

Lodi Memorial Hospital

Progress Note

Date 04/05/14

Yao, Weiping MD

M053082

PARVIN, MARY JEAN

03/16/43

71

V025643024

F

2S

Subjective

HPI

dizziness/syncope follow up: no dizziness, no syncope, no vertigo today; but general fatigue and weak; denies chest pain or dyspnea.

Objective

Vital Signs/Intake and Output

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
04/04-04/05	35.6-36.7	60-62	16-18	131-144/61-68	93-98	

Intake and Output

	04/05 0700
Intake Total	1750
Output Total	
Balance	1750
Intake, IV	250
Intake, Oral	1500
Number Voids	8
Patient Weight	96.16 kg
Voiding Method	Incontinent
Weight Measurement Method	Bed

Exam

General Appearance Alert and oriented X3, Cooperative

HEENT Atraumatic

Respiratory Clear to auscultation

Neck Supple

Cardiovascular Exam Regular

Abdomen Soft, No tenderness

Extremities 1+ edema

Skin Intact

Neurological No focal deficits

Psych/Mental Status Depressed

Exam Note

tired, alert, soft but clear speech, supple neck, cn 2-12 symm, no nystagmus; move all limbs, general weak; no new pathologic signs.

Medications/Allergies

Allergies

Coded Allergies:

latex (Mild, Rash 04/02/14)

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Page 2

Converted from Drug Class Allergy: Latex
Sulfa (Sulfonamide Antibiotics) (Severe, Convulsions; REACTION AS A CHILD. OK TO TAKE LASIX
04/02/14)

Converted from Ingredient Allergy: Sulfa Drugs
morphine (Mild, MAKES HER FEEL FUNNY 04/02/14)

Nursing Clinical Data

Foley? No

Assessment/Plan

Problem List

1. Syncope

Chronic

2. Vertigo

Chronic

3. CHF (congestive heart failure)

Plan

ASSESSMENT

1. Near fainting and positional central vertigo: likely from CHF and vertebrobasilar insufficiency syndrome. No new feature or deficit, bed rest today, no recurrent dizziness, vertigo, or syncope.
2. Multiple active and comorbid conditions: Bilateral leg cellulitis. Congestive heart failure. Diabetes type 2/poor control; Hypothyroidism. History of coronary artery disease; h/o bioccipital stroke with poor vision.

RECOMMENDATIONS:

1. Cardiac care.
2. Fall precaution and if needed cane or walker.
3. Meclizine low dose as needed. Or consider scheduled 12.5mg bid to tid.
4. Consider Plavix to replace ASA.
5. PT to evaluate and treat when cardiologically stable.

above were explained to patient and questions answered.

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<Electronically signed by Weiping Yao, MD>

04/05/14 0957

Lodi Memorial Hospital

Progress Note

Date **04/05/14**
Ali, Nazish Nawaz MD -HOSP

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F 3S

Subjective

Subjective HPI

Patient says she was having a headache today. Not feeling well.
Neurology consult reviewed.
She has not been complaining of vertigo.

PCP/Admit Date

Primary Care Physician
Phone number
Admit Date 04/03/14
Length of Stay 2

Estimated length of stay 1-2 days

History and Physical reviewed? Yes

Objective

Vital Signs/Intake and Output

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
04/04-04/05	35.6-36.7	60-62	16-18	128-142/61-65	93-96	

Intake and Output

	04/05 0700
Intake Total	1750
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Balance	1750
Intake, IV	250
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Number Voids	8
Patient Weight	96.16 kg
Voiding Method	Incontinent
Weight Measurement Method	Bed

Exam

Date 04/05/14

General Appearance Alert, Oriented X3, Cooperative, No acute distress

HEENT Atraumatic, PERRLA, EOMI, Mucous membr. moist/pink

Respiratory Clear to auscultation, Normal air movement

Neck Supple, No thyromegaly, No lymphadenopathy

Cardiovascular Regular, No murmur, No rub, No gallop, No JVD

Abdomen Normal bowel sounds, Soft, No tenderness, No hepatosplenomegaly, No masses

Extremities No clubbing, No cyanosis, No edema, Normal pulses

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Page 2

Skin Intact

Neurological No focal deficits, Normal gait, Normal speech, Strength at 5/5 x4 ext, Sensation intact

Psych/Mental Status Mental status normal, Mood normal

Results

Laboratory Tests

	04/05 1114	04/05 0703	04/05 0556	04/04 2105	Range/Units
Chemistry					
Sodium			143		134 - 143 mmol/L
Potassium			3.9		3.6 - 5.1 mmol/L
Chloride			107		98 - 107 mmol/L
Carbon Dioxide			30		22 - 32 mmol/L
BUN			53 H		8 - 21 mg/dL
Creatinine			2.21 H		0.44 - 1.03 mg/dL
Estimated GFR			21.9		
BUN/Creatinine Ratio			24.0 H		6.0 - 20.0
Glucose			53 L		70 - 110 mg/dL
POC Glucose	112 H	70		334 H	70 - 110 mg/dL
Calcium			8.3 L		8.9 - 10.3 mg/dL
Troponin I			0.08 H		0.01 - 0.04 ng/mL

	04/04 1708	Range/Units
Chemistry		
POC Glucose	135 H	70 - 110 mg/dL

Results personally reviewed Yes

Medications/Allergies

Allergies

Coded Allergies:

latex (Mild, Rash 04/05/14)

Sulfa (Sulfonamide Antibiotics) (Severe, Convulsions; REACTION AS A CHILD. OK TO TAKE LASIX 04/05/14)

morphine (Mild, MAKES HER FEEL FUNNY 04/02/14)

Foley? No

Nursing Clinical Data

Pain (1-10): 8 Severe Pain

Oral Intake % 95

Activity level: Bedrest - immobile

Last BM 04/01/14

Pressure ulcer? No

Isolation? Yes

Reason- MRSA

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Page 3

Assessment/Plan

Problem List

1. Syncope

Chronic

No chest pain or SOB noted - troponins have trended down. Has h/o CAD - aspirin was changed to plavix 75 mg po qday.

2. Elevated troponin level

Acute

Troponins are trending down at this time.
She has a long standing history of CAD.

3. Bilateral lower leg cellulitis

Stable

On Fri 12:48p Apr 4, 2014 ALI, NAZISH MD wrote

Cellulitis lower Extremities - On Zosyn - cont same.

May add gram positive coverage - clindamycin.

4. CHF (congestive heart failure)

Echo Reviewed - Has Systolic Dysfunction - EF-30%
But her CHF has been stable - she has not had any issues with it so far.

5. DM type 2 (diabetes mellitus, type 2)

Chronic

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Page 4

On Wed 8:25a Apr 2, 2014 ALI, NAZISH MD wrote

On lantus insulin along with sliding scale with coverage.

6. HTN (hypertension)

Chronic

On Thu 3:42p Apr 3, 2014 ALI, NAZISH MD wrote

BP is well controlled - cont same management for now.

7. Vertigo

Chronic

On meclizine according to the neurologist - cont same.
Has vertigo since last one year when she had the stroke.

8. CKD (chronic kidney disease) stage 4, GFR 15-29 ml/min

Chronic

Stable

Patient has h/o CKD Stage 4 - Probable hypertensive/diabetic nephropathy.
Will monitor kidney functions closely.

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<Electronically signed by Nazish Nawaz Ali, MD -HOSP>

04/05/14 1342