Discharge Summary

Document Type:	Discharge Summary
Service Date/Time:	9/30/2020 19:04 EDT
Result Status:	Auth (Verified)
Document Subject:	Discharge Summary
Perform Information:	[redacted] MD (9/30/2020 19:05 EDT)
Sign Information:	[redacted] MD (9/30/2020 20:27 EDT)

Dates of Service
9/28/2020-9/30/2020

Admission Information
Patient is a 47-year-old female with a history of gastric bypass and GI bleed in the past came to the ER complaining of severe abdominal pain started yesterday associate with nausea and vomiting. She denies any associated fever or chills. No diarrhea. She describes the pain as sharp and diffuse 8-9 out of 10 and it is constant. She denies any dysuria or hematuria. She denies any vaginal discharge. Patient had CT of the abdomen done that showed development of moderate to large ascites, dilatation of the biliary pancreatic portion of the gastric bypass with segmental thickening of the proximal jejunum. Patient also had elevated lipase and a low potassium level. She also had ultrasound of the right upper quadrant that showed pneumobilia. So patient is admitted for further treatment and evaluation of pancreatitis and possible obstruction of the biliary portion of the gastric bypass and for further treatment and evaluation of other medical problems.

Hospital Course
This is 47 year old female with PMH as above who was admitted with an abdominal pain, suspected and acute pancreatitis. Was placed on intervenous fluids, Zosyn. GI and Surgery were consulted.Was hypertensive and received Hydralazine in ED. Ultrasound showed pneumobilia. Patient became hypotensive and hypothermic and received fluid bolus. Core rescue was called and patient was transferred to CCU.Blood cultures were obtained.Was evaluated by surgery and bowel obstruction was suspected. Underwent under an urgent exploratory laparotomy, lysis of adhesions, small bowel resection including Rouex-en-Y and distal bowel resection, gastrostomy tube placement in remnant stomach. Patient was found to have large portion of the bowel necrotic and developed multiorgan failure after procedure. Developed respiratory failure, circulatory, renal failure. We adjusted antibiotics to Fluconazole and continued Zosyn. ID was consulted. Patient developed DIC and we continued blood transfusion, cryoprecipitate and plasma transfusion per protocol.We continued fluid resuscitation. Renal function become worse. Nephrology was consulted and patient was started on CRRT. Patient developed hypotensive shock and was placed on maximum doses of Levophed and Vasopressin. Remained hypothermic. We monitored hemoglobin very closely and followed DIC. Patient received multiple RBC transfusion, cryoprecipitate. Was not able to tolerate CRRT due to hypotensive shock. Patient developed worsening of encephalopathy and we noticed dilated pupils and absent corneal reflexes.Head CT was ordered. Surgery reevaluated patient and was considering surgical intervention after head CT. Patient developed asystole and code blue was called. ICU team followed ACLS protocol but patient expired from multiorgan failure at 149 PM.

Significant Findings
*** Final Report ***

ABD[redacted]
[redacted] Sep 28 2020 11:02P
FINAL RESULT

[redacted]
PROCEDURE: SCT 4412 ABD PEL CT WO IV WO PO CON
[redacted]
PROCEDURE: ABD PEL CT WO IV WO PO CON
CLINICAL INDICATION:
Abdominal pain generalized abdominal pain
COMPARISON:
02/06/2020
TECHNIQUE: 2.5 mm collimation was utilized to image from the lung bases to the symphysis pubis without administration of IV contrast. Oral contrast not given. Sagittal and coronal reconstructions were also reviewed.

Discharge Summary

Radiation dose reduction techniques used for this exam include: Iterative Reconstruction Technique and/or adjustments of the mA/kV according to patient size. DICOM images are available.
DISCUSSION:
Lungs/pleura:
Lung bases are clear without pleural effusions.
Liver/spleen:
The liver has a grossly normal noncontrast CT appearance. The spleen is nonenlarged. Patient status post gastric bypass no biliary pancreatic portion of the gastric bypass remains markedly dilated with segmental thickening of the proximal jejunum. There is a moderate intra-abdominal and pelvic amount of ascites.
Adrenals:
The adrenal glands are unremarkable.
Pancreaticobiliary:
Pancreas has a grossly normal noncontrast CT appearance. Gallbladder surgically removed.
Genitourinary:
4 mm nonobstructing left renal calyceal calculi present. Bladder collapsed limiting evaluation.
Lymph nodes:
No enlarged abdominal or pelvic nodes are present.
Bowel:
There continues to be diffuse dilated appearance to the biliary pancreatic portion of the gastric bypass with segmental thickening of the proximal jejunum .
Osseous structures:
There are no osseous destructive lesions.
IMPRESSION:
Interval development of moderate intra-abdominal and pelvic ascites with persistent diffuse marked dilatation of the biliary pancreatic portion of the gastric bypass with segmental thickening of the proximal jejunum further surgical evaluation recommended. Partial obstruction not excluded, this of uncertain etiology
Signed Electronically [redacted] - 9/28/2020 11:07 PM

Procedures and Treatment Provided

Preoperative Diagnosis
Small bowel obstruction
Ischemic bowel
History of open gastric bypass
Postoperative Diagnosis
Small bowel obstruction caused by adhesive band
Necrotic biliopancreatic limb
Necrotic distal small bowel
Operative Procedure Performed:
Exploratory laparotomy
Lysis of adhesions
Small bowel resection including Roux-en-Y (biliary pancreatic limb including Roux-en-Y)
Distal small bowel resection
Gastrostomy tube placement in remnant stomach

Discharge Summary

Surgeon(s)

Consults
Surgery, Neurology, IVR

Physical Exam

Vitals & Measurements
HR: 116 (Monitored) **RR:** 22 **RR:** 30 (Total) **BP:** 68/18 **BP:** 114/88 (Line) **SpO2:** 38% **WT:** 81.0 kg (Measured)
patient was examined earlier on rounds. Please refer to my physical exam.

Discharge Medications
Home
cloNIDine 0.3 mg oral tablet, 0.3 mg= 1 tabs, Oral, TID
diazePAM 10 mg oral tablet, 10 mg= 1 tabs, Oral, Every 6 hr, PRN
IBU 800 mg oral tablet, 800 mg= 1 tabs, Oral, Every 8 hrs, PRN

Discharge Diagnoses and Plan
1. Acute respiratory failure (J96.00: Acute respiratory failure, unspecified whether with hypoxia or hypercapnia)
was on full AC support
2. Severe sepsis (R65.20: Severe sepsis without septic shock)
due to necrotic bowel. On Zosyn and Diflucan
3. DIC (disseminated intravascular coagulation) (D65: Disseminated intravascular coagulation [defibrination syndrome])
received multiple RBC, FFP, cryoprecipitate
4. Lactic acidosis (E87.2: Acidosis)
due to SBO
5. SBO (small bowel obstruction) (K56.609: Unspecified intestinal obstruction, unspecified as to partial versus complete obstruction)
s/p resection
6. Acute blood loss anemia (D62: Acute posthemorrhagic anemia)
received multiple RBC, cryoprecipitate transfusion
7. H/O gastric bypass (Z98.84: Bariatric surgery status)
s/p surgical resection
8. Pneumobilia (K83.8: Other specified diseases of biliary tract)
on IV Zosyn and Diflucan
9. Acute hypokalem (E87.6: Hypokalemia)
replaced
10. Acute pancreatitis (K85.90: Acute pancreatitis without necrosis or infection, unspecified)
11. Acute hyperglycemia (R73.9: Hyperglycemia, unspecified)
was on SSI
12. Ascites (R18.8: Other ascites)
was seen by IVR but was not candidate for intervention due to hypotensive shock
13. Benign HTN (I10: Essential (primary) hypertension)
was in hypotensive shock
14. Acute metabolic encephalopathy (G93.41: Metabolic encephalopathy)
worsened
Palliative care encounter (Z51.5: Encounter for palliative care)
Orders:
CBC with Diff (BHSF), Blood, Routine, 10/01/20 5:00:00 EDT, Once
Renal Function Panel, Blood, Routine, 10/01/20 5:00:00 EDT, Once

Patient Discharge Condition
Expired.

Discharge Disposition
Patient is expired.

Time Spent
I spent 45 minutes on discharge process.

[redacted]

Discharge Date: **9/30/2020**

Emergency Documentation

Document Type:	ED Triage Note
Service Date/Time:	9/28/2020 20:58 EDT
Result Status:	Auth (Verified)
Document Subject:	ED Triage Part 2 - Adult
Perform Information:	[redacted] RN (9/28/2020 20:58 EDT)
Sign Information:	[redacted] RN (9/28/2020 20:58 EDT)

ED Triage Part 2 - Adult Entered On: 09/28/2020 20:59 EDT
Performed On: 09/28/2020 20:58 EDT [redacted]

General Assessment
Document Falls Risk : Falls Assessment
Document Social History : Open social history documentation
Behavioral Health Concern : Launch
Domestic Concerns : None
Document Human Trafficking Screening : Open Human Trafficking [redacted] - 09/28/2020 20:58 EDT

DCP GENERIC CODE
You/household traveled in last 30 days? : No
Fever : No
Diarrhea : No
Headache : No
Photophobia : No
Illness With Generalized Rash : No
New or Worsening Cough : No
Recent Exposure to Communicable Disease : No
History of MDRO : No
History of CRE : No
Immunocompromised : No

[redacted] - 09/28/2020 20:58 EDT

Preferred Language : English

[redacted] - 09/28/2020 20:58 EDT
(As Of: 09/28/2020 20:59:00 EDT)

Problems(Active)

Anxiety (SNOMED CT :BgCTWgDjf6PNMBadCwsLDQ)	*Name of Problem:* Anxiety ; *Recorder:* [redacted] Jesus; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* BgCTWgDjf6PNMBadCwsLDQ ; *Contributor System:* PowerChart ; *Last Updated:* 05/19/2018 20:08 EDT ; *Life Cycle Date:* 05/19/18 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT
Benign HTN (SNOMED CT :AZEGxwEmL07HeYbhwKgAAg)	*Name of Problem:* Benign HTN ; *Recorder:* [redacted] MD; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* AZEGxwEmL07HeYbhwKgAAg ; *Contributor System:* PowerChart ; *Last Updated:* 05/20/2018 10: 11 EDT ; *Life Cycle Date:* 05/20/18 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT

Emergency Documentation

Diagnoses(Active)

Abdominal pain — *Date:* 09/28/2020 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Complaint of ; *Clinical Dx:* Abdominal pain ; *Classification:* Medical ; *Clinical Service:* Emergency medicine ; *Code:* PNED ; *Probability:* 0 ; *Diagnosis Code:* 4858AFEB-7C01-4A67-B4F5-9B3A35EA1FC8

Diarrhea — *Date:* 09/28/2020 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Complaint of ; *Clinical Dx:* Diarrhea ; *Classification:* Medical ; *Clinical Service:* Emergency medicine ; *Code:* PNED ; *Probability:* 0 ; *Diagnosis Code:* 8D82A80D-24DB-4E0E-99CE-8A341D8BFEEE

Nausea — *Date:* 09/28/2020 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Complaint of ; *Clinical Dx:* Nausea ; *Classification:* Medical ; *Clinical Service:* Emergency medicine ; *Code:* PNED ; *Probability:* 0 ; *Diagnosis Code:* [redacted]4waeg

Vomiting — *Date:* 09/28/2020 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Complaint of ; *Clinical Dx:* Vomiting ; *Classification:* Medical ; *Clinical Service:* Emergency medicine ; *Code:* PNED ; *Probability:* 0 ; *Diagnosis Code:* A9FB7B2F-63E4-4BAA-8832-6D1C58823B2D

Social History

Social History

(As Of: 09/28/2020 20:59:00 EDT)

Tobacco:

[redacted] Never smoker (Last Updated: 06/08/2018 03:18:26 EDT by Tobacco Use: Never (less than 100 in lifetime). (Last Updated: 02/05/2020 02:50:24 EST by [redacted] RN) Tobacco Use: Never (less than 100 in lifetime). (Last Updated: 09/28/2020 20:58:49 EDT by [redacted] RN)

Alcohol:

Denies use [redacted])

Substance Use:

Denies ([redacted])

CSSRS Screen

1. Have you wished you were dead or wished you could go to sleep and not wake up? (ref) : Past month, no

2. Have you actually had any thoughts of killing yourself? (ref) : Past month, no

6a. Have you ever done anything, started to do anything, or prepared to do anything to end your life? (ref) : Past month, no

[redacted] [redacted] [redacted] [redacted]
[redacted] [redacted] Discharge Date: **9/30/2020**

Emergency Documentation

[redacted] - 09/28/2020 20:58 EDT

Human Trafficking Screening
Does the nurse observe any of the following Human Trafficking signs? : No
[redacted] 09/28/2020 20:58 EDT

Document Type:	ED Triage Note
Service Date/Time:	9/28/20 20:55 EDT
Result Status:	Auth (Verified)
Document Subject:	ED Triage Part 1 - Adult
Perform Information:	[redacted] (9/28/2020 20:55 EDT)
Sign Information:	[redacted] (9/28/2020 20:55 EDT)

ED Triage Part 1 - Adult Entered On: 09/28/2020 20:58 EDT
Performed On: 09/28/2020 20:55 EDT by [redacted]

[redacted]

ED Triage Part 1 - [redacted]
Chief Complaint : Abdominal pain , Nausea, Vomiting and diarrhea
Onset Date/Time : 09/28/2020 20:56 EDT
Lynx Mode of Arrival : Private vehicle
History Obtained From : Patient
Arrived from : Home
You/household traveled in last 30 days? : No
ED Open Pain Scale : Numeric
Temperature Oral : 36.5 Deg C(Converted to: 97.7 Deg F)
Systolic Blood Pres[redacted] 108 mmHg
Diastolic Blood Pressure : 89 mmHg
Peripheral Pulse Rate : 130 bpm (>HHI)
Respiratory Rate : 18 br/min
SpO2 : 98 %
Oxygen Therapy : Room air
ED Allergies/Med Hx Section : Document Assessment
Suspected sources of Infection : Document sources
Actual Weight : 69.1 kg(Converted to: 152 lb 5 oz)
Height/Length Measured : 152.4 cm(Converted to: 5 ft 0 in)
Body Mass Index Measured : 29.75 kg/m2

[redacted] 09/28/2020 20:55 EDT

DCP GENERIC CODE
Tracking Acuity : 3 - Urgent
Tracking Group : ED SM Tracking Group

[redacted] - 09/28/2020 20:55 EDT
(As Of: 09/28/2020 20:58:36 EDT)

Problems(Active)

Anxiety (SNOMED CT :BgCTWgDjf6PNMBadCwsLDQ)	*Name of Problem:* Anxiety ; *Recorder:* [redacted] *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* BgCTWgDjf6PNMBadCwsLDQ ; *Contributor System:* PowerChart ; *Last Updated:* 05/19/2018 20:08 EDT ; *Life Cycle*

Emergency Documentation

	Date: 05/19/18 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT
Benign HTN (SNOMED CT :AZEGxwEmL07HeYbhwKgAAg)	*Name of Problem:* Benign HTN ; *Recorder:* Patricoff, Tracey C MD; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* AZEGxwEmL07HeYbhwKgAAg ; *Contributor System:* PowerChart ; *Last Updated:* 05/20/2018 10:11 EDT ; *Life Cycle Date:* 05/20/18 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT

Diagnoses(Active)

Abdominal pain	*Date:* 09/28/2020 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Complaint of ; *Clinical Dx:* Abdominal pain ; *Classification:* Medical ; *Clinical Service:* Emergency medicine ; *Code:* PNED ; *Probability:* 0 ; *Diagnosis Code:* 4858AFEB-7C01-4A67-B4F5-9B3A35EA1FC8
Diarrhea	*Date:* 09/28/2020 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Complaint of ; *Clinical Dx:* Diarrhea ; *Classification:* Medical ; *Clinical Service:* Emergency medicine ; *Code:* PNED ; *Probability:* 0 ; *Diagnosis Code:* 8D82A80D-24DB-4E0E-99CE-8A341D8BFEEE
Nausea	*Date:* 09/28/2020 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Complaint of ; *Clinical Dx:* Nausea ; *Classification:* Medical ; *Clinical Service:* Emergency medicine ; *Code:* PNED ; *Probability:* 0 ; *Diagnosis Code:* AHi9DQD9cNvfGoIOn4waeg
Vomiting	*Date:* 09/28/2020 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Complaint of ; *Clinical Dx:* Vomiting ; *Classification:* Medical ; *Clinical Service:* Emergency medicine ; *Code:* PNED ; *Probability:* 0 ; *Diagnosis Code:* A9FB7B2F-63E4-4BAA-8832-6D1C58823B2D

ED Triage Allergies/Meds

(As Of: 09/28/2020 20:58:36 EDT)

Allergies (Active)

morphine	*Estimated Onset Date:* Unspecified ; *Created By:* [redacted] RN; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* morphine ; *Type:* Allergy ; *Severity:* Unknown ; *Updated By:* [redacted]; *Reviewed Date:* 09/28/2020 20:57 EDT

Medication List

(As Of: 09/28/2020 20:58:36 EDT)

Home Meds

cloNIDine	*:* cloNIDine ; *Status:* Documented ; *Ordered As Mnemonic:* cloNIDine 0.1 mg oral tablet ; *Simple Display Line:* 1 tabs, Oral, TID ; *Ordering Provider:* [redacted]; *Catalog Code:* cloNIDine ; *Order Dt/Tm:* 02/05/2020 02:34:56

Emergency Documentation

ibuprofen : ibuprofen ; *Status:* Documented ; *Ordered As Mnemonic:* IBU 800 mg oral tablet ; *Simple Display Line:* 1 tabs, Oral, Every 8 hrs, PRN: pain, moderate (scale 4-6), 0 Refill(s) ; *Ordering Provider* [redacted] *Catalog Code:* ibuprofen ; *Order Dt/Tm:* 02/05/2020 02:34:56

amLODIPine : amLODIPine ; *Status:* Documented ; *Ordered As Mnemonic:* amLODIPine 5 mg oral tablet ; *Simple Display Line:* 1 tabs, Oral, Daily, 0 Refill(s) ; *Ordering Provider:* [redacted] MD; *Catalog Code:* amLODIPine ; *Order Dt/Tm:* 02/05/2020 02:34:56

diazePAM : diazePAM ; *Status:* Documented ; *Ordered As Mnemonic:* diazePAM 10 mg oral tablet ; *Simple Display Line:* 1 tabs, Oral, Every 6 hr, PRN: as needed for anxiety ; *Ordering Provider:* [redacted] MD; *Catalog Code:* diazePAM ; *Order Dt/Tm:* 02/05/2020 02:34:56

Suspected Source of Infection
Patient displays signs or symptoms of infection : Yes

[redacted] - 09/28/2020 20:55 EDT

Numeric
Numeric Pain Score (0-10) : 10
Primary Pain Location : Abdomen
Primary Pain Time Pattern : Constant

[redacted] - 09/28/2020 20:55 EDT

Document Type:	ED Note Physician
Service Date/Time:	9/28/2020 21:05 EDT
Result Status:	Auth (Verified)
Document Subject:	Abdominal Pain ED
Perform Information:	[redacted] (9/28/2020 21:11 EDT)
Sign Information:	(9/29/2020 05:16 EDT)

Abdominal Pain ED

[redacted]
Age: **47 years** Sex: **Female** DOB: **07/23/73**
Associated Diagnoses: **Acute pancreatitis; Acute pancreatitis**
Author: [redacted]

[redacted]

Emergency Documentation

Basic Information

Time seen: Date & time 09/28/20 21:06:00.
History source: Patient.
Arrival mode: Private vehicle.
History limitation: None.
Additional information: Chief Complaint from Nursing Triage Note : Chief Complaint
09/28/20 20:55 EDT Chief Complaint Abdominal pain , Nausea, Vomiting and diarrhea .

History of Present Illness

The patient presents with abdominal pain. The onset was started today. The course/duration of symptoms is constant and worsening. The character of symptoms is sharp. The degree at onset was moderate. The Location of pain at onset was diffuse and abdominal. The degree at present is moderate. The Location of pain at present is diffuse and abdominal. Radiating pain: none. The exacerbating factor is none. The relieving factor is none. Therapy today: none. Risk factors consist of diabetes mellitus and history of bypass surgery. Associated symptoms: nausea, vomiting, diarrhea, denies chest pain, denies back pain, denies shortness of breath, denies fever, denies chills, denies headache and denies dizziness. Additional history:

47 y.o F with an active hist[redacted]s surgery on 2013, having had GI bleed back in February as per records, presents to the ED c.o diffuse abdominal pain started toady with associated nausea, vomiting, and diarrhea. As per records, patient had a suddenly drop of he[redacted]vel, had blood transfusion done along with angiogram, but it was unable to determine the source of bleeding at that time.While on evaluation, patient stared complaint of chest pain as well; denies any fever, chills, and denies any other symptoms or complains..

Review of Systems

Constitutional symptoms: No fever, no chills, no sweats, no weakness.
Skin symptoms: No rash,
Eye symptoms: Vision unchanged.
ENMT sym[redacted]: No ear pain, no nasal congestion.
Respiratory symptoms: No shortness of breath, no cough.
Cardiovascular symptoms: Chest pain.
Gastrointestinal symptoms: Abdominal pain, nausea, vomiting, diarrhea.
Genitourinary symptoms: No dysuria,
Musculoskeletal symptoms: No back pain,
Neurologic symptoms: No headache, no dizziness, no altered level of consciousness, no numbness, no tingling, no weakness.
Psychiatric symptoms: No anxiety,
Additional review of systems information: All other systems reviewed and otherwise negative, All systems reviewed as documented in chart.
1

Health Status

Allergies:
Allergic Reactions (All)
Unknown
Morphine- No reactions were documented.
Canceled/Inactive Reactions (All)
No Known Allergies.
Medications: (Selected)

[redacted] [redacted]
[redacted] [redacted]
[redacted] [redacted] [redacted] [redacted]

[redacted] ***Documentation***

Documented Medications

Documented

IBU 800 mg oral tablet: 1 tabs, Oral, Every 8 hrs, PRN: pain, moderate (scale 4-6), 0 Refill(s)
amLODIPine 5 mg oral tablet: 1 tabs, Oral, Daily, 0 Refill(s)
cloNIDine 0.1 mg oral tablet: 1 tabs, Oral, TID
diazePAM 10 mg oral tablet: 1 tabs, Oral, Every 6 hr, PRN: as needed for anxiety.

Past Medical/ Family/ Social History

Medical history:

Active

Anxiety (BgCTWgDjf6PNMBadCwsLDQ)
Benign HTN (AZEGxwEmL07HeYbhwKgAAg)

Resolved

GI bleed (AZEGxwEmL07HeYMqwKgAAg): Resolved..

Surgical history:

Enteros wwo w b includ ileum 44376 (EN) on 02/07/20 at 46 Years.
Comments:
02/07/20 17:30 EST - [redacted] RN
auto-populated from documented surgical case
Gastric bypass (2819423013).
Laparoscopic adjustable gastric banding (2532982016)..

Family history:

Hypertension
Father
Grandmother (P)
.

Social history: **Social & Psychosocial Habits**

Alcohol
05/19/2018 **Use:** Denies use

Substance Use
05/19/2018 **Use:** Denies

Tobacco
06/08/2018 **Use:** Never smoker

02/05/2020 **Use:** Never (less than 100 in l

09/28/2020 **Use:** Never (less than 100 in l .

Physical Examination

Vital Signs

Vital Signs

09/28/20 20:55 EDT	Temperature Oral	36.5 Deg C
	Peripheral Pulse Rate	**130 bpm >HHI**
	Respiratory Rate	18 br/min
	Systolic Blood Pressure	108 mmHg
	Diastolic Blood Pressure	89 mmHg

Emergency Documentation

Measurements

09/28/20 20:55 EDT	Height/Length Measured	152.4 cm
	Body Mass Index Measured	29.75 kg/m2
	Weight Measured	69.1 kg

SpO2

09/28/20 20:55 EDT SpO2 98 % .

General: Alert, no acute distress.
Skin: Warm, dry, pink, intact.
Head: Normocephalic.
Neck: Supple.
Eye: Normal conjunctiva.
Ears, nose, mouth and throat: Oral mucosa moist.
Cardiovascular: Regular rate and rhythm, No murmur, Normal peripheral perfusion, No edema.
Respiratory: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal, Symmetrical chest wall expansion.
Chest wall: No tenderness, No deformity.
Back: Normal range of motion, no cva tenderness.
Musculoskeletal: Normal ROM, no swelling
Gastrointestinal: [redacted] tenderness in all four quadrants, mild guarding, no rebound.
Neurologic [redacted] oriented to person, place, time, and situation, No focal neurological deficit observed, normal speech observed.
Psychiatric: Cooperative.

Medical Decision Making

Documents reviewed: Emergency department nurses' notes.
Orders Launch Order Profile (Selected)

Inpatient Orders

Ordered

L[redacted]: 1,000 mL, IV Bolus, Once
RUQ US:

Ordered (Dispatched)

Calcium (Total):
Lipid Panel:
Urinalysis with Reflex Culture:

Completed

.Estimated Glomerular Filtration Rate:
Abd Pel CT WO IV WO PO Con:
Basic Metabolic Panel - BMP:
Benadryl: 25 mg, IV Piggyback, Once
CBC with Diff:
HYDROmorphone: 0.5 mg, IV Piggyback, Once, PRN: pain
HYDROmorphone: 1 mg, IV Piggyback, Once
Hepatic Function Panel:
LR bolus: 1,000 mL, 1000 mL/hr, IV Bolus, Once
Lipase Level:
Pregnancy Test-Blood(Qual):
Scan:
Troponin-I:
Type and Screen: .

Emergency Documentation

Electrocardiogram: Time 09/28/20 21:04:00, rate 121, The Rhythm is sinus tachycardia. , Interpretation by Emergency Physician left ventricular hypertrophy with strain.

Results 9/28/2020:	Lab View Hemoglobin	13.2 g/dL
	Hematocrit	42.1 %
	WBC	5.65 K/uL
	Platelet Count	247 K/uL
	RBC	4.38 M/uL
	MCV	96.1 fL
	MCH	30.1 pg
	MCHC	**31.4 g/dL LOW**
	RDW CV	13.6 %
	RDW SD	**48.5 fL HI**
	MPV	11.2 fL
	Differential Type	Auto
	Differential Type	Auto
	% Neutrophils	**83.2 % HI**
	[redacted]ature Granulocytes	0.2 %
	% Lymphocytes	**13.5 % LOW**
	[redacted] **% Monocytes**	**2.7 % LOW**
	%Eosinophils	0.0 %
	% Basophils	0.4 %
	Absolute Neutrophils	4.71 K/uL
	Absolute Lymphocytes	0.76 K/uL
	Absolute Monocytes	**0.15 K/uL LOW**
	Absolute Eosinophils	0.00 K/uL
	Absolute Basophils	0.02 K/uL
	Absolute Immature Granulocytes	0.01 K/uL
	[redacted] NRBCs	0.00 /100 WBC
	Abs NRBCs	0.00 K/uL
	RBC Morphology	Reviewed
	Sodium on Blood	144 mmol/L
	Potassium on Blood	**2.8 mmol/L LOW**
	Chloride on Blood	**113 mmol/L HI**
	CO2 on Blood	**19 mmol/L LOW**
	Anion Gap	12
	Glucose on Blood	**210 mg/dL HI**
	Creatinine on Blood	0.98 mg/dL
	BUN on Blood	**23 mg/dL HI**
	BUN/Creatinine Ratio	**23.5 ratio HI**
	eGFR (CKD-EPI) if Africn Am	80 mL/min/1.73 m2 NA
	eGFR (CKD-EPI) NonAfricn Am	69 mL/min/1.73 m2 NA
	Calcium (Total)	8.8 mg/dL
	Total Protein on Blood	6.4 g/dL
	Albumin on Blood	**3.1 g/dL LOW**
	Globulin	3.3 g/dL
	A/G Ratio	**0.9 ratio LOW**
	ALT (SGPT) on Blood	22 U/L
	AST (SGOT) on Blood	**42 U/L HI**
	AST/ALT Ratio	1.9 ratio NA

Emergency Documentation

Alkaline Phosphatase on Blood	75 U/L
Total Bilirubin on Blood	0.5 mg/dL
Bilirubin (Direct)	0.2 mg/dL
Bilirubin, Indirect	0.3 mg/dL
Troponin I (Quant)	<0.02 ng/mL
Lipase Level	**2,771 U/L HI**
Est. CrCl-CG-Adult (drug dosing only)	62.21 mL/min
Pregnancy Test-Blood(Qual)	Negative
ABORH	B POS
Antibody Screen	Negative

Radiology results: Abd Pel CT wo IV wo PO Con

09/28/20 22:55:00
ORDERED BY: [redacted].
READ BY: [redacted] ON: Sep 28 2020 11:02P
FINAL RESULT

Patient Name: [redacted]3/1973
PROCEDURE: SCT 4412 ABD PEL CT WO IV WO PO CON
Acc #: [redacted]
PROCEDURE: ABD PEL CT WO IV WO PO CON
CLINICAL INDICATION:
Abdominal pain generalized abdominal pain
COMPARISON:
02/06/2020
TECHNIQUE: 2.5 mm collimation was utilized to image from the lung bases to the symphysis pubis without administration of IV contrast. Oral contrast not given. Sagittal and coronal reconstructions were also reviewed.
Radia[redacted]e reduction techniques used for this exam include: Iterative Reconstruction Technique and/or adjustments of the mA/kV according to patient size. DICOM images are available.
DISCUSSION:
Lungs/pleura:
Lung bases are clear without pleural effusions.
Liver/spleen:
The liver has a grossly normal noncontrast CT appearance. The spleen is nonenlarged. Patient status post gastric bypass no biliary pancreatic portion of the gastric bypass remains markedly dilated with segmental thickening of the proximal jejunum. There is a moderate intra-abdominal and pelvic amount of ascites.
Adrenals:
The adrenal glands are unremarkable.
Pancreaticobiliary:
Pancreas has a grossly normal noncontrast CT appearance. Gallbladder surgically removed.
Genitourinary:
4 mm nonobstructing left renal calyceal calculi present. Bladder collapsed limiting evaluation.
Lymph nodes:
No enlarged abdominal or pelvic nodes are present.
Bowel:
There continues to be diffuse dilated appearance to the biliary

Emergency Documentation

pancreatic portion of the gastric bypass with segmental thickening of the proximal jejunum .
Osseous structures:
There are no osseous destructive lesions.
IMPRESSION:
Interval development of moderate intra-abdominal and pelvic ascites with persistent diffuse marked dilatation of the biliary pancreatic portion of the gastric bypass with segmental thickening of the proximal jejunum further surgical evaluation recommended. Partial obstruction not excluded, this of uncertain etiology
Signed Electronically By: [redacted] - 039321 - 9/28/2020 11:07 PM

READ BY: [redacted] Sep 28 2020 11:02P
FINAL RESULT

.

Reexamination/ Reevalua [redacted]
Time: 09/28/20 21:06:00 . Vital signs [redacted]

Basic Oxygen Information

09/28/20 20:55 EDT	Oxygen Therapy	Room air
	SpO2	98 %

Notes: patient seen and evaluated at this time.

Time: 09/28/20 23:04:00 .
Vital signs

Basic Oxygen Information

09/28/20 21:30 EDT	Oxygen Therapy	Room air
[redacted]	SpO2	98 %
09/28/20 20:55 EDT	Oxygen Therapy	Room air
	SpO2	98 %

Notes: patient with acute pancreatitis will be admitted for further evaluation and treatment.

Time: 09/28/20 23:56:00 .
Vital signs

Basic Oxygen Information

09/28/20 21:30 EDT	Oxygen Therapy	Room air
	SpO2	98 %

Notes: Case discussed with [redacted]; will admit.

Impression and Plan

Diagnosis

Acute pancreatitis Discharge, Medical)

Plan

Condition: Guarded.

Disposition: Admit: Time 09/28/20 23:56:00, to Inpatient Unit, [redacted] MD.

Counseled: Patient, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Patient indicated understanding of instructions.

Emergency Documentation

Document Type:	ED Disposition Documentation-Text
Service Date/Time:	9/29/2020 01:23 EDT
Result Status:	Auth (Verified)
Document Subject:	Disposition Documentation
Perform Information:	[redacted] (9/29/2020 01:23 EDT)
Sign Information:	[redacted] (9/29/2020 01:23 EDT)

Disposition Documentation Entered On: 09/29/2020 1:24 EDT
Performed On: 09/29/2020 1:23 EDT by [redacted]

Disposition Documentation
Patient Condition-Disposition : Satisfactory
ED Procedural Sedation : No
ED Restraint/Seclusion : No
ED Vital Sign documentation : Open vital signs documentation
ED Open Pain Scale : Nu[redacted]
ED Depart : Admitted to this hospital as inpatient
Patient or Family member was educated : No
ED Admission Documentation : Open admission documentation

[redacted] - 09/29/2020 1:23 EDT

Vitals/Ht/Wt
Actual Weight : 69.1 kg(Converted to: 152 lb 5 oz)
Height/Length Measured : 152.4 cm(Converted to: 5 ft 0 in, 60.00 in)
Body Mass Index Measured : 29.75 kg/m2

[redacted] RN - 09/29/2020 1:23 EDT

Admission
Report given to: : [redacted]
Report Given DT/TM : 09/29/2020 00:33 EDT
ID Band on and Verified : Yes
Allergy Band on and Verified : Yes
Lines Traced : Yes
Orders Reviewed : Yes
Mode of Transport : Stretcher
Intrahospital Transport Equipment : Cardiac monitor/defibrillator
Accompanied by (ED Admit) : Other: [redacted] RN

[redacted] RN - 09/29/2020 1:23 EDT

Numeric
Numeric Pain Score (0-10) : 9
Numeric Rating With Activity : 9

[redacted] RN - 09/29/2020 1:23 EDT

History and Physical Reports

Document Type: History and Physical
Service Date/Time: 9/29/2020 01:18 EDT
Result Status: Modified
Document Subject: Admission H&P
Perform Information: [redacted]

[redacted] MD (9/29/2020 02:36 EDT)

Addendum by [redacted] MD on September 29, 2020 05:14:07 EDT
Patient also received multiple antihypertensive agents in the ER. That is also a possibility for her persistent hypertension at this time. Continue with IV fluids. Hold all the blood pressure medications for now.

Electronically Signed on 09/29/2020 05:14

_____
[redacted] MD

Addendum by [redacted] MD on September 29, 2020 04:53:06 EDT
Code rescue was called because patient was having hypo-tension and hypothermia. She is also getting more confused. CT of the abdomen also showed [redacted] ascites in the abdomen and the pelvic area. She was given normal saline bolus and her blood pressure went up to low 100s and it dropped back again in the 80s. Patient is awake alert but confused. Also she was hypothermic. Suspect she may be having occult internal bleeding. Obtain a stat CBC and a type and cross 2 units for now. Transfer her to IMCU for close observation. The other differential is sepsis. Patient is already started on Zosyn empirically. Obtain blood cultures x2 UA urine cultures. If the blood pressure does not improve she may need pressors. Monitor her status closely at this time.

Electronically Signed on 09/29/2020 04:56

_____
[redacted] MD

Chief Complaint [redacted]
Abdominal pain , Nausea, Vomiting and diarrhea

History of Present Illness
Patient is a 47-year-old female with a history of gastric bypass and GI bleed in the past came to the ER complaining of severe abdominal pain started yesterday associate with nausea and vomiting. She denies any associated fever or chills. No diarrhea. She describes the pain as sharp and diffuse 8-9 out of 10 and it is constant. She denies any dysuria or hematuria. She denies any vaginal discharge. Patient had CT of the abdomen done that showed development of moderate to large ascites, dilatation of the biliary pancreatic portion of the gastric bypass with segmental thickening of the proximal jejunum. Patient also had elevated lipase and a low potassium level. She also had ultrasound of the right upper quadrant that showed pneumobilia. So patient is admitted for further treatment and evaluation of pancreatitis and possible obstruction of the biliary portion of the gastric bypass and for further treatment and evaluation of other medical problems.

Review of Systems
Constitutional: [No unexplained weight gain or loss, fevers, chills, fatigue]
Eye: [No recent visual problems]
ENMT: [No ear pain, nasal congestion, sore throat]
Respiratory: [No shortness of breath, cough]
Cardiovascular: [No chest pain, palpitations, leg edema]
Gastrointestinal: [+ nausea, vomiting, no diarrhea]

Problem List/Past Medical History
Ongoing
- Acute pancreatitis
- Anxiety
- Benign HTN

Historical
- GI bleed

Procedure/Surgical History
- Enteros wwo w b includ ileum 44376 (EN) (02/07/2020)
- Gastric bypass
- Laparoscopic adjustable gastric banding

Home Medications
Home Medications (3) Active
cloNIDine 0.3 mg oral tablet 0.3 mg = 1 tabs, Oral, TID
diazePAM 10 mg oral tablet 10 mg = 1 tabs, PRN, Oral, Every 6 hr
IBU 800 mg oral tablet 800 mg = 1 tabs, PRN, Oral, Every 8 hrs

History and Physical Reports

Genitourinary: [No dysuria, h+ematuria]
Hema/Lymph: [Negative for bruising tendency, swollen lymph glands]
Endocrine: [Negative for excessive thirst or urination, heat or cold intolerance]
Musculoskeletal: [No back pain, joint pain, muscle pain]
Integumentary: [No rash, itching, abrasions]
Neurologic: [No history of fainting, memory loss,numbness]
Psychiatric: [No anxiety, depression]
Allergic/Immun: [No nasal allergies, itchy/red eyes, enlarged lymph nodes]

Physical Exam

Vitals & Measurements
T: 36.6 °C (Oral) **HR:** 130 (Peripheral) **HR:** 112 (Monitored) **RR:** 18 **BP:** 127/88
SpO2: 95% **HT:** 152.4 cm **WT:** 69.1 kg (Measured) **BMI:** 29.75
General: [Alert, well nourished, no acute distress]
Eye: [Pupils equal, EOMI, normal conjunctiva, no scleral icterus]
ENMT : [Normocephalic, normal hearing, ears/nose inspection non-revealing, moist oral mucosa, no sinus tenderness]
Neck: [Supple, non-tender, trachea midline, no thyroid enlargement or tenderness]
Respiratory : [Normal respiratory effort, clear to auscultation]
Cardiovascular: [Regular rate [redacted] al edema]
Gastrointestinal: [Soft, diffuse [redacted] bowel sounds, no masses, no hepatomegaly]
Musculoskeletal: [No [redacted] or cyanosis, Gait Normal]
Skin: [Skin is warm, no rashes or lesions]
Neurologic: [Cranial Nerves grossly intact, DTR intact, Sensation to touch intact]
Psychiatric: [Good judgment and insight, Oriented X3, appropriate mood and affect]

Clinical Images
ABD PEL CT WO IV WO PO CON
ORDERED BY: [redacted], M.D.
READ BY: [redacted] ON: Sep 28 2020 11:02P
FINAL RESULT
[1] IMPRESSION: [redacted]
Interval development of moderate intra-abdominal and pelvic ascites with
persistent diffuse marked dilatation of the biliary pancreatic portion of
the gastric bypass with segmental thickening of the proximal jejunum
further surgical evaluation recommended. Partial obstruction not
excluded, this of uncertain etiology
Signed Electronically By: Dr. [redacted] - 039321 - 9/28/2020 11:07 PM
[2]

Assessment/Plan
1. Acute pancreatitis (K85.90: Acute pancreatitis without necrosis or infection, unspecified)
The reason for it is unclear at this time. Started on IV fluid, pain control and monitor lipase. Consult general surgery and gastroenterology
2. Pneumobilia (K83.8: Other specified diseases of biliary tract)
Ultrasound showed pneumobilia this may be due to the bypass anatomy. But cannot rule out infectious cause. Start over her on empiric Zosyn
3. Hypokalemia (E87.6: Hypokalemia)
Supplement potassium chloride as needed
4. Hyperglycemia (R73.9: Hyperglycemia, unspecified)
No prior history of diabetes, start on sliding scale insulin and check hemoglobin A1c and monitor blood sugar

Allergies
morphine

Social History
Alcohol
Denies use, 05/19/2018
Substance Use
Denies, 05/19/2018
Tobacco
Tobacco Use: Never (less than 100 in lifetime)., 09/28/2020
Tobacco Use: Never (less than 100 in lifetime)., 02/05/2020
Never smoker, 06/08/2018

Family History
Hypertension: Father and Grandmother (P).

Lab Results (Most Recent 36 hrs)
Hemoglobin: 13.2 g/dL (09/28/20 22:05:00)
Hematocrit: 42.1 % (09/28/20 22:05:00)
WBC: 5.65 K/uL (09/28/20 22:05:00) Platelet Count: 247 K/uL (09/28/20 22:05:00) Sodium on Blood: 144 mmol/L (09/28/20 22:05:00)
Potassium on Blood: 2.8 mmol/L Low (09/28/20 22:05:00)
Chloride on Blood: 113 mmol/L High (09/28/20 22:05:00)
CO2 on Blood: 19 mmol/L Low (09/28/20 22:05:00)
Anion Gap: 12 (09/28/20 22:05:00)
Glucose on Blood: 210 mg/dL High (09/28/20 22:05:00)
Creatinine on Blood: 0.98 mg/dL (09/28/20 22:05:00)
BUN on Blood: 23 mg/dL High (09/28/20 22:05:00)
Calcium (Total): 8.8 mg/dL (09/28/20 22:05:00)
Total Protein on Blood: 6.4 g/dL (09/28/20 22:05:00)
Albumin on Blood: 3.1 g/dL Low (09/28/20 22:05:00)
Globulin: 3.3 g/dL (09/28/19 22:05:00)
ALT (SGPT) on Blood: 22 U/L (09/28/20 22:05:00)
AST (SGOT) on Blood: 42 U/L High (09/28/20 22:05:00)
AST/ALT Ratio: 1.9 ratio (09/28/20 22:05:00)
Alkaline Phosphatase on Blood: 75 U/L (09/28/20 22:05:00)
Total Bilirubin on Blood: 0.5 mg/dL (09/28/20 22:05:00)
Bilirubin (Direct): 0.2 mg/dL (09/28/20 22:05:00)

History and Physical Reports

5. Benign HTN (I10: Essential (primary) hypertension)
Uncontrolled, start on IV hydralazine as needed for now and start back on the oral medication once able to tolerate oral diet
6. Anxiety (F41.9: Anxiety disorder, unspecified)
Continue Valium as needed

Discussed with patient non-opioid alternatives for pain treatment. Discussed the advantages and disadvantages of the use of non-opioid alternatives. Patient provided non-opioid alternative educational pamphlet. Non-opioid alternatives considered were Tylenol and NSAID which are not effective at this time. She does not require us contact PCP at this time.

Orders:
Tylenol, 650 mg, Oral, Tab, Every 6 hr, PRN pain, moderate (scale 4-6), Start Date/Time 09/29/20 1:39:00 EDT
Dextrose 50% in Water intravenous solution, 25 mL, IV Push, Injectable, As Directed, PRN other (see comment), Start Date/Time 09/29/20 3:25:00 EDT
Dextrose 50% in Water intravenous solution, 50 mL, IV Push, Injectable, As Directed, PRN other (see comment), Start Date/Time 09/29/20 3:25:00 EDT
diazePAM, 10 mg, Oral, Tab, Every 6 hr, PRN anxiety, Start Date/Time 09/28/20 23:56:00 EDT
Colace, 100 mg, Oral, Cap, BID, Start Date/Time 09/29/20 1:39:00 EDT
Lovenox Post-op, 09/29/20 0:15:00 EDT, 40 Other (specify in special instructions) mg, SubCutaneous, Injectable, Every 24 hr, Bleeding Precautions, Start Date/Time 09/29/20 1:39:00 EDT
Pepcid, 20 mg, IV Push, Injectable, BID, Start Date/Time 09/29/20 1:39:00 EDT
glucagon, 1 mg, IntraMuscular, Injectable, As Directed, PRN other (see comment), Start Date/Time 09/29/20 3:25:00 EDT
glucose, 15 g, Oral, Gel, As Directed, PRN other (see comment), Start Date/Time 09/29/20 3:25:00 ED[redacted]
hydrALAZINE, 10 mg, IV Push, Injectable, Every 4 hrs, PRN other (see comment), Start Date/Time 09/29/20 2:22:00 EDT
Dilaudid, 0.5 mg, IV Push, Injectable, Every 3 hrs, PRN pain, severe (scale 7-10), Start Date/Time 09/29/20 1:21:00 EDT
HumaLOG Regimen 1 Mild, 1. MILD Correction Regimen, SubCutaneous, Form: Injectable, Before meals and HS, Start Date/Time: 09/29/20 7:30:00 EDT
lactulose, 20 g =, Oral, Solution, Every 6 hr, PRN constipation, Start Date/Time 09/29/20 1:39:00 EDT
morphine, 2 mg, IV Push, Injectable, Every 4 hr, PRN pain, severe (scale 7-10), Start Date/Time 09/29/20 0:00:00 EDT
Zofran, 4 mg, IV Push, Injectable, Every 6 hr, PRN nausea/vomiting, Start Date/Time 09/29/20 1:39:00 EDT
Zosyn, 3.375 g, IV Piggyback, Injectable, Every 8 hrs, Abdominal infection, Other, Administer over: 30 minutes, Order Duration: 7 days, Start Date/Time 09/29/20 5:00:00 EDT, Stop Date: 10/06/20 4:59:00 EDT, Rate: 100, Bag Volume (mL): 50
potassium chloride 20 mEq/100 mL intravenous solution, 10 mEq, IV Piggyback, Injectable, Every 1 hrs, Administer over: 1 hr(s), Order Duration: 2 doses, Start Date/Time 09/29/20 2:00:00 EDT, Stop Date: 09/29/19 3:59:00 EDT, Rate: 100, Bag Volume (mL): 100
Restoril, 7.5 mg, Oral, Cap, Daily at bedtime, PRN insomnia, Start Date/Time 09/29/20 0:00:00 EDT
Ambulate, 09/29/20 1:39:00 EDT, TID

Bilirubin, Indirect: 0.3 mg/dL (09/28/20 22:05:00)
Troponin I (Quant): <0.02 (09/28/20 22:05:00)
Color - UR: Yellow (09/28/20 23:46:00)
Appearance-Ur: Clear (09/28/20 23:46:00)
Glucose - Urine: Negative Hem (09/28/20 23:46:00)
Bilirubin - UR: Negative Hem (09/28/20 23:46:00)
Acetone (Ketones)-Urine: 15 Abnormal (09/28/20 23:46:00)
Specific Gravity: >=1.030 (09/28/20 23:46:00)
Blood: Negative Hem (09/28/20 23:46:00)
PH in Urine: 5.5 (09/28/20 23:46:00) Protein, UR SCR: 100 Abnormal (09/28/20 23:46:00)
Urobilinogen: 0.2 (09/28/20 23:46:00) Nitrite: Negative Hem (09/28/20 23:46:00)
Leukocyte Esterase: Negative Hem (09/28/20 23:46:00)
WBCs - UR: 0 (09/28/20 23:46:00)
RBCs - UR: 0 (09/28/20 23:46:00)
Squamous Epithelial Cells: 5 (09/28/20 23:46:00)
Bacteria: Few Ser Abnormal (09/28/20 23:46:00)

Diagnostics Results (Last 48 hrs)
Abd Pel CT wo IV wo PO Con

09/28/20 22:55:00
IMPRESSION:
Interval development of moderate intra-abdominal and pelvic ascites with persistent diffuse marked dilatation of the biliary pancreatic portion of
the gastric bypass with segmental thickening of the proximal jejunum
further surgical evaluation recommended. Partial obstruction not
excluded, this of uncertain etiology
Signed Electronically By: [redacted]

[redacted] 039321 - 9/28/2020 11:07 PM

READ BY: [redacted] ON: Sep 28 2020 11:02P
FINAL RESULT

****

Rug US

History and Physical Reports

Basic Metabolic Panel - BMP, Blood, AM Draw (Inpatient Only), 09/30/20 3:30:00 EDT, Once
Bleeding Precaution
Cardiac Tele Category II - 48 hours, 09/29/20 1:39:00 EDT, SBP > 160 < 90 , HR > 110 < 50, 10/01/20 1:38:00 EDT
CBC with Diff (BHSF), Blood, AM Draw (Inpatient Only), 09/30/20 3:30:00 EDT, Once
Communication Order, 09/29/20 1:39:00 EDT, Constant order, See Comment
Communication Order, 09/29/20 1:39:00 EDT, Constant order, See Comment
Communication Order, 09/29/20 1:39:00 EDT, Constant order, See Comment
Communication Order, 09/29/20 2:25:00 EDT, 4 oz. of clear glucose-containing liquid (juice or regular soda pop) for Glucose less than 70 mg/dL.
Communication Order, 09/29/20 1:39:00 EDT, Constant order, See Comment
Communication Order, 09/29/20 1:39:00 EDT, Constant order, See Comment
Consult to Gastroenterology, Routine, Consult Reason: pancreatitis, [redacted] MD
Consult to Interventional Radiology, 09/29/20 2:22:00 EDT, Routine, paracentesis, send for culture and cytology
Consult to Surgery, Routine, Consult Reason: gastric by pass with pancreatitis, [redacted] MD
Hemoglobin A1c - Glycosylated, Blood, InLAB, 09/29/20 2:25:00 EDT, Once, Do not perform if a level is available in patient's chart within 90 days from admission
Intake and Output, 09/29/20 1[redacted]
IVR Non-Vascular - Drainage Paracentesis, 09/29/20 2:21:00 EDT, Routine, Abdominal pain
Notify Provider, 09/29/20 1:39:00 EDT, Constant order, Pauses lasting more than 3 seconds or that are symptomatic. Any sustained supraventricular tachycardia (SVT) that is hemodynamically unstable or symptomatic, or with a HR equal to or greater than 130 bpm.
Notify Provider, 09/29/20 1:39:00 EDT, Constant order, Any Ventricular arrhythmia that is symptomatic or that lasts more than 5 seconds. Atrial Fibrillation with a sustained ventricular rate equal or greater than 130 bpm.
Notify Treating Provider, 09/29/20 2:25:00 EDT, Constant order, for medication adjustments for BG levels higher than 180 mg/dL for 2 consecutive readings or for any BG lower than 70 mg[redacted]igher than 400 mg/dL and complete critical value report for any value less than 60 mg...
Notify Treating Provider (Vital Signs), 09/29/20 1:39:00 EDT, SBP greater than 180 mmHg, SBP less than 100 mmHg, Mean AP less than 65 mmHg, HR greater than 100 beats/min, HR less than 50 beats/min, RR greater than 30 breaths/min, RR less than 10 breaths/min, O2 Requirements Change in Delive...
Notify Treating Provider (Vital Signs), 09/29/20 1:39:00 EDT, SBP greater than 180 mmHg, SBP less than 100 mmHg, Mean AP less than 65 mmHg, HR greater than 100 beats/min, HR less than 50 beats/min, RR greater than 30 breaths/min, RR less than 10 breaths/min, O2 Requirements Change in Delive...
NPO, 09/29/20 1:39:00 EDT, No Exceptions
Order and Draw, 09/29/20 2:25:00 EDT, If results are unexpected or outside the limits of the meter, obtain STAT Lab glucose.
Peripheral IV, 09/29/20 1:39:00 EDT, unless already in place
POCT Glucose-Monitor, 09/29/20 2:25:00 EDT, Before meals and HS, 15-30 minutes
PSO Admit to Inpatient, 09/28/20 23:56:00 EDT, to Telemetry (Order Required), for Acute pancreatitis, Attending: [redacted] Anticipated Disposition: Home, Anticipated LOS: 2 Midnights or More, This certifies that inpatient hospital services are needed...
Saline lock with routine flush, 09/29/20 1:39:00 EDT, Stop date 09/29/20 1:39:00 EDT
Up ad Lib
Up with Assistance
Vital Signs, 09/29/20 1:39:00 EDT, every 4 hr

09/29/20 00:22:00
IMPRESSION:
1. Moderate to large ascites
2. Pneumobilia
Signed Electronically By: Dr [redacted]
151662 - 9/29/2020 1:23 AM

READ BY: [redacted]: Sep 29 2020 12:43A
FINAL RESULT

History and Physical Reports

[1] ABD PEL CT WO IV WO PO CON; [redacted] MD 09/28/2020 22:55 EDT
[2] ABD PEL CT WO IV WO PO CON; [redacted] MD 09/28/2020 22:55 EDT

Electronically Signed on 09/29/2020 02:36

_____

[redacted] MD

[redacted]

[redacted]

[redacted]

Consultation Notes

Document Type:	Critical Care Consultation
Service Date/Time:	9/29/2020 06:19 EDT
Result Status:	Auth (Verified)
Document Subject:	Critical Care Consult Note
Perform Information:	[redacted] MD (9/29/2020 06:43 EDT)
Sign Information:	[redacted] MD (9/29/2020 06:43 EDT)

Chief Complaint
Abd pain
Abdominal pain , Nausea, Vomiting and diarrhea

Referring Physician
Dr. [redacted]

Reason for Consultation
Sepsis

HPI
47F with h/o mult abd surgeries including gastric bypass presents 9/28/19 to hospital with abd pain, N/V, and diarrhea. Initially, pt was noted to be hypertensive and she received Vasotec and Lopress[redacted]as found to have elevated lipase in the ED. She then underwent RUQ U/S and CT abd/pelv. U/S showed evidence of pneumobilia and as[redacted]ed ascites and dilatation of the pancreaticobiliary portion of the gastric bypass. Pt was dosed with Zosyn, given 2L LR, and admitted to 2 Tower. Several hours later, Code Rescue was called for hypotension, tachycardia, AMS. Lactate was noted to be 8.0. Pt was bolused another liter of fluid and transferred to ICU. On my arrival, pt is somewhat confused and a poor historian. She complains of abd pain.

Physical Exam

Vitals & Measurements
T: 33.8 °C (Oral) **T:** 34.6 °C (Temporal Artery) **TMIN:** 33.8 °C (Oral) **TMAX:** 34.6 °C (Temporal Artery[redacted]30 (Peripheral) **HR:** 60 (Monitored) **RR:** 18 **BP:** 80/50 **SpO2:** 98% **HT:** 152.4 cm **WT:** 69.1 kg (Measured) **BMI:** 29.75
GEN: disoriented, awake
HEENT: PERRL; no scleral icterus; EOMI; No facial deformities
NECK: trachea midline; normal ROM
CV: tachycardic
PULM: CTA B
GI: abd distended and diffusely tender
M/S: moves all ext x 4; no deformities
NEURO: AA+Ox1; no neuro deficits; cranial nerves intact
PSY: disoriented
SKIN: normal temperature, moisture, color

Assessment/Plan

1. SBO (small bowel obstruction) (K56.609: Unspecified intestinal obstruction, unspecified as to partial versus complete obstruction)
2. H/O gastric bypass (Z98.84: Bariatric surgery status)
3. Severe sepsis (R65.20: Severe sepsis without septic shock)
4. Pneumobilia (K83.8: Other specified diseases of biliary tract)
5. Lactic acidosis (E87.2: Acidosis)
6. Acute hypokalemia (E87.6: Hypokalemia)
7. Acute pancreatitis (K85.90: Acute pancreatitis without necrosis or infection, unspecified)
8. Acute hyperglycemia (R73.9: Hyperglycemia, unspecified)

Problem List/Past Medical History
Ongoing
- Acute pancreatitis
- Anxiety
- Benign HTN

Historical
- GI bleed

Procedure/Surgical History
- Enteros wwo w b includ ileum 44376 (EN) (02/07/2020)
- Gastric bypass
- Laparoscopic adjustable gastric banding

Medications
Medications (17) Active
Scheduled: (7)
docusate sodium (Colace) 100 mg capsule 100 mg 1 cap, Oral, BID
enoxaparin (Lovenox) 40 mg/0.4 mL syringe 40 mg 0.4 mL, SubCutaneous, Every 24 hr
famotidine (Pepcid) PF 20 mg/2 mL vial 20 mg 2 mL, IV Push, BID
insulin lispro (HumaLOG) 100 units/mL (3 mL vial) 1. MILD Correction Regimen, SubCutaneous, Before meals and HS
Lactated Ringers Injection intravenous solution 1,000 mL, IV Bolus, Once
piperacillin/tazobactam/D5W 3.375 g 50 mL, IV Piggyback, Every 8 hrs
sodium chloride 0.9% 1,000 mL/L, IV Bolus, Once
Continuous: (2)
sodium chloride 0.9% 250 mL 250 mL, IV Piggyback, 10 mL/hr
sodium chloride 0.9% with KCl 20 mEq/L 1,000 mL 1,000 mL, IV Continuous, 150 mL/hr
PRN: (8)
acetaminophen (Tylenol) 325 mg tablet 650 mg 2 tabs, Oral, Every 6 hr
dextrose 50% syringe 50 mL 12.5 g 25 mL, IV Push, As Directed
dextrose 50% syringe 50 mL 25 g 50 mL, IV Push, As Directed
glucagon recombinant 1 mg vial 1 mg,

Consultation Notes

9. Ascites (R18.8: Other ascites)
10. Benign HTN (I10: Essential (primary) hypertension)
11. Anxiety (F41.9: Anxiety disorder, unspecified)

PLAN:
1) Discussed with [redacted] Surgery --> they will evaluate pt.
2) Cont IVF resuscitation.
3) Cont abx.
4) SCD's.

Time Spent/Critical Care Statement:

Critical care time: 45 min

IntraMuscular, As Directed
glucose 40% 15 g gel 15 g 1 EA, Oral, As Directed
HYDROmorphone (Dilaudid) 0.5 mg/0.5 mL syringe 0.5 mg 0.5 mL, IV Push, Every 3 hrs
lactulose 10 g/15 mL oral soln 30 mL UD 20 g 30 mL, Oral, Every 6 hr
ondansetron 4 mg/2 mL injectable 4 mg 2 mL, IV Push, Every 6 hr

Allergies
morphine

Social History
Alcohol
Denies use, 05/19/2018
Substance Use
Denies, 05/19/2018
Tobacco
Tobacco Use: Never (less than 100 in lifetime)., 09/28/2020
Tobacco Use: Never (less than 100 in lifetime)., 02/05/2020
Never smoker, 06/08/2018

Family History
Hypertension: Father and Grandmother (P).

Lab Results
Hemoglobin: 13.8 g/dL (09/29/20 04:52:00)
Hematocrit: 46.3 % High (09/29/20 04:52:00)
WBC: 3.69 K/uL (09/29/20 04:52:00) Platelet Count: 281 K/uL (09/29/20 04:52:00) Sodium on Blood: 144 mmol/L (09/28/20 22:05:00)
Potassium on Blood: 2.8 mmol/L Low (09/28/20 22:05:00)
Chloride on Blood: 113 mmol/L High (09/28/20 22:05:00)
CO2 on Blood: 19 mmol/L Low (09/28/19 22:05:00)
Anion Gap: 12 (09/28/20 22:05:00)
Glucose on Blood: 210 mg/dL High (09/28/20 22:05:00)
Creatinine on Blood: 0.98 mg/dL (09/28/20 22:05:00)
BUN on Blood: 23 mg/dL High (09/28/20 22:05:00)
Calcium (Total): 8.4 mg/dL Low (09/29/20 02:20:00)
Total Protein on Blood: 6.4 g/dL (09/28/20 22:05:00)
Albumin on Blood: 3.1 g/dL Low (09/28/20 22:05:00)
Globulin: 3.3 g/dL (09/28/20 22:05:00)
ALT (SGPT) on Blood: 22 U/L (09/28/20

Consultation Notes

22:05:00)
AST (SGOT) on Blood: 42 U/L High (09/28/20 22:05:00)
AST/ALT Ratio: 1.9 ratio (09/28/20 22:05:00)
Alkaline Phosphatase on Blood: 75 U/L (09/28/20 22:05:00)
Total Bilirubin on Blood: 0.5 mg/dL (09/28/20 22:05:00)
Bilirubin (Direct): 0.2 mg/dL (09/28/20 22:05:00)
Bilirubin, Indirect: 0.3 mg/dL (09/28/20 22:05:00)
Lactic Acid (Lactate): 8 mmol/L Critical (09/29/20 04:52:00)
Troponin I (Quant): <0.02 (09/28/20 22:05:00)
Cholesterol Level: 174 mg/dL (09/29/20 02:20:00)
Triglycerides: 64 mg/dL (09/29/20 02:20:00)
HDL Cholesterol: 73 mg/dL High (09/29/20 02:20:00)
Cholesterol/HDL Ratio: 2.4 ratio (09/29/20 02:20:00)
LDL: 88 mg/dL (09/29/20 02:20:00) Glucose Point of Care: 126 mg/dL (09/29/20 04:18:00)
Color - UR: Yellow (09/28/20 23:46:00)
Appearance-Ur: Clear (09/28/20 23:46:00)
Glucose - Urine: Negative Hem (09/28/20 23:46:00)
Bilirubin - UR: Negative Hem (09/28/20 23:46:00)
Acetone (Ketones)-Urine: 15 Abnormal (09/28/20 23:46:00)
Specific Gravity: >=1.030 (09/28/20 23:46:00)
Blood: Negative Hem (09/28/20 23:46:00)
PH in Urine: 5.5 (09/28/20 23:46:00) Protein, UR SCR: 100 Abnormal (09/28/20 23:46:00)
Urobilinogen: 0.2 (09/28/20 23:46:00) Nitrite: Negative Hem (09/28/20 23:46:00)
Leukocyte Esterase: Negative Hem (09/28/19 23:46:00)
WBCs - UR: 0 (09/28/20 23:46:00)
RBCs - UR: 0 (09/28/20 23:46:00)
Squamous Epithelial Cells: 5 (09/28/20 23:46:00)
Bacteria: Few Ser Abnormal (09/28/20 23:46:00)

Diagnostic Results
Abd Pel CT wo IV wo PO Con

\- ___ ___ _____

09/28/20 22:55:00
IMPRESSION:

Consultation Notes

Interval development of moderate
intra-abdominal and pelvic ascites with
persistent diffuse marked dilatation of the
biliary pancreatic portion of
the gastric bypass with segmental thickening
of the proximal jejunum
further surgical evaluation recommended.
Partial obstruction not
excluded, this of uncertain etiology
Signed Electronically By: [redacted]
[redacted] 039321 - 9/28/2020 11:07
PM

READ BY: [redacted] ON: Sep 28
2020 11:02P
FINAL RESULT

[redacted]

****

Ruq US

09/29/20 00:22:00
IMPRESSION:
1. Moderate to large ascites
2. Pneumobilia
Signed Electronically By: Dr. [redacted]
151662 - 9/29/2020 1:23 AM

[redacted]

READ BY: [redacted]: Sep 29 2020
12:43A
FINAL RESULT

Electronically Signed on 09/29/2020 06:43

_____

[redacted] MD

Document Type:	Infectious Disease Consultation
Service Date/Time:	9/30/2020 06:41 EDT
Result Status:	Auth (Verified)
Document Subject:	Infectious Disease Consult Note
Perform Information:	[redacted] MD (9/30/2020 06:50 EDT)
Sign Information:	[redacted] MD (9/30/2020 07:02 EDT)

Chief Complaint
Abdominal pain , Nausea, Vomiting and diarrhea

Referring Physician
[redacted] MD.

Problem List/Past Medical History
Ongoing
- Acute pancreatitis
- Anxiety
- Benign HTN

Consultation Notes

Reason for Consultation
Sepsis/septic shock.

HPI
Information is obtained from chart review, relatives are not present. Patient is a 47-year-old African-American female, with a history of gastric bypass in 2013, and also placement of a laparoscopic band in February 2020.She came to the hospital with a history of severe abdominal pain which status a day prior to admission associated nausea and vomiting. No fevers or chills. The pain was sharp apparently very intense. On admission she had a CT scan of the abdomen and pelvis which show evidence of moderate to large ascites, marked dilatation of the biliary pancreatic portion of the gastric bypass with segmental thickening of the proximal ileum. She had a partial obstruction. On admission 9/28/2020 she had a white count of 5.6 IMA globin 13.2 platelet count of 247,000. Her BUN was 23 with a creatinine of 0.9. Blood sugar of 210. Had a sodium of 144 and a potassium of 2.8 initially. Next day her PT was 33.3 and a PTT is 70.4 with an INR of 3.3. She developed progressive anemia to hemoglobin of 6.8. And her white cell count of 1.5. Platelet count dropped 210,000. She has remained leukopenic with anemia and thrombocytopenic. Last white cell count today 1.1 with 63% neutrophils for an absolute neutrophil count of 730. Platelet count 2 35,000. Her PT is 26.4 with a PTT of 657.5 and INR of 2.4. Creatinine is 1.9 with a BUN of 23. Her potassium of 3.8, and sodium of 144 her blood suga[redacted]ion test yesterday which showed an albumin of 1.5 ALT of 977 and an AST of 2139. Alkaline phosphatase 67 with bilirubin 1.5. Patient u[redacted]erday 9/29/2020 exploratory laparotomy with lysis of adhesions, small bowel resection including a
Roux-en-Y (biliary pancreatic limb including Roux-en-Y) distal small bowel resection and gastrostomy tube placement. She had a small bowel obstruction caused by adhesive band, necrotic biliopancreatic limb, necrotic distal small bowel. Intraoperative cultures were taken Gram stain shows no WBCs no organisms. Patient is presently intubated on mechanical ventilation with an FiO2 of 70% and a PEEP of 10. She is on CRRT. And receiving norepinephrine at 60 mcg and vasopressin at 0.03. She was started on piperacillin tazobactam and fluconazole. She has persistent with low hemoglobin which suggest bleeding. And has received at least 4 units of fresh frozen plasma. Platelet 1 unit, 10 units of cryo[redacted]te and packed RBCs. An infectious disease consultation was requested.

Epidemiologic Review
Unable to obtain. Relatives are not present.

ROS
All other systems reviewed and negative except as noted in the HPI

Physical Exam

Vitals & Measurements
T: 35 °C (Axillary) **HR:** 91 (Monitored) **RR:** 17 **RR:** 30 (Total) **BP:** 79/46
BP: 102/84 (Line) **SpO2:** 98% **HT:** 152.4 cm **WT:** 81.0 kg (Measured)
General: Intubated.
HEENT: Pupils are dilated and nonreactive, orotracheal/orogastric tube in place. Left IJ dialysis catheter. Right IJ line.
Cardio: Regular rate and rhythm, no murmurs, gallops or rubs tachycardia.
Respiratory: Decreased breath sounds bilaterally.
Abdomen: Soft, distended, dressing in place. Dry. Gastrostomy tube connected to a bag. JP in place with bloody fluid.
Extremities: No clubbing, cyanosis or edema
Neuro: Intubated.
Skin: No rashes

Historical
GI bleed

Procedure/Surgical History
- Laparotomy Exploratory Lvl 4 (09/29/2020)
- Enteros wwo w b includ ileum 44376 (EN) (02/07/2020)
- Gastric bypass
- Laparoscopic adjustable gastric banding

Medications
Medications (25) Active
Scheduled: (5)
1. Pharmacy Consult: Maximally concentrate all IV drips, N/A, As Directed
fluconazole/NaCl 0.9% 400 mg 200 mL, IV Piggyback, Daily
insulin lispro (HumaLOG) 100 units/mL (3 mL vial) 1. MILD Correction Regimen, SubCutaneous, Before meals and HS
pantoprazole 40 mg vial 40 mg, IV Push, BID
piperacillin/tazobactam/D5W 3.375 g 50 mL, IV Piggyback, Every 8 hrs
Continuous: (12)
dextrose 10% 1,000 mL 1,000 mL, IV Continuous, 50 mL/hr
norEPINEPHrine 32 mg [2 mcg/min] + dextrose 5% 218 mL 218 mL, IV Continuous, 0.94 mL/hr
propofol 1,000 mg [5 mcg/kg/min] + Premix 100 mL 100 mL, IV Continuous, 2.11 mL/hr
sodium bicarbonate 8.4% 150 mEq + dextrose 5% 850 mL 850 mL, IV Continuous, 300 mL/hr
sodium chloride 0.9% 250 mL 250 mL, IV Piggyback, 10 mL/hr
sodium chloride 0.9% 250 mL 250 mL, IV Piggyback, 10 mL/hr
sodium chloride 0.9% 250 mL 250 mL, IV Piggyback, 10 mL/hr
sodium chloride 0.9% 250 mL 250 mL, IV Piggyback, 10 mL/hr
sodium chloride 0.9% 250 mL 250 mL, IV Piggyback, 10 mL/hr
sodium chloride 0.9% 250 mL 250 mL, IV Piggyback, 10 mL/hr
sodium chloride 0.9% 250 mL 250 mL, IV Piggyback, 10 mL/hr
vasopressin 20 units [0.03 unit/min] + sodium chloride 0.9% 250 mL 250 mL, IV Continuous, 22.5 mL/hr
PRN: (8)

Consultation Notes

Assessment/Plan

1. Acute abdomen, status post exploratory laparotomy,With lysis of adhesions distal small bowel resection, gastrostomy tube placement. Small bowel resection including Roux-en-Y biliary pancreatic limb closed . Intraoperative cultures taken. Patient on piperacillin tazobactam and fluconazole.
2. Shock, on pressors. Norepinephrine and and vasopressin. hemorrhagic shock/septic. Receiving transfusion support.
3. Disseminated intravascular coagulation.
4. Lactic acidosis.
5. Fixed and dilated pupils, anoxic encephalopathy?.
6. Acute kidney injury.
7. Multisystem organ failure.
8. GI bleed.

Plan.

1. Continue mechanical ventilation.
2. Follow blood cultures.
3. Follow intraoperative cultures.
4. Continue antibiotics will adjust. Start meropenem and micafungin.
5. EEG. Neurology consult. [redacted]
6. Continue pressors.
7. CRRT. [redacted]
8. Transfusions.
9. We will follow this patient with you.

Discussed with intensivist.
Thank you for the consult.

[redacted]

albumin human 5% 12.5 g 250 mL, IV Piggyback, Every 4 hr
dextrose 50% syringe 50 mL 12.5 g 25 mL, IV Push, As Directed
dextrose 50% syringe 50 mL 25 g 50 mL, IV Push, As Directed
glucagon recombinant 1 mg vial 1 mg, IntraMuscular, As Directed
glucose 40% 15 g gel 15 g 1 EA, Oral, As Directed
HYDROmorphone (Dilaudid) 0.5 mg/0.5 mL syringe 0.5 mg 0.5 mL, IV Push, Every 6 hr while awake
magnesium sulfate/NaCl 0.9% 2 g 50 mL, IV Piggyback, As Directed
ondansetron 4 mg/2 mL injectable 4 mg 2 mL, IV Push, Every 4 hr

Allergies
morphine (Headache, Itching,Watering Eyes)

Social History
Alcohol
Denies use, 05/19/2018
Substance Use
Denies, 05/19/2018
Tobacco
Tobacco Use: Never (less than 100 in lifetime)., 09/28/2020
Tobacco Use: Never (less than 100 in lifetime)., 02/05/2020
Never smoker, 06/08/2018

Family History
Hypertension: Father and Grandmother (P).

Lab Results
Most Recent/Last 36 Hours Hemoglobin: 6.6 g/dL Critical (09/30/20 03:06:00)
Hematocrit: 21 % Low (09/30/20 03:06:00)
WBC: 1.16 K/uL Low (09/30/20 03:06:00)
Platelet Count: 35 K/uL Low (09/30/20 03:06:00)
PT - INR (Prothrombin Time): 26.4 seconds High (09/30/20 03:06:00)
International Normalized Ratio: 2.4 High (09/30/20 03:06:00)
PTT (Partial Thromb Time): 57.5 seconds High (09/30/20 03:06:00) Sodium on Blood: 144 mmol/L (09/30/20 03:06:00)
Potassium on Blood: 3.8 mmol/L (09/30/20 03:06:00)
Chloride on Blood: 108 mmol/L High (09/30/20 03:06:00)
CO2 on Blood: 15 mmol/L Low (09/30/20

Consultation Notes

03:06:00)
Anion Gap: 21 High (09/30/20 03:06:00)
Glucose on Blood: 256 mg/dL High (09/30/20 03:06:00)
Creatinine on Blood: 1.9 mg/dL High (09/30/20 03:06:00)
BUN on Blood: 23 mg/dL High (09/30/20 03:06:00)
BUN/Creatinine Ratio: 12.1 ratio (09/30/20 03:06:00)
Calcium (Total): 6.5 mg/dL Low (09/30/20 03:06:00)
Phosphorus Level: 7.5 mg/dL High (09/30/20 03:06:00)
Total Protein on Blood: 3 g/dL Low (09/29/20 21:25:00)
Albumin on Blood: 1.7 g/dL Low (09/30/20 03:06:00)
Globulin: 1.5 g/dL Low (09/29/20 21:25:00)
ALT (SGPT) on Blood: 977 U/L High (09/29/20 21:25:00)
AST (SGOT) on Blood: 2139 U/L High (09/29/20 21:25:00)
AST/ALT Ratio: 2.2 ratio (09/29/20 21:25:00)
Alkaline Phosphatase on Blood: 67 U/L (09/29/20 21:25:00)
Total Bilirubin on Blood: 1.5 mg/dL (09/29/20 21:25:00)
Bilirubin (Direct): 0.2 mg/dL (09/28/20 22:05:00)
Bilirubin, Indirect: 0.3 mg/dL (09/28/20 22:05:00)
Lactic Acid (Lactate): 8 mmol/L Critical (09/29/20 04:52:00)
Procalcitonin (PCT): 24.83 ng/mL Critical (09/29/20 04:52:00)
Color - UR: Yellow (09/28/20 23:46:00)
Appearance-Ur: Clear (09/28/20 23:46:00)
Glucose - Urine: Negative Hem (09/28/20 23:46:00)
Bilirubin - UR: Negative Hem (09/28/20 23:46:00)
Acetone (Ketones)-Urine: 15 Abnormal (09/28/20 23:46:00)
Specific Gravity: >=1.030 (09/28/20 23:46:00)
Blood: Negative Hem (09/28/20 23:46:00) PH in Urine: 5.5 (09/28/20 23:46:00) Protein, UR SCR: 100 Abnormal (09/28/20 23:46:00)
Urobilinogen: 0.2 (09/28/20 23:46:00) Nitrite: Negative Hem (09/28/20 23:46:00) Leukocyte Esterase: Negative Hem (09/28/20 23:46:00)
WBCs - UR: 0 (09/28/20 23:46:00)

Consultation Notes

RBCs - UR: 0 (09/28/20 23:46:00)
Squamous Epithelial Cells: 5 (09/28/20 23:46:00)
Bacteria: Few Ser Abnormal (09/28/20 23:46:00)

Diagnostic Results
Chest Single View XR

09/29/20 19:43:00
IMPRESSION:
Interval placement of a left-sided jugular central line with tip in good position. No pneumothorax.
Signed Electronically By: Dr [redacted] 038398 - 9/29/2020 8:00 PM

[redacted]

READ BY: [redacted]
ON: Sep 29 2020 7:59P
FINAL RESULT

****
Chest Single View XR

09/29/20 14:30:00
IMPRESSION:
New right internal jugular central venous catheter in good position.
Signed Electronically By: Dr [redacted] - 133777 - 9/29/2020 2:48 PM

[redacted]

[redacted] ON: Sep 29 2020 2:47P
FINAL RESULT

****
Chest Single View XR

09/29/20 12:34:00
IMPRESSION:
1. Appropriately positioned lines and tubes.
2. Bilateral hypoventilatory changes are present.
Signed Electronically By: [redacted] - 173195 - 9/29/2020 12:47 PM

READ BY [redacted]
ON: Sep 29 2020 12:45P

Consultation Notes

FINAL RESULT

****

Abd Pel CT wo IV wo PO Con

09/28/20 22:55:00
IMPRESSION:
Interval development of moderate
intra-abdominal and pelvic ascites with
persistent diffuse marked dilatation of the
biliary pancreatic portion of
the gastric bypass with segmental thickening
of the proximal jejunum
further surgical evaluation recommended.
Partial obstruction not
excluded, this of uncertain etiology
Signed Electronically By: Dr. [redacted]
PM

[redacted]

READ BY: [redacted] ON: Sep 28 2020 11:02P
FINAL RESULT

****

Rug US

09/29/20 00:22:00
IMPRESSION:
1. Moderate to large ascites
2. Pneumobilia
Signed Electronically By: Dr. [redacted]
151662 - 9/29/2020 1:23 AM

READ BY: [redacted] ON: Sep 29 2020 12:43A
FINAL RESULT

Electronically Signed on 09/30/2020 07:02

[redacted] MD

Consultation Notes

Document Type:	MCVI/IVR Consultation
Service Date/Time:	9/30/2020 10:28 EDT
Result Status:	Auth (Verified)
Document Subject:	Free Text Note
Perform Information:	[redacted]30/2020 10:29 EDT)
Sign Information:	[redacted] (10/1/2020 16:12 EDT); , [redacted] (9/30/2020 10:29 EDT)

Received consult for paracentesis however read critical care note of poor prognosis and patient maxed out on pressors at this time. Therefore no plan for paracentesis.

Electronically Signed on 09/30/2020 10:29

_____

[redacted] APRN

Electronically Signed on 10/01/2020 16:12

_____

[redacted] MD

[redacted]

Document Type:	Nephrologist Consultation
Service Date/Time:	9/29/2020 20:13 EDT
Result Status:	Auth (Verified) Nephrology
Document Subject:	Consult Note
Perform Information:	[redacted] MD (9/29/2020 20:14 EDT)
Sign Information:	[redacted] MD (9/29/2020 20:14 EDT)

Chief Complaint

Abdominal pain , Nausea, Vomiting and diarrhea

HPI

[redacted]

Nephrology consult requested for evaluation and electrolyte disturbances.

Patient is a 47-year-old female with a history of hypertension gastric bypass history of gastrointestinal bleeding according to the family at bedside patient was diagnosed with a mild form of lupus unclear if the patient was ever told she had lupus nephritis?

Patient presented to the ER complaining of severe abdominal pain with nausea vomiting according to the chart pain was sharp and diffuse 10 out of 10 CT scan of the abdomen showed moderate to large ascites dilation of biliary pancreatic portion and gastric bypass segmental thickening of the jejunum elevated lipase patient was taken to the OR for ex lap she had high suspicion for an ischemic bowel.

This morning the patient underwent a exploratory laparotomy lysis of adhesions small bowel resection biliary pancreatic limb including Roux-en-Y distal small bowel resection gas trauma need to place an remanent stomach. Patient had a necrotic biliopancreatic limb necrotic distal small bowel.

Patient is currently intubated and sedated unable to provide any information she is in multisystem organ failure on multiple vasopressors. Case discussed with the ICU team and the family. Decision was made to start the patient on continuous renal replacement therapy.

Problem List/Past Medical History

Ongoing
- Acute pancreatitis
- Anxiety
- Benign HTN

Historical
- GI bleed

Procedure/Surgical History

- Laparotomy Exploratory Lvl 4 (09/29/2020)
- Enteros wwo w b includ ileum 44376 (EN) (02/07/2020)
- Gastric bypass
- Laparoscopic adjustable gastric banding

Medications

Inpatient
- albumin human 5% intravenous solution, 12.5 g= 250 mL, IV Piggyback, Every 4 hr, PRN
- Consult to Pharmacy, Maximally concentrate all IV drips, N/A, As Directed
- D10W 1,000 mL, 1000 mL, IV Continuous

Consultation Notes

Postoperative day #0

preoperative Diagnosis
Small bowel obstruction
Ischemic bowel
History of open gastric bypass
Postoperative Diagnosis
Small bowel obstruction caused by adhesive band
Necrotic biliopancreatic limb
Necrotic distal small bowel
Operative Procedure Performed:
Exploratory laparotomy
Lysis of adhesions
Small bowel resection including Roux-en-Y (biliary pancreatic limb including Roux-en-Y)
Distal small bowel resection
Gastrostomy tube placement in remnant stomach
Surgeon(s)
[redacted] FACS, FASMBS [1]

ROS
Intubated and sedated unable [redacted]

Physical Exam [redacted]

Vitals & Measurements
T: 35 °C (Axillary) **T:** 34.9 °C (Oral) **T:** 34.6 °C (Temporal Artery) **TMIN:** 34.6 °C (Temporal Artery) **TMAX:** 35 °C (Axillary) **HR:** 130 (Peripheral) **HR:** 98 (Monitored) **RR:** 30 **RR:** 30 (Total) **BP:** 74/25 **BP:** 116/39 (Line) **SpO2:** 98% **HT:** 152.4 cm **WT:** 70.4 kg (Measured) **BMI:** 30.31

GENERAL:
Intubated and Sedated
VOLUME STATUS:
+ Hypervolemia
LUNGS: [redacted]
Bilateral Coarse BS, Decrease BS at Bilateral Bases
HEART:
S1 S2 no pericardial rub
ABDOMEN:
+BS, soft , non-distended, non-tender
EXTREMITY:
+ peripheral edema
NEURO:
Intubated and Sedated

Database, labs and inpatient medication list were reviewed in detail in the electronic medical record.

Assessment/Plan
1. Acute respiratory failure (J96.00: Acute respiratory failure, unspecified whether with hypoxia or hypercapnia)
2. Severe sepsis (R65.20: Severe sepsis without septic shock)
3. DIC (disseminated intravascular coagulation) (D65: Disseminated intravascular coagulation [defibrination syndrome])
4. Lactic acidosis (E87.2: Acidosis)
5. SBO (small bowel obstruction) (K56.609: Unspecified intestinal obstruction, unspecified as to partial versus complete obstruction)
6. Acute blood loss anemia (D62: Acute posthemorrhagic anemia)

dextrose 5% in water drip 850 mL + sodium bicarbonate 8.4% IV solution 150 mEq
Dextrose 50% in Water intravenous solution, 12.5 g= 25 mL, IV Push, As Directed, PRN
Dextrose 50% in Water intravenous solution, 25 g= 50 mL, IV Push, As Directed, PRN
Dilaudid, 0.5 mg= 0.5 mL, IV Push, Every 6 hr while awake, PRN
fluconazole, 400 mg= 200 mL, IV Piggyback, Daily
glucagon, 1 mg, IntraMuscular, As Directed, PRN
glucose, 15 g= 1 EA, Oral, As Directed, PRN
HumaLOG Regimen 1 Mild, 1. MILD Correction Regimen, SubCutaneous, Before meals and HS
lactated ringer's bolus, 1000 mL, IV Bolus, Once
magnesium sulfate, 2 g= 50 mL, IV Piggyback, As Directed, PRN
norEPINEPHrine IV additive 32 mg [2 mcg/min] + dextrose 5% in water Drip. 250 mL
propofol IV additive 1,000 mg [5 mcg/kg/min] + Premix: 100 mL
Protonix, 40 mg, IV Push, BID
Sodium Chloride 0.9% intravenous solution 250 mL, 250 mL, IV Piggyback
Sodium Chloride 0.9% intravenous solution 250 mL, 250 mL, IV Piggyback
Zofran, 4 mg= 2 mL, IV Push, Every 4 hr, PRN
Zosyn, 3.375 g= 50 mL, IV Piggyback, Every 8 hrs

Home
cloNIDine 0.3 mg oral tablet, 0.3 mg= 1 tabs, Oral, TID
diazePAM 10 mg oral tablet, 10 mg= 1 tabs, Oral, Every 6 hr, PRN
IBU 800 mg oral tablet, 800 mg= 1 tabs, Oral, Every 8 hrs, PRN

Allergies
morphine (Headache, Itching,Watering Eyes)

Social History
Alcohol
Denies use, 05/19/2018
Substance Use
Denies, 05/19/2018
Tobacco

Consultation Notes

7. H/O gastric bypass (Z98.84: Bariatric surgery status)
8. Pneumobilia (K83.8: Other specified diseases of biliary tract)
9. Acute hypokalemia (E87.6: Hypokalemia)
10. Acute pancreatitis (K85.90: Acute pancreatitis without necrosis or infection, unspecified)
11. Acute hyperglycemia (R73.9: Hyperglycemia, unspecified)
12. Ascites (R18.8: Other ascites)
13. Benign HTN (I10: Essential (primary) hypertension)
14. Acute metabolic encephalopathy (G93.41: Metabolic encephalopathy)

Orders:
Consult to Pharmacy, Maximally concentrate all IV drips
magnesium sulfate, 2 g, IV Piggyback, Soln-IV, As Directed, PRN other (see comment), Administer over: 4 hr(s), Start Date/Time 09/29/19 20:42:00 EDT, Bag Volume (mL): 50
norEPINEPHrine IV additive 32 mg [2 mcg/min] + dextrose 5% in water Drip. 250 mL, IV Continuous, 250 mL Order Rate: 0.94 mL/hr Starting Rate: 2 mcg/min Max Rate: 200 mcg/min Titrate Instructions: Start at 2 mcg/min, titrate up to 10 mcg every 5 minutes to max of 200 mcg/min. MAP Greater Than 65, Order Weight: 70.4 kg Start Date/Tim...
CBC-BHSF, Blood, Routine, 09/29/20 19:42:00 EDT, Every 6 hrs, for 3, days
Communication Order, 09/29/20 19:42:00 EDT, Constant order, Prime Dialysis filter with 1 Liter of Normal Saline
Communication Order, 09/29/20 19:42:00 EDT, If potassium is less than 3.5 use 4 K+ bath and notify MD. If potassium is 3.5 to 4.5 use a 4 K+ bath. If potassium level is 4.6 to 5 use 2 K+ bath. If potassium level is 5.1 to 5.5 use a 2 K+ bath
Communication Order, 09/29/20 19:42:00 EDT, Change dialysis filter and circuit at least every 48 hours and notify department to disinfect and acid wash dialysis machine every 48 hours
Communication Order, 09/29/20 19:42:00 EDT, Keep IV fluids to a minimum
CRRT Dialysis, 09/29/20 19:42:00 EDT, CVVHD, NxStage Dialyzer, Dialysate Potassium 4 mEq/L, Dialysate Sodium 140 mEq/L, Dialysate Calcium 2.5 mEq, Dialysate Bicarbonate 35 mEq, Prime with Normal Saline, Blood Flow Rate 250 mL/min, Dialysate Flow Rate 600 mL/hr, Even...
Magnesium Level, Blood, Routine, 09/29/20 19:42:00 EDT, Every 6 hrs, for 3, days Notify Treating Provider Laboratory Results, 09/29/20 19:42:00 EDT, K greater than 5.5, K less than 3.5
Notify Treating Provider Laboratory Results, 09/29/20 19:42:00 EDT, K greater than 5.5, K less than 3.5
Renal Function Panel, Blood, Routine, 09/29/20 19:42:00 EDT, Every 6 hrs, for 3, days
Weigh Patient, 09/29/20 19:42:00 EDT, Every 24 hrs, and record
Weigh Patient, 09/29/20 19:42:00 EDT, Stop date 09/29/20 19:42:00 EDT, Prior to beginning of CRRT Treatment and record on nursing flow-sheet

NEPHROLOGY ASSESSMENT:

Acute kidney injury likely due to acute tubular necrosis from the septic shock

Severe metabolic acidosis and acidemia from renal failure and lactic acidosis from the bowel ischemia should improve with initiation of continuous renal replacement therapy.

Dehydration hypovolemic shock hypernatremia

Hypoglycemia

Hypocalcemia

Hyperphosphatemia

Tobacco Use: Never (less than 100 in lifetime)., 09/28/2020
Tobacco Use: Never (less than 100 in lifetime)., 02/05/2020
Never smoker, 06/08/2018

Family History
Hypertension: Father and Grandmother (P).

Labs Results

Sodium on Blood: 152 mmol/L High (09/29/20 12:15:00)	Sodium on Blood: 144 mmol/L (09/28/20 22:05:00)
Potassium on Blood: 3.8 mmol/L (09/29/20 12:15:00)	Potassium on Blood: 2.8 mmol/L Low (09/28/20 22:05:00)
Chloride on Blood: 121 mmol/L High (09/29/20 12:15:00)	Chloride on Blood: 113 mmol/L High (09/28/20 22:05:00)
CO2 on Blood: 17 mmol/L Low (09/29/20 12:15:00)	CO2 on Blood: 19 mmol/L Low (09/28/20 22:05:00)
Anion Gap: 14 (09/29/20 12:15:00)	Anion Gap: 12 (09/28/20 22:05:00)
Glucose on Blood: 11 mg/dL Critical (09/29/20 12:15:00)	Glucose on Blood: 210 mg/dL High (09/28/20 22:05:00)
Creatinine on Blood: 1.4 mg/dL High (09/29/20 12:15:00)	Creatinine on Blood: 0.98 mg/dL (09/28/20 22:05:00)
BUN on Blood: 25 mg/dL High (09/29/20 12:15:00)	BUN on Blood: 23 mg/dL High (09/28/20 22:05:00)
BUN/Creatinine Ratio: 17.9 ratio (09/29/20 12:15:00)	BUN/Creatinine Ratio: 23.5 ratio High (09/28/20 22:05:00)
Calcium (Total): 6.6 mg/dL Low (09/29/20 12:15:00)	Hemoglobin: 9.8 g/dL Low (09/29/20 14:37:00)
Phosphorus Level: 6.4 mg/dL High (09/29/20 12:15:00)	Hematocrit: 30.5 % Low (09/29/20 14:37:00)
Total Protein on Blood: 2.3 g/dL Low (09/29/20 12:15:00)	WBC: 1.56 K/uL Low (09/29/20 14:37:00)
Albumin on Blood: 1.2 g/dL Low (09/29/20 12:15:00)	Platelet Count: 106 K/uL Low (09/29/20 14:37:00)
ALT (SGPT) on Blood: 558 U/L High (09/29/20 12:15:00)	PT - INR (Prothrombin Time): 33.3 seconds High (09/29/20 12:15:00)

Consultation Notes

Acute pancreatitis

Shock liver

Postoperative day #0

preoperative Diagnosis
Small bowel obstruction
Ischemic bowel
History of open gastric bypass
Postoperative Diagnosis
Small bowel obstruction caused by adhesive band
Necrotic biliopancreatic limb
Necrotic distal small bowel
Operative Procedure Performed:
Exploratory laparotomy
Lysis of adhesions
Small bowel resection including Roux-en-Y (biliary pancreatic limb including Roux-en-Y)
Distal small bowel resection
Gastrostomy tube placement [redacted]
Surgeon(s)
[redacted] FACS, FASMBS [1]

RECOMMENDATIONS:

Start the patient on continuous renal replacement therapy

Dose all medications for estimated GFR in the patient I will be on CVVHD the antibiotics will need to be adjusted as per pharmacy

Case discussed with [redacted]ily and ICU team in detail all questions were answered to the best of my ability.

AST (SGOT) on Blood: 1205 U/L High (09/29/20 12:15:00)

AST/ALT Ratio: 2.2 ratio (09/29/20 12:15:00)

Alkaline Phosphatase on Blood: 63 U/L (09/29/20 12:15:00)

Total Bilirubin on Blood: 0.8 mg/dL (09/29/20 12:15:00)

Bilirubin (Direct): 0.2 mg/dL (09/28/20 22:05:00)

Bilirubin, Indirect: 0.3 mg/dL (09/28/20 22:05:00)

Lipase Level: 2771 U/L High (09/28/20 22:05:00)

Magnesium Level: 1.4 mg/dL Low (09/29/20 12:15:00)

Color - UR: Yellow (09/28/20 23:46:00)

Appearance-Ur: Clear (09/28/20 23:46:00)

Glucose - Urine: Negative Hem (09/28/20 23:46:00)

Bilirubin - UR: Negative Hem (09/28/20 23:46:00)

Acetone (Ketones)-Urine: 15 Abnormal (09/28/20 23:46:00)

Specific Gravity: >=1.030 (09/28/20 23:46:00)

Blood: Negative Hem (09/28/20 23:46:00)

PH in Urine: 5.5 (09/28/20 23:46:00)

Protein, UR SCR: 100 Abnormal (09/28/20 23:46:00)

Urobilinogen: 0.2 (09/28/20 23:46:00)

Nitrite: Negative Hem (09/28/20 23:46:00)

International Normalized Ratio: 3.3 High (09/29/20 12:15:00)

PTT (Partial Thromb Time): 70.4 seconds High (09/29/20 12:15:00)

Consultation Notes

[redacted]

[redacted]

[redacted]

Leukocyte Esterase: Negative Hem (09/28/20 23:46:00)
WBCs - UR: 0 (09/28/20 23:46:00)
RBCs - UR: 0 (09/28/20 23:46:00)
Squamous Epithelial Cells: 5 (09/28/20 23:46:00)
Bacteria: Few Seen Abnormal (09/28/20 23:46:00)

[redacted]

[redacted]038398 - 9/29/2020 8:00 PM

READ BY: [redacted]
ON: Sep 29 2020 7:59P
FINAL RESULT

****
Chest Single View XR

09/29/20 14:30:00
IMPRESSION:
New right internal jugular central venous catheter in good position.
Signed Electronically By: Dr. [redacted] - 133777 - 9/29/2020 2:48 PM

READ BY: [redacted] ON: Sep 29 2020 2:47P
FINAL RESULT

****
Chest Single View XR

09/29/20 12:34:00
IMPRESSION:
1. Appropriately positioned lines and tubes.
2. Bilateral hypoventilatory changes are present.

Consultation Notes

Signed Electronically By: [redacted] 173195 - 9/29/2020 12:47 PM

READ [redacted]
ON: Sep 29 2020 12:45P
FINAL RESULT

****
Abd Pel CT wo IV wo PO Con

09/28/20 22:55:00
IMPRESSION:
Interval development of moderate intra-abdominal and pelvic ascites with persistent diffuse marked dilatation of the biliary pancreatic portion of
the gastric bypass with segmental thickening of the proximal jejunum
further surgical evaluation recommended. Partial obstruction not
excluded, this of uncertain etiology
Signed Electronically By: [redacted] 039321 - 9/28/2020 11:07 PM

[redacted]

[redacted]

READ BY: [redacted] ON: Sep 28 2020 11:02P
FINAL RESULT

****
Rug US

09/29/20 00:22:00
IMPRESSION:
1. Moderate to large ascites
2. Pneumobilia
Signed Electronically By: Dr [redacted] - 151662 - 9/29/2020 1:23 AM

READ BY: [redacted] ON: Sep 29 2020 12:43A
FINAL RESULT

[1] Operative report [redacted] MD; [redacted] MD 09/29/2020 10:58 EDT

Electronically Signed on 09/29/2020 20:14

_____

[redacted]

[redacted]

Consultation Notes

Document Type:	Neurology Consultation
Service Date/Time:	9/30/2020 12:50 EDT
Result Status:	Auth (Verified)
Document Subject:	Neurology Consult Note
Perform Information:	[redacted] A MD (9/30/2020 17:45 EDT)
Sign Information:	[redacted] MD (9/30/2020 17:45 EDT)

Chief Complaint
Acute Pancreatitis

Referring Physician
[redacted]

History of Present Illness
All information is obtained from chart review.
[redacted] is a 47-year-old woman who presented on 9/28/20 with severe abdominal pain and nausea/vomiting. On admission she had a CT scan of the abdomen and pelvis which showed evidence of moderate to large ascites, marked dilatation of the biliary pancreatic portion of the gastric bypass with segmental thickening of the proximal ileum, and a partial bowel obstruction. Yesterday 9/29/20, she underwent small bowel resection for necrotic bowel. Overnight, the patient required max doses of levophed and vasopressin, still with severe hypotension. She developed fixed dilated pupils overnight as well, and neurology is now consulted to evaluate for possible brain death. **Her temperature is currently 33.3 C, with a BP of 52/15, and a hemoglobin of 6.6.**

Review of Systems
Unable to obtain due to mental status.

Physical Exam

Vitals & Measurements
HR: 116 (Monitored) **RR:** 22 **RR:** [redacted] **P:** 68/18 **BP:** 114/88 (Line) **SpO2:** 38%
WT: 81.0 kg (Measured)
General: intubated patient with multiple lines.
HEENT: eyes are midline with negative oculocephalics and fixed 5mm pupils.
CV: regular rate and rhythm.
Pulmonary: on ventilator.
GI: post-surgical.
Skin: no rashes or lesions.

Neurologic Examination: CANNOT APPROPRIATELY ASSESS DUE TO VITALS AND METABOLIC ABNORMALITIES
Mental status: comatose, off sedation, GCS 3T.
Language: no language output, does not follow commands.
Cranial nerves: Pupils are fixed 5mm bilaterally, eyes are midline with negative oculocephalic movements, no response to threat. The corneal and gag reflexes are absent. Cold caloric reflex is absent. The brainstem shows no discernable function.
Motor: normal tone throughout. No movements to any stimulation, even noxious.
Reflexes: unable to elicit DTRs.
Sensory: No response to noxious stimulation throughout.
Coordination: cannot assess.
Gait: cannot assess.

Problem List/Past Medical History
Ongoing
- Acute pancreatitis
- Anxiety
- Benign HTN

Historical
- GI bleed

Procedure/Surgical History
- Laparotomy Exploratory Lvl 4 (09/29/2020)
- Enteros wwo w b includ ileum 44376 (EN) (02/07/2020)
- Gastric bypass
- Laparoscopic adjustable gastric banding

Medications
Inpatient
- albumin human 5% intravenous solution, 12.5 g= 250 mL, IV Piggyback, Every 4 hr, PRN
- Consult to Pharmacy, Maximally concentrate all IV drips, N/A, As Directed
- D10W 1,000 mL, 1000 mL, IV Continuous
- Dextrose 50% in Water intravenous solution, 12.5 g= 25 mL, IV Push, As Directed, PRN
- Dextrose 50% in Water intravenous solution, 25 g= 50 mL, IV Push, As Directed, PRN
- Dilaudid, 0.5 mg= 0.5 mL, IV Push, Every 6 hr while awake, PRN
- glucagon, 1 mg, IntraMuscular, As Directed, PRN
- glucose, 15 g= 1 EA, Oral, As Directed, PRN
- HumaLOG Regimen 1 Mild, 1. MILD Correction Regimen, SubCutaneous, Before meals and HS
- magnesium sulfate, 2 g= 50 mL, IV Piggyback, As Directed, PRN
- meropenem, 1000 mg= 50 mL, IV Piggyback, Every 12 hrs
- micafungin

[redacted]

Consultation Notes

Assessment/Plan

1. Acute respiratory failure (J96.00: Acute respiratory failure, unspecified whether with hypoxia or hypercapnia)
2. Severe sepsis (R65.20: Severe sepsis without septic shock)
3. DIC (disseminated intravascular coagulation) (D65: Disseminated intravascular coagulation [defibrination syndrome])
4. Lactic acidosis (E87.2: Acidosis)
5. SBO (small bowel obstruction) (K56.609: Unspecified intestinal obstruction, unspecified as to partial versus complete obstruction)
6. Acute blood loss anemia (D62: Acute posthemorrhagic anemia)
7. H/O gastric bypass (Z98.84: Bariatric surgery status)
8. Pneumobilia (K83.8: Other specified diseases of biliary tract)
9. Acute hypokalemia (E87.6: Hypokalemia)
10. Acute pancreatitis (K85.90: Acute pancreatitis without necrosis or infection, unspecified)
11. Acute hyperglycemia (R73.9: Hyperglycemia, unspecified)
12. Ascites (R18.8: Other ascites)
13. Benign HTN (I10: Essential (primary) hypertension)
14. Acute metabolic encephalopathy (G93.41: Metabolic encephalopathy)

The patient was evaluated for possible brain death today. However, she has significant hypotension (52/15), hypothermia (33.3 C), and anemia (Hgb 6.6). These abnormalities make the clinical determination of brain death inappropriate. I cannot conclude based on my examination today that the patient is indeed brain dead, though her prognosis may be poor. Further assessments and recommendations regarding brain death must wait until the patient is warm with normal vitals and correction of metabolic abnormalities. As such, any emergent medical or surgical treatments should be undertaken by the primary team and consultants as deemed necessary and medically appropriate.

I have reviewed all available labs, imaging, and diagnostics.
Palliative care encounter (Z51.5: Encounter for palliative care)

Thank you for inviting us to care for this patient. Please do not hesitate to contact us with any further questions or concerns, [redacted]

[redacted]

Time Spent/Data Reviewed:
More than 50% of the time was spent in face-to-face counseling, record review, and coordination of care.

norEPINEPHrine IV additive 32 mg [2 mcg/min] + dextrose 5% in water Drip. 218 mL
propofol IV additive 1,000 mg [5 mcg/kg/min] + Premix: 100 mL
Protonix, 40 mg, IV Push, BID
sodium bicarbonate 8.4% IV solution 150 mEq + dextrose 5% in water drip 850 mL
Sodium Chloride 0.9% intravenous solution 250 mL, 250 mL, IV Piggyback
Sodium Chloride 0.9% intravenous solution 250 mL, 250 mL, IV Piggyback
Sodium Chloride 0.9% intravenous solution 250 mL, 250 mL, IV Piggyback
Sodium Chloride 0.9% intravenous solution 250 mL, 250 mL, IV Piggyback
Sodium Chloride 0.9% intravenous solution 250 mL, 250 mL, IV Piggyback
Sodium Chloride 0.9% intravenous solution 250 mL, 250 mL, IV Piggyback
vasopressin IV additive 20 units [0.03 unit/min] + sodium chloride 0.9% drip 250 mL
Zofran, 4 mg= 2 mL, IV Push, Every 4 hr, PRN

Home
cloNIDine 0.3 mg oral tablet, 0.3 mg= 1 tabs, Oral, TID
diazePAM 10 mg oral tablet, 10 mg= 1 tabs, Oral, Every 6 hr, PRN
IBU 800 mg oral tablet, 800 mg= 1 tabs, Oral, Every 8 hrs, PRN

Allergies
morphine (Headache, Itching,Watering Eyes)

Social History
Alcohol
Denies use, 05/19/2018
Substance Use
Denies, 05/19/2018
Tobacco
Tobacco Use: Never (less than 100 in lifetime)., 09/28/2020
Tobacco Use: Never (less than 100 in lifetime)., 02/05/2020
Never smoker, 06/08/2018

Family History
Hypertension: Father and Grandmother (P).

Lab Results
RP-Source: Arterial (09/30/20 04:34:00)
Sodium-RP: 138.5 mmol/L (09/30/20 04:34:00)
Chloride-RP: 105 mmol/L (09/30/20 04:34:00)

[redacted]

[redacted]

Consultation Notes

Potassium-RP: 4.01 mmol/L (09/30/20 04:34:00)
Glucose-RP: 312 mg/dL High (09/30/20 04:34:00)
RP-Calcium Ionized: 0.73 mmol/L Low (09/30/20 04:34:00)
Lactic Acid-Respiratory: 12.45 mmol/L Critical (09/30/20 04:34:00)
pH - BG: 7.225 Critical (09/30/20 04:34:00)
Rp-pCO2: 30.2 mmHg Low (09/30/20 04:34:00)
PO2: 180.1 mmHg High (09/30/20 04:34:00)
HCO3: 12.2 mmol/L Low (09/30/20 04:34:00)
RP-Base Excess, BE: -14.1 mmol/L (09/30/19 04:34:00)
RP-O2 SAT (est) %: 98.3 % (09/30/20 04:34:00)
RP-02HB(Meas)%: 97.6 % (09/30/20 04:34:00)
THB: 5.8 g/dL Critical (09/30/20 04:34:00)
RP-COHB: 0.4 % (09/30/20 04:34:00)
RP-METHB: 0.3 % (09/30/20 04:34:00) RP-FIO2: 70 % (09/30/19 04:34:00)
RP - Mode: Ventilator-AC (09/30/20 04:34:00)
RP-Resp Rate: 30 (09/30/20 04:34:00)
RP-Tidal Vol: 350 mL (09/30/20 04:34:00)
RP-PEEP: 10 (09/30/19 04:34:00)
Draw Site- Respiratory: A Line (09/30/20 04:34:00)
Allen Test- Respiratory: NA (09/30/20 04:34:00)
Lidocaine Given?- Respiratory: No (09/30/20 04:34:00)
Hemoglobin: 5.4 g/dL Critical (09/30/20 11:45:00)
Hematocrit: 18.5 % Critical (09/30/20 11:45:00)
WBC: 2.08 K/uL Low (09/30/20 11:45:00)
Platelet Count: 35 K/uL Low (09/30/20 11:45:00)
PT - INR (Prothrombin Time): 26.4 seconds High (09/30/20 03:06:00)
International Normalized Ratio: 2.4 High (09/30/20 03:06:00)
PTT (Partial Thromb Time): 57.5 seconds High (09/30/20 03:06:00)
Sodium on Blood: 141 mmol/L (09/30/20 11:45:00)
Potassium on Blood: 5.2 mmol/L High (09/30/20 11:45:00)
Chloride on Blood: 97 mmol/L Low (09/30/20 11:45:00)
CO2 on Blood: 10 mmol/L Low (09/30/20 11:45:00)

[redacted]

[redacted]

Consultation Notes

Anion Gap: 34 High (09/30/20 11:45:00)
Glucose on Blood: 543 mg/dL Critical (09/30/20 11:45:00)
Creatinine on Blood: 2.3 mg/dL High (09/30/20 11:45:00)
BUN on Blood: 21 mg/dL High (09/30/20 11:45:00)
Calcium (Total): 6.6 mg/dL Low (09/30/20 11:45:00)
Phosphorus Level: 8.9 mg/dL High (09/30/20 11:45:00)
Total Protein on Blood: 3 g/dL Low (09/29/20 21:25:00)
Albumin on Blood: 1.3 g/dL Low (09/30/20 11:45:00)
Globulin: 1.5 g/dL Low (09/29/20 21:25:00)
ALT (SGPT) on Blood: 977 U/L High (09/29/20 21:25:00)
AST (SGOT) on Blood: 2139 U/L High (09/29/20 21:25:00)
AST/ALT Ratio: 2.2 ratio (09/29/20 21:25:00)
Alkaline Phosphatase on Blood: 67 U/L (09/29/20 21:25:00)
Total Bilirubin on Blood: 1.5 mg/dL (09/29/20 21:25:00)
Glucose Point of Care: 477 mg/dL Critical (09/30/20 11:57:00)

Diagnostics Results
Chest Single View XR

09/29/20 19:43:00
IMPRESSION:
Interval placement of a left-sided jugular central line with tip in good position. No pneumothorax.
Signed Electronically By: [redacted] - 038398 - 9/29/2020 8:00 PM

READ BY: [redacted]
ON: Sep 29 2020 7:59P
FINAL RESULT

****
Chest Single View XR

09/29/20 14:30:00
IMPRESSION:
New right internal jugular central venous catheter in good position.
Signed Electronically By: Dr. [redacted] - 133777 - 9/29/2020 2:48 PM

[redacted]

Consultation Notes

READ [redacted] ON: Sep 29 2020 2:47P
FINAL RESULT

****
Chest Single View XR

09/29/20 12:34:00
IMPRESSION:
1. Appropriately positioned lines and tubes.
2. Bilateral hypoventilatory changes are present.
Signed Electronically By: [redacted] - 173195 - 9/29/2020 12:47 PM

READ [redacted]
ON: Sep 29 2020 12:45P
FINAL RESULT

****
Abd Pel CT wo IV wo PO Con

09/28/20 22:55:00
IMPRESSION:
Interval development of moderate intra-abdominal and pelvic ascites with persistent diffuse marked dilatation of the biliary pancreatic portion of
the gastric bypass with segmental thickening of the proximal jejunum
further surgical evaluation recommended. Partial obstruction not
excluded, this of uncertain etiology
Signed Electronically By: Dr. [redacted] 039321 - 9/28/2020 11:07 PM

READ [redacted] ON: Sep 28 2020 11:02P
FINAL RESULT

****
Rug US

09/29/20 00:22:00
IMPRESSION:
1. Moderate to large ascites
2. Pneumobilia

[redacted]

Consultation Notes

Signed Electronically By: [redacted]
151662 - 9/29/2020 1:23 AM

READ [redacted] ON: Sep 29 2020 12:43A
FINAL RESULT

Cardiovascular Results
EKG Standard

09/28/20 21:04:00
[redacted].D.

****
EKG Standard

09/28/20 21:04:00
SINUS TACHYCARDIA WITH SHORT PR INTERVAL
LEFT VENTRICULAR HYPERTROPHY AND ST-T CHANGE
LEFT ATRIAL ABNORMALITY
ABNORMAL ECG

Electronically Signed on 09/30/2020 17:45

[redacted] A MD

Document Type: [redacted] Surgery Consultation
Service Date/Time: 9/29/2020 08:11 EDT
Result Status: Auth (Verified)
Document Subject: Free Text Note
Perform Information: [redacted] R MD (9/29/2020 08:12 EDT)
Sign Information: [redacted] R MD (9/29/2020 08:12 EDT)

Patient seen and examined. Full consult note to follow. In brief, this is a 46-year-old woman with hx open RNYGB with probable bowel obstruction from an internal hernia - patient has lactic acidosis in the setting of a rigid abdomen. High suspicion for ischemic bowel requiring emergent exploration. Lipase elevation may be secondary to significant distention of the biliopancreatic limb. Given patient's past surgical history we will proceed with emergent exploratory laparotomy, possible bowel resection, possible ostomy, possible open abdomen.

Electronically Signed on 09/29/2020 08:12

[redacted] R MD

Consultation Notes

Document Type:	Surgery Consultation
Service Date/Time:	9/29/2020 07:46 EDT
Result Status:	Auth (Verified)
Document Subject:	Consult Note
Perform Information:	[redacted] (9/29/2020 08:11 EDT)
Sign Information:	[redacted]/29/2020 20:06 EDT); [redacted] [redacted] (9/29/2020 09:17 EDT)

Chief Complaint
Abdominal pain , Nausea, Vomiting and diarrhea

Referring Physician
[redacted], MD

Reason for Consultation
Abdominal pain, elevated lactate

HPI
Mrs. [redacted]h is a 47-year-old woman with history of an abdominoplasty, open cholecystectomy, morbid obesity status post laparoscopic adjustable gastric band placement. Per her husband, [redacted]nd and she regained weight. She then underwent a open gastric bypass operation either in 2003 or 2013. [redacted]

Patient presents to the ED on Friday with a 2-week history of no bowel movements followed by worsening abdominal pain and vomiting. In the emergency department she was found to have a normal white blood cell count and an elevated lipase. She was hypertensive and was given Lopressor. Overnight patient became tachycardic with altered mental status and her blood pressure had decreased to 80s over 40s. CT scan was obtained which showed significantly dilated biliopancreatic limb with a moderate amount of ascites with pneumobilia. Lactate was checked and was elevated at 8.0. Her white blood cell count was normal.

ROS
Constitutional: No a[redacted]ess
Eye: No recent visual problems
ENMT: No ear pain, nasal congestion, sore throat
Respiratory: No shortness of breath, cough
Cardiovascular: No chest pain, palpitations, leg edema
Gastrointestinal: No nausea, vomiting, diarrhea
Genitourinary: No dysuria, hematuria
Hema/Lymph: Negative for bruising tendency, swollen lymph glands
Endocrine: Negative for excessive thirst or urination, heat or cold intolerance
Musculoskeletal: No back pain, joint pain, muscle pain
Integumentary: No rash, itching, abrasions
Neurologic: No history of fainting, memory loss,numbness
Psychiatric: No anxiety, depression
Allergic/Immun: No nasal allergies, itchy/red eyes, enlarged lymph nodes

Physical Exam

Vitals & Measurements
T: 34.9 °C (Oral) **T:** 34.6 °C (Temporal Artery) **TMIN:** 34.6 °C (Temporal Artery) **TMAX:** 34.9 °C (Oral) **HR:** 130 (Peripheral) **HR:** 96 (Monitored) **RR:** 25 **BP:** 102/60 **SpO2:** 98% **HT:** 152.4 cm **WT:** 70.4 kg (Measured) **BMI:** 29.75

General: Confused, in moderate acute distress distress
Respiratory : Normal respiratory effort, clear to auscultation
Cardiovascular: Tachycardic, regular no murmur or pedal edema

Problem List/Past Medical History
Ongoing
- Acute pancreatitis
- Anxiety
- Benign HTN

Historical
- GI bleed

Procedure/Surgical History
- Enteros wwo w b includ ileum 44376 (EN) (02/07/2020)
- Gastric bypass
- Laparoscopic adjustable gastric banding

Medications
Inpatient
- Colace, 100 mg= 1 cap, Oral, BID
- Dextrose 50% in Water intravenous solution, 12.5 g= 25 mL, IV Push, As Directed, PRN
- Dextrose 50% in Water intravenous solution, 25 g= 50 mL, IV Push, As Directed, PRN
- Dilaudid, 0.5 mg= 0.5 mL, IV Push, Every 3 hrs, PRN
- glucagon, 1 mg, IntraMuscular, As Directed, PRN
- glucose, 15 g= 1 EA, Oral, As Directed, PRN
- HumaLOG Regimen 1 Mild, 1. MILD Correction Regimen, SubCutaneous, Before meals and HS
- lactulose, 20 g= 30 mL, Oral, Every 6 hr, PRN
- morphine, 2 mg, IV Push, Every 4 hr, PRN
- NS (Sodium Chloride 0.9%) 1,000 mL, 1000 mL, IV Continuous
- Pepcid, 20 mg= 2 mL, IV Push, BID
- Restoril, 7.5 mg= 1 cap, Oral, Daily at bedtime, PRN
- Sodium Chloride 0.9% intravenous solution 250 mL, 250 mL, IV Piggyback
- Sodium Chloride 0.9% with KCl 20 mEq/L intravenous solution 1,000 mL, 1000 mL, IV Continuous

[redacted]

Consultation Notes

Gastrointestinal: Rigid abdomen with diffuse peritonitis. Healed Kocher incision, open midline incision, left lower quadrant incision (previous port placement), transverse pelvic incision from prior abdominoplasty
Musculoskeletal: No digital clubbing or cyanosis, Gait Normal
Skin: Skin is warm, no rashes or lesions

Clinical Images
None

Assessment/Plan
1. SBO (small bowel obstruction) (K56.609: Unspecified intestinal obstruction, unspecified as to partial versus complete obstruction)
47 year-old woman with probable bowel obstruction with elevated lactate and rigid abdomen. High suspicion for ischemic bowel requiring emergent exploration. Lipase elevation may be secondary to significant distention of the biliopancreatic limb. This may all be secondary to an internal hernia. Given patient's past surgical history we will proceed with emergent exploratory laparotomy, possible bowel resection, possible ostomy, possible open abdomen.

Likely the patient has obstruction of the biliopancreatic limb causing a backflow into the biliary tree as well as into the pancreas and obviously elevating the pancreatic enzymes.
Since the patient had previous open cholecystectomy, open LAP-BAND, open gastric bypass plans are made for open laparotomy, lysis of adhesions possible bowel resection and any other indicated procedures.
There is been discussed in detail with the husband.

I, [redacted] personally saw the patient., performed the history and physical examination. I initiated the course of treatment/diagnosis and directly supervised the services. This note accurately reflects work and decisions made by me.
2. H/O gastric bypass (Z98.84: Bariatric surgery status)
Status post conversion to gastric bypass after failed laparoscopic gastric band placement
3. Severe sepsis (R65.20: Severe seps[redacted] shock)
Improving with antibiotics and IV fluid resuscitation
4. Pneumobilia (K83.8: Other specified diseases of biliary tract)
Concern for bowel ischemia given this finding on CT scan
5. Lactic acidosis (E87.2: Acidosis)
Concern for bowel ischemia, continue to trend and aggressively rehydrate.
7. Acute pancreatitis (K85.90: Acute pancreatitis without necrosis or infection, unspecified)
Lipase elevation is likely secondary to distention of the biliopancreatic limb versus primary pancreatitis
9. Ascites (R18.8: Other ascites)
Likely secondary to bowel ischemia
Orders:
Witness Surgical Consent, 09/29/20 7:28:00 EDT, Exploratory laparotomy, possible bowel resection, possible ostomy, possible open abdomen

Tylenol, 650 mg= 2 tabs, Oral, Every 6 hr, PRN
Zofran, 4 mg= 2 mL, IV Push, Every 6 hr, PRN
Zosyn, 3.375 g= 50 mL, IV Piggyback, Every 8 hrs

Home
cloNIDine 0.3 mg oral tablet, 0.3 mg= 1 tabs, Oral, TID
diazePAM 10 mg oral tablet, 10 mg= 1 tabs, Oral, Every 6 hr, PRN
IBU 800 mg oral tablet, 800 mg= 1 tabs, Oral, Every 8 hrs, PRN

Allergies
morphine (Headache, Itching,Watering Eyes)

Social History
Alcohol
Denies use, 05/19/2018
Substance Use
Denies, 05/19/2018
Tobacco
Tobacco Use: Never (less than 100 in lifetime)., 09/28/2020
Tobacco Use: Never (less than 100 in lifetime)., 02/05/2020
Never smoker, 06/08/2018

Family History
Hypertension: Father and Grandmother (P).

Lab Results
Hemoglobin: 13.8 g/dL (09/29/20 04:52:00)
Hematocrit: 46.3 % High (09/29/20 04:52:00)
WBC: 3.69 K/uL (09/29/20 04:52:00) Platelet Count: 281 K/uL (09/29/20 04:52:00) Sodium on Blood: 144 mmol/L (09/28/20 22:05:00)
Potassium on Blood: 2.8 mmol/L Low (09/28/20 22:05:00)
Chloride on Blood: 113 mmol/L High (09/28/20 22:05:00)
CO2 on Blood: 19 mmol/L Low (09/28/20 22:05:00)
Anion Gap: 12 (09/28/20 22:05:00)
Glucose on Blood: 210 mg/dL High (09/28/20 22:05:00)
Creatinine on Blood: 0.98 mg/dL (09/28/20 22:05:00)
BUN on Blood: 23 mg/dL High (09/28/20 22:05:00)
Calcium (Total): 8.4 mg/dL Low (09/29/20 02:20:00)
Total Protein on Blood: 6.4 g/dL (09/28/20 22:05:00)
Albumin on Blood: 3.1 g/dL Low (09/28/20

Consultation Notes

22:05:00)
Globulin: 3.3 g/dL (09/28/20 22:05:00)
ALT (SGPT) on Blood: 22 U/L (09/28/20 22:05:00)
AST (SGOT) on Blood: 42 U/L High (09/28/20 22:05:00)
AST/ALT Ratio: 1.9 ratio (09/28/20 22:05:00)
Alkaline Phosphatase on Blood: 75 U/L (09/28/20 22:05:00)
Total Bilirubin on Blood: 0.5 mg/dL (09/28/20 22:05:00)
Bilirubin (Direct): 0.2 mg/dL (09/28/20 22:05:00)
Bilirubin, Indirect: 0.3 mg/dL (09/28/20 22:05:00)
Lactic Acid (Lactate): 8 mmol/L Critical (09/29/20 04:52:00)
Troponin I (Quant): <0.02 (09/28/20 22:05:00)
Cholesterol Level: 174 mg/dL (09/29/20 02:20:00)
Triglycerides: 64 mg/dL (09/29/20 02:20:00)
HDL Cholesterol: 73 mg/dL High (09/29/20 02:20:00)
Cholesterol/HDL Ratio: 2.4 ratio (09/29/20 02:20:00)
LDL: 88 mg/dL (09/29/20 02:20:00) Glucose Point of Care: <10 Critical (09/29/20 07:44:00)
Color - UR: Yellow (09/28/20 23:46:00)
Appearance-Ur: Clear (09/28/20 23:46:00)
Glucose - Urine: Negative Hem (09/28/20 23:46:00)
Bilirubin - UR: Negative Hem (09/28/20 23:46:00)
Acetone (Ketones)-Urine: 15 Abnormal (09/28/20 23:46:00)
Specific Gravity: >=1.030 (09/28/20 23:46:00)
Blood: Negative Hem (09/28/20 23:46:00)
PH in Urine: 5.5 (09/28/20 23:46:00) Protein, UR SCR: 100 Abnormal (09/28/20 23:46:00)
Urobilinogen: 0.2 (09/28/20 23:46:00) Nitrite: Negative Hem (09/28/20 23:46:00)
Leukocyte Esterase: Negative Hem (09/28/20 23:46:00)
WBCs - UR: 0 (09/28/20 23:46:00)
RBCs - UR: 0 (09/28/20 23:46:00)
Squamous Epithelial Cells: 5 (09/28/20 23:46:00)
Bacteria: Few Ser Abnormal (09/28/20 23:46:00)

Pathology
Most Recent/Last 24 Hours

Consultation Notes

Diagnostics Results
Abd Pel CT wo IV wo PO Con

09/28/20 22:55:00
IMPRESSION:
Interval development of moderate
intra-abdominal and pelvic ascites with
persistent diffuse marked dilatation of the
biliary pancreatic portion of
the gastric bypass with segmental thickening
of the proximal jejunum
further surgical evaluation recommended.
Partial obstruction not
excluded, this of uncertain etiology
Signed Electronically By: Dr. [redacted] 039321 - 9/28/2020 11:07
PM

READ BY: [redacted] ON: Sep 28
2020 11:02P
FINAL RESULT

****
Ruq US

09/29/20 00:22:00
IMPRESSION:
1. Moderate to large ascites
2. Pneumobilia
Signed Electronically By: Dr [redacted]
151662 - 9/29/2020 1:23 AM

READ BY [redacted] ON: Sep 29 2020
12:43A
FINAL RESULT

Electronically Signed on 09/29/2020 20:06

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[redacted] M

Electronically Signed on 09/29/2020 09:17

_____

[redacted] MD

[redacted] [redacted]
[redacted] [redacted]
[redacted]

[redacted] [redacted]
[redacted]: **9/30/2020**

Multidisciplinary Progress Notes

Document Type:	Case Manager Progress Note
Service Date/Time:	10/1/2020 08:19 EDT
Result Status:	Auth (Verified)
Document Subject:	DISCHARGE
Perform Information: [redacted]	[redacted] (10/1/2020 08:19 EDT)
Sign Information:	[redacted] (10/1/2020 08:19 EDT)

PT EXPIRED ON 9/30/20 AT 13:49. D/C DISPOSITION COMPLETED.

Electronically Signed on 10/01/2020 08:19

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[redacted]

Document Type:	Case Manager Progress Note
Service Date/Time:	9/30/2020 12:51 EDT
Result Status:	Auth (Verified)
Document Subject:	Assessment
Perform Information:	[redacted] in (9/30/2020 12:53 EDT)
Sign Information:	[redacted] n (9/30/2020 12:53 EDT)

SW unable to complete assessment at this time. Pt is incapacitated to make medical decisions at this time. Observed pts family at bedside and in distress about pts current condition. SW introduced self and role and provided contact information. SW to continue to follow.

Electronically Signed on 09/30/2020 12:53

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[redacted]

Document Type:	Interdisciplinary Rounding Summary Note
Service Date/Time:	9/30/2020 10:12 EDT
Result Status:	Auth (Verified)
Document Subject:	Interdisciplinary Rounding Documentation
Perform Information:	[redacted] E RN (9/30/2020 10:12 EDT)
Sign Information:	[redacted] E RN (9/30/2020 10:12 EDT)

Patient/Family/Caregiver Concerns:

Interdisciplinary Concerns:

Goals/Plans for Today:

consult neurology to evaluate for brain death, EEG ordered; transfuse 2 units PRBC & 1unit PLT, ID started patient on merrem and micafungin today, CRRT, paracentesis, palliative care consult.

Barriers to Discharge/Discharge Needs:

Multidisciplinary Progress Notes

Document Type:	Interdisciplinary Rounding Summary Note
Service Date/Time:	9/30/2020 10:12 EDT
Result Status:	Auth (Verified)
Document Subject:	Interdisciplinary Round Attendance
Perform Information:	[redacted] E RN (9/30/2020 10:12 EDT)
Sign Information:	[redacted] E RN (9/30/2020 10:12 EDT)

Interdisciplinary Round Attendance Entered On: 09/30/2020 10:12 EDT
Performed On: 09/30/2020 10:12 EDT[redacted] RN

Interdisciplinary Round Attendance
Interdisciplinary Rounding Attendance : Social Worker, Physician, Nurse, Nursing Leader, Pharmacist, Dietician, Respiratory Therapist, Palliative care
Addl Team Member Present Team Conference : UR RN

[redacted] RN - 09/30/2020 10:12 EDT
[redacted]
[redacted]

Document Type:	Nursing Narrative Note
Service Date/Time:	9/30/2020 13:35 EDT
Result Status:	Auth (Verified)
Document Subject:	code at this time.
Perform Information:	[redacted] K RN (9/30/2020 15:00 EDT)
Sign Information:	[redacted] K RN (9/30/2020 15:00 EDT)

patient noted, no pulse initially, for confirming with doppler checked the carotid pulse, which was very feeble, then within seconds patient becoe brady and asystole., called code, see code sheet for detailed documentation.

Electronically Signed on 09/30/2020 15:00

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[redacted] K RN

Document Type:	Nursing Narrative Note
Service Date/Time:	9/30/2020 10:45 EDT
Result Status:	Auth (Verified)
Document Subject:	[redacted] at bedside.
Perform Information:	[redacted] RN (9/30/2020 10:47 EDT)
Sign Information:	[redacted] RN (9/30/2020 10:47 EDT)

Dr [redacted] explained everything to the family, as per the healthsurrogate, patients husband, wants everything to be done.

Electronically Signed on 09/30/2020 10:47

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[redacted] RN

Multidisciplinary Progress Notes

Document Type:	Nursing Narrative Note
Service Date/Time:	9/30/2020 10:33 EDT
Result Status:	Auth (Verified)
Document Subject:	[redacted] discussed with Neurology
Perform Information:	[redacted]30/2020 10:37 EDT) RN
Sign Information:	[redacted] (9/30/2020 10:37 EDT)

Neurology consult placed by Dr. [redacted] a just spoken to him, made aware about the consult as well as the situation what is gong on with the patient.,He said he will come and evaluate the patient soon.

Electronically Signed on 09/30/2020 10:37

[redacted]

Document Type:	Nursing Narrative Note
Service Date/Time:	9/30/2020 08:00 EDT
Result Status:	Auth (Verified)
Document Subject:	Initial assessment note
Perform Information:	[redacted]RN (9/30/2020 10:44 EDT)
Sign Information:	[redacted] RN (9/30/2020 10:44 EDT)

Received the patient from Night shift RN, patient was on CRRT, due to low BP, unable to continue the CRRT, D/C the HD[redacted] made aware about the situation as well as the dialysis unit also.
Dr [redacted] is informed, he ordered to increase the levophed and vasopressors to titrate to maximum dose now, which is done.
levo at 200 mics, and vasopressin at 0.04.
Patient is in comatose state now. no response, no gag or corneal reflex, pupils are fully dilated and fixed..
All consults including the primary M made aware about the situations.
Skin condition unable to assess fully, patient is so critical to turn.
Due to the critical situation of the patient , even unable to transfer the patient to do any CT scan or MRI of the Brain. .

Electronically Signed on 09/30/2020 10:44

[redacted]

Document Type:	Nursing Narrative Note
Service Date/Time:	9/30/2020 05:35 EDT
Result Status:	Auth (Verified)
Document Subject:	chest xray
Perform Information:	[redacted]RN (9/30/2020 19:23 EDT)
Sign Information:	[redacted] RN (9/30/2020 19:23 EDT)

Multidisciplinary Progress Notes

d dr.[redacted] cancelled morning chest xray " stated that the patient is to critical to move at this time. 'information passed on to the day shift nurse.

unable to turn the patient q2 due to the patient being unstable. information passed on to the day shift nurse.

Electronically Signed on 09/30/2020 19:23

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[redacted] RN

Document Type: Nursing Narrative Note
Service Date/Time: 9/30/2020 05:12 EDT
Result Status: Auth (Verified)
Document Subject: dr.tavangari
Perform Information: [redacted] e RN (9/30/2020 05:15 EDT)
Sign Information: [redacted] RN (9/30/2020 05:15 EDT)

dr.[redacted] called back and i explained in detail the patient current condition, dr.[redacted] verbalize understanding and stated that he wants me to transfer him to d[redacted] call was transfered.

Electronically Signed on 09/30/2020 05:15

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[redacted] RN

Document Type: Nursing Narrative Note
Service Date/Time: 9/30/2020 04:43 EDT
Result Status: Auth (Verified)
Document Subject: abg
Perform Information: [redacted] RN (9/30/2020 04:44 EDT)
Sign Information: [redacted] RN (9/30/2020 04:44 EDT)

dr.[redacted] called back with the patient abg results and informed me due to the hgb being 5 to give the patient a pack of plaletes and to call surgery to notify them of the drop in hgb.

Electronically Signed on 09/30/2020 04:44

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[redacted] RN

Document Type: Nursing Narrative Note
Service Date/Time: 9/30/2020 04:22 EDT
Result Status: Auth (Verified)
Document Subject: fixed pupils
Perform Information: [redacted] RN (9/30/2020 04:24 EDT)
Sign Information: [redacted] RN (9/30/2020 04:24 EDT)

Multidisciplinary Progress Notes

dr.johri called due to the fact that at this time for 0400 assessment the patient pupils look fixed. dr[redacted] informed me to order an abg for now and a chest xray for the morning. continue to monitor the patient. infuse blood over 1 hr each pack.

Electronically Signed on 09/30/2020 04:24
[redacted] RN

Document Type: Nursing Narrative Note
Service Date/Time: 9/30/2020 03:48 EDT
Result Status: Auth (Verified)
Document Subject: dr.farias
Perform Information: Ar[redacted] RN (9/30/2020 03:53 EDT)
Sign Information: [redacted] RN (9/30/2020 03:53 EDT)

dr.[redacted] called in regards to the patient fluid volume status (the sbar method was use to update the doctor on the patient status.) dr.[redacted]s is aware that i am unable to remove fluid and or keep the patient in a zero balance, primarily because the patient is requiring high doses of pressors. dr.[redacted] stated thank you for the call and no new changes at this time.

Electronically Signed on 09[redacted]
[redacted]

Document Type: Nursing Narrative Note
Service Date/Time: 9/30/2020 02:17 EDT
Result Status: Auth (Verified) decrease
Document Subject: drainage output
Perform Information: [redacted]e RN (9/30/2020 02:35 EDT)
Sign Information: [redacted]e RN (9/30/2020 02:35 EDT)

Dr[redacted] a service called in regards to the patient output has decrease from her abdominal and her jp site. Dr.[redacted] CALLED BACK AND I INFORMED HIM OF THE DECREASE IN DRAINAGE HE TOLD ME NO NEW ORDERS AT THIS TIME AND TO CALL HIM BACK IF THE DRAINAGE IN THE JP TURNS TO the same bile like color thats in the foley cath thats connected to the abdomen. i verbalize understanding.Dr.[redacted] is also area that the patient is on 60 mcg of levo double concentration. no new orders at this time.

Electronically Signed on 09/30/2020 02:35
[redacted] RN

Document Type: Nursing Narrative Note
Service Date/Time: 9/30/2020 00:14 EDT
Result Status: Auth (Verified)
Document Subject: abg
Perform Information: [redacted] RN (9/30/2020 00:14 EDT)
Sign Information: [redacted] RN (9/30/2020 00:14 EDT)

Multidisciplinary Progress Notes

dr.[redacted] aware of abg nothing new at this time.

Electronically Signed on 09/30/2020 00:14

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[redacted] RN

Document Type:	Nursing Narrative Note
Service Date/Time:	9/29/2020 22:20 EDT
Result Status:	Auth (Verified)
Document Subject:	cuff and aline
Perform Information:	[redacted] RN (9/29/2020 22:21 EDT)
Sign Information:	[redacted] RN (9/29/2020 22:21 EDT)

dr.johri is aware that the patietn bloodure cuff and aline are not correlating at all. per dr.[redacted] follow and titrate medications based off the aline pressure.

Electronically Signed on 09/29/2020 22:21

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[redacted] RN [redacted]

[redacted]

Document Type:	Nursing Narrative Note
Service Date/Time:	9/29/2020 21:50 EDT
Result Status:	Auth (Verified)
Document Subject:	DR.[redacted]
Perform Information:	[redacted] RN (9/29/2020 21:51 EDT)
Sign Information:	[redacted] RN (9/29/2020 21:51 EDT)

Dr[redacted] called at 20:52 in regards to the patient blood pressure dropping while on 50 mcg of levo,

Electronically Signed [redacted] 9/29/2020 21:51

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[redacted] RN

Multidisciplinary Progress Notes

Document Type: Nursing Narrative Note
Service Date/Time: 9/29/2020 09:00 EDT
Result Status: Auth (Verified)
Document Subject: morning rounds- surgery
Perform Information: [redacted] l RN (9/29/2020 09:41 EDT)
Sign Information: [redacted] l RN (9/29/2020 09:41 EDT)

patient to be transported to OR now, consents reviewed and signed with husband. physicians at bedside. 2 units of blood on call to OR and ready. fluids and monitor to be transported with patient, hypoglycemia resolved prior to transfer. orders and history reviewed with OR nurse.

Electronically Signed on 09/29/2020 09:41

[redacted] RN

Document Type: Nursing Narrative Note
Service Date/Time: 9/29/2020 04:19 EDT
Result Status: [redacted] Auth (Verified)
Document Subject:
Perform Information [redacted] [redacted] M RN (9/29/2020 07:59 EDT) a
Sign Information: [redacted] M RN (9/29/2020 07:59 EDT)

pt become confused. bp 80/50, 85%, hr 106, RR20. . Code Rescue was called

Electronically Signed on 09/29/2020 07:59

[redacted] RN

Document Type: [redacted] Nursing Narrative Note
Service Date/Time: 9/29/2020 03:40 EDT
Result Status: Auth (Verified)
Document Subject:
Perform Information: [redacted] M RN (9/29/2020 07:54 EDT)
Sign Information: [redacted] M RN (9/29/2020 07:54 EDT)

pt remains cold and diaphoretic. temp 34.6, bp 95/32 o2 98%. MD was made aware. more blankets were given at this time and room temperature was increased. no additional orders given at this time. continue to monitor

Electronically Signed on 09/29/2020 07:54

Sanchez, Maria M RN

Document Type: Nursing Narrative Note
Service Date/Time: 9/29/2020 03:33 EDT
Result Status: Auth (Verified)
Document Subject:
Perform Information: [redacted] RN (9/29/2020 07:42 EDT)
Sign Information: [redacted] RN (9/29/2020 07:42 EDT)

Multidisciplinary Progress Notes

pt remains cold and diaphoretic. current temp 34.3. MD was made aware. no orders were given at this time. continue to monitor and reassess temp.

Electronically Signed on 09/29/2020 07:42

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[redacted] M RN

Document Type:	Nursing Narrative Note
Service Date/Time:	9/29/2020 02:08 EDT
Result Status:	Auth (Verified)
Document Subject:	
Perform Information:	[redacted] RN (9/29/2020 07:40 EDT)
Sign Information:	[redacted] RN (9/29/2020 07:40 EDT)

pt is cold and diaphoretic. BP 127/88, temp 34.5, o2 95%, HR 112. pt stated she is in extreme pain. warm blankets were given to pt at this time. called MD and made aware of pt current conditions. orders for additional dose of 0.5mg of Dilaudid was given as well as to continue to monitor Temp. will reassess temp and call MD with results.

Electronically Signed on 09/29/2020 07:40

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[redacted] RN

Document Type:	Nutrition Note
Service Date/Time:	9/30/2020 12:30 EDT
Result Status:	Auth (Verified)
Document Subject:	Nutrition Note
Perform Information:	[redacted] (9/30/2020 13:24 EDT)
Sign Information:	[redacted] (9/30/2020 14:04 EDT)

Nutrition Risk Level
Nutrition screen MST score of 2

Assessment and Monitoring
47 year old female S/P E-Lap Small bowel resection, lysis of adhesions, gastrostomy tube placement. Intubated. Unresponsive per MD notes. HX: gastric Bypass, gastric band,
GI Bleed, HTN.Intubated. Chart reviewed. Medical status noted per discussion during rounds. Wt noted, increased. Lab: increased Bun/creatinine. Renal following Hyperglycemia/insulin.
Skin: Mottled, cold,dry per RN assessment.

Nutrition Diagnosis
Problem #1 - IDNT Diagnosis: Inadequate energy intake (09/30/20 12:53:00)
Problem #1 - IDNT Inadequate Energy Intake: Other: related to disease state (09/30/20 12:53:00)
Problem #1 - IDNT As Evidenced by: patient NPO (09/30/20 12:53:00)

Nutrition Goals
Meet 80% or more of needs - Nutrition Goal Status: Active (09/30/20 12:53:00)

Admitting Diagnosis
No qualifying data available.

Problem List/Past Medical History
Ongoing
- Acute pancreatitis
- Anxiety
- Benign HTN

Historical
- GI bleed

Procedure/Surgical History
- Laparotomy Exploratory Lvl 4 (09/29/2020)
- Enteros wwo w b includ ileum 44376 (EN) (02/07/2020)
- Gastric bypass
- Laparoscopic adjustable gastric banding

Social History
Alcohol
Denies use, 05/19/2018
Substance Use Denies, 05/19/2018
Tobacco

Multidisciplinary Progress Notes

Nutrition Calorie Count
No qualifying data available.

Nutrition Interventions/Education
Monitor patient progress.
Followup based on status change/clinical judgment.

Estimated Needs
(Based on 50kg)
Calories:1250-1500 (25-30 kcal/kg)
Protein:60 grams (1.2 grams/kg as tolerated)
Fluid: per MD

Anthropometrics
Height/Length Measured: 152.4 cm (09/29/20 07:53:00)
Actual Weight: 81 kg (09/29/20 21:40:00
9/28 69.1kg

BMI 29.75 with 69.1kg
DBW +10%: 50kg

Tobacco Use: Never (less than 100 in lifetime)., 09/28/2020
Tobacco Use: Never (less than 100 in lifetime)., 02/05/2020
Never smoker, 06/08/2018

Family History
Hypertension: Father and Grandmother (P).

Diet Order
NPO - Ordered
-- 09/29/20 1:39:00 EDT, No Exceptions

Allergies
morphine (Headache, Itching,Watering Eyes)

Lab Results
Creatinine on Blood: 1.9 mg/dL High (09/30/20 03:06:00)
Phosphorus Level: 7.5 mg/dL High (09/30/20 03:06:00)
Magnesium Level: 2.1 mg/dL (09/30/20 03:06:00)
WBC: 2.08 K/uL Low (09/30/20 11:45:00)
MCV: 96.4 fL (09/30/20 11:45:00)
Hematocrit: 18.5 % Critical (09/30/20 11:45:00)
Hemoglobin: 5.4 g/dL Critical (09/30/20 11:45:00)

Medications
Inpatient
- albumin human 5% intravenous solution, 12.5 g= 250 mL, IV Piggyback, Every 4 hr, PRN
- Consult to Pharmacy, Maximally concentrate all IV drips, N/A, As Directed
- D10W 1,000 mL, 1000 mL, IV Continuous
- Dextrose 50% in Water intravenous solution, 12.5 g= 25 mL, IV Push, As Directed, PRN
- Dextrose 50% in Water intravenous solution, 25 g= 50 mL, IV Push, As Directed, PRN
- Dilaudid, 0.5 mg= 0.5 mL, IV Push, Every 6 hr while awake, PRN
- glucagon, 1 mg, IntraMuscular, As Directed, PRN
- glucose, 15 g= 1 EA, Oral, As Directed, PRN
- HumaLOG Regimen 1 Mild, 1. MILD Correction Regimen, SubCutaneous, Before meals and HS
- magnesium sulfate, 2 g= 50 mL, IV Piggyback, As Directed, PRN
- meropenem, 1000 mg= 50 mL, IV Piggyback, Every 12 hrs
- micafungin
- norEPINEPHrine IV additive 32 mg [2 mcg/min] + dextrose 5% in water Drip. 218 mL
- propofol IV additive 1,000 mg [5 mcg/kg/min] + Premix: 100 mL
- Protonix, 40 mg, IV Push, BID
- sodium bicarbonate 8.4% IV solution 150 mEq + dextrose 5% in water drip 850 mL
- Sodium Chloride 0.9% intravenous solution 250 mL, 250 mL, IV Piggyback
- Sodium Chloride 0.9% intravenous solution 250 mL, 250 mL, IV Piggyback
- Sodium Chloride 0.9% intravenous solution 250 mL, 250 mL, IV Piggyback
- Sodium Chloride 0.9% intravenous solution 250 mL, 250 mL, IV Piggyback

Multidisciplinary Progress Notes

Sodium Chloride 0.9% intravenous solution 250 mL, 250 mL, IV Piggyback
Sodium Chloride 0.9% intravenous solution 250 mL, 250 mL, IV Piggyback
vasopressin IV additive 20 units [0.03 unit/min] + sodium chloride 0.9% drip 250 mL
Zofran, 4 mg= 2 mL, IV Push, Every 4 hr, PRN

Electronically Signed on 09/30/2020 14:04

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[redacted] RD

Document Type:	Respiratory Therapy Progress Note
Service Date/Time:	9/29/2020 20:07 EDT
Result Status:	Auth (Verified)
Document Subject:	ASSESSMENT
Perform Information:	[redacted] (9/29/2020 20:09 EDT)
Sign Information:	[redacted] (9/29/2020 20:09 EDT)

PATIENT RECEIVED ON AC MODE NO SIGN OF RESPIRATORY DISTRESS NOTED AT THIS MOMENT ,BBS ,ETT SECURED AMBU BAG AT BED SIDE ALARMS VERIFIED

Electronically Signed on 09/29/2020 20:09

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[redacted]

Document Type:	Respiratory Therapy Progress Note
Service Date/Time:	9/29/2020 12:03 EDT
Result Status:	Auth (Verified)
Document Subject:	admission of patient
Perform Information:	[redacted] (9/29/2020 18:29 EDT)
Sign Information:	[redacted] a R RT (9/29/2020 18:29 EDT)

pt received from O.R ALREADY intubated via ambu with O2. PLACED ON ABOVE SETTING. DR PUIG AT BEDSIDE. PT VERY UNSTABLE. L RADIAL ALINE IN PLACED ATTACHED TO MONITOR GOOD WAVEFORM. PT PERIPHERALS VRY COLD. SAT PROBES ON SEVERAL AREAS. UNABLE TO GET CONSTANT SAT READINGS. CHEST XRAY ANF ABGS PENDING.

Electronically Signed on 09/29/2020 18:29

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[redacted] R RT

Therapeutic Notes

***** Clinical Documentation Content on Following Page *****

[redacted]

* Auth (Verified) *

CROSSMATCH TRANSFUSION SLIP

Patient: Smith, [redacted]

MRN: 978183

DOB: 07/23/1973

HBID: 8451787

Physician: [redacted]

Location:

Accession: 002-19-271-0803

Patient ABO/Rh: B POS

Product number: W036819465259

Product ABO/Rh: B POS

Product type: Red Blood Cells Leukoreduced

Product expiration: 10/26/2020 23:59

Product Volume: 376 mL

Crossmatch interp: Compatible

Crossmatch tech: [redacted]

Crossmatch date/time: 09/30/2020 04:00

LEUKOREDUCED:	____	IRRADIATED:	____	CMV NEG:	____	HGB S NEG:	____
AUTOLOGOUS:	____	DIRECTED:	____	HLA TYPED:	____	BGA DEFICIENT:	____

COMMENT: _____

BEFORE STARTING TRANSFUSION, I CERTIFY THAT I HAVE IDENTIFIED THE RECIPIENT BY INSPECTION OF THE WRISTBANDS AND THAT THE NAME, DOB AND MED RECORD NUMBER ARE THE SAME AS ON THIS FORM. I FURTHER CERTIFY THAT THE DONOR UNIT LABEL HAS THE SAME UNIT NUMBER, ABO GROUP, AND RH AS STATED ON THIS FORM.

TRANSFUSIONIST _____ TIME STARTED _____

[redacted]

TRANSFUSIONIST _____ TIME ENDED _____

Issue Time: 0640

Transfuse within 4 hours

[redacted]

[redacted]

RECEIVED AS IS

[redacted]

[redacted]

* Auth (Verified) *

COMPONENT TRANSFUSION SLIP

Patient: [redacted]

MRN: 978183

DOB: 07/23/1973

BBID: T151787

Location: [redacted]

Patient ABO/Rh: B POS

Product number: W239619031301

Product ABO/Rh: B POS

Product type: Thawed Pooled Cryoprecitate 5 Units Open

Product expiration: 09/30/2020 09:19

Product Volume: 114 mL

Prepared by: [redacted]

Prepared date/time: 09/30/2020 05:21

LEUKOREDUCED:	____	IRRADIATED:	____	CMV NEG:	____	HGB S NEG:	____
AUTOLOGOUS:	____	DIRECTED:	____	HLA TYPED:	____	IGA DEFICIENT:	____

COMMENT: _____

BEFORE STARTING TRANSFUSION, I CERTIFY THAT I HAVE IDENTIFIED THE RECIPIENT BY INSPECTION OF THE WRISTBANDS AND THAT THE NAME, DOB AND MED RECORD NUMBER ARE THE SAME AS ON THIS FORM. I FURTHER CERTIFY THAT THE DONOR UNIT LABEL HAS THE SAME UNIT NUMBER, ABO GROUP, AND RH AS STATED ON THIS FORM.

_____ _____
TRANSFUSIONIST TIME STARTED

_____
WITNESS

_____ _____
TRANSFUSIONIST TIME ENDED

Issue Time: _____
Transfuse within 4 hours

[redacted]

[redacted]

RECEIVED AS IS

[redacted]

[redacted]

* Auth (Verified) *

COMPONENT TRANSFUSION SLIP

Patient: [redacted]

MRN: 978183

DOB: 07/23/1973

BBID: T451787

Location: [redacted]

Patient ABO/Rh: B POS

Product number: W036819730160

Product ABO/Rh: O POS

Product type: Apheresis Platelets Leukoreduced Irr

Product expiration: 10/01/2020 23:59

Product Volume: 216 mL

Prepared by: [redacted]

Prepared date/time: 09/30/2020 04:48

LEUKOREDUCED:	____	IRRADIATED:	____	CMV NEG:	____	HGB S NEG:	____
AUTOLOGOUS:	____	DIRECTED:	____	HLA TYPED:	____	IGA DEFICIENT:	____

COMMENT: _____

BEFORE STARTING TRANSFUSION, I CERTIFY THAT I HAVE IDENTIFIED THE RECIPIENT BY INSPECTION OF THE WRISTBANDS AND THAT THE NAME, DOB AND MED RECORD NUMBER ARE THE SAME AS ON THIS FORM. I FURTHER CERTIFY THAT THE DONOR UNIT LABEL HAS THE SAME UNIT NUMBER, ABO GROUP, AND RH AS STATED ON THIS FORM.

_____ _____
TRANSFUSIONIST TIME STARTED

_____
WITNESS

_____ _____
TRANSFUSIONIST TIME ENDED

Issue Time: 0514
Transfuse within 4 hours

[redacted]

[redacted]

RECEIVED AS IS

[redacted]

[redacted]

* Auth (Verified) *

COMPONENT TRANSFUSION SLIP

RECEIVED AS IS

Patient: [redacted]

978183

DOB: 07/23/1973

BBID: T451787

Location: [redacted]

Patient ABO/Rh: B POS

Product number: W036819298603

Product ABO/Rh: B POS

Product type: Thawed Plasma

Product expiration: 10/04/2020 23:59

Product Volume: 345 mL

Prepared by:

Prepared date/time: 09/29/2020 23:23

LEUKOREDUCED:	____	IRRADIATED:	____	CMV NEG:	____	HGB S NEG:	____
AUTOLOGOUS:	____	DIRECTED:	____	HLA TYPED:	____	IGA DEFICIENT:	____

COMMENT: _____

BEFORE STARTING TRANSFUSION, I CERTIFY THAT I HAVE IDENTIFIED THE RECIPIENT BY INSPECTION OF THE WRISTBANDS AND THAT THE NAME, DOB AND MED RECORD NUMBER ARE THE SAME AS ON THIS FORM. I FURTHER CERTIFY THAT THE DONOR UNIT LABEL HAS THE SAME UNIT NUMBER, ABO GROUP, AND RH AS STATED ON THIS FORM.

_____ _____
TRANSFUSIONIST TIME STARTED

_____
WITNESS

_____ _____
TRANSFUSIONIST TIME ENDED

Time: 2326

Transfuse within 4 hours

[redacted]

[redacted]

[redacted]

* Auth (Verified) *

RECEIVED AS IS

COMPONENT TRANSFUSION SLIP

atient: [redacted]

N: 978183

B: 07/23/1973

BBID: T451787

Location: [redacted]

Patient ABO/Rh: B POS

Product number: W036819145967

Product ABO/Rh: B POS

Product type: Thawed Plasma

Product expiration: 10/05/2020 23:59

Product Volume: 357 mL

Prepared by:

Prepared date/time: 09/30/2020 01:36

LEUKOREDUCED:	____	IRRADIATED:	____	CMV NEG:	____	HGB S NEG:	____
AUTOLOGOUS:	____	DIRECTED:	____	HLA TYPED:	____	IGA DEFICIENT:	____

COMMENT: _____

BEFORE STARTING TRANSFUSION, I CERTIFY THAT I HAVE IDENTIFIED THE RECIPIENT BY INSPECTION OF THE WRISTBANDS AND THAT THE NAME, DOB AND MED RECORD NUMBER ARE THE SAME AS ON THIS FORM. I FURTHER CERTIFY THAT THE DONOR UNIT LABEL HAS THE SAME UNIT NUMBER, ABO GROUP, AND RH AS STATED ON THIS FORM.

_____ _____
TRANSFUSIONIST TIME STARTED

_____
WITNESS

_____ _____
TRANSFUSIONIST TIME ENDED

ssue Time: 0240
ransfuse within 4 hours

[redacted]

[redacted]

[redacted]

[redacted]

* Auth (Verified) *

COMPONENT TRANSFUSION SLIP

RECEIVED AS IS

Patient: [redacted]

MRN: 978103

DOB: 07/23/1973

BBID: T451787

Location: [redacted]

Patient ABO/Rh: B POS

Product number: W036819227792

Product ABO/Rh: B POS

Product type: Thawed Plasma

Product expiration: 10/05/20 23:59

Product Volume: 339 mL

Prepared by: [redacted]

Prepared date/time: 09/30/2020 01:36

LEUKOREDUCED: ____ IRRADIATED: ____ CMV NEG: ____ HGB S NEG: ____

AUTOLOGOUS: ____ DIRECTED: ____ HLA TYPED: ____ IGA DEFICIENT: ____

COMMENT: _____

BEFORE STARTING TRANSFUSION, I CERTIFY THAT I HAVE IDENTIFIED THE RECIPIENT BY INSPECTION OF THE WRISTBANDS AND THAT THE NAME, DOB AND MED RECORD NUMBER ARE THE SAME AS ON THIS FORM. I FURTHER CERTIFY THAT THE DONOR UNIT LABEL HAS THE SAME UNIT NUMBER, ABO GROUP, AND RH AS STATED ON THIS FORM.

_____ _____

TRANSFUSIONIST TIME STARTED

_____

WITNESS

_____ _____

TRANSFUSIONIST TIME ENDED

Issue Time: 0348

Transfuse within 4 hours

[redacted]

[redacted]

[redacted]

[redacted]

* Auth (Verified) *

COMPONENT TRANSFUSION SLIP **RECEIVED AS IS**

Patient: [redacted]

MRN: 978183

DOB: 07/23/1973

BBID: T451787

Location: [redacted]

Patient ABO/Rh: B POS

Product number: W239619031302

Product ABO/Rh: B POS

Product type: Thawed Pooled Cryoprecipitate 5 Units Open

Product expiration: 09/30/2020 09:19

Product Volume: 117 mL

Prepared by: [redacted]

Prepared date/time: 09/30/2020 05:21

LEUKOREDUCED:	____	IRRADIATED:	____	CMV NEG:	____	HGB S NEG:	____
AUTOLOGOUS:	____	DIRECTED:	____	HLA TYPED:	____	IGA DEFICIENT:	____

CONSENT: _____

BEFORE STARTING TRANSFUSION, I CERTIFY THAT I HAVE IDENTIFIED THE RECIPIENT BY INSPECTION OF THE WRISTBANDS AND THAT THE NAME, DOB AND MED RECORD NUMBER ARE THE SAME AS ON THIS FORM. I FURTHER CERTIFY THAT THE DONOR UNIT LABEL HAS THE SAME UNIT NUMBER, ABO GROUP, AND RH AS STATED ON THIS FORM.

_____ _____
TRANSFUSIONIST TIME STARTED

_____
WITNESS

_____ _____
TRANSFUSIONIST TIME ENDED

Issue Time: _____
Transfuse within 4 hours

[redacted]

[redacted]

[redacted]

[redacted]

* Auth (Verified) *

COMPONENT TRANSFUSION SLIP

RECEIVED AS IS

[redacted]

978183

DOB: 07/23/1973

BBID: T451787

Location: [redacted]

Patient ABO/Rh: B POS

Product number: W036819306216

Product ABO/Rh: B NEG

Product type: Thawed Plasma

Product expiration: 10/04/2020 23:59

Product Volume: [redacted]

Prepared by: [redacted]

Prepared date/time: 09/29/220 23:23

LEUKOREDUCED:	____	IRRADIATED:	____	CMV NEG:	____	HGB S NEG:	____
AUTOLOGOUS:	____	DIRECTED:	____	HLA TYPED:	____	IGA DEFICIENT:	____

COMMENT: _____

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_____ _____
TRANSFUSIONIST TIME STARTED

_____
WITNESS

_____ _____
TRANSFUSIONIST TIME ENDED

me: 0055
:e within 4 hours

[redacted]

[redacted]

CPR Forms

***** Clinical Documentation Content on Following Page *****

* Auth (Verified) *

Time	ABC: BVM Bag/mask (check as indicated)	ABC: Chest compression (check as indicated)	ABC: Invasive Airway (check as indicated)	ABC: Capnography (Enter Value)	ABC: Spontaneous Pulse (Enter Value)	ABC: Blood Pressure (Enter Value)	ABC: Spontaneous Respirations (Enter Value)	Cardiac Rhythm (check or enter value as indicated): Sinus	SVT	V. Fib	V. Tach	PEA	Asystole	Other	Defib-rillation: Joules	Medication: Name, Dose & Route	Notes: Example: Other Interventions (e.g. Cardioversion & Pacing), Patient Response, Additional Orders, Airway Mgmt. etc.
1335	✓	✓	✓									✓					
1337	✓	✓	✓	10												epi 1mg IVP R IJ cup	
1340	✓	✓	✓	15												epi 1mg IVP R IJ cup	pulse check (JHF) pulse check, no pulse, continue CPR
1341													✓			1 unit blood started	
1342	✓	✓	✓	13												1 mg epi IVP E IJ cup	
1343	✓	✓	✓	13													pulse check, no pulse, continue CPR
1344													✓				
1346	✓	✓	✓	10												1 amp bicarb IVP @ IJ cup 1 mg epi IVP @ IJ cup	pulse check, no pulse, continue CPR
1347													✓				
1349	✓	✓	✓	12												1 mg epi IVP R IJ cup	
1350													✓				pulse check, no pulse

Sheet # ____ of ____

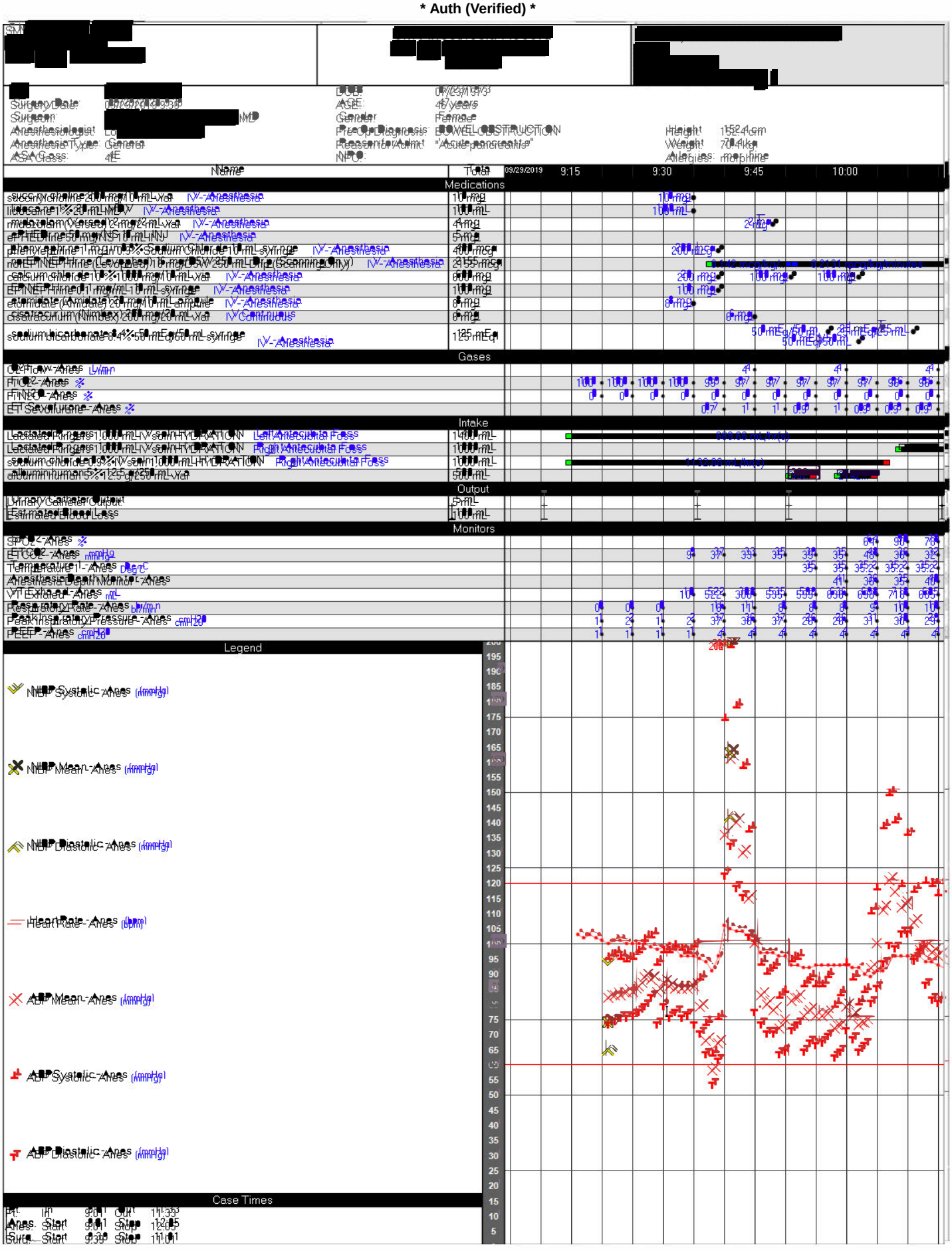
[redacted] SCITATION REPORT

Page 2 of 2

SMH 1553 Rev. 10/14
05500S1553

[redacted]

*** Auth (Verified) ***



*** Auth (Verified) ***

[redacted]

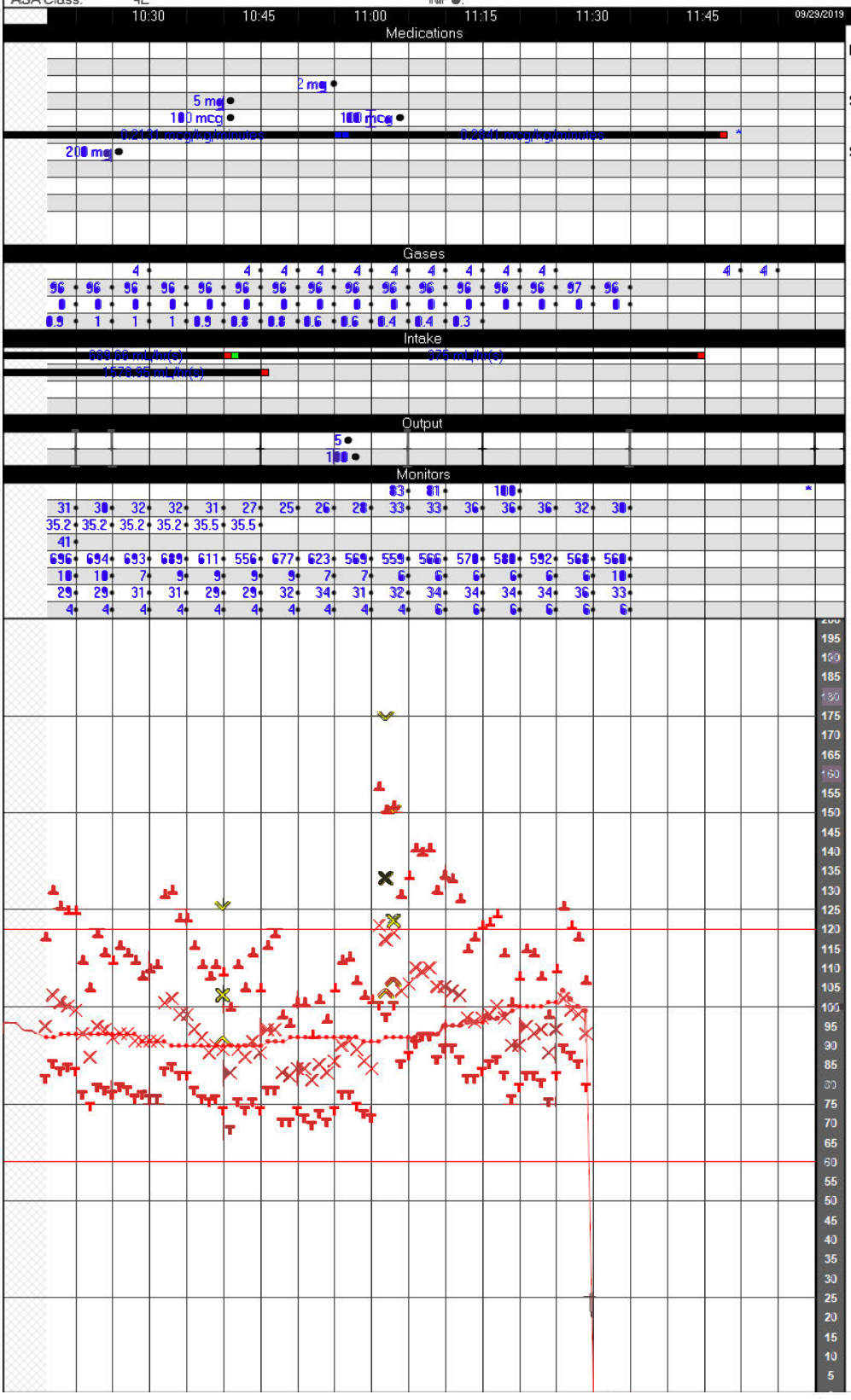
Finalized: 09/29/2019 12:05
Page 2 of 4

978183
SMOR-2020-7381
Laparotomy Exploratory Lvl 4

OR: SMORINTR06
Surgery Date: 09/29/2019 9:39
Surgeon: [redacted] MD
Anesthesiologist: [redacted] MD
Anesthesia Type: General
ASA Class: 4E

DOB: 07/23/1973
AGE: 46 years
Gender: Female
Pre-Op Diagnosis: BOWEL OBSTRUCTION
Reason for Admit: "Acute pancreatitis"
NPO:

Height: 152.4 cm
Weight: 70.4 kg
Allergies: morphine



Personnel

Provider
[redacted] 8:58 - 12:01

Supervisor
[redacted] 8:58 - 12:01

Signed By:
[redacted] 12:03 09/29/2020

[redacted]ed) *

SM. South Miami Hospital [redacted]	[redacted] Anesthesia Record [redacted]	[redacted] 978183 SMOR-2020-7381 Laparotomy Exploratory Lvl 4

Actions

09/29/2020
8:58 Anesthesia PreOp Start
8:59 Pre-op Checklist
Patient Identified: Yes
Vent Machine Checked: Yes
Nitrous Oxide/O2 Supply Checkd: Yes
Suction Available and Checked: Yes
O2 Analysis Checked: Yes
Monitoring Devices Checked: Yes
Airway Maint Equip Available: Yes
Scavenging System Checked: Yes
Emergency Drugs Available: Yes
9:00 Anesthesia PreOp Stop
9:01 Patient In Room
Anesthesia Start
9:03 Anesthesia Pause
Patient ID: Yes
Anesthesia Plan: Yes
Surgical Procedure: Yes
Surgical Site: Yes
9:13 Arterial Line
Art Line Start Time: Art Line Start Time 09/29/2020 9:13
Site: Arterial Line Num: ART #1
Procedure Location: OR
Side: Left
Site: Radial
Seldinger Technique: Yes
Allen Test: Normal
Sterile Technique: Cap and Mask
Sterile Technique: Hand Hygiene and Sterile Glove
Sterile Technique: Sterile Drapes
Skin Preparation: Chlorhexidine
Guidance: Ultrasound Guided
Dressing/Fixation: Suture
Dressing/Fixation: Taped
Dressing/Fixation: Transparent Occlusive
Inserted by: By - Loukas, Andrew MD
Art Line Procedure: Procedure - ARTERIAL LINE INSERTION 36620
Art Line Stop Time: Art Line Stop Time 09/29/2020 9:21
Method: Direct Induction
Pre-Anes & Eval Performed: Yes
Anes Plan Described: Yes
Present at Induction: Yes
Immediate Avail at All Times: Yes
Pre Induction Assessment
Patient ID Verified: Yes
Pt Reeval'd Prior to Induction: Yes
Proceed W/ Planned Anesthesia: Yes
9:35 Induction of Anesthesia
Type of Induction: Intravenous
Type of Induction: Rapid Sequence with Cricoid Pressure
Face Mask Size: Adult Face Mask
Preoxygenation w/ High Flow O2: Yes
Eyes Protected by: Taped
Eyes Protected by: Manually Closed
Endotracheal Intubation
In-Situ: No
100% Pre-Oxygenate: Yes
Laryngoscope Type: MacIntosh
Laryngoscope Type: 3
Laryngoscopic Grade: 1 (Full View of Glottis)
Route: Oral
Endotracheal Tube Type: Standard
Endotracheal Tube Size: 7.5
Cuffed: Yes
Leak: None
Position Confirmed: CO2
Position Confirmed: Chest Expansion
Position Confirmed: Auscultation
Breath Sounds: Breath Sounds Equal Bilaterally
Ett @ Teeth/Gums: cm - 22
ET Tube Secured: Taped
Atraumatic: Yes
Difficult Intubation: No
Difficult Intubation Procedure: N/A
Freetext Note
Note: Note - all standard monitors applied, unable to obtain Sa02 reading after multiple attempts.. patient unstable proceeded to induce and intubate. Abg drawn immediatley following induction.
9:38 Patient Positioning
Position: 1
Body Position: Supine
Legs: Neutral
Right Arm: Extended less than 90 degrees with palms up
Right Arm: Pressure Point Padded
Left Arm: Extended less than 90 degrees with palms up
Left Arm: Pressure Point Padded
Head Supported By: Pillow
Neck: Neutral
Patient Positioned: With Surgeon
Patient Positioned: With Nurse
9:39 Surgery Start
9:41 Prophylactic Antibiotic *
Given in: OR Prior to Incision
Reason Not Given: Ongoing Treatment
Temperature Management
Temperture Probe: Esophageal
Warming/Cooling Devices: Forced Air Warming
Location: Upper Body
10:15 NG and/or OG Tube Placemen
In-Situ: No
Tube Type: Salem Sump
Gauge: 16 Fr
Route: Nasal
Side (Nares): Right
Suctioned Applied: Intermittent
Tube Left in Place: Surgeon request
Tube Removal: At Termination of Surgery
10:48 Postop Documentation
Surgical Procedure: Procedure #1 - e lap, lyses of adhesion
Surgical Procedure: Procedure #2 - roux n y
Surgical Procedure: Procedure #3 - small bowel resection
Surgical Procedure: Procedure #4 - gastrostomy
ICD10 Postop Diagnosis: Diagnosis #1 - bowel necrosis
ICD10 Postop Diagnosis: Diagnosis #2
ICD10 Postop Diagnosis: Diagnosis #3
11:01 Surgery Stop
11:32 Transport
O2 Delivery Device: ETT
O2 Delivery Device: Ambu Bag
O2 Flow: L/min - 15
Hemodynamically Stable: Yes
Monitors for Transport: EKG
Monitors for Transport: Arterial Line
Monitors for Transport: Pulse Oximeter
Transported To: PACU
Report Given To: RN
Report Given To: ICU Physician
Vital Signs: Temperature (C) - 35
Vital Signs: Respiratory Rate - 18
Vital Signs: Systolic Blood Pressure (mmHg) - 102
Vital Signs: Diastolic Blood Pressure (mmHg) - 57
Vital Signs: Heart Rate (BPM) - 106
Vital Signs: Oxygen Saturation (%) - 98
Vent Settings: FiO2 (%) - 100
Post-Op Status: Guarded
11:33 Patient Out Room
12:05 Postop Handoff
Location: ICU
Transferred Via: Bed
Transfer Monitor: Arterial Line
Transfer Monitor: EKG
Transfer Monitor: Pulse Oximeter
Vital Signs: Temp - 35
Vital Signs: Heart Rate - 106
Vital Signs: Respiratory Rate - 16
Vital Signs: SpO2% - 98
Vital Signs: Systolic Blood Pressure - 102
Vital Signs: Diastolic Blood Pressure - 57
Intubated: No
Ventilated: No
Ventilated: Breathes Spontaneously
LOC: Awake
Airway: Patent
Hand Off to: RN
Hand Off to: Full Report Given, No Anesthetic Complication
Situation: Described the Patient's Current Status
Background: Provided an Overview of Relevant
Assessment: Communicated the Patient's Current Condition
Recommendation: Recommended a Plan to Meet the Patient's Needs
Anesthesia Stop

*** Auth (Verified) ***

[redacted]	[redacted] Date Time Printed: 08/09/2019 12:05 Page 1 of 4	[redacted] 978183 SMOR-2019-7381 Laparotomy Exploratory Lvl 4

Comments

Medication Comments

norEPINEPHrine (Levophed) 16 mg/D5W 250 mL Drip (Scanning Only) - 2155 mcg @ 9:37
Comment: contnued by ICU staff

Monitor Comments

SPO2 - Anes - 83 @ 11:05
poor signal

Action Comments

Prophylactic Antibiotic @ 9:41
Zosyn infusing prior to OR

[redacted] [redacted]
[redacted] [redacted]
[redacted] [redacted]

[redacted] [redacted]
Discharge Date: **9/30/2020**

Anesthesia Records

Document Type:	PreAnesthesia Note
Service Date/Time:	9/29/2020 08:01 EDT
Result Status:	Auth (Verified)
Document Subject:	Pre anesthesia Evaluation
Perform Information:	[redacted] (9/29/2020 08:24 EDT)
Sign Information:	[redacted]w MD (9/29/2020 08:24 EDT)

Pre anesthesia Evaluation

Patient: [redacted] **MRN: 978183** **FIN: 905814081**
Age: **47 years** Sex: **Female** DOB: **07/23/73**
Associated Diagnoses: **None**
Author: [redacted]

History of Present Illness

Diagnosis
Abdominal pain
Acute hyperglycemia
Acute hypokalemia
Acute pancreatitis
Anxiety
Ascites
Benign HTN
Diarrhea
H/O gastric bypass
Lactic acidosis
Nausea
Pneumobilia
SBO (small bowel obstruction)
Severe sepsis
Vomiting.

Preoperative Information

VS/Measurements

Vital Signs

09/29/20 07:00 EDT	Heart Rate Monitored	96 bpm	
	Respiratory Rate	**25 br/min HI**	(Modified)
	Systolic Blood Pressure	102 mmHg	
	Diastolic Blood Pressure	60 mmHg	
	Mean Arterial Pressure, Cuff	74 mmHg	
09/29/20 06:45 EDT	Heart Rate Monitored	98 bpm	
	Respiratory Rate	18 br/min	
	Systolic Blood Pressure	112 mmHg	
	Diastolic Blood Pressure	59 mmHg	
	Mean Arterial Pressure, Cuff	75 mmHg	
09/29/20 06:30 EDT	Heart Rate Monitored	100 bpm	
	Respiratory Rate	**28 br/min HI**	
	Systolic Blood Pressure	106 mmHg	
	Diastolic Blood Pressure	82 mmHg	
	Mean Arterial Pressure, Cuff	91 mmHg	
09/29/20 06:15 EDT	**Heart Rate Monitored**	**105 bpm HI**	
	Respiratory Rate	**26 br/min HI**	
	Systolic Blood Pressure	96 mmHg	
	Diastolic Blood Pressure	85 mmHg	
	Mean Arterial Pressure, Cuff	91 mmHg	

Anesthesia Records

09/29/20 06:00 EDT	**Heart Rate Monitored**	**108 bpm HI**
	Respiratory Rate	**26 br/min HI**
	Systolic Blood Pressure	**78 mmHg <LLOW**
	Diastolic Blood Pressure	53 mmHg
	Mean Arterial Pressure, Cuff	**62 mmHg LOW**
09/29/20 05:45 EDT	**Heart Rate Monitored**	**103 bpm HI**
	Respiratory Rate	14 br/min
	Systolic Blood Pressure	**79 mmHg <LLOW**
	Diastolic Blood Pressure	66 mmHg
	Mean Arterial Pressure, Cuff	72 mmHg
09/29/20 05:30 EDT	Heart Rate Monitored	99 bpm
	Respiratory Rate	**34 br/min >HHI**
09/29/20 05:15 EDT	**Heart Rate Monitored**	**102 bpm HI**
	Respiratory Rate	**34 br/min >HHI**
	Systolic Blood Pressure	100 mmHg
	Diastolic Blood Pressure	71 mmHg
	Mean Arterial Pressure, Cuff	95 mmHg
09/29/20 04:10 EDT	**Temperature Oral**	**34.9 Deg C <LLOW**
	Systolic Blood Pressure	**80 mmHg <LLOW**
	Diastolic Blood Pressure	50 mmHg
09/29/20 04:05 EDT	**Temperature Oral**	**33.8 Deg C <LLOW**
	Systolic Blood Pressure	**75 mmHg <LLOW**
	Diastolic Blood Pressure	38 mmHg
09/29/20 03:40 EDT	**Temperature Temporal Artery**	**34.6 Deg C <LLOW**
	Heart Rate Monitored	60 bpm
	Systolic Blood Pressure	95 mmHg
	Diastolic Blood Pressure	32 mmHg
	Mean Arterial Pressure, Cuff	**48 mmHg <LLOW**
09/29/20 03:33 EDT	**Temperature Oral**	**34.3 Deg C <LLOW**
09/29/20 02:28 EDT	Respiratory Rate	18 br/min
09/29/20 02:05 EDT	Respiratory Rate	18 br/min
	Blood Pressure Location	Left arm
	Temperature Route	Oral
	Blood Pressure Position	Lying down
09/29/19 02:01 EDT	Respiratory Rate	18 br/min
09/29/19 02:00 EDT	**Heart Rate Monitored**	**112 bpm HI**
	Systolic Blood Pressure	127 mmHg
	Diastolic Blood Pressure	88 mmHg
	Mean Arterial Pressure, Cuff	96 mmHg
09/29/20 02:00 EDT	**Temperature Oral**	**34.5 Deg C <LLOW**
09/29/20 01:31 EDT	Respiratory Rate	20 br/min
09/29/20 01:13 EDT	Temperature Oral	36.6 Deg C
	Heart Rate Monitored	**105 bpm HI**
	Respiratory Rate	**21 br/min HI**
	Systolic Blood Pressure	140 mmHg
	Diastolic Blood Pressure	**95 mmHg HI**
09/29/20 00:33 EDT	Temperature Oral	36.5 Deg C
	Heart Rate Monitored	**104 bpm HI**
	Respiratory Rate	19 br/min
	Systolic Blood Pressure	**174 mmHg HI**
	Diastolic Blood Pressure	**97 mmHg HI**
09/28/20 23:58 EDT	**Heart Rate Monitored**	**123 bpm >HHI**
	Respiratory Rate	20 br/min
	Systolic Blood Pressure	**171 mmHg HI**
	Diastolic Blood Pressure	89 mmHg
09/28/20 22:30 EDT	**Heart Rate Monitored**	**129 bpm >HHI**

Anesthesia Records

	Respiratory Rate	**24 br/min HI**	
	Systolic Blood Pressure	**178 mmHg HI**	
	Diastolic Blood Pressure	**94 mmHg HI**	
09/28/20 22:01 EDT	**Respiratory Rate**	**21 br/min HI**	
09/28/20 21:30 EDT	**Heart Rate Monitored**	**114 bpm HI**	
	Respiratory Rate	**22 br/min HI**	
	Systolic Blood Pressure	**162 mmHg HI**	(Modified)
	Diastolic Blood Pressure	**93 mmHg HI**	
09/28/20 20:55 EDT	Temperature Oral	36.5 Deg C	
	Peripheral Pulse Rate	**130 bpm >HHI**	
	Respiratory Rate	18 br/min	
	Systolic Blood Pressure	108 mmHg	
	Diastolic Blood Pressure	89 mmHg	

, Measurements from flowsheet : Measurements

09/29/20 07:53 EDT	Height/Length Measured	152.4 cm
	Ideal Body Weight Calculated	45.5 kg
09/29/20 06:23 EDT	Height/Length Measured	152.4 cm
	Ideal Body Weight Calculated	45.5 kg
	BSA Estimated	1.73 m2
	Weight Measured	70.4 kg
09/29/20 05:30 EDT	Height/Length Measured	152.4 cm
	Body Mass Index Measured	30.31 kg/m2
	Weight Measured	70.4 kg
09/29/20 01:39 EDT	Height/Length Measured	152.4 cm
	BSA Measured	1.66 m2
	BSA Measured	1.66 m2
	BSA Estimated	1.71 m2
	Body Mass Index Measured	29.75 kg/m2
	Weight Measured	69.1 kg
09/29/20 01:23 EDT	Height/Length Measured	152.4 cm
	Body Mass Index Measured	29.75 kg/m2
	Weight Measured	69.1 kg
09/28/20 20:55 EDT	Height/Length Measured	152.4 cm
	Body Mass Index Measured	29.75 kg/m2
	Weight Measured	69.1 kg

Health Status

Allergies:

Nonallergic Reactions (All)

Unknown

Morphine- Itching,watering eyes and headache.

Canceled/Inactive Reactions (All)

No Known Allergies

Current medications: (Selected)

Inpatient Medications

Ordered

Colace: 100 mg, Oral, BID
Dextrose 50% in Water intravenous solution: 12.5 g, IV Push, As Directed, PRN: other (see comment)
Dextrose 50% in Water intravenous solution: 25 g, IV Push, As Directed, PRN: other (see comment)
Dilaudid: 0.5 mg, IV Push, Every 3 hrs, PRN: pain, severe (scale 7-10)
HumaLOG Regimen 1 Mild: 1. MILD Correction Regimen, SubCutaneous, Before meals and HS
NS (Sodium Chloride 0.9%) 1,000 mL: 150 mL/hr, IV Continuous, Stop: 10/29/20 8:04:00 EDT
Pepcid: 20 mg, IV Push, BID
Sodium Chloride 0.9% intravenous solution 250 mL: 10 mL/hr, IV Piggyback, Stop: 09/30/20 6:48:00 EDT

Anesthesia Records

Sodium Chloride 0.9% with KCl 20 mEq/L intravenous solution 1,000 mL: 150 mL/hr, IV Continuous, Stop: 10/29/20
6:10:00 EDT
Tylenol: 650 mg, Oral, Every 6 hr, PRN: pain, moderate (scale 4-6)
Zofran: 4 mg, IV Push, Every 6 hr, PRN: nausea/vomiting
Zosyn: 3.375 g = 50 mL, 100 mL/hr, IV Piggyback, Every 8 hrs
glucagon: 1 mg, IntraMuscular, As Directed, PRN: other (see comment)
glucose: 15 g, Oral, As Directed, PRN: other (see comment)
lactated ringer's bolus: 1,000 mL, 1000 mL/hr, IV Bolus, Once
*Future*tulose: 20 g, Oral, Every 6 hr, PRN: constipation
Restoril: 7.5 mg, Oral, Daily at bedtime, PRN: insomnia
morphine: 2 mg, IV Push, Every 4 hr, PRN: pain, severe (scale 7-10)

Documented Medications

Documented

IBU 800 mg oral tablet: 1 tabs, Oral, Every 8 hrs, PRN: pain, moderate (scale 4-6), 0 Refill(s)
cloNIDine 0.3 mg oral tablet: 1 tabs, Oral, TID
diazePAM 10 mg oral tablet: 1 tabs, Oral, Every 6 hr, PRN: as needed for anxiety,

Medications (16) Active

Scheduled: (5)
docusate sodium (Colace) 100 mg capsule 100 mg 1 cap, Oral, BID
famotidine (Pepcid) PF 20 mg/2 mL vial 20 mg 2 mL, IV Push, BID
insulin lispro (HumaLOG) 100 units/mL (3 mL vial) 1. MILD Correction Regimen, SubCutaneous, Before meals and HS
lactated ringers 1,000 mL, IV Bolus, Once
piperacillin/tazobactam/D5W 3.375 g 50 mL, IV Piggyback, Every 8 hrs
Continuous: (3)
sodium chloride 0.9% 1,000 mL 1,000 mL, IV Continuous, 150 mL/hr
sodium chloride 0.9% 250 mL 250 mL, IV Piggyback, 10 mL/hr
sodium chloride 0.9% with KCl 20 mEq/L 1,000 mL 1,000 mL, IV Continuous, 150 mL/hr
PRN: (8)
acetaminophen (Tylenol) 325 mg tablet 650 mg 2 tabs, Oral, Every 6 hr
dextrose 50% syringe 50 mL 12.5 g 25 mL, IV Push, As Directed
dextrose 50% syringe 50 mL 25 g 50 mL, IV Push, As Directed
glucagon recombinant 1 mg vial 1 mg, IntraMuscular, As Directed
glucose 40% 15 g gel 15 g 1 EA, Oral, As Directed
HYDROmorphone (Dilaudid) 0.5 mg/0.5 mL syringe 0.5 mg 0.5 mL, IV Push, Every 3 hrs
lactulose 10 g/15 mL oral soln 30 mL UD 20 g 30 mL, Oral, Every 6 hr
ondansetron 4 mg/2 mL injectable 4 mg 2 mL, IV Push, Every 6 hr

Review of Systems

Problem list:

All Problems

Acute pancreatitis / 303630010 / Confirmed
Anxiety / BgCTWgDjf6PNMBadCwsLDQ / Confirmed
Benign HTN / AZEGxwEmL07HeYbhwKgAAg / Confirmed,

Active Problems (3)
Acute pancreatitis
Anxiety
Benign HTN .

Physical Examination

Pain assessment: Pain Assessment

09/29/20 05:30 EDT	Pain Management Goal	2
	Pain Present	Yes actual or suspected pain
	Numeric Pain Score (0-10)	10
	Total Numeric Pain Score	10
	Preferred Pain Tool v2	Numeric

Anesthesia Records

	Numeric Pain Score with Activity	10
	Pasero Opioid Induced Sedation Scale	2=Slightly drowsy, easily aroused
	Pain comment	Patient states she stil has pain worst ain og her life. Intensivst notified, she has received a total of 2mg of dilaudid
09/29/20 04:10 EDT	Pain Present	No actual or suspected pain
09/29/20 04:05 EDT	Pain Present	No actual or suspected pain
09/29/20 03:33 EDT	Pain Present	No actual or suspected pain
09/29/20 02:28 EDT	Pain Present	Yes actual or suspected pain
09/29/20 02:01 EDT	Pain Management Goal	2
	Numeric Pain Score (0-10)	6
	Numeric Rating With Activity	7
	Primary Pain Aggravating Factors	None
	Primary Pain Alleviating Factors	Deep breathing, Medications, Repositioning
	Primary Pain Location	Abdomen
	Primary Pain Time Pattern	Intermittent
	Primary Pain Onset	Continuous
	Primary Pain Quality	Aching
	Pasero Opioid Induced Sedation Scale	1=Awake and alert
	Pasero Opioid Induced Sedation Score	1
09/29/20 01:39 EDT	Pain Management Goal	2
	Pain Present	Yes actual or suspected pain
	Numeric Pain Score (0-10)	6
	Total Numeric Pain Score	6
	Preferred Pain Tool v2	Numeric
	Primary Pain Aggravating Factors	Movement, Palpation
	Primary Pain Alleviating Factors	Deep breathing, Medications, Repositioning
	Numeric Pain Score with Activity	8
	Primary Pain Location	Abdomen
	Primary Pain Time Pattern	Constant
	Primary Pain Onset	Continuous
	Primary Pain Quality	Aching
	Pasero Opioid Induced Sedation Scale	1=Awake and alert
	Pasero Opioid Induced Sedation Score	1
	Nonpharmacological Therapy	Positioning, Relaxation techniques, Rest, Lights dimmed
	Pain comment	pt received pain mediation at 0131
09/29/20 01:23 EDT	Numeric Pain Score (0-10)	9
	Numeric Rating With Activity	9
09/28/20 22:30 EDT	Pain Management Goal	0
	Pain Present	Yes actual or suspected pain
	Numeric Pain Score (0-10)	9
	Total Numeric Pain Score	9
	Preferred Pain Tool v2	Numeric
	Numeric Pain Score with Activity	9
	Pasero Opioid Induced Sedation Scale	1=Awake and alert
	Pasero Opioid Induced Sedation Score	1
	Pain comment	Patient has no had any pain relief at this time, Dr. B[redacted]n made aware, no new orders.
09/28/20 22:00 EDT	Pain Management Goal	0
	Pain Present	Yes actual or suspected pain
	Numeric Pain Score (0-10)	9
	Total Numeric Pain Score	9

Anesthesia Records

	Preferred Pain Tool v2	Numeric
	Numeric Pain Score with Activity	9
	Pasero Opioid Induced Sedation Scale	1=Awake and alert
	Pasero Opioid Induced Sedation Score	1
	Pain comment	Patient is still in pain at this time despit medication. Dr. [redacted], new orders.
09/28/20 20:55 EDT	Pain Management Goal	0
	Pain Present	Yes actual or suspected pain
	Numeric Pain Score (0-10)	10
	Total Numeric Pain Score	10
	Preferred Pain Tool v2	Numeric
	Primary Pain Aggravating Factors	None
	Primary Pain Alleviating Factors	None
	Numeric Pain Score with Activity	10
	Primary Pain Location	Abdomen
	Primary Pain Time Pattern	Constant
	Primary Pain Onset	Continuous
	Primary Pain Quality	Aching, Discomfort, Tenderness
	Pasero Opioid Induced Sedation Scale	1=Awake and alert
	Pasero Opioid Induced Sedation Score	1
	Pain comment	Patient states that she started having generalized abdominal pain since this AM and started getting worse. Patient has been vomiting all day. As per patient she has a GI appt on Monday for endoscopy but was unable to wait for appt. Patient is not nauseous

.

Histories

Family History:

Hypertension

Father

Grandmother (P)

Procedure history:

Enteros wwo w b includ ileum 44376 (EN) on 02/07/20 at 46 Years.

Comments:

02/07/20 17:30 EST - [redacted] G RN

auto-populated from documented surgical case

Gastric bypass (2819423013).

Laparoscopic adjustable gastric banding (2532982016).

Social History

Social & Psychosocial Habits

Alcohol

05/19/2018 **Use:** Denies use

Substance Use

05/19/2018 **Use:** Denies

Tobacco

Anesthesia Records

06/08/2018 **Use:** Never smoker

02/05/2020 **Use:** Never (less than 100 in l

09/28/2020 **Use:** Never (less than 100 in l.

Review / Management

Results review:

Labs (Last four charted values)

WBC 3.69 (SEP 29) 5.65 (SEP 28) , Lab results

09/29/20 07:53 EDT	Est. CrCl-CG-Adult (drug dosing only)	62.80 mL/min
09/29/20 07:48 EDT	**Glucose Point of Care**	**22 mg/dL CRIT**
	Point Of Care Note	**CallReadBackRN**
09/29/20 07:44 EDT	**Glucose Point of Care**	**<10 mg/dL CRIT**
	Point Of Care Note	**Repeated Test**
09/29/20 06:23 EDT	Est. CrCl-CG-Adult (drug dosing only)	62.80 mL/min
09/29/20 05:30 EDT	Est. CrCl-CG-Adult (drug dosing only)	62.80 mL/min
09/29/20 04:52 EDT	Hemoglobin	13.8 g/dL
	Hematocrit	**46.3 % HI**
	WBC	3.69 K/uL
	Platelet Count	281 K/uL
	RBC	4.55 M/uL
	MCV	**101.8 fL HI**
	MCH	30.3 pg
	MCHC	**29.8 g/dL LOW**
	RDW CV	13.8 %
	RDW SD	**52.3 fL HI**
	MPV	11.0 fL
	NRBCs	0.00 /100 WBC
	Abs NRBCs	0.00 K/uL
	Lactic Acid (Lactate)	**8.0 mmol/L CRIT**
	Procalcitonin (PCT)	**24.83 ng/mL CRIT**
09/29/20 04:49 EDT	RBC Product Ready	Done
09/29/20 04:18 EDT	Glucose Point of Care	126 mg/dL
09/29/20 02:20 EDT	**Calcium (Total)**	**8.4 mg/dL LOW**
	Cholesterol Level	174 mg/dL
	Trig	64 mg/dL
	HDL Cholesterol	**73 mg/dL HI**
	Cholesterol/HDL Ratio	2.4 ratio
	LDL	88 mg/dL
09/29/20 01:39 EDT	Est. CrCl-CG-Adult (drug dosing only)	62.21 mL/min
09/29/20 01:23 EDT	Est. CrCl-CG-Adult (drug dosing only)	62.21 mL/min
09/28/20 23:46 EDT	Color - UR	Yellow
	Appearance-Ur	Clear
	Glucose - Urine	Negative
	Bilirubin - UR	Negative
	Acetone (Ketones)-Urine	**15**
	Specific Gravity	>=1.030
	Blood	Negative
	PH in Urine	5.5
	Protein, UR SCR	**100**
	Urobilinogen	0.2
	Nitrite	Negative
	Leukocyte Esterase	Negative
	WBCs - UR	**0 /HPF**

Anesthesia Records

	RBCs - UR	**0 /HPF**
	Squamous Epithelial Cells	**5 /HPF**
	Bacteria	**Few /HPF**
09/28/20 22:05 EDT	Hemoglobin	13.2 g/dL
	Hematocrit	42.1 %
	WBC	5.65 K/uL
	Platelet Count	247 K/uL
	RBC	4.38 M/uL
	MCV	96.1 fL
	MCH	30.1 pg
	MCHC	**31.4 g/dL LOW**
	RDW CV	13.6 %
	RDW SD	**48.5 fL HI**
	MPV	11.2 fL
	Differential Type	**Auto**
	Differential Type	**Auto**
	% Neutrophils	**83.2 % HI**
	% Immature Granulocytes	0.2 %
	% Lymphocytes	**13.5 % LOW**
	% Monocytes	**2.7 % LOW**
	%Eosinophils	0.0 %
	% Basophils	0.4 %
	Absolute Neutrophils	4.71 K/uL
	Absolute Lymphocytes	0.76 K/uL
	Absolute Monocytes	**0.15 K/uL LOW**
	Absolute Eosinophils	0.00 K/uL
	Absolute Basophils	0.02 K/uL
	Absolute Immature Granulocytes	0.01 K/uL
	NRBCs	0.00 /100 WBC
	Abs NRBCs	0.00 K/uL
	RBC Morphology	**Reviewed**
	Sodium on Blood	144 mmol/L
	Potassium on Blood	**2.8 mmol/L LOW**
	Chloride on Blood	**113 mmol/L HI**
	CO2 on Blood	**19 mmol/L LOW**
	Anion Gap	12
	Glucose on Blood	**210 mg/dL HI**
	Creatinine on Blood	0.98 mg/dL
	BUN on Blood	**23 mg/dL HI**
	BUN/Creatinine Ratio	**23.5 ratio HI**
	eGFR (CKD-EPI) if Africn Am	**80 mL/min/1.73 m2 NA**
	eGFR (CKD-EPI) NonAfricn Am	**69 mL/min/1.73 m2 NA**
	Calcium (Total)	8.8 mg/dL
	Total Protein on Blood	6.4 g/dL
	Albumin on Blood	**3.1 g/dL LOW**
	Globulin	3.3 g/dL
	A/G Ratio	**0.9 ratio LOW**
	ALT (SGPT) on Blood	22 U/L
	AST (SGOT) on Blood	**42 U/L HI**
	AST/ALT Ratio	**1.9 ratio NA**
	Alkaline Phosphatase on Blood	75 U/L
	Total Bilirubin on Blood	0.5 mg/dL
	Bilirubin (Direct)	0.2 mg/dL
	Bilirubin, Indirect	0.3 mg/dL
	Troponin I (Quant)	<0.02 ng/mL
	Lipase Lvl	**2,771 U/L HI**

[redacted]

Anesthesia Records

Est. CrCl-CG-Adult (drug dosing only)	62.21 mL/min
Pregnancy Test-Blood(Qual)	Negative
ABORH	B POS
Antibody Screen	Negative
Crossmatch - IS	Compatible
Crossmatch - IS	Compatible

Assessment and Plan

American Society of Anesthesiologists#(ASA) physical status classification: Class IV, E.

Anesthetic Preoperative Plan

Anesthetic technique: General anesthesia.

Notes: ASA 4 E for GETA

Pt is s/p gastric bypass (a few years ago) presents to the hospital with hard/tender abdomen and one week of vomiting. Pt was admitted to the floor early this morning hypertensive. Pt administered dilaudid and vasotec after which BP was very low and pt was transfered to the ICU. When seen this morning, BP: 109 systolic after receiving 4 liters of LR. Pt with foley- no urine output over past several hours. Pt is confused, husband at bedside. BS 20 this monring- Pt being adminstered D50. Pt is hypothermic, hypokalemic.

PMH: HTN, no Hx of CAD

PSH: gastric bypass sx, adbominoplasty - no anesth comps

ALL: morphine

Airway: MP2

NPO: >8Hrs.

Electronically Signed on 09/29/2020 08:24

[redacted] MD

Document Type:	PostAnesthesia Note
Service Date/Time: [redacted]	9/29/2020 21:33 EDT
Result Status:	Auth (Verified)
Document Subject:	Post Anesthesia Evaluation Note
Perform Information:	[redacted] MD (9/29/2020 21:35 EDT)
Sign Information:	[redacted] MD (9/29/2020 21:35 EDT)

Post Anesthesia Evaluation Note

Patient: [redacted] **MRN: 978183** **FIN: 905814081**
Age: **47 years** Sex: **Female** DOB: **07/23/73**
Associated Diagnoses: **None**
Author: [redacted] **P MD**

Assessment

Post Anesthesia Assesment

Vitals: Temperature Axillary: 35 Deg C Low (09/29/20 08:00:00)
Temperature Oral: 34.9 Deg C Critical (09/29/20 04:10:00)
Temperature Temporal Artery: 34.6 Deg C Critical (09/29/20 03:40:00)
Heart Rate Monitored: 98 bpm (09/29/20 20:02:00)
Respiratory Rate: 30 br/min High (09/29/20 20:02:00)
Systolic Blood Pressure: 74 mmHg Critical (09/29/20 14:15:00)
Diastolic Blood Pressure: 25 mmHg (09/29/20 14:15:00)
SpO2: 98 % (09/29/20 08:41:00).

[redacted]

Discharge Date: **9/30/2020**

Anesthesia Records

Mental status: Sedated in SICU.
Respiratory function: Airway Patent remained intubated postoperatively as discussed with surgical team, ETT secured in place. Followed by intensivist.
Pain: unable to assess, pt sedated.
Nausea status: see nursing med documentation.
Hydration: euvolemic.
Recovery: Anesthesia continued sedation postoperatively.
Notes: No apparent anestheic problems.

Electronically Signed on 09/29/2020 21:35

_____

[redacted] MD

Perioperative Record

Document Type:	Main OR IntraOperative Record
Service Date/Time:	9/29/2020 11:01 EDT Modified
Result Status:	SMOR IntraOp Record
Document Subject:	
Perform Information: [redacted]	[redacted] (10/2/2020 14:32 EDT); [redacted] RN (9/29/2020 18:43 EDT); [redacted] RN (9/29/2020 11:48 EDT)

SMOR IntraOp Record

SMOR IntraOp Record Summary

Primary Physician:	[redacted]
Case Number:	SMOR-2020-7381
Finalized Date/Time:	10/02/19 14:32:20
Pt. Name:	[redacted]
D.O.B./Sex:	07/23/1973 Female
Med Rec #:	978183
Physician:	[redacted] MD
Financial #:	905814081
Pt. Type:	I
Room/Bed:	SICU/05
Admit/Disch:	09/28/20 20:53:00 -09/30/20 17:07:14
Institution:	

SMOR - Case Attendance

	Entry 1	**Entry 2**	**Entry 3**
Case Attendee	[redacted] CRNA	[redacted] MD	[redacted]
Role Performed	[redacted]el MD Surgeon/Proceduralist - Primary	Anesthesiologist of Record	CRNA
Time In	09/29/20 09:01:00	09/29/20 09:01:00	09/29/20 09:01:00
Time Out	09/29/20 10:57:00	09/29/20 11:33:00	09/29/20 11:33:00

Perioperative Record

Procedure	Laparotomy Exploratory Lvl 4, Gastrostomy Lvl 4	Laparotomy Exploratory Lvl 4, Gastrostomy Lvl 4	Laparotomy Exploratory Lvl 4, Gastrostomy Lvl 4
Vendors A - F			
Vendors G - O			
Vendors P - Z			
Vendor Rep/Other			
Personnel			
Last Modified By:	[redacted] RN 10/02/20 14:31:58	[redacted] RN 10/02/20 14:31:58	[redacted] RN 10/02/20 14:31:58

	Entry 4	**Entry 5**	**Entry 6**
Case Attendee	[redacted]	[redacted] RN	[redacted] RN
Role Performed	Surgical Assistant	Circulator	Circulator
Time In	09/29/20 09:01:00	09/29/20 09:01:00	09/29/20 09:01:00
Time Out	09/29/20 11:33:00	09/29/20 11:33:00	09/29/20 11:33:00
Procedure	Laparotomy Exploratory Lvl 4, Gastrostomy Lvl 4	Laparotomy Exploratory Lvl 4, Gastrostomy Lvl 4	Laparotomy Exploratory Lvl 4, Gastrostomy Lvl 4
Vendors A - F			
Vendors G - O			
Vendors P - Z			
Vendor Rep/Other			
Personnel			
Last Modified By:	[redacted] RN 10/02/20 14:31:58	[redacted] RN 10/02/20 14:31:58	[redacted] RN 10/02/20 14:31:58

	Entry 7	**Entry 8**
Case Attendee	XXXXXXXXXXXXXXXXX	XXXXXXXXXXX MD Fellow
Role Performed	Scrub Personnel	09/29/20 09:01:00
Time In	09/29/20 09:01:00	09/29/20 11:33:00
Time Out	09/29/20 11:33:00	Laparotomy Exploratory Lvl 4, Gastrostomy Lvl 4
Procedure	Laparotomy Exploratory Lvl 4, Gastrostomy Lvl 4	
Vendors A - F		
Vendors G - O		
Vendors P - Z		
Vendor Rep/Other		
Personnel		RN
Last Modified By:	[redacted] RN 10/02/19 14:31:58	[redacted]/19 14:31:58

SMOR - Case Attendance Audit

10/02/19 14:31:58	**Owner: ROS30480**	**Modifier: ROS30480**
1	<*> Procedure	Laparotomy Exploratory Lvl 4
2	<*> Procedure	Laparotomy Exploratory Lvl 4
3	<*> Procedure	Laparotomy Exploratory Lvl 4
4	<*> Procedure	Laparotomy Exploratory Lvl 4
5	<*> Procedure	Laparotomy Exploratory Lvl 4
6	<*> Procedure	Laparotomy Exploratory Lvl 4
7	<*> Procedure	Laparotomy Exploratory Lvl 4
8	<*> Procedure	Laparotomy Exploratory Lvl 4
09/29/19 11:33:27	**Owner: ROS30480**	**Modifier: ROS30480**
1	<*> Procedure	Laparotomy Exploratory Lvl 4
2	<+> Time Out	
2	<*> Procedure	Laparotomy Exploratory Lvl 4
3	<+> Time Out	
3	<*> Procedure	Laparotomy Exploratory Lvl 4
4	<+> Time Out	
4	<*> Procedure	Laparotomy Exploratory Lvl 4

Perioperative Record

```
        5     <+> Time Out
        5     <*> Procedure                          Laparotomy Exploratory Lvl 4
        6     <+> Time Out
        6     <*> Procedure                          Laparotomy Exploratory Lvl 4
        7     <+> Time Out
        7     <*> Procedure                          Laparotomy Exploratory Lvl 4
        8     <+> Time Out
        8     <*> Procedure                          Laparotomy Exploratory Lvl 4
 09/29/20 10:58:42         Owner: ROS30480                      Modifier: ROS30480
        1     <*> Time Out                           09/29/20 09:36:00
        1     <*> Procedure                          Laparotomy Exploratory Lvl 4
 09/29/20 10:04:03         Owner: ROS30480                      Modifier: ROS30480
        1     <+> Time Out
        1     <*> Procedure                          Laparotomy Exploratory Lvl 4
 09/29/20 09:24:42         Owner: ROS30480                      Modifier: ROS30480
    <+> 8         Case Attendee
    <+> 8         Role Performed
    <+> 8         Time In
    <+> 8         Procedure
 09/29/20 09:20:33         Owner: ROS30480                      Modifier: ROS30480
        1     <+> Time In
        1     <*> Procedure                          Laparotomy Exploratory Lvl 4
    <+> 2         Case Attendee
    <+> 2         Role Performed
    <+> 2         Time In
    <+> 2         Procedure
    <+> 3         Case Attendee
    <+> 3         Role Performed
    <+> 3         Time In
    <+> 3         Procedure
    <+> 4         Case Attendee
    <+> 4         Role Performed
    <+> 4         Time In
    <+> 4         Procedure
    <+> 5         Case Attendee
    <+> 5         Role Performed
    <+> 5         Time In
    <+> 5         Procedure
    <+> 6         Case Attendee
    <+> 6         Role Performed
    <+> 6         Time In
    <+> 6         Procedure
    <+> 7         Case Attendee
    <+> 7         Role Performed
    <+> 7         Time In
    <+> 7         Procedure
```

SMOR - Case Times

	Entry 1		
Pt In Room Time	09/29/20 09:01:00	**Surgery / Procedure Start Time**	09/29/20 09:39:00
Surgery / Procedure Stop Time	09/29/20 11:01:00	**Pt. Out Room Time**	09/29/20 11:33:00
Last Modified By:	[redacted] 09/29/20 11:33:26		

SMOR - Case Times Audit

```
 09/29/20 11:33:26         Owner: ROS30480                      Modifier: ROS30480
       <+> 1      Pt. Out Room Time
 09/29/20 11:01:30         Owner: ROS30480                      Modifier: ROS30480
    <+> 1         Surgery / Procedure Stop Time
```

Perioperative Record

09/29/20 09:51:31 **Owner: ROS30480** **Modifier: ROS30480**
<+> 1 Surgery / Procedure Start Time

SMOR - General Case Data

Pre-Care Text:
A.350.1 Classifies surgical wound

	Entry 1		
Case Information			
OR	SMOR INTR 06	**Specialty**	General Surgery (SN)
ASA Class	4E	**Case Level**	Level 4
Wound Class	1-Clean	**Case Level Verified**	Yes
Wound Class Verified	Yes		
Preop Diagnosis	BOWEL OBSTRUCTION	**Postop Same As Preop**	Yes
Postop Diagnosis	BOWEL OBSTRUCTION		
Last Modified By:	[redacted] RN 09/29/20 09:20:51		

Post-Care Text:
O.760 Patient receives consistent and comparable care regardless of the setting

SMOR - Surgical Procedures

Pre-Care Text:
A.20 Verifies operative procedure, surgical site, and laterality Im.150 Develops individualized plan of care

	Entry 1	**Entry 2**
Procedure Description		
Procedure	Laparotomy Exploratory Lvl 4	Gastrostomy Lvl 4
Modifiers		
Additional	LYSIS OF ADHESIONS,	LYSIS OF ADHESIONS,
Procedure Detail	SMALL BOWEL RESECTION, ROUX-EN-Y	SMALL BOWEL RESECTION, ROUX-EN-Y
Primary Procedure	Yes	No
Primary [redacted]t	[redacted]	[redacted] MD
Start	09/29/20 09:39:00	09/29/20 09:39:00
Stop	09/29/20 11:01:00	09/29/20 11:01:00
Anesthesia Type	General	General
Surgical Service	General Surgery (SN)	General Surgery (SN)
Wound Class	1-Clean	1-Clean
Last Modified By:	[redacted] RN 09/29/20 11:33:29	[redacted] RN 10/02/20 14:31:53

Post-Care Text:
O.730 The patient's care is consistent with the individualized perioperative plan of care

SMOR - Surgical Procedures Audit

10/02/20 14:31:53 **Owner: ROS30480** **Modifier: ROS30480**
<+> 2 Procedure
<+> 2 Primary Procedure
<+> 2 Primary Surgeon/Proceduralist
<+> 2 Surgical Service
<+> 2 Start
<+> 2 Stop
<+> 2 Wound Class
<+> 2 Anesthesia Type
<+> 2 Additional Procedure Detail

09/29/20 11:33:29 **Owner: ROS30480** **Modifier: ROS30480**
<+> 1 Stop

09/29/20 10:16:53 **Owner: ROS30480** **Modifier: ROS30480**

Perioperative Record

1	<*> Procedure	Laparotomy Exploratory Lvl 4
1	<*> Additional Procedure Detail	LYSIS OF ADHESIONS, SMALL BOWEL RESECTION ,ROUX-EN-Y

09/29/19 10:04:36 Owner: ROS30480 Modifier: ROS30480

1	<*> Procedure	Laparotomy Exploratory Lvl 4
1	<+> Start	
1	<*> Additional Procedure Detail	

SMOR - Counts Verification

Pre-Care Text:
A.20 Verifies operative procedure, sugical site, and laterality A.20.2 Assesses the risk for unintended retained foreign body Im.20 Performs required counts

	Entry 1	**Entry 2**	**Entry 3**
Count Type	Initial Count	Closing 1 Count	Final Count
Procedure	Laparotomy Exploratory Lvl 4	Laparotomy Exploratory Lvl 4	Laparotomy Exploratory Lvl 4
Count Participants	[redacted] RN, [redacted]	[redacted] RN, [redacted]	[redacted] [redacted]
Count Status	Initial	Correct	Correct
Items Counted	Instruments, Sponges, Sharps, Other	Instruments, Sponges, Sharps, Other	Instruments, Sponges, Sharps, Other
Last Modified By:	[redacted] 09/29/20 09:23:26	[redacted] 09/29/20 10:59:06	[redacted] RN 09/29/20 10:59:06

Post-Care Text:
E.50 Evaluates results of the surgical count O.20 Patient is free from unintended retained foreign objects

SMOR - Counts Verification Audit

09/29/20 10:59:06 Owner: ROS30480 Modifier: ROS30480

<+> 2	Count Type	
<+> 2	Count Participants	
<+> 2	Count Status	
<+> 2	Items Counted	
<+> 2	Procedure	
<+> 3	Count Type	
<+> 3	Count Participants	
<+> 3	Count Status	
<+> 3	Items Counted	
<+> 3	Procedure	

SMOR - Cultures and Specimens

Pre-Care Text:
A.20 Verifies operative procedure, surgical site, and laterality Im.320 Manages culture specimen collection Im.330 Manages specimen handling and disposition

	Entry 1	**Entry 2**	**Entry 3**
Type	Culture	Specimen	Specimen
Culture/Specimen #	1. PERITONEAL FLUID	A. SMALL BOWEL RESECTION ROUX-EN-Y	B. DISTAL SMALL BOWEL
Description			
Date/Time	09/29/20 10:04:00	09/29/20 10:04:00	09/29/20 10:04:00
Tests Requested (specimens)	Culture	Tissue in formalin	Tissue in formalin
Disposition	To Microbiology	Specimen Room	Specimen Room
Disposition Comment			
Transported By			
Culture Type			

Perioperative Record

Last Modified By: [redacted] [redacted] [redacted]
09/29/20 10:04:57 09/29/20 11:31:23 09/29/20 11:31:23

Post-Care Text:
E.40 Evaluates correct processes have been performed for specimen handling and disposition O.40 Patient's specimen(s) is managed in the appropriate manner

SMOR - Cultures and Specimens Audit

09/29/20 11:31:23 Owner: ROS30480 Modifier: ROS30480

<+> 2	Tests Requested (specimens)
<+> 2	Disposition
<+> 2	Date/Time
<+> 2	Type
<+> 2	Culture/Specimen #
<+> 3	Tests Requested (specimens)
<+> 3	Disposition
<+> 3	Date/Time
<+> 3	Type
<+> 3	Culture/Specimen #

SMOR - Dressing/Packing

Pre-Care Text:
A.350 Assesses susceptibility for infection Im.250 Administers care to invasive devices Im.290 Administer care to wound sites Im.300 Implements aseptic technique

	Entry 1	**Entry 2**	**Entry 3**
Procedure	Laparotomy Exploratory Lvl 4	Laparotomy Exploratory Lvl 4	Laparotomy Exploratory Lvl 4
Dressing/Packing/Immobilization Items	BANDAGE GAUZE KERLIX AMD 4.5INX4.1YD 3332 919A	PAD ABDOMINAL TENDERSORB WET-PRUF 5X9 9190A 10368A	TAPE CLOTH MEDIPORE H 6INX10YD 2866 2916A
Site	Abdomen	Abdomen	Abdomen
Site Details			
Additional Dressing Details			
Dressed By	[redacted] R MD, [redacted] 09/29/20 11:22:01	[redacted], [redacted] 09/29/20 11:22:01	[redacted] R MD, [redacted] N 09/29/20 11:22:01

Post-Care Text:
E.320 Evaluate factors associted with increased risk for postoperative infection at the completion of the procedure O.200 Patient's wound perfusion is consistent with or improved from baseline levels O.Patient is free from signs and symptoms of infection

SMOR - Dressing/Packing Audit

09/29/20 11:22:01 Owner: ROS30480 Modifier: ROS30480

1	<*> Procedure	Laparotomy Exploratory Lvl 4
1	<+> Dressing/Packing/Immobilization Items	
<+> 2	Site	
<+> 2	Procedure	
<+> 2	Dressing/Packing/Immobilization Items	
<+> 2	Dressed By	
<+> 3	Site	

Perioperative Record

<+> 3 Procedure
<+> 3 Dressing/Packing/Immobilization
Items
<+> Dressed By

09/29/20 09:24:53 **Owner: ROS30480** **Modifier: ROS30480**
1 <*> Procedure Laparotomy Exploratory Lvl 4
1 <+> Dressed By

SMOR - Medications

Pre-Care Text:
A.10 Confirms patient identity A.30 Verifies allergies Im.220 Administers prescribed medications Im.220.2
Administers prescribed antibiotic therapy as ordered

	Entry 1
Non-anesthesia Intraoperative medications ordered and documented per policy?	Yes
Last Modified By:	[redacted] RN 09/29/20 09:26:10

Post-Care Text:
E.20 Evaluates response to medications O.130 Patient receives appropriately administerd medication(s)

SMOR - Patient Care Devices

Pre-Care Text:
A.200 Assesses risk for normothermia regulation A.40 Verifies presence of prosthetics or corrective devices
Im.280 Implements thermoregulation measures Im.60 Uses supplies and equipment within safe parameters

	Entry 1	**Entry 2**	**Entry 3**
Equipment Type	SMOR CAUTERY BOVIE VALLEYLAB	SMOR CAUTERY ENSEAL/HARMONIC	SMOR PUMP FLOWTRON
Serial Number	1G	SB52147	SB89657
Flexible Endoscope Sterilization/HLD Cycle Number:			
Equipment Setting			
Comment			
Last Modified By:	[redacted] RN 09/29/20 09:28:59	[redacted] RN 09/29/20 09:28:59	[redacted] RN 09/29/20 09:28:59

	Entry 4
Equipment Type	SMOR WARMER BAIRHUGGER
Serial Number	SB61598
Flexible Endoscope Sterilization/HLD Cycle Number:	
Equipment Setting	
Comment	
Last Modified By:	[redacted] RN 09/29/20 09:28:59

Post-Care Text:
E.10 Evaluates signs and symptoms of physical injury to skin and tissue O.60 Patient is free from signs and
symptoms of injury caused by extraneous objects

SMOR - Patient Positioning

Pre-Care Text:
A.240 Assesses baseline skin condition A.280 Identifies baseline musculoskeletal status A.280.1 Identifies

Perioperative Record

physical alterations that require additional precautions for procedure-specific positioning A.510.8 Maintains
patient's dignity and privacy Im.120 Implements protective measures to prevent skin/tissue injury due to
mechanical sources Im.40 Positions the patient Im.80 Applies safety devices

	Entry 1		
Procedure	Laparotomy Exploratory Lvl 4	**Body Position**	Supine
Left Arm Position	Extended on padded arm board at <90 degrees	**Right Arm Position**	Extended on padded arm board at <90 degrees
Left Leg Position	Extended	**Right Leg Position**	Extended
Feet Uncrossed?	Yes	**Pressure Points Checked**	Yes
Positioning Device	Arm Boards, Arm Strap, Foam Pad, Head Positioner, Standard OR Table, Safety Strap, Pillow	**Positioned By**	[redacted] MD, [redacted], [redacted], Juan [redacted]-May E [redacted] R MD
Last Modified By:	[redacted] RN 09/29/20 09:29:52		

Post-Care Text:
E.10 Evaluates for signs and symptoms of physical injury to skin and tissue E.290 Evaluates musculoskeletal
status O.80 Patient is free from signs and symptoms of injury related to positioning O.120 the patient is free
from signs and symptoms of injury related to transfer/transport O.250 Patient's musculoskeletal status is
maintained at or improved from baseline levels

SMOR - Safety Checklist 1) Sign In

Pre-Care Text:
A.10 Confirms patient identity A.20 Verifies operative procedure, surgical site, and laterality A.20.1 Verifies
consent for planned procedure A.30 Verifies allergies

	Entry 1		
Chart Review	NPO Status, Labwork, H & P, Pre-Op Checklist, Pre-Op Skin Assessment, Surgical Consent, Anesthesia Consent, Other Consent	**Blood Ordered**	T&S
Mental / Emotional Status	Sedated	**Patient identity, site, procedure, consent confirmed**	Yes
Secondary ID bracelet placed on patient	Yes	**Site Marked**	Yes
Procedure/Surgery Consent Confirmed	Yes	**If the patient has a known allergy, is the allergy band in place?**	Yes
Hair Removal Completed in Preop	No	**Limitations**	Mobility
Comfort Level	Pain free, Patient Warm	**Special Equipment/ Implants / Medical Devices Available**	Yes
Patient ID	Yes	**Does patient have**	No

Perioperative Record

confirmed on X-rays and Scanned images		**metal in body?**	
Patient asked "Do you have any other removable items...i.e. jewelry/contacts/dentures/hearing aids?	Yes	**Discharge Plan**	PACU I
Completed Date/Time	09/29/20 09:00:00		
Last Modified By:	[redacted] RN 09/29/20 09:31:02		

Post-Care Text:

E.30 Evaluates verification process for correct patient, site, side, and level surgery

SMOR - Safety Checklist 3) Sign Out

Pre-Care Text:

Im.330 Manages specimen handling and disposition

	Entry 1		
Nurse verbally verifies with surgeon and team the name of the procedure(s) recorded	Yes	**Nurse verbally verifies with surgeon and team that instrument, sponge, and needle counts are correct (or N/A)**	Yes
Nurse verbally verifies with surgeon and team how specimen is labeled (including patient name)	Yes	**Nurse verbally verifies with surgeon and team any equipment problems to be addressed**	Yes
Surgeon, anesthesia, nurse review key concerns for recovery and management of patient	Yes	**Sign Out Time**	09/29/20 10:56:00
Last Modified By:	[redacted] RN 09/29/20 10:58:46		

Post-Care Text:

E.800 Ensures continuity of care E.50 Evaluates results of the surgical count O.30 Patient's procedure is performed on the correct site, side, and level O.50 patient's current status is communicated throughout the continuum of care O.40 Patient's specimen(s) is managed in the appropriate manner

SMOR - Safety Checklist 3) Sign Out Audit

09/29/20 10:58:46 **Owner: ROS30480** **Modifier: ROS30480**

<+> 1 Sign Out Time

SMOR - Skin Assessment

Pre-Care Text:

A.240 Assesses baseline skin condition Im.120 Implements protective measures to prevent skin or tissue injury due to mechanical sources Im.280.1 Implements progective measures to prevent skin or tissue injury due to thermal sources Im.360 Monitors for signs and symptons of infection

	Entry 1	**Entry 2**
Skin assessment done	Prior to Procedure	Post procedure
Skin Integrity	Intact	Intact

Perioperative Record

Skin Abnormality	No	No
Surgeon Notified	n/a	n/a
Abnormality Location		
Abnormality Type		
Color		
Abnormality Comment		
Last Modified By:	RN 09/29/20 09:31:30	RN 09/29/20 09:31:30

Post-Care Text:
E.10 Evaluates for signs and symptoms of physical injury to skin and tissue E.270 Evaluate tissue perfusion
O.60 Patient is free from signs and symptoms of injury caused by extraneous objects O.210 Patinet's tissue perfusion is consistent with or improved from baseline levels

SMOR - Skin Prep

Pre-Care Text:
A.30 Verifies allergies A.20 Verifies procedure, surgical site, and laterality A.510.8 Maintains paritnet's dignity and privacy Im.270 Performs Skin Preparation Im.270.1 Implements protective measures to prevent skin and tissue injury due to chemical sources A.300.1 Protects from cross-contamination

Entry 1

Skin Prep

Prep Agents (Im.270)	Chloraprep	**Prep By**	[redacted] E RN
Prep Area (Im.270)	Nipple to pubis	**Prep Area Details**	Bilateral
Skin Prep Agent Dry Without Pooling	Yes		
Hair Removal			
Hair Removal Methods	No hair removal performed in OR		
Last Modified By:	RN 09/29/20 09:31:44		

Post-Care Text:
E.10 Evaluates for signs and symptoms of physical injury to skin and tissue O.100 Patient is free from signs and symptoms of chemical injury O.740 The patient's right to privacy is maintained

SMOR - Irrigation

Pre-Care Text:
A.280 Verifies allergies A.310 Identifies factors associated with an increased risk for hemorrhage or fluid and electrolyte imbalance Im.210 Administers prescribed solutions A.280.1 Implements protective measures to prevent skin or tissue injury due to thermal sources

Entry 1

Irrigant	0.9% Normal Saline	**Irrigant Volume In**	2000 mL
Irrigant Volume Out	2000 mL		
Last Modified By:	RN 09/29/20 09:26:06		

Post-Care Text:
E.10 Evaluates for signs and symptoms of physical injury to skin and tissue O.10 Patient is free from signs and symptoms of injury due to thermal sources O.100 Patient is free from signs and symptoms of chemical injury

SMOR - Delays

Entry 1

Delay Reason	No Delays	**Duration**	0.00 minutes
Last Modified By:	RN		

Perioperative Record

09/29/20 09:23:39

SMOR - Transport

	Entry 1		
Patient Status	Intubated	**Patient LOC**	Unresponsive
Patient IV Access	Yes	**Oxygen in Use?**	Yes
Patent Airway Device	Endotracheal tube	**Post-op Destination**	ICU
Via	Bed	**Transport and Care Information Reported to Receiving Nurse?**	Yes
Monitors?	Ambu-Bag, Cardiac/Transport Monitor, Oxygen Saturation Monitor	**Siderails Up?**	Yes
Transported By	Anesthesia Provider, Nurse, MSA		
Last Modified By:	[redacted] RN 09/29/20 18:43:17		

SMOR - Transport Audit

09/29/20 18:43:17	**Owner: ROS30480**	**Modifier: ROS30480**
1	<*> Via	Stretcher
1	<*> Post-op Destination	PACU
1	<*> Airway Device	Oxygen Mask
1	<+> Patient Status	
1	<+> Monitors?	
1	<+> Patient LOC	
1	<*> Transported By	Anesthesia Provider, Nurse

SMOR - Cautery

Pre-Care Text:

A.240 Assesses baseline skin condition A280.1 Identifies baseline musculoskeletal status Im.50 Implements protective measures to prevent injury due to electrical sources Im.60 Uses supplies and equipment within safe parameters Im.80 Applies safety devices

	Entry 1		
ESU Type	Electrosurgical Unit	**Identification Number**	1G
Grounding Pad Details			
Grounding Pad Needed?	Yes	**Verified By**	XXXXXXXX RN
Grounding Pad Site	Thigh	**Grounding Pad Site Detail**	Left
Grounding Pad Lot Number	83470219X	**Within Expiration Date?**	Yes
ESU Settings			
Cut Setting	40	**Coag Setting**	40
Last Modified By:	[redacted] RN 09/29/20 09:22:56		

Post-Care Text:

E.10 Evaluates for signs and symptoms of physical injury to skin and tissue O.10 Patient is free from signs and symptoms of injury related to thermal sources O.70 Patient is free from signs and symptoms of electrical injury

SMOR - Catheters, Drains and Tubes

Perioperative Record

Pre-Care Text:
A.310 Identifies factors associated with an increased risk for hemorrhage or fluid and electrolyte imbalance
Im.250 Administers care to invasive device sites

	Entry 1	**Entry 2**	**Entry 3**
Device Description	TRAY FOLEY DRAINAGE BARDEX IC 14FR A300314A 20FR 76001A	DRAIN ROUND FULL FLUTED 3/16 15FR 4.7 072228 47111A	CATHETER FOLEY 2 WAY INFECTION CONTROL 5ML 0165SI20 737A
Device Type	Bladder	Bulb Reservoir	Gastrostomy
Location	Bladder	Abdomen	Abdomen
Balloon Inflation Amount	10CC		10CC
Location Detail			
Is this a urinary catheter?	Yes	No	No
Urine Color/ Characteristics	Yellow, Clear		
Present on Arrival?	Yes	No	No
Inserted By		[redacted]	[redacted] MD
Time In		09/29/20 10:10:00	09/29/20 10:45:00
DC'd at End of Case?	Yes	No	No
DC'd By			
Time Out			
Drainage Details			
Drainage?	No	Yes	Yes
Drainage Type		Sanguineous	Sanguineous
Drainage System		Suction Reservoir	Dependent drainage bag
Color		Red	Brown
Odor		Absent	Absent
Amount		Minimal	Minimal
Consistency		Thick	Thick
Amount Drained in mL			
Last Modified By:	[redacted] RN 09/29/20 09:22:26	[redacted] RN 09/29/20 10:10:39	[redacted] RN 09/29/20 11:03:51

Post-Care Text:
E.340 Evaluates tubes and drains are intact and functioning as planned O.60 Patient is free from signs and symptoms of injury caused by extraneous objects

SMOR - Catheters, Drains and Tubes Audit

09/29/20 11:03:51 **Owner: ROS30480** **Modifier: ROS30480**
- <+> 3 Device Type
- <+> 3 Device Description
- <+> 3 Location
- <+> 3 Drainage System
- <+> 3 Present on Arrival?
- <+> 3 Inserted By
- <+> 3 DC'd at End of Case?
- <+> 3 Balloon Inflation Amount
- <+> 3 Drainage Type
- <+> 3 Consistency
- <+> 3 Amount
- <+> 3 Color
- <+> 3 Odor
- <+> 3 Drainage?
- <+> 3 Time In
- <+> 3 Is this a urinary catheter?

09/29/20 10:10:39 **Owner: ROS30480** **Modifier: ROS30480**
- <+> 2 Device Type

Perioperative Record

<+> 2	Device Description
<+> 2	Location
<+> 2	Drainage System
<+> 2	Present on Arrival?
<+> 2	Inserted By
<+> 2	DC'd at End of Case?
<+> 2	Drainage Type
<+> 2	Consistency
<+> 2	Amount
<+> 2	Color
<+> 2	Odor
<+> 2	Drainage?
<+> 2	Time In
<+> 2	Is this a urinary catheter?

SMOR - Communication

Pre-Care Text:

A.520 Identifies barriers to communication (Patient and Family Communications) A.20 Verifies operative procedure, surgical site, and laterality (Hand-off Communications) Im.500 Provides status reports to family members Im.150 Develops individualized plan of care

	Entry 1		
Communication	Phone call	**Communication By**	[redacted] RN
Date and Time	09/29/20 10:05:00	**Comments**	FAMILY UPDATED REGARDING START OF SURGERY
Last Modified By:	[redacted] RN 09/29/20 10:05:57		

Post-Care Text:

E.520 Evaluates psychosocial response to plan of care O.500 Patient or designated support person demonstrates knowledge of the expected psychosocial responses to the procedure E.800 Ensures continuity of care O.50 Patient's current status is communicated throughout the continuum of care

SMOR - Communication Audit

09/29/20 10:05:57 **Owner: ROS30480** **Modifier: ROS30480**

<+> 1	Date and Time

SMOR - PNDS Outcomes

	Entry 1		
Outcome Met: Patient is free from injury related to surgical positioning or physical hazards from procedure as evidenced by no signs/symptoms of injury to the patient	Yes	**Outcome Met: Patient is free from unintended retained foreign objects**	Yes
Outcome Met: All medication and solutions both on and off the sterile field will be properly identified and labeled	Yes	**Outcome Met: Patient is free from injury**	Yes
Outcome Met:	Yes	**Outcome Met:**	Yes

Perioperative Record

Patient's skin integrity is maintained as evidenced by no signs/symptoms of impaired skin integrity	**Patient tolerated surgical procedure with no apparent breaks in sterile technique as evidenced by no signs/symptoms of wound infection**

Last Modified By: [redacted]
09/29/20 09:29:56

SMOR - Fire Risk Assessment

	Entry 1		
Fire Risk Assessment Score			
Is the surgical or incision site above the Xiphoid	No (0 pt)	**Oxygen administered by face mask or nasal cannula**	No (0 pt)
Ignition source (ESU, Laser or Fiberoptic Light Source) present	Yes (1pt)		
Plan and Intervention			
Low Risk (1-2)	Standard fire safety precautions in place, Let prep dry for at least 3 mins, Protect heat sources (i.e. cautery holder), Employ standard draping procedures		
When electrocautery (ESU) is used with an open oxygen delivery system	Stop supplemental oxygen at least 1 min before & during cautery use, Use wet, rather than dry sponges, Keep sterile water or saline solution available for fire suppression, Keep a syringe full of saline solution available (Oral/Dental cavities), Protect heat sources, Use the lowest possible electrocautery setting		

Last Modified By: [redacted] RN
09/29/20 09:25:00

SMOR - Safety Checklist 2) Time Out

	Entry 1		
Procedure(s)	Laparotomy Exploratory Lvl 4	**Time Out led by Physician or by Physician designee**	Yes
Entire surgical team involved	Yes	**Correct patient: Using two approved identifiers**	Yes
Consent form accurately completed and signed	Yes	**Agreement on the procedure to be performed**	Yes
Agreement on the	Yes	**Direct**	Yes

Perioperative Record

correct site		**visualization of the site marking after prepping and draping**	
Sterile indicators verified	Yes	**Emergent procedure**	No
Is essential imaging displayed?	Yes	**Antibiotic prophylaxis given prior to incision according to guidelines**	Yes
Time Out Time	09/29/20 09:38:00		
Last Modified By:	[redacted] RN 09/29/20 10:05:40		

SMOR - Safety Checklist 2) Time Out Audit

09/29/20 10:05:40 **Owner: ROS30480** **Modifier: ROS30480**

1	<*> Procedure(s)	Laparotomy Exploratory Lvl 4
1	<+> Time Out Time	

Case Comments

<None>

Finalized By: [redacted]

Document Signatures

Signed By:

[redacted]
[redacted]
[redacted]

Unfinalized History

Date/Time	Username	Reason for Unfinalizing	Freetext Reason for Unfinalizing
09/29/20 18:42	ROS30480	Correct Documentation	
10/02/20 14:31	ROS30480	Correct Documentation	

Operative Notes and Reports

Document Type:	Operative Report
Service Date/Time:	9/29/2020 20:42 EDT
Result Status:	Auth (Verified)
Document Subject:	temporary dialysis placement
Perform Information:	[redacted] MD (9/29/2020 20:47 EDT)
Sign Information:	[redacted] MD (9/29/2020 20:47 EDT)

Procedure Note

temporary dialysis catheter placement

time out 9/29/20 1800

consent obtained by husband

Operative Notes and Reports

attempted right femoral dialysis catheter. Was able to place guidewire into vein and imaged with ultrasound. Was able to dilate easily however unable to advance the catheter. Procedure was then aborted and pressure was applied to insertion site. Hemostasis achieved. Dressing with gauze applied.
EBL 10cc

Electronically Signed on 09/29/2020 20:47

MD

Document Type:	Operative Report
Service Date/Time:	9/29/2020 14:06 EDT
Result Status:	Auth (Verified)
Document Subject:	Central line placement
Perform Information:	MD (9/29/2020 14:07 EDT)
Sign Information:	MD (9/29/2020 14:07 EDT)

Central Line procedure note

Procedure: Central venous catheter insertion

Description of Procedure:

Central venous catheter inserted into right internal Jugular vein for assessment of intravascular volume drug and/or fluid administration under ultrasound guidance. Sterile procedures employed-hand hygiene prior to donning gloves, gown, mask, barrier kit, full barrier drape; Local anesthetic administered; Seldinger technique used; No introducer inserted; Blood flow good; CXR pending; Type of skin prep Chlorhexidine; No apparent complications. Estimated blood loss was negligible. Ultrasound images of the guidewire in the vein were recorded and uploaded to the system.

Time-Out Process: 9/29/2020 1311;Time-Out performed, Verified patient identification, Verified procedure, Verified site/side - marked, Verified correct patient position, Special equipment/implants available, Medications/allergies/relevant history reviewed

I performed this myself. This procedure was performed independently of the time included in today's admission/progress note (s)

Electronically Signed on 09/29/2020 14:07

MD

Document Type:	Operative Report
Service Date/Time:	9/29/2020 10:58 EDT
Result Status:	Auth (Verified)
Document Subject:	Operative report MD
Perform Information:	MD (9/29/2020 11:08 EDT)
Sign Information:	MD (9/29/2020 11:08 EDT)

Preoperative Diagnosis
Small bowel obstruction
Ischemic bowel
History of open gastric bypass

Postoperative Diagnosis
Small bowel obstruction caused by adhesive band

Operative Notes and Reports

Necrotic biliopancreatic limb
Necrotic distal small bowel

Operative Procedure Performed:
Exploratory laparotomy
Lysis of adhesions
Small bowel resection including Roux-en-Y (biliary pancreatic limb including Roux-en-Y)
Distal small bowel resection
Gastrostomy tube placement in remnant stomach

Surgeon(s)
FACS, FASMBS

Assistant
MD

Estimated Blood Loss
100 mL's

Findings
Necrotic biliopancreatic limb and Roux-en-Y anastomosis caused by an adhesive band
Small segment necrotic small bowel and distal small bowel
Distended and ischemic gastric remnant

Specimen(s)
Cultures of peritoneal ascites
Biliary pancreatic limb small bowel with Roux-en-Y anastomosis
Distal small bowel

Type of Anesthesia
General

Urine Output
Per anesthesia

Drains
15 French Blake left at the ligament of Treitz/duodenal stump
Gastrostomy tube in the remnant/excluded portion of stomach

Packing
None

Implants
None

Complications
None

Surgeon Participation Attestation (insert autotext **.surgeryAttestation,** if applies, and describe participation)
[redacted] MD, FACS, FASMBS was present and an active participant throughout the key or critical components of the operation.

Operative Procedure Technique:
The abdomen was prepped and draped usual fashion. A timeout was performed by the nursing staff. A midline incision was made. There was noted to be a black-colored ascites in the abdomen. Cultures were obtained and sent for culture evaluation.

A lysis of adhesions was performed due to the previous open gastric bypass there was lysis of adhesions needed to free up both the right and left abdominal wall. At this point the abdomen was suctioned in its entirety. At the area of necrotic small bowel was localized which was the proximal biliary pancreatic limb. There was an adhesive band that was cut releasing the necrotic small bowel. At this point continued evaluation revealed that there was some necrotic small bowel all the way to the ligament of Treitz. Therefore a this was followed distally to the Roux-en-Y. The Roux-en-Y is found to be necrotic as well. At this point the anastomosis of the Roux-en-Y was

Operative Notes and Reports

taken down with Echelon 60 blue x3 to take down all 3 limbs of the Roux-en-Y including the alimentary limb, the biliopancreatic limb as well as the common channel. The LigaSure was taken to take the mesentery towards the biliopancreatic limb all the way to the ligament of Treitz. This was taken all the way to the ligament of Treitz until the small bowel was found to be adequate. Therefore an Echelon 60 blue was taken to resect the ligament of Treitz and transect the small bowel. Since the patient at this point was hypotensive on pressors and decision was made to not reconstruct at the ligament of Treitz due to this tedious anastomosis at high risk.

At this point the alimentary limb in the continuity of the small bowel was read the created. The alimentary limb was a retrocolic alimentary limb and it was reconnected checking the mesentery to ensure he was the same small bowel and was reconnected to the area of the distal common channel in a side-to-side functional end-to-end fashion using a Echelon 60 blue x2 to create the enterotomy and then a 6 the balloon to close the enterotomy. The mesenteric defect was closed with 3-0 Vicryl sutures.

The distal small bowel was followed all the way to the common channel and all the way down to the terminal ileum and cecum. There was a small segment of 10 cm of necrotic bowel distally. This was resected with an Echelon 60 blue proximally and distally. The mesenteric was taken with the LigaSure device. The anastomosis was created in a side-to-side functional end-to-end fashion with a Echelon 60 blue x2 and closed with an Echelon 60 blue x1. The mesenteric event was closed with 3-0 Vicryl suture. At this point the abdomen is really inspected. There was no other abnormalities noted. It was irrigated multiple liters of irrigation.

In order to decompress the remnant stomach and the duodenal/ligament of Treitz stump that was left stapled a the remnant stomach was evaluated. The alimentary limb was found above the colon. It was separated from the transverse colon using careful Bovie dissection. The remnant stomach was encountered it was massively distended. There was some ischemic patches on the remnant stomach. Decision was made to not resected read remnant stomach at this point since the patient continued on pressors and this bowel was ischemic and may recover after the pressure and tension of the remnant stomach was released. At this point a gastrotomy was performed by placing a 20 French Foley through the anterior abdominal wall. A pursestring of 3-0 Vicryl was placed in the remedied/excluded stomach. The gastrotomy was placed and the stomach was suctioned. The Foley was placed in it and the balloon was instilled with 10 mL's of sterile water. The pursestring was tied. The remnant stomach was sutured to the anterior abdominal wall with 3-0 Vicryl sutures interrupted fashion fastening the remnant stomach to the anterior abdominal wall at the gastrostomy site. The gastrostomy tube was sutured to skin with 2-0 nylon. At this point the abdomen was irrigated copiously again. All needle sponge and instrument counts were correct. The midline fascia was approximated #1 looped PDS in a running fashion and tied. The skin was left open with a Kerlix gauze.

At this point the patient planned was to return to the operating room in 24 to 48 hours if the patient's condition failed to improve or worsen with the concern of further ischemic bowel or ischemic remnant stomach/excluded stomach.

The plan is that patient would return to the operating room in 1 week - 2 weeks depending on the clinical status of the patient to reconstruct the Roux-en-Y gastric bypass. The patient was left in discontinuity due to the difficulty of reconstructing the Roux-en-Y with this duodenum/ligament of Treitz. And due to the patient's overall clinical status.

It was discussed with the patient husband via phone the exact operative findings and the time of surgery and with the regard the possibility of return to the operating a 24-48 hours if the patient's clinical status worsened and the absolute need to return to the operating room in 1 to 2 weeks to complete the reconstruction of the Roux-en-Y. All questions were answered and he wishes to proceed.
Patient is transferred to the intensive care unit in critical condition..

Electronically Signed on 09/29/2020 11:08

_____

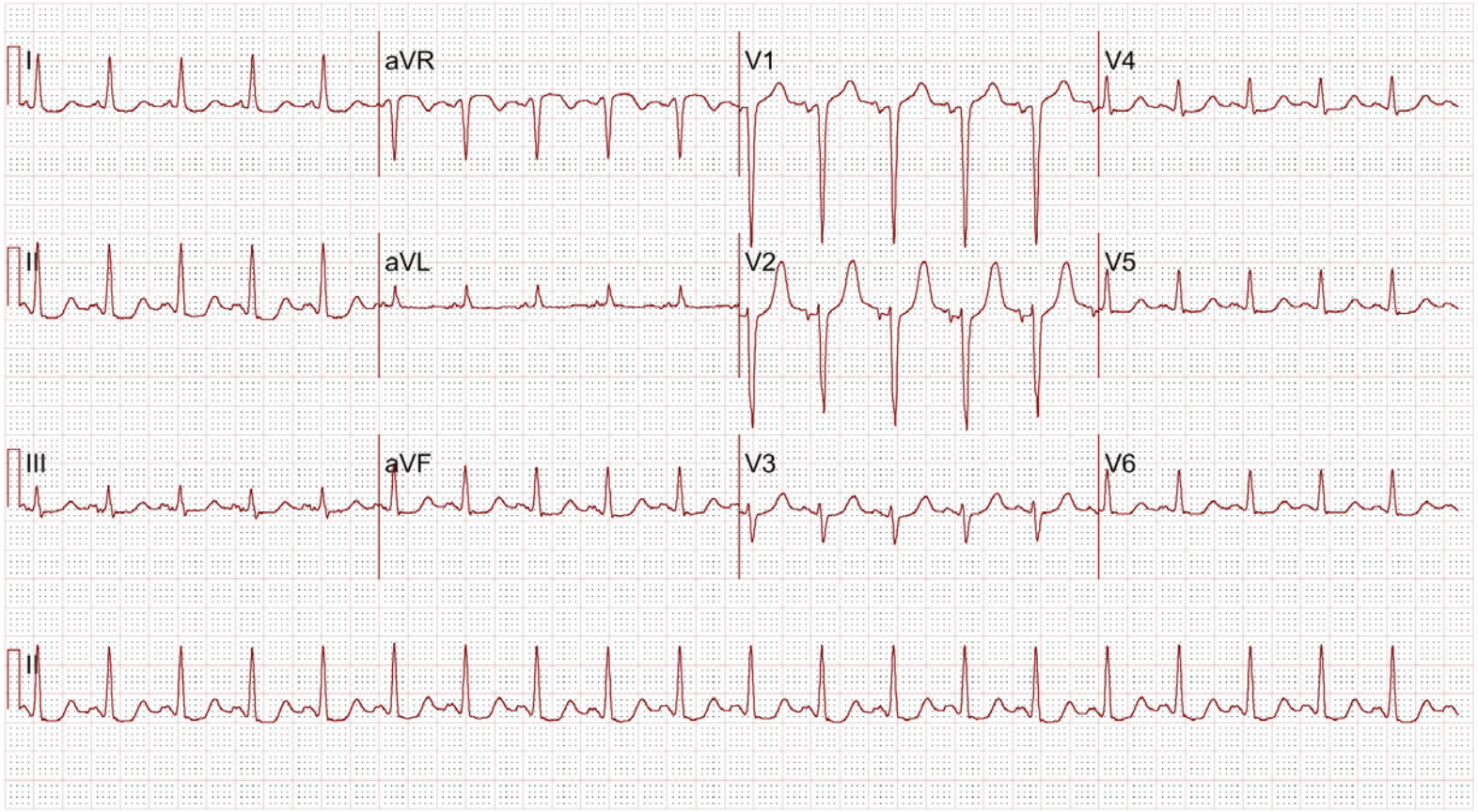
MD

[redacted] [redacted]

*** Auth (Verified) ***

Name: [redacted] ,S[redacted]	Vent rate: 121	SINUS TACHYCARDIA WITH SHORT PR INTERVAL
ID : [redacted]	PR : 495	LEFT VENTRICULAR HYPERTROPHY AND ST-T CHANGE
Req#: 378056497777	--Durations--	LEFT ATRIAL ABNORMALITY
FIN#: 905514081	P : 105	ABNORMAL ECG
DOB: Age: 73 years Race: Unknown	QRS: 85	
Age : 46 years Sex : Female	--Intervals--	
Facility: SMH	PR : 113	
Tech: 22971 Room: CC05C01	QT : 327	
Medi: No Medication	QTcBz: 433	
Coll:	QTcFr:	
Phys: [redacted] T[redacted]	--Axes--	
Cmmt:	P : 47	
Dept: EMR Date: 09/28/19 Time: 21:04:35	QRS: 44	Confirmed By: J[redacted] ,, M.D.
Speed: 25 mm/s Gain: 10.0 mm/mV	T : 64	

Limb Lead Gain: 10.0 mm/mV Chest Lead Gain: 10.0 mm/mV Filters(s): Notch 60 Hz Antifact 40 Hz Stabble Off



2019092821043 5.12633

ECG Printed 09/30/2019 08:37:36 Transcribed By: J[redacted] D. 09/30/2019 08:37:20

CONFIRM EU138 V2.1.2.0 1154402788550 QTcH=(Hodges)

[redacted]

* Auth (Verified) *

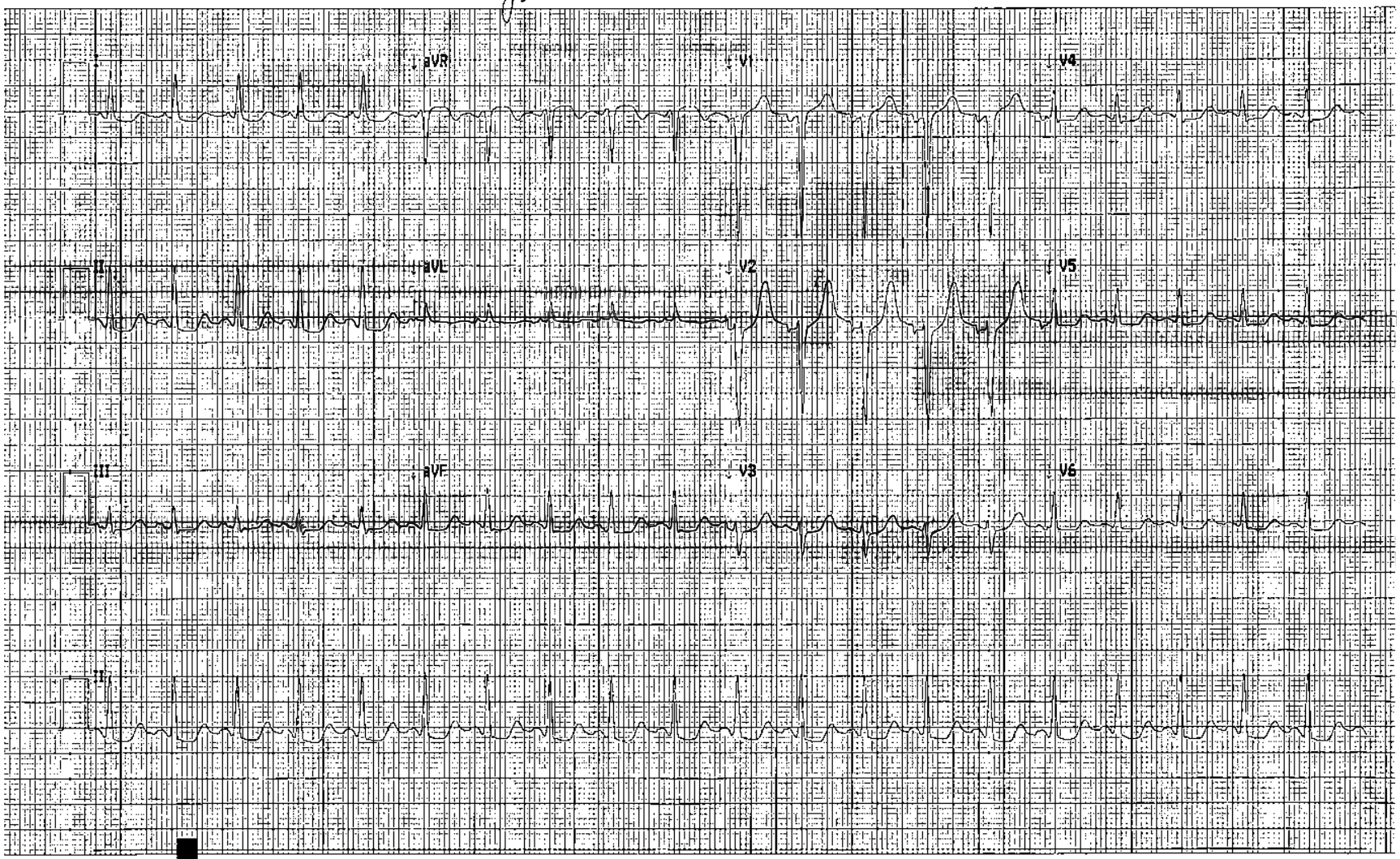
[redacted] [redacted]
[redacted] Tech: 22971
EIN: Dept: ED
DOB: 23-Jul-1973 Age: 47Gygr
Sex: Female Race:
P.Req#: Rm:1
Order Phys:
Cmt:

28-Sep-2020 21:04:35

Vent rate	121 BPM
PR int	113 ms
QRS dur	85 ms
QT/QTc	327/399 ms
P-R-T axes	47 44 64

SINUS TACHYCARDIA WITH SHORT PR INTERVAL
LEFT VENTRICULAR HYPERTROPHY AND ST-T CHANGE [VOLTAGE CRITERIA PLUS ST/T ABNORMALITY]
ABNORMAL ECG
UNCONFIRMED REPORT

2106 JS



EKG-Stress

Document Type:	EKG Standard
Service Date/Time:	9/28/2020 21:04 EDT
Result Status:	Auth (Verified)
Document Subject:	EKG Standard
Perform Information:	
Sign Information:	

ECG IMAGE LOCATION
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Physician Interpreter
_____ M.D.

Interpretation Text
SINUS TACHYCARDIA WITH SHORT PR INTERVAL
LEFT VENTRICULAR HYPERTROPHY AND ST-T CHANGE
LEFT ATRIAL ABNORMALITY
ABNORMAL ECG

[redacted]

[redacted]

* Auth (Verified) *

Name:[redacted] ,S[redacted] | Vent rate: 121 | SINUS TACHYCARDIA WITH SHORT PR INTERVAL
ID : [redacted] | RR : 495 | LEFT VENTRICULAR HYPERTROPHY AND ST-T CHANGE
Req#: 3780564977 | --Durations-- | LEFT ATRIAL ABNORMALITY
FIN#:[redacted] | P : 105 | ABNORMAL ECG
DOB:07/21/1978 Age: Race: Unknown | QRS: 85
Ages 46 years Sex : Female | --Intervals--
Facility: SMH | PR : 113
Tech: 22971 Room: CC0501 | QT : 327
Med1: No Medication | QTcH: 433
Ccl1: | QTd:
Phys: [redacted] | --Axes--
Cmmt: | P : 47
Dept: EMER Date: Inst: South Miami | QRS: 44 | Confirmed By: [redacted] , M.D.
9/28/2019 Time 21:10:43 | T : 64
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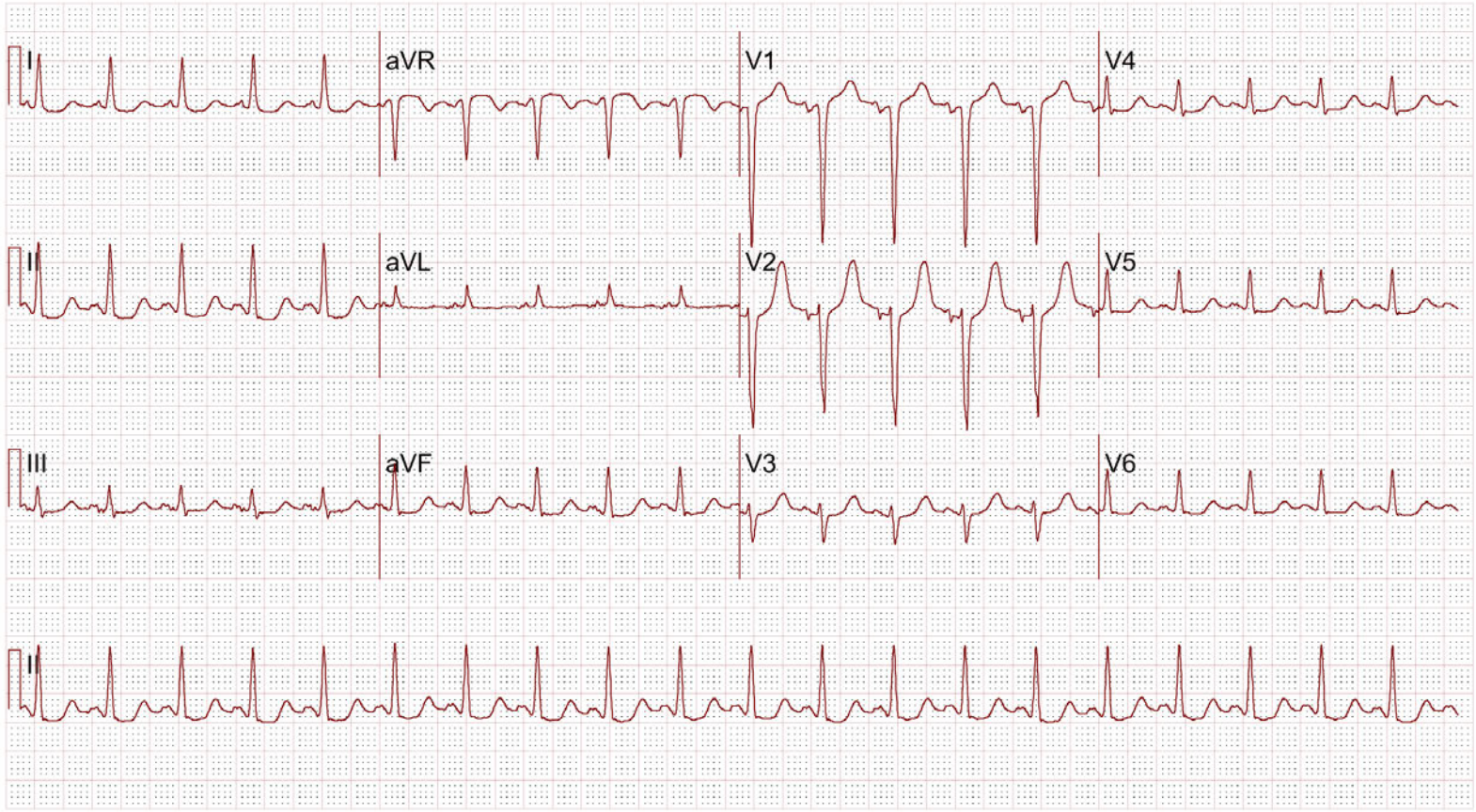


20190928210435.12633

ECG Printed 09/30/2019 08:37:36 Transcribed By:JU[redacted].D.M09/30/2019 08:37:20
CONFIRM ELI38 V2.1.2.0 115440278550 QTcH=(Hodges) Page 1 of 1

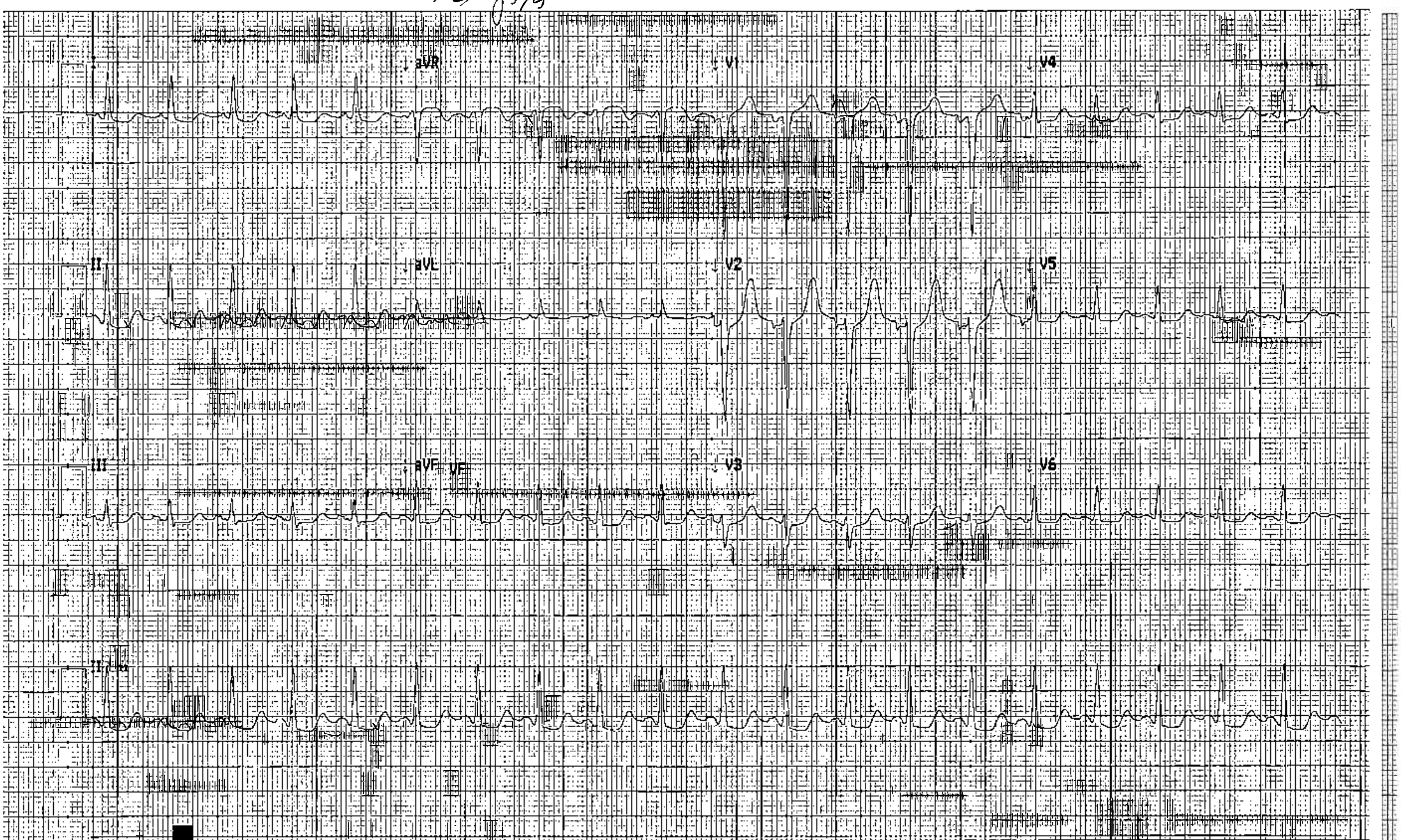
* Auth (Verified) *

[redacted]
Tech: 22971
EIN: Dept: ED
DOB: 23-Jul-1973 Age: 46 yr
Sex: Female Race:
P.Reg#: Rm:1
Order Phys:
Cmt:

28-Sep-2019 21:04:35

Vent rate 121 BPM
PR int 113 ms
QRS dur 85 ms
QT/QTc 327/399 ms
P-R-T axes 47 44 64

SINUS TACHYCARDIA WITH SHORT PR INTERVAL
LEFT VENTRICULAR HYPERTROPHY AND ST-T CHANGE [VOLTAGE CRITERIA PLUS ST/T ABNORMALITY]
ABNORMAL ECG
UNCONFIRMED REPORT



115440279550 [redacted] South Miami
553 SP Sent: 30 Version 2.1.2.0 Sequence #17633 25mm/s 10mm/mV 0.05-40 Hz

Pathology Report

Accession:	Collected Date/Time:	Received Date/Time:	Pathologist:
002-SP-19-0008789	9/29/2020 10:47 EDT	9/30/2020 10:48 EDT	r MD

Surgical Pathology Report

DIAGNOSIS:

A. Small bowel resection, Roux-en-Y:
Small bowel with ischemic necrosis and serosal adhesions.

B. Distal small bowel:
Sections of benign small bowel with ischemic changes.

NNN/pj

, MD
(Electronically signed by)
Verified: 10/01/2020

CLINICAL INFORMATION:
Procedure: Exploratory laparotomy
Pre-Operative Diagnosis: Bowel obstruction
Post-Operative Diagnosis: Same

SPECIMEN SOURCE:
A. Small bowel resection, Roux-en-Y
B. Distal small bowel

GROSS DESCRIPTION:
A. Small bowel, resection: A 46 x 4 x 4 cm discolored and necrotic-appearing portion of small bowel that is adherent to a 7.5 x 3 x 3 cm portion of discolored bowel. These are connected to what appears to be adhesion bands. Bowel contents of blood. The folds on the wall are intensely hemorrhagic and discolored. No mass is seen. Representative sections are submitted in 6 blocks; 1-4 contains section of the necrotic-appearing bowel; 5-6 contain the adherent portion of bowel.
B. Distal small bowel: A 5.5 x 3 x 2 cm segment of bowel. Both margins are stapled. The specimen is mildly congested. Representative sections are submitted in 4 blocks.
NNN/ab

Surgical Pathology Report

Accession:	Collected Date/Time:	Received Date/Time:	Pathologist:
002-SP-19-0008789	9/29/2020 10:47 EDT	9/30/2020 10:48 EDT	far MD

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NNN/pj

(Electronically signed by)
Verified: 10/01/2020

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Post-Operative Diagnosis: Same

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NNN/ab

Critical Results

Collected Date Collected Time	9/30/2020 12:35 EDT	9/30/2020 03:34 EDT		
Procedure			Units	Reference Range
Critical result reported	h/h, 5.4 and 18.5	hgb 6.6 hct 21.0		
Result Received By	[redacted] RN	[redacted] RN		
Reporting Department	lab	lab		
Critical result reported by	[redacted] TN	[redacted]le		
Date/Time Reported	9/30/2020 12:35 EDT	9/30/2020 03:35 EDT		
Care provider called	Yes	Yes		
Critical result provider name	[redacted] MD	[redacted] MD		
1st Call Date/time	9/30/2020 12:35 EDT	-		
Actions to be taken	-	Orders received		
Critical result comment	See Below T2	See Below T3		

Textual Results
T2: 9/30/2020 12:35 EDT (Critical result comment)
orders recieved to transfuse 2 units prbc
T3: 9/30/2020 03:34 E[redacted]
transfuse two prbc after 4 dose of plasma is completed.
[redacted]

Collected Date Collected Time	9/29/2020 13:29 EDT	9/29/2020 12:41 EDT		
Procedure			Units	Reference Range
Critical result reported	blood glucose 11	hemoglobni 6.8		
Point of care	No	No		
Result Received By	[redacted]	[redacted]		
[redacted]	[redacted]	hemat		
Critical result reported by	[redacted]	[redacted]		
[redacted]	[redacted]29/2020 13:29 EDT	9/29/2020 12:41 EDT		
Care provider called	Yes	Yes		
Critical result provider name	[redacted] R MD	[redacted] R MD		
1st Call Date/time	9/29/2020 13:29 EDT	9/29/2020 12:41 EDT		
Callback received from	[redacted] R MD	[redacted] R MD		
Callback date/time	9/29/2020 13:29 EDT	9/29/2020 12:41 EDT		
Actions to be taken	Orders received	Orders received		
Critical result comment	See Below T4	See Below T5		

Textual Results
T4: 9/29/2020 13:29 EDT (Critical result comment)
MD at bedside. Blood glucose was already addressed and corrected
T5: 9/29/2020 12:41 EDT (Critical result comment)
MD at bedside. Orders placed for blood

Collected Date Collected Time	9/29/2020 07:48 EDT	9/29/2020 05:47 EDT		
Procedure			Units	Reference Range
Critical result reported	See Below T1	procal 24.83		
Point of care	Yes	-		
Result Received By	-	[redacted]		

[redacted] [redacted] [redacted] [redacted]
[redacted] [redacted] Discharge Date: **9/30/2020**

Critical Results

Collected Date Collected Time	9/29/2020 07:48 EDT	9/29/2020 05:47 EDT		
Procedure			Units	Reference Range
Reporting Department	-	lab		
Critical result reported by	[redacted] RN	[redacted]		
Date/Time Reported	9/29/2020 07:48 EDT	9/29/2020 05:47 EDT		
Care provider called	Yes	Yes		
Critical result provider name	[redacted] R MD	[redacted] MD		
Actions to be taken	Orders received	-		
Critical result comment	See Below T6	See Below T7		

Textual Results
T1: 9/29/2020 07:48 EDT (Critical result reported)
blood glucose 22 after repeat test
T6: 9/29/2020 07:48 EDT (Critical result comment)
give a second amp of dextrose and 2 liters of LR
T7: 9/29/2020 05:47 EDT (Critical result comment)
Dr. XXXX called about both results of Lactic and ProCalcitonin, on his way to see the patient

Collected Date Collected Time	9/29/2020 05:35 EDT		
Procedure		Units	Reference Range
Critical result reported	lactic acid 8.0		
Result Received By	[redacted]		
Reporting Department	Lab		
Critical result reported by	[redacted]		
[redacted]	9/29/2020 05:35 EDT		
Critical result provider name	[redacted] MD		
Critical result comm[redacted]	On his way to see the patient		

Blood Gases

Collected Date Collected Time	9/30/2020 04:34 EDT	9/30/2020 00:06 EDT		
Procedure			Units	Reference Range
RP-Source	Arterial	Arterial		
Sodium-RP	138.5	139.2	mmol/L	[135.0-145.0]
Chloride-RP	105	**112** H	mmol/L	[98-107]
Potassium-RP	4.01	4.10	mmol/L	[3.50-5.10]
Glucose-RP	**312** H	**199** H	mg/dL	[70-126]
RP-Calcium Ionized	**0.73** L	**0.89** L	mmol/L	[1.18-1.30]
Lactic Acid-Respiratory	**12.45** C f4	**8.70** C f5	mmol/L	[0.50-2.20]
pH -BG	**7.225** C f4	**7.173** C f5		[7.350-7.450]
Rp-pCO2	**30.2** L	39.8	mmHg	[35.0-45.0]
PO2	**180.1** H	**150.1** H	mmHg	[80.0-100.0]
HCO3	**12.2** L	**14.3** L	mmol/L	[22.0-26.0]
RP-Base Excess,BE	-14.1	-13.2	mmol/L	

[redacted] [redacted] [redacted] [redacted]

Discharge Date: **9/30/2020**

Blood Gases

Collected Date Collected Time	9/30/2020 04:34 EDT	9/30/2020 00:06 EDT		
Procedure			Units	Reference Range
RP-O2 SAT (est) %	98.3	97.8	%	[92.0-99.0]
RP-02HB(Meas)%	97.6	97.3	%	[92.0-99.0]
THB	**5.8** C f4	**8.6** L	g/dL	[12.0-18.0]
RP-COHB	0.4	0.3	%	[0.0-3.0]
RP-METHB	0.3	0.2	%	[0.0-1.5]
RP-FIO2	70.0	70.0	%	
RP -Mode	Ventilator-AC f9	Ventilator-AC f10		
RP-Resp Rate	30.0	30.0		
RP-Tidal Vol	350.0	350.0	mL	
RP-PEEP	10.0	10.0		
Draw Site-Respiratory	A Line	A Line		
Allen Test-Respiratory	NA	NA		
Lidocaine Given?-Respiratory	No	No		

Result Comments [redacted]

f4: Lactic Acid-Respiratory, pH - BG, THB
md [redacted] no[redacted] by [redacted] r rrt at 9/30/2020 4:37:17 AM

f5: Lactic Acid-Respiratory, pH - BG
MD [redacted] notified by [redacted] RRT at 9/30/2020 12:10:07 AM

f9: RP - Mode
called in accordance with sepsis protocol to md [redacted]

f10: RP - Mode
CALLED IN ACCORDANCE WITH SEPSIS PROTOCOL TO MD JOHRI

Collected Date C[redacted]d Time	9/29/2020 21:04 EDT	9/29/2020 16:49 EDT		
Procedure			Units	Reference Range
RP-Source	Arterial	Arterial		
Sodium-RP	141.5	144.7	mmol/L	[135.0-145.0]
Chloride-RP	**115** H	**115** H	mmol/L	[98-107]
Potassium-RP	4.91	3.87	mmol/L	[3.50-5.10]
Glucose-RP	101	**53** C f1	mg/dL	[70-126]
RP-Calcium Ionized	**1.06** L	**1.12** L	mmol/L	[1.18-1.30]
Lactic Acid-Respiratory	**6.29** C f6	**4.37** C f1	mmol/L	[0.50-2.20]
pH -BG	**7.197** C f6	**7.145** C f1		[7.350-7.450]
Rp-pCO2	**33.4** L	43.2	mmHg	[35.0-45.0]
PO2	**305.6** H	**154.5** H	mmHg	[80.0-100.0]
HCO3	**12.7** L	**14.5** L	mmol/L	[22.0-26.0]
RP-Base Excess,BE	-14.3	-13.8	mmol/L	
RP-O2 SAT (est) %	98.6	98.1	%	[92.0-99.0]
RP-02HB(Meas)%	98.2	97.7	%	[92.0-99.0]
THB	**10.1** L	**11.4** L	g/dL	[12.0-18.0]
RP-COHB	0.2	0.3	%	[0.0-3.0]
RP-METHB	0.2	0.1	%	[0.0-1.5]
RP-FIO2	70.0	80.0	%	

[redacted]
[redacted] [redacted]

[redacted] [redacted]
Discharge Date: **9/30/2020**

Blood Gases

Collected Date Collected Time	9/29/2020 21:04 EDT	9/29/2020 16:49 EDT		
Procedure			Units	Reference Range
RP -Mode	Ventilator-AC f11	Ventilator-AC/VC+ f1		
RP-Resp Rate	30.0	30.0		
RP-Tidal Vol	350.0	350.0	mL	
RP-PEEP	10.0	10.0		
Draw Site-Respiratory	A Line	A Line		
Allen Test-Respiratory	NA	NA		
Lidocaine Given?-Respiratory	No	No		

Result Comments
f1: Glucose-RP, Lactic Acid-Respiratory, pH - BG, RP - Mode
DR [redacted] notified by [redacted] l trrt at 9/29/2020 4:51:48 PM
f6: Lactic Acid-Respiratory, pH - BG
md [redacted] notified by [redacted] r rrt at 9/29/2020 9:10:41 PM
f11: RP - Mode
called accordance [redacted] at 2111 on 9/29/20

[redacted] Collected Time	9/29/2020 14:43 EDT	9/29/2020 12:17 EDT		
Procedure			Units	Reference Range
RP-Source	Arterial	Arterial		
Sodium-RP	**145.9** H	144.8	mmol/L	[135.0-145.0]
Chloride-RP	**118** H	**117** H	mmol/L	[98-107]
Potassium-RP	3.55	3.56	mmol/L	[3.50-5.10]
Glucose-RP	**48** C f2	**NOT VALUED**	mg/dL	[70-126]
RP-Calcium Ionized	**1.04** L	**1.10** L	mmol/L	[1.18-1.30]
Lactic Acid-Respira[redacted]	**6.20** C f2	**6.02** C f7	mmol/L	[0.50-2.20]
pH -BG	**7.047** C f2	**7.026** C f7		[7.350-7.450]
Rp-pCO2	**56.8** H	**61.1** C f7	mmHg	[35.0-45.0]
PO2	**143.4** H	**43.5** C f7	mmHg	[80.0-100.0]
HCO3	**15.3** L	**15.6** L	mmol/L	[22.0-26.0]
RP-Base Excess,BE	-15.0	-14.4	mmol/L	
RP-O2 SAT (est) %	97.6	**74.0** C f7	%	[92.0-99.0]
RP-02HB(Meas)%	96.9	**73.3** C f7	%	[92.0-99.0]
THB	**10.7** L	**7.7** L	g/dL	[12.0-18.0]
RP-COHB	0.3	0.3	%	[0.0-3.0]
RP-METHB	0.4	0.6	%	[0.0-1.5]
RP-FIO2	100.0	80.0	%	
RP -Mode	Ventilator-AC/VC+ f2	Ventilator-AC/VC+ f7		
RP-Resp Rate	26.0	18.0		
RP-Tidal Vol	350.0	350.0	mL	
RP-PEEP	10.0	5.0		
Draw Site-Respiratory	A Line	A Line		
Allen Test-Respiratory	NA	NA		
Lidocaine Given?-Respiratory	No	No		

Blood Gases

Result Comments
f2: Glucose-RP, Lactic Acid-Respiratory, pH - BG, RP - Mode
DR [redacted] notified by [redacted] at 9/29/2020 2:48:57 PM
f7: Lactic Acid-Respiratory, pH - BG, PO2, RP-02HB(Meas)%, RP - Mode, RP-O2 SAT (est) %, Rp-pCO2
DR [redacted] notified by [redacted] at 9/29/2020 12:25:53 PM

Collected Date Collected Time	9/29/2020 10:24 EDT	9/29/2020 09:53 EDT		
Procedure			Units	Reference Range
RP-Source	Arterial	Arterial		
Sodium-RP	143.1	141.5	mmol/L	[135.0-145.0]
Chloride-RP	**116** H	**116** H	mmol/L	[98-107]
Potassium-RP	3.59	4.01	mmol/L	[3.50-5.10]
Glucose-RP	**53** C f3	74	mg/dL	[70-126]
RP-Calcium Ionized	**1.03** L	**1.40** H	mmol/L	[1.18-1.30]
Lactic Acid-Respiratory	**5.70** C f3	**5.64** C c1 f8	mmol/L	[0.50-2.20]
pH -BG	**7.116** C f3	**6.834** C c2 f8		[7.350-7.450]
Rp-pCO2	[redacted]	**.7** C c3 f8	mmHg	[35.0-45.0]
PO2	**387.1** H	**60.9** L	mmHg	[80.0-100.0]
HCO3	**13.9** L	**10.6** L	mmol/L	[22.0-26.0]
RP-Base Excess,BE	-14.6	-23.1	mmol/L	
RP-O2 SAT (est) %	98.8	**81.2** L	%	[92.0-99.0]
RP-02HB(Meas)%	97.8	**80.3** L	%	[92.0-99.0]
THB	**8.9** L	**10.7** L	g/dL	[12.0-18.0]
RP-COHB	0.6	0.6	%	[0.0-3.0]
RP-METHB	0.4	0.5	%	[0.0-1.5]
RP -Mode	AC f12	Ventilator-AC f13		
Draw Site-Respirat	A Line	A Line		
Allen Test-Respiratory	NA	NA		
Lidocaine Given?-Respiratory	No	No		

Corrected Results
c1: Lactic Acid-Respiratory
Result comment added on 9/29/2020 09:53 EDT by SYSTEM, SYSTEM Cerner
c2: pH - BG
Result comment added on 9/29/2020 09:53 EDT by SYSTEM, SYSTEM Cerner
c3: Rp-pCO2
Result comment added on 9/29/2020 09:53 EDT by SYSTEM, SYSTEM Cerner

Result Comments
f3: Glucose-RP, Lactic Acid-Respiratory, pH - BG
DR [redacted], [redacted] notified by [redacted] RRT at 9/29/2020 10:28:37 AM
f8: Lactic Acid-Respiratory, pH - BG, Rp-pCO2
DR [redacted] notified by [redacted] at 9/29/2020 9:55:00 AM
f12: RP - Mode
ALL C/VALUES GIVEN TO DR. XXXX indluding lact.
f13: RP - Mode
ALLVALUES GIVEN TO M/D FIO2 100%. PT ON VENT PER MD.

[redacted] [redacted] [redacted]

[redacted] [redacted] Discharge Date: **9/30/2020**

Chemistry

Routine Chemistry

Collected Date Collected Time	9/30/2020 11:45 EDT	9/30/2020 03:06 EDT	9/29/2020 21:25 EDT		
Procedure				Units	Reference Range
Sodium on Blood	141	144	**152** H	mmol/L	[136-145]
Potassium on Blood	**5.2** H	3.8	4.3	mmol/L	[3.5-5.1]
Chloride on Blood	**97** L	**108** H	**117** H	mmol/L	[98-107]
CO2 on Blood	**10** L	**15** L	**20** L	mmol/L	[21-32]
Anion Gap	**34** H	**21** H	15		[2-15]
Glucose on Blood	**543** C c4 f15,16	**256** H	106	mg/dL	[70-126]
Creatinine on Blood	**2.30** H	**1.90** H	**1.90** H	mg/dL	[0.60-1.30]
BUN on Blood	**21** H	**23** H	**28** H	mg/dL	[7-18]
BUN/Creatinine Ratio	**9.1** L	12.1	14.7	ratio	[12.0-20.0]
eGFR (CKD-EPI) if Africn Am	29 f18 i1	36 f18 i1	36 f18 i1	mL/min/1.73 m2	
eGFR (CKD-EPI) NonAfricn Am	25 f18 i1	31 f18 i1	31 f18 i1	mL/min/1.73 m2	
Calcium (Total)	[redacted]	[redacted]	**7.4** L i2	mg/dL	[8.5-10.1]
Phosphorus Level	**8.9** H	**7.5** H	**7.9** H	mg/dL	[2.5-4.9]
Total Protein on Blo[redacted]	-	-	**3.0** L	g/dL	[6.4-8.2]
Albumin on Blood	**1.3** L	**1.7** L	**1.5** L	g/dL	[3.4-5.0]
Globulin	-	-	**1.5** L	g/dL	[2.3-3.9]
A/G Ratio	-	-	**1.0** L	ratio	[1.1-2.5]
ALT (SGPT) on Blood	-	-	**977** H	U/L	[16-65]
AST (SGOT) on Blood	-	-	**2139** H	U/L	[8-37]
AST/ALT Ratio	-	-	2.2	ratio	
Alkaline Phosphatase on Blood	-	-	67	U/L	[50-136]
Total Bilirubin on Blood	-	-	1.5	mg/dL	[0.2-2.0]
Magnesium Level [redacted]	2.1 i5	2.1 i5	2.1 i5	mg/dL	[1.8-2.4]

Corrected Results

c4: Glucose on Blood
Result comment added on 10/1/2020 08:20 EDT by [redacted] M TN
Result comment added on 9/30/2020 13:31 EDT by SYSTEM, SYSTEM Cerner

Result Comments

f15: Glucose on Blood
CRITICAL.CALL

f16: Glucose on Blood
Called to and read back by: PATIENT EXPIRED RN[redacted] NOTIFIED 9/30/2020

f18: eGFR (CKD-EPI) if Africn Am, eGFR (CKD-EPI) NonAfricn Am
Note: The estimated glomerular filtration rate (eGFR) is calculated using the CKD-EPI 2009 formula. It is important to note that all estimates of GFR based on serum creatinine will be less accurate for patients at the extremes of muscle mass (including frail elderly, critically ill or cancer patients), those with unusual diets and those with conditions associated with reduced secretion or extra-renal elimination of creatinine. This calculation is not accurate for patients <18 years old. Confirmatory tests with exogenous measured GFR or creatinine clearance should be performed for people whom estimates based on serum creatinine alone may be inaccurate.

[redacted] [redacted] [redacted] [redacted]

Discharge Date: **9/30/2020**

Chemistry

Routine Chemistry

Collected Date / Collected Time	9/29/2020 12:15 EDT	9/29/2020 04:52 EDT	9/29/2020 02:28 EDT	Units	Reference Range
Procedure					
Sodium on Blood	**152** H	-	-	mmol/L	[136-145]
Potassium on Blood	3.8 f14	-	-	mmol/L	[3.5-5.1]
Chloride on Blood	**121** H	-	-	mmol/L	[98-107]
CO2 on Blood	**17** L	-	-	mmol/L	[21-32]
Anion Gap	14	-	-		[2-15]
Glucose on Blood	**11** C f17	-	-	mg/dL	[70-126]
Creatinine on Blood	**1.40** H	-	-	mg/dL	[0.60-1.30]
BUN on Blood	**25** H	-	-	mg/dL	[7-18]
BUN/Creatinine Ratio	17.9	-	-	ratio	[12.0-20.0]
eGFR (CKD-EPI) if Africn Am	52 f18 i1	-	-	mL/min/1.73 m2	
eGFR (CKD-EPI) NonAfricn Am	45 f18 i1	-	-	mL/min/1.73 m2	
Calcium (Total)	**6.6** L i2	-	-	mg/dL	[8.5-10.1]
Phosphorus Level	**6.4** H	-	-	mg/dL	[2.5-4.9]
Total Protein on Blo[redacted]	**2.3** L	-	-	g/dL	[6.4-8.2]
Albumin on Blood	**1.2** L	-	-	g/dL	[3.4-5.0]
Globulin	**1.1** L	-	-	g/dL	[2.3-3.9]
A/G Ratio	1.1	-	-	ratio	[1.1-2.5]
ALT (SGPT) on Blood	**558** H	-	-	U/L	[16-65]
AST (SGOT) on Blood	**1205** H	-	-	U/L	[8-37]
AST/ALT Ratio	2.2	-	-	ratio	
Alkaline Phosphatase on Blood	63	-	-	U/L	[50-136]
Total Bilirubin on Blood	0.8	-	-	mg/dL	[0.2-2.0]
Lactic Acid (Lactate)	-	**8.0** C f19	-	mmol/L	[0.5-2.2]
Procalcitonin (PCT)	-	**24.83** C f20 i3	-	ng/mL	[0.00-0.09]
Magnesium Level	**1.4** L i5	-	-	mg/dL	[1.8-2.4]
Hemoglobin A1C (Glycosylated)	-	-	**6.0** H i6	%	[4.8-5.6]
Est.Average Glucose	-	-	126	mg/dL	[70-126]

Result Comments

f14: Potassium on Blood
Hemolysis 2+, result could be falsely increased

f17: Glucose on Blood
CRITICAL.CALL&XA&CRITICAL RESULT CALLED TO AND READ BACK BY [redacted] R.N
RECHECKED SPECIMEN FOR GLUCOSE , 29SEP2020 1338 NURSES EXPECTING THESE RESULTS, PATIENT TREATED, GLUCOMETER DID NOT GIVE RESULTS.

f18: eGFR (CKD-EPI) if Africn Am, eGFR (CKD-EPI) NonAfricn Am
Note: The estimated glomerular filtration rate (eGFR) is calculated using the CKD-EPI 2009 formula. It is important to note that all estimates of GFR based on serum creatinine will be less accurate for patients at the extremes of muscle mass (including frail elderly, critically ill or cancer patients), those with unusual diets and those with conditions associated with reduced secretion or extra-renal elimination of creatinine. This calculation is not accurate for patients <18 years old. Confirmatory tests with exogenous measured GFR or creatinine clearance should be performed for people whom estimates based on serum creatinine alone may be inaccurate.

Chemistry

Routine Chemistry

Result Comments
f19: Lactic Acid (Lactate)
CRITICAL.CALL&XA&CRITICAL RESULT CALLED TO AND READ BACK BY[redacted].car04220, 29SEP2020 0551
f20: Procalcitonin (PCT)
Called to and read back by: _[redacted] RN 09/29/2020 05:48:12 EDT

Collected Date Collected Time	9/29/2020 02:20 EDT	9/28/2020 22:05 EDT		
Procedure			Units	Reference Range
Sodium on Blood	-	144	mmol/L	[136-145]
Potassium on Blood	-	**2.8** L	mmol/L	[3.5-5.1]
Chloride on Blood	-	**113** H	mmol/L	[98-107]
CO2 on Blood	-	**19** L	mmol/L	[21-32]
Anion Gap	-	12		[2-15]
Glucose on Blood [redacted]		**10** H	mg/dL	[70-126]
Creatinine on Blood	-	0.98	mg/dL	[0.60-1.30]
BUN on Blood [redacted]	-	**23** H	mg/dL	[7-18]
BUN/Creatinine Ratio	-	**23.5** H	ratio	[12.0-20.0]
eGFR (CKD-EPI) if Africn Am	-	80 f18 i1	mL/min/1.73 m2	
eGFR (CKD-EPI) NonAfricn Am	-	69 f18 i1	mL/min/1.73 m2	
Calcium (Total)	**8.4** L i2	8.8 i2	mg/dL	[8.5-10.1]
Total Protein on Blood	-	6.4	g/dL	[6.4-8.2]
Albumin on Blood	-	**3.1** L	g/dL	[3.4-5.0]
Globulin	-	3.3	g/dL	[2.3-3.9]
A/G Ratio [redacted]	-	**0.9** L	ratio	[1.1-2.5]
ALT (SGPT) on Blood	-	22	U/L	[16-65]
AST (SGOT) on Blood	-	**42** H	U/L	[8-37]
AST/ALT Ratio	-	1.9	ratio	
Alkaline Phosphatase on Blood	-	75	U/L	[50-136]
Total Bilirubin on Blood	-	0.5	mg/dL	[0.2-2.0]
Bilirubin (Direct)	-	0.2	mg/dL	[0.0-0.2]
Bilirubin,Indirect	-	0.3	mg/dL	[0.3-1.9]
Troponin I (Quant)	-	<0.02 i4	ng/mL	[0.00-0.05]
Lipase Level	-	**2771** H	U/L	[73-393]

Result Comments
f18: eGFR (CKD-EPI) if Africn Am, eGFR (CKD-EPI) NonAfricn Am
Note: The estimated glomerular filtration rate (eGFR) is calculated using the CKD-EPI 2009 formula. It is important to note that all estimates of GFR based on serum creatinine will be less accurate for patients at the extremes of muscle mass (including frail elderly, critically ill or cancer patients), those with unusual diets and those with conditions associated with reduced secretion or extra-renal elimination of creatinine. This calculation is not accurate for patients <18 years old. Confirmatory tests with exogenous measured GFR or creatinine clearance should be performed for people whom estimates based on serum creatinine alone may be inaccurate.

Chemistry

Routine Chemistry

Interpretive Data

i1: eGFR (CKD-EPI) if Africn Am, eGFR (CKD-EPI) NonAfricn Am

Stages of Chronic Kidney Disease

Stage 1 Kidney damage with normal kidney function
GFR=90 or >, 90-100% of kidney function

Stage 2: Kidney damage with mild loss of kidney function
GFR=60 to 89, 89-60% of kidney function

Stage 3a: Mild to moderate loss of kidney function
GFR=45 to 59, 59 to 45% of kidney function

Stage 3b: Moderate to severe loss of kidney function
GFR=30 to 44, 44-30% of kidney function

Stage 4: Severe loss of kidney function
GFR=15 to 29, 29-15% of kidney function

Stage 5: Kidney failure
GFR= <15, less than 15% of kidney function

i2: Calcium (Total)
Reference Range for [redacted] mg/dL

i3: Procalcitonin (PCT) [redacted]
Interpretive Comment:

<0.50 ng/mL: low risk for sepsis; local bacterial infection possible

>=0.50 to <2.00 ng/mL: sepsis is possible; other conditions possible

>=2.00 to <10.00 ng/mL: sepsis likely

>=10.00 ng/mL: severe bacterial sepsis or septic shock probable

i4: Troponin I [redacted]
Interpretive Comments:
Negative: <0.05 ng/mL
Indeterminate: 0.06-0.50 ng/mL
Suggests AMI: >0.50 ng/mL

Correlation with clinical findings and ECG changes is recommended.

i5: Magnesium Level
Therapeutic Range (Pregnant Females): 5.0-8.0 mg/dL

i6: Hemoglobin A1C (Glycosylated)
Interpretive Comment:

Increased risk for diabetes 5.7% to 6.4%

Diabetes >= 6.5%

Glycemic control for adults with diabetes <7.0%

Chemistry

Lipids and CV Risk

Collected Date	9/29/2020		
Collected Time	02:20 EDT		
Procedure		Units	Reference Range
Cholesterol Level	174 i7	mg/dL	[0-199]
Triglycerides	64 i8	mg/dL	[0-149]
HDL Cholesterol	**73 H i9**	mg/dL	[40-60]
Cholesterol/HDL Ratio	2.4	ratio	[0.0-4.4]
LDL	88 i10	mg/dL	[0-129]

Interpretive Data

i7: Cholesterol Level

Interpretive Comment

Desirable <200 mg/dL

Borderline High 200-239 mg/dL

High >=[redacted]

i8: Triglycerides

Interpretive Comment:

Borderline High 150-199 mg/dL

High Triglycerides 200-499 mg/dL

Very High Triglycerides >=500 mg/dL

i9: HDL Cholesterol

Interpretive Comment:

Favorable >55 mg/dL

CHD Risk Indicator <35 mg/dL

i10: LDL

Interpretive Comment:

Above Optimal 100-129 mg/dL

Borderline High 130-159 mg/dL

High 160-189 mg/dL

Very High >=190 mg/dL

Hormones

Collected Date	9/28/2020		
Collected Time	22:05 EDT		
Procedure		Units	Reference Range
Pregnancy Test-Blood(Qual)	Negative		[Negative]

[redacted] [redacted] [redacted] [redacted]

Discharge Date: **9/30/2020**

Chemistry

POC

Collected Date Collected Time	9/30/2020 11:57 EDT	9/29/2020 22:16 EDT	9/29/2020 12:46 EDT	9/29/2020 08:05 EDT		
Procedure					Units	Reference Range
Glucose Point of Care	**477** C	72	108	**143** H	mg/dL	[70-126]

Collected Date Collected Time	9/29/2020 07:48 EDT	9/29/2020 07:44 EDT	9/29/2020 04:18 EDT		
Procedure				Units	Reference Range
Glucose Point of Care	**22** C	**<10** C	126	mg/dL	[70-126]
Point Of Care Note	CallReadBackRN	Repeated Test	-		

Coagulation

Collected Date Collecte[redacted]	9/30/2020 EDT	9/29/2020	9/29/2020 20:33 EDT	9/29/2020 12:15 EDT		
Procedure[redacted]					Units	Reference Range
PT -INR (Prothrombin Time)	**26.4** H	**27.7** H	**24.1** H	**33.3** H	seconds	[11.1-15.5]
International Normalized Ratio	**2.4** H i11	**2.6** H i11	**2.2** H i11	**3.3** H i11		[0.8-1.2]
PTT (Partial Thromb Time)	**57.5** H	**52.4** H	**50.9** H	**70.4** H	seconds	[21.8-39.0]
Fibrinogen Level	**169** L	-	238	**101** L	mg/dL	[232-497]

Interpretive Data
i11: International Normalized Ratio
Interpretive Comment:
2.0 - 3.0 Therapeutic
2.5 - 3.5 [redacted]ical Heart Valve

Hematology

Blood Count

Collected Date Collected Time	9/30/2020 11:45 EDT	9/30/2020 03:06 EDT	9/30/2020 03:06 EDT		
Procedure				Units	Reference Range
Hemoglobin	**5.4** C f21	-	**6.6** C f22	g/dL	[12.0-15.0]
Hematocrit	**18.5** C f21	-	**21.0** L	%	[35.0-45.0]
WBC	**2.08** L	-	**1.16** L	K/uL	[3.40-11.00]
Platelet Count	**35** L	-	**35** L	K/uL	[130-360]
RBC	**1.92** L	-	**2.25** L	M/uL	[3.80-5.20]
MCV	96.4	-	93.3	fL	[80.0-100.0]
MCH	28.1	-	29.3	pg	[26.0-35.0]
MCHC	**29.2** L	-	**31.4** L	g/dL	[32.0-36.0]
RDW CV	**19.5** H	-	**19.0** H	%	[11.5-14.5]
RDW SD	**69.2** H	-	**64.3** H	fL	[36.4-46.3]

Hematology

Blood Count

Collected Date / Collected Time	9/30/2020 11:45 EDT	9/30/2020 03:06 EDT	9/30/2020 03:06 EDT		
Procedure				Units	Reference Range
MPV	11.1	-	12.1	fL	[7.7-13.2]
Differential Type	-	Auto	Auto		
% Neutrophils	-	-	63.0	%	[40.0-70.0]
% Immature Granulocytes	-	-	**1.7** H i12	%	[0.0-0.4]
% Lymphocytes	-	-	29.3	%	[17.0-45.0]
% Monocytes	-	-	4.3	%	[3.0-12.0]
%Eosinophils	-	-	1.7	%	[0.0-7.0]
% Basophils	-	-	0.0	%	[0.0-1.0]
Absolute Neutrophils	-	-	**0.73** L	K/uL	[1.10-8.00]
Absolute Lymphocytes	-	-	**0.34** L	K/uL	[0.60-3.10]
Absolute Monocytes	-	-	**0.05** L	K/uL	[0.44-1.00]
Absolute Eosinophils [redacted]	-	-	0.02	K/uL	[0.00-0.36]
Absolute Basophils	-	-	0.00	K/uL	[0.00-0.08]
Absolute Immature [redacted]	-	-	0.02	K/uL	[0.00-0.09]
NRBCs	**13.50** H	-	**6.90** H	/100 WBC	[0.00-0.00]
Abs NRBCs	**0.28** H	-	**0.08** H	K/uL	[0.00-0.01]
RBC Morphology	Reviewed	Reviewed	-		
Anisocytosis	**Present** @	-	-		[None Seen]
Burr Cells	**Present** @	**Present** @	-		[None Seen]
Hypochromia	**Present** @	-	-		[None Seen]
Ovalocytes	-	**Present** @	-		[None Seen]
Schistocytes	-	**Few** @	-		[None Seen]
Platelet Estimate [redacted]	**Decreased** @	**Decreased** @	-	K/uL	[Adequate]

Result Comments

f21: Hematocrit, Hemoglobin
This result has been called to RN [redacted] by [redacted] on 09 30 2020 at 1222, and has been read back.

f22: Hemoglobin
This result has been called to [redacted] RN by [redacted] on 09 30 2020 at 0336, and has been read back.

Collected Date / Collected Time	9/29/2020 21:25 EDT	9/29/2020 20:33 EDT	9/29/2020 14:37 EDT		
Procedure				Units	Reference Range
Hemoglobin	**8.4** L	**9.9** L	**9.8** L	g/dL	[12.0-15.0]
Hematocrit	**26.3** L	**30.8** L	**30.5** L	%	[35.0-45.0]
WBC	**1.43** L	**1.56** L	**1.56** L	K/uL	[3.40-11.00]
Platelet Count	**81** L	**87** L	**106** L	K/uL	[130-360]
RBC	**2.90** L	**3.35** L	**3.27** L	M/uL	[3.80-5.20]
MCV	90.7	91.9	93.3	fL	[80.0-100.0]
MCH	29.0	29.6	30.0	pg	[26.0-35.0]
MCHC	**31.9** L	32.1	32.1	g/dL	[32.0-36.0]

[redacted] [redacted] [redacted]

Discharge Date: **9/30/2020**

Hematology

Blood Count

Collected Date / Collected Time	9/29/2020 21:25 EDT	9/29/2020 20:33 EDT	9/29/2020 14:37 EDT		
Procedure				Units	Reference Range
RDW CV	**18.4** H	**18.4** H	**17.7** H	%	[11.5-14.5]
RDW SD	**60.4** H	**61.2** H	**60.6** H	fL	[36.4-46.3]
MPV	12.1	11.2	11.6	fL	[7.7-13.2]
NRBCs	**8.40** H	**5.80** H	**2.60** H	/100 WBC	[0.00-0.00]
Abs NRBCs	**0.12** H	**0.09** H	**0.04** H	K/uL	[0.00-0.01]
RBC Morphology	-	Reviewed	Reviewed		
Anisocytosis	-	**Present** @	-		[None Seen]
Platelet Clumps	-	**Present** @	**Present** @		[None Seen]
Large Platelets	-	**Present** @	**Present** @		[None Seen]
Platelet Estimate	-	**Decreased** @	**Decreased** @	K/uL	[Adequate]

Collected Date / Collected Time	[redacted] 9/29/2020 [redacted] EDT	9/29/2020 04:52 EDT		
Procedure [redacted]			Units	Reference Range
Hemoglobin	**6.8** C f23	13.8	g/dL	[12.0-15.0]
Hematocrit	**22.5** L	**46.3** H	%	[35.0-45.0]
WBC	**1.55** L	3.69	K/uL	[3.40-11.00]
Platelet Count	**110** L	281	K/uL	[130-360]
RBC	**2.22** L	4.55	M/uL	[3.80-5.20]
MCV	**101.4** H	**101.8** H	fL	[80.0-100.0]
MCH	30.6	30.3	pg	[26.0-35.0]
MCHC	**30.2** L	**29.8** L	g/dL	[32.0-36.0]
RDW CV [redacted]	13.8	13.8	%	[11.5-14.5]
RDW SD	**51.3** H	**52.3** H	fL	[36.4-46.3]
MPV	10.7	11.0	fL	[7.7-13.2]
NRBCs	**1.30** H	0.00	/100 WBC	[0.00-0.00]
Abs NRBCs	**0.02** H	0.00	K/uL	[0.00-0.01]
RBC Morphology	Reviewed	-		
Crenated RBC's	**Present** @	-		[None Seen]
Platelet Clumps	#P SMALL PLATELET CLUMP SEEN	-		
Giant Platelets	**Present** @	-		[None Seen]
Large Platelets	**Present** @	-		[None Seen]
Platelet Estimate	**Decreased** @	-	K/uL	[Adequate]
Blood Smear Interpretation	See Below T8	-		

Textual Results

T8: 9/29/2020 12:15 EDT (Blood Smear Interpretation)
Reviewed and concur.
[redacted].D.

[redacted] [redacted] [redacted] [redacted]

Discharge Date: **9/30/2020**

Hematology

Blood Count

Result Comments

f23: Hemoglobin

This result has been called to [redacted] RN by [redacted] on 09 29 2020 at 1247, and has been read back.

Collected Date Collected Time	9/28/2020 22:05 EDT	9/28/2020 22:05 EDT		
Procedure			Units	Reference Range
Hemoglobin	-	13.2	g/dL	[12.0-15.0]
Hematocrit	-	42.1	%	[35.0-45.0]
WBC	-	5.65	K/uL	[3.40-11.00]
Platelet Count	-	247	K/uL	[130-360]
RBC	-	4.38	M/uL	[3.80-5.20]
MCV	-	96.1	fL	[80.0-100.0]
MCH	-	30.1	pg	[26.0-35.0]
MCHC [redacted]		**1.4** L	g/dL	[32.0-36.0]
RDW CV	-	13.6	%	[11.5-14.5]
RDW SD [redacted]	-	**48.5** H	fL	[36.4-46.3]
MPV	-	11.2	fL	[7.7-13.2]
Differential Type	Auto	Auto		
% Neutrophils	-	**83.2** H	%	[40.0-70.0]
% Immature Granulocytes	-	0.2 i12	%	[0.0-0.4]
% Lymphocytes	-	**13.5** L	%	[17.0-45.0]
% Monocytes	-	**2.7** L	%	[3.0-12.0]
%Eosinophils	-	0.0	%	[0.0-7.0]
% Basophils [redacted]	-	0.4	%	[0.0-1.0]
Absolute Neutrophils	-	4.71	K/uL	[1.10-8.00]
Absolute Lymphocytes	-	0.76	K/uL	[0.60-3.10]
Absolute Monocytes	-	**0.15** L	K/uL	[0.44-1.00]
Absolute Eosinophils	-	0.00	K/uL	[0.00-0.36]
Absolute Basophils	-	0.02	K/uL	[0.00-0.08]
Absolute Immature Granulocytes	-	0.01	K/uL	[0.00-0.09]
NRBCs	-	0.00	/100 WBC	[0.00-0.00]
Abs NRBCs	-	0.00	K/uL	[0.00-0.01]
RBC Morphology	Reviewed	-		

Interpretive Data

i12: % Immature Granulocytes

Metamyelocytes, Myelocytes, and Promyelocytes only

Urine & Feces

Urinalysis

	Collected Date 9/28/2020 Collected Time 23:46 EDT		
Procedure		Units	Reference Range
Color -UR	Yellow		[Yellow]
Appearance-Ur	Clear		[Clear]
Glucose -Urine	Negative		[Negative]
Bilirubin -UR	Negative		[Negative]
Acetone (Ketones)-Urine	**15** @		[Negative]
Specific Gravity	>=1.030 i13		[1.005-1.030]
Blood	Negative		[Negative]
PH in Urine	5.5		[5.0-8.0]
Protein,UR SCR	**100** @		[Negative]
Urobilinogen	0.2		[0.0-1.0]
Nitrite	Negative		[Negative]
Leukocyte Esterase	Negative i14		[Negative]
WBCs -UR	0	/HPF	[0-2]
RBCs -UR [redacted]	0	/HPF	[0-2]
Squamous Epithelial Cells	5	/HPF	[0-2]
Bacteria	**Few** @	/HPF	[None Seen]

Interpretive Data

i13: Specific Gravity
Highly buffered alkaline urines may cause low specific gravity readings relative to other methods. Elevated specific gravity readings may be obtained in the presence of moderate quantities (100-750 mg/dL) of protein.

i14: Leukocyte [redacted]se
A Culture is not reflexed on this test, please order manually if needed.

Microbiology

Procedure:	Culture & Gram-Surgical	Accession:	002-19-272-0328
Source:	Surgical		
Body Site:	Peritoneum	Collected Date/Time:	9/29/2020 09:50 EDT

Final Report
Light Growth Escherichia coli
Light Growth Klebsiella pneumoniae ssp pneumoniae

Anaerobic Culture Report
No Anaerobes Isolated

SUSCEPTIBILITY RESULTS

	Escherichia coli	
Antibiotic	MIC Dilutn	MIC Interp
Cefepime	<=1	Susceptible
Ceftriaxone	<=1	Susceptible
Ciprofloxacin	>=4	Resistant
Gentamicin	<=1	Susceptible
Levofloxacin	>=8	Resistant
Meropenem	<=0.25	Susceptible
Piperacillin/Tazobactam	<=4	Susceptible
Trimethoprim/Sulfa	<=20	Susceptible

	Klebsiella pneumoniae ssp pneumoniae	
Antibiotic	MIC Dilutn	MIC Interp
Cefepime	<=1	Susceptible
Ceftriaxone	<=1	Susceptible
Ciprofloxacin	<=0.25	Susceptible
Gentamicin	<=1	Susceptible
Levofloxacin	<=0.12	Susceptible
Meropenem	<=0.25	Susceptible
Piperacillin/Tazobactam	<=4	Susceptible
Trimethoprim/Sulfa	<=20	Susceptible

Procedure:	Culture, Blood-Peripheral	Accession:	002-19-272-0186
Source:	Blood		
Body Site:	Blood,Peripheral	Collected Date/Time:	9/29/2020 04:52 EDT

Final Report
No Growth in 5 Days

Procedure:	Culture, Urine	Accession:	002-19-272-0054
Source:	Urine, Clean Catch		
Body Site:		Collected Date/Time:	9/28/2020 23:54 EDT

Final Report
>100,000 CFU/ml Klebsiella pneumoniae
10,000 - 50,000 CFU/ml Escherichia coli

Microbiology

SUSCEPTIBILITY RESULTS

	Klebsiella pneumoniae	
Antibiotic	MIC Dilutn	MIC Interp
Amoxicillin/Clavulanate	<=2	Susceptible
Ampicillin	>=32	Resistant
Cefazolin	<=4	Susceptible
Cefepime	<=1	Susceptible
Ceftriaxone	<=1	Susceptible
Ciprofloxacin	<=0.25	Susceptible
Gentamicin	<=1	Susceptible
Levofloxacin	<=0.12	Susceptible
Meropenem	<=0.25	Susceptible
Nitrofurantoin	64	Intermediate
Piperacillin/Tazobactam	<=4	Susceptible
Tetracycline	<=1	Susceptible
Trimethoprim/Sulfa	<=20	Susceptible

[redacted]chia coli		
Antibiotic	MIC Dilutn	MIC Interp
Amoxicillin/Clavula[redacted]ate	8	Susceptible
Ampicillin	>=32	Resistant
Cefazolin	<=4	Susceptible
Cefepime	<=1	Susceptible
Ceftriaxone	<=1	Susceptible
Ciprofloxacin	>=4	Resistant
Gentamicin	<=1	Susceptible
Levofloxacin	>=8	Resistant
Meropenem [redacted]	<=0.25	Susceptible
Nitrofurantoin	<=16	Susceptible
Piperacillin/Tazobactam	<=4	Susceptible
Tetracycline	<=1	Susceptible
Trimethoprim/Sulfa	>=320	Resistant

Crossmatch Summary

Collected Date/Time	Crossmatch Result	ABO/Rh Display	Product Display	Product Attribute Display	Product Number
9/28/2020 22:05 EDT	Compatible	B POS	E0382 RBC CP2D AS3 500 LR	Leukoreduced	W036819759833
9/28/2020 22:05 EDT	Compatible	B POS	E0382 RBC CP2D AS3 500 LR	Leukoreduced	W036819465259
9/28/2020 22:05 EDT	Compatible	O POS	E4532 Aph RBC ACDA AS1 LR 1	Apheresis;1st container; Leukoreduced	W036819718254
9/28/2020 22:05 EDT	Compatible	O POS	E4533 Aph RBC ACDA AS1 LR 2	Apheresis;2nd container; Leukoreduced	W036819717119
9/28/2020 22:05 EDT	Compatible	B POS	E0382 RBC CP2D AS3 500 LR	CMV-; Leukoreduced	W036819738190
9/28/2020 22:05 EDT	Compatible	B POS	E0382 RBC CP2D AS3 500 LR	Leukoreduced	W036819739994

Transfusion Medicine

Transfusion Services

Collected Date / Collected Time / Procedure	9/30/2020 05:01 EDT	9/30/2020 04:45 EDT	9/30/2020 03:43 EDT	9/29/2020 22:37 EDT	9/29/2020 14:54 EDT	9/29/2020 09:05 EDT	9/29/2020 04:49 EDT
RBC Product Ready	-	-	Done	-	-	Done	Done
FFP Product Ready	-	-	-	Done [f24]	-	Done	-
Cryo Product Ready	Done [f25]	-	-	-	Done	-	-
Platelet Product Ready	-	Done [f26]	-	-	-	-	-

Result Comments
f24: FFP Product Ready
09/30/2020 1:48 [redacted]
2 ffps already given
f25: Cryo Product Ready
09/30/2020 5:25 [redacted]
spoke with Miracle at 0519
f26: Platelet Product Ready
09/30/2020 4:52 [redacted]
2 prbc and 1 plt available, spoke with [redacted], RN

Collected Date / Collected Time / Procedure	9/28/2020 22:05 EDT
ABORH	B POS
Antibody Screen	Negative

[redacted] [redacted] [redacted] [redacted]

Discharge Date: **9/30/2020**

Transfusion Summary

Product Status	Transfused Date/Time	ABO/Rh Display	Product Number	Product Display
Transfused	9/30/2020 14:09 EDT	O POS	W036819718254	E4532 Aph RBC ACDA AS1 LR 1
Transfused	9/30/2020 13:22 EDT	O POS	W036819717119	E4533 Aph RBC ACDA AS1 LR 2
Transfused	9/30/2020 08:58 EDT	B POS	W036819759833	E0382 RBC CP2D AS3 500 LR
Transfused	9/30/2020 07:10 EDT	B POS	W036819465259	E0382 RBC CP2D AS3 500 LR
Transfused	9/30/2020 06:16 EDT	B POS	W239619031302	E7827 Thawed Pooled Cryo 5 Units Open
Transfused	9/30/2020 06:16 EDT	B POS	W239619031301	E7827 Thawed Pooled Cryo 5 Units Open
Transfused	9/30/2020 05:44 EDT	O POS	W036819730160	E3056 Aph Plt ACDA LR Irr 1
Transfused	9/30/2020 04:19 EDT	B POS	W036819227792	E2737 Thawed Plasma CP2D <24h
Transfused	9/[redacted]S		W036819145967	E2737 Thawed Plasma CP2D <24h
Transfused	[redacted] 01:25 EDT	B NEG	W036819306216	E2737 Thawed Plasma CP2D <24h
Transfused	9/29/2020 23:56 EDT	B POS	W036819298603	E2737 Thawed Plasma CP2D <24h
Transfused	9/29/2020 17:02 EDT	B POS	W239619014338	E7826 Thawed Pooled Cryo 10 Units Open
Transfused	9/29/2020 15:49 EDT	B POS	W036819095564 A0	E2284 Thawed Aph Dv Plasma ACDA <24h
Transfused	[redacted] 9/29/2020 14:15 EDT	B POS	W036819077584	E0797 Thawed FFP CP2D
Transfused	9/29/2020 13:33 EDT	B POS	W036819739994	E0382 RBC CP2D AS3 500 LR
Transfused	9/29/2020 13:33 EDT	B POS	W036819738190	E0382 RBC CP2D AS3 500 LR

Cardiology Reports

Document Type:	EKG Standard
Service Date/Time:	9/28/2020 21:04 EDT
Result Status:	Auth (Verified)
Document Subject:	EKG Standard
Perform Information:	
Sign Information:	

ECG IMAGE LOCATION
http://ddmsecgw2/PyramisUI/Edit.aspx?Provider=Pyramis&EndEdit=login.aspx?Logout=EXIT&User=CARD&Password=password&TestType=Any&Status=Any&Inst=0&LockMRN=000000978183&ReqID=3780564977 HNAM URL

Physician Interpreter
[redacted] , M.D.

Interpretation Text
SINUS TACHYCARDIA WITH SHORT PR INTERVAL
LEFT VENTRICULAR HYPERTROPHY AND ST-T CHANGE
LEFT ATRIAL ABNORMALITY
ABNORMAL ECG [redacted]

[redacted]

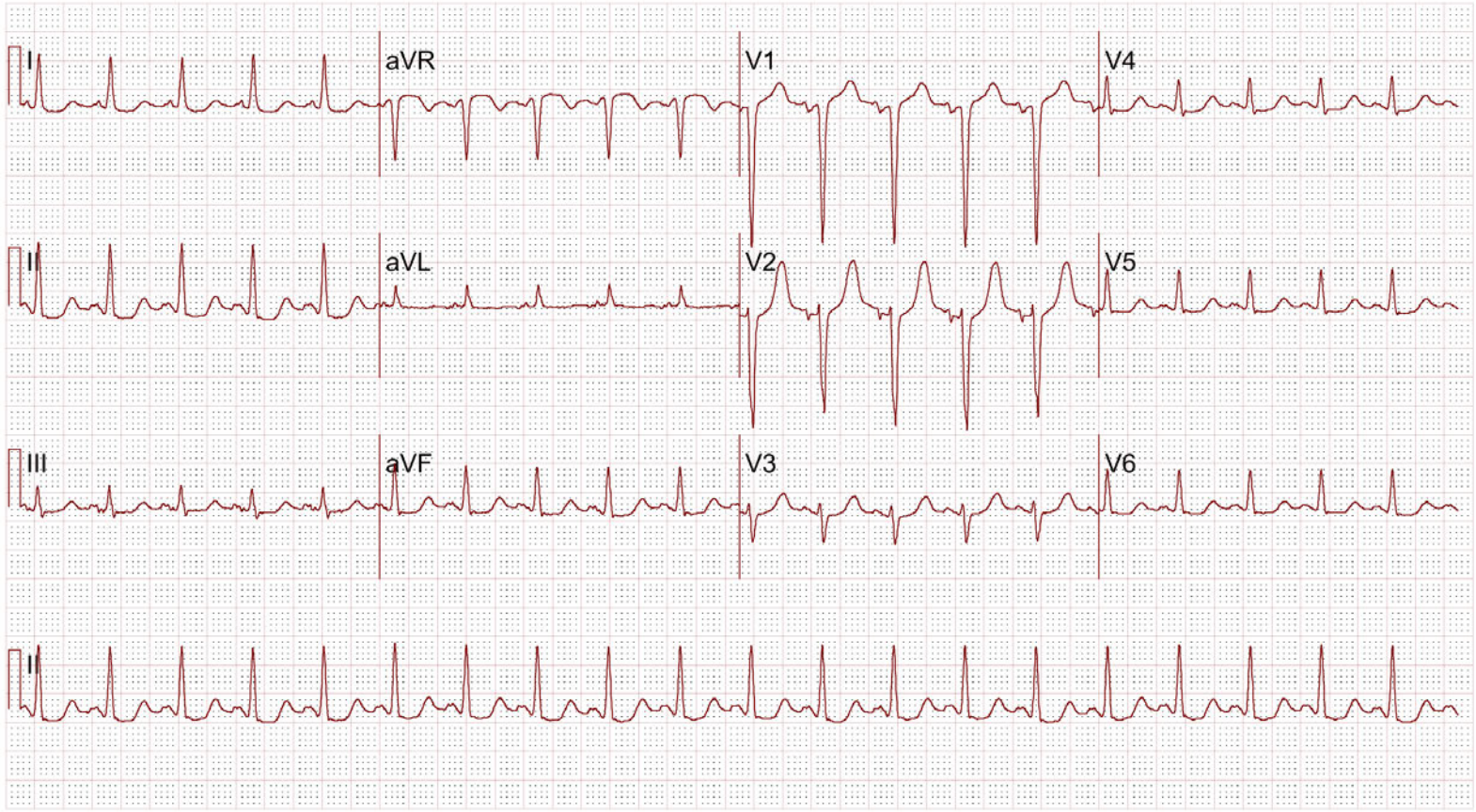
[redacted]

[redacted]

* Auth (Verified) *

Name: [redacted] ,S[redacted]	Vent rate: 121	SINUS TACHYCARDIA WITH SHORT PR INTERVAL
ID : [redacted]	RR : 495	LEFT VENTRICULAR HYPERTROPHY AND ST-T CHANGE
Req#: 3780564977	--Durations--	LEFT ATRIAL ABNORMALITY
FIN#: 905814081	P : 105	ABNORMAL ECG
DOB : 07/23/73 Race: Unknown	QRS: 85	
Age: 47 years Sex : Female	--Intervals--	
Facility: SMH	PR : 113	
Tech: 22971 Room: CC0501	QT : 327	
Med1: No Medication	QTcH: 433	
Ccl1:	QTd:	
Phys: [redacted] [redacted]	--Axes--	
Cmmt:	P : 47	
Dept: EMER Inst: South Miami	QRS: 44	Confirmed By: [redacted] , M.D.
Date: 09/28/2019 Time: 21.04.35	T : 64	

Speed: 25mm/s Limb Lead Gain: 10.0 mm/mV Chest Lead Gain: 10.0 mm/mV Filters(s): Notch 60 Hz Artifact 40 Hz Stable Off



20190928210435.12633

ECG Printed 09/30/2019 08:37:36 Transcribed By: [redacted] ,MMDD.09/30/2019 08:37:20

CONFIRM ELI38 V2.1.2.0 115440278550 QTcH=(Hodges)

Page 1 of 1

[redacted]

*** Auth (Verified) ***

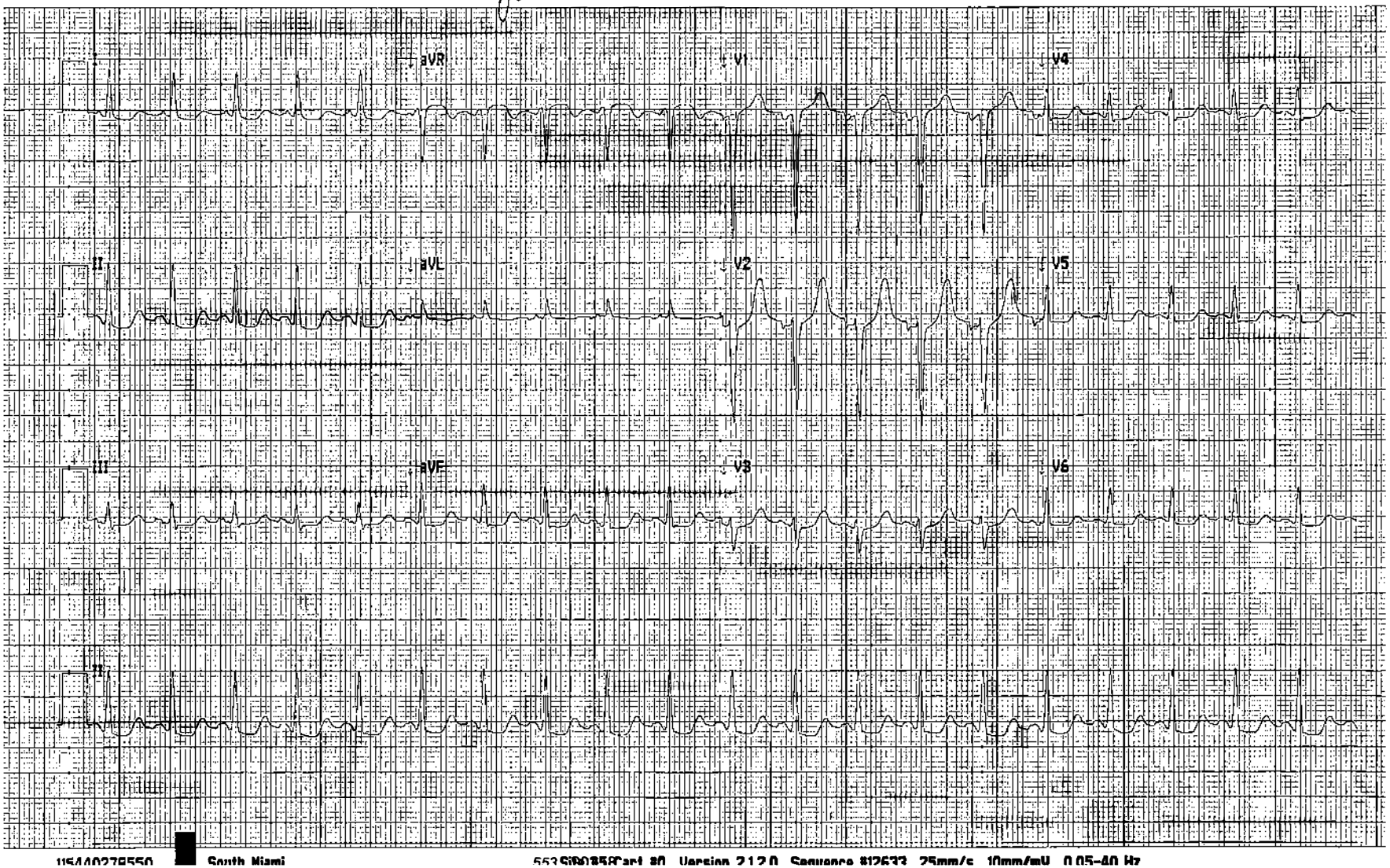
[redacted] [redacted]
[redacted] Tech: 22971
EIN: Dept: ED
DOB: 23-Jul-1973 Age: Redacted yr
Sex: Female Race:
P.Req#: Rm:1
Order Phys:
Cmt:

28-Sep-2020 21:04:35

Vent rate	121 BPM
PR int	113 ms
QRS dur	85 ms
QT/QTc	327/399 ms
P-R-T axes	47 44 64

SINUS TACHYCARDIA WITH SHORT PR INTERVAL
LEFT VENTRICULAR HYPERTROPHY AND ST-T CHANGE [VOLTAGE CRITERIA PLUS ST/T ABNORMALITY]
ABNORMAL ECG
UNCONFIRMED REPORT

2106 JS



[redacted]
[redacted] [redacted]

[redacted] [redacted]
Discharge Date: **9/30/2020**

Radiology Results

Document Type:	Abd Pel CT wo IV wo PO Con
Service Date/Time:	9/28/2020 22:55 EDT
Result Status:	Auth (Verified)
Document Subject:	ABD PEL CT WO IV WO PO CON
Perform Information:	[redacted] (9/28/2020 23:07 EDT)
Sign Information:	

ABD PEL CT WO IV WO PO CON
http://BHSF00AP1/integrations/isiteemr/isite_emr.aspx?patient_id=3332159&accession_number=24306635 HNAM URL

ABD PEL CT WO IV WO PO CON
ORDERED BY: [redacted]
[redacted] ON: Sep 28 2020 11:02P
FINAL RESULT

Patient Name: [redacted]E DOB:07/23/1973
PROCEDURE: SCT 4412 ABD PEL CT WO IV WO PO CON
Acc #: 24306635
PROCEDURE: ABD PEL C[redacted]
CLINICAL INDICATION:
Abdominal pain ge[redacted]minal pain
COMPARISON:
02/06/2020
TECHNIQUE: 2.5 mm collimation was utilized to image from the lung bases to the symphysis pubis without administration of IV contrast. Oral contrast not given. Sagittal and coronal reconstructions were also reviewed.
Radiation dose reduction techniques used for this exam include: Iterative Reconstruction Technique and/or adjustments of the mA/kV according to patient size. DICO[redacted]es are available.
DISCUSSION:
Lungs/pleura:
Lung bases are clear without pleural effusions.
Liver/spleen:
The liver has a grossly normal noncontrast CT appearance. The spleen is nonenlarged. Patient status post gastric bypass no biliary pancreatic portion of the gastric bypass remains markedly dilated with segmental thickening of the proximal jejunum. There is a moderate intra-abdominal and pelvic amount of ascites.
Adrenals:
The adrenal glands are unremarkable.
Pancreaticobiliary:
Pancreas has a grossly normal noncontrast CT appearance. Gallbladder surgically removed.
Genitourinary:
4 mm nonobstructing left renal calyceal calculi present. Bladder collapsed limiting evaluation.
Lymph nodes:
No enlarged abdominal or pelvic nodes are present.
Bowel:

Radiology Results

There continues to be diffuse dilated appearance to the biliary pancreatic portion of the gastric bypass with segmental thickening of the proximal jejunum .
Osseous structures:
There are no osseous destructive lesions.
IMPRESSION:
Interval development of moderate intra-abdominal and pelvic ascites with persistent diffuse marked dilatation of the biliary pancreatic portion of the gastric bypass with segmental thickening of the proximal jejunum further surgical evaluation recommended. Partial obstruction not excluded, this of uncertain etiology
Signed Electronically By: [redacted] - 039321 - 9/28/2020 11:07 PM

READ [redacted] ON: Sep 28 2020 11:02P
FINAL RESULT

[redacted]

Document Type:	Chest Single View XR
Service Date/Time:	9/29/2020 19:43 EDT
Result Status:	Auth (Verified)
Document Subject:	CHEST SINGLE VIEW XR
Perform Information:	[redacted] (9/29/2020 20:00 EDT)
Sign Information:	

CHEST SINGLE VIEW XR
http://BHSF00AP1/integrations/isiteemr/isite_emr.aspx?patient_id=3332159&accession_number=24308309 HNAM URL [redacted]
CHEST SINGLE VIEW XR
ORDERED BY: [redacted]
READ BY: [redacted] ON: Sep 29 2020 7:59P
FINAL RESULT

Patient Name: [redacted] DOB:07/23/1973
PROCEDURE: SXR 7101 CHEST SINGLE VIEW XR
Acc #: 24308309
PROCEDURE: CHEST SINGLE VIEW XR
CLINICAL INDICATION:
trialysis catheter placement RESPIRATORY DISTRESS FOR FOLLOWUP
COMPARISON:
None.
TECHNIQUE:
Single view chest radiography.
DISCUSSION:
Left-sided IJ dialysis catheter with tip in SVC. No pneumothorax. Otherwise support lines unchanged in position. No development of a pneumothorax. There is no interval change in pulmonary appearance. Heart and mediastinal structures are grossly unchanged.

Radiology Results

IMPRESSION:
Interval placement of a left-sided jugular central line with tip in good position. No pneumothorax.
Signed Electronically By: Dr. [redacted] - 038398 - 9/29/2020 8:00 PM

READ BY: [redacted] ON: Sep 29 2020 7:59P
FINAL RESULT

Document Type:	Chest Single View XR
Service Date/Time:	9/29/2020 14:30 EDT
Result Status:	Auth (Verified)
Document Subject:	CHEST SINGLE VIEW XR
Perform Information:	[redacted] MD (9/29/2020 14:48 EDT)
Sign Information:	[redacted]

CHEST SINGLE VIEW XR [redacted]
http://BHSF00AP1/integrations/isiteemr/isite_emr.aspx?patient_id=3332159&accession_number=24307670 HNAM URL

CHEST SINGLE VIEW XR
ORDERED BY: [redacted],M.D.
READ BY: [redacted] ON: Sep 29 2020 2:47P
FINAL RESULT

Patient Name: [redacted] DOB:07/23/1973
PROCEDURE: SXR 7101 CHEST SINGLE VIEW XR
Acc #: 24307670 [redacted]
PROCEDURE: CHEST SINGLE VIEW XR
CLINICAL INDICATION:
central line catheter
COMPARISON:
Chest x-ray 09/29/2020
TECHNIQUE:
AP view chest radiography.
DISCUSSION:
There is a new right internal jugular central venous catheter with tip in the SVC. An endotracheal tube is present with tip approximately 3.5 cm above the carina. An enteric tube is present with tip in the stomach. Low lung volumes noted. No focal consolidation. Cardiac silhouette is unremarkable.
IMPRESSION:
New right internal jugular central venous catheter in good position.
Signed Electronically By: Dr. [redacted] - 133777 - 9/29/2020 2:48 PM

[redacted]
[redacted] [redacted]

[redacted] [redacted]
Discharge Date: **9/30/2020**

Radiology Results

READ BY: [redacted] ON: Sep 29 2020 2:47P
FINAL RESULT

Document Type:	Chest Single View XR
Service Date/Time:	9/29/2020 12:34 EDT
Result Status:	Auth (Verified)
Document Subject:	CHEST SINGLE VIEW XR
Perform Information:	[redacted] MD (9/29/2020 12:47 EDT)
Sign Information:	

CHEST SINGLE VIEW XR
http://BHSF00AP1/integrations/isiteemr/isite_emr.aspx?patient_id=3332159&accession_number=24307474 HNAM URL

CHEST SINGLE VIEW XR
ORDERED BY: [redacted],M.D.
READ BY: [redacted] ON: Sep 29 2020 12:45P
FINAL RESULT
[redacted]
Patient Name: [redacted] DOB:07/23/1973
PROCEDURE: SXR [redacted] SINGLE VIEW XR
Acc #: 24307474
PROCEDURE:
CHEST SINGLE VIEW XR
CLINICAL INDICATION:
Acute respiratory failure
COMPARISON:
02/05/2020
TECHNIQUE:
Frontal chest radio[redacted]
DISCUSSION:
There is left basilar subsegmental atelectasis. Bilateral hypoventilatory changes.
Endotracheal tube terminates 2.4 cm above the carina. Enteric tube extends into the stomach.
No substantial pleural effusion or pneumothorax.
The cardiomediastinal silhouette is unremarkable.
Osseous structures are stable.
IMPRESSION:
1. Appropriately positioned lines and tubes.
2. Bilateral hypoventilatory changes are present.
Signed Electronically By: XXXXXXXXXXXXXXXX - 173195 - 9/29/2020 12:47 PM

READ BY: [redacted] ON: Sep 29 2020 12:45P
FINAL RESULT

[redacted]
[redacted] [redacted]

[redacted] [redacted]
Discharge Date: **9/30/2020**

Radiology Results

Document Type:	Ruq US
Service Date/Time:	9/29/2020 00:22 EDT
Result Status:	Auth (Verified)
Document Subject:	RUQ US
Perform Information:	[redacted] (9/29/2020 01:23 EDT)
Sign Information:	

RUQ US
http://BHSF00AP1/integrations/isiteemr/isite_emr.aspx?patient_id=3332159&accession_number=24306634 HNAM URL

RUQ US
ORDERED BY: [redacted]
READ BY: [redacted] ON: Sep 29 2020 12:43A
FINAL RESULT

Patient Name: [redacted] DOB:07/23/1973
PROCEDURE: SUS 4005 RUQ US
Acc #: 24306634
PROCEDURE: RUQ US [redacted]
CLINICAL INDICATION: Right upper quadrant pain.
COMPARISON: No [redacted] examination available for comparison.
TECHNIQUE: Right upper quadrant ultrasound. Grayscale and color Doppler images of the right upper quadrant
DISCUSSION:
LIVER:
measures 13.5 cm In craniocaudal dimension
Liver is heterogeneous .
No focal lesions on the provided images
There is no liver surface nodularity on high frequency images.
Limited color dopp[redacted]onstrates hepatapedal flow in the main portal vein.
GALLBLADDER: Status post cholecystectomy. Sonographic Murphy sign is reported to be negative
No biliary dilation. Common bile duct diameter is 1.0 cm
PANCREAS: No abnormality of the visualized portion.
RIGHT KIDNEY: Anatomic location, normal size and contour. Normal parenchymal thickness and echogenicity. No solid masses. No hydroureteronephrosis. Craniocaudal dimension is 9.3 cm
ASCITES: There is moderate to large amount ascites
IMPRESSION:
1. Moderate to large ascites
2. Pneumobilia
Signed Electronically By: [redacted] - 151662 - 9/29/2020 1:23 AM

READ BY: [redacted] I ON: Sep 29 2020 12:43A
FINAL RESULT