

ADMISSION HISTORY AND PHYSICAL

NAME: HOUSE, PAUL **TDOC#:** 109390 **DOB:** 12/19/61
DATE OF ADMISSION: 08/23/06
ADMITTING PHYSICIAN: Madubueze Nwozo, M.D.

ADMISSION DIAGNOSIS: Multiple sclerosis.

HISTORY OF PRESENT ILLNESS: This is a 45-year-old white male inmate from Riverbend Maximum Security Prison who was admitted to DeBerry Special Needs Facility on August 23, 2006 because of difficulty ambulating and multiple sclerosis. The patient is a death row inmate. He was diagnosed with multiple sclerosis over two years ago. Over the past several months the patients gait has worsened and he is unable to ambulate independently. He is currently wheelchair bound. He denies any headaches, blurry vision, numbness, tingling sensation, chest pains, nausea, vomiting, or abdominal pain.

PAST MEDICAL HISTORY: Multiple sclerosis.

ALLERGIES: No known drug allergies.

PHYSICAL EXAMINATION: GENERAL: He is a middle-aged, white male, awake, alert and oriented x3, lying down in bed quietly, in no acute distress. **VITAL SIGNS:** Temperature 96.5°F, blood pressure 115/83, pulse is 89, respirations 18. **HEENT:** Normocephalic. Atraumatic. Pupils are equal, round, and reactive to light. **NECK:** Supple. No jugular venous distention. **CARDIOVASCULAR:** S1, S2 regular rate and rhythm. No murmurs, gallops, or rubs. **LUNGS:** Clear to auscultation bilaterally. **ABDOMEN:** Soft, nontender, nondistended. No hepatosplenomegaly. Normal active bowel sounds in all four quadrants. **EXTREMITIES:** No clubbing, cyanosis, or edema. **CNS:** He has nystagmus in the right eye. He has good muscle tone. Deep tendon reflexes are 3+ in the lower extremities. Muscle strength in the upper extremities is 5/5 and in the lower extremities is about 4-5/5. He is unable to walk without assistance. **SKIN:** He has a stage I decubitus ulcer in the sacral region.

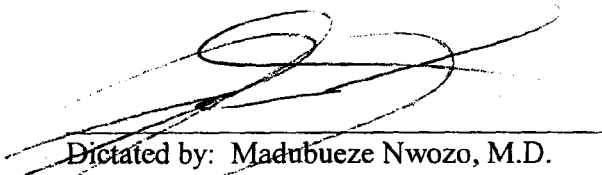
ASSESSMENT:

1. Multiple sclerosis.
2. Stage I sacral decubitus ulcer.

HOUSE, PAUL
109390
08/23/06
Page 2

PLAN:

1. Physical therapy consult for physical therapy evaluation for gait training, active and passive movements, etc.
2. We will apply a DuoDERM patch over the sacral decubitus ulcer.
3. We will continue his previous medications.



Dictated by: Madubueze Nwozo, M.D.

Transcribed by: jbk

D: 08/24/06 T: 08/24/06