CAPSTONE: Writing admission orders and prescriptions.

(Dr. Sara Cross)

Case:

42 yo AM presents c/o RUQ abd pain worsening over the last 2 days. The pain began after a meal of fast-food fried chicken the day before, is accompanied by nausea, loss of appetite and dark urine. He also has had fever and chills for the last 6 hours.

T 101.9 BP 88/54, P 112, RR 28 He appears toxic, abdominal exam is protuberant, +BS, tender in the RUQ with guarding but without rebound

October 1, 2015

11:34 AM

1. Admit to Surgery ICU
2. Dx-Cholangitis, Septic Shock
3. Condition-critical
4. Vitals q 15 minutes
5. Allergies-NKDA
6. Nursing- place 2 large bore iv’s, place foley catheter, strict I’s/O’s. Call MD for worsening mental status; Call MD for MAP < 65; place compression stockings and pneumatic boots
7. Diet-NPO
8. Activity- up ad lib
9. Laboratory: Laboratory: Blood cultures, 2 sets, drawn 10 minutes apart, UA, CBC w/diff, CMP, GGTP, lactate, PT/PTT
10. IVF- 1 liter bolus NS, repeat for MAP < 65, then 150 cc/hr (this will vary based on fluid status and electrolytes)
11. Studies-
    a. Bedside abdominal USG “suspect Cholangitis with septic shock”
    b. Portable CXR “RUQ pain and septic shock”
    c. Portable KUB flat and upright “RUQ pain and sepsis”
    d. ECG, stat
12. Medications
    a. Vancomycin 1 gm IV q 12 hr, first dose stat
    b. *Meropenem 1 gm IV q 8 hr, first dose stat
    c. Acetaminophen 650 mg suppository q 8 hr prn temp > 102 (arbitrary based on
    d. Nexium 40 mg IV q day

His d/c meds will likely include analgesics and stool softeners