

PATIENT: Russel Rash
ACCOUNT/EHR: 0987654321
DATE: 12/13/2016
PAST ENCOUNTER: none

Attending Physician: Sally Sawbones, MD

CHIEF COMPLAINT: Rash on feet and thigh.

HISTORY OF PRESENT ILLNESS: The patient is a 30-year-old teacher who presented to my office after vacationing in Belize. He had developed an itchy rash on both feet and right thigh that started prior to his return to the United States. The lesions continue to spread. Negative for history of dermatitis.

Comment: Expanded Problem Focused History – site, timing, chief complaint.

PHYSICAL EXAMINATION: The dorsum of his feet show several erythematous, popular and vesicular serpiginous lesions. Minimal crusting was present over several toes. Patient is afebrile and otherwise appears to be in good health.

Comment: Expanded Problem Focused Exam – skin and constitution

DX: Cutaneous Larva Migrans (creeping eruption)

Comment: B76.9

RX: Thiabendazole, 500 mg tabs x3, p.o., bid for two successive days.

Comment: Straightforward Decision

Sally Sawbones, MD
<http://emuniversity.com/Level2NewOfficePatients.html>

Comment: 99202 OR 99203? AUDIT

PATIENT: I. M. Hurt
ACCOUNT/EHR: 1234567890
DATE: 12/13/2016
PAST ENCOUNTER: two years ago.

Attending Physician: Sally Sawbones, MD

This patient is a 77-year-old male diagnosed with insulin-dependent diabetes mellitus, who was last seen by me nearly two years ago. He is a retired baker, married, 6 children, four of whom are still living. He resides with his wife, Roseanne, in a retirement community.

Comment: Comprehensive HX

HISTORY: Patient has peripheral neuropathy with paresthesias of his fingers and feet, diabetic retinopathy, bilateral sensorineural hearing loss and peripheral vascular disease. The patient admits that he still smokes, on average, one pack of cigarettes per day.

PRESENTING PROBLEM: Patient is morbidly obese and denies following the diet given him by me at our last encounter. He was diagnosed with IDDM five years ago and admits that he occasionally forgets to take his insulin.

PE: Decubitus ulcers are evident on left foot and ankle. Sites of necrotic tissue and the beginnings of gangrene are observed. Decubitus ulcers forming on the right foot require monitoring in hopes of avoiding amputation of the right leg. GTT is abnormal.

Comment: Comprehensive PE

Comment: Glucose Tolerance 82951

DX: Diabetes, Type 1, with peripheral angiopathy and gangrene.

PLAN: Admit to hospital for below-the-knee amputation of left leg.

Comment: High Complexity Decision

Sally Sawbones, MD

Comment: 99223 ADMIT to hospital, initial hospital