



Emergency Department - Practitioner Notes
Registered Date of Service: 12/8/2008 8:10:00AM

REASON FOR VISIT:

The patient is registered by the clerical staff complaining of "abd pain weak"

HISTORICAL DATA:

MODE OF ARRIVAL: The patient arrived by private vehicle.

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, generalized abdominal pain with symptoms beginning approximately 3 days prior to arrival. The patient was recently admitted to the hospital and discharged 3 days ago after an admission for bloody diarrhea. This is the first episode of pain. There has been associated nausea, with no vomiting and > 10 episodes of diarrhea. Some of this actually began after the patient visited New Orleans last year. The diarrhea stopped after taking Imodium. There has been no radiation of the pain. There has been a tactile fever. There are no GU symptoms. There is no prior history of similar abdominal pain. There was no precipitating activity for this episode. There is no co-morbidity for significant disease that would increase the incidence of complications.

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 COUGHING, SHORTNESS OF BREATH.

CARDIOVASCULAR: There has been no palpitations.

GASTROINTESTINAL: See HPI.

GENITOURINARY: There has been HESITANCY, no dysuria.

MUSCULO-SKELETAL: There has been no joint pain.

INTEGUMENTARY: There has been no rash.

NEUROLOGIC: There has been no dizziness, no headache.

PAST MEDICAL HISTORY:

Diabetes mellitus, insulin dependent, hypertension, inflammatory bowel disease, atrial fibrillation.

PAST SURGICAL HISTORY:

ALAN FORSTATER
555 PATIENT WAY
PITTSBURG PA, 01234
(000) 000-0000

Pt Acct #: V888888888
Date: 12/8/2008
MRN: 98133
Age: 54Y
Practitioner: Chris Thompson, MD, FACEP

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Appendectomy, cholecystectomy.

SOCIAL HISTORY:

The patient's social history is currently unavailable because of the patient's condition.

FAMILY HISTORY:

The patient's family history is currently unavailable because of the patient's condition.

CURRENT MEDICATIONS:

Imodium, Dosage: No Dose mg capsule
*white BP pill, Dosage: No Dose
Valium
*Heart pill, Dosage: No Dose

ALLERGIES:

Medication Allergies: penicillin.

VITAL SIGNS:

Vital Signs:

Time	User	Temp(F/C)	Resp.	Pulse	B.P.	Pulse-Ox	Pain
0814	DDM	102.0/38.8	Rectal 27	120	90/60	Left Arm 88 Room Air	5
0836	CTT	102.0/38.8	24	120	90/60	88 Room Air	

PHYSICAL EXAM:

GENERAL: Well developed, underweight, disheveled, elderly male, confused, irritable, awake, arousable.
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 generalized, vague, left lower quadrant tenderness, absent bowel sounds, no rebound, no apparent guarding. There is no flank tenderness, no distension.
RECTAL: There is soft stool. The stool is guaiac positive.
BACK: No tenderness or spasm.
SKIN: The skin is cool, clammy, without rash.
EXTREMITIES: No joint effusion or cyanosis.

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NEURO: Level of consciousness: Awake, but nonverbal.
Orientation: Unable to test orientation.
Cranial nerves: Grossly intact.
Motor function: Moves all 4 extremities.
Sensory function: Unable to be tested.

INVESTIGATIONS:

LAB TESTS:

CBC: WBC: 27.0; Hb: 7.0; Hct: 21.0; Chem-12 is interpreted as normal.

RADIOLOGY:

CT SCAN:

Abdomen, non-contrast, Pelvic, non-contrast, interpreted as no free air, diverticulitis, possible ischemic bowel loops of the descending colon, by the staff radiologist.

PLAIN FILMS:

Chest, Portable, interpreted as LLL infiltrate, cardiomegaly, by Dr. Chris Thompson.

EMERGENCY PRACTITIONER INTERPRETATIONS:

Pulse Oximeter: Pulse oximeter is 88 % on room air. This is interpreted as normal.

EKG: Atrial fibrillation with rapid ventricular response, with a rate of ~140, without ectopy, nonspecific ST-T changes.

Stool Guaiac: Stool guaiac is positive. This is interpreted as abnormal.

ORDERS:

Medications Ordered:

Ordered	User	Source	Ordering Prac.	Order	Current Status
0830	CTT	Written	Thompson, Chris	dopamine drip (800 mg/250 ml)	New Order (0830)
0830	CTT	Written	Thompson, Chris	Flagyl injectable	New Order (0830)
0830	CTT	Written	Thompson, Chris	gentamicin injectable	New Order (0830)
0830	CTT	Written	Thompson, Chris	Cipro injectable	New Order (0830)

Given By	Medication	Loc.	Via	Response	Needle
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Size Attempts	Dressing				
	dopamine drip (800 mg/250 ml), Dosage: 100 micrograms/minute,				
Route:	IVPB ---- -- Unknown				
	Flagyl injectable, Dosage: 1 gram,				
Route:	IVPB				
	gentamicin injectable, Dosage: 100 mg,				
Route:	IVP				
	Cipro injectable, Dosage: 400 mg,				
Route:	IVPB				

PROCEDURES:

EMERGENCY PRACTITIONER PROCEDURE-AIRWAY INTUBATION:

Indications: Respiratory distress.

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This procedure required physician intervention. The patient was placed in a supine position. Because of the patient's condition, intubation was undertaken. The patient was hyperventilated by the respiratory therapist in anticipation of intubation. The patient was placed in the "sniffing" position. i.e., with the neck hyper-extended. The laryngoscope was carefully introduced into the oral cavity and sweeping the tongue aside, the vocal cords identified. Following identification, a # 8, cuffed, endotracheal tube was passed through the vocal cords without difficulty. An end tidal CO2 monitor was placed with acceptable results. Breath sounds were heard bilaterally. A continuous pulse oximeter was placed. The patient was placed on a ventilator. The patient tolerated the procedure well.

GENITOURINARY: EMERGENCY PRACTITIONER PROCEDURE-SUPRAPUBIC CATHETER PLACEMENT:

Indications: Urinary retention.

This procedure was performed by physician. A suprapubic catheter was placed without difficulty. Placement was confirmed by urinary outflow. The patient tolerated the procedure well.

INTERVENTION:

COURSE:

RE-EXAMINATION: The patient was re-examined over 3 hours.

CRITICAL CARE: Physician critical care management in the emergency department was required for 60 minutes. Critical care was necessary because of sepsis, hypotension. This time included consultation with the patient's physician, consultation with hospital staff radiologist, discussions with family, medical decision-making, non-continuous bedside care, review of laboratory, review of other diagnostic tests, review of other documents, review of previous chart, review of radiologic studies. over the next 3 hours, the patient developed sepsis with hypotension. Blood gases returned with a pH of 7.14. PO2 was 90, CO2 22. a Foley catheter was placed by me. Discussions were undertaken with the patient's wife. at some point. The patient became more hypoxic. For that reason, the patient was intubated without difficulty. nasogastric tube was also placed which was negative.

COORDINATION OF CARE: The nurse's notes were reviewed. The nurse's notes were reviewed. Old records were requested and reviewed. Discussions concerning the patient's care were undertaken with the patient's wife. Consultation and discussions concerning admission were undertaken with Dr. Janet Staples-Edwards, the hospitalist for the patient's IPA.

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 small bowel obstruction, surgical abdomen, diverticulitis. additionally, the patient must be considered septic at this time. 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, acute, generalized sepsis, ischemic bowel disease, probable diverticulitis .

DIAGNOSTIC IMPRESSION:

PRIMARY DIAGNOSIS:

Acute abdominal pain.

acute sepsis.

Acute left lower lobe pneumonia.

acute atrial fibrillation with rapid ventricular response.

DISPOSITION:

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

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Admitting Physician: Dr. Janet Staples-Edwards.

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