

PEDRO openEMR Guide

Diaz, Pedro

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Who

Contact

Choices

Employer

Stats

Misc

Name: Pedro Diaz

DOB: 2004-06-20

S.S.: 654-98-3214

Marital Status: Single

User Defined:

External ID: 1

Sex: Male

License/ID:

Encounter Summary

Create Medical Information

2014-11-14 Encounter for Pedro Diaz

Delete

Expand All

Collapse All

Edit

Delete

Notes by (Collapse)

Progress:

Endocrinology Note

Received call from service regarding 13YO patient asthma, hyperlipidemia and obesity and admitted with nausea, vomiting, dehydration, and a disorientation. Given elevated A1c and fasting glucose, patient confirmed to have type 2 diabetes. See diabetes management recommendations below.

Recommendations

- 1) Start Metformin @ 500mg twice daily
- 2) Accuchecks 4x/day: first thing in the morning and before each meal.
- 3) Continue to follow with endo
- 4) Follow up with dietitian for carb counting and physical activity recommendations

Please page fellow on call with any questions or concerns.

Lab Report

Test	Result	Reference Normal Range
Chemistry Panel		
Sodium	147	135-145 mmol/L
Potassium	3.6	3.6-5.2 mmol/L
Chloride	104	102-112 mmol/L
Bicarbonate	23	<u>Males</u> 1-2 years: 17-25 mmol/L 3 years: 18-26 mmol/L 4-5 years: 19-27 mmol/L 6-7 years: 20-28 mmol/L 8-17 years: 21-29 mmol/L <u>Females</u> 1-3 years: 18-25 mmol/L 4-5 years: 19-26 mmol/L 6-7 years: 20-27 mmol/L 8-9 years: 21-28 mmol/L > or =10 years: 22-29 mmol/L
Body Urea Nitrogen	10	<u>Males</u> 1-17 years: 7-20 mg/dL <u>Females</u> 1-17 years: 7-20 mg/dL
Creatinine	0.7	<u>Males</u> 1-2 years: 0.1-0.4 mg/dL 3-4 years: 0.1-0.5 mg/dL 5-9 years: 0.2-0.6 mg/dL 10-11 years: 0.3-0.7 mg/dL 12-13 years: 0.4-0.8 mg/dL 14-15 years: 0.5-0.9 mg/dL > or =16 years: 0.8-1.3 mg/dL <u>Females</u> 1-3 years: 0.1-0.4 mg/dL 4-5 years: 0.2-0.5 mg/dL 6-8 years: 0.3-0.6 mg/dL 9-15 years: 0.4-0.7 mg/dL > or =16 years: 0.6-1.1 mg/dL
Glucose	220	> or =1 year: 70-140 mg/dL
Protein, total	6.5	> or =1 year: 6.3-7.9 g/dL
Albumin	3.2	> or =12 months: 3.5-5.0 g/dL
Calcium, total	9.8	<u>Males</u> 1-14 years: 9.6-10.6 mg/dL 15-16 years: 9.5-10.5 mg/dL 17-18 years: 9.5-10.4 mg/dL <u>Females</u> 1-11 years: 9.6-10.6 mg/dL 12-14 years: 9.5-10.4 mg/dL 15-18 years: 9.1-10.3 mg/dL
Bilirubin, total	0.7	1 month-17 years: < or =1.0 mg/dL

ALK Phosphate	500	<u>Males</u> 4 years: 149-369 U/L 5 years: 179-416 U/L 6 years: 179-417 U/L 7 years: 172-405 U/L 8 years: 169-401 U/L 9 years: 175-411 U/L 10 years: 191-435 U/L 11 years: 185-507 U/L 12 years: 185-562 U/L 13 years: 182-587 U/L 14 years: 166-571 U/L 15 years: 138-511 U/L 16 years: 102-417 U/L 17 years: 69-311 U/L 18 years: 52-222 U/L <u>Females</u> 4 years: 169-372 U/L 5 years: 162-355 U/L 6 years: 169-370 U/L 7 years: 183-402 U/L 8 years: 199-440 U/L 9 years: 212-468 U/L 10 years: 215-476 U/L 11 years: 178-526 U/L 12 years: 133-485 U/L 13 years: 120-449 U/L 14 years: 153-362 U/L 15 years: 75-274 U/L 16 years: 61-264 U/L 17-23 years: 52-144 U/L
AST	55	<u>Males</u> 1-13 years: 8-60 U/L > or =14 years: 8-48 U/L <u>Females</u> 1-13 years: 8-50 U/L > or =14 years: 8-43 U/L
ALT	50	<u>Males</u> > or =1 year: 7-55 U/L <u>Females</u> > or =1 year: 7-45 U/L
Hemoglobin A1C	10	
CBC		
White Blood Count	8.1	4.8-10.1
Red Blood Count	4.2	4.0-4.9 F (12 – 18 yrs) 4.5-6.2 M
Hemoglobin	12.3	11.2-13.6 F (12-18 yrs) 14-17 M
Hematocrit	36.5	34.0-40.7 F (12-18 yrs) 40-54 M

Lipid Panel		
Total Cholesterol	180	Acceptable: <170 mg/dL Borderline high: 170-199 mg/dL High: > or =200 mg/dL
LDL Cholesterol	120	Acceptable: <110 mg/dL Borderline high: 110-129 mg/dL High: > or =130 mg/dL
HDL Cholesterol	45	Low HDL: <40 mg/dL Borderline low: 40-45 mg/dL Acceptable: >45 mg/dL
Triglyceride	127	2-9 years: Acceptable: <75 mg/dL Borderline high: 75-99 mg/dL High: > or =100mg/dL 10-17 years: Acceptable: <90 mg/dL Borderline high: 90-129 mg/dL High: > or =130 mg/dL
Urine Analysis		
Ketones	pos	neg

PCP MD Note

History & Physical

Chief complaint:

Patient presents with feeling faint, Nauseousness, Disorientation per Mother

History of present illness

Pt is a 13YO Hispanic male with significant PMH of asthma, hyperlipidemia and obesity and admitted with nausea, vomiting, dehydration, and a disorientation. Mother reported that the patient started feeling disoriented while playing video games six hours ago. Mother also reports that patient has had an increase in thirst and urination frequency recently. Patient has been having increased appetite but complaining of fatigue. Patient was diagnosed with pre-diabetes two years ago. Patient had one visit with a dietitian when diagnosed with pre-diabetes, but discontinued RD visits as it was difficult to schedule appointments. Per mother, limited engagement in physical activity. Spends leisure time with video games.

Past Medical History

Pre-diabetes

Asthma

Hyperlipidemia

Obesity

Past Surgical History

No past surgical history

Current Medications

Proventil HFA (inhaler) PRN

Allergies

Seasonal allergies

Social History:

Language: English, Spanish

Education: Patient will be in 8th grade in next school year.

Household members: Mother, Father, Brother (10YO), sister (YO)

Ethnicity: Hispanic

Religious affiliation: Catholic

Nursing Assessment:

Nursing Assessment:	8/1
Abdominal appearance (concave, flat, rounded, obese, distended)	obese
Palpation of abdomen (soft, rigid, firm, masses, tense)	tense
Bowel function (continent, incontinent, flatulence, no stool)	continent
Bowel sounds (P=present, AB=absent, hypo, hyper)	
RUQ	P, hypo
LUQ	P, hypo
RLQ	P, hypo
LLQ	P, hypo
Stool color	NA
Stool consistency	NA
Tubes/ostomies	NA
Genitourinary	
Urinary continence	
Urine source	
Appearance (clear, cloudy, yellow, amber, fluorescent, hematuria, orange, blue, tea)	clear, amber
Integumentary	
Skin color	Pale, dark, velvety skin at the base of the neck and bilat axilla
Skin temperature (DI=diaphoretic, W=warm, dry, CL=cool, CLM=clammy, CD+=cold, M=moist, H=hot)	CL
Skin turgor (good, fair, poor, TENT=tenting)	good
Skin condition (intact, EC=ecchymosis, A=abrasions, P=petechiae, R=rash, W=weeping, S=sloughing, D=dryness, EX=excoriated, T=tears, SE=subcutaneous emphysema, B=blisters, V=vesicles, N=necrosis)	intact
Mucous membranes (intact, EC=ecchymosis, A=abrasions, P=petechiae, R=rash, W=weeping, S=sloughing, D=dryness, EX=excoriated, T=tears, SE=subcutaneous emphysema, B=blisters, V=vesicles, N=necrosis)	intact
Other components of Braden score: special bed, sensory pressure, moisture, activity, friction/shear (>18 = no risk, 15-16 = low risk, 13-14 = moderate risk, ≤12 = high risk)	19

Intake/Output

Date		8/1 1500 – 8/2 0700			
Time		1500-2300	2300-0700	0700-1500	Daily total
IN	P.O.	240	0	480	720
	I.V.	800	800	800	2400
	I.V. piggyback				
	TPN				
	Total intake	1040	800	1280	3120
	(mL/kg)	(13.3)	(10.2)	(16.4)	(40.0)
OUT	Urine	1605	1000	1530	4135
	Emesis output				
	Other				
	Stool	0	0	300	300
	Total output	1605	1000	1830	4435
	(mL/kg)	(20.6)	(12.8)	(23.5)	(56.8)
Net I/O		-565	200	-550	-1315
Net since admission (8/01)		-565	-365	-930	-1315

Progress:

ER MD Progress Note

8/1 1720

Subjective: previous 24 hours reviewed.

Vitals: Temp: 99.1 Pulse: 105 Resp rate: 17 BP: 132/82

Urine Output: 4135 mL (53 mL/kg)

Physical Exam:

General: Well developed, A&O x 3.

HEENT: WNL

Neck: WNL

Heart: WNL

Lungs: Clear to auscultation

Abdomen: WNL

Assessment/Plan: Results from laboratory assessment reviewed. Elevated blood glucose, TG, total cholesterol, LDL cholesterol

DX: type 2 DM secondary to obesity

Plan: Increase D10W to 125 mL/hr. Monitor urine output. Begin carbohydrate controlled diet. Begin checking blood glucose with finger stick every 4 hours. Nutrition Consult for new diabetic education. S. Whitman MD

Admitting History/Physical:

Chief complaint (per mom): "I think He has stomach flu or maybe a tapeworm. He has been eating and drinking like crazy, but he's always tired and goes to the bathroom a lot. Now he says everything is blurry and he doesn't feel right."

General appearance: Pale, lethargic, obese adolescent male

<i>Vital signs:</i>	Temp: 98.4	Pulse: 108	Resp rate: 18
	BP: 130/82	Height: 61.5"	Weight: 155#

Admission Orders

Laboratory: chemistry panel, blood sugar, hemoglobin A1C, lipid profile, CBC, urinalysis

Vital Signs: Every 4 Hrs

I & O recorded every 8 Hrs

Diet: NPO

Activity: Bedrest

IVF: D₁₀W 100 mL/hour

Scheduled Medications: none