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|---------------------------------|-----------------|--------|
| Name: jones, tom | DOB: 05/03/1981 | Sex: M |
| Acct #: | MR #: 78963 | |
| Visit Date: 05/03/2004 12:10:58 | | |

Chief Complaint

1) Blood in stools

Vitals

| | | | |
|---|---------------------------------|---|--|
| Blood Pressure: BP: 120/80 at 12:13 | Pulse: P: 60 at 12:13 | Temperature: Temp: 99F at 12:13 | Respiration: Resp: 12/min at 12:13 |
|---|---------------------------------|---|--|

Height: Hgt: 73 inch **BSA:** BSA: 2.01

Weight: Wgt: 175 lb **BMI:** BMI: 22.9

--- PHYSICIAN NOTE ---

History of Present Illness

Presenting problem started 5 days ago. History comes from patient. Able to get a good history. Presents with symptoms suggestive of a lower GI bleed. This is a new problem, with no prior history of similar episodes. Symptoms developed over several days. Describes stool as black in color. Passing mucoid stools. Streaks of blood noted in stool. Saw gross blood in the bowel movement. Not on iron or Pepto bismol. Estimated blood loss is less than 50 cc. No history of prior GI bleeding. No history orthostatic symptoms, excessive fatigue, or syncope.

Physical Exam

General Presentation: Patient's BMI falls within the normal range. Patient is in mild distress at the beginning of the exam. Patient does not appear acutely ill. Patient appears to be stated age. Skin is warm and dry with good color. Overall well developed, well nourished individual. Alert and appropriate during exam. Well hydrated with moist mucous membranes. No evidence of chronic debility.

Abdominal Exam: Hyperactive bowel sounds. No trouble swallowing. Lower abdomen is moderately tender to palpation. No lateralization. No lower abdominal guarding. Lower abdomen has no palpable abdominal masses or organomegaly. No peritoneal signs noted. Normal rectal sphincter tone is present. External rectal exam normal without significant inflammation, hemorrhoids, or other abnormalities. No stool is present in the rectum. No abnormal rectal masses felt. The prostate is firm, symmetrical, and non tender. No significant tenderness on digital exam. Grossly bloody, guaiac positive stool. Brown stool is present. stool is frankly bloody.

Orders, Results, Procedures and Course in Department

| Orders | Cancel | MD | Ordered | Started | Finished | Notes and Updates |
|-------------------|--------|-----|-----------|---------|----------|-------------------|
| 1) CBC | | WHB | WHB 13:45 | | | |
| 2) Platelet count | | WHB | WHB 13:45 | | | |
| 3) Dip urine | | WHB | WHB 13:45 | | | |
| 4) Stool WBC | | WHB | WHB 13:45 | | | |
| 5) CBC | | WHB | WHB 13:55 | | | |

Tests and Results:

13:45 CBC within normal limit.
 13:48 Hct abnormal. Hct (12%)
 13:48 Hemoglobin abnormal. Hgb. (7mg%)

13:48 WBC WNL on CBC.

13:48 Neutrophils OK on CBC.

13:48 Normal differential.

13:48 Normal lymphocytes on CBC.

13:48 Potentially hemodynamically significant anemia.

13:49 Patient appears to have a source of chronic blood loss resulting in anemia.

13:49 Profound anemia.

Procedures: Procedure note: Sigmoidoscopy Patient not sedated for procedure. Patient tolerated procedure well without complications. Indications for procedure: Emergent endoscopic diagnosis of bleeding site. Site of bleeding documented at approximately 7 cm.

Diagnosis and Plan

Primary Diagnosis: Ulcerative Colitis

Rx:

Asacol 3X400 mg PO TID (90)

Disposition and Notes: Patient referred to Gastroenterology . Referral provided to Dr. Levenson. Reason for referral is for continuation of care for a speciality problem -

Contributors: Registration
TBUser
Williams H. Boles MD