

2UA4091X2H jrt7c (HSCSXHY36) - UVPC NEUROLOGY - EMR PRD - JENNIFER H.

Epic Paging System Patient Lists Patient Station My Dashboards Today's Pts Pre/Post Call Resources 2Epic Print Log Out

Pref Language: Allergies Ht: 1.779 m (5'... LT Isolation: None Attend Prov: CALLAND, J  
 Bed: None No Known Allergies Wt: 64.8 kg (1... ST Isolation: None Provider Team: Trauma Surgery 5... MyChart: Inact...  
 Ant D/C: 03/07/... FALL RISK : 55 Med Wt: 64.8 k... Assigned RN:  
 Code: Prior PCP: None

Report Viewer ? Resize Close

Report History 1 View Pane 1 2 View Pane 2 Split Up/Down Split Left/Right Detach Window

1 | 65885810^HNO-CSN^77355914^ 03/04/2014 Neurology

Back Print Copy

**Assessment & Plan:**

21 y.o. male s/p high speed rollover MVC passenger with T8/9 3-column fracture with spinal cord injury, s/p T6-11 fixation, bilateral rib fractures, bilateral pneumothoraces, right hemothorax. His hospital course is marked by Staph aureus and H. Flu pneumonia as well as resistant enterobacter aerogenes on isolation (free of infection and currently on no antibiotics). Left ulna fracture which was surgically repaired on 03/03/2014. He was burned on his RLE and hip/back from spilling broth 3-3-14.

- 1. Rib fractures 7th and 8th minimally displaced: Bil pneumo/contusions; Pneumonia:** Leukocytosis normalized. (2-19) enterobacter aerogenes: isolation cipro started 2/21 completed on 2/28. Will start throat swabs Friday 3-7-14 (Q24 x 3 days) 72 hours off antibx (had ancef for OR Monday) to attempt to get off isolation per epidemiology. F/U CXR AP and Lat today for possible loculated pneumo on right per radiology.
- 2. Psych:** patient realizes his paraplegic status and withdrawn/angry: becoming more independent and intermittently participating. Refuses psych consult or oral agents to help with depression. But getting better with participation in his care including rehab
- 3. POD# 19 T6-T11 PSIF:** ortho spine c/s; sutures removed & steri strips in place: no weight bearing restrictions; small superficial dehiscence inferior end of incision. Follow up with Dr. [redacted] within 2 weeks after discharge 434-[redacted]
- 4. Respiratory :** improving; encourage coughing : IS
- 5. Left ulna fracture: ortho hand:** ORIF left ulna 03/03/14, WBAT; F/U Dr Deal 10-14 days.
- 6. Malnutrition:** ensure supplements with all meals; will need double portions for meals. Nutrition recs; High-Protein Snacks between meals; calorie count. Started pediatric diet on 03/03/14 secondary to food preference
- 7. RLE/Hip burns: KCI overlay bed ordered** wound consult (debrided and ordered;Collagenase ointment ; apply the ointment to the wound in a thick layer; about the thickness of a nickel (will need 3-4 tubes of collagenase daily for wound care) then cover with a single layer of adaptic. Then place an ABD pad and secure with mesh panties.  
 No surgical intervention necessary at present, however will monitor this area for changes  
 Optimize nutrition; encourage ensure and boost supplements  
 Encourage mobility/ OOB /PT and OT orders in place  
**plastic surgery consult** (1.) Agree with collagenase and adaptic daily. The area in question that is possibly deep partial thickness is small and will likely not need any grafting, but local wound care while neo-pithelization occurs in approximately 2-3 weeks.)  
 2.) While hospitalized the patient will be followed peripherally by the [redacted] service. Please page PICC 3390 for any questions during regular weekday hours 7A-5P or the oncall plastic surgery resident for any emergent questions at all other times.
- 8. Prophylaxis:** lovenox Q24; SCD's, pepcid; OBR routine: bil LE US tomorrow for surveillance evaluation.
- 9. PT/OT/RT/OOB BID**
- 10. Dispo:** Acute inpatient SCI rehab: need charity bed; does not want to return to home with host family under circumstances. Does not want family in Russia to know of injury. [redacted] (friend) is involved in his care [redacted] and [redacted] wants everything discussed with him.

Tracy M Hughes, NP 3/4/2014 13:29

**Encounter-Level Ambulatory Progress Notes - Scanned:**  
 There are no encounter-level ambulatory progress notes - scanned.

This note shows the Trauma Nurse Practitioner as a primary coordinator of care. She communicates the patient's status related to his surgical and medical needs, mental, nutrition, mobility, social/Care Partner communication and plans for discharge.

JENNIFER H. 1:37 PM