

Note | Text Analysis | Concept Candidates

1. STATUS POST CEREBROVASCULAR ACCIDENT. 2. STATUS POST RIGHT CHRONIC DEEP VENOUS THROMBOSIS ILEAC. 3. STATUS POST UPPER POPLITEAL EMBOLISM AND ANGIOPLASTY. Intermediate Care Center. The patient is a 55 year old black male transferred from Yale with a history of myocardial infarction, cerebrovascular accident who presented to Yale with a two week history of left lower extremity swelling and severe pain in left foot and shin. The patient has what appears to be trauma to the left shin. Angiogram showed occlusion of popliteal artery above the knee consistent with EMBOLUS. The patient had urokinase which lysed the clot and on 03/08/95 had angiography and a focal stenosis. The patient was Heparinized and Coumadinized. Repeat studies showed improvement and TCPD2 s on the left. On 03/16/95, the patient developed acute swelling of the right thigh, but deep venous thrombosis ultrasound was not conclusive. Venogram revealed chronic thrombus in the common ileac. The patient was again Heparinized for fourteen days. The patient has been on Coumadin at approximately 1 to 2 mg weekly. The patient was transferred to the VA for placement. 1. Status post myocardial infarction and cerebrovascular accident with expressive aphasia and right sided weakness. 2. Seizures. 3. hypertension. 4. Congestive heart failure. 5. Peripheral vascular disease. 6. Right eye blindness. 7. Migraines. 1. Splenectomy. 2. Hemorrhoidectomy. 3. Appendectomy. 4. Right shoulder surgery. 5. IVC filter placement. Digoxin 0.25 mg every day; Sorbitol 30 mg every day; Phenobarbital 120 mg every morning; Senokot 1 every day; Lasix 80 mg twice a day; Isordil 10 mg by mouth three times a day; Colace three times a day; Capoten 12.5; Carafate 1 gram four times a day; Coumadin 2.5 mg alternating with 1 mg every other day; Potassium chloride 30 mEq every morning; Sodium chloride 2 grams by mouth twice a day. Vancomycin, aspirin, and Bacitracin. The patient is a Hispanic male in no apparent distress. Afebrile, vital signs are stable. HEENT normocephalic, atraumatic, extraocular muscles intact, pupils equal, round, and reactive to light. Heart regular rhythm without gallops, murmurs, or rubs. Lungs clear to auscultation bilaterally. Abdomen soft, non tender, non distended, bowel sounds present. Extremities right thigh swollen, non tender, 3+ pitting edema, right and lower extremity wrapped with ACE wrap, left foot with mummified great toe, dry gangrene of left lateral foot, missing skin on dorsum and plantar aspect of foot, chronic healing ulcer of left shin, no discharge. Pulses radial on the right 1+, on the left 1+, posterior tibial Dopplerable on the right, Dopplerable on the left, dorsalis pedis Dopplerable on the right, Dopplerable on the left, femorals was 1+ bilaterally, popliteal was not palpable bilaterally. Labs were to be checked in the morning. Chest x ray was pending. The patient is a 55 year old male with a history of lower left extremity ischemia, status post Urokinase and Heparin, dry gangrene on the left foot and chronic deep venous thrombosis of the left common ileac vein, on Coumadin. The patient was to continue Coumadin, to check the prothrombin time, partial thromboplastin time and labs in the morning. The patient's right leg was to be evaluated and to continue Silvadene to the left foot twice a day, as well as to work on placement. Social work was involved. Therapy was also consulted, as well as T Building consult. The patient has a history of seizures and is on Phenobarbital. The patient was

Find First Text | Find Next | Note 1491 | Add Phrase to Missing Concept List | Call Concept Locator with Selected Text | Find All Concepts in Note

Concepts identified in Text (the First Location refers to the Trimmed Text, not the Original)

Location	Phrase	Concept_ID	Concept_String	Match_Type
2319	rightthighswollen	39866	Thigh	True Positive
2319	rightthighswollen	205090	Right	True Positive
2319	rightthighswollen	38999	Swelling, NOS	True Positive
2355	pittingledema	333243	Pitting edema	True Positive
2380	lowerextremity	23216	Lower Extremity	True Positive
2409	ACEIwrap	22709	Peptidyl-Dipeptidase A	FP - Acronym/Abbrev/Elision
2409	ACEIwrap	50385	AC protocol	FP - Acronym/Abbrev/Elision
2444	...	55500	...	True Positive

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