You arrive at the hospital for your shift at 07:30, March 25, 2011. You are assigned 5 patients to care for. One of them is Mr. Smithfield, a 47 year old man who was admitted to your unit during the night. The following information is available to you when you arrive:

, 47 years old, admitted from Emergency at 03:00 with nausea & epigastric pain NYD. History of peptic ulcer 2 years ago.

AAT (activity as tolerated)

NPO (nothing by mouth)

IV N/S @125 mLs/hour

For gastroscopy today on call

The following information includes your assessment of Mr. Smithfield, as well as anecdotal information about his course in the hospital during your shift today. You should read all of the information and then, using the DAR method of charting, document as you would have in the patient's chart. You should attempt to be concise without leaving out any important information.

is on call and the endoscopy centre will let you know later in the day what time he will have the test. You remind him that he can have nothing to eat or drink until after the test is performed. He becomes

He has not had a bowel movement since admission to the hospital, but is urinating yellow urine in the toilet. There is no burning or difficulty urinating.

At 1130, Mr. Smithfield vomits a small amount of bile that is red tinged. You test the vomitus for blood, and it is positive. You inform the resident physician, Dr. Gordon, who goes to see the patient, but decides it is not serious at this point, telling you to continue to monitor the patient. The physician orders Pantoloc 40 mg IV Q8H. The vital signs are Temp 37; Pulse 82/min; Respirations 20/min; BP 139/86; Pain: 8/10, still cramp-like, in the epigastric region.

You administer the first dose of Pantoloc at 1200. The patient asks what the purpose of the drug is, and you explain that it is to decrease the secretion of gastric acid in his stomach. One hour later the patient states the burning has subsided somewhat, and he describes the pain as 4/10, still cramp-like.