

CDI Clinical Scenario 14

CLINICAL DOCUMENTATION IMPROVEMENT:

An Introduction Into The Field of CDI

MARSI
MEDICAL AUDIT RESOURCE SERVICES, INC.

CODING HOSPITAL

123 Main Street
Anywhere, USA

HISTORY AND PHYSICAL EXAMINATION

ADMITTED:

MEDICAL RECORD NUMBER:

CHIEF COMPLAINT: Shortness of Breath

HISTORY OF PRESENT ILLNESS:

This smoker has had an approximately one month history of cough and congestion and was treated for pneumonia back in November and really never improved. He was seen in the ER two days ago. At that time he was placed on Biaxin 500 mg bid and told to return if shortness of breath ensued and he has become progressively short of breath. He has been drinking fluids the last day or so but prior to that was not drinking well at all. He has had fevers in the 102-103 range and just seems to be progressively worse. He presented again complaining of shortness of breath and O2 sats on admission were 83% on room air. He does require occasional use of oxygen at home.

PAST MEDICAL HISTORY:

Includes a history of carotid endarterectomy. He is a smoker and has severe COPD, coronary artery disease, and also has had a history of bladder cancer.

CURRENT MEDICATIONS:

Include Diltizem CD 120 mg once/day, Lovastatin 20 mg once/day, sublingual nitroglycerin 0.4 mg prn. Atrovent and albuterol nebulizers, 325 mg of aspirin per day, calcium and vitamin D, vitamin E, Lasix 20 mg bid prn and occasional home oxygen.

FAMILY HISTORY:

Reviewed. Quite a bit of heart disease in the family., he is not sure who, but he had a couple brothers die of an MI. Father died of duodenal ulcer rupture but also had heart disease. Mother died of breast cancer.

ADMITTED:

MEDICAL RECORD NUMBER:

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REVIEW OF SYSTEMS:

Positive for shortness of breath and cough. He does have dentures, upper and lower. HEENT: Hearing is normal, vision somewhat impaired, she wears glasses. GU and GI negative other than for GU she does have frequency but that has been fairly normal and longstanding for him.

PHYSICAL EXAMINATION:

Temperature 101.2, BP 120/60, respirations 30, O2 sats 83% on room air

Does not appear to be dyspneic at this point.

HEENT: Normal
Skin: Turgor is fairly normal although her eyes seem a little sunken so she may be slightly dehydrated. No evidence of jaundice. Pupils are equal, round, reactive to light and accommodation. Extraocular movements are full and intact. Mouth clear.
Neck: Supple, no bruits
Lungs: Decreased breath sounds bilaterally. Some rales present bilaterally as well as some wheezing
Heart: Distant. No murmurs
Breasts: Normal, no masses
Abdomen: Soft, nontender, and no masses or organomegaly. Bowel sounds normal.
Extremities: Without edema
Neurological: Alert and oriented X 3. Deep tendon reflexes are 2+ and symmetrical.

Assessment: Pneumonia, gradually worsening

Plan: Will admit, get him on oxygen, nebulizers, chest x-ray, CBC and electrolytes. Start Timentin 3.1 grams q 8 h and continue Biaxin 500 mg Bid, IV fluids with potassium.

D:

T:

PROGRESS NOTE

Date/Time

Patient very SOB, face dusty, fine crackles bases, expiratory wheezes throughout. Will order ABGs. Suspect mucous plug. Discussed with daughter possible need to intubate. Anesthesia called for intubation. Will transfer to ICU.

PROGRESS NOTES

Admit: .
MR # . . .
Coding Hospital

PROGRESS NOTE

Date/Time

ICU NOTE

Patient intubated yesterday before transfer to ICU. ABGs performed and patient breathing less labored. Chest x-ray still shows infiltrate same as previous. Will continue to treat with IV antibiotics, IV potassium.

ICU NOTE

Patient responding to IV antibiotics. Chest x-ray shows some clearing of infiltrate. If patient continues to improve we will transfer to medical floor tomorrow.

Continue meds and treatment.

PROGRESS NOTES

Admit:

Coding Hospital

PROGRESS NOTE

Date/Time

ICU NOTE

Patient responding to IV antibiotics, improved chest x-ray. Intubation tube removed and patient to be removed to medical floor. Switch to oral antibiotics, and if stable tomorrow, will discharge.

PROGRESS NOTES

Admit:

Coding Hospital

PROGRESS NOTE

Date/Time

PROGRESS NOTE

Patient remains afebrile without SOB. No wheezing, rales or crackles. Patient will be discharged on oral antibiotics with follow-up visit to PCP in 1-2 days.

PROGRESS NOTES

Admit:

Coding Hospital

CODING REGIONAL HOSPITAL

Anywhere, USA

RADIOLOGY REPORT

MR#

CLINICAL SUMMARY: Cough and Congestion

PA AND LATERAL CHEST,

Findings:

Comparison is made to the most recent study of 12/01/XX. The infiltrate previously described in the medial segment of the right middle lobe is more prominent on today's study and this would be consistent with an active process superimposed on a chronic middle lobe process. The heart and pulmonary vessels are normal in size and appearance and lungs otherwise are clear.

CONCLUSION:

Infiltrate medial segment of right middle lobe which has increased in size and density since 12/01/XX and is consistent with an active process.

D:

T:
