

Journal Entry #3 Narrative Notes

Aderonke Jaiyeoba

Professor Hernandez

March 8, 2023

1:00 PM: My patient SM was admitted to Lincoln Hospital for BHP, Urine retention. The patient has abdominal pain, BHP, and urine retention. The patient's AHCD is full code, and he was always sensitive to the light because of his medical conditions. When assessing the patient, his heart (cardiac), the S1 and S2 were regular, and there was no abnormal sound. His temperature is 98.2; his Pulse is 84; his heart rate is 77, and his blood pressure is 99/64.

The patient has a sinus rhythm, and his lung sound is clear and bilaterally. His room air saturation is above 98%. Mr. SM had no NPO but has a heart-healthy diet and No fluid restriction. He has a fully foley catheter due to acute urine retention, and patient intervention shows that he needs fully catheter, and he must produce a urine output of 100cc every 4 hours. No drug use and no smoking and he is calm and cooperative. He can remember his name, date of birth, and why he is being admitted to the hospital.

For his musculoskeletal, the patient has pain and weakness in both legs but no edema or fluid retention. The patient integumentary skin is intact, and no rashes. The patient needs minimal assistance to get out of bed. After replacing the fully foley catheter, his abdominal pain reduced, and Mr. SM needed the urology approval to pee on his own.