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Discharge Summary
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Report Status :
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DISCHARGE SUMMARY NAME :
DRIPPS , VIRGRET C
UNIT NUMBER :
108-54-65
ADMISSION DATE :
04/26/2002
DISCHARGE DATE :
04/30/2002
PRINCIPAL DIAGNOSIS :
Left patellar fracture , 4/25/02 .
ASSOCIATED DIAGNOSIS :
Asthma , temporomandibular joint , allergic rhinitis .
OPERATIONS AND PROCEDURES :
Open reduction , internal fixation of the left patellar fracture on April 27 , 2 002 .
HISTORY OF PRESENT ILLNESS :
This is a 33-year-old female who was sledding on April 25 , 2002 during which ti me she struck a tree with her left knee cap .
She immediately felt pain and presented to the Ponta,itri- University Medical Ce nter emergency room for evaluation of her left knee cap .
PAST MEDICAL HISTORY :
Asthma , temporomandibular joint , allergic rhinitis .
Of note , her asthma has been mild with no intubations and no history of oral or IV steroid use .
MEDICATIONS ON ADMISSION :
Albuterol inhaler prn .
Oral contraceptives .
PAST SURGICAL HISTORY :
Septoplasty one year prior .
ALLERGIES :
Augmentin causes a rash .
There is no reported allergic reaction to Penicillin .
SOCIAL HISTORY :
Denies tobacco , social alcohol use and no intravenous drug use .
PHYSICAL EXAMINATION :
She was afebrile and her vital signs were stable .
She had no evidence of head trauma .
She was normocephalic , atraumatic , pupils equal , round , reactive to light .
Neck had full range of motion in all planes , clear to auscultation bilaterally .
Heart :
regular rate and rhythm with no murmurs .
The abdomen was soft , non-tender , nondistended .
Extremities :
she had palpable pulses in the lower extremities .
The only significant finding on musculo-skeletal examination was a swollen left knee with intact skin .
She had 5 out of 5 strength in bilateral upper extremities .
She had 5 out of 5 right lower extremity strength and 3 out of 5 quadriceps and anterior tibialis strength on the left side secondary to pain and 5 out of 5 ext

ensor hallucis longus , perineal and gastrocsoleus complex strength on the left .
Sensation was intact .
LABORATORY DATA :
Preoperative values showed that her electrolytes were within normal limits .
She had a white count of 7.4 , hematocrit 37.6 and platelet count of 189 .
She had an electrocardiogram that showed sinus bradycardia .
She had left knee films that showed displaced left pattellar fracture from an outside institution .
HOSPITAL COURSE AND TREATMENT :
At this time the patient had no associated injuries and no evidence of loss of consciousness or head trauma during her accident .
She had no other musculo-skeletal or systemic signs of trauma except for her left patellar fracture .
At this time the patient was admitted to the Orthopedic Trauma Service and informed consent was obtained for open reduction , internal fixation of her left patellar fracture .
After the patient was cleared by anesthesia and consent was obtained the patient was taken to the operating room on April 27 , 2002 .
She underwent open reduction , internal fixation of her left patellar fracture .

There were no complications and a Hemo dressing was placed .
The patient tolerated the procedure well and was extubated and transferred to the Post-Anesthesia Care Unit and then to the floor in stable condition .
There was no evidence of anesthesia difficulties due to her past medical history of asthma .
At this point the initially plan was to have no active knee extension , to use a continuous passive motion machine with a goal of 0 to 45 degrees range of motion .
If she was to be up and ambulating weight bearing as tolerated .
When she was up and out of bed her knee was to be locked in full extension .
On postoperative check there were no active issues .
On postoperative day number one she had no complaints .
She had initial fevers of 102.2 postoperatively but this temperature spike declined and she was afebrile after postoperative day number one .
Her Hemovac had minimal output of 30 cc. in the first 12+ hours of insertion .
As such the drain was discontinued on postoperative day number one .
She was using her continuous passive motion machine on the first day postoperatively from 0-15 degrees .
She was weight bearing as tolerated but on postoperative day number one was only able to stand at the edge of the bed .
Her IV was heplocked after she tolerated good PO's and her patient controlled analgesia was converted to PO Percocet .
She did have trouble with pain management and eventually was changed to Oxycontin 10 mg. b.i.d. with Flexeril prn muscle spasm .
This regimen worked remarkably well and on postoperative day number two she was in her continuous passive motion machine from 0-30 degrees and was able to do some minimal crutch walking .
The patient received a hinged knee brace with lock in full position to assist her and have her knee in full extension during ambulation .
On postoperative day number two her temperature max was 100.3 and her vital signs were otherwise stable .
She was neurovascularly intact .
She was cleared by physical therapy for discharge the following morning .
On the last day of hospitalization there was no change in her examination and the incision was clean , dry and intact with no evidence of erythema .
She continued on her Fragmin 5000 units subcutaneous q.day .
CONDITION ON DISCHARGE :
Stable .
MEDICATIONS ON DISCHARGE :

Fragmin 5000 units subcutaneous q.day x26 days .
Percocet 1 tablet 5/325 tablets q.4 hours prn pain (break through pain only) .

Oxycontin 10 mg. PO b.i.d.
Flexeril 10 mg. PO t.i.d. prn. muscle spasms .
Colace 100 mg. PO t.i.d. to be taken with Percocet and Oxycontin .
Milk of Magnesia 30 ml. PO q.day prn constipation .
DOCTOR 'S DISCHARGE ORDERS :
Diet as tolerated .
Weight bearing with left knee in full extension .
Continuous passive motion machine 0-45 degrees as tolerated .
She is to call the Orthopedic office or come to the emergency room for increasin g uncontrolled pain , fevers greater than 101 or other worrisome problems .
She is to use crutches and to be weight bearing as tolerated with her knee fixed in extension .
She is to wear the hinged knee brace while out of bed .
She is to be in her continuous passive motion machine at home with range of moti on at 0-45 degrees with no active extension .
She is to have physical therapy as per Physical therapy evaluation .
She is to have Linermontten Deci Allha Medical Center for wound checks , dry ste rile dressing with tape as needed and Fragmin administration and teaching .
She will do sponge baths and wait for regular baths until she is able to keep he r left knee out of water .
FOLLOW UP :
She is to follow up with Dr. Ma Oghagneuph in two weeks for follow up and postop erative check .
VITA T. LINKEKOTEMONES , M.D.
DICTATING FOR :
Electronically Signed MA OJENE OGHAGNEUPH , M.D.
05/28/2002 16:21
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MA OJENE OGHAGNEUPH , M.D.
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