

2/10/2020 3:29 PM (CST)
Assessment Id: 153965855
Patient: Jurczyk, Constance (Admission 71058)

PROGRESS NOTE - HISTORY

Name	Jurczyk, Constance	MR #	144296
Gender	F	Birth Date	06/03/1953
Facility	Lexington Health Care Center of La Grange	Marital Status	Married
Room #	207	Reason For Visit	f/u constipation; pain
Admission Date	12/26/19		
Date Form Opened	1/2/2020		

Chief Complaint

Past Medical History Reviewed

History of Present Illness:

66 y/o F involved in a peds vs auto accident on 12/18/19. The accident happened near to her house when she crossed the street and hit by a car. She loss her consciousness and she was brought by an ambulance to Advocate Christ Hosp. She sustained a grade 1 open right distal radius fx and a left tibial plateau fx- S/P left tibial plateau fx ORIF and R distal radius Fx ORIF. She was transferred to Lex LG on 12/26/19 for SAR and the goal of care is to go home.

Pt was having severe constipation the past few days even with daily passing of liquidy stool. Witnessed pt almost passing out a couple of times during previous visit. Per pt, she was having severe abdl cramping at that time with GI upset. GI cocktail was given and bowel regimen adjusted. Planned to do KUB if she did not have a bowel movement as she was having worsening abdl discomfort later in the evening. Pt was agreeable. She did have a large bowel movement that evening and felt better. Educated pt regarding the risks of constipation given her immobility and narc use.

Today, pt reports feeling better and had been moving her bowels since then. She states she now understands what's going on and plans to drink a lot of water and take prune juice every morning. She is also making sure that she takes her bowel regimen. Pain remains well controlled and she cont to participate in therapy, and is making progress. Stable otherwise w/o cardio-pulmo, GI or B/B issues. No cough, fever, chills. In NAD. VSS.

Past Medical/Surgical History:

PMHx: HTN and GERD

PSHx: None

PNA vaccine: 12/2019
Influenza Vaccine: 12/2019

Health Status

Advanced Directives:

Full Code/Attempt
Resuscitation/CPR, Full
Code/Attempt Resuscitation/CPR,

Additional Notes Regarding Advanced Directives:

Select dropdown arrow to see all diagnoses. Admitting diagnosis is at the top.

S82.142D — Displaced bicondylar fracture of left tibia, subsequent encounter for closed fracture with routine healing

Recent Physician Progress Notes (Click links to view):

Recent Laboratory and Diagnostic Tests (Click Link to Access Laboratory Attachments):

Labs/Radiology (List reviewed labs with dates)

Health Status (Continued)
Allergy List:

Medication List (Click link to view all orders):

Review of Systems

CONST	Y	N	RESP	Y	N	GU	Y	N	MS	Y	N
WNL to ALL Constitution			WNL to ALL RESP			WNL to ALL GU			WNL to ALL MS		
Fever	No		SOB	No		Dysuria	No		Joint Pain	Yes	
Δ Mental Status	No		Cough	No		Hematuria	No		Swelling	No	
Δ Function	No		Wheezing	No		Frequency	No		Myalgia	No	
Δ Weight			Phlegm	No		Urgency			Arthralgia	Yes	
Pain	No		Hx Smoking			Nocturia			Fall last 30 days	No	
						Foley	No		Hx of Falls		
									Gait D/O	Yes	

HEENT	Y	N	GI	Y	N	NEURO	Y	N	PSYCH	Y	N
WNL to ALL HEENT			WNL to ALL GI			WNL to ALL NEURO			WNL to ALL PSYCH		
Eye Discharge	No		Nausea	No		Syncope	No		Anxiety	No	
Δ Visual	No		Vomiting	No		Aphasia	No		Depression	No	
HOH	No		Obesity	No		HA	No		Sleep Disturbance	No	
Epistaxis	No		Abd Pain	No		Vertigo	No		Agitation	No	
Rhinitis	No		Diarrhea	No		Focal Weakness	No		Combative	No	
Tinnitus			Constipation	No		Paraesthesia	No		Hallucination	No	
Sore Throat	No		Melena			Seizures	No		Psychosis	No	
			Hemoccult			Confused	No		Δ Mood	No	
			Dysphagia	No							
			Dyspepsia	No							
			Δ Appetite	No							
			Δ Stools	No							
			G tube	No							

CV/PV	Y	N	DERM	Y	N	Other:
WNL to ALL CV/PV			WNL to ALL DERM			
Chest Pain	No		Rash			
Palpitation	No		Pruritus			
Dizzy	No		Bruising			
DOE	No					
Edema	Yes					

Physical Examination

Latest Vitals:
Past Vitals (Click link to view all vitals)

Weight: 138.00	Temperature: 97.30 [Temporal]
Blood Pressure: 133 / 80 [L Arm Sitting]	Pulse: 91.00 [Brachial]
Respiration: 17.00	Pulse Ox: 96.00 [Room Air]

Physical Examination:

LOC:	Alert	Change from baseline?	Comments
Orientation:	Time Place Person	Change from baseline?	Comments
Neuro	Gait/Balance Disturbance		Comments
HEENT:	Normocephalic Non-icteric		Comments
Apical/Radial Pulse:	Regular	Change from baseline?	Comments
Murmur?	No If Yes, describe Murmur		
Edema:	N/A	Pitting Edema, scale +	Change from baseline? Comments
Peripheral Pulses:	Right:WNL Left:WNL	Right Capillary refill <3 seconds: Left Capillary refill <3 seconds:	Comments strong radial pulses and DP pulses/symmetrical
Skin:	Turgor:WNL		Change from Baseline Skin Comments
Skin Color:	WNL	Abnormal:	
Respiration:	WNL	Abnormal: Regular	Respiratory Comments
Breath Sounds:	Right: Clear Left: Clear	Change from baseline?	
Cough:	No	Describe: Change from baseline?	
Abdomen:	Soft Non-Tender		Change from baseline? Abdomen/Bowel Comments

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Bowel Sounds:	Normoactive	Change from baseline?
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Urinary:		Comments
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Psych	Cooperative	Comments
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Pain:	0 = No pain	Change from baseline?	Comments - Sites
Scale 0 - 10			

Other:	
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Assessment/Plan

Problem 1Select Problem

S82.142D: Displaced blandyar Fx of left tibia, subsequent encounter for closed fx with routine healing
S82.501D: Unspecified Fx of the lower end of right radius, subsequent encounter for closed Fx with routine healing.
S82.109D: Unspecified Fx of Upper end of unspecified tibia, subsequent encounter for closed fx with routine healing
Z47.89: Ortho after care - left tibial plateau fracture s/p ORIF; right distal radius fracture s/p ORIF,
R26.89: Gait and mobility d/o

PT/OT

monitor surgical wound and CMS - intact

keep left leg immobilizer as ordered

f/u with Ortho as indicated - states she has ortho appointment on 1/2/20; f/u with unit sec

Cont. Tylenol; Norco 5

bowel regimen: as ordered

dvt proph: lovenox

GI proph: famotidine

Fall precautions

Problem 2Select Problem

K59.00: Constipation

resolved

Cont bowel regimen: Senna 2 tabs BID; MOM daily PRN --- will add lactulose daily pm and Colace BID if cont to have issues

Increase fluid and fiber intake; prune juice daily

educated pt on the risks of colon obstruction with increased immobility and narc use

pt agreed with plans of care

Problem 3Select Problem

K21.9: GERD w/o esophagitis

Cont. Famotidine, may have Zofran for N/V.

Cont. Calcium Carbonate PRN

add simethicone for GI upset

Keep HOB up (semi-fowler's)

Problem 4Select Problem

I10: HTN --- diet controlled; cont Low-salt, low-fat diet; BP stable w/o meds; cont. to monitor BP

D64.9 - Anemia --- Hb level 9.0; cont iron supplements

J02.9 - Acute pharyngitis --- seems resolving; no c/o of resp issues today; no progression of sx noted; Cont. Lozenges PRN

Problem 5Select Problem**Problem 6**Select Problem**Problem 7**Select Problem**Problem 8**Select Problem

seen pt >30 mins f/f time with >50% of time spent doing education, counseling and care coordination

Signature (Click on the check box to sign)Dyenina Donnelly, NP (01/06/2020 05:25 PM
(CST))