

# DISCHARGE SUMMARY

Last Name <u>Denison, Ida</u>	First Name <u>Denison</u>	Initial <u>ID</u>	Room No. <u>104</u>	Hosp. No.
Attending Physician <u>Burleson</u>		Date of Admission <u>7-1-97</u>		Date of Discharge

**Provisional Diagnosis:** Bowel Obstruction.

**Final Diagnosis:** Mechanical Small Bowel Obstruction, Pneumonia, Hyponatremia.

**Operation:**

**Brief History and Essential Physical Findings:** This patient is a 64 year old white female resident of Old Glory, Texas who was brought in because of nausea and vomiting of green emesis and a distended abdomen. She was seen in the emergency room Sunday in Stamford with same symptoms and was sent home. She has a history of emphysema, history of surgery for PYLORIC stenosis and hysterectomy. She is currently on Desyrel 50mg q HS, Klonopin 1mg up to 5 times daily, Carafate and Prilosec. She lists an allergy to Bactrim. She has a history of dependency on narcotic medications and has been through a treatment program 3 to 4 years ago along with her husband who died several months ago. X-ray examination revealed evidence of bowel obstruction with air fluid levels noted. Patient was admitted for decompression and appropriate therapy as indicated.

**Significant Laboratory, X-Ray and Consultation Findings:** She was also maintained on her Klonopin as best we could. Nasal gastric suction was administered. Past medical history is generally outlined above. Patient really can't contribute any additional medical history at the time of admission. However, on review of systems she does mention intermittent constipation. Physical examination patient's temperature is 96.0, pulse rate 114, respiration 30, and blood pressure 131/52. Admission laboratory reveals patient to have a normal white count of 11,800 with a shift to the neutrophilic series of 88% SEGS, 2% BANDS. Platelet count was within normal limits. Patient's chemistry profile revealed an elevation of BUN at 32.6 and Glucose of 135. Patient's sodium was down to 126 initially. Chloride of 90. Throughout the patient's hospital course her sodium actually normalized to 135. BUN diminished to a normal level. X-rays studies during the course of hospitalization revealed dilated loops of small bowel suggestive of small bowel obstruction. there also appeared to be a basilar infiltrate on one of the reports. Patient's kidneys appear to be normal. Ct of the abdomen showed no definite focal masses in the liver or spleen. The patient had some question of possible free air in the abdomen though this did not clinically correlate. Patient did have some initial difficulty with NG tube and this was replaced with good effect. During the hospital course she waxed and waned as far as her improvement. But the time of our date of transfer it was felt that we were not making any significant progress and it was elected to transfer her to the care of Dr. Taliaferro. He will consider her for possible surgical decompression. However, her general condition even at the time of initial admission was suggested that she was not of great surgical candidate. However,

**Course in Hospital with Complications, if any:** we felt that since our lack of ability to turn the corner in making an improvement in this patient it was felt that perhaps administration of Dr. Taliaferro and other consultants at Hendrick Medical Center might be able to provide this intervention to allow her some longterm improvement. This was discussed at length the likelihood seems small but no other options seem really available at this time. She was transferred to Hendrick Medical Center via ambulance on the 7th. At the time of transfer the patient was afebrile she was not tolerating diet, she had NG tube in place, bowel function still diminished and she was still blocked. We gave a very guarded prognosis for her pending surgical consultants decision.

**Condition, Treatment, Final Disposition on Discharge and Prognosis:**

Date \_\_\_\_\_ Signed [Signature] JB/cw D&T: 8/20/97  
8/21/97 Physician

DICTATED  
 TYPED

07/07/97  
07/07/97

HENDRICK MEDICAL CENTER  
 1242 N. 19TH  
 ABILENE, TEXAS 79601  
 (915) 670-2000

PATIENT NAME : DENNISON, IDA  
 CHART NUMBER : 521376  
 PHYSICIAN : LEIGH TALIAFERRO, M.D.  
 ADMITTED : 7-7-97  
 DISCHARGED : 5/20/97-21-97  
 ROOM NUMBER :

# HISTORY AND PHYSICAL

CHIEF COMPLAINT: Bowel obstruction.

HISTORY OF PRESENT ILLNESS: This is a 65-year-old female who looks almost 15 years to 20 years older than her stated age. She is very weak, frail. She is in bed. She is cachectic, and she is being sent here from Hamlin hospital with possible bowel obstruction. She has never had a problem like this before. It started about a week or two ago. She was admitted, placed on NG suction, seemed to do better, and started passing gas and stool. So, they started her on p.o. intake, and she developed an obstructive pattern once again.

PAST MEDICAL HISTORY: She has had a pyloromyotomy apparently as a child for pyloric stenosis, and a hysterectomy. She is on Clonopin and Desyrel. She says she is allergic to Bactrim, but she does not know what happens to her. She has never had a heart attack. She says she does not have any lung difficulty and no diabetes and no stroke, although she is a smoker of about a pack of cigarettes per day. She says she is a nondrinker.

## PHYSICAL EXAMINATION:

VITAL SIGNS: Stable.

HEENT: A very cachectic-appearing patient. NG tube in place. O2 mask on.

NECK: Neck and shoulders are extremely thin. No bruits heard.

LUNGS: Clear bilaterally.

HEART: A somewhat irregular rhythm, but no murmurs.

ABDOMEN: Soft, mildly distended, with a healed right paramedian incision and a Pfannenstiel incision noted. No tenderness, no masses.

EXTREMITIES: No swelling, no cyanosis.

She is appropriate, but seems to be in no real distress, although she is certainly a very poorly nourished patient.

IMPRESSION: Possible bowel obstruction.

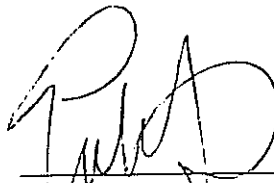
We are going to admit the patient as a transfer and start the workup

HISTORY AND PHYSICAL

PATIENT NAME : DENNISON, IDA  
CHART NUMBER : 521376  
PHYSICIAN : LEIGH TALIAFERRO, M.D.  
ROOM NUMBER :

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with flat and upright KUBs, chest x-ray, laboratory values including amylase, and IV hydration.

  
\_\_\_\_\_  
LEIGH TALIAFERRO, M.D.

lxt/cc  
4705 .

HISTORY AND PHYSICAL

# IDENTIFICATION OF LEARNING NEEDS

BARRIERS IDENTIFIED	EXPLANATION	READINESS TO LEARN	LEARNING STYLE
C = CULTURAL E = EDUCATIONAL L = LANGUAGE P = PHYSICAL EM = EMOTIONAL/PSY O = OTHER (EXPLAIN)		I/WE DESIRE: 1 - INFORMATION NOW 2 - INFORMATION LATER _____ 3. NO INFORMATION _____	1 - READ BOOKS 2 - LISTENING/HEARING 3 - HANDS ON 4 - COMBINATION OF _____

CIRCLE RESPONSE THAT BEST SUPPORTS ASSESSMENT DATA

## IDENTIFIED AREAS FOR PATIENT AND FAMILY TEACHING

\* DENOTES TEACHING IDENTIFIED FOR ALL PATIENTS

- PATIENT RIGHTS
- PATIENT RESPONSIBILITIES
- UNIT ORIENTATION
- ADVANCED DIRECTIVES

- ILLNESS/DISEASE
- TREATMENT
- MEDICATION
- MEDICAL EQUIPMENT
- NUTRITION/DIET

- POTENTIAL FOOD/DRUG INTERACTION
- REHABILITATION TECHNIQUES
- AVAILABLE COMMUNITY RESOURCES
- WHEN/HOW TO OBTAIN FURTHER TREATMENT
- CONTINUATION OF CARE AT HOME OR HOME CARE FACILITY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE INT.	P/F PROVIDED INSTRUCTION ON:	INSTRUCTION PROVIDED TO:	SPECIAL LEARNING NEEDS	TEACHING METHOD	RESPONSE TO TEACHING	COMMENTS AND/OR LOCATION OF SUPPORTING DOCUMENTATION
7/7/97	PATIENT RIGHTS	P	O	✓		<div style="border: 1px solid yellow; padding: 5px;"> <i>It may be not listening to instructions.</i> </div>
7/7/97	PATIENT RESPONSIBILITIES	P	O	✓		
7/7/97	UNIT ORIENTATION	P	O	✓		
	ADVANCED DIRECTIVES					

INSTRUCTION PROVIDED TO:

P = PATIENT  
F = FAMILY  
O = OTHER

SPECIAL LEARNING NEEDS:

C = CULTURAL  
E = EDUCATIONAL  
L = LANGUAGE  
P = PHYSICAL  
EM = EMOTIONAL/PSY  
R = REFUSED TEACHING  
O = OTHER(explain)

TEACHING METHOD:

V = VERBAL  
W = WRITTEN/BROCHURE  
D = DEMONSTRATION  
A = AUDIOVISUAL  
CC = CLOSED CIRCUIT TV

RESPONSE TO TEACHING:

VU = VERBALIZED UNDERSTANDING  
RD = RETURN DEMONSTRATION  
NF = NEEDS FURTHER INSTRUCTION  
RI = REFUSED INSTRUCTION

DATE	INT	SIGNATURE/TITLE	DATE	INT	SIGNATURE/TITLE
7/7/97	P	Pat Griffin			

HENDRICK MEDICAL CENTER  
INTERDISCIPLINARY PATIENT EDUCATION

PS 224

ADDRESSOGRAPH 72-637F(6-95)

MR [REDACTED] PUB  
ACCT CCCC03000296  
DENISON, IDA M  
C9-21-932 064 F  
67-07-97 GUSR 51-2  
OLD GLORY  
DR TALIAFERRO, LEIGH  
INPATIENT  
MC

# HAMLIN MEMORIAL HOSPITAL

**FINANCIAL AGREEMENT:** The undersigned jointly and severally agree to pay for hospital accommodations. It is understood and agreed that hospital charges not paid may be placed with an attorney or collection agency and a reasonable collection or attorney's fee will be added to the account. The undersigned agrees to pay all hospital charges not paid in full to the hospital by a third-party payer.

**ASSIGNMENT OF BENEFITS:** I hereby transfer and assign to the Hamlin Memorial Hospital, Hamlin, Texas, and/or the attending and consulting physician or surgeon all right, title, and interest in any benefit due me for services rendered.

**STATEMENT TO PERMIT PAYMENT OF MEDICINE AND/OR MEDICAID BENEFITS TO PROVIDER, PHYSICIANS, AND PATIENT:** I certify that the information given by me in applying for payment under Title XVIII and/or Title XIX of the Social Security Act is correct. I authorize any holder of medical and other information about me to release to the Social Security Administration or its intermediaries, or carriers, any information needed for this or a related Medicare and/or Medicaid claim. I request that benefits payable for physician services to the physician or organization furnishing the services, or authorize such physician or organization to submit a claim to Medicare and/or Medicaid for payment to me.

**CONSENT TO TREATMENT:** The patient is under the control of his attending physicians and the hospital is not liable for any act or omission in following the instructions of said physicians and the undersigned consents to any X-ray examination, laboratory procedures, or hospital service rendered the patient under the general and special instructions of the physician. The undersigned recognizes that all doctors of medicine furnishing services to the patient including the radiologist, pathologist, anesthetist, and the like are independent contractors and are not employees or agents of the hospital.

X John W. Deaton  
Patient of authorized person

7-1-97  
Date

\_\_\_\_\_  
Witness

\*\*\*\*\*

**RESPONSIBILITY FOR VALUABLES:** It is understood and agreed that the hospital maintains a safe for safekeeping of money and valuables and further that the hospital shall not be liable for the loss or damage of such money and valuables unless deposited with the hospital for safekeeping.

**PATIENT RIGHTS:** I have received information regarding Rights and Responsibilities of Patients. \_\_\_\_\_.

**ADVANCE DIRECTIVE:** Has the patient signed a Living Will?

yes No if so, is it still in effect? \_\_\_\_\_.