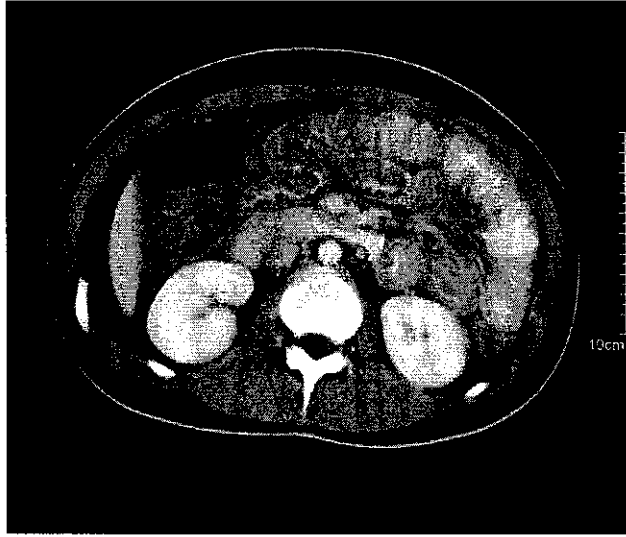
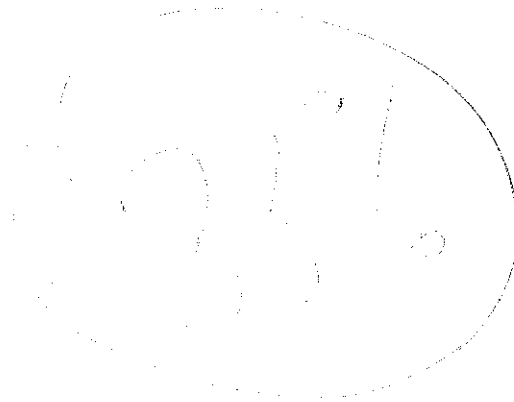


Gastroenteritis



By: William Green

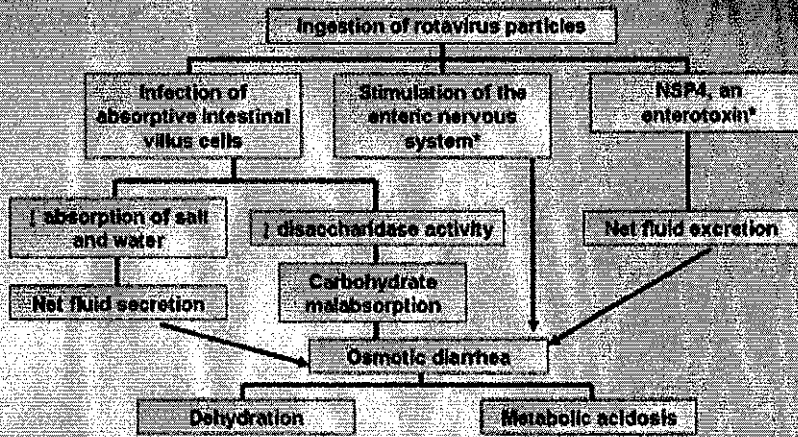
Period: 7



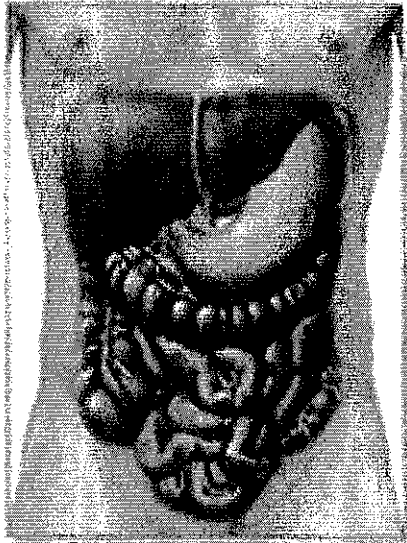
Name of Patient	Kenneth Brandon Collins
Contact Information	Address: 112 Rochester Avenue Brooklyn, New York 11234 Phone Number: 718-225-5661
Emergency Contact	Hazel Collins (wife) Phone number: 347-817-1787(cell)
Date of Birth	08/07/1969 <i>08/07/1969</i>
Sex	Male <i>Male</i>
Age	44
Height	6'5
Weight	210 IBS
Allergies	Peanuts, Chocolate, and Garlic
Family History	Mother side: Cancer, High blood Pressure, Diabetes (type 2) Father side: Diabetes (type 1)

	milk or untreated water
Prognosis	Most cases of gastroenteritis are short. Some severe cases come into play when people react to medicines badly. If you don't replace the medicines, extreme loss of body fluid and electrolytes can lead to shock, coma, or death.

Pathophysiology of Rotavirus Gastroenteritis

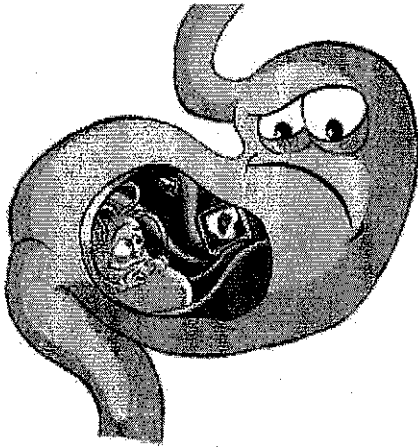


* Based on animal data.
 Anderson EJ, Weber SG. *Lancet Infect Dis.* 2004;4:91-99.
 Offit PA, Clark HF. In: *Principles and Practice of Infectious Diseases* (Mandell GL, et al, eds). 2000;1596-1700.
 Jiang B, et al. *Clin Infect Dis.* 2002;34:1361-1361.
 Lundgren D, et al. *Science.* 2000;287:491-495.



*ADAM





Gastroenteritis symptoms

- Nausea and vomiting
- Diarrhea
- Fever and chills
- Abdominal pain

Dear Doctor Ms. Francois,

I am diagnosing my patient with gastroenteritis. The reason the patient has been showing the two major signs of the disease. The patient, Mr. Kenneth Brandon Collins has been vomiting excessively and has a strong case of diarrhea. Mr. Collins has been experiencing this for of 3 months. I feel that I have made the proper diagnosis based off of these symptoms.

Mr. Collins has had a clean bill of health up until this point. Though his health has been clean he does have allergies. During my interview with him he mentioned that he's allergic to peanuts, chocolate, and garlic. Mr. Collins mentioned that his mother's side of the family has a strong history of cancer, high blood pressure and type 2 diabetes. His father's side of the family has a strong history of type 1 diabetes. He is married to a contact. At age 44 Mr. Collins is 6'5 and weighs 210 pounds. He takes no medication.

As I stated earlier Mr. Collins has been suffering from watery diarrhea and excessive vomiting. This is what led me to diagnose him with gastroenteritis. Gastroenteritis is an inflammation of the lining of the intestines caused by virus, bacteria or parasites. Bacteria or parasites in spoiled food, unclean water or food poisoning can cause gastroenteritis. People at risk to catch this are young children, older adults, and school children. Churchgoers, dormitory residents and anyone with a weakened immune system.

In order to prevent yourself from catching this wash your hands often. There is a lot of bacteria around so it's important to keep your hands clean. Wash diarrhea-soiled clothing in detergent and chlorine bleach. Make sure to cook all meat thoroughly before you eat. Never drink unpasteurized milk or untreated water. In order to treat this disease you should drink fluids, eat soup, eat gelatin desserts, rice, and rice cereal. Temporarily avoid milk products and foods that contain wheat flour. Temporarily avoid high fiber foods such as fruits, corn and bran. Use over the counter diarrhea medicines and get plenty rest.

Most cases of gastroenteritis are short. Some severe cases come into play when people react to medicines badly. If you don't replace the medicine soon, then gastroenteritis can worsen. You can suffer extreme loss of body fluid and electrolytes can lead to shock, coma or death. Keep this in mind Dr. Francois.

In conclusion, I hope this letter has helped you learn a little more on gastroenteritis. I want to let you know that I am doing everything in my power to help Mr. Collins heal up and heal quickly. Please give me any feedback you want on this letter.

Sincerely, Dr. William Green

X. William Green

William Greer

Anatomy & Physiology Patient Profile Project Rubric

	4	3	2	1	0
FOLLOW DIRECTIONS of Pg. 1	Followed all directions: <input type="checkbox"/> Cover page with your name, date, and period. <input type="checkbox"/> picture of the patient with disease	Missing one item <input type="checkbox"/> Cover page with your name, date, and period. <input type="checkbox"/> picture of the patient with disease.	Missing two items <input type="checkbox"/> Cover page with your name, date, and period. <input type="checkbox"/> picture of the patient with disease	Missing 3 items: <input type="checkbox"/> Cover page with your name, date, and period. <input type="checkbox"/> picture of the patient with disease	Missing more than 3 items <input type="checkbox"/> Cover page with your name, date, and period. <input type="checkbox"/> picture of the patient with disease
FOLLOW DIRECTIONS of Page 2	Followed all directions: Patient chart containing: <input checked="" type="checkbox"/> Name of Patient <input checked="" type="checkbox"/> Contact information (Address & Phone number) <input checked="" type="checkbox"/> Emergency contact <input checked="" type="checkbox"/> Date of Birth of Patient <input checked="" type="checkbox"/> Sex <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Height <input checked="" type="checkbox"/> Weight <input checked="" type="checkbox"/> Allergies <input checked="" type="checkbox"/> Family History <input checked="" type="checkbox"/> Medical History (past diseases you have had) <input checked="" type="checkbox"/> Medication you take <input checked="" type="checkbox"/> Symptoms <input checked="" type="checkbox"/> Causes/Risk Factors <input checked="" type="checkbox"/> Diagnosis <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Prognosis	Missing 3 items for patient chart: <input type="checkbox"/> Name of Patient <input type="checkbox"/> Contact information (Address & Phone number) <input type="checkbox"/> Emergency contact <input type="checkbox"/> Date of Birth of Patient <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Height <input type="checkbox"/> Weight <input type="checkbox"/> Allergies <input type="checkbox"/> Family History <input type="checkbox"/> Medical History (past diseases you have had) <input type="checkbox"/> Medication you take <input type="checkbox"/> Symptoms <input type="checkbox"/> Causes/Risk Factors <input type="checkbox"/> Diagnosis <input type="checkbox"/> Treatment <input type="checkbox"/> Prevention <input type="checkbox"/> Prognosis	Missing 6 items for patient chart: <input type="checkbox"/> Name of Patient <input type="checkbox"/> Contact information (Address & Phone number) <input type="checkbox"/> Emergency contact <input type="checkbox"/> Date of Birth of Patient <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Height <input type="checkbox"/> Weight <input type="checkbox"/> Allergies <input type="checkbox"/> Family History <input type="checkbox"/> Medical History (past diseases you have had) <input type="checkbox"/> Medication you take <input type="checkbox"/> Symptoms <input type="checkbox"/> Causes/Risk Factors <input type="checkbox"/> Diagnosis <input type="checkbox"/> Treatment <input type="checkbox"/> Prevention <input type="checkbox"/> Prognosis	Missing 9 items for patient chart: <input type="checkbox"/> Name of Patient <input type="checkbox"/> Contact information (Address & Phone number) <input type="checkbox"/> Emergency contact <input type="checkbox"/> Date of Birth of Patient <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Height <input type="checkbox"/> Weight <input type="checkbox"/> Allergies <input type="checkbox"/> Family History <input type="checkbox"/> Medical History (past diseases you have had) <input type="checkbox"/> Medication you take <input type="checkbox"/> Symptoms <input type="checkbox"/> Causes/Risk Factors <input type="checkbox"/> Diagnosis <input type="checkbox"/> Treatment <input type="checkbox"/> Prevention <input type="checkbox"/> Prognosis	Missing more than 9 items for patient chart: <input type="checkbox"/> Name of Patient <input type="checkbox"/> Contact information (Address & Phone number) <input type="checkbox"/> Emergency contact <input type="checkbox"/> Date of Birth of Patient <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Height <input type="checkbox"/> Weight <input type="checkbox"/> Allergies <input type="checkbox"/> Family History <input type="checkbox"/> Medical History (past diseases you have had) <input type="checkbox"/> Medication you take <input type="checkbox"/> Symptoms <input type="checkbox"/> Causes/Risk Factors <input type="checkbox"/> Diagnosis <input type="checkbox"/> Treatment <input type="checkbox"/> Prevention <input type="checkbox"/> Prognosis
FOLLOW DIRECTION S of Page 3	<input type="checkbox"/> Contains at least 3 pictures of disease clearly labeled	<input type="checkbox"/> Contains 3 pictures but not clearly labeled	<input type="checkbox"/> Contains 2 pictures that are labeled	<input type="checkbox"/> Contains 1 picture that is labeled or 2 unlabeled pictures	<input type="checkbox"/> Contains 1 picture unlabeled or no pictures

88 + 88

2

88%

My Score: 28 / 32

88

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">FOLLOW DIRECTION of Page 4</p>	<input type="checkbox"/> Paragraph 1: Introduction <input type="checkbox"/> Paragraph 2: Family History, Medical History, Medications you take, allergies, and any other background information <input checked="" type="checkbox"/> Paragraph 3-4: Summary of disease (causes, risk factors, and symptoms your patient has) <input type="checkbox"/> Paragraph 5: Treatment & Prevention <input type="checkbox"/> Paragraph 6: Prognosis <input type="checkbox"/> Paragraph 7: Conclusion & Doctor signature	<p>Missing 1 of paragraphs or one paragraph does not contain sufficient detail:</p> <input type="checkbox"/> Paragraph 1: Introduction <input type="checkbox"/> Paragraph 2: Family History, Medical History, Medications you take, allergies, and any other background information <input type="checkbox"/> Paragraph 3-4: Summary of disease (causes, risk factors, and symptoms your patient has) <input type="checkbox"/> Paragraph 5: Treatment & Prevention <input type="checkbox"/> Paragraph 6: Prognosis <input type="checkbox"/> Paragraph 7: Conclusion & Doctor signature	<p>Missing 2 of paragraphs or two paragraphs does not contain sufficient detail:</p> <input type="checkbox"/> Paragraph 1: Introduction <input type="checkbox"/> Paragraph 2: Family History, Medical History, Medications you take, allergies, and any other background information <input type="checkbox"/> Paragraph 3-4: Summary of disease (causes, risk factors, and symptoms your patient has) <input type="checkbox"/> Paragraph 5: Treatment & Prevention <input type="checkbox"/> Paragraph 6: Prognosis <input type="checkbox"/> Paragraph 7: Conclusion & Doctor signature	<p>Missing 3 of paragraphs or three paragraphs does not contain sufficient detail:</p> <input type="checkbox"/> Paragraph 1: Introduction <input type="checkbox"/> Paragraph 2: Family History, Medical History, Medications you take, allergies, and any other background information <input type="checkbox"/> Paragraph 3-4: Summary of disease (causes, risk factors, and symptoms your patient has) <input type="checkbox"/> Paragraph 5: Treatment & Prevention <input type="checkbox"/> Paragraph 6: Prognosis <input type="checkbox"/> Paragraph 7: Conclusion & Doctor signature	<p>Missing more than 3 paragraphs or more than three paragraphs does not contain sufficient detail:</p> <input type="checkbox"/> Paragraph 1: Introduction <input type="checkbox"/> Paragraph 2: Family History, Medical History, Medications you take, allergies, and any other background information <input type="checkbox"/> Paragraph 3-4: Summary of disease (causes, risk factors, and symptoms your patient has) <input type="checkbox"/> Paragraph 5: Treatment & Prevention <input type="checkbox"/> Paragraph 6: Prognosis <input type="checkbox"/> Paragraph 7: Conclusion & Doctor signature
	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">ACCURACY OF CONTENT</p>	<input checked="" type="checkbox"/> Contains all correct information on topic chosen.	<input type="checkbox"/> Contains one wrong piece of information	<input type="checkbox"/> Contains two wrong pieces of information	<input type="checkbox"/> Contains 3 pieces of wrong information
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">GRAMMAR</p>	<input checked="" type="checkbox"/> No major spelling or Grammatical errors.	<input type="checkbox"/> Very few mistakes. It is clear that it was revised and edited. <input type="checkbox"/> Overall meaning and intent are clear.	<input type="checkbox"/> Several mistakes, little or no evidence of revision, sometimes meaning is unclear because of errors.	<input type="checkbox"/> Many mistakes may be difficult to read or understand.	<input type="checkbox"/> Illegible
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">NEATNESS & PRESENTATION</p>	<input type="checkbox"/> Project is very neat and organized	<input checked="" type="checkbox"/> Project is overall neat and organized.	<input type="checkbox"/> Project is not very neat and unorganized.	<input type="checkbox"/> Project looks like it was not done with care-very un-neat, and unorganized.	<input type="checkbox"/> Illegible
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">ON TIME</p>	<input type="checkbox"/> Handed in on time	<input checked="" type="checkbox"/> Handed in 1 day late	<input type="checkbox"/> Handed in 2 days late	<input type="checkbox"/> Handed in 3 days late	<input type="checkbox"/> Handed in more than 3 days late



EVALUATIVE WRITING RUBRIC

NAME: William (Bill) [unclear]

SCORE: 29/35 = 83%

CATEGORY	4	3	2	1
Introduction	Introduce a topic; organize complex ideas, concepts, and information so that each new element builds on that which precedes it to create a unified whole; include formatting (e.g., headings), graphics (e.g., figures, tables), and multimedia when useful to aiding comprehension.	Introduce a topic; organize complex ideas, concepts, and information to make important connections and distinctions; include formatting (e.g., headings), graphics (e.g., figures, tables), and multimedia when useful to aiding comprehension.	Introduce a topic clearly, previewing what is to follow; organize ideas, concepts, and information into broader categories ; include formatting (e.g., headings), graphics (e.g., charts, tables), and multimedia when useful to aiding comprehension.	Introduce a topic clearly, previewing what is to follow; organize ideas, concepts, and information, using strategies such as definition, classification, comparison/contrast, and cause/effect ; include formatting (e.g., headings), graphics (e.g., charts, tables), and multimedia when useful to aiding comprehension.
Development	Develop the topic thoroughly by selecting the most significant and relevant facts, extended definitions, concrete details, quotations, or other information and examples appropriate to the audience's knowledge of the topic.	Develop the topic with well-chosen , relevant, and sufficient facts, extended definitions , concrete details, quotations, or other information and examples appropriate to the audience's knowledge of the topic.	Develop the topic with relevant, well-chosen facts, definitions, concrete details, quotations, or other information and examples.	Develop the topic with relevant facts, definitions, concrete details, quotations, or other information and examples.
Syntax	Use appropriate and varied transitions and syntax to link the major sections of the text , create cohesion, and clarify the relationships among complex ideas and concepts.	Use appropriate and varied transitions to create cohesion and clarify the relationships among ideas and concepts.	Use appropriate transitions to clarify the relationships among ideas and concepts.	Link ideas within and across categories of information using words, phrases, and clauses (e.g., in contrast, especially).
Words	Use precise language, domain-specific vocabulary, and techniques such as metaphor, simile, and analogy to manage the complexity of the topic.	Use precise language and domain-specific vocabulary to manage the complexity of the topic.	Use precise language and domain-specific vocabulary to inform about or explain the topic.	Use domain-specific vocabulary to inform about or explain the topic.
Tone	Establish and maintain a formal style and objective tone while attending to the norms and conventions of the discipline in which they are writing.	Establish and maintain a formal style and objective tone.	Establish and maintain a formal style.	Establish and maintain a voice.
Conclusion	Provide a concluding statement or section that follows from and supports the information or explanation presented (e.g., articulating implications or the significance of the topic).	Provide a concluding statement or section that follows from and supports the information or explanation presented.	Provide a concluding statement or section related to the information or explanation presented.	Provide a concluding statement or section.

Medical History	Medical history has been clean up until now.
Medication you take	None
Symptoms	Watery diarrhea and excessive vomiting
Causes	<ul style="list-style-type: none"> • Bacteria or parasites in spoiled food • Unclean water • Food poisoning
Risk factors	Young children, older adults, school children, churchgoers, dormitory residents, and anyone with a weakened immune system.
Diagnosis	Gastroenteritis
Treatment	Drink fluids, eat soup, gelatin desserts, rice, and rice cereal. Temporarily avoid milk products and foods that contain wheat flour. Temporarily avoid high-fiber foods such as fruits, corn, and bran. Use over the counter anti diarrhea medicines and get plenty rest.
Prevention	<ul style="list-style-type: none"> • Wash hands often • Wash diarrhea-soiled clothing in detergent and chlorine bleach • Cook all meat thoroughly before you eat • Never drink unpasteurized