



Date printed: Monday, March 17, 2025
Kaiser Permanente Member name: Aaron Thomas Strong
Date of birth: 9/9/2005
MRN: 110012106324

Notes

Progress Notes

STEPHEN VINCENT TORNABENE MD at 2/27/2025 1:44 PM

Patient is here for evaluation of nasal fracture. Patient sustained a nasal fracture on Saturday, February 22 after getting hit in the nose with a baseball pitch. Noted a small laceration of the nasal bridge. Patient reports that he has difficulty breathing through his nose, more pronounced on the right side. He has been having some bloody drainage from the nose. He does have a distant history of frequent nosebleeds. He had significant swelling at the time of the injury and this is improving. He does not note significant external cosmetic change to the nose although swelling is still present.

Physical exam:

Extensive bilateral ecchymosis under both eyes is present. There is some palpable irregularity to the bone of the nasal dorsum consistent with a fracture although externally there is not a significant nasal deviation present. Internally there is a left-sided septal deviation. There is some bloody debris present on the right side as well. There is a mild there inferior right deviation of the septum as well. There is no evidence of septal hematoma present.

Patient Active Problem List:

INTERMITTENT ASTHMA, CONTROLLED
NASAL BONE FX

CT

patient had a CT scan outside of Kaiser that demonstrates a comminuted nasal bone fracture with a fracture of nasal septum.

NASAL BONE FX, INIT

Discussed with mother and the patient the options. He has a comminuted nasal fracture but is mainly complaining of nasal obstruction. His CT report shows evidence of a septal fracture. I discussed with them the option of a closed reduction to see if we could improve this issue. They would like to proceed. Will schedule and plan on placing Doyle splints into the nose after attempting to reduce the septal fracture. I did discuss that it is impossible to really tell if there is an old deviation present or if this is new but we will try to straighten the septum. I did discuss that if nasal obstruction issues develop over time can consider a septorhinoplasty in the future but would need to allow the nose to completely heal before considering that option. Also discussed the option of observation but they would like to proceed with the close nasal reduction. Risk below discussed. Will schedule.

- SURGICAL CASE REQUEST; Standing
- SARS-COV-2 (COVID-19), RNA QUAL, RT-NAA, PRE-OP; Future
- SURGICAL CASE REQUEST

Poor cosmetic result, worsening of breathing/failure to improve breathing, need for future surgery (rhinoplasty/septoplasty), infection, bleeding, swelling of eyes and face