CLEMENTI HOSPITAL

LEE HO YIN
S3925683C
Blk 648, Clementi Ave 4,
#03-723 S 650648

INPATIENT CLINICAL NOTES

UNIT	WARD	BED	
Surgical	21	5	NKDA

DRUG ALLERGIES AND / OR ADVERSE DRUG REACTIONS		
Drug Name	Reaction(s)	Date

Name & MCR of Clerking Doctor	Time / Date of Clerking	Signature of Clerking Doctor
See Wing Ching MCR 19762F	0936	
Name & MCR of Reviewing Doctor	**Time / Date of Review**	**Signature of Reviewing Doctor**
Johnny Tay Tian Huat MCR 06064B	1150	

m I/C (if applicable)	Name of Specialist I/C (if applicable)

IMPORTANT INSTRUCTIONS

In accordance with CGH Policy, healthcare workers attending to patients must comply with the following instructions on assessment, education and documentation on the records.

1. Initial assessment must be documented within 24 hours of admission.
2. Initial assessment must include family, social assessment and past medical/surgical history.
3. All applicable sections are to be completely filled.
4. If no abnormality is detected, indicate as "NAD" into the section/s.
5. Patient is to be assessed daily. The plan of care (including investigations) is to be documented clearly, legibly and chronologically into the patient records.
6. All entries and amendments are to be dated, signed and identifiable by MCR number.
7. All communication with patient / family about the plan of care/patient's condition/updates is to be documented in the Patient and Family Education (Yellow) Form.

History from : ☑ Patient ☐ Others (specify) ____

HISTORY

Chief Complaint(s)
1. Nausea + Vomited twice undigested food this morning
2. Complaint of severe epigastric pain since 5am unrelieved by antacids.
3. ____

Present History

76 yrs / ♀ / Chinese / home maker

- Frequent indigestion + epigastric discomfort usually relieved by antacid
- Rapid weight loss — ↓ 15 kg in 3/12
- Feeling tired +
- dizzy on exertion

Systems Review GLS 15/15 – alert, rational.
Lethargic + Pale looking

Past History (1) Hypertension x 30+ yrs. on regular antihypertensive F/u GP

(2) DM x 10+ yrs on dietary control. F/u GP

(3) ↑ lipid on dietary control. No F/u

MEDICATION HISTORY

Atenolol 50mg bd

Mist Magnesium Trisilicate 20 mls TDS.

FAMILY HISTORY

Father had hypertension x more than 40 years. Died of heart attack 20 years ago.

Mother had DM for 30+ years on dietary control. Died of ESRF 25 years ago.

SOCIAL HISTORY

Smoking / Tobacco ☐ Yes ☑ No ☐ Ex

Details / Duration:

Alcohol ☐ Yes ☑ No ☐ Ex

Details:

Substance Abuse ☐ Yes ☑ No ☐ Ex

Details:

Others

Occupation

Home maker

Travel History (Any Overseas Travel Recently)

No

Last Menstrual Period (if appropriate)

NA.

PHYSICAL EXAMINATION (please indicate on diagrams as appropriate)

Vital Signs

Temperature	36.4	°C
Pulse rate	98	per minute · Regular / Irregular
Respiratory rate	28	per minute
Blood pressure	145/90	mm Hg

General Signs

General Condition: lethargic and pale looking.
Nutrition: ↓ muscle mass ↓ subcutaneous fat.
Hydration: +ve
Oedema: Bilateral ankle oedema 1+, 3 cm above ankle.
Pallor: +ve
Cyanosis: NO
Clubbing: No
Skin: Intact, no lesion, dry.

Head & Neck (if applicable)

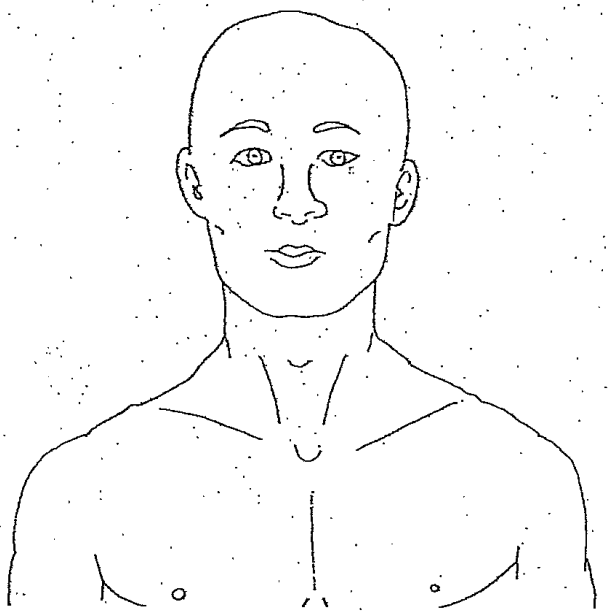
Scalp — NAD
Eyes — sunken eyelid.
Ears — NAD
Nose — NAD.

Mouth

Tongue — dry.
Pharynx — NAD
Tonsils — NAD.
Teeth and gums — NAD.

Neck

Thyroid, Rigidity, Trachea } NAD.



Chest

lung clear, No scar.

Breasts (if applicable)

NAD

Central Nervous System

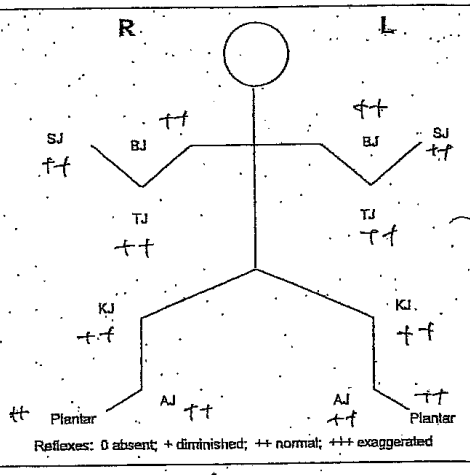
Conscious Level GCS 15/15

Orientation Orientated to time, place + person

Cranial Nerves (if applicable) grossly (N)

Motor Assessment (if applicable)

	Right	Left
Upper Limb	5/5	5/5
Lower Limb	5/5	5/5



Sensation (if applicable)

Cerebellar/Coordination/Gait (if applicable)

(N)

Limbs (if applicable)

Wounds / ulcers N.O

Range of motion (KJ)

Vascular status Inadequate tissue perfusion

Peripheral pulses Weak

Peripheral nerve lesions (N)

Spine (if applicable) grossly (N)

Bruising —

Gibbus / kyphus —

Spasm —

Cardiovascular

JVP Not raised

Thrills (if felt) NA

Apex Beat (if felt) 5th I.S. 0 cm from M.C.L.

Heart Sounds S1 S2 heard HR 102/min Irregular

Murmurs Nil

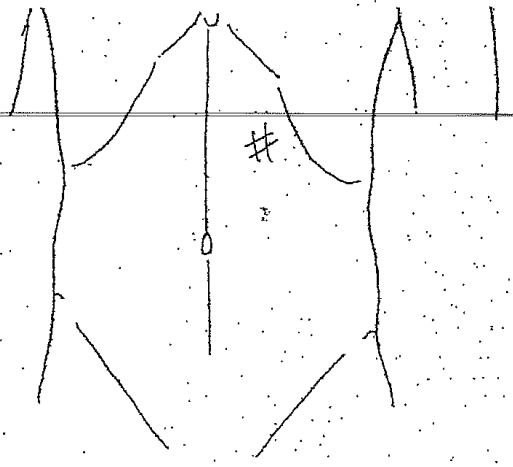
Lymphadenopathy (tick if present and give details)

- ☐ Cervical ✓
- ☐ Supraclavicular ✓
- ☐ Epitrochlear ✓
- ☐ Inguinal ✓
- ☐ Axillary ✓
- ☐ Others

Abdomen

Appearance distended + tender ++

Scars No Scar



Tenderness ++

Guarding ++

Liver

Spleen

Kidneys

Bladder

} not palpable

Hernias No

Other Masses ND

Bruit NIL

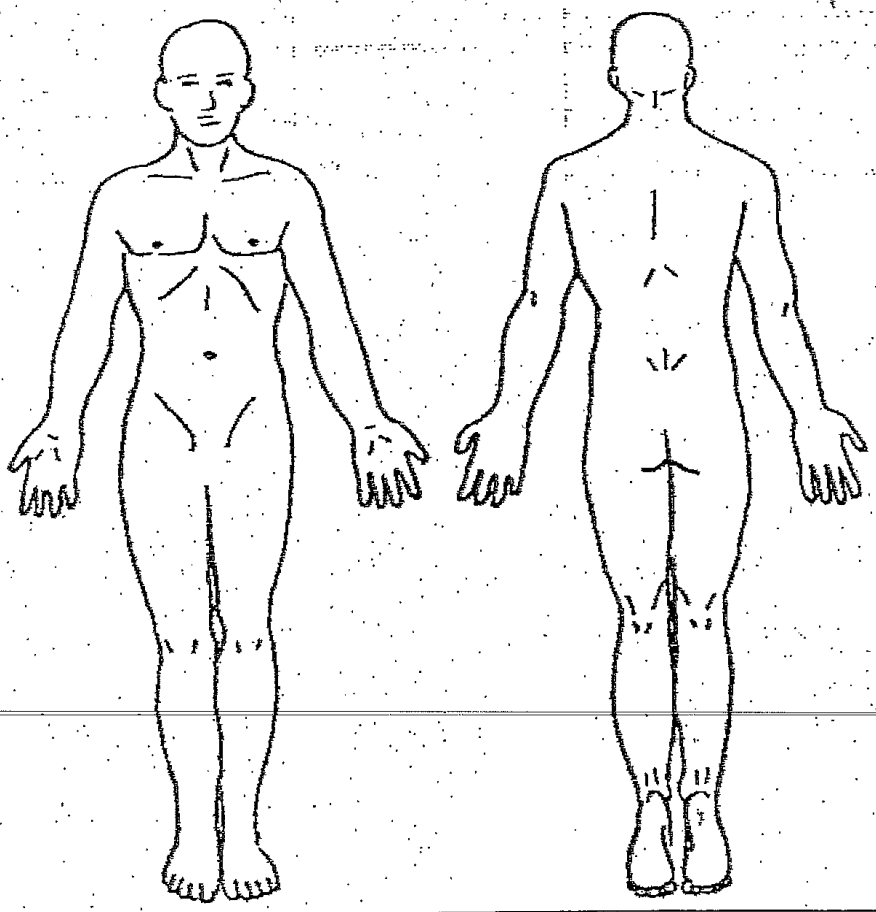
Bowel sounds Absent

Per Rectal Examination (if applicable)

N.A.

Genitalia Examination (if applicable)

NA



Lab results (on admission)

Hb 8.4 g/dl.
K+ 2.9 mmol/L
CEA pending

X-Ray findings (on admission)

Chest x-ray - normal

Others

12-lead ECG stat
- Atrial Fibrillation -

Provisional Diagnosis

Epigastric discomfort for investigation; ? Gastric Ca.

MANAGEMENT PLAN	ACTION TAKEN (FOR NURSES' USE ONLY)
- Hourly Parameters - Maintain SpO_2 > 95% → O_2 2L/min via nasal cannula - I/V hydration - Emergency OGD + Biopsy - NBM by mouth - W/G Tube to passive drainage - Strict Intake Output record See Wing Ching 1976 F	

DATE / TIME	CLINICAL NOTES & MANAGEMENT PLAN	ACTION TAKEN (FOR NURSES' USE ONLY)
0936	S/B Dr. See Wing Ching - NBM By mouth - OGD + Biopsy 2pm - N/G Tube to passive drainage - Consult cardiac team to review patient - I/V fluid regime refer to EMR - O_2 x litre/min, keep SpO_2 > 95% - Renal Panel - Liver Panel - Lipid Panel - Trace CEA result See Wing Ching 1976 F	

DATE / TIME	CLINICAL NOTES & MANAGEMENT PLAN	ACTION TAKEN (FOR NURSES' USE ONLY)
Admission Day 11.50am	S/B Dr. Johnny Tay Tian Huat • Consent signed by patient for OGD + Biopsy • ICU surgical intervention Johnny Tay Tian Huat	
Admission Day 3pm	S/B Dr. Johnny Tay Tian Huat • OGD findings explained to patient • Scheduled for Partial gastrectomy at 9am • Consent signed by patient • G x M one unit packed cell Johnny Tay Tian Huat 060643	
Admission Day 5.30pm	S/B Dr. Fung Meng Kee (Cardiac Team) • ECG shown - non specific AT- • continue close monitoring of cardiac status • Fit for surgery Fung Meng Kee 16241A	
1st POD 13.30pm	Post partial Gastrectomy orders: • Nil By mouth ... MG Tube 4hrly aspiration • Monitor parameters • IV as per scheduled • Post op prescription as per IMR • O_2 2-4 Litres/min to maintain $SpO_2 > 95\%$ • Strict Intake output chart • IHC Johnny Tay Tian Huat 060643	
1st POD 8.30pm	S/B Dr. Johnny Tay Tian Huat • G/C stable IHC ✓ • Wound - haemoserous + → Dressing done • N/G passive drainage Johnny Tay Tian Huat 060643	

DATE / TIME	CLINICAL NOTES & MANAGEMENT PLAN	ACTION TAKEN (FOR NURSES' USE ONLY)
Admission Day 11.50am	S/B Dr. Johnny Tay Tian Huat • Consent signed by patient for OGD + Biopsy • ICU surgical intervention Johnny Tay Tian Huat	
Admission Day 3pm	S/B Dr. Johnny Tay Tian Huat • OGD findings explained to patient • Scheduled for Partial gastrectomy at 9am • Consent signed by patient • G x M one unit packed cell Johnny Tay Tian Huat 060643	
Admission Day 5.30pm	S/B Dr. Fung Meng Kee (Cardiac Team) • ECG shown - non specific AT- • continue close monitoring of cardiac status • Fit for surgery Fung Meng Kee 16241A	
1st POD 13.30pm	Post partial Gastrectomy orders: • Nil By mouth ... MG Tube 4hrly aspiration • Monitor parameters • IV as per scheduled • Post op prescription as per IMR • O_2 2-4 Litres/min to maintain $SpO_2 > 95\%$ • Strict Intake output chart • IHC Johnny Tay Tian Huat 060643	
1st POD 8.30pm	S/B Dr. Johnny Tay Tian Huat • G/C stable IHC ✓ • Wound - haemoserous + → Dressing done • N/G passive drainage Johnny Tay Tian Huat 060643	

DATE / TIME	CLINICAL NOTES & MANAGEMENT PLAN	ACTION TAKEN (FOR NURSES' USE ONLY)
2nd POD 9am	S/B Dr. Johnny Tay Tun Huat - G/C stable - wound - minimal discharge - NG drainage - minimal → off NG. - Sips of H2O to clear feeds - off IDC - Repeat Renal Panel and IVF off KCl replacement Johnny Tay Tun Huat 06064B	
3rd POD 0.45am	S/B Dr. Johnny Tay Tun Huat - G/C stable. pain ↓ - wound - min discharge - clear fluids to full liquid as tolerated - Physiotherapy referral for prevention of chest infection and to increase mobility - O_2 2-4 Litres/min via nasal canula to maintain SpO2 ≥ 95% - Strict intake and output record - Bilateral Ankle oedema + → Ambulate with assistance twice a day - INR daily and notify physician of results - Blood glucose monitoring BD - Oral medication as per IMR Johnny Tay Tun Huat 06064B	
3rd POD 9am	S/B Dr. Fung Meng Kee (Cardiac Team) - Cardiac Status: Stable - Resume oral Digox. 125mcg as per IMR Fung Meng Kee 16247A	

1/L