

# Lodi Memorial Hospital

## Progress Note

Date **04/07/14**  
Yao, Weiping MD

M053082  
PARVIN, MARY JEAN  
03/16/43 71

V025643024  
F 3S

### ADDENDUM: YAO, WEIPING MD on 04/07/14 at 1712

relatively low B12, give 1000 mcg im x 1 now. may need supplement.

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04/07/14 1713

### Subjective

#### HPI

vertigo followup: no vertigo or dizziness or syncope; denies chest pain; fatigue is slightly better.

### Objective

#### Vital Signs/Intake and Output

##### Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
04/06-04/07	35.7-37.4	52-71	15-17	116-151/56-76	93-95	

##### Intake and Output

	04/07 0700
Intake Total	2076
Output Total	
Balance	2076
Intake, IV	756
Intake, Oral	1320
Number Unmeasured Stools	1
Number Voids	8
Patient Weight	94.46 kg
Voiding Method	Incontinent
Weight Measurement Method	Bed

### Exam

**General Appearance** Cooperative

**HEENT** Atraumatic

**Respiratory** Clear to auscultation, Normal air movement

**Neck** Supple

**Cardiovascular Exam** Regular

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**Abdomen** Soft, No tenderness

**Extremities** 1+ edema

**Skin** leg redness

**Neurological** No focal deficits (general weak)

**Psych/Mental Status** Depressed (mild)

**Exam Note**

more alert, soft speech, normal conversation; nonfocal, unchanged symm cn; 4/5; less in legs; hyporeflexia.

**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)

**Nursing Clinical Data**

**Foley?** No

**Assessment/Plan**

**Problem List**

**1. Syncope**

Chronic

**2. Vertigo**

Chronic

**3. CHF (congestive heart failure)**

**4. Fatigue**

**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. as per yesterday.
2. add to check vit B12, was low in the past.
3. if stable need reconditioning.

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04/07/14 1318

# Lodi Memorial Hospital

## Progress Note

Date 04/07/14  
Ali, Nazish Nawaz MD -HOSP

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### Subjective

#### Subjective HPI

Patient remains tired and fatigue.  
Says she does not want to get out of bed.  
She has been feeling tired for a few days.

#### PCP/Admit Date

Primary Care Physician  
Phone number  
Admit Date 04/03/14  
Length of Stay 4

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
04/06-04/07	35.7-37.4	52-71	15-17	116-151/56-76	93-95	

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Number Unmeasured Stools	1
Number Voids	8
Patient Weight	94.46 kg
Voiding Method	Incontinent
Weight Measurement Method	Bed

### Exam

Date 04/07/14

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

**HEENT** Atraumatic, PERRLA, EOMI

**Respiratory** Clear to auscultation, Normal air movement

**Neck** Supple, No thyromegaly, No lymphadenopathy

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**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

**Skin** Intact

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

**Psych/Mental Status** Mental status normal, Mood normal

### Results

#### Laboratory Tests

	04/07 1135	04/07 1001	04/07 0810	04/07 0646	Range/Units
Chemistry					
Sodium				142	134 - 143 mmol/L
Potassium				4.1	3.6 - 5.1 mmol/L
Chloride				105	98 - 107 mmol/L
Carbon Dioxide				31	22 - 32 mmol/L
BUN				53 H	8 - 21 mg/dL
Creatinine				2.65 H	0.44 - 1.03 mg/dL
Estimated GFR				17.7	
BUN/Creatinine Ratio				20.0	6.0 - 20.0
Glucose				151 H	70 - 110 mg/dL
POC Glucose	169 H	151 H	211 H		70 - 110 mg/dL
Calcium				8.7 L	8.9 - 10.3 mg/dL
Phosphorus				3.9	2.4 - 4.7 mg/dL
Magnesium				2.2	1.6 - 2.4 mg/dL

	04/07 0646	04/06 2005	04/06 1750	Range/Units
Chemistry				
POC Glucose		211 H	113 H	70 - 110 mg/dL
Ammonia	37 H			9 - 35 umol/L

### Urine

	04/07 0540	Range/Units
Urines		
Urine Color	YELLOW	YELLOW
Urine Appearance	CLEAR	CLEAR
Urine pH	7.5	5.5 - 8.0
Ur Specific Gravity	1.010	1.001 - 1.099
Urine Protein	100 H	NEGATIVE mg/dL
Urine Glucose (UA)	NEGATIVE	NEGATIVE mg/dL
Urine Ketones	NEGATIVE	NEGATIVE mg/dL
Urine Blood	NEGATIVE	NEGATIVE
Urine Nitrite	NEGATIVE	NEGATIVE
Urine Bilirubin	NEGATIVE	NEGATIVE
Urine Urobilinogen	0.2	0.2 - 1.0 E.U./dL
Ur Leukocyte Esterase	NEGATIVE	NEGATIVE
Urine RBC	< 4	0 - 3 rbc/hpf
Urine WBC	<2	0 - 5 wbc/hpf

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Ur Squamous Epith Cells	FEW	NONE - FEW epi/hpf
Urine Bacteria	NONE SEEN	NONE SEEN
Hyaline Casts	NONE SEEN	NONE - FEW /hpf

**Results personally reviewed** Yes

**Consults reviewed/discussed** Cardiologist, Nephrologist, Neurologist

**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

Bisacodyl 5 MG DAILY PRN PRN PO  
Bisacodyl 10 MG DAILY PRN PRN PR  
Magnesium Citrate 150 ML DAILY PRN PRN PO  
Magnesium Hydroxide 30 ML DAILY PRN PRN PO  
Sodium Chloride 1,000 ML Q20H IV  
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  
Meclizine HCl 25 MG TID PRN PRN PO  
Acetaminophen/Hydrocodone Bitart 1 TAB Q4 PRN PRN PO  
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)  
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

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**Foley?** No

**Nursing Clinical Data**

**Pain (1-10):** 3 Mild Pain

**Oral Intake %** 30

**Activity level:** Chair

**Last BM** 04/07/14

**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.

Weakness and tiredness could be related.

She says she has been tired for many months now.

Will get Vit B12 and folic acid levels and TSH and follow-up.

**2. Elevated troponin level**

Acute

Stable

Troponins are trending down at this time.

She has a long standing history of CAD.

Will cont to monitor. It seems that she has chronic ischemic heart disease.

Cardiology follow-up.

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**3. Bilateral lower leg cellulitis**

Day - 6 on Zosyn.  
Day 3 on Clinda.  
Cellulitis has improved significantly - cont same for now.  
May DC Zosyn tomorrow.

**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

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**



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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

Crt has been going up and now it is upto 2.6 today.  
Called nephrologist to evaluate patient.

**9. Weakness**

Acute

Patient has been complaining of weakness and fatigue since last 2 days.  
Will do labs and f/u.  
Continues to be weak and fatigued  
F/U Vit B12 and folic acid levels and TSH

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

04/07/14 1408

# Lodi Memorial Hospital

## Progress Note

Date **04/07/14**  
Maddula, Mallareddy MD - Stk

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### Subjective

#### Subjective HPI

NEPHROLOGY F/U NOTE.

71 Yr old woman with H/O HTN, DM-2, CKd-4 with baseline Cr of about 2mg/dl presnted with syncopal episode. Admission Cr was 2mg/dl gradually increased to 2.65mg/dl.

### Review of Systems

#### Constitutional

Denies: Fever, Chills.

#### Respiratory

Denies: Cough, SOB w/exertion.

#### Cardiovascular

Denies: Chest pain, Palpitations.

#### Gastrointestinal

Denies: Nausea, Vomiting.

#### Genitourinary

Denies: Dysuria, Frequency.

#### Neurological

Denies: Weakness, Numbness.

### Objective

#### Nursing Clinical Data

##### Vital Signs/Intake & Output

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
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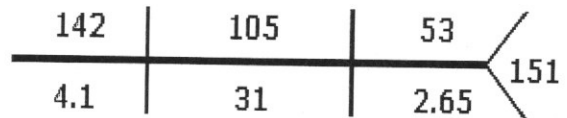
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## Results

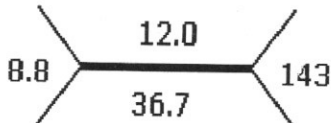
### Results

Laboratory - CBC/MP

04/07/14 0646:



04/06/14 1055:



### Laboratory Tests

	04/07 1135	04/07 1001	04/07 0810	04/07 0646	04/07 0540
Chemistry					
POC Glucose (70 - 110 mg/dL)	169 H	151 H	211 H		
Phosphorus (2.4 - 4.7 mg/dL)				3.9	
Urines					
Urine Protein (NEGATIVE mg/dL)					100 H

	04/06 2005	04/06 1750
Chemistry		
POC Glucose (70 - 110 mg/dL)	211 H	113 H

## Medications

### 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)

## Current Medications

### Current Medications

Bisacodyl 5 MG DAILY PRN PRN PO

Bisacodyl 10 MG DAILY PRN PRN PR

Magnesium Citrate 150 ML DAILY PRN PRN PO

Magnesium Hydroxide 30 ML DAILY PRN PRN PO

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Sodium Chloride 1,000 ML Q20H IV  
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  
Meclizine HCl 25 MG TIDPRN PRN PO  
Acetaminophen/Hydrocodone Bitart 1 TAB Q4PRN PRN PO  
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Telmisartan 80 MG DAILY PO  
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Heparin Sodium (Porcine) 5,000 UNIT TID SUB-Q  
Piperacillin Sod/Tazobactam Sod 2.25 GM Q8H IV (CKD)  
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  
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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

## **Exam**

**Respiratory** Clear to auscultation, Normal to air movement

**Cardiovascular** Regular, No murmur, No rub

**Abdomen** Normal bowel sounds, Soft, No tenderness

**Extremities** No cyanosis, No edema

**Neurological** Normal speech, Alert and oriented

## **Assessment/Plan**

### **Problem List**

#### **1. Acute renal failure syndrome(Increase by 20% if Baseline >2.5mg/dl)**

Chronic

Secondary to intravascular volume depletion. Hold Lasix, Lisinopril and Telmisartan. Agree with gentle hydration NS at 50ml/hr. Once the renal function starts to improve, she can be discharged.

In a CKD patient, combination of ACE-I and ARB is not advisable according to a recent study.

#### **2. Chronic kidney disease stage 4 (GFR 15-29)**

Chronic

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Secondary to diabetic nephropathy and hypertensive nephrosclerosis.

**3. Diabetes mellitus type 2**

Chronic

Continue home meds.

**4. HTN (hypertension)**

Chronic

Controlled.

**5. Proteinuria**

Restart on Low dose ARB or ACE-I as outpatient.

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04/08/14 1824