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DOCTORS HOSPITAL OF SARASOTA

5731 BEE RIDGE ROAD
SARASOTA, FL 34233

JOB: 1176

DATE OF ADMISSION: November 6, 2005

CHIEF COMPLAINT AND HISTORY OF THE PRESENT ILLNESS:

This is an 87 year old patient of Dr. Gabriel with hypertension that has been labile lately, presents to the emergency room with acute mental status change and CT with left thalamic bleed. Apparently, the patient had cataracts and was going to undergo surgery soon. Blood pressure medications have been adjusted as an outpatient. Her granddaughter, with whom she lives, has been checking her blood pressure at home and has been seeing numbers pretty high, up near 200 systolic. Today, some time around 3:00 p.m., the patient was noted to be speaking unclearly and complaining of some type of leg problem. Her granddaughter tried to encourage her to call EMS, but she did not. Later, she was able to encourage her to call. In fact, the patient was brought in and found to have this intraparenchymal hemorrhage. EMS form is reviewed. She does take an aspirin daily.

PAST MEDICAL HISTORY:

Myocardial infarction, hypertension, hearing loss, coronary artery disease, ankle open reduction and internal fixation, cataracts, atrial fibrillation, hypercholesterolemia.

MEDICATIONS:

Clonidine, Pravachol, Ecotrin, metoprolol - doses unknown.

FAMILY HISTORY:

Several members with coronary artery disease and cancer. Otherwise, the patient was unaware and the granddaughter was unaware.

SOCIAL HISTORY:

Nonsmoker, nondrinker. She lives with her granddaughter here locally.

EMERGENCY ROOM TREATMENT:

Labetalol 20 milligrams IV x one with blood pressure now near about 178 systolic.

REVIEW OF SYSTEMS:

The patient denies chest pain or abdominal pain, shortness of breath, recent blood in the stools or urine, seizures, syncope, weight gain or weight loss, or any other specific symptoms, but she is confused and it is difficult to communicate at this time.

JOSEPH J CREVY

DD: 11/06/05 TD: 1919
DT: 11/07/05 TT: 0536
REF: 1107-0029
DMR:ND

WOICHOWSKI, HELEN B
D000228592

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PHYSICAL EXAMINATION:

VITAL SIGNS: Temperature is afebrile. Heart rate is 60. Blood pressure is 178/90. Respiratory rate is 20 and she is saturating in the 90s on two liters.

GENERAL APPEARANCE: An elderly female, lying in bed.

HEAD, EYES, EARS, NOSE AND THROAT EXAMINATION: The pupils are reactive to light and she is looking right and left. Her oropharynx is clear.

NECK: Without masses. Normal range of motion. The thyroid feels normal.

LUNGS: The lungs are clear to auscultation.

HEART: The heart has a regular rate and rhythm and the monitor is showing a sinus rhythm.

ABDOMEN: The abdomen is soft and nontender, nondistended.

GENITOURINARY: Foley catheter is in place.

EXTREMITIES: The extremities are without edema. The feet are quite dirty.

NEUROLOGICAL EXAMINATION: The patient moves all extremities spontaneously. She is quite clumsy with her right upper extremity. Her deep tendon reflexes are 1+ and symmetric. Her Babinski signs were negative on both sides. She has garbled speech.

DATA:

The CT is reviewed. It does show an acute left thalamic bleed. The CBC is normal. Prothrombin time is 10.7 with an INR of 0.99. Chemistries are normal with a negative myoglobin and troponin. The EKG reveals a sinus rhythm, no acute ischemia, left axis deviation.

ASSESSMENT AND PLAN:

1. Intraparenchymal hemorrhage. Admit to intensive care unit, neurosurgery consult, neurology consult, elevate the head of the bed to 30 degrees, sequential compression devices, speech therapy, occupational therapy and physical therapy consultations. We will work to lower blood pressure with labetalol. Repeat CT in the morning.
2. Hypertension. We will need to adjust outpatient medications.
3. Hypercholesterolemia. Hold Pravachol.
4. Disposition. Dr. Gabriel to assume care tomorrow.

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HISTORY AND PHYSICAL - Additional copy

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Manually Signed by JOSEPH J CREEVY

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