Andres Hernandez

SOAP Note #1

Subjective:

HPI: 42 y.o. female with PMHx of T2DM, presenting today to general surgery clinic (5/21/24) for follow-up from robotic assisted subtotal cholecystectomy with drain placement (5/16/24) for gallstone pancreatitis. Pt is meeting all necessary milestones. Pain well controlled with Motrin. Pt. eating full diet, having normal bowel movements. No nausea, vomiting, diarrhea, or constipation. Pt describes approximately 5-10cc of drainage from drain per day.

Review of Systems: Denies fever, chills, nausea, vomiting, CP, SOB, diarrhea, or constipation.

Past Medical History:
- Gestational diabetes

Past Surgical History:
- ERCP- 5/15/2024
- Robot-assisted Cholecystectomy - 5/16/2024

Current Medications
- acetaminophen (tylenol) 325 MG tablet, Take 2 tablets (650 mg total) by mouth every 4 (four) hours as needed for pain.
-insulin glargine (lantus solostar) 100 unit/ml injection, Inject 0.08 ml (8 Units total) under the skin nightly.
-metformin (glucophage) 500 MG tablet, Take 1 tablet (500 mg total) by mouth 2 (two) times a day with meals.
-trueplus Lancets 28G Misc, Apply 1 Stick topically 4 (four) times a day., Disp: 100 each

Patient has no known allergies.

Objective:

Visit Vitals

LMP	05/13/2024
OB Status	Having periods
Smoking Status	Never

BP: 103/68
Heart Rate: 71
SpO2: 98 %
Resp: 18
Temp: 98.5 °F (36.9 °C)

Gen: No abnormalities detected, no apparent distress, A&Ox3
HEENT: Normocephalic, atraumatic, pupils equal round and reactive to light, moist and pink oropharynx.
Pulmonary: No respiratory distress. Breathing comfortably on room air
Card: Regular Rate Rhythm and Rate

Abdomen : Soft, nondistended, nontender, no masses. No rebound or guarding. Incision sites x4 clean dry intact with no signs of infection. Drain in place, draining minimally (5-10cc/day), thin serosanguinous.
Extremities: sensation grossly intact and non-edematous.

Surgical Pathology Report –
Diagnosis: Gallbladder, Cholecystitis
-chronic calculus cholecystitis

Assessment:

42 y/o female, is following up after robotic subtotal cholecystectomy with drainage placement done on 5/16/24 for gallstone pancreatitis, doing well post-operatively meeting all necessary milestones, physical exam shows no abdnormalities.

Plan:

- JP drain removed in clinic 5/21/2024
- Follow up PRN

SOAP Note #2

Subjective:

HPI: 43 y.o. male with no prior chronic PMHx who presents to the emergency room with bilateral nosebleed since yesterday 5/21/24. Pt reports having been struck in the face twice while at work earlier in the week. Since then, he noticed nasal bleeding and presented to the ED yesterday 5/21 where the left nostril was packed. The patient returned for packing removal today and a large clot was removed from left nostril, and the patient began to bleed again. Pt denies fevers, chills, nausea, vomiting, chest pain, shortness of breath. Denies history of blood thinners, or history of blood disorders.

Past Medical History:
- Pleural effusion, 2019

Past Surgical History:
- No past surgical history

Current Medications

Outpatient:
- acetaminophen (tylenol) tablet 1,000 mg, 1 capsule
- cephalexin (keflex) 500 MG capsule, Take 1 capsule (500 mg total) by mouth every 6 (six) hours for 2 days.

Home Medications: N/A

Objective:

Vitals:
05/22/24

BP: 114/79
Pulse: 80
Resp: 16
Temp: 98 °F (36.7 °C)
SpO2: 99%

Physical Exam
General Appearance: well developed, well nourished
Skin: there are no suspicious lesions or rashes of concern
Head/Face: Normocephalic, atraumatic. Bilateral nares with dark red clots, the left nare presents with small hematoma. No palpable fractures
Eyes: No gross abnormalities.
Mouth/Throat: Mucosa moist, no lesions; pharynx without erythema, edema or exudate. Intermittent spit up of blood.
Neck: supple, no mass, non-tender
Lungs: Normal expansion. Clear to auscultation. No rales, rhonchi, or wheezing.
Heart: Heart regular rate and rhythm
Abdomen: Soft, non-tender, normal bowel sounds; no bruits, organomegaly or masses.
Extremities: Extremities warm to touch, pink, with no edema.

Labs:

Lab Results

Component	Value	Date/Time
WBC	8.86	05/22/2024 02:28 PM
WBC	10.14	05/21/2024 08:12 PM
HGB	11.9 (L)	05/22/2024 02:28 PM
HGB	13.2 (L)	05/21/2024 08:12 PM
HCT	33.8 (L)	05/22/2024 02:28 PM
HCT	37.7 (L)	05/21/2024 08:12 PM
PLT	263	05/22/2024 02:28 PM
PLT	292	05/21/2024 08:12 PM
APTT	34.0	05/21/2024 08:12 PM
INR	1.1	05/21/2024 08:12 PM

Lab	05/21/24 2012
APTT	34.0
ALTSGPT	16
SODIUM	137
POTASSIUM	5.2*
CHLORIDE	102
CO2	27.0
CREATININE	1.1
BUN	26.0*

Imaging:

CT Maxillofacial:
Impression:

Partial opacification of the maxillary sinuses bilaterally, suggestive of mild chronic sinusitis.

Otherwise normal study.

Assessment:

43 y.o. male with bilateral epistaxis after suspected trauma. Packing of the left nare for 24 hours, done yesterday in the ED was not sufficient as the patient is continuing to bleed after packing removed and there is intermittent spit up of blood. Repeat packing.

Plan:

- Repeat packing, Rhinorocket by ENT
-Discharge antibiotics (cephalexin) and suggest over the counter pain medication (acetaminophen and ibuprofen)
-Can follow up in ENT clinic in 48 hours
-Consider possible cautery.

SOAP Note #3

Subjective:

44 y.o male with PMHx of non-obstructing gallstones, presents to the ED with right quadrant abdominal pain for the past 24 hours. The pain in the upper abdomen and is continuous, sharp, and non-radiating. Pt states the pain started little by little and intensified last night. Pt. denies taking any medication for pain. Pt states he is nauseous but has not vomited or had diarrhea. Pt denies fever, chills, shortness of breath, chest pain. Pt reports last bowel movement yesterday and is passing gas.

Past Medical History:
- Non-obstructing gallstones, date unknown

Past Surgical History:
- Shoulder surgery, date unknown

Current Medications: Patient received morphine IV in the ED, dosage unknown. Other medications unknown at this time.

Objective:

Vitals:
BP: 131/75
Pulse: 62
Resp: 18
Temp: 97.7 °F (36.5 °C)
SpO2: 99%

Physical Exam
General: He is not in acute distress.
Appearance: He is well-developed. He is obese. He is ill-appearing. He is not toxic-appearing or diaphoretic.
HENT: Normocephalic, atraumatic, pupils equal round and reactive to light.
Cardiovascular: Normal rate, rhythm, rate. Normal heart sounds.
Pulmonary: Pulmonary effort is normal.
Abdominal: Bowel sounds are normal. There is no distension. Abdomen is soft. There is no mass or pulsatile mass. There is abdominal tenderness in the epigastric area. There is no right CVA tenderness or left CVA tenderness.
Skin: skin is warm and dry.
Neurological: He is alert and oriented to person, place, and time.

Labs:

Lab Results

Component	Value	Date/Time
WBC	14.27 (H)	05/29/2024 07:34 AM
WBC	12.84 (H)	05/10/2023 04:34 AM
HGB	15.1	05/29/2024 07:34 AM
HGB	14.8	05/10/2023 04:34 AM
HCT	44.5	05/29/2024 07:34 AM
HCT	43.8	05/10/2023 04:34 AM
PLT	283	05/29/2024 07:34 AM
PLT	309	05/10/2023 04:34 AM

Lab	05/29/24 0734
ALTSGPT	41
SODIUM	136
POTASSIUM	3.7
CHLORIDE	**97***
CO2	26.0
CREATININE	0.7
BUN	13.0

Imaging:
US gallbladder:
Gallbladder contain numerous stones with wall thickening of the wall. Negative sonographic Murphy sign which could be related to morphine administration. Mildly dilated CBD

CT scan abdomen pelvis:
The right lobe of the liver liver is enlarged. It measures 189 mm in cephalocaudad dimension. The left lobe of the liver is enlarged. There is probable fatty infiltration of the liver with focal fatty sparing at the porta hepatis. Evaluation for fatty infiltration of the liver is limited on this post intravenous contrast only study.

2.There are calcified gallstones. There is a small amount of pericholecystic fluid (series 2, images 45 and 46). The findings are suggestive of cholecystitis.
3.There is diverticulosis of the ascending colon without evidence of acute diverticulitis.

Patient has no known allergies.

Assessment:

44 y.o. male with a history of non-obstructing gallstones presents with 1 days of right quadrant abdominal pain. Pt. appears extremely uncomfortable, leaning over bed and rubbing upper abdomen. Pt. has mild epigastric tenderness, soft abdomen without pulsatile mass or rigidity. Vitals within normal limits.

Plan:

-Admit as inpatient to General Surgery
-Plan for lap Cholecystectomy tomorrow
-Surgical Consent
-Allow clear liquid diet, then keep NPO as from midnight
-IV antibiotics- Zosyn (piperacillin and tazobactam)

SOAP Note #4

Subjective:

HPI: 32 y.o. male with a past medical history of peri-rectal abscesses and multiple prior surgeries secondary to peri-rectal abscess presents to the ED on 05/25/2024 with peri-rectal abscess with current seton in place. The patient is complaining of severe, 10/10 pain with

movement and sitting. Pt. endorses that the area of abscess has a foul-smelling odor and a purulent discharge from site. Denies fever, chills, nausea, vomiting, CP, SOB, diarrhea, or constipation.

Past Medical History:
- Peri-rectal abscess, two incidents in 2023.

Past Surgical History:
- Treatment of anal fistula, 8/2023, 11/2023.
- Debridement of necrotizing tissue/infection in the gluteal region, 8/2023

Current Medications:
- Patient is currently on no medications

-Social History: Smoke 2 cigarettes per day and drinks occasional. Admits to using marijuana; last time two weeks ago.

Patient has no known allergies.

Objective:

Visit Vitals

Temperature: 98.6 °F (37 °C)
Heart Rate: 71
Respiratory rate: 16
SpO2: 97 %
BP: 119/68

General: Pt. in distress and is in discomfort; answers questions appropriately; A&O x3
Chest: non-labored breathing on room air; effort normal.
Abdomen: soft, nontender, non-distended
Skin: He is not diaphoretic.
Genitourinary: 10 x 8 cm fluctuant abscess with severe tenderness
Extremities: warm and well perfused

Assessment:

32yo male patient with recurrent perirectal abscesses and fistulas presents with large perirectal abscess extending into the right gluteal region. The area of fluctuant abscess measures 10 x 8 cm and is severely tender. Patient appears in distress, discomfort, and complaining of severe pain in any position. Vita signs are within normal limits.

Plan:

- admit to General Surgery
- Get labs
- IV Vancomycin and Zosyn
- Pain control as needed
- Prepare patient for possible I&D, possible seton placement, possible debridement
- NPO after midnight