



CLINICAL ABSTRACT / DISCHARGE SUMMARY

Name of Patient:			Room Number:	Accreditation Number:	Hospital Number:
SEPICO	VICTORIA	CRUZ	3116	H 93005841	1334341-2024
LAST NAME		FIRST NAME		MIDDLE NAME	
Age:	Date of Birth: mm/dd/year	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Civil Status:		
53	3/23/1971		<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow		
Address:		Telephone:	Nationality:	Religion:	Occupation:
BLK 1 LOT 6 CELINA HOME IV, BURGOS, RODRIGUEZ, RIZAL		933119447	FILIPINO	CATHOLIC	CUSTOMERS ACCOUNT
Admitting Physician:			Classification:	Hospital Admission	
DR GUIA ELENA MELDA R. LADRERA			<input checked="" type="checkbox"/> Pay <input type="checkbox"/> Service	<input type="checkbox"/> New <input checked="" type="checkbox"/> Re-admission	
Admitting Diagnosis:			Date & Time of Admission		
ANEMIA OF MALIGNANCY; BCA NSCLA IIIB S/P CHEMO CONCURRENT RT			1/9/2025 11:20:00 AM		
Working Impression/Final Diagnosis:			Date & Time of Discharge		
ANEMIA OF MALIGNANCY; BCA NSCLA IIIB S/P C3 CHEMO CONCURRENT RT			1/10/2025 7:19 PM		
Chief Complaint: ANEMIA					
History of Present Illness: KNOWN CASE OF BRONCHOGENIC NON-SMALL CELL CARCINOMA S/P C3 CHEMO AND CONCURRENT RT ON ROUTINE LABS NOTED ANEMIA ON CBC. ADVISED ADMISSION FOR BLOOD TRANSFUSION OF 3U PRBC					
Pertinent Past Medical History: (+) BETA THALASSEMIA TRAIT, (+) CHILDHOOD ASTHMA, (-) HTN, DM, STROKE, MI, HEART DISEASE					

Physical Examination on Admission (Pertinent Findings per System)

General Survey Awake and alert Altered sensorium: GCS: 15
 Vital Signs: BP: 100/60 HR: 110 RR: 19 TEMP: 36.1 WT. (Kg): 50 HT. (cm) 160

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 rib/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	<input type="checkbox"/> Hyperactive bowel sounds
	Others:			
ABDOMEN:	<input checked="" type="checkbox"/> Essentially normal	<input type="checkbox"/> Abdominal rigidity	<input type="checkbox"/> Abdomen tenderness	<input type="checkbox"/> Presence of abnormal discharge
	<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	
	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/altered memory	<input type="checkbox"/> Poor muscle tone/stregh	<input type="checkbox"/> poor coordination
	Others:			

LUNG CENTER OF THE PHILIPPINES
Medical Records Section
CERTIFIED TRUE COPY
EDWIN O. OLIVA
Date: 1/10/2025

Date	DOCTOR'S ORDER / ACTION
1/9/25	PATIENT WAS ADMITTED, SECURED 3U PRBC FOR TRANSFUSION
01/10/25	COMPLETED TRANSFUSION OF 3U PRBC. POST BT CBC SHOWED IMPROVED HEMOGLOBIN. MAY GO HOME. ADVISED FOLLOW UP.

Surgical Procedure and Date Performed: NONE

Condition upon Discharge: Stable Improved Transferred Against Medical Advise Died Absconded

Keith M. Fernandez
 DR LADRERA/ KEITH ANGELA M. FERNANDEZ, 138819
 Consultant-in-charge / Fellow-in-charge
 Signature over Printed Name with License Number

01/10/2025
Date Accomplished

Original Copy of this document should remain in the patient's chart.