

Daniel DeMarco
General Surgery

SOAP Note #4

S:

AS is a 14yo female HD5 for perforated appendicitis with abscess. No overnight events. Endorses flatus. Denies fever, chills, vomiting, BM. She initially presented to the emergency department 5d ago with a complaint of constant RLQ abdominal pain x days and fever. At that time, she denied nausea, vomiting, diarrhea.

PMH: Denies

PSH: Denies

Allergies: Amoxicillin - Rash

Medications: Denies

FHx: Noncontributory

SHx: Nonsmoker. No EtOH, illicit drug use.

O:

T 36.6C Oral | BP 100/64mmHg | P 81 BPM, regular | RR 16 breaths/min, unlabored |

SpO2 97% RA |

INS/OUTS:

	7A-7P	24h	7A-
D5 1/2NS	50	0	50
Oral Fluid	1080	600	1680
Total In	1130	600	1730
Urine: Voided	800	550	1350
Total Out	800	550	1350
Total Net	330	50	380

Gen: Appears her stated age of 14yo. Resting comfortably 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. BS present in all four quadrants. No bruits over aortic/renal/iliac/femoral arteries. Tympanic to percussion throughout. No CVAT, guarding, rebound, organomegaly.

*Lot of information
needs to be
condensed*

Overall good SB

[Signature]

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

Labs:

10.4

8.76 > 34.1 < 488; 2/19/19 08:00

Neutrophils: 62.2%

Lymphocytes: 24.90%

Monocytes: 9.9%

141|102|10.0 <74; 2/18/19 05:36

4.2 | 25 | 0.50

Ca²⁺: 9.2

Mg²⁺: 2.2

Phos: 4.7

Diagnostic Imaging:

2/16/19 CT A/P: Bowel: Adjacent to the cecum, there is a 5 x 3.8 x 8.7cm fluid collection with air suggestive of perforated appendicitis. There are hyperdensity within the fluid collection suggestive of phleboliths. There is reactive thickening of the cecum and terminal ileum.

A:

AS is a 14yo female HD5 for perforated appendicitis with abscess.

P:

Labs:

- Repeat CBC with diff, BMP, Ca²⁺, Mg²⁺, Phosphate in AM
- Continue trending WBC count

Diagnostic Imaging:

- Plan for repeat CT scan Saturday 2/23/2019. Give rx.

HD5 for Perforated Appendicitis with Abscess

- CeFEPime +R+ Inj 2000mg IV Piggyback q8h
- metroNIDAZOLE Inj 500mg IV Piggyback q8h
- Acetaminophen Tab 650mg Oral q6h
- Regular Diet

Disposition:

- Anticipate to D/C home with Ciprofloxacin/Flagyl x 7d
- Schedule f/u appointment. Plan to schedule appendectomy.

/s/ Daniel DeMarco, PA-S

Physician Assistant Student

2/28/19 *Alison Ngai-Tsang*