

VOMITING / DIARRHEA

(Circle) pertinent positive findings. Backslash pertinent negative findings

Exam Time: 1540 a.m. / p.m.	Mode of Arrival: EMS / <u>Other</u> Pt Status: <u>New</u> / Est * HQI ▲ PQRI	Vital Signs Stable except: BP <u>91 / 114</u> Pulse <u>86</u> R Rate <u>18</u> Temp <u>97.6</u> Pulse Ox: NL Hypoxic Not Applicable % on R/A or O ₂ @ _____ L/min	Cardiac Monitor: <u>Not Applicable</u> Interp. _____ Rate: NL Brady Tachy Rhythm: Sinus Afib Junctional Ectopy: None PVCs PACs
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Performed for evaluation for arrhythmia: Yes No

HISTORY: HX from Patient Unobtainable due to: Dementia Altered Mental Status Extremis Other: _____
 HX from: Patient Family / Caretaker EMS Interpreter Medical Records LMP: _____

CHIEF COMPLAINT: This is a 63 year old male / female who presents with a complaint of: Vomiting Diarrhea (Circle if Appropriate)

New Patient: _____ Est. Patient: _____
 Levels 1 - 2: 1 Levels 1 - 3: 1
 Levels 3 - 5: 4 Levels 4 - 5: 4

tolerating bits of fluids

ONSET/DURATION Started 9 Min 0 Hours Days Weeks Ago Still Present Resolved _____ Worse Since: _____

TIMING Vomiting: # 5-6 per 9 Minutes Hours Days Weeks

Diarrhea: # 0 per _____ Minutes Hours Days Weeks

SEVERITY Initially: Mild Moderate Severe Currently: None Mild Moderate Severe

CHARACTER Vomiting: Bilious Nonbilious Bloody Retching Diarrhea: Bloody Mucoid Watery Malodorous

AGGRAVATING Food Liquids Movement _____ Nothing

ALLEVIATING NPO Lying Still Meds: _____ Nothing

ASSOCIATED SIGNS AND SYMPTOMS Negative Dizziness/Lightheadedness Melena Hematemesis

Abdominal Pain: None Cramping Constant Generalized Focal @: _____ ↓ po Intake

RELATED HX Similar Episode / Dx as: _____

Last Ate: last noc Last BM: 3h ago Recent Antibiotics _____ Travel Outside USA: _____
a.i.p. 10/21

Non - GI Risk Factors: Negative Vomiting due to neurologic / cardiac origin

REVIEW OF SYSTEMS:	Pertinent Positives
Constitutional	<u>Negative</u> Fever Chills
Eyes	<u>Negative</u> Photophobia Blurred Vision
ENT	<u>Negative</u> Sore Throat Ear Ache
CV	<u>Negative</u> Palpitations Chest Pain
Respiratory	<u>Negative</u> SOB Cough
GI	<u>Negative</u> <u>Vomiting</u> Diarrhea
GU	<u>Negative</u> Dysuria Hematuria
Musculoskeletal	<u>Negative</u> Arthralgia Myalgia
Skin	<u>Negative</u> Rash Bruising
Neuro	<u>Negative</u> <u>Headache</u> Weakness
Psych	<u>Negative</u> <u>Anxious</u> Depressed

Additional Pertinent History:
 PCP / Managing Physician(s): _____
 Referred to Clinic by: PCP / Telephone Referral / Other: _____
 Previous Visit for Same Complaint to ED / Clinic / PCP / In-Patient Within
 72 Hours / _____ Days Dx / Rx: _____

All other systems reviewed and negative: Yes No

New Patient: Level 1: 0 Level 2: 1 Level 3: 2 Levels 4-5: 10
 Established Patient: Levels 1-2: 0 Level 3: 1 Level 4: 2 Level 5: 10

inguinal hernia

PAST MEDICAL HISTORY:	Previously Healthy	DNR / Comfort Care Only	Immunizations:
Endocrine	DM I DM II Hypothyroid Hyperthyroid	Dyslipidemia	* Pneumococcal * Influenza within 12 months
CV	CAD / MI HTN CHF Afib	DVT	
Respiratory	COPD Asthma Bronchitis Pneumonia	PE	
GI / GU	PUD / GERD GI Bleed Urosepsis Diverticulitis	Gall / Kidney Stones Chronic Kidney Dx	
Neuro / Psych	TIA / CVA Migraine Anxiety Depression	Seizure <u>bipolar</u>	New Patient: Levels 1-2: 0 Level 3: 1 Levels 4-5: 1 each area Established Patient: Levels 1-3: 0 Level 4: 1 Level 5: PMH + 1
Cancer	Lung Colon Breast Prostate		
Surgical Hx	None Cholecystectomy Appendectomy Colectomy Gastric Bypass AAA Repair Hysterectomy Small Bowel Obstruction		

FAMILY HISTORY: Negative
Heart / HTN _____
Diabetes _____
Other: _____

SOCIAL HISTORY: Negative
 Smoking _____ ppd x _____ yrs. * Patient Advised to Stop
 Cessation Counseling: 3-10 min / 10+ min (Circle One)
 ETOH / Drug Use _____
 Occupation software dev.
Lives Alone / With Family Nursing Home Assisted Living

SAUNDERS, KEVIN E
 Darling MD, James L.
 UC
 60601572
 DOB 05/01/56 53
 0597480

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PHYSICAL EXAMINATION:

EXAM LIMITED DUE TO: Dementia Altered Mental Status Extremis Other:

Table with columns for system (Appearance, Eyes, ENT, Neck, Respiratory, Cardiovascular, GI/GU, Musculoskeletal, Skin, Neuro, Psychiatric) and findings (Normal, Abnormal). Includes handwritten notes like 'poor grooming' and 'Inguinal hernia soft, reducible'.

Table with columns for system and findings (Normal, Abnormal). Includes handwritten notes like 'Mild Mod Severe' and 'A V P U Disoriented'.

Complaint-Specific Findings section with a diagram of the abdomen and a table for patient assessment levels (New Patient vs Established Patient).

DIFFERENTIAL DIAGNOSES / HQI / PQRI: Consideration of the following conditions may be warranted for the presenting problem; they are not final diagnoses.

- List of differential diagnoses: Bowel Obstruction, Cholecystitis, Cholelithiasis, Dehydration, Gastritis / PUD, Gastroenteritis / Viral Bacterial, Hepatitis, Pancreatitis, Pregnancy, UTI.

RE-EVALUATION: Pain Scale (0-10)

Time: _____ Unchanged Improved Worse VSS

PHYS. NOTIFICATION/CONSULTS: Chart Copy Available to Admt'l Care Providers

Discussed case/management/disposition of patient with: Name: _____ at _____ a.m. / p.m.

DISPOSITION: RX: Compazine

Disposition details: Discharge: Home Work Nursing Home Deceased AMA Admit: ED Obs InPt Unit: ICU OR Tele Floor Condition: Stable Unstable

If Patient Pregnant, Indicate: Visit Related / Unrelated to Pregnancy

CLINIC PHYSICIAN DIAGNOSES:

- 1 gastritis
- 2
- 3

Critical Care Provided: 30-74 min / 75-104 min / _____ min

SIGNATURE: I have reviewed available Anall.../Nursing Staff... James Darling, MD MD/DO License # 217088

Chart Completed: Yes No

Barcode and patient ID information: DFA: ED1000014

SAUNDERS, KEVIN E Darling MD, James L. UC DOB 05/01/56 53 and treatment. rd of care. /10 03:20 pm

ORDER SHEET / GI / GU COMPLAINT

Height: Weight: lbs / kgs Allergies:

Obtain Medical Records: Old Chart Recent ED Chart Previous EKG Additional Records:

LABORATORY: Circle specific orders	By:	Time:	RADIOLOGY: Circle specific orders	By:	Time:
Abdominal Pain Panel			CXR (2 view) Portable CXR		
STD / GYN Panel			AAS KUB		
CBC Manual Diff			CT: Abdomen / Pelvis Contrast: IV PO None		
BMP CMP LFT Magnesium			Ultrasound of: GB ABD Scrotum		
Amylase Lipase Ammonia			Pelvis OB Non-OB		
UA UA w/o Micro CC Cath					
UCG HCG: Qual / Quant					
Drug Screen: Urine / Serum ETOH			Indication(s) for Xray / CT / US:		
CPK CKMB Troponin Myoglobin			Xray Interp: No Acute Changes Positive		
Rh Type & Screen Type & Cross units			By: ED Physician Radiologist		
PT / INR PTT			Pertinent Lab Values: WNL WNL Except:		
Stool: Leukocytes O&P Rotavirus					
GC Chlamydia Wet Prep KOH					
Hemoccult Gastrocult					
Cultures: Urine Sputum Wound					
Blood Blood x 2 Stool					
C. Difficile toxin					

CARDIAC MONITOR / EKG INTERP:	By:	Time:	EKG:	Time:	Axis:
Monitor EKG			Rate: Normal Brady Tachy		NL Left Right
Rate: Normal Brady Tachy			Rhythm: Sinus AFIB Junctional		LBBB: New / Old /
Rhythm: Sinus AFIB Junctional			Ectopy: None PVCs PACs		ST Segment: NL / Non-Specific
Ectopy: None PVCs PACs			EKG Comparison: No Significant Change / Other:		

TREATMENT ORDERS:	By:	Time:	Time:	CLINICAL RESPONSE / RE-EVALUATION
Repeat Vital Signs: All BP Pulse RR Temp O2 Sat				VSS except:
Pulse Ox O2 @ /min via NC / Mask / NRB				NL Hypoxic % on R/A or O2 @ /min
Saline Lock IV: NS LR Bolus ml over min/hr				
Maintenance IV: NS LR ml/hr				
NPO NG Tube Foley Catheter				
GI Cocktail Maalox / Mylanta ml				

Disposition Orders:	Discharge	Admit to InPt Status	Observation	Transfer
In-Dwelling Catheter Placement				
Time: a.m. / p.m. By: MD / DO / PA / NP				Confirmed By: Auscultation / Irrigation
Gastric / Gastrostomy Tube:				Urine Return / Xray
Size: mm NG Tube / Foley / G-Tube				Tube Placement Successful / Other:
Site: R / L Nasal / Oral / Stoma Anesthesia: Topical / None				
Urinary Catheter:				
Size: mm Foley / Coude' / Three-Way				

RE-EVALUATION:	Unchanged	Improved	Worse	VSS except:	Pain: (0-10)
Time: a.m. / p.m.				Appearance: NAD /	
				Lungs: Clear /	
				Abdomen: Non-Tender /	
				Neuro: A & O x 3 /	

SIGNATURE: All Procedures Performed/Supervised by Signatory

Williams **Emily Williams, NP**
RN / Init

James Darling **James Darling, MD**
PA / NP / Resident MD / DO
License # 217068

Time of Initial Orders: **1540** a.m. / p.m.

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