

## Consultation

Patient: BLAYK,BONZE ANNE ROSE  
DOB/Age: 05/01/1956 62  
Admission Date: 09/19/18

Account Number: A00088518428  
Medical Record#: M000597460

Provider: Deidre M Blake MD

ORTHOPEDIC CONSULTATION:

DATE OF CONSULT: 09/19/18

Thank you for this orthopedic consultation.

CHIEF COMPLAINT: Left shoulder pain.

HISTORY OF PRESENT ILLNESS: Ms. Blayk is a 62-year-old transgender female, who had an altercation with police officers at Denny's in the early morning of 09/19/18. She was brought to Cayuga Medical Center Emergency Room around 4 a.m. She reported that she was hit in the face by one of the police officers and also reported some left arm pain. She was worked up for mandibular fracture and none was found. She was found to have a nondisplaced nasal fracture. She was extremely agitated, irrational, violent, and admitted to the hospital and taken to the ICU. Once in the ICU, it was noted that the patient had significant deformity and pain in the left arm. Radiographs showed dislocation of the left shoulder joint with possible scapula fracture. I am consulted for orthopedic care at 3 p.m. on 09/19/18. I reviewed the x-rays and immediately ordered a stat CT scan of the right shoulder to evaluate the glenoid for any fracture.

CT of the left shoulder shows no significant glenoid fracture. There is an inferior anterior dislocation of the left shoulder joint with humeral head fracture fragments and avulsion from the rotator cuff and greater tuberosity. The patient reports 10/10 pain in the left shoulder. Any attempt to move the shoulder increases her pain. She can move her hand.

The patient is currently being taken to the radiology department for a stat CT of the abdomen and pelvis because of a decrease in her hematocrit.

PAST MEDICAL HISTORY: Above mentioned nasal fracture, left shoulder dislocation, history of hypertension, history of schizoaffective disorder, possible bipolar disorder, personality disorder, posttraumatic stress disorder, history of violent episodes, transgender.

PAST SURGICAL HISTORY: Left inguinal hernia repair.

FAMILY HISTORY: Hypertension.

SOCIAL HISTORY: The patient reports marijuana and synthetic drug use. Smokes 2 pack of cigarettes per day. Unsure where she lives. Right-hand dominant. Normally an independent ambulatory.

REVIEW OF SYSTEMS: Today, the patient reports that she has facial pain, nasal pain, left shoulder pain, left toe numbness. She denies abdominal pain. Denies fevers, chills, cough, shortness of breath, chest pain. Otherwise, review of systems is negative or not relevant.

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PHYSICAL EXAM: Vitals: Last temperature 98.5, heart rate 85, respiratory rate 19, 95% oxygen saturation on room air, blood pressure 129/88. General: The patient is a well-developed female, who does appear to be transgender. Significant amount of facial trauma is noted. She is calm. She is alert and oriented x3, speaking with irrational rambling speech and delusional. HEENT: Above noted facial lacerations. Pupils are equal and reactive to light. Swelling around the right nose and jaw. Dried blood in both nares. Abdomen: Soft, nontender, nondistended, not rigid. Right upper extremity: Some scattered abrasions. She forward flexes at the shoulder and demonstrates motion in the elbow and wrist. No bony tenderness to palpation. 2+ radial pulse. Left upper extremity: There is deformity of the shoulder. Any attempt to move the shoulder causes pain. Tenderness to palpation around the shoulder. She reports sensation to light touch over the deltoid. She demonstrates wrist flexion and extension. 2+ palpable radial pulse. Bilateral lower extremities: Some scattered minimal lacerations. She can flex at the hip and knee. No bony tenderness to palpation along the femur, tibia or ankles. 2+ palpable DP pulses. She demonstrates dorsiflexion and plantarflexion. Reports some decreased sensation along the dorsum of the left foot and great toe.

DIAGNOSTIC STUDIES/LAB DATA: Radiographs: CT of the neck is negative. CT of the face shows no obvious mandibular or maxillary fracture, a nondisplaced nasal fracture is noted. Plain films and CT of the left shoulder show a shoulder dislocation with avulsion fractures from the humeral head. No obvious glenoid fracture.

CT abdomen and pelvis is pending.

Labs: Recent labs show white blood cells 13.5, hematocrit 34, platelets 245. Sodium 136, potassium 3.9, BUN and creatinine 21 and 0.87. Total creatine kinase 867 and 979. Alk phos 116. Urine negative. Toxicology shows lithium less than 0.10 and positive cannabinoids.

ASSESSMENT AND PLAN: Bonze Blayk is a 62-year-old transgender female, who was involved in an altercation with police early this a.m. She was found to have a left shoulder fracture dislocation. Fracture fragments are likely avulsion fractures from the greater tuberosity of the humerus. There is no obvious glenoid fracture.

The patient is currently taken to CT because there was question of a drop in her hematocrit. We will make sure this is negative for any internal bleeding.

I discussed with the patient that we should proceed with a closed reduction under anesthesia of the left shoulder dislocation. We discussed the risks and benefits of the procedure and she would like to proceed. In my opinion this is an urgent procedure and should be performed as quickly as possible to avoid long term complications.

I will notify the appropriate operating room team, charge nurse, and Anesthesia. As soon as the patient is medically optimized for surgery and CT scan is reviewed, we will take her for the shoulder reduction.

For now, the patient should have p.r.n. anesthesia, be nonweightbearing with the left upper extremity.

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<Electronically signed by Deidre M Blake MD> 09/20/18 0938

Deidre M Blake MD  
Dictated Date/Time: 09/19/18 1704

Transcribed Date/Time 09/19/18 1834

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