

MS3 Neurology Progress Note
5/25/2006 0730

S Patient complains of continued headache this am with blurred vision which is unchanged from admission. Her pain has been right-sided, throbbing, and she has had photophobia. She also has been nauseated and vomited once late last night.

O Tmax-37.2 T-36.9 P-83 R-20 BP-153/101
I/O-2900/3200 +1 BM last 24h

General- Awake, obese African American female in no acute distress.

Heart- Regular rate and rhythm with normal S1, S2 without any murmurs

Lungs- Clear to auscultation bilaterally

Abdomen- No ascites, marked abdominal obesity, soft, non-tender, non-distended, + bowel sounds all four quadrants, palpable right lateral abdominal shunt valve

Extremities- 2+ radial and dorsalis pedis pulses, warm, well-perfused. No edema.

Neuro- Alert, able to follow commands. Oriented to University Hospital, May 2006, Bush.

Cranial Nerves: 1- Not tested. Right and left visual field with central contraction. Normal fundoscopic exam. Visual acuity OD 20/400 at 12", OS 20/400 at 12". Pupils 4/4 → 3/3, PERRLA, EOMI, no nystagmus, elevation of upper eyelids intact, light touch sensation of forehead, face, and jaw intact. Normal symmetric facial expressions present. Symmetric shoulder shrug, normal rotation of head against resistance. Tongue protrudes to midline.

Sensation: Light touch sensation intact bilaterally throughout.

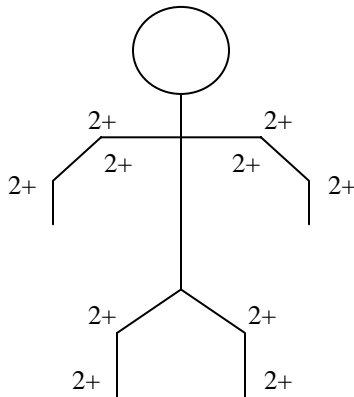
Strength:

	I	FE	FF	WE	WF	B	T	D	IP	Q	H	DF	PF	TE	TF
R	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
L	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5

Good tone and bulk bilaterally. Negative pronator drift. No leg lag. Negative Hoffman's sign bilaterally.

Coordination: Normal smooth finger to nose test bilaterally.

Reflexes:



A/P LS is a 22 year-old African American female with pseudotumor cerebri s/p lumbo-peritoneal shunt placement in October 2005, currently with a headache and blurred vision for three days.

Pseudotumor cerebri: Patient is neurologically stable but with headache and worsening vision. She will need revision of her lumbo-peritoneal shunt and would benefit from placement of a programmable valve. This would allow for fine-tuning of her CSF drainage and the best opportunity to improve her vision.