

IAT #4 Scenario 1

CCD Document, English Non-Sensitive

Header Section

Document Creation Date = 2016-09-14

Patient = ALBERT (63 yr old Single White Male)

Author = ANTHONY CHUNG @ Good Health University Hospital

Data Enterer = CHRISTOPHER BARKER

Informant (Provider) = ANTHONY CHUNG, EMMA ROBERTS, AUDREY JOHNSON, WILMA KINCAID

Informant (Related) = BARBARA (Daughter)

Custodian = Good Health University Hospital

Information Recipient = Family Health Clinic

Legal Authenticator = ANTHONY CHUNG

Authenticator = ANTHONY CHUNG, EMMA ROBERTS

Participant = BARBARA (Next-of-kin), KELLY (Emergency Contact)

Encounter = COLONOSCOPY, started on 2016-09-11 and ended on 2016-09-13

Providers involved in encounter:

- Primary Physician - ANTHONY CHUNG
- Nutrition Consultant - EMMA ROBERTS
- Lab Technician - ANDREW MORELAND
- Therapist - AUDREY JOHNSON
- Counselor - WILMA KINCAID

Allergies And Intolerances Section

No known allergies or intolerances

Medications

Historical: Occasional use of Advil for joint pain.

Current: Entocort EC - take 3 capsules once a day for 8 weeks

Future: In 3 months, 1000mcg Vitamin B12 syringe for 7 days, then 100mcg one/week for three months, then 60mcg every other month.

Problem Section

2016-09-11 (on Admission): Patient suffers from acute episodes of intense belly pain. There has been episodes of blood in the stool in the past but not currently. Colonoscopy was scheduled to investigate as well as to check for colorectal cancer.

2016-09-13 (authored by ANTHONY CHUNG): The blood test results, although normal, being on the low end, plus the evidence of the granulomas in the biopsy indicate a diagnosis of Crohn's Disease.

Procedures

Colonoscopy - 2016-09-12 12:00 to 2016-09-12 15:00

Results: No polyps were seen. Sample of the Large Intestine was taken for a Biopsy test.

Results

Large Intestine Biopsy (authored by ANDREW MORELAND):

The lining of the colon looks smooth with a lot of normal folds. No growths, pouches, or bleeding are present.

It is red and there is slight inflammation. There appears to be evidence of previous episodes of some sort of Inflammatory Bowel Disease.

Clusters of granulomas were present, indicating Crohn's Disease.

Blood Test (RBC, Hemoglobin, Hemocrit)

Normal

RBC - 4.7×10^6 /microliter (Normal 4.6-5.9)

Hemoglobin - 14.5 g/dL (Normal 14-17.5)

Hemocrit - 44.7% (Normal 41.5-50.4)

Family History

Patient's family has a history of diet issues. Mother suffered from Anemia. Older brother died of Colorectal Cancer in 2009.

Functional Status

Patient is mostly functional but walks with the assistance of a cane due to overweight and slight joint pain.

Immunizations

Flu shot: 2016-10-09

Shingles: 2015 Summer

Tetanus/Diphtheria/Pertussis: 2007-09

Medical Equipment

Patient has no medical devices.

Plan of Treatment

Patient was provided a nutritional consultation for a low residue and low fibre diet.

Initial course of Entocort EC to treat inflammation.

Patient directed to switch to Tylenol instead of Advil for pain relief.

Patient scheduled to receive Vitamin B-12 shots in three months.

Social History

Patient is a non-smoker since 1995

Vital Signs (taken on admission 2016-09-11 16:00)

BMI 25-29 overweight

Blood Pressure 100/70

Mental Status (authored by WILMA KINCAID)

The patient was cooperative but anxious. He is worried about being diagnosed with Cancer. He is alert and has no memory or decision making concerns.

Nutrition (authored by EMMA ROBERTS)

Nutrition Orders during Encounter

2016-09-11 to 2016-09-12 09:00 - clear liquid foods. This includes clear juices, clear bouillon or broth, black coffee or tea, clear sports drinks, and sodas, as well as such foods as popsicles and Jell-O.

2016-09-12 09:00 - Complete Fast

Nutritional Assessment

Current diet: High Carbohydrate Diet

Needs to change to: Low Residue and Low Fibre Diet

