

Patient: Oliver Wood	DOB: 09/30/XXXX	Age: 60	
Attending: Dr. Design	Allergies: NKA	MR#: 107	
Diagnosis: Abdominal Pain, Right Upper Quadrant R/O	Gender: Male	Height: 5'8"	Weight: 230.4 lbs.

PATIENT INFORMATION

HISTORY OF PRESENT ILLNESS:

Presented to ED with 12 hours of RUQ abdominal pain, crampy, for last 12 hours, after eating large meal. Associated with nausea, but no vomiting. Fever and chills. No diarrhea.

PAST MEDICAL HISTORY:

Hypertension; no prior surgeries. Takes Lisinopril 20 mg daily.

SOCIAL HISTORY:

Patient is a retired postal worker. He and his wife are moving to Florida.

REPORT TO PARTICIPANTS: Synopsis:

Resident/Medical Student Report Only – Mr. Oliver Wood, 60 year old male presents with right upper quadrant abdominal pain for 12 hours with nausea. An abdomen ultrasound is awaiting results. Patient's wife is waiting to speak with the attending physician, who she has not seen yet. The emergency medicine Resident/Medical Student is at bedside evaluating the patient.

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History & Physical

TIME SEEN: 0900 **ID:** 60 year old male

REASON FOR SEEKING CARE: abdominal pain

HPI: 60 year old male presented with 12 hours of right upper quadrant abdominal pain, crampy, for the last 12 hours, after eating a large meal. Associated with nausea, but no vomiting. Subjective fever and chills. No diarrhea. He's never had similar pain before. Nothing has seemed to make it better or worse.

PAST MEDICAL HISTORY: Hypertension

PAST SURGICAL HISTORY: None

MEDICATIONS: Lisinopril, 20 mg daily

ALLERGIES: None

SOCIAL HISTORY: Nonsmoker. No alcohol. No street drugs.

REVIEW OF SYSTEMS: noncontributory

PHYSICAL EXAMINATION:

VITAL SIGNS: Temperature is 99.7, pulse 83, respiratory rate is 14, and blood pressure was initially 145/92. O2 saturation is 99% on room air.

GENERAL: Obese male, appears stated age.

HEENT: Nonicteric sclerae. Nose patent. Mucosal membranes moist and pink.

NECK: Supple. No cervical adenopathy or thyromegaly.

CARDIAC: Regular rate and rhythm.

LUNGS: Clear to auscultation bilaterally.

ABDOMEN: Obese. Soft and nondistended. Tender to deep palpation in the right upper quadrant with a positive Murphy's sign.

EXTREMITIES: No clubbing, cyanosis or edema.

NEUROLOGICAL: Nonfocal, intact.

DIAGNOSTIC STUDIES: WBC is 16.7 with hemoglobin 15.7, hematocrit 45.7 and 267,000 platelets. Urinalysis is negative. Basic metabolic panel: Sodium 137, potassium 3.8, chloride 106, bicarb 18, BUN 0.7, glucose 102, anion gap is 13, lipase is 18. LFTs are normal except for an alkaline phosphatase of 180. Abdominal ultrasound has been ordered with result pending.

IMPRESSION: Likely gallbladder disease.

PLAN: The patient was hydrated with normal saline. He was medicated with Dilauded and Zofran. Patient is maintained n.p.o. status. Medical/Surgical consultation is pending the ultrasound result.

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ADMIT / PHYSICIAN ORDERS

Day	Time	Complete top portion with each level of care change.
		<input type="checkbox"/> Outpatient Procedure: _____ (procedure) for _____ (medical reason).
		<input type="checkbox"/> Place in Outpatient Observation Services for:
		<input checked="" type="checkbox"/> Admit as Inpatient for:
Day	Time	PHYSICIAN ORDER AND SIGNATURE
		Medical/Surgical Consult Diet: NPO Activity: OOB as tolerated VS with SpO2 every 4 hours IV: Normal Saline bolus 500 ml then saline lock Medications: Hydromorphone 1mg/5ml NS IV every 3 hours prn pain Zofran 4mg IVP over 2-5 minutes prn nausea Diagnostics: BMP, CBC, Abdominal ultrasound
PROVIDER SIGNATURE		<i>Dr. Design</i>

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NURSING FLOW SHEET

DATE:					
VITAL SIGNS	TIME	0600	0800		
	BLOOD PRESSURE				
	PULSE				
	RESP RATE				
	TEMP				
PAIN	SCORE				
	LOCATION				
	CHARACTER				
RESP	OXYGEN				
	OXIMETER				
NUTR	DIET / % EATEN				
	SUPP FEEDING				
INTAKE	PO				
	IV				
OUTPUT	URINE				
	DRAINS				
PROBLEM / EVENT DOCUMENTATION					
DATE / TIME					
SIGNATURE					

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MEDICATION ADMINISTRATION RECORD Pg. 1

SCHEDULED MEDICATIONS

MEDICATION	0700 - 1859	1900 - 0659	
Saline Lock flush q 6 hrs			
SIGNATURE	INTLS	SIGNATURE	INTLS

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MEDICATION ADMINISTRATION RECORD Pg. 2

NON – SCHEDULED MEDICATIONS			
MEDICATION	0700 - 1859	1900 - 0659	
Hydromorphone 1mg/5ml NS IV q 3hrs prn pain			
Zofran 4mg IVP over 2-5 minutes prn nausea			
SIGNATURE	INTLS	SIGNATURE	INTLS

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LAB STUDIES & DIAGNOSTICS

CHEMISTRIES		
LAB TEST	NORMAL RANGE	PATIENT VALUE
Sodium (NA+)	135-145 mEq/L	137
Potassium (K+)	3.5 -5.0 mEq/L	3.8
Chloride (CL-)	100-108 mEq/L	106
Carbon Dioxide (CO2)	24-30 mEq/L	18
Magnesium (Mg++)	1.5-2.0 mEq/L	1.8
Glucose	70-110 mg/dL	102
Calcium (Ca++)	8.5-10.5 mg/dL	9.0
Phosphorous (PO4)	2.6-4.5 mg/dL	2.8
Blood Urea Nitrogen (BUN)	8-25 mg/dL	0.7
Creatinine	Male: 0.6-1.5 mg/dL Female: 0.6-1.1 mg/dL	
Osmolality	280-295 mOsm/kg	
Albumin	3.5-4.8 g/dL	
Pre-Albumin	19-38 mg/dL	
Ammonia	15-56 ug/dL	
Bilirubin	0.3-1.0 mg/dL	
Conjugated (Direct) Bilirubin	0-0.2 mg/dL	
Alk Phos	25-100 u/L	180
AST	Male: 14-20 u/L Female: 10-36 u/L	
ALT	10-35 u/L	
Amylase	25-125 u/L	
Lipase	10-140 u/L	18

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LAB STUDIES & DIAGNOSTICS

Arterial Blood Gases		
LAB TEST	NORMAL RANGE	PATIENT VALUE
pH	7.35-7.45	
PaCO ₂	35-45 mmHg	
PaO ₂	>80 mmHg	
SaO ₂	>94%	
HCO ₃	22-26 mEq/L	

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LAB STUDIES & DIAGNOSTICS

HEMATOLOGY

LAB TEST	NORMAL RANGE	PATIENT VALUE
Red Blood Cells (RBC)	Males: 4.5-5.3 million /mm ³ Females: 4.1-5.1 million/mm ³	4.8
Hematocrit (HCT)	Males: 37-49% Females: 36-46%	45.7
Hemoglobin (HgB)	Males: 13.0-18.0 g/100 ml Females: 12-16 g/100 ml	15.7
White Blood Cells (WBC)	4,500-11,000/mm ³	16.7
Platelets (Plt)	140-400 X 10 ³ mm ³	267,000
MCV	80-100	
MCH	27-33	
Retic count	0.5-2.5%	

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LAB STUDIES & DIAGNOSTICS

CARDIAC MARKERS

LAB TEST	NORMAL RANGE	PATIENT VALUE

COAGULATION

LAB TEST	NORMAL RANGE	PATIENT VALUE
Prothrombin Time (PT)	Control 11.2-13.2 (+/-2 seconds)	
Partial Prothrombin Time (PTT)	22.1-34.1 seconds activated	
INR	1-2	

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LAB STUDIES & DIAGNOSTICS

XRAY

STAT Lab Results

Laboratory Results

Lab Test	Normal Range	Patient Value
DDimer	<250	

STAT Lab Results

Test	Results
VQ Scan	

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The following is the form of a "Declaration," provided for under Nevada Statutes:

DECLARATION

If I should have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician, cause my death within a relatively short time, and I am no longer able to make decisions regarding my medical treatment. I direct any attending physician, pursuant to NRS 449.535 to 449.690, inclusive, to withhold or withdraw treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain.

If you wish to include the following statement in this declaration, you must INITIAL the statement in the box provided:

Withholding or withdrawal of artificial nutrition and hydration may result in death by starvation or dehydration. Initial this box if you want to receive or continue receiving artificial nutrition and hydration by way of gastrointestinal tract after all other treatment is withheld pursuant to this declaration |____|

Signed this _____ day of _____, 20____.

Signature: _____

Address: _____

The declarant voluntarily signed this writing in my presence.

Witness: _____

Address: _____

Witness: _____

Address: _____

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The following is the form of a "Durable Power of Attorney for HealthCare Decisions" provided for under Nevada Statute:

DURABLE POWER OF ATTORNEY FOR HEALTHCARE DECISIONS WARNING TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document. It creates a Durable Power of Attorney for HealthCare. Before executing the document you should know these important facts:

1. This document gives the person you designate as your Attorney-in-Fact the power to make health care decisions for you. The power is subject to any limitations or statement of your desires that you include in this document. The power to make health care decisions for you may include consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition. You may state in this document any types of treatment or placements that you do not desire.
2. The person you designate in this document has a duty to act consistent with your desires as stated in this document or otherwise made known, or, if your desires are unknown, to act in your best interest.
3. Except as you otherwise specify in this document, the power of the person you designate to make health care decisions for you may include the power to consent to your doctor not giving treatment or stopping treatment which would keep you alive.
4. Unless you specify a shorter period in this document, this Power will exist indefinitely from the date you execute this document and if you are unable to make health care decisions for yourself, this power will continue to exist until the time when you become able to make health care decisions for yourself.
5. Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped if you object.
6. You have the right to revoke the appointment of the person designated in this document to make health care decisions for you by notifying that person of the revocation orally or in writing.
7. You have the right to revoke the authority granted to the person designated in this document to make health care decisions for you by notifying the treating physician, hospital, or other provider of health care orally or in writing.
8. The person designated in this document to make health care decisions for you has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.
9. This document revokes any prior Durable Power of Attorney for Health Care.
10. If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

