

# Performance Overview for Martin Mutesasira on case Angela Cortez



The following table summarizes your performance on each section of the case, whether you completed that section or not.

**Time spent: 2hr 51min 15sec**

**Status: Submitted**

Case Section	Status	Your Score	Time spent	Performance Details
Total Score		78%		
History	Done	94%	1hr 13min 43sec	42 questions asked, 40 correct, 3 missed relative to the case's list
Physical exams	Done	50%	15min 24sec	20 exams performed, 6 correct, 2 partially correct, 5 missed relative to the case's list
Key findings organization	Done		4min 9sec	9 findings listed; 11 listed by the case
Problem Statement	Done		5min 53sec	74 words long; the case's was 85 words
Differentials	Done	100%	4min 43sec	8 items in the DDx, 8 correct, 0 missed relative to the case's list
Differentials ranking	Done	88% (lead/alt score) 88% (must not miss score)	7min 56sec	
Tests	Done	89%	4min 31sec	9 tests ordered, 8 correct, 1 missed relative to the case's list
Diagnosis	Done	100%	7sec	
Management Plan	Done		4min 17sec	109 words long; the case's was 192 words
Exercises	Done	44% (of scored items only)	9min 42sec	2 of 10 correct (of scored items only) 5 partially correct

# History Notecard by Martin Mutesasira on case Angela Cortez



Use this worksheet to organize your thoughts before developing a differential diagnosis list.

1. Indicate key symptoms (**Sx**) you have identified from the history. Start with the patient's reason(s) for the encounter and add additional symptoms obtained from further questioning.
2. Characterize the attributes of each symptom using "**OLDCARTS**". Capture the details in the appropriate column and row.
3. Review your findings and consider possible diagnoses that may correlate with these symptoms. (Remember to consider the patient's age and risk factors.) Use your ideas to help guide your physical examination in the next section of the case.

<b>HPI</b>	<b>Sx =</b>					
<b>Onset</b>						
<b>Location</b>						
<b>Duration</b>						
<b>Characteristics</b>						
<b>Aggravating</b>						
<b>Relieving</b>						
<b>Timing / Treatments</b>						
<b>Severity</b>						

Attempt: 3033343

Report generated on 2/18/2024, 11:47:52 PM Africa/Nairobi

## Problem Statement by Martin Mutesasira on case Angela Cortez



The patient is a 17-year-old female presenting with complaints of a lack of energy and fatigue for almost two months. The symptoms have been associated with weight gain and irritability. In addition, the symptoms have led to a decline in school performance and challenges in participating in the usual pleasurable activities. The patient reports that she has been crying more than usual. She also denies active suicidal ideation. Acne and striae are also noted.

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# Management Plan by Martin Mutesasira on case Angela Cortez



Angela is diagnosed with depressive disorder. She will be referred for psychotherapy and pharmacotherapy in a setting appropriate for adolescents. Fluoxetine is recommended for the patient, with appropriate adjustment of dose depending on outcomes of observation for more than four weeks. Cognitive behavioral therapy would be appropriate for the patient.

Discuss common side effects of SSRIs, including a decrease in appetite, nausea, vomiting, and problems with sleep  
Assess the patient for potential suicide risk considering her suggestion that she wishes to disappear

Educate the patient and family about the diagnosis

Recommend a nutritionist to the patient to address weight problems

Schedule a follow-up for the patient in four weeks

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# Electronic Health Record by Martin Mutesasira on case Angela Cortez



## History of Present Illness

Category	Data entered by Martin Mutesasira
Reason for Encounter	Fatigue
History of present illness	<p>The patient presents at the behest of her mother with complaints of fatigue. She endorses a decline in her grades in school. She also claims to be irritated and frustrated by her parents. She reports school not being fun and some avoidance of social activities since her breakup with her boyfriend. She also endorses frequent crying but denies problems sleeping. She also reports weight gain in the past year and an increase in appetite.</p> <p>ONSET: About 2 months ago</p> <p>LOCATION:</p> <p>DURATION:</p> <p>CHARACTERISTICS: No improvements with sleep; "Crabby mood"</p> <p>AGGRAVATING:</p> <p>RELIEVING:</p> <p>TIMING: Mild suicidal ideations</p> <p>SEVERITY:</p>

## Past Medical History

Category	Data entered by Martin Mutesasira
Past Medical History	N/A
Hospitalizations / Surgeries	None

## Medications

Category	Data entered by Martin Mutesasira
Medications	Ibuprofen for menstrual cramps

## Allergies

Category	Data entered by Martin Mutesasira
Allergies	No allergies

## Preventive Health

Category	Data entered by Martin Mutesasira
Preventive health	None

## Family History

Category	Data entered by Martin Mutesasira
Family History	Father: Mild HTN, obesity Mother: Obesity Positive FH for type 2 DM (maternal grandmother and aunt)

## Social History

Category	Data entered by Martin Mutesasira
Social History	Lives with parents and two siblings. Denies problematic alcohol use. Denies tobacco and current marijuana use. Denies current sexual activity.

## Review of Systems

Category	Data entered by Martin Mutesasira
General	Reports unintentional weight gain and fatigue
Integumentary / Breast	Negative
HEENT / Neck	Negative
Cardiovascular	Negative
Respiratory	Negative
Gastrointestinal	Negative
Genitourinary	Negative
Musculoskeletal	Negative
Allergic / Immunologic	Negative
Endocrine	Negative
Hematologic / Lymphatic	Negative
Neurologic	Negative
Psychiatric	Negative

## Physical Exams

Category	Data entered by Martin Mutesasira
General	Appears of the stated age, with no acute distress.
Skin	Deferred
HEENT / Neck	PERRLA, neck supple
Cardiovascular	RRR, no murmurs
Chest / Respiratory	Clear to auscultation
Abdomen	Soft, non-tender, non-distended
Genitourinary / Rectal	Deferred
Musculoskeletal / Osteopathic Structural Examination	Deferred
Neurologic	Deferred
Psychiatric	AO X3
Lymphatic	Deferred

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