

Lodi Memorial Hospital

Progress Note

Date **04/06/14**
Ali, Nazish Nawaz MD -HOSP

M053082
PARVIN, MARY JEAN
03/16/43 71

V025643024

F 3S

Subjective

Subjective HPI

Patient remains weak and tired.

Says she does not want to go home today.

Will get some labs and UA done today and try to figure out why she is so tired and weak for the last couple of days.

PCP/Admit Date

Primary Care Physician

Phone number

Admit Date 04/03/14

Length of Stay 3

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
04/05-04/06	35.6-37.5	61-74	15-17	128-139/61-69	92-96	

Intake and Output

	04/06 0700
Intake Total	1392
Output Total	
Balance	1392
Intake, IV	432
Intake, Oral	960
Number Unmeasured Stools	0
Number Voids	4
Patient Weight	95.93 kg
Voiding Method	Incontinent
Weight Measurement Method	Bed

Exam

Date 04/06/14

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

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

Respiratory Clear to auscultation, Normal air movement

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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

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

Skin Wound, Right Lower Leg - Cellulitis - Improved

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

Psych/Mental Status Flat affect, Anxious

Results

Laboratory Tests

	04/06 0758	04/05 1958	04/05 1922	04/05 1736	Range/Units
Chemistry					
Potassium	4.3		4.5		3.6 - 5.1 mmol/L
POC Glucose		203 H		143 H	70 - 110 mg/dL

	04/05 1114	Range/Units
Chemistry		
POC Glucose	112 H	70 - 110 mg/dL

Results personally reviewed Yes

Medical records 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)

Medications

Current Medications

Clindamycin Phosphate 50 ML Q8H IV

Clopidogrel Bisulfate 75 MG DAILY PO

Pantoprazole Sodium 40 MG AT 0600 PO

Atorvastatin Calcium 20 MG HS PO

Meclozine HCl 25 MG TIDPRN PRN PO

Acetaminophen/Hydrocodone Bitart 1 TAB Q4PRN PRN PO

Aspirin 81 MG DAILY PO (DC)

Isosorbide Mononitrate 30 MG DAILY PO

Levothyroxine Sodium 100 MCG 06-DAILY PO

Lisinopril 2.5 MG DAILY PO

Telmisartan 80 MG DAILY PO

Furosemide 40 MG 06-DAILY IV

Heparin Sodium (Porcine) 5,000 UNIT TID SUB-Q

Piperacillin Sod/Tazobactam Sod 2.25 GM Q8H IV (CKD)

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Sodium Chloride 50 ML
Insulin Aspart Enter units administered
AS DIRECTED PRN SUB-Q
Potassium Chloride 40 MEQ PROTOCOL PRN PO
Potassium Chloride 20 MEQ PROTOCOL PRN PO
Potassium Chloride 10 MEQ PROTOCOL PRN PO
Nitroglycerin 0.4 MG AS DIRECTED SL (CKD)
Zolpidem Tartrate 5 MG HSPRN PRN PO
Carvedilol 25 MG BID PO
Gabapentin 100 MG BID PO (CKD)
Insulin Glargine 15 UNIT BID SUB-Q

Foley? No

Nursing Clinical Data

Pain (1-10): 0 No Pain

Oral Intake % 65

Activity level: Bedrest - immobile

Last BM 04/01/14

Pressure ulcer? No

Isolation? Yes

Reason- MRSA

Assessment/Plan

Problem List

1. Syncope

Chronic

All work-up is negative.

Has h/o ischemic heart disease and CHF - systolic type.

Also had a stroke one yr ago - per neurologist was placed on plavix 75 mg po qday.

2. Elevated troponin level

Acute

Stable

On Sat 1:41p Apr 5, 2014 ALI, NAZISH MD wrote

Troponins are trending down at this time.

She has a long standing history of CAD.

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3. Bilateral lower leg cellulitis

Stable

Day - 5 on Zosyn.

Day 2 on Clinda.

Cellulitis has improved significantly - cont same for now.

4. CHF (congestive heart failure)

Stable

On Sat 1:41p Apr 5, 2014 ALI, NAZISH MD wrote

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

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.

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

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

9. Weakness

Acute
Stable

Patient has been complaining of weakness and fatigue since last 2 days.
Will do labs and f/u.

There does not seem to be any thing going on at this time which would be of serious concern

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

04/06/14 1041

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Yao, Weiping MD

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Subjective

HPI

vertigo f/u: no recurrence, but mainly fatigue and tired, no new focal neurologic changes.

Objective

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Vital Signs

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Patient Weight	95.93 kg
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Weight Measurement Method	Bed

Exam

General Appearance tired.

HEENT Atraumatic

Respiratory Clear to auscultation

Neck Supple

Cardiovascular Exam Regular

Abdomen Soft, No tenderness

Extremities Trace edema, 1+ edema

Neurological No focal deficits, general weak

Psych/Mental Status tired

Exam Note

fatigue appearance, supple neck, Cn 2-12 symm, general weak, slightly low tone, hyporeflexia, but no respiratory distress.

Medications/Allergies

Allergies

Coded Allergies:

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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)

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.
3. Fatigue: probably from CHF vs. medication; meclizine can be stopped if no recurrence of vertigo; but she did not have given this as side effect. increasing BUN/cr.

RECOMMENDATIONS:

1. Cardiac care.
2. Fall precaution and if needed cane or walker.
3. Meclizine can be stopped if caused fatigue,
4. May need to check liver and thyroid function as potential factors.
5. PT to evaluate and treat when cardiologically stable.

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<Electronically signed by Weiping Yao, MD>

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