

# CDI Clinical Scenario 6

**CLINICAL DOCUMENTATION IMPROVEMENT:**

*An Introduction Into The Field of CDI*

**MARSI**  
MEDICAL AUDIT RESOURCE SERVICES, INC.

User:  
Hospital: 0004

Clinical View Notes Report  
Date Range: 08/23/16 08:26 - 08/30/16 08:26

Date: 8/30/16  
Time: 07:26

Patient Name:	Room / Bed:	HSV: MIP
Patient #:	DOB:	Admitted: 4:48
Medical Record	Age / Sex:	Discharged:

Date	Time	By / Note Text
08/29/16	1217	- nurse Case Management Called VNA @ [redacted] re with Celeste who states she is all set up for visit tomorrow.
08/29/16	1013	nurse Case Management Called [redacted] [redacted] in [redacted], they received the fax and will deliver the BSC today, prior to discharge. Questioned them about the side rail patient is requesting, they do not carry that item. Called [redacted] Medical, they have a bed assist - it's \$70.00. Discussed with patient - she will go on line and search for one. Contacted VNA as well and will fax them the final discharge.
08/29/16	0959	Nutrition follow up note: Patients diet has been gradually increased and she is now on a soft diet. PO intake recorded at 10%. She stated her appetite is not so good. She is drinking one ensure per day. Per nursing patient has been drinking the ensure with a meal and says it fills her up. Suggested she try to eat meal trays first and use ensure between meals as a snack or if she doesn't like the food on her tray. Patient did not have any food preferences at this time. Reported a normal weight is 100-105; so no recent weight loss or gain. Will continue to follow for progress and PO intake.
08/29/16	0803	Progress note S: Patient states she is feeling much better. Her pain is controlled. She denies nausea or bloating. She is tolerating liquids and soft foods. She is anxious about the colostomy but changed it with the nurse yesterday. She will be home with stairs when ready to go O: T 97.8, P 74, R 18, BP 111/68, O2 97% patient is alert and slightly pale in NAD Neck is supple Lungs clear CV S1 and S2 regular Abdomen soft with colostomy Extremities with TEDS - minimal bilateral edema Labs - Na 138, K 3.2, BUN 5, Cr 0.36, BS 99 WBC 10.4, Hct 26.9, Plt 498 Ass - Hypokalemia Post-op doing well Plan - replace K orally, continue Percocet, Protonix, Flagyl, Cipro, Lovenox for DVT prophylaxis PT for walking and working on stairs, discharge planning per Dr. Netzman
08/28/16	1120	PROGRESS CONSULT NOTE S: Pt reports feeling better, walking, denies nausea-vomiting, abdominal pain improving. No significant events overnight, afebrile O: VS BP 120/66, HR 78, RR 16, T: 97.9 O2sat 97 Gen: AAOx3, ambulating HEENT: NC-AT Neck: no JVD CV: RRR, normal S1/S2, no murmurs/rubs/gallops appreciated Lungs: CTAB Abd: soft, some tenderness, colostomy bag, incision site with no signs of infection, no redness Extremities: Edema 1+ Neuro: AAOx3, no signs of focalization A: 69 yo F POD#5 Hartmann procedure, colostomy sec bowel obstruction, doing better P: - seen by Sx, recommendations appreciated - On flagyl po - Ciprofloxacin 400 mg IV q 12 hrs - PO percocet prn - colostomy care

User:  
Hospital: 0004

Clinical View Notes Report  
Date Range: 08/23/16 08:26 - 08/30/16 08:26

Date: 8/30/16  
Time: 07:26

Patient Name:	Room / Bed:	HSV: MIP
Patient #:	DOB:	Admitted:
Medical Record	Age / Sex:	Discharged:

Date	Time	By / Note Text
08/28/16	1120	- advance diet as per sx recs - will continue monitoring DVT prophylaxis - Lovenox 40 mg
08/27/16	1546	- nurse Case Management Faxed form to Hollister - Secure Start for Colostomy start-up kit
08/27/16	1544	- nurse Case Management Met with patient. Before becoming ill on Tuesday she was being seen by VNA for PT following her bilateral hip replacement 2 weeks ago @ Cleveland Clinic. She is planning on resuming their care. Faxed face sheet to VNA for nurses to follow for Colostomy Care.
08/27/16	1300	PROGRESS CONSULT NOTE S: Pt reports feeling better, denies nausea-vomiting, pain improving. No significant events overnight O: VS BP 108/57, HR 78, RR 16, T: 97.3 O2sat 97 Gen: AAOx3, ambulating HEENT: NC-AT Neck: no JVD CV: RRR, normal S1/S2, no murmurs/rubs/gallops appreciated Lungs: CTAB Abd: soft, some tenderness, colostomy bag, no signs of infection in incision site Extremities: Edema 2+ Neuro: AAOx3, no signs of focalization A: 69 yo F POD#4 Hartmann procedure, colostomy sec bowel obstruction, doing better P: - seen by Sx, recommendations appreciated - plan flagyl po - change to PO percocet prn - pt doing better - colostomy care - advance diet as per sx recs - will continue monitoring
08/27/16	0744	nurse Case Management Auth # Friday per L Arbuckle RN note.
08/27/16	0741	- nurse Case Management Clinicals were faxed on 8/25/16 after request was made on 8/23/16 to
08/26/16	1123	Nutrition Follow up note: Diet just advanced to clear liquid from NPO. Will continue to follow for po intake, diet tolerance and progress.
08/24/16	1327	Nutrition Note: Consult received by trigger for low braden score due to NPO status. Patient currently NPO following surgery yesterday for sigmoid colon resection. Will follow for progress, diet advancement and tolerance once advanced.

## OPERATIVE REPORT

PATIENT:  
MED REC:  
ADMIT DATE:  
LOCATION:  
ATTENDING:

ROOM:

BED:

DOB:  
ACCOUNT#:  
DISCHARGE DATE:  
DICTATING:

---

### DATE OF PROCEDURE:

### PREOPERATIVE DIAGNOSIS:

Perforated intra-abdominal viscus.

### POSTOPERATIVE DIAGNOSIS:

Perforated sigmoid diverticulum with abscess and small-bowel obstruction.

### SURGEON:

### OPERATION PERFORMED:

Release small-bowel obstruction, drainage of sigmoid abscess and Hartmann procedure, that is, sigmoid colon resection with end colostomy.

### GROSS FINDINGS:

Free fluid was found in the abdominal cavity. In the pelvis, there was an abscess which was drained and also cultured and obtained for culture and sensitivity. The abscess was involved with the sigmoid colon as was a loop of small bowel, creating a bowel obstruction of the proximal small bowel. Rest of abdominal and pelvic examinations within normal limits.

### PROCEDURE:

The patient properly identified, properly prepped and draped. Time-out performed satisfactorily at this time. Midline incision performed and the abdomen entered in the usual fashion. Free fluid and air was encountered. Abdominal exploration revealed a sigmoid colon diverticular abscess with a very large phlegmon. The abscess was drained and the small bowel, which was attached to it was freed, releasing a bowel obstruction. The left colon was mobilized by incising the lateral peritoneal reflection. Distally in the distal sigmoid, a TA 50 stapler was placed across the distal sigmoid placing a staple line across it. Proximally, this was transected. The proximal sigmoid was then divided with a GIA stapling device. The mesentery of the colon was carefully divided with a LigaSure device. The ureter was identified and kept from injury during the procedure. Specimen was removed from the operative field. Copious irrigation of the abdomen and pelvis with warm sterile lactated Ringer's was performed. Hemostasis was complete. Estimated blood loss 300 mL. Another copious irrigation was performed. The left colon was further mobilized to prepare it for colostomy. A circular skin incision was performed for the colostomy and the descending colon and proximal sigmoid brought out through this circular incision. Three #2 nylon retention sutures placed through all layers of the

## OPERATIVE REPORT

PATIENT:  
MED REC:  
ADMIT DATE:  
LOCATION:  
ATTENDING:

ROOM:

BED:

DOB:  
ACCOUNT#:  
DISCHARGE DATE:  
DICTATING:

---

anterior abdominal wall and left untied. With hemostasis complete, all instrument, sponge, and needle counts were correct, the fascial layer of the anterior abdominal wall was now closed with a continuous double stranded PDS suture. The retention sutures are tied with rubber shards over the wound. The skin was stapled. The colostomy was now matured with interrupted 3-0 Vicryl suture. Sterile dressings are applied. The patient tolerated the procedure well and transported to recovery area in satisfactory condition.

Signed: \_\_\_\_\_

DD:

DT:

CC:

## PROGRESS NOTES

Date / Time	Notes Should be Signed by Physician
8/23/16 2300	<p>Op note</p> <p>preop dx: perforated viscus</p> <p>post op: perforated sigmoid diverticulum with abscess + phlegmon creating small bowel obstruction</p> <p>Surg: htzma</p> <p>Anesth: General Blanton</p> <p>EBL 300 ml</p> <p>Procedure: Drainage pelvic abscess release small bowel obstruction</p> <p>Hartmann Procedure: Sigmoid resection with end colostomy</p>



# PROGRESS NOTES

Date / Time	Notes Should be Signed by Physician
8/24/16	Awake, Alert. NAD
0400	N/G in situ 150ml 6AM-9
	U/O 150ml 6-9AM
	dump ↓ BS bases
	abd softer - Dressings dry/
	Stoma intact intact
	Ext. ⊖ phle/eden
	10.9 - 9.7/27.7 130/106
	POD #1 Cont. ICU 3.3/22
8/24/16	Looks great!
	unobstructed ↓ ↓ tube
	all clear - Full return



# PROGRESS NOTES

Date / Time	Notes Should be Signed by Physician
-------------	-------------------------------------

8/25/16

looky got  
5 c/o  
1L slow getty rules  
no - good  
with all  
40 CTA  
E Home E. ch  
A - D. get 1.1 PO  
P - C. ch

8/26/16  
1030

Awake, alert  
Ambulates  
VSS, afebrile  
lungs clear  
abd soft / no distension  
incision intact / dry  
stoma pink ~ some function  
drain ~ sepsang  
Ext. V/O adequate  
Ext. E. phell

POD #3 Stable  
Transfer Gi





## PROGRESS NOTES

Date / Time	Notes Should be Signed by Physician
8/25/16 1130	<p>Awake, alert. Has ambulated.</p> <p>VSS. Afebrile</p> <p>Lungs Clear</p> <p>abd soft / soft distension</p> <p>N/G in situ ~ 300 since 0600</p> <p>Foley in situ ~ 30-50cc/h</p> <p>Drain ~ sero sangu</p> <p>Wound intact / dry</p> <p>Stoma OK. Fluid / gas</p> <p>AAS: Small bowel decompressed.</p> <p>Air / stool in colon</p> <p>H/H 8.3/24 WBC 10 K 3.2</p> <p>Transfusion in progress</p> <p>K. rdx.</p> <p>POD # 2 Stable</p> <p>D/C N/G ~ Foley</p>

