# Row 12750

Visit Number: 35b2988a90875f37e9f00af738b6af2dc36b29376bab79a7e5c6619c696c5d71

Masked\_PatientID: 12711

Order ID: a19ccdf086da391401e14244fe43aa9243b9883dcdb85d46205f15b95e3ab028

Order Name: Chest X-ray

Result Item Code: CHE-NOV

Performed Date Time: 01/10/2015 10:29

Line Num: 1

Text: HISTORY CABG, NJ tube in situ, not absorbing feed; CABG REPORT Note is made of prior chest radiograph of 26 September 2015, prior abdomen radiographs of 30 September 2015 and two subsequent abdomen radiograph at around 09:21 hrs and 14:46 hrs, 1 September 2015. A tubular structure is projected over the upper thoracic vertebra, ending at the carina (and its tip is not seen on subsequent two abdomen radiographs of 1 October 2015), suspicious for a coiled nasogastric tube; suggest clinical correlation and re-insertion. Tip of the nasojejunal tube is below the inferior of this radiograph (but is projected over the right upper quadrant of the abdomen on the subsequent two abdomen radiographs of 1 October 2015). Status post CABG is noted. A dual-lead left-sided cardiac pacemaker is noted. Tracheostomy tube is situ. The left chest tube has been removed. The right central venous catheter is stable in position. Heart size cannot be accurately assessed on this projection. The aorta is unfolded. There is pulmonary venous congestion. Interval worsening with extensive bilateral patchy airspace opacities. Bilateral pleural effusions are noted. Positioning of the nasogastric tube informed to the requesting clinician, Dr Chee YR and staff nurse-in-charge at around 17:45 hrs, 1 October 2015. Further action or early intervention required Finalised by: <DOCTOR>

Accession Number: 1b4bf22fa3c20cdf67b09ec1f08ae2595307cb0ebe2598affd984864c0368818

Updated Date Time: 01/10/2015 18:01