

40-009

DISCHARGE SUMMARY

NAME	DR. Guattery	ROOM NO.	HOSP. NO.
ADMITTED 12-19-79	DISCHARGED 1-9-80	FROM	TO
		NEW HOSP NO.	

FINAL DIAGNOSIS:

700868

Incomplete intestinal obstruction secondary to diverticulitis.
 Organic brain syndrome.
 Esophageal hiatus hernia with reflux.
 Duodenal diverticuli.
 Generalized arteriosclerosis.

RECEIVED CHR

SURGICAL PROCEDURE & DATE:

DEC 11 1984

NONE

RECORDS ROOM

PLEASE COMPLETE THIS FORM IN FOLLOWING ORDER:

History, Physical Findings, Laboratory & X-ray Data, Course and Disposition

This 82 year old lady was admitted to the hospital on 12-19-79 and discharged on 19-80.

Chief complaint at the time of admission was abdominal pain. She had been living amidst increased mental deterioration, disorganization sustained by persistent obstinacy that she should be living alone. At the time of admission there had also been considerable weight loss and work up was indicated.

On physical examination: Temperature 37, BP 140/60, Respirations 22. She was a thin, poorly nourished, confused lady, defective of judgement as to the nature of her illness. Skin appeared sallow tan and no icteric. No evidence of trauma. No significant adenopathy. No evidence of cardiac decompensation. Chief findings were associated with generally distended abdomen with hyperactive peristalsis, marked tympani and tenderness to palpation in the lower abdomen particularly in the left lower quadrant. Rectal exam revealed a brown stool hematest negative.

Laboratory Data: White count 8,000. Hematocrit 48. There were 30 bands, 49 neutrophils. Repeat on 12-24 white count 5.6 with normal diff. Hematocrit 39. Urinalysis 1+ albumin and 40-50 white cells per high power field. BUN 19. Electrolytes were within normal limits. Blood cultures showed no growth. X-ray studies revealed arteriosclerotic changes in the aortic knob with impaired lung fields and no cardiomegaly. Flat plate, supine and upright of the abdomen indicated distal large bowel mechanical obstruction. Barium enema showed barium flowing up to the midsigmoid colon with a high grade partial obstruction was encountered and was felt to represent spasm. Multiple diverticuli were noted. No fistula, mass or extravasation was appreciated. Upper GI series with small bowel follow through showed large direct hiatal herniae associated with gastro-esophageal reflux, duodenal diverticula. Small bowel series was within normal limits. Cardiogram, NSR, nonspecific Q inferiorly.

Hospital Course: The patient was treated with Wangensteen suction, antibiotics and supportively. She was seen in consultation by Dr. John Carpenter. A proposed transverse colostomy was rejected by the patient. Over the period of hospitalization she improved enough so that she could be discharged on 1-9-80 to continue a medical regimen at home.

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M.

Medical Regimen consisted of:

Low residue diet

Metamucil

Small dose of Sparine 15 mg. b.i.d.

Prognosis for her successfully accomplishing this home care is dim in view of the patient's general condition, mental status and etc. but it was felt at this time forcing any medical decision was unwise.

JOSEPH M. GUATTERY, M. D.

JMG:kb
dt 3-12-80