

Clinic Prep

.....

time:

name:

NL4:

RFV:

Checks:

LDCT:

PFTs:

Results pending:

Next Steps:

Clinic Note

Assessment / Plan

65M with history of x, initially admitted for X, now with x.

Acute hypoxemic respiratory failure

Septic shock from GNR bacteremia

Acute kidney injury, grade 2

Recommendations

- XXX
- XXX

Subjective

-

Full ROS performed. Negative except as mentioned above.

Objective

Vitals:

Exam:

Labs & Imaging: All labs and imaging within past 24 hr personally reviewed by me.

Clinic, Lung Mass

Lung Mass Consult:

Reason for Referral: Nodule / Mass in

HPI:

Environmental exposures:

- oil diffusers/scented candles/glade/Airwick plugins/incense sticks/ oil in humidifiers
- hot tub use
- pets/ birds at home
- playing any wind instruments
- hobbies such as wood working
- mold/water damage in the house

PMH:

|ACTIVE PROBLEMS|

Medications:

|ACTIVE MEDICATIONS|

Allergies:

|ALLERGIES/ADR|
|999Y1 PNEUMO|
|999Y1 FLU,WHOLE|

SH:

Tobacco Smoking –

Age of onset of smoking: years

Duration of smoking: years

Maximum packs/day:

Current cigarettes /day:

Any alternate tobacco product

- cigar,
- pipe,
- waterpipe
- Vape/e cigarettes
- Second hand smoking
- Indoor emission from household combustion
- Outdoor air pollution

Military-specific exposures:

- Agent orange - Vietnam War
- Depleted Uranium - Gulf War
- Asbestos - Navy due to shipyards
- Mustard gas – WWI
- Particulate matter

- Burn pit
- Chromium

Occupational exposures outside the military :

- Asbestos - construction workers, electricians, mining, railroad, fire fighters
- Ionizing radiation - uranium mining
- Vinyl chloride - pulp & paper workers
- Arsenic - smelting of ores, pesticide application, wood preservation
- Beryllium - ceramic workers, missile technicians, nuclear reactor workers, jewelers
- Chromium - stainless steel production, welding, tanning industries
- Nickel - battery makers, ceramic makers, electroplaters, glass workers, jewelers, metal workers & welders, painters

FH:

- Relatives with hx of lung cancer
- Relatives with other types of cancer
- Family history of lung disease:

STOP-BANG Score:

- Snoring - do you snore loudly?
- Tired - do you feel tired, fatigued, or sleepy during daytime?
- Observed apneas?
- Pressure - hx of high blood pressure?
- BMI?
- Age > 50?
- Neck circumference: > 16 inch or 40 cm collar?
- Male Gender

Hx of Anesthesia reactions:

- Prior surgeries and anesthesia reactions
- Hx of difficult intubation
- Family Hx of malignant hyperthermia

ROS:

Constitutional: No fevers, chills, sweats, weight change, or fatigue

Eyes: No itchy, watery eyes, no blurry vision

ENT: No sinus/nasal congestion, rhinorrhea, post-nasal drip

Skin: No Rash

CV: No chest pain, palpitations, PND, orthopnea

Respiratory: As above.

GI: No heartburn

MSK: No joint pains/myalgias

Neuro: No numbness/tingling

Exam:

VS:

|VITALS|

General: NAD, alert, WD, WN
Eyes: PERRL, no scleral icterus
ENMT: oropharynx clear, good dentition, no oral lesions, mallampati score @@
Skin: warm, intact, no rashes
Neck: ROM and lymph node assessment
LN: axillary, supra-clavicular, and inguinal lymph node assessment
CV: RRR, no MRG, nl S1 and S2, no peripheral edema
Resp: clear to auscultation bilaterally, no wheezes, rales, or rhonchi, normal effort, no clubbing/cyanosis
Abdom: Normoactive bowel sounds, soft, nontender, nondistended, no hepatosplenomegaly
Neuro: Awake alert oriented to person place time and situation

Data:

|PFT |
|CHEST 2 VIEWS PA&LAT|
|CHEST CT|

<https://www.mdcalc.com/calc/3910/duke-activity-status-index-dasi>

ASA grade:

- ASA I - normal healthy patient
- ASA II - a patient with mild systemic disease
- ASA III - a patient with severe systemic disease
- ASA IV - a patient with severe systemic disease that is a constant threat to

Life

Karnofsky Performance Status Scale ([mdcalc.com](https://www.mdcalc.com/calc/3910/duke-activity-status-index-dasi))

Assessment: Solitary Pulmonary Nodule Malignancy Risk ([medscape.com](https://www.medscape.com))

Plan:

I discussed the above plan with the attending, Dr. Janaki Deepak.

IP attending Dr. was also present to staff this patient

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