

REASON FOR ADMISSION: , Sepsis.,HISTORY OF

PRESENT ILLNESS: ,The patient is a pleasant but demented 80-year-old male, who lives in board and care, who presented with acute onset of abdominal pain. In the emergency room, the patient was found to have a CT scan with dilated bladder with thick wall suggesting an outlet obstruction as well as bilateral hydronephrosis and hydroureter. The patient is unable to provide further history. The patient's son is at the bedside and confirmed his history. The patient was given IV antibiotics in the emergency room. He was also given some hydration.,PAST MEDICAL HISTORY:.,1. History of CAD.,2.

History of dementia.,3. History of CVA.,4. History of

nephrolithiasis.,ALLERGIES: , NONE.,MEDICATIONS:.,1.

Ambien.,2. Milk of magnesia.,3. Tylenol.,4. Tramadol.,5.

Soma.,6. Coumadin.,7. Zoloft.,8. Allopurinol.,9. Digoxin.,10.

Namenda.,11. Zocor.,12. BuSpar.,13. Detrol.,14. Coreg.,15.

Colace.,16. Calcium.,17. Zantac.,18. Lasix.,19. Seroquel.,20.

Aldactone.,21. Amoxicillin.,FAMILY HISTORY:

,Noncontributory.,SOCIAL HISTORY: , The patient lives in a

board and care. No tobacco, alcohol or IV drug use.,REVIEW

OF SYSTEMS: , As per the history of present illness,

otherwise unremarkable.,PHYSICAL EXAMINATION:.,VITAL

SIGNS: The patient is currently afebrile. Pulse 52, respirations 20, blood pressure 104/41, and saturating 98% on room

air.,GENERAL: The patient is awake. Not oriented x3, in no

acute distress.,HEENT: Pupils are equal, round, and reactive to light and accommodation. Extraocular movements are

intact. Mucous membranes are dry.,NECK: Supple. No

thyromegaly. No jugular venous distention.,HEART:  
Irregularly irregular, brady.,LUNGS: Clear to auscultation  
bilaterally anteriorly.,ABDOMEN: Positive normoactive bowel  
sounds. Soft. Tenderness in the suprapubic region without  
rebound.,EXTREMITIES: No clubbing, cyanosis or edema in  
upper and lower extremities.