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736093
8962225
11/16/2004 12:00:00 AM
Discharge Summary
Signed
DIS
Report Status:
Signed
DISCHARGE SUMMARY NAME :
NINSRUDES , LI
UNIT NUMBER :
497-36-84
ADMISSION DATE :
11/16/2004
DISCHARGE DATE :
11/18/2004
DIAGNOSIS :
Low back pain .
BRIEF HOSPITAL COURSE :
This very pleasant 37-year-old gentleman has a long history of low back pain and
L4-L5 and S1 disk disease who started complaining of increased low back pain ov
er the week preceding this admission .
He had had a previous epidural injection by Dr. Ice , but he states that the pai
n over the week prior to his admission made it very difficult for him to ambulat
e and bear weight on his left lower extremity .
He also had shooting pain down his left leg .
PAST MEDICAL HISTORY :
Notably , the patient ' s past medical history is significant for only the b
ack pain .
PAST SURGICAL HISTORY :
Significant for a cholecystectomy .
MEDICATIONS AT TIME OF ADMISSION:
Included Vicodin , Motrin , and Tylenol .
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ALLERGIES :

The patient claimed a medical allergy to penicillin with a reaction unknown . PHYSICAL EXAMINATION :

Otherwise the patient , on examination , was alert and oriented x3 , in no appar ent distress on general examination .

The patient had 4/5 quadriceps strength on his left lower extremity , as well as 4/5 strength in his tibial ends , EHL , and gastrocnemius soleus .

On the right side , he had 5/5 strength in his entire right lower extremity . Reflex examination showed 2+ reflexes on the left , as far as his patellar refle x , and 1+ on the right .

MRI taken at the time of initial evaluation in the Ro Woodma Healthcare emergenc y department showed _multiple____ levels of degenerative joint disease and multi factorial spinal stenosis mostly at L4-L5 with central disk herniation .

ASSESSMENT :

The patient was discussed with Dr. Levels and was admitted for pain control and discussion for possible diskectomy if his pain did not improve .

Over the subsequent two hospital days , the patient 's pain was managed wit h a combination of intravenous morphine and p.o. Percocet .

The patient 's pain level was brought under control on this regimen , and s urgical intervention was discussed with the patient and he said he would decide on this after discussion with his wife .

On November 18 , 2004 , as the patient ' s pain level was under adequate con trol , the patient was discharged with a prescription for Percocet and instructi ons to follow up with Dr. Levels in approximately two to three weeks ; he should call for an appointment .

[report_end]