

Name: Rakesh Kukatla | DOB: 10/31/1972 | MRN: 8082383 | PCP: DEBORAH J GIANNONE, FNP | Legal Name: Rakesh Kukatla

Appointment Details

Notes

ED Provider Notes

O. Stingu PA at 12/18/2022 7:44 PM

UPDATED COPY

HPI:

Chief Complaint

Patient presents with

- Eating Disorder
Pt not eating

This is a 50-year-old male who arrived from County jail for eating disorder. When asked, patient states "no food no drink" Admits to pain everywhere. Patient would not elaborate why he does not want to eat or drink. Tells me he usually eats only at home. Per County jail officers patient is provided 3 meals a day. Patient was incarcerated 4 to 5 days ago. He refuses to eat since. Patient is questioning his protein and fluid intake. Patient denies feeling suicidal or homicidal. He just does not want to eat. He refuses mental health. He demanded to also talk to a doctor.

History provided by: **Patient**

Language interpreter used: **No**

No data recorded

Patient History:

No past medical history on file.

No past surgical history on file.

Family History

Family history unknown: Yes

Social History:

Tobacco Use

- Smoking status: Never
- Smokes tobacco: Never

• Smokeless tobacco:	Never
Vaping Use	
• Vaping Use:	Never used
Substance Use Topics	
• Alcohol use:	Yes
• Drug use:	Never

REVIEW OF SYSTEMS:

Review of Systems

Constitutional: Positive for appetite change. Negative for chills and fever.

HEENT: Negative.

Eyes: Negative for visual disturbance.

Respiratory: Negative.

Cardiovascular: Negative.

Gastrointestinal: Negative.

Genitourinary: Negative.

Musculoskeletal: Negative.

Skin: Negative.

Allergic/Immunologic: Negative for immunocompromised state.

Neurological: Positive for weakness.

Hematological: Negative.

Psychiatric/Behavioral: Negative.

PHYSICAL EXAM:

ED Triage Vitals [12/18/22 1617]

Temp	Pulse	Resp	BP
36.6 °C (97.9 °F)	79	15	(!) 152/107

SpO2	Temp src	Heart Rate Source	Patient Position
97 %	Oral	Monitor	Sitting

BP Location FiO2 (%)

Lt Upper Arm **--**

Physical Exam

Vitals and nursing note reviewed.

Constitutional:General: He is not in acute distress (**mild**).**HEENT:**

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Nose normal. No rhinorrhea.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Eyes:

General: No scleral icterus.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulses: Normal pulses.

Heart sounds: Normal heart sounds. No murmur heard.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds.

Abdominal:

General: Abdomen is flat. Bowel sounds are normal.

Palpations: Abdomen is soft.

Musculoskeletal:

General: No tenderness. Normal range of motion.

Cervical back: Normal range of motion and neck supple.

Right lower leg: No edema.

Left lower leg: No edema.

Lymphadenopathy:

Cervical: No cervical adenopathy.

Skin:

General: Skin is warm and dry.

Capillary Refill: Capillary refill takes less than 2 seconds.

Coloration: Skin is not jaundiced.

Neurological:

General: No focal deficit present.

Mental Status: He is alert and oriented to person, place, and time.

Psychiatric:

Mood and Affect: Mood normal.

Behavior: Behavior normal.

ED COURSE & MDM:

ED Course as of 12/19/22 0448

Oana Stingu's Documentation

Sun Dec 18, 2022

1949 **Ketones, Urine(!): 100**

1950 Patient agreed to fluids. Patient denies feeling suicidal or homicidal.

1956 Discussed with Dr. Digaetano.

2055 **Total CK: 111**

2055 **Total Bilirubin(!): 1.5**

No abdominal pain / most likely secondary to dehydration.

Clinical Impressions as of 12/19/22 0448

(Final) Dehydration

(Under Consideration) Chest pain

Labs Reviewed

COMPREHENSIVE METABOLIC PANEL - Abnormal

Result	Value
Sodium	144
Potassium	4.7
Chloride	109 (*)
CO2	23
Anion Gap	12
BUN	20
Creatinine	1.1
BUN/Creatinine Ratio	18
Glucose	107 (*)
Calcium	9.7
AST	39
ALT (SGPT)	40

Alkaline Phosphatase	91
Total Protein	8.4 (*)
Albumin	4.9
A/G Ratio	1.40
Total Bilirubin	1.5 (*)
eGFR	>60

URINALYSIS WITH REFLEX MICROSCOPIC - Abnormal

Color, Urine	Yellow
Clarity, Urine	Clear
pH, Urine	6.0
Leukocytes, Urine	Negative
Nitrite, Urine	Negative
Protein, Urine	30 (*)
Glucose, Urine	Normal
Bilirubin, Urine	Negative
Specific Gravity, Urine	1.039 (*)
Ketones, Urine	100 (*)
Urobilinogen, Urine	2.0 (*)
Blood, Urine	Negative

CBC AUTO DIFF - Abnormal

Auto WBC	5.5
RBC	6.09 (*)
Hemoglobin	18.5 (*)
Hematocrit	56.1 (*)
MCV	92.1
MCH	30.4
MCHC	33.0
RDW	12.2
MPV	9.6
Neutrophils Relative	64.3
Lymphocytes Relative	29.2
Monocytes Relative	5.6
Eosinophils Relative	0.5
Basophils Relative	0.2
Neutrophils Absolute	3.56
Lymphocytes Absolute	1.62
Monocytes Absolute	0.31
Eosinophils Absolute	0.03
Basophils Absolute	0.01
Platelets	197
Immature Neutrophils Relative	0.2
Immature Neutrophils Absolute	0.01

URINALYSIS MICROSCOPIC AUTOMATED - Abnormal

RBC, Urine	1
WBC, Urine	3
Bacteria, Urine	Few (*)
Mucus, Urine	3+

CK - Normal

Total CK	111
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CBC WITH AUTO DIFFERENTIAL*Narrative:*

*The following orders were created for panel order
CBC with auto differential.*

<i>Procedure</i>	<i>Abnormality</i>
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Status

-----	-----	-----
CBC w/ auto diff (Lab Per...[71908436]	Abnormal	
Final result		

Please view results for these tests on the individual

orders.

DRUG SCREEN, URINE

Amphetamine+Metham
phetamine Screen, Ur Negative
Benzodiazepines Negative
Screen, Urine
Cannabinoid Screen, Negative
Urine
Cocaine Screen, Urine Negative
Barbiturate Screen, Ur Negative
Opiate Scrn, Ur Negative
Creatinine, Urine UDS >300.0

Narrative:

*Drug of Abuse tests are screening results only.
Positive results are not confirmed by independent
methods
and should be used for medical (treatment)
purposes only.
Unconfirmed screening results should not be used
for
non-medical purposes(employment or legal testing).*

Medications

**sodium chloride 0.9 % IV Bolus bolus 1,000 mL (0 mL
intravenous Stopped 12/18/22 2101)
sodium chloride 0.9 % IV Bolus bolus 1,000 mL (0 mL
intravenous Stopped 12/18/22 2116)**

No orders to display

MDM

Number of Diagnoses or Management Options

Dehydration: new and requires workup

Diagnosis management comments: Patient is argumentative. Patient had demanded multiple times to talk to her doctor. I did discuss with attending who agreed with fluid resuscitation and blood work. I reviewed the blood work with the patient and attending. I offered fluids which he agreed to IV fluids only. Once the fluids were completed I recommended discharge however patient demanded again to talk to her doctor. I had Dr. Kozar discussed with patient. Patient was evaluated by attending. Patient had no suicidal or homicidal ideation. Patient does not require admission based on today's examination. I explained to the patient that his refusal to drink will lead him to kidney failure and he stated understanding. At the time of discharge patient was stable. Vital signs were reviewed which were stable. Patient discharged back to jail. Question were answered.

Amount and/or Complexity of Data Reviewed

Clinical lab tests: reviewed and ordered

Tests in the medicine section of CPT®: ordered and reviewed

Risk of Complications, Morbidity, and/or Mortality

Presenting problems: moderate

Diagnostic procedures: moderate

Management options: moderate

General comments: Discharged to jail

Oana Stingu, PA
12/19/22 0448

Discharge Instructions

[O. Stingu PA at 12/18/2022 7:57 PM](#)

Discharge Attachments

Dehydration Adult Easy-to-Read (English)

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