**Identifying Data:**

Full Name: A.G.

Sex: Female

DOB: XX/XX/1959

Race/Nationality: Caucasian

Primary Language: English

Address: Queens, NY

Date & Time: 06:00AM 11/18/22

Location: NYPQ

Source of Information: Medical records

Reliability: reliable

Source of Referral: N/A

**Chief Complaint:**

**HPI:**

A.G., 63 y/o female who is non-verbal and bed-bound at baseline, PMHx cerebral palsy, Fragile X, seizure disorder, hypothyroidism, PEG tube, rectal prolapse s/p proctectomy, ileostomy with multiple episodes of ileal prolapse s/p exploratory laparotomy resection, presents with decreased ileostomy output and abdominal distention x2 days per her nursing aid’s at Cypress Gardens Nursing Home. The ileostomy output is liquid green in appearance without signs of blood. Her nursing aids deny observing patient vomiting, increased work of breathing, lethargy, or changes in urinary output.

*Hospital Course:*

Patient was admitted for hyponatremia of 114 which was slowly corrected to 137 and small bowel obstruction visualized on CT scan. Upon admission to the surgical unit, patient was noted to have functioning ileostomy that chronically prolapses without signs of strangulation. Patient underwent endoscopy on 11/14 to further examine the SBO. Patient underwent ileostomy reversal 11/16.

**Past Medical History:**

* Cerebral palsy with associated spastic quadriplegia
* Fragile X with associated mental retardation
* Seizure Disorder
* Hypothyroidism
* Rectal prolapse
* Ileostomy prolapse
* Contracture of upper and lower extremities
* Cortical blindness
* Osteoporosis

*Immunizations*

* Up to date on adult immunization schedule
* Influenza (annually)
* SARS-CoV-2 (3 doses)

**Past Surgical History:**

* Proctectomy
* Ileostomy with exploratory laparotomy partial resection of small bowel
* Percutaneous endoscopic gastrotomy

**Current Medications:**

* Acetaminophen 10mg/ml injection 560mg every 6 hours
* Alvimopan capsule 12mg twice daily
* Famotidine injection 20mg once daily
* Heparin injection 5000 units once daily
* Lactated ringers’ infusion
* Levothyroxine tablet 88mcg once daily
* Oxycarbazepine 300mg/5ml suspension 300mg once daily

**Family History:**

* Unknown

**Social History:**

* General – Pt is property of the state, lives at Cypress Gardens nursing facility
* Habits – No alcohol use. Never smoker. No illicit drug use
* Travel – No recent travel
* Occupation – never employed
* Marital History – single
* Diet – PEG Tube feedings
* Sleep – Sleeps both during day and night. No reported snoring.
* Sexual History – No prior sexual activity

**Review of Systems:**

* Unable to be obtained, patient is non-verbal and alert and oriented x0.

**PHYSICAL EXAM**

Vital Signs:

BP: 109/71mmHg – lying supine, L arm RR: 20 breaths/min Pulse: 110 bpm

T: 36.4C(oral) O2 SAT: 99%

Height: 4’8 Weight: 80lbs BMI: 17.9 kg/m2

General Appearance: **Alert and oriented x0. Contracted at baseline. No acute distress. Not diaphoretic.**

Head: normocephalic, atraumatic.

Eyes: PERRLA. No strabismus/exophthalmos. Sclera white, cornea clear, conjunctiva pink. No erythema of lacrimal sack. EOM intact with no nystagmus. Not wearing glasses.

Ear: Appropriate in size. No lesions/masses/trauma visualized on external ear.

Nose: Symmetrical, no external masses/lesions/deformities/trauma/discharge.

Mouth & Throat:

**Lips Pink and dry with crusting. No cyanosis, lesions, or ulcerations. Visible dental caries and decay on all visible teeth. Gingival Hypertrophy noted. Uvula midline.**

Neck: Trachea midline, no goiter. No lesions/pulsations noted. No stridor noted. No cervical adenopathy. No carotid pulses/thrills/bruits heard on auscultation.

Cardiovascular: PMI located at the 5th ICS in midclavicular line. Carotid pulses are 2+ bilaterally without bruits. RRR. No murmurs. Normal S1 & S2. No splitting of S2 or friction rubs appreciated.

Pulmonary: Chest symmetrical with no deformities or trauma. Lat/AP diameter 2:1. Normal chest expansion and diaphragmatic excursion. Lungs clear throughout. No adventitious sounds.

Abdomen: **Abdomen rigid with distention. Open, well healing surgical wound at the site of ileostomy reversal. No erythema, increased warmth, edema, pus, or drainage noted from the surgical wound site. No striae or pulsations present. Bowel sounds are hyperactive in all four quadrants. No aortic/renal/iliac/femoral bruits heard. Soft, dark brown stool noted on buttocks and bed pad.**

Skin: Warm and moist. Non-icteric. No tattoos noted. No visible moles.

Hair: Average distribution with appropriate quality and quantity. No seborrhea/lice/dandruff noted

Nails: Capillary refill <2 seconds in bilateral upper and left lower extremities. Appropriate color, shape, and thickness.

Musculoskeletal: **Diffuse atrophy and contractures throughout entire body. Limited ROM secondary to contractures. Strength unable to be tested.**

Peripheral Vascular: Warm to touch bilaterally. 2+ pulses throughout. No edema or ulcerations. Calves equal in circumference. No palpable cords bilaterally. No palpable epitrochlear adenopathy.

Neurological: Unable to follow commands. Sensations unable to be tested.

**Labs:**

*Completed 11/13/22*

114\*\*

62.6

132

60

0.8800

37

4

13.1

6.34

391

35.1

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**Differential Diagnosis:**

1. Small bowel obstruction
2. Prolapsed iliostomy
3. Hyponatremia
4. Intestinal ileus
5. Gastrointestinal dysmotility
6. Intussusception
7. volvulus

**Assessment:**

A.G., 63 y/o female non-verbal and bed-bound at baseline, PMHx mental retardation, seizure disorder, and chronically prolapsed ileostomy presents with decreased ostomy output and abdominal distention with hyponatremia.

**Plan:**

* SBO secondary to prolapsed ileostomy
	+ Monitor prolapsed ostomy for ischemia with routine ostomy and PEG tube care
	+ Ileostomy reversal 11/16/22
* Hyponatremia
	+ Sodium correction with hypertonic saline infusion 1-2mEq/L/hr; do not exceed 8 mEq/L/day
	+ Monitor basic metabolic panel for electrolyte correction
* Other
	+ DVT PPx: Hep SQ 5000 units
	+ Diet: NPO, PEG tube feedings with IVF
	+ Code: Full
	+ Disposition: Return to nursing facility 11/19/22 if pain continues to be controlled and urinary/bowel output is good.