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12/02/2002 12:00:00 AM

Discharge Summary

Signed

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Report Status :

Signed

DISCHARGE SUMMARY NAME :

KOTENORT , OAN R

UNIT NUMBER :

105-24-06

ADMISSION DATE :

12/02/2002

DISCHARGE DATE :

12/04/2002

PRINCIPAL DIAGNOSIS :

Probably sigmoid volvulus .

HISTORY OF PRESENT ILLNESS :

The patient is an 81 year old female with a history of cerebrovascular accident , atrial fibrillation , hypothyroidism and dementia who is status post laparoscopic cholecystectomy one week ago who currently presents with a 4 day history of no bowel movement .

She has complaints of abdominal distention , emesis , and constipation .

She has no chest pain , shortness of breath or fever .

She has no nausea or vomiting , chills , dysuria , hematochezia , or melena .

She was discharged from the hospital on 11/28/02 to a short term rehabilitation facility .

She was found to have normal bowel sounds .

She presented to the Ponta, itri- University Medical Center Emergency Department on 12/01/02 for evaluation of this constipation .

PAST MEDICAL HISTORY :

1. Cerebrovascular accident .
2. Atrial fibrillation on Coumadin .
3. Diabetes mellitus type 2 .
4. Hypothyroidism .
5. Mild dementia .
6. Proteinuria .
7. Nephropathy .
8. Anemia .
9. Hearing impaired .

PAST SURGICAL HISTORY :

1. Laparoscopic cholecystectomy as above .
2. Total hip replacement in 2002 .
3. Appendectomy .
4. Diskectomy .

MEDICATIONS ON ADMISSION :

1. Digoxin .125 mg qod , .25 mg qod .
  2. Colace 100 mg po tid .
  3. Levoxyl 100 ugm po qd .
  4. Prinivil 20 mg po qd .
  5. Zantac 150 mg po bid .
  6. Aspirin 325 mg qd .
  7. Aricept 5 mg po qd .
  8. Glyburide 1.25 mg po qam .
  9. Oxybutynin 5 mg po bid .
  10. Coumadin 7.5 mg on Sun , Tues , Wed , Fri and Sat .
- 5 mg on Mon and Thurs .

ALLERGIES :

Fluoroquinolones .

SOCIAL HISTORY :

No tobacco , alcohol or drugs .

PHYSICAL EXAMINATION :

Temperature 96.7F , pulse 63 , respiratory rate 20 , blood pressure 167/68 , O<sub>2</sub> sat 99% on room air .

In general the patient is in no apparent distress .

Head , eyes , ears , nose and throat exam is within normal limits .

Chest clear to auscultation bilaterally .

Heart regular rate and rhythm .

Abdomen grossly distended , tympanitic , plus right upper quadrant tenderness and no rebound .

Rectal had normal tone , empty rectal vault , and guaiac negative .

Extremities were warm and well perfused .

LABORATORY AND RADIOLOGIC DATA :

On admission Digoxin 7.3 , sodium 142 , potassium 2.8 ( was supplemented ) , blood urea nitrogen 15 , creatinine .9 , calcium 9.3 , phosphorus 1.9 , magnesium 1.8 .

Liver function tests were within normal limits .

Hematocrit 36 , white blood cell count 8.3 , platelets 342 .

Electrocardiogram shows sinus bradycardia with Digitalis effect .

Urinalysis is pending .

Abdominal series showed non-specific dilatation of the large bowel with no evidence of ileus .

CT of the abdomen and pelvis showed dilated colon with a large amount of fluid .

There was no free air and no bowel wall thickening .

There was no obstruction .

Normal appearing small bowel .

HOSPITAL COURSE :

The patient presented to the operating room late at night on 12/01/02 and was admitted to the floor early on the morning on 12/02/02 .

She was placed on a bowel regimen of Dulcolax , Fleet enema , and Colace .

On 12/03/02 the patient underwent a repeat KUB which was suggestive of volvulus .

She then underwent a CT scan which showed no evidence of volvulus .

Rigid sigmoidoscopy revealed no obvious mucosal abnormalities but during the time of the procedure 22cc of mucous like stool was evacuated with a large amount of gas .

Subsequent to that the patient's abdomen was significantly less distended and her pain decreased as well .

On the following day , hospital day number 3 , the patient was doing well .

The abdomen was again far less distended .

She was tolerating clear liquids ad lib .

She was afebrile with stable vital signs .

A repeat KUB was performed which showed no evidence of volvulus .

She was discharged back to a rehabilitation facility in good condition .

MEDICATIONS ON DISCHARGE :

1. Digoxin .125 mg qod , .25 mg qod .

2. Colace 100 mg po tid .

3. Levoxyl 100 ugm po qd .

4. Prinivil 20 mg po qd .

5. Zantac 150 mg po bid .

6. Aspirin 325 mg qd .

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5 mg on Mon and Thurs .

ERIN KENGEKOTE , MD

Dictating for :

Electronically Signed MAENZET HEAD , M.D.

12/25/2002 12:48

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MAENZET HEAD , M.D.

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cc :

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