

TRU SIMULATION HOSPITAL
Emergency Physician Report

Patient Information

Name: Lafleur, Mel

DOB: 01/02/1954

Weight: 55 kg Height: 152 cm

Allergies: NKA MOST: C2

Admission date: Today

Primary concern: Respiratory distress, fever, & altered mental status, pain to Rt lower leg.

Active Medical History:

- COPD
- Osteoarthritis
- Hypertension
- Atrial fibrillation
- Diabetic

ER Investigations:

Chest x-ray: Bilateral lower lobe pneumonia

X-ray Rt leg: Fractured Right Hip

ECG: Atrial fibrillation rate controlled in the 80's

Labs: WBC 13.8

Impression:

70-year-old found unresponsive on floor in home by visiting nurse completing wellness check. Currently in moderate to severe respiratory distress. Chest sounds reveal coarse crackles and expiratory wheezes throughout. Dependent on oxygen to keep sats >90%. Presentation consistent with pneumonia complicated by underlying COPD. Appears drowsy and lethargic. Confused to place & time. Poor historian, not consistent with answers and difficult to assess. Unclear if it is dementia or delirium. Reports 10/10 pain to rt lower leg. Family lives out of town- will consult via phone.

CVS: normal S1 S2 heart sounds, no murmurs, normal pulses and perfusion, BP 120/85, HR Afib in the 80's suggestive of good rate control

Abdo: soft, non-tender. No guarding or rebound. No organomegaly noted.

Legs: Rt leg tender, mild edema, moderate swelling and warmth, pain on dorsi and plantar flexion of foot. Left leg unremarkable.

Plan: Admit to medical unit for IV antibiotics and oxygen therapy, consult with surgeon and transition liaison.

Date: Day of admission

Time: 1730

Physician Signature: B. Geeze