EXAMPLE – SURGICAL ADMISSION

Patient Label (notes only)

Mrs SB UR 000000 (for write ups)

20/01/10

1400
Your Name
Yr 2
Med Student

Elective Admission

38 yo ♀ nurse, self presents for elective admission for laproscopic cholecystectomy

PC:
Presents for surgery to have gall bladder taken out after having pains from gall stones.

HPC:
3/12 ago noticed intermittent RUQ pain

- grabbing pain
- radiated around ribs to back
- worse after eating, especially after eating 'McDonald's'
- associated with nausea
- No vomiting, haematemesis or melaena
- not relieved by milk or antacids

Pains on and off for a few days
Began eating less fatty food on advice of friend and had no pain for about 2 months
Pain returned 1/12 ago after a fish and chips takeaway meal.
Worse than initial pain
Has continued to have pain on and off since

- Now at least once/day
- Worse after fatty meals
- Still no vomiting, haematemesis or melaena

No episodes of jaundice

Presented to LMO 3/52 ago

- referred for USS
- USS demonstrated multiple gallstones, a slightly thickened gall bladder wall and some signs of inflammation.
- Blood tests taken at same time (?LFTs) – reportedly normal (NB – no results sighted)
- Referred to general surgeon
- For lap chole – booked for this pm

Last episode of pain yesterday lunchtime following a bacon sandwich.

Nil by Mouth since 0600 this am.

GIT Review: Bowels regular, nil blood, no recent weight loss, appetite normal

S/R:
CVS: No chest pain, no SOB, no palpitations, no PND, no orthopnoea, no syncope
RESP: No SOB, no wheeze or cough, no sputum, no pain (incl ENT)
GUT: do frequency or dysuria, no haematuria or loin pain, periods 5/7 light and regular (every 28/7)
CNS: No headache, no sensory losses, no seizures, no LOC or weakness or paraesthesia
MSK: no joint pain or swelling, no redness or stiffness
ENDO: No sweats, no fevers, no goiter, no hair or skin changes
Haem: No pallor , bruising or bleeding, no nodes. Occas fatigued.
Skin: No rashes, lumps, dryness or colour changes
Psych: mood and sleep normal

Exercise Tolerance: OK – can walk up 4 flights of stairs at work with no problems

PMHx:
Asthma: dx as child, no symptoms or medication since age 18
No hx of: IHD, epilepsy, diabetes or cancer

PSHx:
T's and A's: age 3 for recurrent tonsillitis
ORIF # femure aged 15 (horseriding accident)

No problems with surgery or anaesthetics

Obs Hx
G2P2 SVD x 2 Nil probs (no gestational diabetes of PIH)

Ψ Hx:
No psych hx, no hx of depression or mood disorder

Meds:
Nil regular

Allergies:
Penicillin – rash
Can take cephalexin without probs

Food Allergies: Shellfish – urticaria

No ADRs

Alcohol:
2 glasses red wine 5/7

Cigs:
Non smoker – never smoked

Drugs: Nil illicit drug use

Social History:
Married to William – teacher. 2 children aged 9 and 11. Lives in a two storey house.
Doesn't really exercise – not enough time.
Hobby – quilting – is part of a sewing circle

FHx:
Mother † aged 60 – multiple myeloma
Father – alive and healthy
No family history of disease

O/E:
Well looking, slightly overweight lady in no obvious distress
PR 70 reg BP 120/75 RR 15 Afebrile wt: 88 kgs
Not jaundiced

Abdo:
Soft, non tender
No hepatomegaly, organomegaly
Gall bladder not palpable
BS – normal

CVS

JVP Not elevated (JVP NE)
Apex beat not displaced

HS Nil added

No peripheral oedema
Peripheral pulses normal

RESP:

Good AE
Chest clear
Good and equal chest expansion
PN normal and equal bilaterally
Vesicular BS bilaterally
Nil added sounds

CNS:

Grossly intact
Or
CN intact
Power and reflexes normal globally
Sensation normal

Pupils equal and reactive to light
CN III, IV V,VI,VII,VIII,IX,X,XI,XII intact

Tone normal

Power	R	L
Upper Limb	5/5	5/5
Lower Limb	5/5	5/5

Reflexes	TJ	BJ	BRJ	KJ	AJ	Plantar
Right	++	++	++	++	++	↓
Left	++	++	++	++	++	↓

Sensation: Pain and light touch normal bilaterally
Vibration and proprioception normal bilat.

WTU: NAD

IMP: 38 yo lady with history of symptomatic choleliathisis for elective lap chole this pm.

For Long Case then write up DDX of the initial symptoms:

Eg DDX of RUQ pain
(Need to imagine what you would have asked if you had seen the patient without the USS results and dx.)