

DocuVisit™

A license is required to use these forms. The license Agreement can be viewed at www.docuvisit.com or www.docuvisit.com/doculicense.pdf

To purchase a license, select the purchase button at www.docuvisit.com or go to the online store at www.316art.com

**Starr Vision Productions, Inc.
2142 Riverside Drive
West Columbia, TX 77486**

ABDOMEN PAIN - DocuVisit™ - ABDOMEN PAIN

Patient's Last Name _____

Patient's First Name _____

DOB _____ AGE _____ SEX: M F DATE _____ TIME _____ Treating Physician _____ Patient's Physician _____
VITAL SIGNS: BP _____ / _____ P _____ R _____ T _____ O, Sat _____ on RA/NC/Mask/ _____ L/min HT _____ []Stated WT _____ []Stated

Time Of Onset _____ Pain Now: Yes No Severity: (0=none, 10=worse) Onset _____ Now _____ Onset at: rest sleep activity
PAIN LOCATION: RUQ epigastric umbilical flank pelvic RUQ RMQ RLQ LUQ LMQ LLQ Other _____
PAIN CHARACTER: constant/intermittent sharp burning tearing squeezing dull stabbing cramping pain throbbing _____
PAIN RADIATION: none chest back scrotum legs _____ PAIN ONSET: gradual sudden
PAIN RELIEVED BY: rest food antacids _____ PAIN MADE WORSE BY: food movement breathing supine _____
MEDICATIONS TAKEN: _____ ALLERGIES: _____

O₂ _____ IV/Saline Lock/ _____ NPO Antacids GI Cocktail NG Tube _____ Time Ordered _____
Promethazine _____ mg IM/IV Demerol / Morphine / Nubain / Stadol / Toradol _____ mg IM/IV Relief Y N Time _____

CBC Chem B/C Amylase/Lipase Liver Panel PT/PTT/INR Urinalysis HCG 2V Abdomen X-Ray Time Ordered _____

GASTROINTESTINAL: Nausea Vomiting Diarrhea Constipation Passing Gas Last Bowel Movement _____
Vomiting Blood Blood In Stool Indigestion Jaundice Anorexia Abdomen Trauma _____ _____
Last Meal Time _____ Foods Eaten _____ PAIN WITH EATING: Worse Improved No Change
URINARY: Normal Dysuria Frequency Pain Burning Blood Oliguria Unable To Urinate _____
MENSTRUAL: Normal LMP _____ G _____ P _____ A _____ **PREGNANT:** Y N ? **SEXUALLY ACTIVE:** Y N **BCP:** Y N
Vaginal Discharge Vaginal Bleeding Dizziness Weakness Cough Congestion Fever Chills _____
Syncope Dyspnea Scrotal Pain Pain With Breathing Weight Loss _____

SURGERIES: Cholecystectomy Appendectomy Hysterectomy Cardiac Bypass/Stent C-Section _____

Appendicitis - pain umbilicus to right lower quadrant, nausea, vomiting, fever, leukocytosis.
Abdominal Aortic Aneurysm - "tearing" pain, pulsating abdominal mass, hypertension, radiation to back, unequal pulses.
Renal Stone - flank pain, pelvic pain, scrotal pain, dysuria, hematuria, nausea, vomiting.
Pancreatitis - epigastric pain, mid abdomen pain, nausea, vomiting, causes (alcohol, stone, cancer)
Cholecystitis/Cholelithiasis - right upper quadrant pain, related to food intake, nausea, vomiting, jaundice.

PAST HISTORY: Smoking Hyperlipidemia Hypertension Diabetes Obesity Drug Use
Lung Disease Gallbladder disease Pancreatitis PID Gastritis Heart Disease Ulcers
Renal Stones Myocardial Infarct Pneumonia Hiatal Hernia Alcohol Use Angina CHF
Ovarian Cyst Ectopic Pregnancy Diverticulitis _____ _____ _____ _____

CT Abdomen/Pelvic with/without contrast IVP Ultrasound Abdomen/Gallbladder/Pelvic Endoscopy EKG Time Ordered _____

ORTHOSTATIC BLOOD PRESSURE-PULSE: SUPINE _____ - _____ SITTING _____ - _____ STANDING _____ - _____

ABDOMEN: Normal Abnormal Distention _____ **PERCUSSION** _____

RUQ:Tender/Guarding/Rebound/Rigidity/Mass **EPIG:**Tender/Guarding/Rebound/Rigidity/Mass **LUQ:**Tender/Guarding/Rebound/Rigidity/Mass
RMQ:Tender/Guarding/Rebound/Rigidity/Mass **UMB:**Tender/Guarding/Rebound/Rigidity/Mass **LMQ:**Tender/Guarding/Rebound/Rigidity/Mass
RLQ:Tender/Guard./Rebound/Rigidity/Mass **MIDLOW:**Tender/Guard./Rebound/Rigidity/Mass **LLQ:**Tender/Guarding/Rebound/Rigidity/Mass
HEPATOMEGALY: SPLEENOMEGALY **BACK:** Normal Tender-Cervical Thoracic Lumbar Sacral Coccyx Flank-Lt/Rt
AORTA: Normal **BOWEL SOUNDS:** Normal Increased Decreased Absent **INGUINAL HERNIA:** absent present
RECTAL EXAM: Normal Prostate Normal Sphincter Tone Hemorrhoids Masses **STOOL OCCULT BLOOD:** negative positive

GENITOURINARY: Normal

SCROTUM: Normal **PENIS:** Normal GC/Chlamydia Culture Done _____

PELVIC: Normal GC/Chlamydia Culture Done _____

EXT. GENITALIA _____ **VAGINA** _____ **CERVIX** _____ **UTERUS** _____ **ADNEXA** _____

LYMPHATIC: Normal **CHEST PALPATION:** Normal

LUNG AUSCULTATION: normal breath sounds rales rhonchi wheezes _____

HEART AUSCULTATION: Normal S3 S4 Rub **RHYTHM:** Regular Irregular **MURMUR:** None Grade ___/6 systolic/diastolic

FEMORAL ARTERIES:Normal **EXTREMITIES:**clubbing cyanosis ischemia edema tr / 1+ / 2+ /3+ **PEDAL PULSES:**Normal

OTHER FINDINGS _____

WBC: _____ Hct/Hgb: _____ U/A: _____ Preg Test: Neg Pos _____

Amylase/Lipase: _____ Abd X Ray: _____ Other: _____

ADDITIONAL NOTES _____

Optional Patient ID Information Or Sticker Here

Abdomen Wall Muscle Strain, Abdominal Aortic Aneurysm, Adhesions, Appendicitis, Biliary Colic, Bowel Perforation, Cholecystitis, Cholelithiasis, Constipation, Crohn's Disease, Diverticulitis, Doudenal Ulcer, Ectopic Pregnancy, Endometriosis, Gastric Ulcer, Gastritis, Gastroenteritis, Gastroesophageal Reflux, Hernia, Intestinal Obstruction, Intussusception, Menstruation, Mesenteric Vascular Ischemia, Mesenteric Vascular Occlusion, Myocardial Infarction, Ovarian Cyst, Ovulation, Pancreatitis, Pelvic Inflammatory Disease, Peritonitis, Porphyria, Pregnancy, Pyelonephritis, Renal Stone, Sickle-Cell Crisis, Spleen Infarction/Rupture, Ulcerative Colitis, Urinary Tract Infection.

DIAGNOSES: 1- _____ /Status: _____ 2- _____ /Status: _____

STATUS: (A)Improved (B)Well Controlled (C)Resolving (D)Resolved (E)Inadequately Controlled (F)Worsening (G)Failing to change as expected.

DISPOSITION Released Admitted Observation Transferred DOA Expired AMA OTHER _____

Print Physician's Name _____ DocuVisit License # _____ Physician's Signature _____ Date _____

DIAGNOSTICS

Cardiology Consult General Surgeon Consult Vascular Surgeon Consult Thoracic Surgeon Consult Gastroenterology Consult Drug Screen U/S ABG Lipid Profile C. diff H. pylori
Stool O&P/C&S/leukocytes Sed Rate Urine porphobilinogen Upper GI Series Esophagram Barium Enema Cardiac Enzymes Occult Blood-Stool/Gastric GC/Chlamydia Culture
Culture blood / urine / sputum Blood Levels: alcohol/acetaminophen/aspirin/digoxin/dilantin/phenobarbital/theophylline Old Records Chest X-Ray

IV Fluid Bolus _____
Foley _____
SL/PO _____
Hyosyamine _____
Dicyclomine _____
PO/IM _____
IM/IV _____
Prochlorperazine/Metoclopramide/Ondansetron _____
IV Fluids _____

HEENT Normal _____
EYES Normal **VISUAL FIELD** Normal **LYMPH NODES** Normal **PUPILS AND IRISES** Normal **OPHTHALMOSCOPIC EXAM:** Normal
EXTERNAL EARS & NOSE Normal **OTOSCOPIC:** normal tm normal hearing normal nasal exam **OROPHARYNX:** normal moisture normal tongue
NECK Normal **Thyroid** Normal **Jugular Veins** Normal _____
RESPIRATORY Normal _____
LUNG AUSCULTATION: normal breath sounds rales rhonchi wheezes **RESPIRATORY EFFORT** Normal **CHEST PERCUSSION** Normal **PALPATION** normal
CARDIOVASCULAR Normal _____
PALPATION OF HEART Normal **AUSCULTATION OF HEART** Normal **PERIPHERAL VASCULAR SYSTEM:** edema varicosities tenderness **PULSES** Normal
CAROTID ARTERIES normal no bruits **FEMORAL ARTERIES** Normal **ABDOMINAL AORTA** Normal **PEDAL PULSES** Normal
GASTROINTESTINAL Normal _____
ABDOMEN: no masses nontender normal bowel sounds **LIVER & SPLEEN:** not enlarged **HERNIA:** absent present **RECTUM** Normal
STOOL OCCULT BLOOD: negative positive
GENITOURINARY Normal _____
MALE: **SCROTUM** Normal **PENIS** normal **DIGITAL RECTAL EXAM:** Normal Prostate Normal Sphincter Tone No Hemorrhoids No Masses
FEMALE: **DIGITAL RECTAL EXAM:** Normal Sphincter Tone No Hemorrhoids No Masses
PELVIC: Normal **EXT. GENITALIA** _____ **VAGINA** _____ **CERVIX** _____ **UTERUS** _____ **ADNEXA** _____
LYMPHATIC Normal _____
NECK PALPATION Normal **AXILLAE PALPATION** Normal **GROIN PALPATION** Normal **OTHER** _____
MUSCULOSKELETAL Normal _____
BACK: kyphosis scoliosis **GAIT & STATION:** able to exercise **RANGE OF MOTION:** normal pain **STABILITY** Normal
EXTREMITIES Normal _____
RIGHT UPPER EXTREMITY: clubbing cyanosis ischemia edema **LEFT UPPER EXTREMITY:** clubbing cyanosis ischemia edema
RIGHT LOWER EXTREMITY: clubbing cyanosis ischemia edema **LEFT LOWER EXTREMITY:** clubbing cyanosis ischemia edema
SKIN Normal _____
NEUROLOGIC Normal _____
CRANIAL NERVES: {1st-Smell:}normal} {2nd-Visual acuity, Visual fields, Fundi:}normal} {3rd 4th 6th-Pupils, Eye movements:}normal}
{5th-Facial sensation, Corneal reflexes:}normal} {7th-Facial symmetry, Strength:}normal} {8th-Hearing with tuning fork, Whispered voice:}normal} _____
{9th 10th-Uvula elevation, Gag reflex:}normal} {11th-Shoulder shrug strength:}normal} {12th-Tongue protrusion:}normal} **ORIENTATION:** person place time
COORDINATION: finger/nose normal heel/knee/shin normal fine motor normal **DEEP TENDON RELEXES:** Normal **SENSORY EXAM:** Normal
MEMORY: recent memory normal remote memory normal **MOOD & AFFECT:** depression anxiety agitation hypomania lability
SPEECH: Normal Slurred **ABNORMAL THOUGHT:** hallucinations delusions preoccupation with violence homicidal ideation suicidal ideation obsessions
OTHER NOTES _____

Optional Patient ID Information Or Sticker Here

- SOME INDICATIONS FOR ADMISSION OF ABDOMINAL PAIN:**
- Severe pain of uncertain etiology.
 - Bowel obstruction.
 - Bowel perforation.
 - Appendicitis.
 - Cholecystitis.
 - Colangitis.
 - Peritoneal signs.
 - Unstable vital signs.
 - Infections requiring IV antibiotics.
 - Vomiting requiring IV medications and/or fluids.
 - Unable to take oral medications and nutrition.
 - The need to perform additional abdominal exams and assessments.

- CONSIDERATIONS IN THOSE ADMITTED FOR ABDOMINAL PAIN**
- Surgical consultation. Gastroenterologist consultation.
 - NPO.
 - NG tube to low suction.
 - Intake and output each shift.
 - IV fluids.
 - Hgb/Hct regularly to monitor gastrointestinal bleeding.
 - Type and crossmatch for blood if gastrointestinal bleeding.
 - Serial amylase/lipase levels to monitor pancreatitis.
 - Strain urine for renal stones.
 - Cultures and antibiotics for infections.
 - Pain medications.
 - Consider systems outside of the gastrointestinal system as a possible etiology.

DIAGNOSES: 1- _____ /Status: _____ 3- _____ /Status: _____
2- _____ /Status: _____ 4- _____ /Status: _____
STATUS: (A)Improved (B)Well Controlled (C)Resolving (D)Resolved (E)inadequately Controlled (F)Worsening (G)Failing to change as expected.
DISPOSITION Prescription(s) _____
 Instruction Sheet Given On _____ Released Admitted Observation Transferred DOA Expired AMA OTHER _____
Follow up with (physician/specialist) on _____ Return to Emergency Department if any problems before follow up.
Transferred to _____ by Private Car / Ambulance / Helicopter / Other _____
Attending/Staff Physician notified of disposition: Yes No Name _____ Time _____
Discharge: Date: _____ Time: _____ Condition: Stable Good Fair Poor Critical
Method: Walk Carried Crutches Wheelchair Stretcher Accompanied by: Self Family Friend Parent Other _____
Reason not admitted or transferred _____

Print Physician's Name DocuVisit License # Physician's Signature Date