

Report:

The time is 0700.

“Red” is post-op day 2 following a small bowel resection due to an obstruction. He has been reluctant to turn in bed and ambulate. Red weighs 84 kg. He has been complaining of abdominal pain with coughing and deep breathing and leg pain with ambulation.

Assessment:

Neuro: Alert and oriented x 3

Cardiovascular: Telemetry shows NSR

Respiratory: Lung sounds reveal coarse crackles throughout, Respirations even but labored with activity

GI/GU: Abdomen soft and non-distended with hypoactive bowel sounds x 4 quads; NG tube intact and patent to LIS draining greenish fluid; Foley intact and patent, draining clear yellow urine; surgical wound dressing dry and intact.

Musculoskeletal: MAE

I & O: Nothing in orally, IV intake: 1000 mL, Foley: 850 mL, JP: 20 mL, NG 50 mL

IV access: 18 g angiocath, right forearm IV, intact and patent without redness, swelling, or tenderness

IV fluids: D5 0.9% NaCl with 20 mEq KCl @ 125 mL/hr. - hung new bag and tubing at 0700.

Drains/Wounds: Abdominal dressing dry and intact, covering 8-inch incision with sutures; JP intact, patent, and compressed with draining serosanguinous fluid.

VS: BP: 130/80, HR: 92, RR: 18, SpO₂: 92% on O₂ at 2L via nasal cannula, T: 98.8° F

Blood glucose: Last blood glucose @ 0548 was 150 mg/dL. Blood glucoses stable, ranging 90-150 mg/dL since surgery.

Pain: Medicated with 1 mg HYDROmorphine 2 hours ago for pain of 8 out of 10.