



SETMA I - 2929 Calder, Suite 100

SETMA II - 3570 College, Suite 200
Nederland/Port Arthur - 2400 Highway 365, Suite 201
Orange - 601 Strickland Drive, Suite 140
(409) 833-9797
www.setma.com

Mark Wilson Clinic - 2010 Dowlen

Hospital Care Summary & Post Hospital Plan of Care and Treatment Plan

Baptist Hospital

Patient

Sex Male
Date of Birth ___/___/___

Admit Date ___/07/2013
Discharge Date ___/10/2013

Admitting Assessment

Abdominal pain
Nausea & vomiting

Status

Acute
Acute

Discharge Assessment

Pancreatitis
Gastric ulcer
Hx of testicular cancer
Hypertension

Status

Improving
Stable
Chronic
Chronic

Discharge Chronic Conditions

1. Anxiety Disorder General
2. Hypertension Benign Essential
3. Erectile Dysfunction Frigidity
4. Testicular cancer
5. Gastric ulcer

Consulted Specialist(s)

Last Name	First Name	Date	Reason
Chennupati	Raja		abdominal pain

I have reviewed and agree with the consultant's documentation and plan. Yes

Procedure Results

CT

EMERGENT CT ABDOMEN & PELVIS WITH IV CONTRAST, 05-08-2013, 2327 HOURS
IMPRESSION

1. Diffusely abnormal appearance of the colon which is probably due to colitis. Clinical correlation is recommended. Visualized portions of the superior and inferior mesenteric arteries are enhancing.
2. Other incidentally noted findings as discussed.

EGD(05/08/2013)

esophagitis

deep large ulcer noted in the prepyloric area with clean base - biopsies were taken from the antrum for pathology

normal duodenal bulb and second portion of the duodenum

Histories

The patient's histories were reviewed today.

Social History

Ethnicity - Caucasian

Occupation - Floor Tech

Marital Status - divorced

Past Medical History

Childhood

chicken-pox

Hospital

1 time ton-out

1 bik-wrec

Vomiting, 2012

Pancreatitis / GI Ulcer, 2013

Surgical

Tonsillectomy

Rorchectomy, 2012

Family History

Family Member - Father

Problem(s) - Prostate Ca

Deceased

Family Member - Mother

Problem(s) - Diabetes

The patient's health maintenance was reviewed today.

Physical Exam - 05/08/2013

BMP - 05/10/2013

CBC - 05/10/2013

Chemistry - 12/11/2012

Creatinine - 05/10/2013

Flu Shot - 09/16/2010

HFP - 05/10/2013

HGB - 05/10/2013

Lipids - 07/19/2012

Pneumovax - 05/10/2013

PSA - 07/19/2012

Urinalysis - 05/07/2013

Review of Systems

Source of Information

Patient

Allergies

Description

No Known Allergies To Medications

Ciprofloxacin

Ciprofloxacin Hcl

Onset

02/12/2010

00/00/0000

00/00/0000

Constitutional**Patient Denies**

Malaise, Fatigue, Fever, Chills, Headache, Dizziness, Weakness, Syncope, Shortness of breath, Flu-like symptoms, Diaphoresis, Weight loss, Weight gain, Lethargy, Light headedness, Renal Disease

Eyes**Patient Denies**

Redness,

Head/Neck**Patient Denies**

Headache,

Ears**Patient Denies**

Difficulty hearing,

Nose**Patient Denies**

Nasal congestion,

Oropharynx**Patient Denies**

Dysphagia, Painful swallowing,

Cardiac**Patient Denies**

Chest pain at rest, Chest pain with exertion, Chest pressure, Palpitations, Tachycardia, Irregular heart beat, Sudden changes in heart beat, Heart murmurs, Diaphoresis, Dyspnea, Nausea, Fatigue, Cough, Syncope, Coldness of extremities, Peripheral edema,

Respiratory**Patient Denies**

Difficulty breathing at night, Cough, Chest pain, Fever, Peripheral edema, Shortness of breath, Wheezing

Gastrointestinal**Patient Denies**

Nausea, Vomiting, Hematemesis, Constipation, Diarrhea, Abdominal pain, Dysphagia, Distention, Weight loss, Weight gain,

Male Genitourinary

Last PSA - 07/19/2012

Patient Denies

Dysuria, Frequency, Urinary incontinence,

Musculoskeletal

Patient is right-handed.

Integumentary**Patient Confirms**

Intact, Warm/Dry

Neurologic**Patient Denies**

Disorientation, Dizziness, Headache, Loss of consciousness, Memory loss, Syncope, Unequal hand grasps,

Psychiatric**Patient Denies**

Anxiety, Apprehension,

Endocrine

Patient Denies

Diabetes Mellitus, Weight loss, Thyroid medications, Weight gain, Nausea,

Hematologic

Last Updated/Reviewed - 05/10/2013

Patient Confirms

Exposure to radiation,

Patient Denies

Anemia, Anticoagulants, Jaundice, Edema

Physical Exam

Vital Signs

Blood Pressure

Trial 1 - 145 / 88 mmHg

Mid-Arm Circumference - 10.5 inches (Performed 02/12/2010)

Temperature - 98.70 *F

Pulse - 60.00/min

Resp Rate - 18/min

Weight - 142.34 pounds

Height - 58.50 inches (Performed 02/12/2010)

BMI - 29.28 kg/m²

Body Fat - 20.3 % (Performed 02/12/2010)

Protein Requirement - 77 grams/day

Constitutional

Level of Consciousness - Normal

Orientation - Normal

Level of Distress - Normal

Nourishment - mildly obese

Overall Appearance - Age appropriate

Head/Face

Hair and Scalp - alopecia

Skull - Normal

Facial Features - Normal

Eyes

General

Right - Normal

Left - Normal

External

Right - Normal

Left - Normal

Lid

Right - Normal

Left - Normal

Ears

External Ear

Inspection

Right - Normal

Left - Normal

Palpation

Right - Normal
Left - Normal

Internal Ear

Hearing

Right - Normal
Left - Normal

Nasopharynx

Nose and Sinuses

External Nose - Normal
Nares

Right - Normal
Left - Normal

Mucosa - Normal

Mouth

Tongue - Normal
Buccal Mucosa - Normal

Neck

Inspection - Normal

Respiratory

Inspection - Normal
Auscultation - Normal
Palpation - Normal
Cough - Absent

Cardiovascular

Auscultation - Normal
Murmurs - Absent
Palpation - Normal
Peripheral Edema - No

Cardio Intima Media Thickening	Left	Right
Thickening (mm)		
Blockage Present		
Percent Blocked	0 %	0 %

Abdomen

Inspection - Normal
Auscultation - Normal
Palpation - Normal

Male Genitourinary

Foley Catheter - No
Bowel Incontinent - No
Bladder Incontinent - No

Musculoskeletal

Overview - weakness

Neurological

Mental Status

Cognitive Abilities - Normal
Emotional Stability - Normal

Sensory Function

Coordination - Normal

Fine Motor Skills - Normal
Sensory Response - Normal

Integumentary

Inspection - Normal
Palpation - Normal
Hair - Normal
Nails - Normal
Decubitus or skin ulcers seen? *No*

Radiology

Abdominal

Comments

IMPRESSION

Normal supine and upright radiographs of the abdomen.

Laboratory

CBC

	Admission	Discharge
WBC	8.6	7.4
Hgb	15.2	13.7
MCV	95.9	94.9
Plate	213	202
Bands		

CMP

	Admission	Discharge
Na	143.0	138
K	3.8	3.4
BUN	17	16
Creat	.9	0.8
Ca	9.9	8.8
Alp		3.7
Ast	29	22
Bil		
Glucose	120.0	130.0
Chloride	96.0	98.0
ALT	44	38
ALP	0	54
Protein	7.5	6.3

Other

	Admission	Discharge
Hemoglobin A1C		5.0
Cholesterol		
Triglycerides		
LDL		
HDL		
Magnesium		
Phosphorus		
BNP		
D-Dimer		
Acetone		
ESR		

TSH
T3
T4
B12
Folate
Ferritin
Iron

UA

	Admission	Discharge
WBC	1-2	
Blood	negative	negative
Bacteria		
Protein	trace	
Nitrates	negative	
Specific Gravity		

Follow-Up Instructions

Hospital Discharge Instructions

Discussed condition, medications, and follow-up care with patient and/or family
Give patient a copy of discharge summary
Ensure patient understands follow-up instructions
Review all follow-up instructions with patient
Review medications with patient before discharge

Post Hospital Follow-Up Instructions

Bring ALL medications to next office appointment
Continue medications per Post Hospital Follow-up Instructions document
Diet: 2000 calorie low salt

Follow-Up

Please see Dr. Halbert with SETMA on 05/16/2013 at 14:00.
SETMA's referral department will contact you regarding your follow-up appointment with Dr. Chennupati.
Avoid all NSAIDs a list has been printed from Baptist and given to patient
Diet instruction from Baptist also printed and given to the patient

Continue Medications as Listed

<u>Start Date</u>	<u>Brand</u>	<u>Dose</u>	<u>Sig Desc</u>
05/10/2013	Protonix	40 Mg	take 1 tablet by oral route 2 times every day
05/10/2013	Norco	5 Mg-325 Mg	take 1 - 2 Tablet by oral route 4 times every day as needed for pain
05/10/2013	Miralax	17 Gram	take 1 packet by oral route every day mixed with 8 oz. water, juice, soda, coffee or tea
05/10/2013	Hydralazine Hcl	25 Mg	take 1 tablet by oral route 2 times every day with food
05/10/2013	Sucralfate	1 Gram/10 MI	take 10 milliliter by oral route 4 times every day on an empty stomach 1 hour before meals and at bedtime

The patient was stable upon release from the hospital.
The patient's prognosis is good.
At least thirty-one minutes were required to complete the discharge process.

Hospital Course Summary

Admission

Patient was admitted through the emergency room, For the treatment of Abdominal pain.

Treatment

The patient was treated with the following fluids and antibiotics intravenously: NS, .

The patient received the following medications intravenously: Protonix, Dilaudid, .

Comments

pt had consultation with GI and underwent EGD

Diagnostics

Appropriate lab tests were obtained and reviewed. Appropriate diagnostic tests were obtained and reviewed.

Complications

The hospital course was uneventful. Gradual improvement took place.

Discharge Condition

The patient has improved.

Patient is ambulatory.

Reason for Discharge

Patient has recovered from acute condition

Maximum benefit reached in hospital setting

Patient is stable

Approved By Alan E. Leifeste, MD 05/10/2013 8:24 AM
Southeast Texas Medical Associates



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Post Hospital Follow-Up Instructions

Patient _____

Date of Birth / /

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Follow-Up With

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