



CLINICAL ABSTRACT / DISCHARGE SUMMARY

Name of Patient: SEPICO VICTORIA CRUZ		Room Number: 4112	Accreditation Number: H 93005841	Hospital Number: 1334341-2024
LAST NAME	FIRST NAME	MIDDLE NAME		
Age: 53	Date of Birth: mm/dd/yyyy 3/23/1971	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Civil Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow	Occupation:
Address: BLK 1 LOT 6 CEKINA HONE IV, BURGOS, RODRIGUEZ, RIZAL		Telephone:	Nationality: FILIPINO	Religion: CATHOLIC
Admitting Physician: GUIA ELENA IMELDA R. LADRERA, MD		Classification: <input checked="" type="checkbox"/> Pay <input type="checkbox"/> Service	Hospital Admission: <input checked="" type="checkbox"/> New <input type="checkbox"/> Re-admission	
Admitting Diagnosis: BRONCHOGENIC CANCER NON SMALL CELL (ADENOCA) T4N2M0 IIIB		Date & Time of Admission: 9/13/2024 9:30 AM		
Working Impression/Final Diagnosis: BRONCHOGENIC CANCER NON SMALL CELL (ADENOCA) T4N2M0 IIIB		Date & Time of Discharge: 9/14/2024 4:54 PM		
Chief Complaint: CHEMOTHERAPY FOR CHEMOTHERAPY				
History of Present Illness: PATIENT IS A KNOWN CASE FOR BRONCHOGENIC CANCER NON SMALL CELL (ADENOCA) T4N2M0 CAME IN FOR CHEMOTHERAPY.				
Pertinent Past Medical History: (-) HPN, (-) DM, (-) BA				
Pertinent Signs and Symptoms on Admission (tick applicable box/es):				
<input type="checkbox"/> Altered mental sensorium	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Hematemesis	<input type="checkbox"/> Palpitations	
<input type="checkbox"/> Abdominal cramp/pain	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Hematuria	<input type="checkbox"/> Seizures	
<input type="checkbox"/> Anorexia	<input type="checkbox"/> Dysphagia	<input type="checkbox"/> Hemoptysis	<input type="checkbox"/> Skin rashes	
<input type="checkbox"/> Bleeding gums	<input type="checkbox"/> Dyspnea	<input type="checkbox"/> Irritability	<input type="checkbox"/> Stool, bloody/black tarry/mucoid	
<input type="checkbox"/> Body weakness	<input type="checkbox"/> Dysuria	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Sweating	
<input type="checkbox"/> Blurring vision	<input type="checkbox"/> Epitastaxis	<input type="checkbox"/> Lower extremity edema	<input type="checkbox"/> Urgency	
<input type="checkbox"/> Chest pain/discomfort	<input type="checkbox"/> Fever	<input type="checkbox"/> Myalgia	<input type="checkbox"/> Vomiting	
<input type="checkbox"/> Constipation	<input type="checkbox"/> Frequency of urination	<input type="checkbox"/> Orthopnea	<input type="checkbox"/> Weight loss	
<input type="checkbox"/> Cough	<input type="checkbox"/> Headache	<input type="checkbox"/> Pain, _____ site	<input type="checkbox"/> Others s/p MRM	
Referred from another health care institution (HCI): <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, specify Reason _____				
Name of originating HCI: _____				
Physical Examination on Admission (Pertinent Findings per System)				
General Survey <input checked="" type="checkbox"/> Awake and alert <input type="checkbox"/> Altered sensorium: _____ GCS: 15				
Vital Signs : BP: 110/60 HR: 83 RR: 20 TEMP: 36.52 WT. (Kg): 61 HT: (cm) 155				
HEENT:	<input checked="" type="checkbox"/> Essentially normal	<input type="checkbox"/> Abdominal pupillary reaction	<input type="checkbox"/> Cervical lymphadenopathy	<input type="checkbox"/> Dry mucous membrane
	<input type="checkbox"/> Icteric Sclerae	<input type="checkbox"/> Pale conjunctive	<input type="checkbox"/> Sunken eyeballs	<input type="checkbox"/> Sunken fontanelle
	Others: _____			
CHEST/ LUNGS	<input checked="" type="checkbox"/> Essentially normal	<input type="checkbox"/> Asymmetrical chest expansion	<input type="checkbox"/> Decreased breath sounds	<input type="checkbox"/> Wheezes
	<input type="checkbox"/> Lump/s over breast	<input type="checkbox"/> Rales/Crackles/rhonchi	<input type="checkbox"/> Intercostal nb/clavicular retraction	
	Others: _____			
CVS:	<input checked="" type="checkbox"/> Essentially normal	<input type="checkbox"/> Displaced apex beat	<input type="checkbox"/> Heaves and/or thrills	<input type="checkbox"/> Pericardial bulge
	<input type="checkbox"/> Irregular rhythm	<input type="checkbox"/> Muffled heart sounds	<input type="checkbox"/> Murmur	
	Others: _____			
ABDOMEN:	<input checked="" type="checkbox"/> Essentially normal	<input type="checkbox"/> Abdominal rigidity	<input type="checkbox"/> Abdomen tenderness	<input type="checkbox"/> Hyperactive bowel sounds
	<input type="checkbox"/> Palpable mass(es)	<input type="checkbox"/> Tympanitic/dull abdomen	<input type="checkbox"/> Urine contraction	
	Others: _____			
GU (IE):	<input checked="" type="checkbox"/> Essentially normal	<input type="checkbox"/> Blood stained in exam finger	<input type="checkbox"/> Cervical dilatation	<input type="checkbox"/> Presence of abnormal discharge
	Others: _____			
SKIN/ EXTREMITIES	<input checked="" type="checkbox"/> Essentially normal	<input type="checkbox"/> Clubbing	<input type="checkbox"/> Cold clammy skin	<input type="checkbox"/> Cyanosis/mottled skin
	<input type="checkbox"/> Edema /swelling	<input type="checkbox"/> Decreased mobility	<input type="checkbox"/> Pale nailbeds	<input type="checkbox"/> Poor skin turgor
	<input type="checkbox"/> Rashes/petechiae	<input type="checkbox"/> Weak pulses		
	Others: _____			
NEURO- EXAM	<input checked="" type="checkbox"/> Essentially normal	<input type="checkbox"/> Abdominal gait	<input type="checkbox"/> Abnormal position sense	<input type="checkbox"/> Abnormal decreased sensation
	<input type="checkbox"/> Abnormal reflex(es)	<input type="checkbox"/> Poor/alttered memory	<input type="checkbox"/> Poor muscle tone/strength	<input type="checkbox"/> poor coordination
	Others: _____			
Course in the Ward:				
Date	DOCTOR'S ORDER / ACTION			
9/13/24	PATIENT WAS ADMITTED AND WAS FOR CHEMOTHERAPY (PEMETREXED).			
09/14/24	PATIENT WAS DEEMED FOR DISCHARGE.			
Surgical Procedure and Date Performed: CHEMOTHERAPY 9/13/24 CYCLE 1				
Condition upon Discharge: <input checked="" type="checkbox"/> Stable <input checked="" type="checkbox"/> Improved <input type="checkbox"/> Transferred <input type="checkbox"/> Against Medical Advice <input type="checkbox"/> Died <input type="checkbox"/> Absconded				

DR. LADRERA/ JODIE G. BANCOD, M.D. LIC# 140220
Consultant-in-charge / Fellow-in-charge
Signature over Printed Name with License Number

09/14/2024
Date Accomplished

Original Copy of this document is to be kept in the patient's chart.

Medical Records Division
CERTIFIED TRUE COPY
FLORENCE L. MENIL
Date: SEP 18 2024