Case 10
73 year old syncopist

History of present illness:

A 73 year old woman is playing Bingo in a large hall when she suddenly slumps forward and hits her head on the table, scattering pieces in every direction. No seizure activity is noted, but she has some loss of bladder control and when she wakes five minutes later she is confused and tired. Onlookers call 911 and an ambulance arrives. An old man continues to read off numbers in the background.

Review of systems prior to episode:

No headache or aura, no chest pain, no palpitations, no nausea or vomiting, no fever, no cough. Bowel movements regular, no melena or rectal bleeding. The ROS is essentially negative.

Past Medical History

COPD treated with inhalers. No history of CAD, no neurologic history. She has never had chest pain or angina.

Social History

Former smoker (40 pack year history), quit 15 years ago. No significant alcohol history, widowed with 4 children living in the Providence area.

Medications:

Vitamin B12, Aspirin (which she takes for aching knees).

ER Course:

On arrival to the emergency department, the patient is alert and oriented to person, place and time, though somewhat tired. She complains of some dizziness and a mild headache. Her vital signs on arrival are BP 188/90, P112, R 16, SaO2 98% on room air and an oral temperature of 99 F.

Physical exam:

General: Cachectic appearing elderly female in no acute distress.

HEENT: Mild frontal contusion, no other apparent injury. Pupils equal, round and reactive to light. No signs of hemotympanum or oropharyngeal erythema.

Neck: nontender

Chest: Breath sounds clear bilaterally.

Cardiac: Normal S1S2 with a 2/6 high-pitched apical holosystolic murmur radiating to the axilla.

Abdomen: soft, non-tender.   Rectal exam: deferred.

Neuro: Cranial nerve function intact to careful testing, no cerebellar findings, reflexes brisk but symmetric. No sensorimotor deficit.

Labs:

CBC: Hgb 10.7 (MCV 81), WBC 12.7 (80% PMN's), platelets 242 (slight anemia)

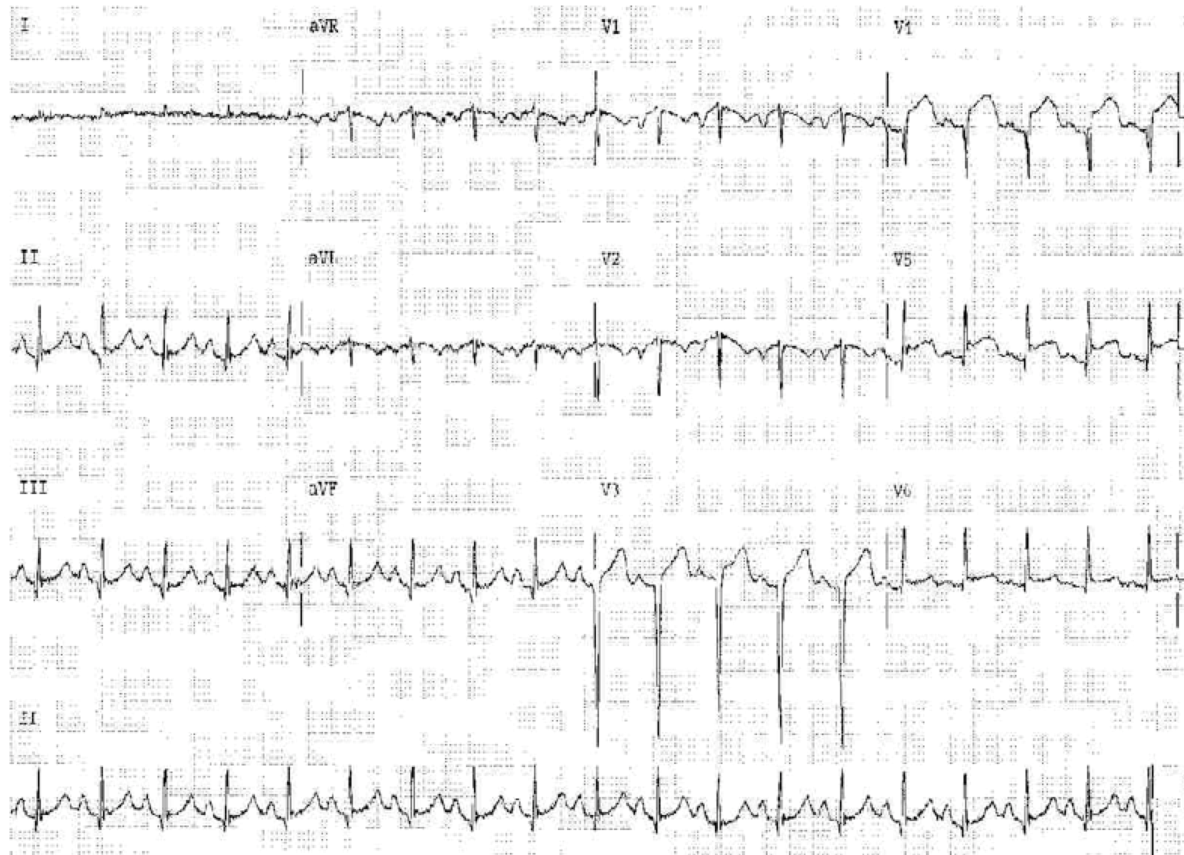
Chem 7: Na 140, K 3.7, Cl 104, CO2 26, BUN 13, Cr 0.7 (all within normal limits)

Cardiac Enzymes: CK 63, AST 32, LDH 467   PT: 11.3,

INR 1.0, PTT 23

Chest x-ray: no acute infiltrate or cardiopulmonary process, mild cardiomegaly.

EKG:



How would you manage this patient?