Daniel DeMarco SOAP Note #2 General Surgery

S:

CP is a 56yo male with PMH Splenic Flexure Adenocarcinoma (T3N0M1) with Liver Metastases for which he had Laparoscopic assisted extended Left Colectomy (side to side) on 1/31/2019, HTN, DM, HLD, TIA, CAD. He is HD3 after presenting to the Emergency Department two days ago complaining of BRBPR where he was found to be hypotensive (BP 88/50) on arrival. He had 6-7 episodes of bloody diarrhea that began two days ago. Patient states he finished using his prophylactic Lovenox injections the day the episodes of BRBPR began. Denies nausea, vomiting, fever, chills, abdominal pain, lightheadedness, weakness. No overnight events.

PMH: HTN, DM, HLD, Splenic Flexure Adenocarcinoma (T3N0M1) with Liver Metastases, TIA, CAD, Heart Murmur

PSH: Laparoscopic assisted extended Left Colectomy (side to side) performed 1/31/2019, Stent Placement performed 1/30/2018

Allergies: NKDA

Medications: ASA 81mg Oral qd, Atenolol 50mg Oral qd, Ezetemibe 10mg Oral qd, Farxiga 5mg Oral qd, Januvia 100mg Oral qd, Lisinopril HCTZ 20-12.5 Oral qd, Metformin 1000mg Oral bid, Niacin 1000mg Oral qd, Pravastatin 80mg Oral qd

FHx: Mother and Father with DM, HLD

SHx: Nonsmoker. No EtOH, illicit drug use.

O:

T 36.4C Oral | BP 136/78mmHg | P 103 BPM, regular | RR 16 breaths/min, unlabored | SpO2 98% RA |

INS/OUTS:

-	7A-7P	24h	7A-
Lactated Ringers	400	0	400

Gen: Appears his stated age of 56yo. Lying in bed. AxO x3. No apparent distress.

CV: RRR. S1 and S2 are heard. Grade II/VI systolic ejection murmur auscultated.

Pulm: Clear to auscultation and percussion bilaterally. Chest expansion symmetrical. No wheezing, rhonchi, rales, dullness.

Abd: Flat, symmetrical, soft. Nontender to palpation throughout. Incision sites are well-approximated with no erythema, no swelling, no dehiscence. BS present in all four quadrants. No bruits over aortic/renal/iliac/femoral arteries. Tympanic to percussion throughout. No CVAT, guarding, rebound, organomegaly.

Extremities: No deformity or joint abnormality. No edema. Peripheral pulses intact. No varicosities.

Labs:

$$\frac{11.17 \;>\; 8.4 \;<\; 315}{26.7}$$ 2/14/19 03:58

$$\frac{138 \mid 105 \mid 24.0}{4.3 \mid 21 \mid 1.28} < 180$$ 2/13/19 08:41

Ca2+: 8.6

Diagnostic Imaging:

CXR: No identified focus of free air beneath the diaphragm.

CTA: 1. No evidence of acute gastrointestinal hemorrhage is identified. S/p partial colonic resection with anastomosis in the mid lower abdomen. Surrounding mesenteric edema and fat stranding, which may represent postoperative changes, infectious/inflammatory changes, or neoplastic infiltration. 3. Mildly dilated common bile duct. 4. Trace ascites.

Flex Sig: No active bleeding seen. Could not get to anastomosis due to poor prep.

A:

CP is a 56yo male 14d post Laparoscopic assisted extended Left Colectomy (side to side) with 2-day complaint of BRBPR with bloody diarrhea. Possible anastomotic leak.

P:

Labs:

- Repeat CBC in AM
- Monitor H/H

14d Post Laparoscopic assisted extended Left Colectomy (side to side). Possible anastomotic leak.

- GoLytely and clear liquid diet. Will consider repeat Colonoscopy if H/H continues decreasing.

HTN

- Cont. Atenolol 50mg Oral qd
- Cont. Lisinopril HCTZ 25-12.5 Oral qd

DM

- Insulin Lispro Sliding Scale + NF + Unit Subcutaneous q6h
- If Hypoglycemia, Glucagon Injection 1MG IM q15min.
- Plan to restart Ezetemibe, Farxiga, Januvia when patient is discharged

HLD

- Cont. Niacin 1000mg Oral qd
- Cont. Pravastatin 80mg Oral qd

Disposition:

- Anticipate to D/C home tomorrow if H/H are stable
- Consider repeat colonoscopy if H/H unstable

/s/ Daniel DeMarco, PA-S
Physician Assistant Student

2/8/19