

TRU SIMULATION HOSPITAL - Physician Report

PHN: 123456789

Patient: Rubin Billie

DOB: 06/15/1967

Height: 180 cm

Weight: 79kg

Allergies: ASA Sulfa

Admission date: 2 days ago

Primary Concern: 6 weeks of frank rectal bleeding.

History: 58-year old. 6 weeks of frank blood associated with bowel movements. Recent change in bowel pattern. Currently BMs q3 days generally constipated. Historically normal bowel habits are daily & soft formed. Not using laxatives. Has noticed 30-pound weight loss in last 4 months. History of type 2 diabetes. Normally controlled on Metformin 500 mg PO BID. States blood glucose readings 7-9.

Physical Exam

Neuro: alert and orientated x3. GCS 15. Normal cranial nerves. Grossly normal motor power/sensation in all 4 limbs. Normal finger-nose bilateral. Normal gait. Normal receptive and expressive language.

Head and Neck: no lymphadenopathy, normal pharynx

Respiratory: normal work of breathing, O2Sats 97% on room air, denies cough, lung sounds clear

CVS: BP 138/85, heart rate 76 regular. Brisk capillary refill 4 limbs.

GI: slightly round. Firm LLQ. Non-tender. No guarding or rebound. No organomegaly noted. States approximately 30-pound weight loss in past 3 months. No change in appetite / food intake. Bowel patterns have changed from daily soft formed to q3 days constipated. Denies use of laxatives.

GU: describes clear amber urine with no urinary difficulties.

Musculoskeletal: limbs symmetrical in structure and function. No edema. States minimally active. Able to walk a flight of stairs without significant shortness of breath.

Investigations:

Chest X ray: Clear

ECG: ECG shows regular sinus rhythm.

Ultrasound: shows mass left lower quadrant.

Colonoscopy: 5cm x 5 cm mass 17 cm from terminal ileum.

Biopsy: adenocarcinoma

Impression: Colorectal cancer.

Plan: Rubin has consented to move forward with the sigmoid resection with the possibility of colostomy.

Date: 3 weeks prior to admission

Time: 1600h

Physician Signature

