



Emergency Department - Practitioner Notes
Registered Date of Service: 12/11/2007 8:16:00AM

REASON FOR VISIT:

The patient is manually added with a complaint of "abd pain"

HISTORICAL DATA:

MODE OF ARRIVAL: The patient arrived by paramedics. Field treatment: Venous IV access was established and oxygen administered at 2L by cannula. Medical direction: The patient's prehospital course was directed by base station by protocol.

HISTORIAN: The patient's history is gathered from the patient.

CHIEF COMPLAINT:

Abdominal pain

HISTORY OF PRESENT ILLNESS:

The patient presents for evaluation of poorly characterized, lower abdomen abdominal pain with symptoms beginning approximately 2 days prior to arrival. This is the first episode of pain. There has been associated nausea, with no vomiting and several episodes of diarrhea. There has been no radiation of the pain. There has been no fever. There is a history of dysuria, no hematuria, no frequency. There is no prior history of similar abdominal pain. There was no precipitating activity for this episode. Significant co-morbidity that may increase the incidence of complications includes coronary artery disease, smoking. There is a history of recent travel outside the patient's geographic area. The patient has had recent travel to New Orleans. He admits to consuming mass quantities of alcohol. He also admits to several bloody stools today.

REVIEW OF SYSTEMS:

CONSTITUTIONAL: There has been no significant weight change.

EYES: There has been no change in vision.

ENT: There has been no earache, no sore throat.

LYMPHATIC: There has been no abnormal bleeding.

PULMONARY: There has been no coughing.

CARDIOVASCULAR: There has been no palpitations.

GASTROINTESTINAL: See HPI.

GENITOURINARY: There has been DYSURIA, no hematuria.

MUSCULO-SKELETAL: There has been no joint pain.

INTEGUMENTARY: There has been no rash.

NEUROLOGIC: There has been DIZZINESS.

PAST MEDICAL HISTORY:

Chronic obstructive pulmonary disease, coronary artery disease. Eczema.

PAST SURGICAL HISTORY:

Appendectomy.

SOCIAL HISTORY:

ALCOHOL:The patient does consume alcohol. That consumption is described as daily.

ALAN FORSTETTER

Pt Acct #: TM12112007-244

Date: 12/11/2007

MRN: 0

Age: 54Y

Practitioner: Chris Thompson, MD, FACEP

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DRUGS:The patient denies use of illicit drugs.

TOBACCO:The patient is a smoker with a history of smoking < 1/2 pack of cigarettes per day.

FAMILY HISTORY:

There is a family history of coronary artery disease, cerebrovascular accident.

CURRENT MEDICATIONS:

metoprolol

aspirin, Dosage: 81mg

Lipitor, Dosage: 10mg

ALLERGIES:

Medication Allergies: Penicillin.

VITAL SIGNS:

Visual Acuity:

Time	User	Left Eye	Right Eye	Both Eyes	Correction
0828	CTT	20	20	20	With

Vital Signs:

Time	User	Temp (F/C)	Resp.	Pulse	B.P.	Pulse-Ox
0818	DDM	99.0/37.2	Oral 27	130	110/50	Left Arm - Sitting 96 Room Air

PHYSICAL EXAM:

GENERAL: well developed, well nourished, elderly male, awake and alert, warm and dry, moderate distress.

HEAD: Normocephalic.

EYES: PERRL, no discharge or injection.

ENT:

EARS: Normal external appearance.

NOSE: No epistaxis.

THROAT: No obvious abnormality.

NECK: Supple, nontender.

LYMPHATIC: No gross adenopathy.

CHEST: Nontender, symmetrical.

LUNGS: Clear to auscultation and breath sounds equal.

CV: Regular rate and rhythm without murmurs.

ABDOMEN: There is moderate, left lower quadrant tenderness, normal bowel sounds, no rebound, no guarding. There is no flank tenderness, no distension.

RECTAL: There is bloody stool.

BACK: No tenderness or spasm.

SKIN: Warm and dry.

EXTREMITIES: No joint effusion or cyanosis.

NEURO: Level of consciousness: Awake, alert and appropriate.

Orientation: Patient is oriented to time, place and person.

Cranial nerves: Normal.

Motor function: Normal.

Sensory function: Normal.

Reflexes: Reflexes are 2+ and equal.

INVESTIGATIONS:

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LABORATORY:

INR = 1
 CBC= 12.5 / Hgb = 7 / Hct = 21
 Chem. 12 = normal
 CAT scan - positive scan for a diverticulitis with abscess.
 No evidence of an appendicitis or free air.
 NG tube negative for blood.

EMERGENCY PRACTITIONER INTERPRETATIONS:

EKG: Sinus tachycardia, with a rate of 110, without ectopy, right axis deviation, no ischemic changes.

ORDERS:

Orders:

Ordered User	Source	Ordering Prac.	Order	Current Status
0830	CTT	Thompson, Chris	CBC w/ Diff	New Order (0830)
0830	CTT	Thompson, Chris	BMP	New Order (0830)
0830	CTT	Thompson, Chris	PT/PTT	New Order (0830)
0830	CTT	Thompson, Chris	Type & Screen	New Order (0830)
0830	CTT	Thompson, Chris	Abdomen/Pelvis, Contrast	New Order (0830)

Department Orders:

Ordered User	Source	Ordering Prac.	Order	Current Status
0832	CTT	Thompson, Chris	BP, Cardiac, Pulse Ox	New Order (0832)
0832	CTT	Thompson, Chris	2L	New Order (0832)
0832	CTT	Thompson, Chris	NG Tube w/ Lavage	New Order (0832)

Medications Ordered:

Ordered User	Source	Ordering Prac.	Order	Resp. Time	Route	Response	Current Status
0832 (0832)	CTT	Thompson, Chris	Zofran injectable				New Order
0832 (0832)	CTT	Thompson, Chris	gentamicin injectable				New Order
0832 (0832)	CTT	Thompson, Chris	Flagyl injectable				New Order
0832 (0832)	CTT	Thompson, Chris	Zantac injectable				New Order
0832 (0832)	CTT	Thompson, Chris	morphine				New Order

INTERVENTION:

COURSE:

RE-EXAMINATION: The patient was re-examined over 2 hours. The patient's abdominal pain is persistent. The patient states he feels better after medications. He initially spiked a fever prior to being taken to radiology. Upon return from radiology, a surgical consultation was obtained. After surgical consultation, the patient will be taken to the operating room for exploratory laparotomy with the presumed diagnosis of diverticulitis. There was no vomiting. Re-examination reveals no abdominal tenderness. Vital signs are stable.

COORDINATION OF CARE: The nurse's notes were reviewed. Prehospital care records were reviewed. Old records were requested and reviewed. Consultation and discussions concerning admission were undertaken with Dr. Olga Alarid, the on call physician. Discussions concerning the patient's care were undertaken with the patient's wife, the patient. The patient is strongly encouraged to stop drinking, and smoking. However, in view of the patient's past medical history is emergency physician Tom it is expected that he will continue both habits indefinitely.

DIFFERENTIAL DIAGNOSIS: Because of the patient's presenting complaints and symptoms, the general diagnostic impression is abdominal pain. Some of the specific differential diagnoses considered include

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diverticulitis, diverticulosis, duodenal ulcer, lower GI bleeding, gallbladder disease, abdominal pain of unknown etiology. The differential diagnosis includes, but is not limited to, the above list. Based on all known factors at this time, the most likely possibilities include diverticulitis.

DIAGNOSTIC IMPRESSION:

PRIMARY DIAGNOSIS:

Acute abdominal pain.

Acute diverticulitis.

ADDITIONAL DIAGNOSIS:

coronary artery disease

chronic obstructive pulmonary disease

hypercholesterolemia.

DISPOSITION:

ADMIT: The patient is being admitted for further evaluation and treatment.

Admitting Unit: Medical/Surgical.

Admitting Physician: Dr. Olga Alarid.

Chris Thompson, MD, FACEP

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chart was typed.

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