

Outpatient Medical Consultation Manual

Name: JIN Zongzheng

Sex: Male

Age: 26

Employer: -

Current address:-

This manual is limited to individual's use and is generally applicable to all municipal hospitals.



General Description of Dalian Medical University Affiliated Hospital No2

Established in 1958, Dalian Medical University Affiliated Hospital No2 is a comprehensive hospital centralizing medical consultation, research and education activities. It is a modern hospital with advanced medical equipments.

The hospital extends to a surface of 729000 m2, including 114000 m2 construction area with 1300 open beds. The annual patients being discharged are over 20,000; annual operations over 10,000; and annual outpatients over 600,000. The existing headcount is 1286, including 123 full professors and 201 associate professors. 10 experts enjoy the special allowance of the State Council, and 9 experts are rewarded municipal allowance, etc.

The hospital is equipped with 2000 sets of modern medical devices, including MRI(GE), ECT, color ultrasonic, DSA, CT etc.

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Date: 3 June 2013

Gastroenterology department

Abdominal pain observed for more than 1 month in the upper part of the abdomen, which often appears on an empty stomach. The pain could be alleviated by food.

Sour regurgitation and heartburn have been observed and have been woken up by aches.

Intermittent nigrescent stool; feeble; Diarrhea; low fever for several days. No fever and normal stool now.

Past history: (-)

Allergy: (-)

Examination: the whole abdomen is soft, sword-right tenderness, no rebound tenderness, no muscular tension.

Blood: WBC $4.87 \times 10^9/l$ RBC: Hb normal

Occult blood + stool routine: no stool

Diagnosis: abdominal pain of unknown origin

Peptic ulcer?

R: Gastroscopy

To follow up

FENG Xiaoying



5 June, 2013

Gastroenterology department

Subsequent visit

Gastroscopy (outer hospital 4/6): round ulcer in anterior wall of the duodenal bulb observed 1.2cm, covered with thick white fur and black crust of blood; The surrounding mucosa swelling.

Endoscopic diagnosis: Active stage of duodenal ulcer and bleeding.

Chronic superficial gastritis Moderate HP(+)

Diagnosis: (1) Active duodenal ulcer and bleeding

(2) Chronic superficial gastritis

R: hospitalization admission (rejected)

(1) Normal saline 100ml + Omeprazole 40mg

Usage: Each one time a day venoclysis 7 successive days

(2) Omeprazole 20mg QN Po

(3) Franc cabernet 3 associates 8 *7

Usage: 4 pills each time, 2 times a day orally

FENG Xiaoying



15 June, 2013

Gastroenterology department

Subsequent visit

The referable abdominal pain disappeared, some discomfort at night still observed. No sour regurgitation and heartburn observed. Stool yellow.

Examination: the whole abdomen soft, no tenderness, no rebound tenderness

Stool routine +OB: OB (-)

Diagnosis: DU

R: Omeprazole 20mg*28

Usage: 20mg orally once a day;

Aluminum phosphate gel: 20g*11

Usage: 20g 2 times a day orally

FENG Xiaoying



25 June, 2013

Gastroenterology department

Subsequent visit

Referral symptoms disappeared, occasional bloating after eating, sour reflux, stool yellow.

Examination: whole abdomen soft, no tenderness, no rebound tenderness

Diagnosis: Duodenal ulcer (DU)

R: Gastroscope check recommended; Review C14 breath test;

Another 2 weeks omeprazole 20mg; Rebamipide 0.1 tid po for 2 weeks;

To follow up

FENG Xiaoying

