

Treating Phys: Dr C Adams, MD			Patient Name: Ada					Room #: 340		MRN: 753214			
Billing Phys: Dr C Adams, MD			Acct#: Z123456					Admit Date: January 14, 2017		Discharge Date: January 18, 2017			
Referring Phys: R Jones, MD			[X] Inpat [] Outpat		[] Inpat [] Outpat		[] Inpat [] Outpat		[] Inpat [] Outpat				
										Page Medicare			
Initial Hosp Admission			CODE	DATE	DATE	DATE	DATE	DATE	DATE	Procedure		Code	Date
*Level 1 - Low Complexity			99221										
*Level 2 - Moderate Complexity			99222	1/16/2017									
*Level 3 - High Complexity			99223										
Subsequent Hosp Visits													
Level 1 - Low Complexity			99231										
Level 2 - Moderate Complexity			99232										
Level 3 - High Complexity			99233										
Inpatient Hosp Discharge													
30 minutes or less			99238										
more than 30 minutes			99239										
Consults Initial Inpatient			Comm	Care						Modifiers			
Level 1 - Straightforward			99251	99499						Separate E & M same day as surg.			25
Level 2 - Straightforward			99252	99499						Unusual / complicated procedure			22
Level 3 - Low Complexity			99253	99221						Reduced services			52
Level 4 - Mod to High Complexity			99254	99222						Discontinued procedure			53
Level 5 - High Complexity			99255	99223						Decision for surgery - same day			57
Prolonged Services Inpatient										Separate procedure/ different area			59
1½ hr (face to face patient contact)			99356										
Each additional 30 minutes			99357										
Critical Care										Diagnosis Codes			
1½ hr constant attend (30-74 min)			99291							1	GI bleed K92.2	3	Hypotension I95.9
Each addl 30 min; # units _____			99292							2	Anemia D64.9	4	

Consultation Report

Admission Date: January 14, 2017

Discharge Date:

Report type: Consultation

Consulting Physician: Dr. C Adams, MD

Referring Physician: Dr. R Jones, MD

Performed by: C Adams MD

Signed by: C Adams MD (02-16-2017 7:13 pm)

Patient

Ada - Z123456

Date of Consultation

01/16/2017

Reason for Consultation

Evaluation of hematochezia

Chief Complaint

Blood in stool

History of Present Illness

The patient is a 68-year-old who presented in the Emergency department with a one-day history of bright bloody bowel movement. The patient has a past history of traumatic subdural hematoma with craniotomy secondary to auto accident in 2015. She is verbal but only

answers questions intermittently. Most of the history is obtained from her daughter. Patient does have lower abdominal tenderness. Patient does not have nausea or vomiting. There is no report of diarrhea or constipation. In the ED, she was initially found to be anemic with HGB 8.9.

Review of Systems

ROS – limited as patient only answers questions intermittently

General: no weight change, fever or chills

HEENT: no headache

Eyes: no acute visual changes

Cardiac: no chest pain, syncope or orthopnea

Respiratory: no SOB or hemoptysis

GI: no nausea, abdominal pain, vomiting, diarrhea or constipation

Skin: no rashes

Allergies

LATEX

Penicillin

Social History

Smoker Type: never smoker/user

Family History

Not on file

Physical Exam

Vitals & Measurements

T: 36.4 HR: 68 RR: 16 BP: 99/51 SpO2: 94% HT 157.5 cm WT 46.7 Kg

General: well-developed, well-nourished, appears stated age, A & O to person only.

Head: atraumatic

Eyes: pupils ERR to light, conjunctiva clear, no icterus

ENT: nasal mucosa non-inflamed, no nasal discharge, oral mucosa moist without erythema or exudates.

Neck: supple, no masses

Heart: RRR, no murmurs, gallops or rubs

Lungs: no wheezing or crackles, breath sounds equal bilaterally

Abdomen: BS +, soft, no distention, mild tenderness lower abdomen, no hepatomegaly, no hernia

Skin: warm and dry, no rashes

Musculoskeletal: no lower extremity edema

Lab Results

HGB: 6.4 g/dL

Diagnostic Results

No qualifying data available

Assessment/Plan

1. GI bleed – reports mild abdominal pain with no significant risk factors or alarm symptoms. Outpatient screening colonoscopy and EGD 3 years ago were normal. Plan for repeat colonoscopy today
2. Anemia – secondary to GI bleed. Continue transfusion to keep HGB >7
3. Hypotension – secondary to above. Discussed with Dr F Packer. We will continue supportive care and monitor BP at this time.

CC: Dr R Jones, MD

D: 01/16/2017 (07:30)

T: 01/16/2017 (13:01)