Lodi Memorial Hospital

Progress Note

Date 04/08/14
Yao,Weiping MD

M053082 V025643024
PARVIN,MARY JEAN
03/16/43 71 F 3S

Subjective

HPI

vertigo and fatigue f/u: doing better today; no dizziness, syncope or vertigo, stronger and less fatigue. no congestion, SOB, chest pain.

Objective

Vital Signs/Intake and Output

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
04/07-04/08	36.3-37.3	60-70	14-16	115-139/58-67	90-96	

Intake and Output

	04/08 0700
Intake Total	2292
Output Total	
Balance	2292
Intake, IV	1392
Intake, Oral	900
Number Voids	6
Patient Weight	94.54 kg
Voiding Method	Incontinent
Weight Measurement Method	Bed

Exam

General Appearance Cooperative, No acute distress
HEENT Atraumatic
Respiratory Normal air movement
Neck Supple
Cardiovascular Exam Regular
Abdomen No tenderness
Extremities 1+ edema
Neurological No focal deficits
Psych/Mental Status Depressed (better today)
Exam Note

nonfocal, alert, fluent and appropriate speech, cn 2-12 symm, stronger overall, no focal paralysis.

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 postional 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. B12 was relatively low and given one time dose.

RECOMMENDATIONS:

1. per prior recs.
2. enouraged some therapy and rehab.
3. fall precautions.

<Electronically signed by Weiping Yao, MD> 04/08/14 1243

Lodi Memorial Hospital

Progress Note

Date 04/08/14
Maddula, Mallareddy MD - Stk

M053082 V025643024
PARVIN, MARY JEAN
03/16/43 71 F 3S

Subjective

Subjective HPI

Patient is alert, awake, no complaints.

Review of Systems

Constitutional

Denies: Fever, Chills.

Respiratory

Denies: Cough, SOB w/exertion.

Cardiovascular

Denies: Chest pain, Palpitations.

Gastrointestinal

Denies: Nausea, Vomiting.

Objective

Nursing Clinical Data

Vital Signs/Intake & Output

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
04/07-04/08	36.3-36.7	60-70	16	115-139/58-67	90-96	

Intake and Output

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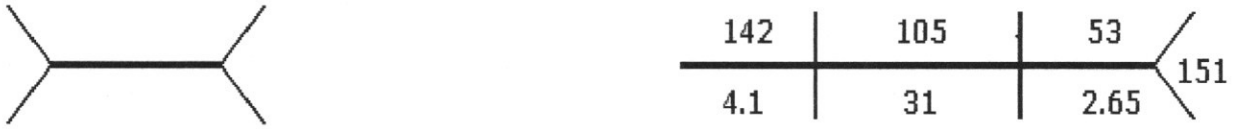
Results

Results

Laboratory - CBC/MP

04/07/14 0646:



04/06/14 1055:

Laboratory Tests

	04/08 1209	04/08 0825	04/07 2151
Chemistry			
POC Glucose (70 - 110 mg/dL)	96	73	133 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
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
Isosorbide Mononitrate 30 MG DAILY PO
Levothyroxine Sodium 100 MCG 06-DAILY PO
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

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

Assssment/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.

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

Secondary to diabetic nephropathy and hypertensive nephrosclerosis.

3. **Diabetes mellitus type 2**
   Chronic

Continue home meds.

4. **HTN (hypertension)**
   Chronic

5. **Proteinuria**

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

<Electronically signed by Mallareddy - Stk Maddula, MD> 04/08/14 1844

Lodi Memorial Hospital

Progress Note

Date **04/08/14**
Maddula, Mallareddy MD - Stk

M053082
PARVIN, MARY JEAN
03/16/43 71 F 3S

V025643024

Lodi Memorial Hospital

Discharge Summary

Date	04/08/14	M053082	V025643024	
Multani,Kuljeet K MD -HOSP		PARVIN,MARY JEAN		
		03/16/43	71	F	3S

Hospital Course and Summary

Admit Date

Admission Date: 04/03/14
Primary Care Physician: Dr. Ed Freund

Discharge Date 04/08/14

Principal Diagnosis

Syncope
Elevated troponin level
Uncontrolled diabetes
Diabetic gastroparesis
Vertigo
Debility

Problems, Discharge List

Current Visit Medical Problems

Acute renal failure syndrome(Increase by 20% if Baseline >2.5mg/dl) (Chronic)
Bilateral lower leg cellulitis
CAD (coronary artery disease)
Cellulitis and abscess of leg (Acute)
CHF (congestive heart failure)
Chronic kidney disease stage 4 (GFR 15-29) (Chronic)
CKD (chronic kidney disease) stage 4, GFR 15-29 ml/min (Chronic)
Diabetes mellitus type 2 (Chronic)
DM type 2 (diabetes mellitus, type 2) (Chronic)
Elevated troponin level (Acute)
Fatigue
HTN (hypertension) (Chronic)
Proteinuria
Syncope (Chronic)
Vertigo (Chronic)
Weakness (Acute)

Consultants- Neurologist

Hospital Course & Summary

syncope
Patient 71 yrs old female with h/o chf, cad, cva, dm2 came with c/o syncope episode today. Patient want to see a PMD on the way to his office she past out and her PMD recommended to go to the hospital and call 911. Patient denied chest pain, nausea, vomiting, abdominal pain, sob, fever and chills.

On exam: patient comfortable lying on the bed, not in respiratory distress, obese.
Skin- b/l legs swelling, redness, warm on touch.
Lungs- cta, no rales, no wheezing.
Heart regular, no murmur.
Abdomen- soft, nt, nd., Ext- edema+2, Neuro-AAAx3.
Labs: CBC normal, BUN 39, cret 2.0 tro 0.08
CT of head- no acute abnormality is found. CXR- mild to moderate CHF. ECG pacemeker rhythm @ 60 bpm.

Course of hospitalization:
The patient was seen by neurology and had a complete workup done. The patient had a head CT done which did not show any acute disease and she also had a carotid artery ultrasound which was negative for any significant stenosis. The syncope was actually near syncope and it was felt to be secondary to vertigo possibly BPV and also her poorly controlled congestive heart failure and diabetic symptoms. The patient is encouraged to follow a diabetic diet and medications at this time. She is encouraged to continue her medications. Currently she is just weak overall and has refused rehabilitation in the past and would like to go back to a home which is of her social situation. Otherwise health agency which was evaluating the patient also recommended that the patient would rehabilitation previously but she is not agree to before but is agreeable at this time. Therefore we will discharge her to Arbor nursing home today for a short period of rehabilitation. This will help the patient recuperated better and understand medications and also physical therapy will help her improve.

On the day of discharge I personally examined the patient. Vital signs are stable. Chest is clear to auscultation bilaterally and heart sounds are regular rate and rhythm. Abdomen is soft and benign. No pedal edema with good pedal pulses.

Discharge Disposition
Discharge to SNF-A

Discharge Exam
Vital Signs/Intake and Output
Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
04/07-04/08	36.3-36.7	60-70	16	115-139/58-67	90-96	

Intake and Output

	04/08 0700
Intake Total	2292
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Balance	2292
Intake, IV	1392
Intake, Oral	900
Number Voids	6
Patient Weight	94.54 kg
Voiding Method	Incontinent
Weight Measurement Method	Bed

Discharge Orders/Instructions
Activity- As tolerated
Diet- Carbohydrate controlled

Discharge/Home Medications
Continue taking these medications:

Aspirin ** (Aspirin **) 81 MG TAB.CHEW
81 Milligram(s) ORAL Daily

Biotin (BIOTIN) 1,000 MCG TAB
1,000 Micogram(s) ORAL Daily

ESCITALOPRAM OXALATE (ESCITALOPRAM OXALATE) 20 MG TABLET
20 Milligram(s) ORAL Daily
Qty = 90

Levothyroxine Sodium (Levothroid) 100 MCG TABLET
100 Micogram(s) ORAL Daily
Qty = 90

Isosorbide Mononitrate ** (Imdur **) 30 MG TAB.SR.24H
30 Milligram(s) ORAL Daily

Nitroglycerin ** (Nitroquick **) 0.4 MG TAB
0.4 Milligram(s) Buccal As directed

Potassium Chloride (Klor-Con) 10 MEQ TABLET.SA
10 Milliequivalent(s) ORAL Daily
Qty = 90

Furosemide ** (Lasix **) 20 MG TAB
20 Milligram(s) ORAL Twice daily
Days = 30

Zolpidem ** (Ambien **) 5 MG TAB
5 Milligram(s) ORAL At bedtime as needed
Qty = 30
Instructions:
Take At Bedtime

Telmisartan (Micardis) 80 MG TABLET
80 Milligram(s) ORAL Daily

Carvedilol (Carvedilol) 25 MG TABLET
25 Milligram(s) ORAL Twice daily
Qty = 60

Insulin Glargine,Hum.rec.anlog ** (Lantus **) 100 UNIT/ML VIAL
15 Unit(s) Subcutaneous Twice daily
Days = 30

Famotidine (Famotidine) 20 MG TABLET
20 Milligram(s) ORAL Daily

Days = 30

Meclizine Hcl ** (Antivert **) 25 MG TAB
25 Milligram(s) ORAL Three times daily as needed for N/V
Qty = 30

HYDROcodone/Acetaminophen 10-325 ** (Norco 10-325 **) 1 TAB TAB
1 Tab(s) ORAL Every 8 hours
Qty = 60

Gabapentin ** (Neurontin **) 300 MG CAP
300 Milligram(s) ORAL Twice daily

Insulin Aspart ** (NovoLOG **) 100 UNIT/ML VIAL
0 Unit(s) Subcutaneous As directed as needed for Insulin Sliding Scale
Qty = 1
Instructions:

Blood Sugar.....	Insulin
Less -150	0 units
151-200	3 units
201-250	5 units
251-300	7 units
301-350	10 units
351-400	15 units
**Less than -70	Call MD
**Greater than -400	Call MD

Referrals
Ordered Referrals
Family Practice Within 1 Week
For Providers:
Unknown

Orders
New Orders:
CBC-Lab
Svc Date: In 1 Week
Performing Location: Snf To Provide
MP Panel
Svc Date: In 1 Week
Performing Location: Snf To Provide

Condition

Condition/Prognosis Fair
Risk for Readmission? Yes
Total discharge time 30-44 minutes
Copies to:
Freund,Edmund A MD

Core Measures

Core Measure VTE
VTE Risk Low risk
Confirmed VTE? No

Core Measure CHF
CHF this admit? No

Core Measure Stroke
Ischemic stroke this admit? No

<Electronically signed by Kuljeet K Multani, MD -HOSP> 04/08/14 1907

Lodi Memorial Hospital

Interfacility Transfer Report

Date 04/08/14
Multani,Kuljeet K MD -HOSP

M053082
PARVIN,MARY JEAN
03/16/43 71 F 3S

V025643024

Hospital Course

Admit Date

Admission Date: 04/03/14
Primary Care Physician: Dr Ed Freund

Discharge Date 04/08/14
Transfer to: Rehab Facility/Unit
Rehab potential: Fair
Risk for Readmission? Yes
Principal Diagnosis
NAusea and vommiting
Vertigo
Uncontrolled DM
Problems, Discharge List
Current Visit Medical Problems
Acute renal failure syndrome(Increase by 20% if Baseline >2.5mg/dl) (Chronic)
Bilateral lower leg cellulitis
CAD (coronary artery disease)
Cellulitis and abscess of leg (Acute)
CHF (congestive heart failure)
Chronic kidney disease stage 4 (GFR 15-29) (Chronic)
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Diabetes mellitus type 2 (Chronic)
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Elevated troponin level (Acute)
Fatigue
HTN (hypertension) (Chronic)
Proteinuria
Syncope (Chronic)
Vertigo (Chronic)
Weakness (Acute)

Consultants- Neurologist
Isolation type Contact
Isolation reason MRSA
Patient is capable of making health care decisions? Yes
Requires a surrogate? No
Advance Directive Yes
POLST: No

SNF/Rehab Orders

Diet- Carbohydrate Controlled
Activity- As tolerated
Therapy- Evaluate & treat PT, Evaluate & treat OT
Follow up Orders
New Orders:
CBC-Lab
Svc Date: In 1 Week

Performing Location: Snf To Provide
MP Panel
Svc Date: In 1 Week
Performing Location: Snf To Provide

Allergies
latex (Coded, Mild, Rash, 04/05/14)
Sulfa (Sulfonamide Antibiotics) (Coded, Severe, Convulsions; REACTION AS A CHILD. OK TO TAKE LASIX, 04/05/14)
morphine (Coded, Mild, MAKES HER FEEL FUNNY, 04/02/14)

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1,000 Microgram(s) ORAL Daily

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20 Milligram(s) ORAL Daily
Qty = 90

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100 Microgram(s) ORAL Daily
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Less -150	0 units
151-200	3 units
201-250	5 units
251-300	7 units
301-350	10 units
351-400	15 units
**Less than -70	Call MD
**Greater than -400	Call MD

Referrals, F/U Apppomtments
Ordered Referrals
Family Practice Within 1 Week
For Providers:
Unknown

Date **04/08/14**
Multani,Kuljeet K MD -HOSP

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Total discharge time 30-44 minutes

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<Electronically signed by Kuljeet K Multani, MD -HOSP> 04/08/14 1901