REASON FOR CONSULTATION:

1. Acute recurrent pancreatitis.

2. Necrotizing pancreatitis.

HISTORY OF PRESENT ILLNESS: The patient is a 35-year-old Caucasian lady with past medical history of bipolar disorder, hypertension, post-traumatic stress disorder and history of alcohol and drug abuse, who presents from Ochsner St. Anne as a transfer for further management for her worsening pancreatitis. Her CT scan was obtained on the 25th of September at Ochsner St. Anne and demonstrated severe acute pancreatitis with possible fluid collection in the region of the pancreatic head. The entire pancreas was of low attenuation suggesting of severe necrosis or edema. She has remained hemodynamically stable.

Unfortunately for her, she continues to abuse alcohol on a daily basis. According to her, this is her sixth episode of pancreatitis, while according to the family this is her fourth episode of pancreatitis. On review of her previous medical note, it appears that she has been having pancreatitis for quite sometime.

She is admitted to the hospital 4 days ago and has progressively worsened and has had been transferred here for further care.

PAST MEDICAL HISTORY:

1. Hypertension.

2. Hyperlipidemia.

3. Hyperglycemia.

4. Acute recurrent pancreatitis.

5. Alcohol abuse.

6. Drug abuse.

7. Depression.

8. Bipolar disorder.

PAST SURGICAL HISTORY:

1. Appendectomy.

2. Cervical surgery.

ALLERGIES: TO QUETIAPINE.

HOME MEDICATIONS: Reviewed in the OCW system.

FAMILY HISTORY: Negative for esophageal, gastric or colorectal cancer. Negative for pancreatic cancer. Negative for IBD or IBS. Positive for coronary artery disease, hypertension and CVA in both maternal and paternal side.

SOCIAL HISTORY: The patient lives with family. Current smoker has been smoking half pack of cigarettes per day for the last 20 years. Continues to abuse alcohol.

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Negative for fever. Positive for nausea and vomiting.

HEENT SYSTEM: EYES: Negative for diplopia. ENT: Negative for postnasal drip.

CARDIOVASCULAR SYSTEM: Negative for chest pain.

RESPIRATORY SYSTEM: Negative for shortness of breath.

GASTROINTESTINAL SYSTEM: Positive for abdominal pain and discomfort.

GENITOURINARY SYSTEM: Negative for hematuria.

DERMATOLOGY SYSTEM: Negative for rash.

ENDOCRINE SYSTEM: Negative for polyuria or polydipsia.

HEMATOLOGY SYSTEM: Negative for any bleeding.

PHYSICAL EXAMINATION:

VITAL SIGNS: Reviewed in the ICU monitor.

GENERAL: Pallor positive. No jaundice.

ABDOMEN: Soft, nontender. No visceromegaly. Nontender at this point of time as it appears that the patient have received some pain medicine. Hepatomegaly appreciated. Bowel sounds decreased.

HEART: S1 and S2. Regular rate and rhythm.

LUNGS: Absent to percussion, clear to auscultation bilaterally.

EXTREMITIES: A 2+ edema.

LABORATORY STUDIES: Reviewed in the OCW system.

IMAGING STUDIES: Abdominal imaging from the 25th of September from Ochsner St. Anne reviewed. CV not available in the chart for review, but paper report was reviewed.

IMPRESSION:

1. Acute recurrent pancreatitis.

2. Necrotizing pancreatitis.

3. Alcoholic abuse.

4. Drug abuse.

5. Bilateral avascular necrosis.

PLAN:

1. Full supportive care.

2. Nutritional support.

3. Antibiotics and panculture the patient.

5. Obtain a surgical consult.

5. Consider post-pyloric feeding. The patient needs to remain n.p.o. for any longer.