.

Internal Medicine Broadway Clinic

From: ---

Received: 8/21/2020 12:14 PM

Subject: RE: Cough & disability paperwork

Hi Amanda,

That is no good for the cough. Are your getting anything up? Given that is persistent I would like to get a CXR and make sure there isn't any infiltrates or anything else that may causing the issue. I will put the order in and you can go to any sanford radiology department to have it done.

If that does not show anything then I think we need to have ENT evaluate given your difficult intubation and trauma, there maybe an issue with the vocal cords causing the cough.

I cant remember but do you deal with heart burn at all?

Let me know if there is any issues.

If you would like you can also fax the disability paperwork to our office at 701-234-2080

Dr. ---

8/24/2020—I attempted to have chest X-ray completed at Sanford South University Urgent Care in AM prior to therapies, however no order was present in system.

8/24/2020—Speech Therapy Outpatient Cognitive/Language Evaluation (Sanford—Fargo)

Subjective:

Patient is seen in the department for treatment and is unaccompanied. She is alert and cooperative across the session, and verbalizes motivation towards treatment and return to driving and work.

Due to concerns related to audible inspirations with stridor and wheezing, ST voice expert was consulted during today's session; please see chart update for separate note with findings.

Patient reports 0/10 pain level at this time.

Objective:

…Regarding sleep hygiene, patient reports ongoing difficulty with sleep, primarily due to coughing. Importance of consistent sleep/wake cycle reviewed at length as it relates to cognitive performance. Education will be ongoing…

From: Amanda Mitchell
Sent: 8/24/2020 2:40 PM CDT
To: Int Med Fm Broadway --- Nursing
Subject: RE: Cough & disability paperwork

Hi ---,
I don't necessarily get anything Up, but I sometimes do get what feels like phlegm? No fevers, body aches, etc. I do feel like it is harder to breathe at times. The more I walk, the more I tend to cough (I noticed). My voice is raspy and it sounds worse than it has in the past 4 days. I saw Speech this morning and was re-evaluated by another Speech therapist who said she thinks I likely have a paralyzed vocal cord and should see ENT. I haven't had the chest X-ray yet (I think the order expired too quickly). I would like a referral to ENT if you're ok with it? It's getting worse and it makes me a bit nervous. I can come into Fargo from Casselton anytime to do so.
Thank you!
Amanda

From: ---

Received: 8/25/2020 09:00 AM

Subject: RE: RE: Cough & disability paperwork

Yes I will place that order for ENT since that was speech therapies assesment! Hopefully we can get some relief for you. No rush on the Xray, whenever your in fargo next! Also did we get the paperwork figured out?

Dr. ---

8/26/2020—Occupational Therapy (Sanford)

- **OT put in referral for social worker to call me**

8/26/2020—Physical Therapy (Sanford—Fargo)

- Unable to tolerate physical activity due to shortness of breath. PT session cut short by 20 minutes due to shortness of breath.
- Sanford ENT called me after 3pm—unable to have me evaluated at Sanford until 9/17/2020 despite explaining the significance/change in my breathing/shortness of breath

- I decided to get a second opinion at Essentia Health as I did not want to have to be evaluated in the ED.

8/26/2020—Walk-in Clinic, ---, CNP (Essentia—Fargo)

SUBJECTIVE:

34 year old female here due to airway obstruction sensation. She was in a MVA, had a traumatic intubation due to seizures, hospitalized with bleeding in the brain, extubated 7/16 and discharged to Sanford Rehab and was discharged from there 8/4/20.
The last 4 days she has had increased sensation of tightness in the airway. Loose cough, wheezing and trouble breathing when she lays down at night with increased cough at night. She has no history of asthma or seasonal allergies, no history of smoking.

OBJECTIVE:

The patient appears healthy, alert, no distress. She has obstructive sound quality to her breathing, this improves with a loose cough and is noted sporadically
EARS: negative
NOSE/SINUS: negative
THROAT: normal
NECK:negative
CHEST: Clear to auscultation, no wheezing with forced expiration.

ASSESSMENT/PLAN:
1. Airway trauma, initial encounter **CANCELED: APPT WITH ENT WEST REGION**

I was able to reach --- on call for ENT and she is able to see Amanda this afternoon for further evaluation.

8/26/2020—Dr. ---, ENT (Catalyst Medical Center—Fargo)

8/26/2020—I called United Healthcare to ask if CT of my head/neck would be covered. Was given a confirmation number 24967170 by UHC for phone call.

8/27/2020—I called United Healthcare to ask if a CT scan would be covered/approved. UHC worker claimed the order was changed today (8/27/2020) by Dr. --- and that the order no longer said "urgent", but the UHC worker said she could get the order changed. UHC worker said I would hear back from UHC within 24 hours whether or not CT would be covered.

8/28/2020—I was coughing more, wheezing, and had increased shortness of breath with physical activity.

8/28/2020—Speech Therapy Outpatient Daily Treatment Note (Sanford—Fargo)

Subjective:

Patient is seen in the department for treatment and is unaccompanied. She is alert and cooperative across the session, and verbalizes motivation towards treatment and return to driving and work. Patient presents with audible inspirations with stridor and wheezing. She updated provider on ENT visit earlier this week (evidence of granuloma identified).

Objective:

Regarding cognitive-linguistic performance for current household demands, patient reports poor endurance for household tasks due to poor sleep and persistent difficulty with audible inspirations with stridor and wheezing. Patient reports SOB with exertion and talking. She is limiting activity at this time as plan for management of granuloma is being outlined.

Regarding sleep hygiene, patient reports ongoing difficulty with sleep, primarily due to coughing. Importance of consistent sleep/wake cycle reviewed at length as it relates to cognitive performance. Education will be ongoing…

8/29/2020—Dr. ---, ENT (Catalyst) called me to check up on my status and to inform me that UHC was refusing to cover outpatient CT despite all requested paperwork being filed by Catalyst. Dr. --- voiced she would follow up again on Monday with UHC, however if my symptoms of shortness of breath worsened, I should report to the ED.

8/31/2020—I still had not heard back from UHC, so I called them. UHC said that the CT was not covered due to not receiving "adequate" documentation that they requested.

9/1/2020—Dr. ---, ENT (Catalyst) called me in the afternoon and requested that I be evaluated at Essentia Health's ED for CTs.

9/1/2020—Essentia Health Emergency Department, Dr. --- (Fargo)

History of Present Illness:
HPI
34-year-old female who recently was involved in a MVC with intracranial hemorrhage and seizures requiring intubation. She was intubated for approximately 5 days. When she was discharged from the hospital she was symptom-free but has developed progressive shortness of breath and difficulty breathing especially with activity. She has some mild stridor that has developed. He denies fever, malaise or other systemic symptoms. She feels something abnormal just to the left of the midline in the lower neck. She is been placed on several courses of steroids but has not improved.

Review of Systems:
Review of Systems
Constitutional: Negative for fever.
HENT: Positive for trouble swallowing and voice change.

Eyes: Negative for visual disturbance.
Respiratory: Positive for shortness of breath.
Cardiovascular: Negative for chest pain.
Gastrointestinal: Negative for vomiting.
Skin: Negative for rash and wound.
Neurological: Negative for headaches.
Psychiatric/Behavioral: Negative for confusion.

Physical Exam:

Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: No decreased breath sounds, wheezing or rhonchi.
Comments: **There is some mild stridor. This seems to worsen when she is breathing more heavily. Her voice quality is slightly hoarse. She does have mild accessory muscle use with inspiration.**

Exam Accession# 13343781

CT CHEST W IV CONTRAST

CLINICAL INFORMATION: stridor, respiratory distress; Region of Interest and Additional Information->s/p MVC, intubated for several days

COMPARISON: Chest radiograph 09/09/2019.

FINDINGS: There is no pleural effusion or pneumothorax. There is focal moderate stenosis of the subglottic trachea at the level of the inferior thyroid (series 5 image 2). There is no acute airspace disease.

There is no cardiomegaly or pericardial effusion. No mediastinal, hilar, or axillary lymphadenopathy.

There is a round 1.1 cm hyperdense focus within the gastric lumen on series 3 image 54 along the greater curvature potentially representing a polypoid mass versus an ingested products.

There is no acute osseous abnormality.

IMPRESSION:
1. Focal moderate stenosis in the subglottic trachea at the level of the inferior thyroid.
2. 1.1 cm questionably enhancing polypoid lesion in the gastric lumen along the greater curvature. Alternatively, this may simply represent ingested contents/food products; nonurgent upper endoscopy should be considered for further evaluation.

Tracheal stenosis discussed with Dr. --- at 7:32 PM on 09/01/2020.

Dictated By: ---, MD 9/1/2020 7:30 PM
Edited By: -- 9/1/2020 7:40 PM

Electronically Signed: ---, MD 9/1/2020 8:08 PM

Exam Accession# 13343780

CT NECK SOFT TISSUE W IV CONTRAST

CLINICAL INFORMATION: stridor, respiratory distress, r/o subglottic stenosis/tracheal mass; Region of Interest and Additional Information->patient was intubated for several days following MVC

COMPARISON: None.

FINDINGS: There is a 1.4 cm craniocaudal length moderate stenosis of the subglottic trachea (series 6 image 28 and series 4 image 63 at the level of the inferior thyroid.

There is no pharyngeal mucosal space mass. No mass in the visualized trachea. The parapharyngeal, retropharyngeal, prevertebral, parotid, submandibular, sublingual, and masticator spaces are unremarkable. There is no cervical lymphadenopathy.

The visualized lung apices and superior mediastinum demonstrate no acute abnormality. No gross abnormality of the major cervical vasculature.

No evidence of acute sinusitis. The mastoid air cells are clear.

There is no acute osseous abnormality.

IMPRESSION: 1.4 cm in craniocaudal length moderate stenosis of the subglottic trachea at the level of the inferior thyroid. This was discussed with Dr. --- at 7:32 PM on 09/01/2020.

Dictated By: ---, MD 9/1/2020 7:38 PM
Edited By: -- 9/1/2020 7:45 PM

Emergency Department Course:
CT confirms subglottic stenosis likely secondary to her recent intubation. The degree of stenosis is moderate and I do not feel she is going to imminently lose her airway. There is no abscess or other cause that needs immediate attention. She has a ENT follow-up appointment scheduled for tomorrow morning at Sanford. We will have her bring her imaging with her to that appointment.
There is mention of a polypoid mass in the stomach. I would defer further work-up of this to her primary care provider.

Assessment:
Subglottic stenosis (primary encounter diagnosis)

Plan:

Discharge Instructions

Follow up with your ENT provider. Bring your images with.
Return to the Emergency Department right away if worsening symptoms or new concerns.

ExitCare Instructions
None

Discharge Prescriptions
None

9/2/2020—Sanford Broadway Clinic, Dr. ---, ENT Consult (Fargo)

Impression/Plan:
Tracheal stenosis (Primary)
- SURGICAL CASE REQUEST: MICRODIRECT LARYNGOSCOPY, BRONCHOSCOPY, AIRWAY DILATION
- LARYNGOSCOPY, FLEX FIBEROPT

Tracheal stenosis in the mid trachea.

This is confirmed by a flexible bronchoscopy today in clinic and also with evidence on previous CT scan. Appears to be fairly to fairly thin bands that are the cause of the stenosis I anticipate this would be able to be treated with endoscopic balloon dilation.

Would want to have her use a nebulized Ciprodex postop to try to minimize recurrence of the scar bands.

Would anticipate seeing her back in 2 to 3 weeks postop for repeat flexible bronchoscopy in clinic.

Risks and goals were reviewed with her and she is very eager to proceed she is going to get COVID testing today at since in order to complete preoperative requirements for airway surgery

The diagnosis and recommendations were discussed in plain language with the patient and communicated to the primary team, all questions were answered

Findings:
Trachea - ~60% stenosis mid-trachea , video documented
Carina - healthy appearing
L mainstem - healthy
R mainstem - healthy

Findings: The nasopharynx is clear, the epiglottis is crisp. Arytenoid, AE fold, and false vocal fold mucosa is generally healthy. Very small vocal process granuloma. The vocal folds are mobile and clear. The piriforms are clear. Visualized portion of subglottis clear.

Patient Instructions

Jennifer at 9/2/2020 8:23 AM

Education section:

Patient voiced readiness to receive written information **regarding micro-direct laryngoscopy, bronchoscopy, airway dilation. Surgery is scheduled with Dr. --- on September 3, 2020.**