

Diagnosis

Abscess - axilla, left

Prescriptions

Keflex 500mg capsule; Twenty (20); Take one four times daily until gone.

Take as directed or until you run out. - Refills: None Ordering phys:

<

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Norco 5mg/325mg. Sig: 1-2 tabs PO q 4 hrs prn pain. Disp 20 (twenty). No

refills. Ordering phys: <, SCRIB 5/21/2008 16:25>

Disposition

Provider documentation to be completed on HMED.

Disposition - Discharge from ED: home . Condition: stable . The patient

is to follow up with the Emergency Department , 4 8 hour(s) . Recheck immediately for new or worsening symptoms. . Medications: finish the entire course of antibiotics . Diet: drink plenty of fluids . Return if

any new concerns develop or you are feeling worse . Aftercare: Abscess I\T\

Private Physician(s)

Chief Complaint

Chief complaint/quote: Pt reports that he has a sore under his left axilla

that "had puss in it, but now it seems like a pocket of blood."

History of Present Illness

HPI text: This is a 22 year old male who presents to the Emergency Department for evaluation of an abscess in his left axilla. The patient

reports a one to two day history of increasing pain, tenderness, redness, firmness, and swelling to an area in his left armpit. He denies fever or

drainage. The patient has had similar episodes of this previously requiring incision and drainage; most recent episode was eight months ago.

He has been referred for surgical follow-up, but states he is not interested in seeing a surgeon. He voices no further complaints and has

otherwise been in his usual state of health.

Review of Systems

Review of systems is as indicated in the HPI. All other systems were reviewed and were negative.

Medications

Home medications: Patient does not know names of medications.

Allergies

Patient allergies: No known allergies.

Past Medical/Surgical History

NO SIGNIFICANT PAST MEDICAL OR SURGICAL HISTORY.

Patient has not been diagnosed with antibiotic resistant infection.

Social History

Occupation: Student

VITAL SIGNS

Initials/Date/Time	Temp(C)	Rt.	Pulse	Resp	Syst	Diast	Pos.	O2	O2
DelPain									
								Sat	
Sc									
CB 5/21/2008 15:26	36.3	0	94	16	155	96	S	99	.R/A
10									
RR2 5/21/2008 15:59			80	16	129	82	S		
RR2 5/21/2008 16:43			80	18	132	84	S		

Physical Exam

GENERAL: alert; no acute distress

HEAD: normocephalic; atraumatic

EYES: sclera clear; extra-ocular muscle movement intact

PULMONARY: lungs clear to auscultation bilaterally

CARDIOVASCULAR: heart with regular rate and rhythm; no murmurs; no gallops; no rubs; strong peripheral pulses; no peripheral edema

SKIN: large erythematous, indurated area in the left axilla that is tender to palpation; the induration measures approximately 4 cm in diameter

Procedures

Incision and drainage: left axilla was cleansed with hibiclens .

Pre-medication: 1% lidocaine with epi . Lesion incised with a #11 blade and 5-10 ml's purulent fluid extracted. The incision site was packed with iodoform gauze. The incision site was dressed with a sterile dressing. Patient tolerated procedure well. 05/21/08 16:19

Dressings: Sterile dressing(s) RR2 05/21/08 16:35

Progress Notes

Medical Decision-Making

The patient's prior medical records were reviewed.

Medical Decision-making:

This is a 22-year-old male with a history of abscesses in his axilla. In the patient consented to procedure and his abscess was drained without complications. Due to the cellulitis and will start him on antibiotics and I will give him pain medicine and I will have him follow up in 48 hours for packing removal and evaluation.

Patient Discussion

The diagnosis was discussed with the patient and/or the patient's family.

The treatment plan, as specified under disposition documentation, was discussed with the patient and/or the patient's family. The patient and/or the patient's family have expressed understanding and comprehension of the plan.

Resident Supervision

Signatures: