

# T-System, Inc. (T SystemEV)

**Patient: forstater, alan**  
**MRN:**  
VisitID:  
5555  
55y, M

**Clinical Report - Nurses**  
City Place General Hospital  
1234 Main Street, Dallas, TX 75244 555-555-  
Registration Date/Time: 10/15/2006 10:29

**\*This is a preliminary document and is subject to change**

## TRIAGE

### Initial Assessment

Triage time 10:03. Acuity: LEVEL 3.  
BP: 110 / 50. HR: 130. RR: 27. O2 saturation: 96% room air. Alert. No acute distress. --10:04  
Ethel Gregory, RNP.

### Medications

Metoprolol,  
Zantac Oral, as needed. --1022 (10/15/06) Ethel Gregory, RNP  
Motrin Oral, as needed. --1022 (10/15/06) Ethel Gregory, RNP  
ASA,. --1023 (10/15/06) Ethel Gregory, RNP  
Cholesterol,. --1023 (10/15/06) Ethel Gregory, RNP.

### Allergies

PCN. Probable(rash) --1023 (10/15/06) Ethel Gregory, RNP

The following entry was struck by Sue Holland, 1026 (10/15/06) Reason - wrong value.  
~~PCN. --1022 Sue Holland.~~

### History

Chief Complaint: ABDOMINAL PAIN.  
Onset (2 days ago).  
Arrived by private vehicle and accompanied by family and spouse. Historian: patient. --10:04  
Ethel Gregory, RNP

The patient has had fever and nausea. The patient has had diarrhea. It has been bloody. --  
10:05 Ethel Gregory, RNP

PAST HX: Myocardial infarction. Emphysema. Appendectomy.  
SOCIAL HX: Smoker. Regular alcohol use; consumes one beer. --10:07 Ethel Gregory, RNP

PAST HX: Gastroesophageal reflux disease.  
SOCIAL HX: Recent travel- within USA. --10:08 Ethel Gregory, RNP

The patient has had dizziness. No head injury. --10:09 Ethel Gregory, RNP

PAST HX: Chronic back pain. --10:09 Ethel Gregory, RNP.

**Patient: forstater, alan**  
**MRN:**  
VisitID:  
5555  
55y, M

**Clinical Report - Nurses**  
City Place General Hospital  
1234 Main Street, Dallas, TX 75244 555-555-  
Registration Date/Time: 10/15/2006 10:29

# T-System, Inc. (T SystemEV)

forstater, alan 10/15/2006 9:45 MR# Visit# Clinical Report - Nurses 2 of 3

## Interventions

ID band on patient. To treatment room. --10:04 Ethel Gregory, RNP.

## PHYSICAL ASSESSMENT

To room via wheelchair. (rm 1). Patient gowned. Alert. Appears in pain. Oriented X 3. Respirations not labored. Normal sinus rhythm noted. Moderate abdominal tenderness in the left lower quadrant. Hyperactive bowel sounds. Mucous membranes are pink. Skin is warm and dry. --10:11 Ethel Gregory, RNP.

## NURSING PROGRESS NOTES

10:06. Checked patient name and birthdate. Oxygen administered by nasal cannula at 2 liters. Cardiac monitor, pulse oximeter and NIBP monitor placed on patient; cardiac monitor- Lead II; monitor alarms on. IV started: #1 site, right antecubital space, 18g angiocath, using aseptic technique, with good blood return; one attempt. Fluid infusing - 1000 mL bag; rate = wide open. (1000 mL bolus). Blood samples drawn from the peripheral IV site (prior to IV fluid start) by nurse per protocol and sent to lab: rainbow set. Head of bed elevated 60 degrees. Call light placed in reach. Side rails up x 1. Bed placed in lowest position. Brakes of bed on. --10:06 Ethel Gregory, RNP

BP: 150 / 97. HR: 130. RR: 27. Temp: 103.7 oral. --10:10 Ethel Gregory, RNP

Two patient identifiers checked. MORPHINE 4mg slow IVP over 1 minute. Sedative drug warning given to patient and family.

ZOFRAN 4 mg slow IVP.

NG tube inserted. --10:12 Ethel Gregory, RNP

Patient transported to CT by stretcher with tech. --10:13 Ethel Gregory, RNP

Patient returned from CT by stretcher with tech. --10:13 Ethel Gregory, RNP

Reassessment after procedure and medication administered. The patient is resting quietly. Overall patient status is improved- the patient states feels better. The patient reports abdominal pain is still present but improving. Patient and family informed about plan of care. --10:13 Ethel Gregory, RNP

BP: 150 / 85. HR: 100. RR: 18. O2 saturation: 98% room air. GENTAMICIN \_\_\_\_\_ mg IVPB. The patient reports nausea is still present but improving. --10:14 Ethel Gregory, RNP

Patient waiting for consult. Admission orders pending. --10:14 Ethel Gregory, RNP

Hct: 21. ED physician and consult physician notified. --10:14 Ethel Gregory, RNP

~~correction to prior entry - GENTAMICIN 60mg and 160mg IVPB. --10:15 Ethel Gregory, RNP~~  
Correction --10:18 Ethel Gregory, RNP

GENTAMICIN \_\_\_\_\_ mg IVPB completed.

IV fluids rate changed (decreased to 100 mL/hr). Reassessment after medication administered. The patient has had no adverse reaction. --10:16 Ethel Gregory, RNP

# T-System, Inc. (T SystemEV)

forstater, alan 10/15/2006 9:45 MR# Visit# Clinical Report - Nurses 3 of 3

FLAGYL 500mg IVPB (pre-mix) via IV pump. IV patency established. IV site checked: no pain, redness, or swelling. IV flushed thoroughly pre- and post-medication administration. Allergic reaction warning given to patient and family. --10:17 Ethel Gregory, RNP

FLAGYL 500mg IVPB completed.

Reassessment after medication administered. The patient has had no adverse reaction. --10:18 Ethel Gregory, RNP

12-lead EKG was ordered, performed by a nurse and shown to the ED physician. 16 fr NG tube inserted in right nostril with no difficulty. Placement confirmed by auscultation and return of gastric contents. Return: bright red bloody fluid. Tube secured. Attached to low suction. Gastroccult positive. Patient tolerated procedure well. ED physician and consult physician notified about patient's status. Notified (bloody gastric contents). --10:19 Ethel Gregory, RNP

ZANTAC 50mg IVPB (pre-mix) via IV pump. IV patency established. IV site checked: no pain, redness, or swelling. IV flushed thoroughly pre- and post-medication administration. Patient and family informed about plan of care. --10:20 Ethel Gregory, RNP

ZANTAC 50mg IVPB completed.

Reassessment after medication administered. The patient has had no adverse reaction. Overall patient status is improved- the patient states feels better. Family and spouse at bedside. --10:21 Ethel Gregory, RNP

General surgical consent signed. Admission orders received. --10:21 Ethel Gregory, RNP

ZANTAC 50mg IVPB completed.

Reassessment after medication administered. The patient has had no adverse reaction. --10:24 Ethel Gregory, RNP.

## DISPOSITION / DISCHARGE

Report was given (OR staff). Transported via stretcher by nurse and transport team with IV and O2. Admitted to OR. Patient has no belongings. --10:24 Ethel Gregory, RNP.

The patient's home medications have been reviewed and validated with patient and spouse by the Emergency Department nurse. The patient's medications are listed below:

Metoprolol,.

Zantac Oral, as needed. --1022 (10/15/06) Ethel Gregory, RNP

Motrin Oral, as needed. --1022 (10/15/06) Ethel Gregory, RNP

ASA,. --1023 (10/15/06) Ethel Gregory, RNP

Cholesterol,. --1023 (10/15/06) Ethel Gregory, RNP.. --10:26 Ethel Gregory, RNP.

**This report is not final**

# *T-System, Inc. (T SystemEV)*

**Patient: forstater, alan**  
**MRN:**  
VisitID:  
5555  
55y, M

**General Instructions with ExitWriter**  
City Place General Hospital  
1234 Main Street, Dallas, TX 75244 555-555-  
Registration Date/Time: 10/15/2006 10:29

Thank you for visiting the City Place General Hospital-Emergency Department.  
You have been evaluated today by Sue Holland, for the following condition(s):

Abdominal pain.  
Diarrhea.  
Lower GI bleed.  
Acute diverticulitis with abscess.

---

Sue Holland,

---

**Patient: forstater, alan**  
**MRN:**  
VisitID:  
5555  
55y, M

---

**General Instructions with ExitWriter**  
City Place General Hospital  
1234 Main Street, Dallas, TX 75244 555-555-  
Registration Date/Time: 10/15/2006 10:29

# T-System, Inc. (T SystemEV)

**Patient: forstater, alan**

**MRN:**

VisitID:  
5555

55y, M

**Physician Clinical Report**

City Place General Hospital

1234 Main Street, Dallas, TX 75244 555-555-

Registration Date/Time: 10/15/2006 10:29

Time Seen: 10:03.

Arrived- By ambulance. Historian- patient and EMS personnel.

## HISTORY OF PRESENT ILLNESS

Chief complaint- ABDOMINAL PAIN. This started about 2 days ago and is still present and now worse. It was abrupt in onset and has been waxing/waning. It is described as "pain", cramping and diffuse and it is described as generalized in location. At its maximum, severity described as severe. When seen in the E.D., severity described as moderate. Modifying factors- Not worsened by anything. Not relieved by anything. He has had nausea. The patient has had diarrhea. This has occurred several times. It has been watery and blood-tinged and has been associated with cramps. No vomiting.

Patient has not had similar symptoms previously.

Not recently seen/assessed.

## REVIEW OF SYSTEMS

The patient has had difficulty with urination, with burning. He has had bloody stools. They have occurred several times. He has had a subjective fever. He has had back pain (chronically). No constipation, chest pain, difficulty breathing or joint pain. He has had when standing dizziness. All systems otherwise negative, except as recorded above.

## PAST HISTORY

See nurses notes.

Coronary artery disease. Myocardial infarction. Emphysema. Gastroesophageal reflux.  
Eczema.

Prior abdominal surgery: appendectomy.

**Medications:** Cholesterol,  
ASA,  
Motrin Oral, as needed  
Metoprolol,  
Zantac Oral, as needed.

**Allergies:** PCN. Probable(rash).

## SOCIAL HISTORY

Alcohol use; consumes beer daily. Recent travel by airplane- southeast USA. Is a local resident.

**Patient: forstater, alan**

**MRN:**

VisitID:  
5555

55y, M

**Physician Clinical Report**

City Place General Hospital

1234 Main Street, Dallas, TX 75244 555-555-

Registration Date/Time: 10/15/2006 10:29

# T-System, Inc. (T SystemEV)

forstater, alan 10/15/2006 9:45 MR# Visit# Physician Clinical Report 3 of 3

Agreed upon treatment plan. Physician will see patient in ED. Call placed to on-call physician. Consult obtained from surgery. Case discussed. Will see patient in the hospital. Agree with treatment plan. Patient and spouse counseled regarding the patient's serious condition, test results, diagnosis and need for admission and surgery. Additional history sought from spouse. Old medical records ordered.

I consider vertigo, brainstem TIA, brainstem CVA, near-syncope and anxiety unlikely as a cause of dizziness in this patient. This is a partial list of diagnoses considered.

I consider gastroenteritis, esophageal perforation, acute appendicitis, small bowel obstruction, abdominal aortic aneurysm and myocardial infarction unlikely as a cause of abdominal pain in this patient. This is a partial list of diagnoses considered.

I consider gastritis, gastroenteritis, peptic ulcer disease, nosebleed and abdominal aortic aneurysm unlikely as a cause of GI bleed in this patient.

Above considerations are based on history, physical exam, past history, social history, family history, reassessment, laboratory data, X-Ray data, EKG and consultation.

Differential diagnosis was discussed with patient and patient's spouse.

**Disposition:** Admitted to general surgery. Condition: stable.

## CLINICAL IMPRESSION

Abdominal pain.  
Diarrhea.  
Lower GI bleed.  
Acute diverticulitis with abscess.

---

Sue Holland,

The patient lives with spouse. Has good social support.

**FAMILY HISTORY**

History of heart disease with premature onset and in multiple family members. Stroke in mother and father.

**ADDITIONAL NOTES**

The nursing notes have been reviewed.

**PHYSICAL EXAM**

**Appearance:** Alert. Oriented X3. Patient in moderate distress.

**Vital Signs:** Have been reviewed- febrile.

**Eyes:** Pupils equal, round and reactive to light. Eyes normal inspection.

**ENT:** Nose normal. Pharynx normal.

**Neck:** Normal inspection. Neck supple. No carotid bruit.

**CVS:** Tachycardia. Heart sounds normal.

**Respiratory:** Mild bilateral wheezes.

**Abdomen:** Moderate tenderness in the left lower quadrant. Abnormal bowel sounds: hyperactive. Mass present in the left lower quadrant. Abdomen soft. No organomegaly.

**Back:** Normal inspection.

**Rectal:** Moderately tender digital exam. Heme-positive stool.

**Skin:** Normal skin color. Skin warm and dry. No rash.

**Extremities:** Extremities exhibit normal ROM. No calf tenderness. No lower extremity edema.

**Neuro:** Oriented X 3. No motor deficit. No sensory deficit. Reflexes normal.

**LABS, X-RAYS, AND EKG**

**Abdominal CT:** Appendix normal. There is evidence of diverticulitis with focal abscess. No perforation with free air. The study was independently viewed by me and interpreted by the radiologist.

**Laboratory Tests:** Laboratory tests have been ordered, with results reviewed and considered in the medical decision making process.

**CBC:** HCT 21 %- marked anemia.

**Hematology:** Type and crossmatch for 4 units.

**PROGRESS AND PROCEDURES**

**E.D. Course:** IV NS started 1000 mL bolus given, then 100mL/hr.

Flagyl 500mg IVPB.

Zantac 50mg IVPB.

Morphine 4mg IVP. Sedative drug warning given to patient and family.

Zofran 4mg IV.

Gentamicin 60mg given IVPB.

Evaluation after reassessment, multiple exams, observation, results of tests back, IV fluids and IV medication. Patient is stable. Physical exam findings are improved. Symptoms much better..

Discussed case with on-call physician. Reviewed test results and need for additional work-up.

# T-System, Inc. (T SystemEV)

**Patient:** forstater, alan  
**MRN:**  
**VisitID:**  
5555  
55y, M

**OrderSheet**  
City Place General Hospital  
1234 Main Street, Dallas, TX 75244 555-555-  
Registration Date/Time: 10/15/2006 10:33

## ORDER SHEET

**Allergies:** PCN

### **GENERAL ORDERS:**

**CBC** (10:06 10/15/2006 SHolland)  
**CMP** (10:06 10/15/2006 SHolland)  
**CT Abdomen w contr.** (10:12 10/15/2006 SHolland)  
**NG Tube** (10:12 10/15/2006 SHolland)  
**Consult:** (10:12 10/15/2006 SHolland)  
**PT with INR** (10:19 10/15/2006 SHolland)  
**EKG** (10:19 10/15/2006 SHolland)

### **MEDICATION ORDERS:**

**Zofran IV 4 mg** (10:13 10/15/2006 SHolland)

### **IV FLUIDS:**

### **ORDER SHEET NOTES:**

**This document has not been locked and should not be saved in the medical record.**

**Patient:** forstater, alan  
**MRN:**  
**VisitID:**  
5555  
55y, M

**OrderSheet**  
City Place General Hospital  
1234 Main Street, Dallas, TX 75244 555-555-  
Registration Date/Time: 10/15/2006 10:33

# T-System, Inc. (T SystemEV)

## CODING SUMMARY

**Patient:** forstater, alan

**DOS:** 10/15/2006

**MR#:**

**Age/sex:** 55y/M

**Doctor:** Sue Holland,

**Visit ID:**

**Template:** 36 Abdominal Pain

### --- CASE COMPLEXITY (marked items only) -----

**Clinical Impression:** Abdominal pain (789.00#). Diarrhea (787.91). Lower GI bleed (578.9).  
Acute diverticulitis with abscess (562.11; 569.5).

**Symptoms:** Chief Complaint: abdominal pain.

nausea diarrhea difficulty w/urination bloody fever back pain dizziness

**Past History:** emphysema CAD MI reflux skin problem abdominal surgery  
CCDM:EP:ALLERGIESLOCK

**Tests & Data:** independent review ekg/xray labs xrays consultation prior records requested  
additional history from other

**Data Score = 5 (High)**

**Procedures:** Medical Decision Making E.D. Course

**Disposition:** Condition: stable. Admitted to general surgery.

### --- HISTORY AND PHYSICAL SUMMARY (marked items only) -----

**H & P Analysis:** 5 (does not include medical decision-making considerations). level 5 ONLY if pertinent  
negative and positive systems in ROS have been individually recorded.

**HPI: 7 elements:** Modifying Factors Severity Timing Associated Symptoms Duration Location  
Quality *Free Text*

**ROS: 7 elements:** CVS Neurologic GI Pulmonary Constitutional Musculoskeletal GU  
'All systems negative except as marked' is circled. *Free Text*

**PFSH: 3 elements:** Social Hx Past Hx Family Hx *Free Text*

**Physical Exam Systems: 10 systems:** Skin CVS Neurologic GI Eyes ENT Constitutional  
Heme/Lymph/Immun Musculoskeletal Respiratory

**Physical Exam Areas: 4 areas:** Head/Face Abdomen Back/spine Neck

City Place General Hospital  
1234 Main Street, Dallas, TX 75244 555-555-5555

10/15/2006 10:29

-----  
**Patient: forstater, alan**

# T-System, Inc. (T SystemEV)

forstater, alan 10/15/2006 9:45 MR# Visit# Coding Summary 2 of 2

## --- CPT CODE ASSIGNMENTS ---

**CPT Codes:** Laboratory tests have been ordered, with results reviewed and considered in the medical decision making process.

forstater, alan 10/15/2006 9:45 MR# Visit# Coding Summary 2 of 2