

Emergency Department - Aug 29, 2025

at JHN ED



Notes from Care Team



ED Provider Notes

Xiao Chi Zhang, MD at 8/28/2025 11:49 PM

Justin H Horn is a 41 y.o. male presenting to the Wills Eye ER with eye pain

Past Medical History:

Diagnosis

Date

- Anxiety
- Depression
- Excessive daytime sleepiness
- GERD (gastroesophageal reflux disease)
- HIV disease
- Insomnia
- Routine general medical examination at a health care facility
- Sleep apnea
- Sleep difficulties
- Substance abuse

Opiates - a non-issue now, no cravings, etc.

Past Surgical History:

Procedure

Laterality

Date

- DENTAL SURGERY
- HAND SURGERY
- HERNIA REPAIR
- TONSILLECTOMY
- WISDOM TOOTH EXTRACTION

Social History

Socioeconomic History

- Marital status: Single
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Every Day
 - Current packs/day: 0.50
 - Average packs/day: 0.5 packs/day for 4.0 years (2.0 ttl pk-yrs)
 - Types: Cigarettes
- Smokeless tobacco: Never
- Tobacco comments:
 - 2/10/2025 smokes & Vape user*

Substance and Sexual Activity

- Alcohol use: Never
 - Comment: 2/10/2025 none*
- Drug use: Yes
 - Types: Marijuana
 - Comment: 2/10/2025 not illegal in NJ but patient lives in PA*
- Sexual activity: Not Currently
 - Partners: Female
 - Comment: 2/10/2025 not active*

Other Topics Concern

- Not on file

Social History Narrative

- Not on file

Social Drivers of Health

Financial Resource Strain: Not on file

Food Insecurity: Food Insecurity Present (8/25/2025)

Received from Virtua Health

Food Insecurity

- Within the past 12 months the food we bought just didn't last and we didn't have money to get more.: Sometimes true
- Within the past 12 months we worried whether our food would run out before we got money to buy more.: Sometimes true

Transportation Needs: Unmet Transportation Needs (1/26/2023)

Received from Cooper University Health Care

PRAPARE - Transportation

- Lack of Transportation (Medical): Yes
- Lack of Transportation (Non-Medical): Yes

Physical Activity: Not on file

Stress: Not on file

Social Connections: Not on file

Housing Stability: High Risk (1/26/2023)

Received from Cooper University Health Care

Housing Stability Vital Sign

- Unable to Pay for Housing in the Last Year: No
- Number of Places Lived in the Last Year: 2
- Unstable Housing in the Last Year: Yes

Family History

| Problem | Relation | Age of Onset |
|------------------------------------|----------|--------------|
| • Depression | Sister | |
| • Mental illness <i>Anxiety</i> | Mother | |
| • Thyroid disease | Mother | |

No current facility-administered medications for this encounter.

Current Outpatient Medications:

- atorvastatin (LIPITOR) 20 mg tablet, Take 1 tablet (20 mg total) by mouth daily., Disp: 90 tablet, Rfl: 3
- Biktarvy 50-200-25 mg per tablet, TAKE 1 TABLET BY MOUTH EVERY DAY, Disp: 30 tablet, Rfl: 5
- cholecalciferol (VITAMIN D3) 1,250 mcg (50,000 unit) capsule, Take 1 capsule (50,000 Units total) by mouth once a week., Disp: 12 capsule, Rfl: 3
- clonazepam (KLONOPIN) 1 mg tablet, Take 1 mg by mouth 4 (four) times a day as needed for anxiety., Disp: , Rfl:
- dextroamphetamine-amphetamine (ADDERALL) 15 mg tablet, Take 15 mg by mouth daily., Disp: , Rfl:
- doxazosin (CARDURA) 1 mg tablet, Take 1 mg by mouth 2 (two) times a day., Disp: , Rfl:
- esomeprazole (NEXIUM) 40 mg capsule, Take 1 capsule (40 mg total) by mouth every morning before breakfast., Disp: 90 capsule, Rfl: 1
- nicotine (NICODERM CQ) 21 mg/24 hr, APPLY 1 PATCH TRANSDERMALLY (TO THE SKIN) EVERY DAY, Disp: , Rfl:
- QUetiapine (SEROquel) 100 mg tablet, Take 200 mg by mouth nightly., Disp: , Rfl:
- sertraline (ZOLOFT) 25 mg tablet, Take 25 mg by mouth daily., Disp: , Rfl:
- SUMatriptan (IMITREX) 20 mg/actuation nasal spray, Administer 1 spray into one nostril., Disp: , Rfl:
- traZODone (DESYREL) 50 mg tablet, Take 50 mg by mouth nightly as needed for sleep., Disp: , Rfl:

Allergies

| Allergen | Reactions |
|---|----------------------|
| • Cefaclor <i>Intol.</i> | Other (see comments) |
| • Gabapentin | Unknown |
| • Suboxone [Buprenorphine-Naloxone] <i>"sensitivity"</i> | Unknown |

ROS:

ROS negative except as mentioned in the HPI and consult note

Physical Exam:

VITALS: Reviewed nursing notes and vitals.

Constitutional: Well appearing, no acute distress

HENT: Normocephalic, atraumatic, MMM

Eyes: +contusion over left eye

Visual Acuity - see nursing notes for most updated vision

Respiratory: Normal respiratory effort, no distress, speaking in full sentences

Neuro: Alert, Oriented, steady gait

Skin: No rash

Psych: Mood/affect normal. Behavior Normal

MDM:

Assessment and Plan: Justin H Horn is a 41 y.o. male presents to the Wills Eye ER with eye pain after recent facial trauma

Chart reviewed: fam med note

Patient accompanied by: self

Images individually reviewed and interpreted: n/a

There is no evidence of acute immediate life-threatening condition. Appreciate ophthalmology consultation. Further plan and dispo per ophthalmology.

Ophthalmology recommendations per consultation note:

Detailed eye exam by ophthalmologist illustrated signs signs and symptoms consisted with abrasion of left conj and routine healing of orbital fracture

Outpatient ophtho plan to follow up with oculoplastic in 1 week

Health Related Social Needs (HRSN) - SDOH Risk Profile

• Alcohol Screening: Not on file

- Alcohol Screening: Not on file
- Depression: At risk
- Financial Resource Strain: Not on file
- Food Insecurity: Not on file
- Housing Insecurity: Not on file
- Safety: Not At Risk
- Social Connections: Not on file
- Transportation Needs: Not on file
- Stress: Not on file
- Tobacco Use: Every Day
- Utilities: Not on file

Xiao Chi Zhang, MD
08/29/25
1:16 AM

Xiao Chi Zhang, MD
08/29/25 2233

Consults

Turner Wibbelsman, MD at 8/29/2025 4:19 AM

Attestation signed by Thomas Lamson, MD at 9/2/2025 3:57 PM
This note was reviewed solely for resident educational purposes. I did not personally interview or examine Justin H Horn.

Ophthalmology Consult Note

Subjective

History of Present Illness:

41 y.o. male with PMHx below who presents for left eye issue

Patient reports that last Friday he suffered assault by fists to face

He went to the TJUH ED 8/22 for this issue

Underwent imaging that showed orbit fracture, nasal fracture, maxillary frontal process fracture

By chart review appears patient eloped from ER

He had a telemedicine appt on 8/25

He was referred to ENT outpatient for his facial fractures

Was referred to wills eye for eye issues

Was referred to facial plastics for orbit fractures

Reports today persistent irritation OS

No diplopia, pain with EOM, nausea with EOM

No FF or DC

Mild blurry vision OS

No past ocular hx

No headache today

Reports persistent L facial pain- improves with ice in WER

Has not been icing at home

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Allergen

Reactions

- Cefaclor

Other (see comments)

Intol.

- Gabapentin

Unknown

- Suboxone [Buprenorphine-Naloxone]

Unknown

"sensitivity"

Outpatient Medications as of 8/28/2025:

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- dextroamphetamine-amphetamine (ADDERALL) 15 mg tablet, Take 15 mg by mouth daily.
- doxazosin (CARDURA) 1 mg tablet, Take 1 mg by mouth 2 (two) times a day.
- erythromycin (ROMYCIN) ophthalmic ointment, Place a 1/2 inch ribbon of ointment into the lower eyelid of the left eye four times a day
- esomeprazole (NEXIUM) 40 mg capsule, Take 1 capsule (40 mg total) by mouth every morning before breakfast.
- nicotine (NICODERM CQ) 21 mg/24 hr, APPLY 1 PATCH TRANSDERMALLY (TO THE SKIN) EVERY DAY
- QUETIAPINE (SEROQUEL) 100 mg tablet, Take 200 mg by mouth nightly.
- sertraline (ZOLOFT) 25 mg tablet, Take 25 mg by mouth daily.
- SUMATRIPTAN (IMITREX) 20 mg/actuation nasal spray, Administer 1 spray into one nostril.
- trazodone (DESYREL) 50 mg tablet, Take 50 mg by mouth nightly as needed for sleep.

Objective

| |
|------------------|
| Objective |
|------------------|

Scheduled Meds:

Vitals:

.....

08/29/25 0036

BP: 126/82
Pulse: (!) 105
Resp: 18
Temp: 97.7 °F (36.5 °C)
SpO2: 96%

Base Eye Exam

Visual Acuity (Snellen - Linear)

| | Right | Left |
|------------|-------|----------|
| Dist sc | 20/30 | 20/30 |
| Dist ph sc | 20/20 | 20/20 -1 |

Tonometry (4:08 AM)

| | Right | Left |
|----------|-------|------|
| Pressure | 15 | 12 |

Pupils

| | Pupils | APD |
|-------|--------|-----|
| Right | PERRL | neg |
| Left | PERRL | neg |

Extraocular Movement

| | Right | Left |
|--|-------|------|
| | Full | Full |

Additional Tests

Color

| | Right | Left |
|----------|-----------|-----------|
| Ishihara | 8/8 brisk | 8/8 brisk |

Slit Lamp and Fundus Exam

External Exam

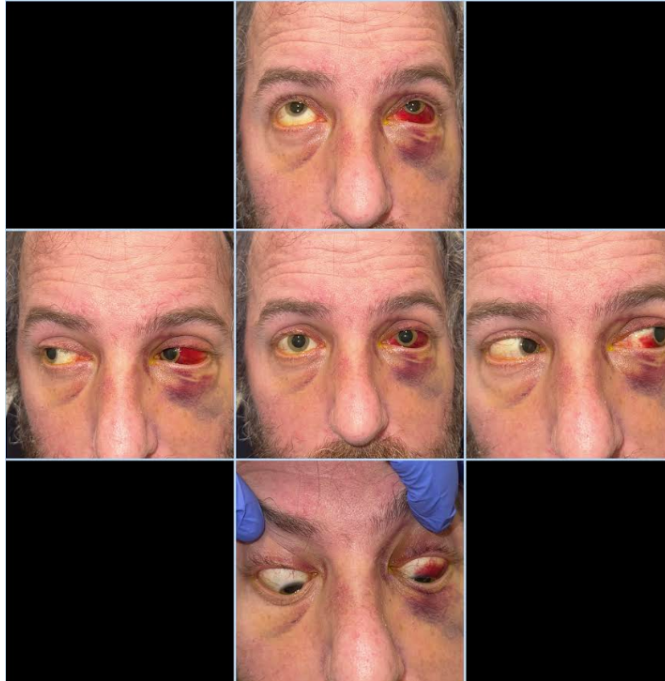
| | Right | Left |
|----------|--------|---|
| External | Normal | echymoses of malar cheek, no stepoff, globe position wnl |

Slit Lamp Exam

| | Right | Left |
|--------------------|--------------------|--|
| Lids/Lashes | Normal | echymoses and mild edema of lower lid, no lacs |
| Conjunctiva/Sclera | White and quiet | temp, IT flat SCH, 2x1 mm conj epi defect 2 oclock perilimbal |
| Cornea | Clear | Clear |
| Anterior Chamber | Deep and quiet | trace pigment cell |
| Iris | Round and reactive | Round and reactive |
| Lens | Clear | Clear |
| Anterior Vitreous | Normal | Normal |

Fundus Exam

| | Right | Left |
|-----------|--------|--------|
| Disc | Normal | Normal |
| C/D Ratio | 0.35 | 0.35 |
| Macula | Normal | Normal |
| Vessels | Normal | Normal |
| Periphery | Normal | Normal |



Diagnostics:

CT cervical spine without contrast STAT

Result Date: 8/23/2025

Narrative: EXAMINATION: CT CERVICAL SPINE WO CONTRAST EXAM DATE AND TIME: 8/23/2025 1:19 AM EDT INDICATION: assault, L periorbital swelling

COMPARISON: MRI cervical spine 3/13/2014 TECHNIQUE: CT imaging of the cervical spine with sagittal and coronal reformats was obtained without contrast.

FINDINGS: There is straightening of the normal cervical lordosis. No subluxation.

Vertebral body heights are maintained. No fracture. Craniocervical junction is intact.

Atlantodental distance is not widened. No prevertebral soft tissue swelling.

Degenerative disc disease at C5-C6 and C6-C7 with endplate spurring and mild disc height loss. Vacuum disc phenomenon at C5-C6. Small disc bulges at C4-C5 and C5-C6. Small disc osteophyte complex at C6-C7. No significant osseous encroachment on the neuroforamina or central spinal canal. Dose: Dose 1 : CT DLP Total : 1069.21

mGycm Maximum CTDI Vol : 44.41 mGy

Impression: No acute fracture or traumatic subluxation of the cervical spine.

CT head without contrast STAT

Result Date: 8/23/2025

Narrative: EXAMINATION: CT FACIAL BONES WO CONTRAST, CT HEAD WO CONTRAST EXAM DATE AND TIME: 8/23/2025 1:19 AM EDT INDICATION: assault, L periorbital swelling COMPARISON: None available. TECHNIQUE: CT imaging of the face with sagittal and coronal reformats was obtained without contrast. TECHNIQUE:

Multiple axial CT images of the head with sagittal and coronal reformats were obtained without contrast. FINDINGS: CT Head: Ventricles and sulci are normal in size and configuration. No extra-axial collection. No intracranial hemorrhage. No mass effect on

configuration. No extra axial collection. No intracranial hemorrhage. No mass effect or edema. No large territorial infarction. Calvarium is intact. CT Face: Frontal bones: Supraorbital soft tissues: Left supraorbital soft tissue swelling. Frontal sinuses: Hypoplastic right frontal sinus. No fracture. Orbits: Preseptal soft tissues: Left preseptal soft tissue swelling. Walls: Acute comminuted left inferior orbital rim fracture adjacent to the inferior rectus muscle. Globes: Normal in appearance. Retrobulbar fat: No mass or hematoma. Extraocular muscles: Normal in size and symmetric. Optic nerve-sheath complexes: Normal in appearance. Ethmoid sinuses: Well-aerated bilaterally. Sphenoid sinuses: Well-aerated bilaterally. Nose: Soft tissues: Nasal bridge swelling. Nasal bones: Bilateral nasal bone fractures. Frontal processes of maxilla: Left frontal process fracture of the maxilla. Nasal Septum: No fracture. Anterior nasal spine: Intact. Maxillary bones: Malar soft tissues: Left malar soft tissue swelling. Maxillary sinuses: Air fluid level in the left maxillary sinus with mild mucosal wall thickening. Small right maxillary sinus mucosal retention cysts. Equivocal nondisplaced fractures of the anterior and posterior walls of the left maxillary sinuses. Alveolus: No fracture or avulsed teeth. Zygomatic arches: Intact bilaterally. Pterygoid plates: Intact bilaterally. Mandible: No fracture, dislocation, or avulsed teeth.

Impression: 1. Acute inferior orbital rim fracture adjacent to the inferior rectus muscle. Correlate clinically for possible entrapment. 2. Bilateral nasal bone and left maxillary frontal process fractures. 3. Left preseptal soft tissue swelling. 4. Equivocal nondisplaced fractures of the anterior and posterior walls of the left maxillary sinuses. 5. No acute intracranial hemorrhage, mass effect, or territorial infarction.

CT facial bones without contrast STAT

Result Date: 8/23/2025

Narrative: EXAMINATION: CT FACIAL BONES WO CONTRAST, CT HEAD WO CONTRAST EXAM DATE AND TIME: 8/23/2025 1:19 AM EDT INDICATION: assault, L periorbital swelling COMPARISON: None available. TECHNIQUE: CT imaging of the face with sagittal and coronal reformats was obtained without contrast. TECHNIQUE: Multiple axial CT images of the head with sagittal and coronal reformats were obtained without contrast. FINDINGS: CT Head: Ventricles and sulci are normal in size and configuration. No extra axial collection. No intracranial hemorrhage. No mass effect or edema. No large territorial infarction. Calvarium is intact. CT Face: Frontal bones: Supraorbital soft tissues: Left supraorbital soft tissue swelling. Frontal sinuses: Hypoplastic right frontal sinus. No fracture. Orbits: Preseptal soft tissues: Left preseptal soft tissue swelling. Walls: Acute comminuted left inferior orbital rim fracture adjacent to the inferior rectus muscle. Globes: Normal in appearance. Retrobulbar fat: No mass or hematoma. Extraocular muscles: Normal in size and symmetric. Optic nerve-sheath complexes: Normal in appearance. Ethmoid sinuses: Well-aerated bilaterally. Sphenoid sinuses: Well-aerated bilaterally. Nose: Soft tissues: Nasal bridge swelling. Nasal bones: Bilateral nasal bone fractures. Frontal processes of maxilla: Left frontal process fracture of the maxilla. Nasal Septum: No fracture. Anterior nasal spine: Intact. Maxillary bones: Malar soft tissues: Left malar soft tissue swelling. Maxillary sinuses: Air fluid level in the left maxillary sinus with mild mucosal wall thickening. Small right maxillary sinus mucosal retention cysts. Equivocal nondisplaced fractures of the anterior and posterior walls of the left maxillary sinuses. Alveolus: No fracture or

avulsed teeth. Zygomatic arches: Intact bilaterally. Pterygoid plates: Intact bilaterally.

Mandible: No fracture, dislocation, or avulsed teeth.

Impression: 1. Acute inferior orbital rim fracture adjacent to the inferior rectus muscle. Correlate clinically for possible entrapment. 2. Bilateral nasal bone and left maxillary frontal process fractures. 3. Left preseptal soft tissue swelling. 4. Equivocal nondisplaced fractures of the anterior and posterior walls of the left maxillary sinuses. 5. No acute intracranial hemorrhage, mass effect, or territorial infarction.

X-ray forearm left 2 views STAT

Result Date: 8/23/2025

Narrative: EXAM TYPE: XR FOREARM 2 VW LEFT EXAM DATE AND TIME: 8/23/2025 12:01 AM EDT INDICATION: assault, L periorbital swelling COMPARISON: None. TECHNIQUE: AP and lateral views the left forearm

Impression: Soft tissue swelling over the dorsal forearm. No acute fracture or malalignment.

Assessment/Plan

| |
|------------------------|
| Assessment/Plan |
|------------------------|

L Orbit Fracture (Subacute)

Conjunctiva Abrasion OS

SCH OS

41 yo presents approx 1 wk after assault to face (fists). Was evaluated at TJUH ED and had imaging but eloped from ER. Recently saw fam med for telemed appt, was advised for outpatient followup for eye issues, facial fractures.

Assessment

Subacute orbit fracture, left inferior wall. Imaging reviewed by me. No radiographic or clinical entrapment. Globe position wnl. No indication for urgent repair. No indication for abx this duration from injury. Recommend cont ice, prn tylenol, followup oculoplastics. Has SCH, conj abrasion OS. Treat with ointment. Return prec. Followup for rest of facial injuries per direct of recent fam med appt.

Plan

-ilo ung QID OS

-PFAT QID OS

sdw dr zhang

Turner D. Wibbelsman, MD

PGY-3, Ophthalmology

Wills Eye Hospital

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