

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