Diagnosis: Status-post Ruptured

Appendectomy

DOB: 01/26/XXXX Allergies: NKA Age: 5 y/o MR#: 203

Gender: Female

Height: 3'8" Weight: 20kg

# Patient Chart #203 Becky Smith

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Age: 5 y/o

Gender: Female

Height: 3'8" Weight: 20kg

# **HISTORY & PHYSICAL**

**Chief Complaint**: Abdominal pain.

**Informant**: Parents.

**HPI**: Ill looking patient, healthy until 2 days ago when began complaining of (c/o) a stomachache and refused solid food. Patient developed fever of 101.6F on day two and woke up vomiting this morning. Patient was brought to emergency department (ED) by parents.

VS in ED: BP- 106/68, P- 110, RR- 24, T (oral) 101.4F, pain score 10 on FACES scale with pain in the right lower quadrant (RLQ).

PMX: Placement of tympanostomy tubes (serous otitis media) at 19 months. Regular well child checkups.

**IMMUNIZATIONS**: Up-to-date per parents

**ALLERGIES**: No known allergies (NKDA).

## **Review of Systems**

Patient is a healthy, well-developed 5-year-old female with c/o abdominal pain in right lower quadrant (RLQ). Normal growth and development per age. Immunizations up-to-date including flu vaccine this year. No prior hospitalizations. No routine home medications. Cardiac, pulmonary, GU, integumentary, musculoskeletal are within defined parameters (WDP).

### **CURRENT MEDICATIONS:**

None

2

Plan: Laparoscopic appendectomy (suspect ruptured appendix) and transfer to pediatric unit.

Dictated: Dr. D. Miles

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# **PHYSICIAN ORDERS**

Day	Time	PHYSICIAN ORDER AND SIGNATURE		
Yesterday	1800	Admit to pediatrics		
		Diagnosis Status post (S/P) appendectomy		
		Code Status Full Code		
		Vital Signs		
		Every 4 hours (Q4H) and as needed (PRN).		
		Continuous pulse oximetry.		
		Oxygen		
		<ul> <li>By nasal cannula (N/C) as needed, titrate to keep SpO2 &gt;92%.</li> </ul>		
		Allergies NKDA		
		Diet NPO		
		Activity		
		<ul> <li>Incentive spirometer every hour (Q1H) when awake (or blow bubbles).</li> <li>Ambulate in hallway four times a day.</li> </ul>		
		Nursing Communication		
		<ul> <li>Nasal gastric (NG) tube to low intermittent wall suction (LIWS).</li> </ul>		
		Check NG tube placement as needed.		
		Measure NG output Q4H.		
		<ul> <li>Replace NG output mL for mL: D5/½ Normal Saline (NS) + 20 mEq</li> </ul>		
		potassium chloride (KCL) per liter (L); <u>replace/infuse via IV Q 4H</u> .		
		Call HCP for NG output < 5 ml/hr., T > 102, HR > 110, BP <80/50 or > 120/80		
		IV Fluids D5 ½ NS + 20 mEq KCL/L infuse @ 60 mL/hr.		
		Daily Medications		
		<ul> <li>ceftazidime 1 gm intravenous (IV) every 8 hours (Q8H) – infuse over 30 minutes</li> </ul>		
		PRN Medications		
		<ul> <li>ondansetron 2 mg IV push (IVP)every 6 hours (Q6H) PRN for nausea</li> </ul>		
		<ul> <li>acetaminophen 325 mg rectal (PR) Q4H PRN for fever &gt; 101.0F or pain scale of 1-2</li> </ul>		
		<ul> <li>morphine 1 mg IV push (IVP) every 2 hours (Q2H) PRN pain scale 3-6</li> </ul>		
		<ul> <li>morphine 2 mg IV push (IVP) every 2 hours PRN pain scale &gt; 6</li> </ul>		
PROVIDER		Dr. D. Miles		
SIGNATU	KE			

Appendectomy

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# **NURSING FLOW SHEET**

DATE:	Yesterday				
	TIME	1800	2200	0200	0600
VITAL SIGNS	BLOOD PRESSURE				
	PULSE				
	RESP RATE				
	ТЕМР				
	SCORE				
PAIN	LOCATION				
	CHARACTER				
<u>a</u>	OXYGEN				
RESP	OXIMETER				
¥.	DIET / % EATEN				
NUTR	SUPP FEEDING				
	PO		NPO	NPO	NPO
	IV – NGT		200	120	5
INTAKE	Replacement				
Ξ					
	URINE				
OUTPUT	DRAINS		200	120	10
no					
		PROBLEM / EV	VENT DOCUMENTA	ATION	
DATE			•		
SIGNAT	URE				

Patient: Becky Smith Attending: Dr. D. Miles Diagnosis: Status-post Ruptured

Appendectomy

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# MEDICATION ADMINISTRATION RECORD Pg. 1

SCHEDULED MEDICATIONS			
MEDICATION		1900 - 0659	0700 - 1859
Intravenous Fluids			0700
D5 ½ NS + 20 KCL/L at 60 mL/hr.			
ceftazidime 1 gm IV piggyback Q8H		0600	1400
			2200
SIGNATURE	INTLS	SIGNATURE	INTLS

Patient: Becky Smith Attending: Dr. D. Miles Diagnosis: Status-post Ruptured

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# MEDICATION ADMINISTRATION RECORD Pg. 2

NON – SCHEDULED MEDICATIONS				
MEDICATION		1900 - 0659	0700 - 1859	
ondansetron 2 mg IV push Q6H PRN for nausea				
acetaminophen 325 mg PR Q4H PRN for fever > 101	I OE or			
pain scale 1-2	1.01 01			
morphine 1mg IV push Q2H PRN pain scale 3-6				
morphine 2 mg IV push Q2H PRN pain scale>6				
morphine 2 mg tv push Q211 Fixiv pain scale/0				
Fluid replacement for NG output mL per mL:				
• D5/½ NS + 20 KCL mEq/L,				
Replace/infuse via IV Q 4H.				
SIGNATURE	INTLS	SIC	GNATURE	INTLS

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# **LAB STUDIES & DIAGNOSTICS**

Lab work completed just prior to surgery

	HEMATOLOGY		
LAB TEST	NORMAL RANGE	PATIENT VALUE	
Red Blood Cells (RBC)	Males: 4.5-5.3 million /mm <sub>3</sub> Females: 4.1-5.1 million/mm <sub>3</sub>	4.1	
Hematocrit (HCT)	Males: 37-49% Females: 36-46%	38%	
Hemoglobin (Hgb)	Males: 13.0-18.0 g/100 mL Females: 12-16 g/100 mL	14	
White Blood Cells (WBC)	4,500-11,000/mm <sub>3</sub>	12,000 ( <b>H</b> )	
Platelets (Plt)	140-400 X 103 mm <sub>3</sub>	400	
MCV	80-100	99	
	CHEMISTRIES		
LAB TEST	NORMAL RANGE	PATIENT VALUE	
Sodium (NA+)	135-145 mEq/L	137	
Potassium (K+)	3.5 -5.0 mEq/L	4.2	
Chloride (CL-)	100-108 mEq/L	99	
Carbon Dioxide (C02)	24-30 mEq/L	26	
Glucose	70-110 mg/dL	86	
Blood Urea Nitrogen (BUN)	8-25 mg/dL	11	
Creatinine	Male: 0.6-1.5 mg/dL Female: 0.6-1.1 mg/dL	0.68	
C-Reactive Protein	0.03-5.0 mg/dL	117.65 ( <b>H</b> )	

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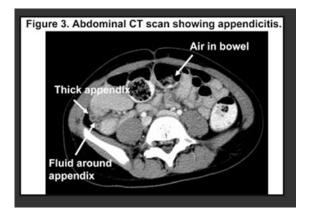
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# **IMAGING**

# **CAT SCAN**

### CAT SCAN of Abdomen

Right pelvic inflammatory lesion that could represent acute appendicitis with localized perforation and adenopathy. Thickening noted around appendix.



Impression: Ruptured appendix

# M. Bowler MD

Dictated by: Dr. Michelle Bowler