

GIM CONSULT NOTE (ED One) - Team []

Date of Consult: []

Referring Physician: []

Reason for Referral: ED One Hold

ID: [] is a [] known for [] now presenting with []. Medicine has been asked to see to assume MRP overnight as the patient awaits assessment by ED One in the AM.

Past Medical History

1 -

2 -

Medications (Home)

1 -

2 -

Social History

- Living Situation: From []

- Baseline function: independent with bADLs and iADLs; does not use walking aids

- Employment: []

- Smoking: Lifelong nonsmoker []

- Alcohol: None reported []

- Recreational Drug Use / IV Drug Use: None reported []

Family History

Not applicable

Allergies

- NKDA []

History of Presenting Illness

Patient assessed at bedside []. Briefly, patient presented to the ED for [].

On assessment by the ED physician, it was deemed that there was no acute medical concern warranting inpatient admission, however assessment by ED One was felt to be warranted given []. Medicine was therefore consulted to assume MRP overnight.

On my assessment at bedside, patient reports []. Otherwise on ROS, no CP, SOB, palpitations, dizziness, presyncopal symptoms, syncope, cough, hemoptysis, NVD, abdo pain, S/S of GIB, LUTS. No fevers, chills, drenching night sweats or weight changes. No recent medication changes, recent travel, known sick contacts.

Physical Exam

Triage Vitals: []

Most Recent Vitals: []

General: AOX3, NAD, speaking comprehensibly in full sentences

CV: Normal S1S2, no EHS, no murmurs. JVP 2cm ASA, no peripheral edema. Moist mucous membranes, cap refill <2s in extremities x3, PPPx4

Resp: GAEB, no adventitia, no clubbing

Abdo: soft, non-tender, non distended. No guarding, no rigidity, no rebound tenderness. No jaundice, no stigmata of liver disease, no asterixis

Neuro: PERRLA. GCS []. Cranial nerves II-XII normal on screening exam, no focal neurological deficits.

Power is 5/5 and intact sensation in upper and lower extremities bilaterally and symmetrically. Reflexes are 2/4 for biceps, brachioradialis and patellar. Plantar responses are downgoing. Normal tone.

Finger-to-nose testing is normal bilaterally with no dysmetria or intention tremor, no dysdiadochokinesia

Extremity: No peripheral edema, no calf swelling/tenderness/erythema, [] no evidence of wounds or infection on examination of extremities

Investigations

Blood Work:

Labs reviewed. No pertinent acute abnormalities. []

Radiology

Reviewed. No pertinent acute abnormalities. []

Assessment & Plan

In summary, [] is a [] known for [] now presenting with []. Medicine has been asked to see to assume MRP overnight as the patient awaits assessment by ED One in the AM. History and physical exam not revealing of acute concerns that warrant inpatient admission at this time pending further assessment by ED One.

We will therefore assume MRP responsibilities overnight, and defer admission until further evaluation in the AM. Orders have been placed in the paper chart indicating an ED One hold under Dr. []. Diet and activity orders have also been placed in the paper chart. I have also re-ordered necessary patient home medications including [].

Sincerely,

[Your name/level/program here]

On behalf of Dr. [], Staff Internist