

The following three notes were entered by a hospitalist on January 9, 10, and 11. The notes from January 10 and 11 were picked up by the copy-and-paste technology for being 99.1% similar to the previous day's notes.

Date of Service: Jan 9, [REDACTED]

Subjective

Events since last encounter

No events overnight

Objective

General Appearance: no deformities, no apparent distress, thin (frail)

Eyes: extra-ocular movements intact, pupils equal & reactive bilaterally, visual acuity grossly intact

HENT: normocephalic, hearing grossly normal, oropharynx clear and normal

IV Lines: peripheral IV

Neck: normal range of motion, non-tender, trachea midline

Respiratory: chest non-tender, lungs clear, normal breath sounds, no respiratory distress, no accessory muscle use

Cardiovascular: regular rate, rhythm, no edema, no JVD

Telemetry/Findings: No

Abdominal/Gastro-intestinal: normal bowel sounds, soft, non-tender

Lymphatic: no adenopathy

Musculoskeletal: normal range of motion

Skin: no rashes, no nodules, warm/dry

Assessment/Plan

Problems:

(1) Failure to thrive

Status: Acute

Assessment & Plan: Ensure

multi vit

Dietary evaluation

CMV+- ID consult pending

(2) Anemia

Status: Acute

ICD 10 Qualifiers: Anemia type: iron deficiency Iron deficiency anemia type: unspecified iron deficiency Qualified

Code: D50.9 - Iron deficiency anemia, unspecified

Assessment & Plan: Patient's acute blood loss anemia could be due to failure to thrive.

Patient has been transfused in the ER.

Iron deficiency- con't supplementation

anemia workup as per hematology

r/o MDS- electrophoresis possible bone marrow biopsy

(3) Thrombocytopenia

Status: Chronic

Assessment & Plan: F/U as per heme-onc, no active signs of bleeding

DVT Prophylaxis: other

Attending Statement [REDACTED]

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Although each note is personally scanned for syntactic or grammatical errors, unintended but conspicuous translational errors can occur. Please contact ECMC if there are any questions about the contents of this note.

Date of Service: Jan 10, [REDACTED]

Subjective

Objective

General Appearance: no deformities, no apparent distress, thin (frail)

Eyes: extra-ocular movements intact, pupils equal & reactive bilaterally, visual acuity grossly intact

HENT: normocephalic, hearing grossly normal, oropharynx clear and normal

IV Lines: peripheral IV

Neck: normal range of motion, non-tender, trachea midline

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Assessment/Plan

Problems:

(1) Failure to thrive

Status: Acute

Assessment & Plan: Ensure
multi vit

Dietary evaluation

CMV+- ID consult pending

(2) Anemia

Status: Acute

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Assessment & Plan: Patient's acute blood loss anemia could be due to failure to thrive.

Patient has been transfused in the ER.

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Attending Statement [REDACTED]

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Date of Service: Jan 11, [REDACTED]

Subjective

Events since last encounter

No events overnight

Objective

General Appearance: no deformities, no apparent distress, thin (frail)

Eyes: extra-ocular movements intact, pupils equal & reactive bilaterally, visual acuity grossly intact

HENT: normocephalic, hearing grossly normal, oropharynx clear and normal

IV Lines: peripheral IV

Neck: normal range of motion, non-tender, trachea midline

Respiratory: chest non-tender, lungs clear, normal breath sounds, no respiratory distress, no accessory muscle use

Cardiovascular: regular rate, rhythm, no edema, no JVD

Telemetry/Findings: No

Abdominal/Gastro-intestinal: normal bowel sounds, soft, non-tender

Lymphatic: no adenopathy

Musculoskeletal: normal range of motion

Skin: no rashes, no nodules, warm/dry

Assessment/Plan

Problems:

(1) Failure to thrive

Status: Acute

Assessment & Plan: Ensure
multi vit

Dietary evaluation

CMV+- ID consult pending

(2) Anemia

Status: Acute

ICD 10 Qualifiers: Anemia type: iron deficiency Iron deficiency anemia type: unspecified iron deficiency Qualified
Code: D50.9 - Iron deficiency anemia, unspecified

Assessment & Plan: Patient's acute blood loss anemia could be due to failure to thrive.

Patient has been transfused in the ER.

Iron deficiency- con't supplementation

anemia workup as per hematology

r/o MDS- electrophoresis possible bone marrow biopsy

(3) Thrombocytopenia

Status: Chronic

Assessment & Plan: F/U as per heme-onc, no active signs of bleeding

Spoke with granddaughter, Pt may benefit from home care services

DVT Prophylaxis: other

Attending Statement [REDACTED]

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