

Sig of poly/skare *2 PA* *1000*
10.5.16

Identifying Data:

Name: B.F.

Age: 38 yo

Gender: F

Date and Time: April 10th @ 9:30 AM

Metropolitan Hospital Bariatric Surgery

S:

38 year old female with a history of a left thyroid nodule is referred by endocrine for possible surgical intervention. She reports some mild left neck pain x 3 weeks, and sometimes feels something is "stuck in her throat" with difficulty swallowing. She also reports hoarseness of the voice. Patient also reports nasal congestion with rhinorrhea. Denies fevers, chills, nausea, vomiting, night sweats, and weight loss.

PMH:

1. ~~Thyroid nodule~~

Allergies: NKDA, no environmental allergies

Medications:

Denies

5 Hx? none *DA* *Hy CA* *Com 16*

FHx:

1. Denies knowledge of FX

Social:

1. Non smoker, denies ETOH, denies illicit drug use past and present.

O:

Vitals:

Temp: 97.4 F oral
BP: 111/77 right arm, sitting
HR: 72 Regular
RR: 16 unlabored
SPO2: 99% on room air

PE:

General: AOx3, NAD, speaks in full sentences
Nose: Clear anteriorly with moderate edema of mucosa
Neck: Supple, full ROM, no cervical lymphadenopathy, no palpable mass noted
Lungs: Clear to auscultation throughout B/L

Heart: S1 S2 distinct, RRR

Abdomen: Flat abdomen, soft, nontender, non-distended

Imaging:

US Neck 7/2/20

Right thyroid lobe is normal in size and homogeneously granular. The left thyroid lobe is mildly enlarged and homogeneously granular with normal parenchymal vascularity on color doppler, measures 5.1cm x 2.1 cm x 2.5 cm. There is a new 0 mm isoechoic nodule with peripheral vascularity in upper left pole of left lobe.

Thyroid biopsy 9/1/20 negative for malignancy.

Labs:

WBC: 8.14

HGB: 10.7

HCT: 36.8

PLT: 490

APTT: 32.3

INR: 1.0

A:

38 year old female presents with symptomatic thyroid nodule. Laryngoscopy attempted multiple times but patient did not tolerate instrumentation. Patient wishes to proceed to thyroidectomy.

P:

Schedule for total thyroidectomy

- 7/2/20 was scheduled
- ↳ educated MR
- ↳ lab prep - cord MR
- ↳ medical risk stratification
- ↳ stopping or starting med, prep

Nicholas Burney

Surgery SOAP 2

Identifying Data:

Name: R.H

Age: 31 yo

Gender: M

Date and Time: April 14th @ 11:30 AM

Metropolitan Hospital Surgery

S:

31 year old Hispanic male with a PMH of hemorrhoids and HLD is presenting to the ED with 4 days of worsening rectal pain and difficulty with bowel movements due to pain. Patient reports that he came to the ED Friday 4/9/21 for anal pain before being discharged with Cipro/Flagyl after CT appeared negative for abscess. Today patient reports significantly worsened pain and he is unable to walk or sit down. Patient reports taking tylenol and motrin at home with no relief. Patient has also been experiencing nausea and retching. Confirms fevers and chills.

PMH:

- 1. Hemorrhoids
- 2. HLD

PSx:

Denies past surgeries

Allergies:

No Known allergies

Medications:

- 1. Zosyn 3.375g in sodium chloride 0.9% 50mL IV infusion
- 2. Vancomysin 1000mg in sodium chloride 0.9% 250mL

FHx:

Mother and father are in good health

Social:

Reports tobacco use (1 cigarette per day), reports ETOH (rarely), denies illicit drug use past and present

O:

Vitals:

Handwritten notes: N/A, ?abscess

Handwritten note: Compliance

Handwritten circled note: S.H.

Temp: 97.9
HR: 93
Resp: 18 unlabored
BP: 92/62
SpO2: 97% on room air

hypotensive

Physical Exam:

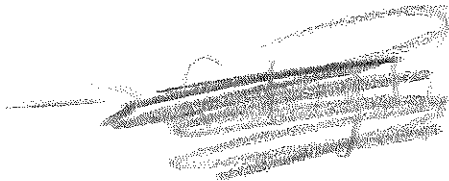
General: AOx3, NAD, well developed
Eyes: EOMI, no jaundice or injection
Lungs: Clear to auscultation throughout b/l
Heart: S1 S2 distinct, RRR
Abdomen: Extremely tender to epigastric palpation, diffusely tender throughout.
Rectal: Refused DRE due to exquisite tenderness to touch, bilateral buttocks with erythema with left buttock containing an area of fluctuance, no crepitus felt
Labs:

WBC: 21.96
PLT: 289
HGB: 12.6
HCT: 36.5
Protein: 7.9
Creatinine: 0.9
Alk Phos: 82
AST: 20
ALT: 15

OH

Imaging:

CT Abdomen Pelvis w Contrast



Findings:

Lungs: Patchy right basilar infiltrate

Liver: Fatty infiltration
Gallbladder and ducts: no stones
Pancreas: unremarkable
Spleen: Unremarkable
Adrenal Glands: normal, no mass
Lymph nodes: unremarkable
Soft tissues: Infiltrative changes and air in the buttocks/perirectal region. 4.0 x 1.6 x 1.4 cm fluid collection noted.

Impression: Infiltrative changes and emphysema are identified in the perirectal region, concerning for gas-forming infection. Recommend surgical evaluation. Fluid collection is presumed to represent abscess. Patchy lobar infiltrate possibly pneumonia.

A:

31 year old male with PMH of HLD presenting with worsening anal pain for the past 4 days with lab findings, symptoms and imaging consistent with and concerning for necrotizing soft tissue infection of buttocks.

P:

Neuro: Tylenol, dilaudid for pain

Pulm: IS

CV: arterial line to be placed for monitoring and additional PIV placed for resuscitative access

GI: NPO

GU: Foley

ID: continue vancomycin and zosyn

Heme: repeat CBC, BMP, mag, coags, type and screen now

→ LA

Patient will report to OR urgently for incision and drainage of buttocks.

IVF → IVS (LB)

Digoxin (IFU) → VS OR

IV LINES x2 - central line

Identifying Data:

Name: L.A.

Age: 50 yo

Gender: F

Date and Time: April 8th @ 11:30 AM

Metropolitan Hospital Bariatric Surgery

S:

L.A. is a 50 year old female with PMH of HTN, HLD and long-standing morbid obesity s/p Lap band removal Dec 2020, who presents for clearance for further bariatric surgery. She reports initially losing weight and then experiencing severe rebound weight gain. Patient has failed numerous attempts at non-surgical weight loss including dieting, fasting, and exercise.

PMH:

1. HTN
 2. HLD
 3. Morbid obesity
- DM?*

PSH: Lap Band -Placed 2016, removed 2020

Allergies: NKDA, no environmental allergies

Medications:

1. Lisinopril – 5mg Q24H

FHx:

1. Mother – HTN, Father – DMII, HTN, Sister – HTN, HLD

Social:

1. Confirms ETOH use – 1-2 drinks per week
2. Denies ever having smoked tobacco or used illicit substances

O:

Vitals:

Temp: 98.7 F oral

BP: 128/84 right arm, sitting

HR: 86 Regular

RR: 16 unlabored

BMI?

SPO2: 98% on room air

PE:

General: AOX3, NAD, speaks in full sentences → *moderate obesity*

Neck: Supple, full ROM, no cervical lymphadenopathy

Lungs: Clear to auscultation throughout B/L

Heart: S1 S2 distinct, RRR

Abdomen: Obese abdomen, soft, nontender, non-distended

Labs:

WBC: 8.14

HGB: 10.7

HCT: 36.8

PLT: 490

APTT: 32.3

INR: 1.0

A:

55 year old female presents with a PMH of HTN, HLD, s/p lap band removal presents with long-standing chronic obesity and inability to lose weight non-surgically. → *when
Dec 2020*

P:

Patient has no complaints at this time and has obtained clearance by pulmonology, cardiology, and psychology. Patient is a candidate for sleeve gastrectomy and will proceed with surgery on 4/15/21. → *patient education and diet of
1/14/21*

Identifying Data:

Name: C.P

Age: 52 yo

Gender: M

Date and Time: April 15th @ 7:30 AM

Metropolitan Hospital Surgery

S:

52 year old Hispanic male with PMH of cholecystitis and HTN presents s/p cholecystotomy tube placement 10/29/20, complicated by tube occlusion and removal 1/14/21, to schedule cholecystectomy. Patient states that he is feeling well with no current complaints.

*Why?
- what
hepatic*

PMH:

1. Cholecystitis
2. Cholelithiasis
3. HTN

PSx:

1. Tracheostomy due to severe COVID 19 disease course

Allergies:

No Known allergies

Medications:

1. Metoprolol succinate 100mg Q 24H

FHx:

Mother and Father have history of HTN, DMII

Social:

Denies smoking tobacco, confirms 1-2 drinks per night, denies any past and present illicit drug use

O:

Vitals:

Temp: 98.2

HR: 88 regular

Resp: 16 unlabored

BP: 133/80 right arm sitting

SpO2: 99% on room air

Physical Exam:

General: AOx3, NAD, well developed

Eyes: EOMI, no jaundice or injection

Lungs: Clear to auscultation throughout b/l

Heart: S1 S2 distinct, RRR

Abdomen, soft, non tender to palpation, no masses. Upper right quadrant with healing cholecystostomy tube site.

Labs:

WBC: 8.12

PLT: 241

HGB: 14.5

HCT: 45.1

Protein: 7.9

Creatinine: 0.9

Alk Phos: 82

AST: 20

ALT: 15

Imaging:

Abd US: Comparison made with prior study on 12/8/2020. The liver is normal in size, no focal masses. Intra and extra hepatic biliary systems are normal. Common bile duct is normal size, measures 6mm. The gallbladder is contracted around shadowing echogenic stones. The wall cannot be accurately assessed due to contraction, appears thickened. There is no pericholecystic fluid. The pancreas, spleen, kidneys are normal in size, shape and position.

A:

52 year old male presents s/p cholecystostomy tube placement, complicated by tube becoming occluded and removed. Presents to schedule cholecystectomy.

P:

Patient will undergo cholecystectomy 4/13/2021

