CHS1 CDP Ltd.

The Hammersmith Hospitals NHS
NHS Trust

CX HOSPITAL

HISTORY SHEET

HOSPITAL NUMBER: CC

SURNAME (BLOCK LETTERS) A (AFFIX PATIENT ID LABEL)

FIRST NAMES(S): 1

DATE & TIME	CLINICAL NOTES: ALL CLINICAL NOTES SHOULD BE WRITTEN IN BLACK, SIGNED AND YOUR NAME PRINTED UNDERNEATH. EACH ENTRY MUST BE DATED AND TIMED ENSURING THAT YOUR DESIGNATION AND BLEEP NUMBER ARE RECORDED IN THE APPROPRIATE COLUMNS	SIGNATURE/ PRINT NAME/ DESIGNATION/ BLEEP NUMBER
22/11/2007 9:30am	Medical Student Clerking  PC "Pain since Sunday" HPC - Woken by abdominal pain at 5am on Sunday. Centralised, cramping abdominal pain initially. - By Wednesday pain had localised to RIF. Now pain in RIF is continuous sharp in nature. Severity 7-8/10, doesn't fluctuate. Pain worse on coughing, movement and inspiration. - Was running fever on Sunday (Px doesn't know temperature values). - Nausea ++ currently. - Vomit x2 on Sunday, with continuous retching between vomits. - No recent change in bowel habit. - Deliberate weight loss of 30kg in past year. Systems review: °CP °SOB °SOSOE °GU Symptoms. Headaches since sunday ↳ in temporal region ↳ ° visual aura ↳ relieved by paracetamol.	

CHS1 CDP Ltd.

The Hammersmith Hospitals NHS
NHS Trust

CX HOSPITAL

HISTORY SHEET

HOSPITAL NUMBER: CC

SURNAME (BLOCK LETTERS) A

(AFFIX PATIENT ID LABEL)

FIRST NAMES(S): |

DATE & TIME	CLINICAL NOTES: ALL CLINICAL NOTES SHOULD BE WRITTEN IN BLACK, SIGNED AND YOUR NAME PRINTED UNDERNEATH. EACH ENTRY MUST BE DATED AND TIMED ENSURING THAT YOUR DESIGNATION AND BLEEP NUMBER ARE RECORDED IN THE APPROPRIATE COLUMNS	SIGNATURE/ PRINT NAME/ DESIGNATION/ BLEEP NUMBER

PMH - Ankle # - 3 operations required.
GA tolerated well.
- Nil else of note.

DH NKDA.

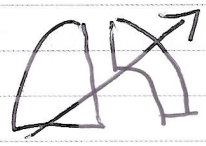
FH Nil known.

SH - Single, lives with parents.
- Smokes 10-15 cigarettes/day.
- Doesn't drink alcohol.
- Works as an engineer.

O/E
Pt in pain.
P: 72, regular.
RR: 20
T: 32.7°C

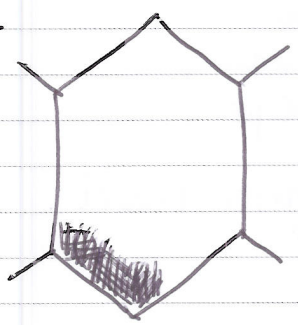
CVS: I + II + 0

Resp:



Clear
Good bilateral air entry.

Abdo:



RIF & Suprapubic tenderness & guarding.
Rebound tenderness ++
Percussion tenderness ++
BS present & (N).
Mass palpable in RIF
Spleen and liver edge not palpable

Hernial orifices (N), DRE (N).

CHS1 CDP Ltd.

The Hammersmith Hospitals NHS
NHS Trust

CX HOSPITAL

HISTORY SHEET

HOSPITAL NUMBER: CC

SURNAME (BLOCK LETTERS) A (AFFIX PATIENT ID LABEL)

FIRST NAMES(S):

DATE & TIME	CLINICAL NOTES: ALL CLINICAL NOTES SHOULD BE WRITTEN IN BLACK, SIGNED AND YOUR NAME PRINTED UNDERNEATH. EACH ENTRY MUST BE DATED AND TIMED ENSURING THAT YOUR DESIGNATION AND BLEEP NUMBER ARE RECORDED IN THE APPROPRIATE COLUMNS	SIGNATURE/ PRINT NAME/ DESIGNATION/ BLEEP NUMBER

Neuro:

	RUL	LUL	RLL	LLL
T	N	N	N	N
P	5	5	5	5
R	B +	B +	K +	K +
	T +	T +	A +	A +
	S +	S +	P ↓	P ↓
Coordination	N	N	N	N

Sensation	RUL	LUL	RLL	LLL
LT	N	N	N	N
Pain	N	N	N	N
Vibration	N	N	N	N
Proprioception	N	N	N	N

Summary

30 year old man with abdominal pain, initially central, now localised to RIF. Pain is severe and worse on movement. Px otherwise fit and well. RIF and suprapubic tenderness and guarding on examination. A mass is palpable in RIF.

Impression Appendiceal mass.

Plan

1. Admit
2. Mark borders of mass and monitor any change in size.
3. Record regular obs.
4. Fluid diet.
5. Metronidazole.
6. If mass resolves ⇒ interval appendicectomy.
   If mass enlarges / Pxs condition worsens ⇒ drain abscess.

K. McGINN (MEDICAL STUDENT)