CDI Clinical Scenario 15

CLINICAL DOCUMENTATION IMPROVEMENT:

An Introduction Into The Field of CDI

MARSI

MEDICAL AUDIT RESOURCE SERVICES, INC.

User: [illegible]
Hospital: 0004

Clinical View Notes Report

Date Range: 08/28/16 08:16 - 08/30/16 08:16

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

Patient Name:	Room / Bed	HSV: MIP
Patient #:	DOB:	
Medical Record	Age / S	Discharge:

Date	Time	By / Note Text
08/29/16	2129	SUPERVISOR Received a call fron. PT has been accepted for transfer. Bed control representative will call this HS later on tonight with bed assignment and number to call for report.
08/29/16	1211	SUPERVISOR: Dr. Netzman has spoken with [illegible] Sinai who has accepted this pt. I have spoken with Melody at the transfer center there. She is aware of transfer for tomorrow am per [illegible] will call back with a time and a room assignment. Face sheet faxed yesterday.
08/29/16	0748	Progress Note S: patient feels good today. He has pleuritic pain with deep breath. He denies dyspnea. He denies leg pain or swelling. He is not craving cigarettes O. T 98.1, P 56, R 18, BP 112/75, O2 98% on RA alert male in NAD, Neck supple Lungs clear bilaterally with pigtail chest tube left anterior 2nd ICS CV S1 and S2 reg and slighty bradycardic Abdomen Soft Ext without tenderness, cord or edema Na 139, K 4.1, Bun 17, Cr 1.11 WBC 5.3, Hct 43.2, Plt 146 CXR 8/28 with reexpansion of left lung without residual pneumothorax Ass: Recurrant Spontaneous Pneumothorax Plan: CXR this AM chest tube and/or transfer pe[illegible] continue Percocet PRN and Heparin sq - monitor platelets
08/28/16	1044	History and Physical Date of Admission: 08/27/16 Reason for Admission: Pneumothorax History of Present Illness: 26 yo M with h/o spontaneous tension pneumothorax requiring chest tube in 4/2016 in Kentucky, smoker, presented c/o sudden pleuritic Left side chest pain, 7/10, with some SOB very similar in nature as previous event, but less intense. Pt reports he was walking adn did feel sudden pleuritic chet pain, specially at deep breathing, accompanied with some SOB, knowing his symptoms from previous experience decided to come to ER. In ER VS within normal limit, including O2sat, CxR noted small L side pneumothorax, chest CT done confirming diagnosis of small L side pneumothorax. pt admitted for further observation. Pt states he was at baseline health status previous this episode, denies cough, phlegm, fever, chills, flu like symptoms. Pt repors continuing smoking but less cigarettes per day. Surgery consulted Past Medical History: 1. spontaneous pneumothorax requiring chest tube in 4/2016 in Kentucky 2. Smoker Past Surgical History: 1. Chest tube in 4/2016 in Kentucky Current Medications: Tylenol 650 mg po q 4 hrs prn pain/fever IVF NaCl 0.9% 1L 100 cc/hr Heparin 5000 units SQ q 8 hrs Allergies: NKDA Family History Pt denies any disease in father or mother side Social History: Smoking: smoker 2-3 cigarettes /day Alcohol: socially Drugs: smokes marijuana , denies other drugs Review of Systems: Constitutional Symptoms: denies fever chills Eyes: denies blurry vision

Patient Name: Room / B MIP
Patient #: DOB:
Medical Record Age / S Disc.

Date	Time	By / Note Text
08/28/16	1044	

ENT: denies tinnitus
Cardiovascular: denies palpitations,
Respiratory: L side pleuritic chest pain, SOB
Gastrointestinal: denies N-V-D
Musculoskeletal: denies weakness
Neurological: denies dizziness
Psychiatric: denies depression
Hematologic: denies bleeding problems
Physical Examination:
Vitals:
B/P: 121/64 HR: 60 RR:16 T: 98.1 SAT: 100% without supplemental oxygen
General: NAD, cooperative with exam
HEENT: NC-AT
Neck: no JVD, no carotid bruit
Cardiac: RRR, normal S1/S2, no m/r/g appreciated
Chest: air entry bilaterally, clear to auscultation bilaterally, air entry in both bases
Abdomen: soft, not tender, non distended, BS + in 4 quadrants
Extremities: no edema
Peripheral Pulses: present, 2+
Skin: moist
Neurologic: no signs of focalization, AAOx3
Laboratory Data:
remarkable for Cr 1.36, CK 477, BUN 23
Imaging: CxR 8/27/16 minimal L base pneumothorax,
Chest CT: L base pneumothorax
CxR 8/28/16: increase in size of L side pneumothorax, no signs of tension
Assessment:
26 yo M with h/o spontaneous tension pneumothorax requiring chest tube in 4/2016 in Kentucky, smoker, presented c/o sudden pleuritic Left side chest pain, 7/10, with some SOB very similar in nature as previous event
Plan:
1. Spontaneous Pneumothorax
- Small L base pneumothorax in CT chest yesterday, today some increase in size in CxR
- pt stable, VS normal, O2sat 100% without supplemental oxygen
- Surgery consulted, recommendation appreciated
- pt advised to stop smoking, stop using marijuana
- No signs of infection at this moment, pt afebrile, WBC normal, denies fever, chills
- continue monitoring for now, If patient becomes symptomatic or size of pneumothorax increases may need chest tube or transfer the patient to higher level of care
2. AKI
- Cr 1.36
- IVF giving, will repeat BMP
- regular diet
3. Mild dehydration
- IVF ordered
- Some increase in BUN, AKI, mild elevation of CK
- will repeat tests
4. DVT prophylaxis
- on heparin 5000 units SQ every 8 hrs
, MD

08/28/16 0900 - nurse

SUPERVISOR
Met with patient. Financial form was given last night by ER Registration as patient has no insurance. Additional medicaid form signed by patient taken to business office. He is new to the area, from Kentucky where in April had the same thing happen - records were retrieved after consent obtained. He had a chest tube inserted 4/29/16 @ St. Claire Regional Medical Center.

User:
Hospital: 0004

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Patient Name: Room . HSV: **MIP**
Patient #: DOR·
Medical Record Age / Se Disch

Date	Time	By / Note Text
08/28/16	0900	Called after getting the result of PA/Lateral CXR which shows an increase in the left pneumothorax involving approximately 15-20% of the thoracic volume (called to me by Dr.). He will review when he comes in, will possibly need to be transferred to a higher level with pulmonology.

CONSULTATION

PATIENT: **DOB:**
MED REC: **ACCOUNT#:**
ADMIT DATE: **DISCHARGE DATE:**
LOCATION: **ROOM:** **3ED:** **DICTATING:**

ATTENDING:

DATE OF CONSULTATION:

REFERRING PHYSICIAN:

CONSULTING PHYSICIAN:

HISTORY OF PRESENT ILLNESS:
The patient is in the emergency room, the patient admitted via the emergency room, he is seen in the emergency room. He presents with shortness of breath and feeling as though he has another collapsed lung. He had a previous episode of this 6 months ago in Morehead, Kentucky on 04/29/2016 3 months ago. At that time, a chest tube was placed in the left chest and the pneumothorax resolved. He now experienced similar feelings of some shortness of breath and presented to the emergency room, revealing a 20% pneumothorax.

PAST MEDICAL HISTORY:
Essentially unremarkable.

PAST SURGICAL HISTORY:
Noncontributory.

ALLERGIES:
NO KNOWN ALLERGIES.

SOCIAL HISTORY:
Includes the use of tobacco and occasional alcohol.

REVIEW OF SYSTEMS:
Normal except as above.

PHYSICAL EXAMINATION:
GENERAL: The patient is awake and alert, somewhat anxious, no acute distress. Well-developed, well-nourished.
HEENT: Within normal limits. No evidence of jaundice or scleral icterus.
NECK: Thyroid not enlarged.
COR: Regular rate and rhythm.
LUNGS: Left lung had decreased breath sounds and right side within normal limits.
ABDOMEN: Soft, nontender. No masses. Femoral pulses, equal and bilateral.

PATIENT: **DOB:**
MED REC: **ACCOUNT#:**
ADMIT DATE: **DISCHARGE DATE:**
LOCATION: **ROOM:** **BED:** **DICTATING:**

ATTENDING:

EXTREMITIES: No phlebitis or edema.

IMPRESSION:
Recurrent spontaneous pneumothorax.

PLAN:
We will proceed with placement of a pigtail catheter for thoracostomy tube.

Signed:_____

DD:
DT:

CC:

OPERATIVE REPORT

PATIENT: **DOB:**
MED REC: **ACCOUNT#:**
ADMIT DATE: **DISCHARGE DATE:**
LOCATION: **ROOM:** **ED:** **DICTATING:**

ATTENDING:

DATE OF PROCEDURE:

PROCEDURE:
The patient's time-out was performed satisfactorily at this time. The patient is properly prepped and draped in the left midclavicular line over the fourth rib. A 6.3-French pigtail catheter is easily placed in the pleural space and sutured to the skin and attached to Pleur-Evac suction. Sterile dressings are applied. Post-procedure chest x-ray shows resolution of pneumothorax and good placement of pigtail catheter. The patient tolerated the procedure well. Estimated blood loss less than 1 mL.

Signed:_____

DD: 08/29/2016 10:50 PM (EST)
DT: Tue Aug 30 05:50:48 2016
54820209 /28240

CC:

PROGRESS NOTES

Date / Time	Notes Should be Signed by Physician
8/28/16 0930	L) chest pigtail catheter inserted with resolution PIX. 6.3 F in good position. To 20 cm H_2O ~~at~~ pleural pressure Tolerated procedure well.
8/29/16 0830	R. lung well Catheter in site D/C PIX Plan transfer Int. Med D/W Dr. Berger

DOB:
ADMIT:
ATT:
MR #: