Medical Terminology

Medical Records Analysis #5

Deer Summit Clinic 1597 S. Parkview Dr, Park City, UT 84111 (801) 555-7455

Physician's Progress Notes

PATIENT: Bernice B. DATE: January 11, xxxx

- S: Bernice B, a 69 y/o F pt of this clinic, was seen in the clinic, accompanied by her sister, Mabel R. The sister states that she went to Bernice's home to pick her up and bring her to the clinic for a routine visit, related to Bernice's previous diagnosis of hypertension. She found Bernice in an agitated, confused state. The sister was somewhat alarmed, since this represents a dramatic change from Bernice's condition of just two days ago. She decided to go ahead and bring Bernice in for her regular appointment and an evaluation. She does not know of any illnesses or other diagnoses, aside from those we have been following Bernice for. She is not aware of any accidents, falls, or injuries. Mabel states that she believes Bernice has been taking her medication as prescribed. The patient is unable to provide adequate history or description of current problems due to aphasia and mental confusion.
- O: T 98.8, P 86, R 20, BP 150/92.

Previous diagnoses: hypertension, mild peripheral vascular disease, status one year post-mastectomy secondary to diagnosis of breast malignancy. Neurological exam reveals several deficiencies in functioning; otherwise, examination is unchanged from clinic visit of three weeks ago. Patient is aphasic and appears anxious. She is somewhat able to answer "yes" or "no" to questions by moving her head, but this is not a consistent ability. She is mentally confused. There is diminished sensation of the R arm, thorax, and leg. There is a steady stream of tears from the R eye and ptosis of the R lid. Vision is blurred, but actual visual status is difficult to ascertain because of patient's current mental status. Patient is ataxic, with some hemiparesis on the R side; motor reflexes are intact on the left and slightly exaggerated on the R. Preliminary laboratory studies of blood and urine are unremarkable.

A: R/O cerebral lesion of unknown etiology. R/O endocrine disorder

- P: 1. Admit to Summit Medical Center.
 - 2. Obtain brain scan, EEG, and skull x-rays ASAP.
 - 3. Laboratory studies for liver, renal, and thyroid function.
 - 4. Neurological consult with Dr. Andersen.

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Answer the following questions based on the progress note above:

1.	What is the patient's mental status?
2.	Briefly describe the findings from the physical examination.
3.	What is the analysis? Is this an infectious disease?
4.	Was any medication prescribed?
5.	What radiologic studies will be done? Will further laboratory studies be done?
6.	Why will the patient see another physician?