ER Consultation

Patient is an ill appearing thin 78 year old white female who presents to the ER with abdominal pain. The ER diagnosed possible cholecystitis and requested a surgical evaluation. She has not had routine medical care, but did have an MI at age 60. She has not had routine care since then. Her pain has gradually gotten worse over the last six months. She describes the pain as occurring after eating and now get the pain after virtually every major meal. The pain they gradually subsides. She has pain now, but it is subsiding. Her appetite is poor describes early satiety. Pain is diffuse throughout the abdomen. She reports a 10 lb wt loss over the past three months which she relates to inability to eat. She reports nauseated after eating with occ vomiting. She also has intermittent diarrhea. She reports she cannot eat fatty foods.

NKA

Meds: none

SH: widowed. No children. Likes a cocktail with dinner. Smokes 1 ½ ppd and has smoked since age 16.

FH: noncontributory

ROS: chronic cough and SOB. GI symptoms as above. No chest pain but not very active as she is essentially house bound because of SOB and deconditioning.

Wt 88 lbs BP 140/98 p 100 weak

General: Pale, ill appearing 78 y o w female with ongoing abdominal pain.

Skin: pale

CV: RRR systolic murmur

Resp: distant breath sounds.

Abdomen: don't really hear bowel sounds. Very tender but no consistant rebound. +/- Murphy's sign Does have an abdominal bruit.

Rectal: no masses felt. ? flash heme positive

Ext: no edema, extremities cool and livedo noted in both legs. Pulses are diffusely diminished. Bruits heard over both femeral arteries.

Lab: hg – 10 Hct – 32 WBC – 12,000 3 bands, plt – 400,000

Bilirubin 1.4 (0.3 – 1.2)

Alk Phos 177 (36 – 92), AST 45 (0 -35), ALT 50 (0 – 35),

LDH 175 (0 – 135)

Amylase 200 (0 – 130)

UA – neg

CXR – no infiltrates. Possible fullness right hilum

Abd - ileus noted – no free air. Lots of vascular calcium noted

Impression

1)78 year old female presents with abdominal pain, possible acute cholecystitis. Ultrasound pending.

2) Has associated anemia likely chronic etiology to be determined.

3) Chronic smoker with COPD.

Plan:

Admit

NPO surgery in am

Maintenance fluids – D5 half normal saline with 20 meq KCL at 125 cc/hr

Repeat labs as per orders.

Type and cross for four units PRBCs . Initally transfuse 2 units in anticipation of surgery.

Consult pulmonary for COPD

Consult Medicine for anemia