



5B - Abd / Flank Pain / NVD - Male

Time: _____ **Primary MD:** _____
Room: _____ **Specialist:** _____

Mode of Arrival: _____ **Historian:** _____ **Hx limited by:** _____ **Prehospital orders:** _____
 private auto patient AMS [] see EMS flowsheet
 EMS family unconscious
 police friend dementia
 wheelchair van caretaker acuity
 EMS
 old chart



AAEM Services
 555 East Wells Street, Suite 1100
 Milwaukee, WI 53202-3823
 (800) 884-2236

Chief Complaint: abdominal pain / flank pain - R / L / dysuria / hematuria /
 nausea / vomiting / diarrhea

Positives
Negatives

History of Present Illness:

Duration: _____ minutes / hours / days / weeks / months / years
Onset: just prior to arrival today @: _____ yesterday

Timing: still occurring improved worse resolved
Severity: mild moderate severe (1-10)
Quality: sharp stabbing dull aching cramping unable to describe

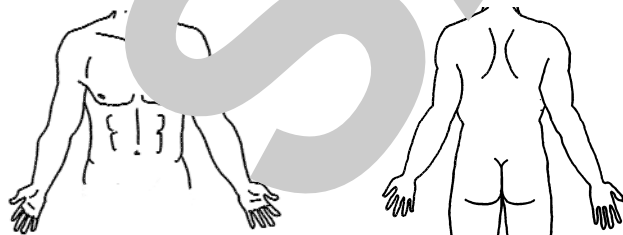
Modifying Factors:
Aggravating: [] none movement cough breathing food _____
Alleviating: [] none holding still food antacids

Current / Associated Symptoms:

fevers / chills / sweats recent diarrhea []
 anorexia travel exposure
 nausea camping
 vomiting antibiotics
 bilious food:
 acid ill con-
 coffee-ground dysuria /
 bloody gency /
 diarrhea gency /
 mucous consti-
 bloody last
 blood-tinged BM / fl
 melena AAA risk fa

Location: see diagram below
 epigastric
 suprapubic
 flank - R / L
 generalized

Context / Narrative:



Other Data Reviewed:
 EKG:
 respiratory therapy:
 old records: [] requested [] reviewed
 [] summarized [] unavailable
 additional Hx from family / caretaker / other

Prior Similar Episodes:
 workup:
 diagnosis:
 treatment:

Review of Systems:

Constitutional: fever chills malaise
ENT: ear pain hearing loss nasal discharge sore throat
CV: chest pain CAD Hx syncope
Respiratory: cough shortness of breath
GI: abdominal pain N / V / D
MSK: myalgias pain: DVT / PE Hx
Neurologic: headache numbness weakness
Psychiatric: anxiety depression
Endocrine: DM thyroid disease
All / Imm: []
Family / Social History: []
Medications: [] see nursing note
Allergies: [] see nursing note [] NKDA
Past Medical History: [] negative [] noncontributory
 cardiac disease PUD diverticular disease
 COPD AAA Crohn's
 hypertension kidney stones ulcerative colitis
 asthma gallbladder disease hepatitis
 COPD small-bowel obstruction cirrhosis
 IDDM / NIDDM pancreatitis varices
 GERD IBS GI bleeding
Surgical History: [] negative [] noncontributory
 CABG appendectomy cholecystectomy
 splenectomy

Family History: [] unknown [] noncontributory
 CAD hypertension CVA
 father diabetes mellitus cancer
 mother
 sibling

Social History: occupation:
 tobacco _____ppd alcohol _____
 _____yrs social _____
 quit _____yrs binge _____
 drugs THC
 cocaine
 amphetamines

Physical Exam:

Nursing record reviewed
 Vital signs reviewed
Vital Signs:
 BP: _____ / _____ L
 BP: _____ / _____ R
 HR: _____
 RR: _____
 Temp: _____ ° F / C
 Pulse Ox: _____ % RA / _____ L O₂

General Appearance:

alert
 oriented
 well-perfused
Distress:
 no acute
 mild
 moderate
 severe

Eyes: exam limited by urgency of condition
 PERRL / EOMI anisocoria / gaze palsy
 conjunctivae clear scleral icterus

ENT:

TMs nl TM red - R / L
 no nasal discharge discharge - clear / colored / _____
 pharynx nl pharynx red / exudate
 mucosa moist dry mucosa

Neck:

nontender tender _____
 supple meningismus

Respiratory:

no distress distress - mild / moderate / severe
 lungs clear rales / rhonchi / wheezes / reduced - R / L

Cardiovascular:

RRR irregular rhythm / tachycardia / bradycardia
 no murmur murmur - grade _____ / 6 - systolic / diastolic
 S1, S2 nl gallop - S3 / S4 / rub
 no JVD JVD _____ cm
 pulses nl pulse deficit _____

Abdominal:

nontender tender: epigastric - R / L - upper / lower / mid / diffuse
 soft, no guarding guarding / rigidity
 nondistended distention - mild / moderate / severe
 bowel sounds nl abnormal bowel sounds - increased / decreased / absent
 no bruits bruit _____
 nontympanic tympany - mild / moderate / severe
 CVAs nontender CVA tenderness - R / L
 no rebound rebound
 no mass mass _____
 no pulsatile mass pulsatile mass
 guaiac-negative black / bloody / guaiac-positive stool
 femoral pulses nl pulse deficit _____
 no HSM hepatomegaly / splenomegaly
 shifting dullness
 caput medusae

Musculoskeletal:

head atraumatic trauma _____
 chest nontender tender chest _____
 spine nontender tender T-spine / L-spine _____
 extras nontender tender extremity _____
 no edema edema - 1 2 3 4 + - R / L
 capillary refill nl delayed capillary refill _____ seconds

Skin:

color nl pallor / cyanosis / jaundice
 warm / dry cool / diaphoretic
 no rash rash _____

Neurologic:

A&O x3 confused / agitated / obtunded
 CN nl as tested CN palsy _____
 motor nl motor deficit _____
 sensory nl sensory deficit _____

Psychiatric:

affect nl depressed / anxious / delusional

COMMENTS:

Medical Decision Making:

Differential Dx:

appendicitis	SBO	ischemic bowel
AAA	PUD	pneumonia
biliary colic	esophagitis	prostatitis
cholecystitis	gastroenteritis	ureteral colic
pancreatitis	STD	UTI / pyelonephritis
hernia - incarcerated / strangulated	hepatitis	intestinal colic
	obstipation	other:

Potential
Diagnoses

Laboratory Data:

CBC: nl nl except WBC Hct pLts polys bands
Chem: nl nl except Na K Cl CO₂ BUN Cr Glu
LFTs: nl nl except AST ALT T-bili AlkPh

Note results

UA: nl nl except RBC WBC nitrites LE bacteria

amylase / lipase H pylori + _____

Cardiac Enzymes:

time: _____ CK-MB _____ CK _____ troponin _____

XR: nl interpreted by me reviewed / discussed with Radiology
 abnl _____

CT/US _____: nl reviewed / discussed with Radiology
 abnl _____

Bedside FAST nl reviewed / discussed with Radiology

U/S Findings: free fluid - hepatorenal recess / splenorenal recess

retrovesicular pouch / cardiac window

AAA _____ cm gallstones

EKG: see attached interpretation

Physician-Supervised Infusion Therapy: given over 60 / 90 / 120 / _____ min

indications: dehydration / nausea / vomiting / pain _____

fluids: _____ mL NS / LR _____ **response:** improved hydration

additives: _____ **response:** improved nausea / vomiting
 improved pain

see procedure addendum # _____

ED Course / Additional Data:

reevaluated: time: _____ improved unchanged

Rx:

Faculty Note: I interviewed and examined the patient. I discussed with
 PA/resident and agree with their evaluation and plan as documented here.

Consultation:

Discussed with Dr. _____ time: _____
 Recommends: _____
 Will see in: ED floor ICU cath lab office in _____ days.

Vital signs reviewed prior to disposition.

Disposition:

discharge admit floor / telemetry / ICU / cath lab **Critical Care Time** _____ Minutes

discharge instructions

transfer to: _____

via POV / ground EMS / helicopter

Counseled pt / fam regarding probable diagnosis and disposition plan.

Pt / fam agrees to f/u in ED for worsening symptoms / nausea / vomiting / diarrhea / fever.

Condition: unchanged improved stable serious critical
 see addendum

Clinical Impression:

 MD/DO

PA, Resident Signature

 MD/DO

ED Physician Signature

dictation written addendum # _____

copy to PMD

template complete