Clementi Hospital

Admission Form

LEE HO YIN **54897583E** Blk 648, Clementi Ave 4, #03-723 S 650648

History

History: 67 year old male

Complaint of severe abdominal pain since 3am in the morning

Has 2 episodes of coffee ground vomitus at home

History of arthritis for 2 years, has been self-medicated with aspirin 100mg 3-4 fourly for 1/12 because of increased joint pain and swelling in his hands

Physical Examination

General Condition: Conscious and alert, lethargic and pale looking, one episode of frank

blood stool on admission

Physical Examination: On Examination

S1 S2 heard, Heart rate: 98/min, BP 146/85mmHg Body Temperature - 36.4°C, Positive signs of dehydration Lung clear, Respiration - 21/min, SpO 95% on room air

Abdomen tender and distended

Investigation

Lab Test: FBC, Electrolytes, Urea & Creatinine, Glucose, PTPTT , GXM Others/ X-Ray/ ECG: OGD/ CXR/ ECG stat

Treatment

Prescription: Refer IMR

Procedures: Nil by mouth, schedule for emergency OGD & endoscopic laser coagulation

IV procedure: IV Normal Saline 500 mls for 4 hours

Pain assessment: Pain score of 8 on admission

Doctor's Notes

Impression: ? Bleeding peptic ulcer

ECG: Sinus Tachycardia

To trace other blood results (urgent) Hb 9.0 g/dl, (' -

Consulted Gastrointestinal Term Seen by Dr. Johnny Tay Tim Huat

Agreeable for acute surgical unit admission

Dr see Why Ching Medical Officer MER 19762F MBBS Attending Doctor's Name

Date

Doctor's Signature

44:3

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LEE HO YIN S4897583E Blk 648, Clementi Ave 4, #03-723 S 650648

Account Number: 2049772 Admission vetted by: Dr Fong Poh YIn

: Emergency/ Non Trauma Status

: Non Accident Type of Accident

Condition upon Discharge at A&E: Stable

: Admitted to Acute Surgical ward Disposal

: Bleeding peptic ulcer for emergency endoscopic laser Main Diagnosis

coagulation therapy : Not Applicable

Cause of Injury

Time of Attendance

Time Patient Left : 16 minutes

Patient Waiting Time : Patient sent for X-Ray/ Lab Test at 09:33 Comments

> Dr See Wing Ching Medical Officer MCR 1976ZF MEBS Attending Doctor's Name

Date

Doctor's Signature