



Oral Boards Case: Acute Care for the Transgender Patient

(Case adapted from Samuels and Forcier, 2016)

Chief Complaint: 'Shortness of breath and chest pain'

Brief case: This is a 22 year old patient who presents with several days of shortness of breath and chest pain.

Vital signs:

HR 106 BP 126/76 RR 16 SpO2 92% on room air Temperature 98 F

What do I see when I walk in the room?

You see a patient with long hair, feminine make-up, and who is wearing a dress. She is sitting in the stretcher, alert, appears her stated age, and has mildly labored breathing. You note the patient's name is listed in the chart as 'James Smith'.

Primary Survey:

Airway: speaking comfortably

Breathing: mildly increased work of breathing

Circulation: Skin warm with normal capillary refill

Action:

Place IV

Initiate supplemental oxygen by nasal cannula

Place patient on monitor

Order labs: CBC, metabolic profile, ECG, X ray chest; Consider D dimer & Troponin

History:

HPI: This is a 22 year old patient who reports that her shortness of breath started about 3 days ago. She denies cough or fever. She reports a sharp chest pain which is intermittent, brief in nature, and occurs in the right lateral rib cage when she attempts to take a deep breath. She denies recent immobilization, surgery or travel. She denies leg pain or swelling.

The patient prefers "Ms. Smith" or "Julie", preferred gender is female and pronouns are she/her.

Past medical history: None

Past surgical history: None

Medications: Recently started estrogen pills, which she's been buying from a friend (She doesn't have a primary care doctor).

Allergies: None

Social history: Endorses 1 pack per day tobacco use; denies alcohol or other drug use.

Family history: No significant family history.

Stimulus 1: ECG (courtesy of ecglibrary.com) – correct interpretation is sinus tachycardia



Examination:

HEENT: normal; prominent laryngeal prominence and low decibel voice

Chest/heart: normal

Abdomen: normal

Extremities: normal

Neuro: normal

Skin: normal

GU: deferred at patient's request

Patient reassessment: Patient reports improved shortness of breath with the administration of oxygen via nasal cannula.

Repeated Vital signs:

HR 104 BP 124/76 RR 18 SpO2 96% on 2L/min oxygen via NC Temperature 98 F

Monitor: Sinus tachycardia

Laboratory results:

Laboratory results (Normal range):

CBC

WBC 12,000/mm³ (4500 –10,000/mm³)
Hgb 12.5g/dL (Males 13.5-16.5 g/dL; Females 12.0-15.0 g/dL)
Hct 36% (Males 41-50%; Females 36-44%)
Platelets 115,000mm³ (100,000-450,000)
Segs 80% (54-62%)
Lymphs 9% (24-44%)
Monos 7% (3-6%)

Chemistry

Na⁺ 135 mEq/L (135-147 mEq/L)
K⁺ 4.0 mEq/L (3.5-5.2 mEq/L)
HCO₃⁻ 20 mEq/L (19-25 mEq/L)
Cl⁻ 104 mEq/L (95-107 mEq/L)
Glucose 162 mg/dL (60-110 mg/dL)
BUN 25 mg/dL (7-20 mg/dL)
Creatinine 1.1 mg/dL (0.5-1.4 mg/dL)

Urinalysis

Color	Yellow (Yellow: light pale to dark amber)
Sp Gravity	1.030 (1.005-1.025)
Glucose	Negative (< 130 mg/dL)
Protein	Negative (Negative)
Ketones	Negative (Negative)
LE	Negative (Negative)
Nitrites	Negative (Negative)
Leukocyte esterase	Negative (Negative)
WBC	0-2/HPF (< 2/HPF)
RBC	0-2/HPF (<2/HPF)
HCG	Negative (Negative)

Venous blood gas

pH	7.34 (7.32-7.42)
pCO2	34 mm/Hg (38-52 mm/Hg)

Liver panel

AST	35 U/L (8-48 U/L)
ALT	38 U/L (7-55 U/L)
Alk Phos	60 U/L (45-115 U/L)
T. Bili	0.8mg/dL (0.1-1.2 mg/dL)
Albumin	4.0g/dL (3.5-5.0 g/dL)
Protein	7.0g/dL (6.3-7.9 g/dL)
Lipase	70 U/L (0-160 U/L)

Coagulation Studies

INR	1.0 (0.8-1.2)
PTT	32 seconds (25-35 seconds)

Troponin I (if ordered) 0.01 ng/mL (normal is less than 0.02 ng/mL)

D dimer (if ordered) 260 ng/mL (normal range is < 250 ng/mL)

Critical Actions:

Patient is asked for preferred name, preferred title, preferred gender, and preferred pronoun(s); and then uses them consistently throughout the encounter.

Identify risk factors for pulmonary embolism – particularly estrogen use without the supervision of a medical provider.

Evaluate the patient with CT Chest angiography or V/Q scan to assess for pulmonary embolism – if this is ordered, the imaging will be positive for several right sided segmental pulmonary embolus.

Discuss intervention with the patient at the bedside: consider risks versus benefits of outpatient oral anticoagulation for low risk PE versus admission for high risk PE Update the patient’s family members about her condition and her disposition.

Discuss the patient’s needs as a transgender individual with the charge nurse in order to obtain an appropriate room assignment.

Offer to refer the patient for assistance in obtaining a primary care provider.

Examiner Instructions:

This is a case of a patient who reports she is a transgender individual, who is treating herself with estrogen pills she is obtaining from a friend, and who does not have established medical care. Given a history of tobacco abuse and hormone use, the patient is at risk for pulmonary embolism.

“Transgender” is a broad term that is used to describe individuals whose gender identity or expression differs from the gender they were assigned at birth (Samuels and Forcier, 2016). “Trans” or “Transgender” describes a broad spectrum of gender identities.

It is incorrect to call the person “a transgender” or to use the term “**transgendered**” – it is most correct to describe an individual as “transgender”, “trans”, a “transgender male”, “trans male”, “transgender female” or “trans female” etc. As some patients are “gender fluid”, meaning that gender identity is on a spectrum between male and female, and may change over time, it is important to respectfully ask all transgender patients for preferred name, title, gender, and pronoun(s). **Transsexual** is an older term for people whose gender identity is different from their assigned sex at birth who seeks to transition from



male to female or female to male. Many do not prefer this term because it is thought to sound overly clinical. Documentation in the record may include FTM or MTF to indicate their transition from Female to Male, or Male to Female.

Trans patients face significant barriers to medical care due to discrimination, unemployment, poverty, and other health inequalities. Fear of discrimination may prevent trans patients from reporting hormone use, substance use, exposure to violence such as intimate partner violence, or psychiatric concerns. Emergency physicians must provide compassionate and competent care to the trans community, because for many trans patients, the emergency department may provide the only access to medical care. Trans patients are at increased risk for substance abuse, psychiatric issues, and physical or sexual violence. Trained emergency providers should consider screening trans patients to assess their psychosocial needs and should refer patients to appropriate resources and providers.

For further discussion on inpatient versus outpatient management of PE:

HESTIA Criteria for Determination of High Risk versus Low Risk PE

Is the patient hemodynamically unstable?	Yes	No
Is thrombolysis or embolectomy necessary?	Yes	No
Active bleeding or high risk of bleeding?	Yes	No
More than 24h of oxygen supply to maintain SpO ₂ > 90%?	Yes	No
Is Pulmonary embolism diagnosed during anticoagulant treatment?	Yes	No
Severe pain needing IV pain medication for more than 24H?	Yes	No
Medical or social reason for treatment in the hospital for more than 24h? (infection, cancer, lack of social support?)	Yes	No



Does the patient have a creatinine clearance of <30mL per minute? Yes No

Does the patient have severe liver impairment? Yes No

Is the patient pregnant? Yes No

Does the patient have a documented history of heparin-induced-thrombocytopenia? Yes No

If the answer to one of the questions is 'yes,' the patient cannot be treated at home in the Hestia Study.

References:

Elizabeth Samuels and Michelle Forcier. (2016) *Acute Medical Care for the Transgender Patient in Sex and Gender in Acute Care Medicine* (pp. 63-76). New York, NY. Cambridge University Press.

Singer AJ, Xiang J, Kabrhel C, Merli GJ, Pollack C, Tapson VF, Wildgoose P, Peacock WF. Multicenter trial of Rivaroxaban for early discharge of pulmonary embolism from the Emergency Department (MERCURY PE): Rationale and Design. *Acad Emerg Med* 2016. Epub ahead of print.

Transgender Terminology. National Center for Transgender Equality. Available at: <http://www.transequality.org/issues/resources/transgender-terminology>. Accessed 9/24/16.