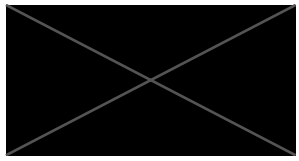

Kathleen Parks -headache complaint

Nursing

Chamberlain College of Nursing

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I-Human Week #6: Kathleen Parks - headache complaint CASE STUDY 2024

I-Human Week #6: Kathleen Parks -headache complaint

What happened?

I had really bad headaches for a few months associated with nausea and vomiting. I do not have a headache; it's been a week since the last one. It negatively affects her school and work responsibilities when she has a bad headache and sleeping it off helps.

HPI: denies contact with sick people; mother had headaches like hers for years
Headaches for about ten years,

- **Onset:** "When did this start?" I started ten years ago getting headaches every 1-2 months, but in the last few months, they have been happening more frequently, like every 1-2 weeks. Also, the intensity is increased. It has gotten worse over the last few months.

- **Location:** "Where did the problem start; does it move anywhere?" left side behind the eye and does not radiate

- **Duration:** "How long does the problem last or is it constant?" they can last up to 15 hours, so the whole day. Increased in frequency lately

- **Characteristics:** "Can you describe what the problem feels like?" Intense, throbbing headache. Not constant, it comes and goes. Before a headache occurs, her vision often gets spotty; it is zig-zaggy with flashing lights.

- **Aggravating Factors:** "Does anything make it worse?"

  Light and noise, stress

- **Relieving Factors:** "Does anything make it better?" It helps lying down in a dark room and sleeping it off. Sleeping it off in a dark room helps

- **Treatments:** "Have you taken any medications or nonpharmaceutical treatments for this problem?"

  Tylenol and Acetaminophen are not helping and can't keep the medication down from the nausea.

- **The severity of the Symptoms:** "How bothersome is this problem?" When the pain starts, it's 2-3 and becomes unbearable 8 or even 10 out of 10. It affects her schoolwork and her employment

ROS:

General: A&Ox3 denies generalized weakness or stiffness, fevers, fatigue/tiredness, contact with sick people, weight gain or loss, change in appetite, generalized bruising or bleeding, and sleep disturbance.

Head: Denies current headache, head trauma

Eye: complains of light sensitivity, spotty vision, and zig-zag flashing lights before headache occurs
Denies eye pain, dry or itchy eyes, or loss of vision

Ears: denies ear pain, hearing changes, ringing in ears

Nose: denies nose bleeds,

Throat: denies bleeding gums, mouth lesions, runny nose/nasal congestion.

Neck: denies neck pain, stiffness, swollen lymph nodes,

Cardio: denies elevated blood pressure, chest tightness, heaviness, or pain.

Respiratory: denies SOB, wheezing, and cough.

GI: complains of nausea and vomiting with intense headaches,
Denies problems with diarrhea or constipation,

GU: denies problems with periods,

[redacted]

Complaints a little abdominal bloating, back pain, weight gain, or mood changes a few days before the period starts.

Musculoskeletal: denies muscle pain or cramping,

Neuro: denies seizures, dizziness, confusion, lack of coordination, falls, lightheadedness, walking problems, or loss of consciousness.

Integumentary/Breast: denies skin rash, itching or burning, mole that is changing

Psych: denies being bothered by feeling down, depressed, or hopeless. Reports feeling stressed and overwelled with school and work.

Endocrine: denies trouble with hot or cold environments, excessive facial hair or acne, and difficulty waking up.

Hematologic/Lymphatic: denies bruising or bleeding easily, nose bleeds or gum bleeds.

Allergic/Immunologic: NKA

Past Med History: complains only of headaches for ten years,

Hospitalization/Surgeries: denies any hospitalizations or surgeries, just some dental feelings

Preventative Health: Immunization is in order. I got the COVID-19 vaccine series and the annual flu shot.

Medications: Denies usage of prescription medications; reports taking Benadryl for sleeping around finals, acetaminophen, and ibuprofen PRN for headaches, but these are not helping.

Allergies: reports NKA

Social History: States that she is not currently sexually active and has used the barrier method for birth control in the past. States she has used a little marijuana in the past but not lately; tries to avoid junk food, but on stressful days, she eats her fillings through chocolate and Cheezits; drinking socially, about 2-3 glasses, 6oz each, of red wine a week after work; Does not exercise and waitressing is her only form of physical activity.

Family history: no kids or siblings; knows nothing about birth father; mother is healthy besides headaches like hers

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Physical Examination

GENERAL: A and O x 4.

Head: No temporal artery tenderness; Maxillary and frontal sinuses non-tender bilaterally; The face is symmetrical with equal eye closure and smile.

Eye: Visual acuity 20/20 bilaterally, visual field matched examiners in all quadrants; From inspection: no ptosis, erythema, or swelling of eyelids; conjunctivae are pink, and no discharge; sclerae are anicteric; and the orbital has no edema, redness, tenderness or lesions noted. Pupils are normal reactive bilaterally. Normal ocular motor test. From the fundoscopic exam, the optic disks are sharp, and the red reflex is bilateral.

Ears: External ear without cauliflower deformation, lesions, masses, or erythema. Right and left tympanic membranes are pearly-grey without erythema, bulging, or loss of landmarks, and no erythema of ear canals bilaterally. Hearing is intact bilaterally.

Nose: no discharge or polyps

Throat: From mouth/pharynx inspection: no erythema or exudates of the pharynx, No masses or tenderness from tongue palpation, symmetric tongue protrusion, and normal tongue movements. Soft palate moves up symmetrically, and speech phonation and articulation are appropriate. The patient can chew and grind teeth and appropriate muscle mass and tone of the mandible.

Neck: No visible scars, deformities, or other lesions from neck inspection, and the trachea is midline and freely mobile. Cervical lymph nodes are mobile, non-tender, pea-sized, and soft bilaterally. The thyroid is mobile on palpation without masses, tenderness, nodules, or enlargement. Carotids bilaterally: no bruits noted on auscultation. JVP is less than 3cm above the sternum.

Cardio: PMI is quarter-sized, brisk, and tapping in the 5th intercostal space at the midclavicular line. On auscultation, the heart sounds normal. The margins of the aorta are 2cm by palpation. In the abdominal/femoral arteries, no bruits were noted on auscultation.

Chest/Respiratory: Lungs normal on auscultation bilaterally. No lifts or accessory muscle use, scars, moles, rashes, erythema, or ecchymosis were observed during the inspection of the anterior and posterior thorax (breasts excluded). No tenderness, masses, heaves, thrills, or crepitus on palpation of the anterior and posterior chest. Anterior lung fields are resonant, the left anterior chest (heart) and right lower chest (liver) are dull to percussion, and the rest of the lung fields are resonant and are not hyper-resonant.

Abdomen: No scars, moles, masses, rashes, erythema, or ecchymosis upon abdominal inspection. Normoactive abdomen on auscultation. No tenderness or masses are palpable upon light or deep abdominal palpation. The liver is 8cm at the midclavicular line, with the edge palpable just below the costal margin. The spleen is not palpable. Negative Murphy's sign. Negative rebound tenderness.

GU/Rectal: not performed

Musculoskeletal: From palpation, cervical, spine, and paraspinal muscles: no tenderness or palpable spasm bilaterally. Cervical spine range of motion (non-meningeal): full and painless active range of motion in flexion, extension, lateral bending, and rotation bilaterally. Head rotation against resistance/shoulder evaluation is symmetrical movement without weakness bilaterally. No pain with compression from the cervical compression test.
Arms without rashes, lesions, moles, erythema, swelling, ecchymosis, and no fasciculations or loss of muscle on arms inspection. Biceps, triceps, and brachioradialis DTR are 2+.
Shoulders' active ROM is 5/5, and passive ROM is normal.
Elbows on palpation had bony point tenderness at epicondyles, tendinous attachments, and olecranon bursa bilaterally. Active ROM of bilateral elbows is 5/5, and normal passive ROM.
No swelling, pallor, hair loss, erythema, rashes, ulcerations, lesions, or ecchymosis bilaterally on lower extremity inspection. The sensation in the legs is intact to pain, light touch, vibration, proprioception, and temperature bilaterally. No pain with passive leg flexion and foot dorsiflexion bilaterally.
Knees bilaterally: no swelling, tenderness, or mass on palpation.
Patellar, Achilles DTR is 2+

Neuro: Symmetric sensitivity and discrimination in tested areas (forehead, cheek, jaw, nose); Negative Brudzinski and Kernig's sign; Sensation intact to pain, light touch, vibration, and temperature at the thorax and back bilaterally. Negative Babinski sign. The sensation in the legs is intact to pain, light touch, vibration, proprioception, and temperature bilaterally.

Skin: Warm and dry, with no lesions seen on inspection. Elastic and non-tenting. Nails without ridging, pitting, or peeling.

Lymphatic: Axillary and epitochlear lymph nodes are mobile, nontender, pea-sized, and soft bilaterally.

Psych:

Problem statement:

1. Name/initials and age

[redacted]

2. Chief complaint
3. +/- subjective findings
4. +/- objective findings

Problem Statement:
K.P. is a 26 years old female with a chief complaint of headaches that increased in severity and frequency. The patient reports a 10-year history of stable headaches localized behind the left eye, accompanied by nausea and vomiting, preceding bilateral scintillating scotomas, a family history of headaches (mother), photophobia, and phonophobia with headache episodes. KP states that the headaches are associated with junk food, red wine, and stress, can last all day, and negatively impact her life, and laying in a dark room and sleeping it off helps. The patient denies trauma and physical examination revealed normal neurological findings.

Diagnostic testing:
No diagnostic tests were performed for this case. A CT or MRI can be ordered for patients with neurologic deficits, sudden onset of severe headaches, or changes in frequency and occurrence of headaches (Holier, 2021). The patient from this case, K.P., on the physical examination, presented with normal neurological findings, but since her chief complaint is a change in intensity and frequency, an order for a head MRI is appropriate, especially if a head scan was never performed to rule out a secondary cause of headaches.

Medications/Treatment:

Take 20mg once of Sumatriptan intranasal spray in a single nostril contralateral to the side of the headache, which may be repeated after two hours for a maximum of 40mg in 24 hours (Access Medicine, n.d.). Taking the intranasal form of triptan is beneficial for patients who have nausea and vomiting with their headaches.

Abortive treatments such as serotonin-receptor agonist-Triptans are the first line of treatment for migraine occurring less than eight days a month (American Headache Society, 2022). Another option I was considering is the combination of NSAID with metoclopramide, but since the patient states she cannot hold Acetaminophen or Tylenol down due to nausea/vomiting, they are not effective. Also, self-administering IV medications at home is not practical. Therefore, I decided to go with a Sumatriptan intranasal spray.

Referrals: No referrals are indicated at this time. If the patient does not respond to treatments, a referral to a neurologist might be needed later (Holier, 2021).

Client education:
The patient was educated on the importance of keeping headache diaries, proper hydration, and identifying and avoiding tyramine-containing trigger foods such as red wine, cheese, caffeinated beverages, and chocolate and MSG-containing foods such as Chinese food. Lifestyle modifications were also discussed, such as regular sleep patterns, exercise, and stress management. Foods containing MSG, Tyramine, and Nitrate, and precipitating factors such as smoking, too much or too little sleep, strong odors (perfumes), cold stimuli (ice cream), lack of exercise, and fasting or skipping meals are known triggers, and important step in prevention of a migraine occurring (Hollier, 2021).

Follow-up: Return to the clinic or ED if the headache does not respond to treatment, increases in severity or frequency, or varies from the usual pattern.

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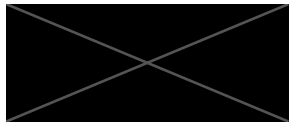
American Headache Society. (2022). Selecting an Acute Treatment for a Migraine Patient. **https://americanheadachesociety.org/news/acute-treatment-for-migraine/**

Hollier, A. (2021). *Clinical guidelines in primary care (4th ed.)*. Advanced Practice Education Associates.



KATHELEEN PARKS I HUMAN CASE 26 YEAR OLD REASON FOR ENCOUNTER MORE THAN SEVERE HEADACHES

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KATHLEEN PARKS I HUMAN CASE 26 YEAR OLD REASON FOR ENCOUNTER :MORE FREQUENT SEVERE HEADACHES LATEST CASE 2024-2025 BEST REVIWED DOCUMENT BY EXPERT.

Case

CASE

History:

- You ma
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- All doc
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Physical Ex

- Open a
- Click or

Kathleen Parks

26 y/o
5' 6" (168 cm)
122.0 lb (55.5 kg)

Reason for encounter
More frequent severe headaches

Location
Outpatient clinic with x-ray, ECG, and laboratory capabilities

History Feedback

Below you will see the strategy for selecting the "required" questions in this patient encounter using the **OLD-CARTS** mnemonic for the HPI.

Reason for Encounter

Start with open-ended patient-centric questions.

● Asked ✕ Not asked

Graded	Approach	Question	Response	Information Obtained *Clinic Notes*
●	CC Sx	How can I help you today?	I've been having these really bad headaches over the last few months. I don't have one now, and haven't had one in about a week, but I thought I'd have it checked out anyway.	
●	Assoc Sx	Do you have any other symptoms or concerns we should discuss?	Just the symptoms that I always have had with these headaches, like nausea and vomiting.	
●	Assoc Sx	Do you feel confused at times?	Like, with my bad headaches? No, not really.	
✕	Assoc Sx	Do you have any tingling and/or numbness anywhere?	I don't think so.	

OLD-CARTS for the HPI

Patient Information:

- **Name:** Kathleen Parks
- **Age:** 26
- **Gender:** Female
- **Occupation:** Graphic Designer

Reason for Encounter:

Kathleen presents with a notable increase in the frequency and severity of her headaches over the past three months

Chief Complaint:

Kathleen describes her headaches as frequent, severe, and debilitating, with an increasing impact on her daily life and work performance.

History of Present Illness:

- **Onset:** Symptoms began approximately three months ago.
- **Frequency:** Headaches occur nearly every day.
- **Duration:** Each headache lasts several hours, with some extending into the next day.
- **Intensity:** Pain is described as throbbing and severe, rated 8/10 on the pain scale.
- **Location:** Primarily affects the frontal and temporal regions.
- **Associated Symptoms:** Nausea, photophobia, and occasional aura (visual disturbances such as flashes of light or blind spots).
- **Aggravating Factors:** Stress, long periods of computer use, and lack of sleep.
- **Relieving Factors:** Limited relief with over-the-counter medications such as ibuprofen or acetaminophen. Rest and dark, quiet environments provide some temporary relief
- Kathleen reports that her headaches have become more frequent, occurring almost daily. The pain is described as throbbing and primarily located in the frontal and temporal regions. She notes that the headaches are often accompanied by nausea and photophobia (sensitivity to light). Over-the-counter analgesics provide limited relief

History of Present Illness (HPI) Questions and Answers

1. **When did your headaches start?**
    - **Answer:** Kathleen reports that her headaches began approximately three months ago.
2. **Can you describe the headaches?**
    - **Answer:** Kathleen describes her headaches as throbbing and severe. The pain is primarily located in the frontal and temporal regions of her head.
3. **How often do you experience these headaches?**
    - **Answer:** Kathleen experiences headaches nearly every day.

4. **How long do the headaches last?**
    - **Answer:** Each headache lasts several hours, with some extending into the following day.
5. **On a scale of 1 to 10, how severe is the pain when you have a headache?** ○ **Answer:** Kathleen rates the pain as 8 out of 10 on the pain scale.
6. **Are there any specific symptoms associated with your headaches?**
    - **Answer:** Yes, Kathleen experiences nausea, photophobia (sensitivity to light), and occasionally aura (visual disturbances such as flashes of light or blind spots) with her headaches.
7. **Have you noticed any specific triggers or factors that seem to make your headaches worse?**
    - **Answer:** Kathleen identifies stress, long periods of computer use, and lack of sleep as aggravating factors.
8. **What measures have you taken to relieve the headaches?**
    - **Answer:** Kathleen has used over-the-counter medications such as ibuprofen and acetaminophen, but these provide only limited relief. Rest and spending time in a dark, quiet environment help temporarily.
9. **Have you experienced any recent changes in your daily routine or lifestyle that might be related to these headaches?**
    - **Answer:** Kathleen mentions irregular sleep patterns (averaging 5-6 hours per night), high levels of stress related to work, and sometimes skipping meals due to work demands.
10. **Have you had any other symptoms or health issues recently?**
    - **Answer:** Kathleen has not reported any new symptoms or health issues aside from the headaches.
11. **Do you have a history of similar headaches, or is this a new occurrence?**
    - **Answer:** Kathleen indicates that this is a new occurrence and she has not experienced headaches of this frequency or severity before.
12. **How have these headaches affected your daily life and work?**
    - **Answer:** The headaches have significantly impacted Kathleen’s daily life and work, making it difficult for her to perform her job effectively and diminishing her overall quality of life.
13. **Have you tried any specific treatments or interventions to manage the headaches, and what were the results?**
    - **Answer:** Kathleen has tried over-the-counter pain medications with limited success. She has not yet explored other treatments.
14. **Is there a family history of similar headaches or neurological conditions?**
    - **Answer:** Kathleen's mother experiences migraines, but there are no other significant family histories of chronic headaches or neurological disorders.
15. **Have you had any significant changes in your personal or professional life that could be contributing to these headaches?**
    - **Answer:** Kathleen reports high levels of stress related to her work and personal life, which may be contributing to her headaches.