

DISCHARGE SUMMARY

RE : 58427326 Date : 12/31/23
Patient Number
Patient Name Lizzie Kytlev
Age 48 Sex Female
Nationality Brazil

To whom it may concern,

Dear Sir / Madam

Admission date 02/28/18
Discharge date 01/26/23
Attending physician
OT (K) (Orthopedic Surgeon)
Dictating physician Dr. Ingrid Quinnell
Admitting diagnosis
S 52.0 Closed fracture of left olecranon
R 07.4 Contusion on chest and ruling out ribs fracture

Final diagnosis (ICD-10): S 52.0 Closed fracture of left olecranon, Post ORIF TBW, day-3
R 07.4 Contusion on chest

Consultations :

History: Patient is a 48-year-old Female who presented with pain on lower chest (below breast) and left elbow after she fell down about an hour prior to consultation. She got slipped in the bathroom, then she fell and hit her lower chest and left elbow. No shortness of breath, but sore mostly when take a deep breathe. No numbness or tingling on left hand. No injury to head.

Allergy: Codeine, reaction: vomiting.

Past Medical History: Hypertension, controlled on medication.

Initial examination and findings: Hemodynamic status was stable. Patient appeared in moderate pain. Chest examination showed equal rise and fall, no bruising, no tenderness or crepitation, normal heart and lungs sound. Local state of left elbow: edema (+), bruise (+), tenderness (+), CRT < 2 second, ROM limited.

Hospital course: Patient was assessed at ER, then sent to Radiology Department. Chest CT-scan without contrast showed no CT findings present to indicate lung contusion/ hemothorax/ pneumothorax, no sign of bone fracture / joint dislocation. X-Ray of left elbow showed displaced fracture at left olecranon with adjacent soft tissue swelling. She was consulted to Orthopedic Surgeon, recommended to have ORIF TBW surgery. It was done on the same day, uneventful. Patient then had evaluation post-surgery. Pain medications were given through drip and injection, Cefazolin was continued as antibiotic. Arm sling was applied on left arm. X-Ray evaluation of left elbow was done. Her condition improved gradually. No other significant complaint. Thus, patient was able to be discharged and continued treatment as outpatient.

Procedures:

- 20 December 2022 : blood test; CT-Scan of chest without contrast; X-Ray of left arm AP/Lat views. Pre-hospitalization screening Covid-19: isothermal SARS CoV-2.