

S:

YY is a 78yo female with PMH obstructing ascending colonic mass for which she had laparoscopic right colectomy with ileocolic anastomosis on 2/18/2019, HTN, GERD, TB infection, lactose intolerance. She is POD2. No overnight events. She complains of some nausea after receiving her last Heparin shot. Denies fever, chills, vomiting, flatus, BM. She initially presented to the emergency department 4d ago with a complaint of vague, sharp, epigastric/RUQ abdominal pain x 8d. She endorsed +weight loss of 15lb. over 3mos., anorexia. Denied nausea, vomiting, fevers, chills, urinary symptoms, melena, hematochezia. She presented with CT findings of right colonic mass with possible partial small bowel obstruction, initially ordered by her GI who referred her to ED.

PMH: Right Colonic Mass, HTN, GERD, TB infection, Lactose Intolerance

PSH: Laparoscopic right colectomy with ileocolic anastomosis, cervical lymph node biopsy for TB

Allergies: NKDA

Medications: diltiazem 240mg/24h oral tablet extended release 1 tab orally once a day, aspirin 81mg oral tablet 1 tab orally once a day, pantoprazole 40mg oral delayed release tablet 1 tab orally once a day, Pink Bismuth 262mg oral tablet chewable 1 tab orally once a day

FHx: Noncontributory

SHx: Nonsmoker. No EtOH, illicit drug use. Independent in all ADLs.

O:

T 36.7C Oral | BP 130/72mmHg | P 82 BPM, regular | RR 16 breaths/min, unlabored | SpO2 97% RA |

INS/OUTS:

-	7A-7P	24h	7A-
D5 1/2NS	600	420	1020
Total In	600	420	1020
Urine: Voided	200	300	500
Total Out	200	300	500
Total Net	400	120	720

Gen: Appears her stated age of 78yo. Lying in bed. AxO x3. No apparent distress.

CV: RRR. S1 and S2 are normal. There are no murmurs, S3, S4, splitting of heart sounds, friction rubs.

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 minimal erythema, no swelling, no dehiscence. No bruits over aortic/renal/iliac/femoral arteries. No CVAT, guarding, rebound, organomegaly.

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

Labs:

10.4

18.97 > 32.1 < 393; 2/19/19 06:47

Neutrophils: 85.0%

Lymphocytes: 7.90%

Monocytes: 6.6%

137|102|6.0 <141; 2/19/19 06:47

4.1 | 22 | 0.56

Ca2+: 8.3

Mg2+: 2.2

Phos: 3.6

Diagnostic Imaging:

2/18/19 CT Lung: 6mm nodule within the left lower lobe. 4.5mm pleural-based nodule within the right lower lobe. Right-sided pleural plaques. Metastases not excluded. Further clinical workup advised.

A:

YY is a 78yo female POD2 s/p laparoscopic right colectomy with ileocolic anastomosis for obstructing ascending colonic mass.

P:

Labs:

- Repeat CBC with diff, BMP, Ca2+, Mg2+, Phosphate in AM

POD2 s/p laparoscopic right colectomy with ileocolic anastomosis for obstructing ascending colonic mass

- HYDRomorphone 20mg/100mL NS for PCA NB 20mg IV Cont Infusion
- Acetaminophen Tab 650mg Oral q6h
- Plan to transition to PO oxyCODONE Immediate Release Tab 5mg Oral q4h PRN for pain severity 4-6, oxyCODONE Immediate Release Tab 5mg Oral q4h PRN for pain severity 7-10
- D/C Heparin Inj 5000Unit Subcutaneous q8h
- Start Lovenox 60mg Subcutaneous q12h
- Alvimopan Oral 12mg Oral q12h

CT Lung: 6mm nodule within the left lower lobe. 4.5mm pleural-based nodule within the right lower lobe. Right-sided pleural plaques. Metastases not excluded. Further clinical workup advised.

- f/u for nodules seen on staging CT chest

HTN

- Cont. Diltiazem CD Cap 240mg Oral Daily

GERD

- Cont. Pantoprazole Delayed Release Tab 40mg Oral daily

CAD

- Cont. Aspirin 81mg Oral Daily

Disposition:

- Anticipate to D/C home once patient has flatus and BM

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

2/28/19 *Daniel DeMarco*