830001606 ELMVH
18415942
8554138
7/30/2005 12:00:00 AM
partial small bowel obstruction
DIS
Admission Date :
07/30/2005
Report Status :
Discharge Date :
07/31/2005
****** FINAL DISCHARGE ORDERS ******
LIKFREIERMKOTELEEBBREUTZ , JR , LYNA
347-75-10-4 R07
Room :
05T-898
Service :
MED
DISCHARGE PATIENT ON :
07/31/05 AT 05:00 PM
CONTINGENT UPON
Not Applicable
WILL D / C ORDER BE USED AS THE D / C SUMMARY :
YES
Attending :
RHALTHOUZE , JAEL TESSNATHA , M.D.
DISPOSITION :
Home
DISCHARGE MEDICATIONS :
ACETYLSALICYLIC ACID 325 MG PO QD
Alert overridden :
Override added on 07/31/05 by :
SERIOUS INTERACTION :
KETOROLAC TROMETHAMINE , INJ and ASPIRIN
Reason for override :
d / c toradol ATENOLOL 25 MG PO QD Starting Today (07/31) LIPITOR (ATORVASTAT
IN) 10
MG PO QD
DIET :
House / Low chol / low sat. fat
ACTIVITY :
Resume regular exercise
FOLLOW UP APPOINTMENT (S) :
PCP , call for appointment . ,
ALLERGY :
NKA ADMIT DIAGNOSIS :
Partial SBO
PRINCIPAL DISCHARGE DIAGNOSIS ;
Responsible After Study for Causing Admission) partial small bowel obstruction
OTHER DIAGNOSIS ;
Conditions , Infections , Complications , affecting Treatment / Stay
umbilical hernia (umbilical hernia) CAD (coronary artery disease) MI (myoca
rdial infarction) DVT (deep venous thrombosis) partial small bowel obstructio
n (small bowel obstruction)
OPERATIONS AND PROCEDURES :
OTHER TREATMENTS / PROCEDURES (NOT IN O.R.)
IVF
BRIEF RESUME OF HOSPITAL COURSE :
CC :
abd pain , nausea , diarrhea

DX :
partial
SBO HPI :
46 y / o s / p umbilical hernia repair presented with abd pain , Nausea and diarrhea for two days .
--- PMH :
MI after surgery s / p stent placement DVT after surgery received coumadin but only partially treated
--- Meds at home :
none
--- All :
none
--- Social :
+smoking , moderate EtoH , No illicit drugs , works here at ELMVH as transport person
--- Exam on admission He was found to have BP 140s Abd tenderness , +rebound , + distention Lungs clear Heart regular Ext without edema
--- ER :
He underwent CT which showed distal partial small bowel obstruction and was admitted .
--- Hospital course :
1. GI :
He was placed NPO .
Multiple attempts of NGT placement were made but the patient continued to refuse .
Finally he tolerated it at 8pm and it was placed for three hours .
His abd had further distended with more tenderness at the point he allowed placement of NGT .
Then three hours later , he pulled it out and refused further placements .
He received IVF .
Surgery was consulted and they recommended q4hour abd exams which were performed .
The following day his signs and symptoms became much better .
He was moving much flatus and was very hungry .
His tenderness was markedly diminished and his abd was less distended .
His diet was advanced as tolerated .
He did eat a half of a turkey sandwich against medical advice but did fine with it .
--- CV :
His BP was elevated throughout admission and he was started on Atenolol upon discharge .
Also , he was started on Lipitor and Asa on discharge as he has a hx of MI .
He was noted to have a larger L LE than R and LENIS revealed Popliteal DVT .
This was thought to be chronic and so anticoagulation was not initiated .
It is recommended that he get repeat ultrasound within two weeks to eval for extension to reassure that it is chronic .
--- DISCHARGE INSTRUCTIONS :
1. Follow up with PCP within two weeks .
2. Have L Lower extremity ultrasound within two weeks .
Your PCP can set this up .
3. Take Atenolol , lipitor and Asprin
4. Return to ER if you experience more pain , bloating , nausea , vomiting , diarrhea , anorexia , chest pain , shortness of breath or other concerns .
ADDITIONAL COMMENTS :
Have a follow up Lower Extremity Non-invasive Study to evaluate your leg clot within two weeks .
It is probably chronic and stable but a follow up test could help reassure you of this .
Your PCP can arrange it .
DISCHARGE CONDITION :

Stable
TO DO / PLAN :
No dictated summary
ENTERED BY :
LARDES , COLNKAY , PA-C (PY23) 07/31/05 05:06 PM
****** END OF DISCHARGE ORDERS ******
[report_end]