

Patient Chart-- Comprehensive

Patient: <u>Forstater</u>	SS #: _____
Mailing Address: _____	DOB: <u>12/1/1953</u>
City: _____	Home Ph: _____
Arrival: <u>12/11/2007 9:09pm</u>	Disposition: <u>OR</u>
Dispo Summary Printed: <u>12/11/2007 9:21pm</u>	Rm (last): <u>Wtng</u>
RN Triage: <u>Wellsoft Staff</u>	RN Dispo: _____
RN Eval: _____	Res/PA/NP: _____
MD ED: <u>Wellsoft Staff</u>	PMD Ph: _____
PMD: _____	Admitting MD Phone: _____
Admitting MD: <u>Kildare</u>	

 Chief Cmplnt: Abdominal Pain
Current Medications

Medication	Dose	Route	Frequency	Last Dose	RN Comments
Metoprolol					
Aspirin					
Zantac					
Lipitor					

Allergies

Allergic Substance	Reaction	Severity	Comments
PCN V	rash		

Vital Signs

Sys	Dia	Pulse	Resp	SAT	O2 Delivered	Tmp (F)	Route	Pain Scale	Quality	Taken	User Name
110	50	130	27	96%							Wellsoft Staff
				spot_che ck							
150	97		27	99%		103.7 (39.8)	oral				Wellsoft Staff
				spot_che ck							
150	85	100	18	98%							Wellsoft Staff
				spot_che ck							

Orders

Order	Univ Code	Category	To Perform	Sched D/T	In Prog D/T	Comp D/T
CBC	CBC	Lab		12/11/2007 9:12pm	12/11/2007 9:17pm	12/11/2007 9:17pm

COMPREHENSIVE METABOLIC PANEL	CMP	Lab	12/11/2007 9:12pm	12/11/2007 9:17pm	12/11/2007 9:17pm
PT	PT	Lab	12/11/2007 9:12pm	12/11/2007 9:17pm	12/11/2007 9:17pm
PTT	PTT	Lab	12/11/2007 9:12pm	12/11/2007 9:17pm	12/11/2007 9:17pm
AMYLASE	AMY	Lab	12/11/2007 9:12pm	12/11/2007 9:17pm	12/11/2007 9:17pm
UA	UA	Lab	12/11/2007 9:12pm	12/11/2007 9:17pm	12/11/2007 9:17pm
IV D5 1/2NS 75cc/hr	9822145	PHR	12/11/2007 9:12pm	12/11/2007 9:17pm	12/11/2007 9:17pm
XR ABDOMEN (FLAT PLATE)	00030	Sctry, Rad	12/11/2007 9:12pm		
Ancef (cefazolin) 1g (50mL of 1g/50mL) IV piggyback		Pharmacy Nurse, Pharm	12/11/2007 9:17pm		
MORPHINE INJ Dose:_4 MG IM		Pharmacy Nurse	12/11/2007 9:18pm		
ZANTAC (RANITIDINE) INJ Dose:_ MG IV		Pharmacy Nurse	12/11/2007 9:18pm		
CT ABDOMEN/PELVIS W/ AND W/O IV CONTRAST					
CT ABDOMEN W/IV AND W/O CONTRAST; pain	43120	Sctry, Cat	12/11/2007 9:18pm		
CT PELVIS W/IV AND W/O CONTRAST; pain	43086	Sctry, Cat	12/11/2007 9:18pm		
FLAGYL (METRONIDAZOLE) INJ Dose:_500 MG IV		Pharmacy Nurse	12/11/2007 9:21pm		
GENTAMICIN INJ Dose:_60 MG IM		Pharmacy Nurse	12/11/2007 9:21pm		
ZOFRAN (ONDANSETRON) INJ Dose:_4mg MG IV		Pharmacy Nurse	12/11/2007 9:21pm		
NG TUBE WITH LAVAGE		Nurse	12/11/2007 9:21pm		

Patient Charges

Item	Points	Serv Code	CPT	Posted	User Name
Single Pulse Oximetry	1				Wellsoft Staff
IV Start	3				Wellsoft Staff
Single Pulse Oximetry	1				Wellsoft Staff
Urine, Routine	1				Wellsoft Staff
Single Pulse Oximetry	1				Wellsoft Staff
***LEVEL OF SERVICE 1 (w/o procedure)	T-7	780051	99281		

Wellsoft Staff Created: 12/11/2007 9:10pm Last Entry: 9:13pm

NURSING TRIAGE (Adult)

HPI:

Abdominal-pain - Sittting in bed felt pain with nausea and rectal bleeding after trip to New Orleans. Onset 2days ago. Pain described as sharp, located in the epigastric area. States no fever at home. (+)nausea, (-)vomiting, (-)back pain, (-)dysuria, (-)melena, (+)diarrhea, (+)cramping.

PMH: appendicitis, heart attack, emphysema.

Surgeries: appendectomy.

TRIAGE DATA:

Last Tetanus:

LMP:

WEIGHT(lbs converted):

PHYSICAL EXAM:

GENERAL APPEARANCE: (adult) - well nourished, alert, oriented X 3, moderate distress from pain, no obvious discomfort.

PREHOSPITAL CARE: None

NURSING INTERVENTION: None.

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Nurse Note:

IV INSERTED - procedure time 20ga left IV site 100ml NS at 150mL per hour via gravity following 1 attempt(s), with labs drawn. Patient tolerated procedure well.

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Order(s) performed by "Nurse":

- 12/11/2007 9:15pm - COMPREHENSIVE METABOLIC PANEL
- 12/11/2007 9:16pm - PT
- 12/11/2007 9:17pm - PTT
- 12/11/2007 9:17pm - AMYLASE
- 12/11/2007 9:17pm - IV D5 1/2NS 75cc/hr

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PHYSICIAN H&P (Abdominal Pain)

HPI: Pt c/o 2days of mild, cramping, intermittent pain in the abdomen; non-radiating.

Sx began when after trip from New Orleans; now worse. (+)trauma last week (fell)

nothing worsens Sx.

nothing improves Sx.

no prior hx of similar problem.

ROS: no fever, no cough, (-)headache, (-)sore throat, (-)SOB, (-)chest pain, (-)decreased appetite, (+)nausea, (-)vomiting, (-)constipation, (+)diarrhea, (+)dysuria, (-)hematemesis, (-)hematechezia, (-)melena, (+)back pain, (-)rash, in additon to the systems reviewed, all other systems are negative.

PREHOSPITAL CARE: none.

PMH: (-)AAA, (-)COPD, (-)CVA, (-)DM, (-)HTN, (-)CAD, (+)MI, (-)ulcer disease.

PSH: none

FH: (-)AAA, (-)CVA, (-)DM, (-)CAD, (+)MI (both parents and brother).

SH: smokes 1 ppd, drinks 1 beers per day, no drugs, lives with family.

PHYSICAL EXAM: (-) nursing notes reviewed

VITAL SIGNS: within normal limits.

GENERAL APPEARANCE: well nourished, alert, cooperative, no acute distress, no obvious discomfort.

MENTAL STATUS: speech clear, oriented X 3, normal affect, responds appropriately to questions.

NEURO: cerebellar function intact, reflexes symmetric throughout, motor intact, sensory intact.

EYES: PERRLA, EOMI, (-)scleral icterus.

NOSE: no nasal discharge.

MOUTH: (-)decreased moisture.

THROAT: no tonsilar inflammation.

NECK: supple, no neck tenderness, (-)thyromegaly.

CHEST WALL: no chest tenderness.

LUNGS: no wheezing, no rales, no rhonchi, (-)accessory muscle use, good air exchange bilateral.

HEART: rapid rate, normal rhythm, normal S1, normal S2, (-)S3, (-)S4, no murmur, no rub.

ABDOMEN: hyperactive BS, soft, no abd tenderness, (-)guarding, (-)rebound, no organomegaly, firm tender mass in the left lower quadrant.

BACK: (+)full range of motion, no back tenderness.

RECTAL: stool soft and brown, (+)hemocult, (-)masses.

EXTREMITIES: good pulses in all extremities, no edema.

SKIN: warm, dry, good color, no rash.

DIFFERENTIAL Dx:

ABDOMEN(adult) Dx:

RESULTS REVIEWED:

Wellsoft Staff Created: 12/11/2007 9:17pm Last Entry: 9:17pm

Results Reviewed by ED Physician:

AMYLASE

PT

PTT

COMPREHENSIVE METABOLIC PANEL

CBC

Wellsoft Staff Created: 12/11/2007 9:17pm Last Entry: 9:17pm

Results Reviewed by ED Physician:



Pt Acct: _____

Med Rcrd: _____

UA

Wellsoft Staff Created: 12/11/2007 9:18pm Last Entry: 9:19pm

MD Note:

Case discussed with physician on staff; house officer on call for surgery who will come see pt.

Disposition

Admitting Dx: Abdominal Pain

Bed Type: SICU

Admit to Room: OR

Cardiac Monitor Req: yes

Oxygen Req: yes

Security Watch: no

Calls

Name	Comments	Requested By	Request	Call #1	Call #2
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All Rows Are Empty!

Patient Belongings: _____

Physician E&M Level of Service

Approximate Level: 4

Level	0	1	2	3	4	5
SUMMARY						
History					Detailed	
Exam						Comprehensive
Decision Making						High Complexity
HISTORY						
HPI						7 Elements
ROS					9 Systems	
PFSH						3 Areas
EXAM						
Total						17 Areas/Systems
DECISION MAKING						
Dx/Tx Options		0 Points				
Data Reviewed						4 Points
Risk						High

DETAILED ANALYSIS

HPI (7 elements)

Location: ...the abdomen; non-radiating...
Quality: ...cramping, intermittent...
Severity: ...mild, cramping...
Duration: ...2days of mild... week (fell)...
Timing: ...intermittent pain... now_worse...
Context: ...Sx began when after...
Modifying Factors: ...nothing worsens Sx... nothing improves Sx...
Associated Signs and Symptoms:

ROS (9 systems)

Constitutional: ...(-)decreased appetite... no_fever...
Eyes:
ENMT: ...(-)sore throat...
Cardiovascular: ...(-)chest pain...
Respiratory: ...no_cough... (-)SOB...
GI: ...(-)constipation... (+)diarrhea... (+)nausea... (-)vomiting...
GU: ...(+dysuria...
Musculoskeletal: ...(+back pain...
Skin/Breasts: ...(-)rash...
Neurological: ...(-)headache...
Psychiatric:
Endocrine:
Hematologic/Lymphatic:
Allergic/Immunologic:

PFSH (3 areas)

PMH: ...PMH: (-)AAA...
FH: ...FH: (-)AAA...
SH: ...SH: smokes...

EXAM DETAIL (17 areas/systems)

Head and Face:**Chest/Breasts/Axilla:**

Neck: ...NECK: supple...

Back/Spine: ...BACK: (+)full...

Genitalia/Groin/Buttocks:

LUE: ...pulses in all_extremities...

RUE: ...pulses in all_extremities...

LLE: ...pulses in all_extremities...

RLE: ...pulses in all_extremities...

Constitutional: ...GENERAL_APPEARANCE: well_nourished... VITAL_SIGNS: within_normal_limits...**Eyes:** ...EYES: PERRLA...**Ears/Nose/Mouth/Throat:** ...NOSE: no_nasal_discharge... MOUTH: (-)decreased... THROAT: no_tonsillar_inflammation...**Respiratory:** ...LUNGS: no_wheezing...**Cardiovascular:** ...HEART: rapid_rate...**GI:** ...ABDOMEN: hyperactive_BS... RECTAL: stool...**GU:****Lymphatic:****Musculoskeletal:** ...CHEST_WALL: no_chest_tenderness...**Skin:** ...SKIN: warm...**Neurologic:** ...NEURO: cerebellar...**Psychiatric:** ...MENTAL_STATUS: speech_clear...----- **Dx/Tx OPTIONS (0 points)** ----- Points -----**Dx:** Unknown**Workup:** Yes

Order: CBC... etc...

Severity: ???----- **DATA REVIEWED (4 points)** ----- Points -----**Lab Tests:**

Order: CBC

Order: COMPREHENSIVE METABOLIC PANEL

Order: PT

Order: PTT

Order: AMYLASE

Order: UA

1

Rad Tests:

Order: XR ABDOMEN (FLAT PLATE)

Order: CT ABDOMEN W/IV AND W/O CONTRAST; pain

Order: CT PELVIS W/IV AND W/O CONTRAST; pain

1

Other Tests: None

0

Results Discussed With Performing MD: None

0

Old Records/Other History Requested: None

0

Reviewed Old Records / History From Other / Discuss With Other Provider:

2

MD Notes: ...Case discussed with physician_on_staff...

Image/Tracing/Specimen Independently Visualized: None

0

----- **RISK (high)** ----- Level -----**Presenting Problem:**

PMH: MD Notes: ...(+)MI

Low

Dx Procedures:**Management Options:**

Disposition: OR

High

Order: Ancef (cefazolin) 1g (50mL of 1g/50mL) IV piggyback

Low

Order: MORPHINE INJ Dose:_4 MG IM

Low

Order: ZANTAC (RANITIDINE) INJ Dose:_ MG IV

Low

Order: FLAGYL (METRONIDAZOLE) INJ Dose: _500 MG IV	Low
Order: GENTAMICIN INJ Dose: _60 MG IM	Low
Order: ZOFRAN (ONDANSETRON) INJ Dose: _4mg MG IV	Low

Data Sources: The above calculations were performed using data that was extracted from "MD Notes:", "RN Notes:", Acuity, Orders, Procedures, Diagnoses, Prescriptions and Disposition.

Disclaimer: The E&M level of service (LOS) calculations shown here are intended to be used as an aid in determining the actual LOS. Do NOT use these calculations as an absolute indicator of the true LOS. For some patients the estimate will be higher or lower than the actual LOS. It is the responsibility of the user to review each record and determine the actual LOS.