

Lodi Memorial Hospital

Consultation

Date 04/15/13
Yao, Weiping MD - VIN

M053082
PARVIN, MARY JEAN
03/16/43 70

V024552879

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Consulation Report

Consulation Report

PRIMARY CARE PHYSICIAN

Ed Freund, M.D.

Ref: Dr. Aung

CHIEF COMPLAINT

Dizziness/Vertigo

HISTORY OF PRESENT ILLNESS

Self confirmed history: 70 yo F had a fall hitting her 2 weeks ago, w/o trauma; she presented with positional dizziness/vertigo (room spinning) on admission this morning. She denies tinnitus, loss of hearing nausea or chest pain/palpitation; better with laying back in bed; no seizure; no focal weakness or loss of speech; has baseline visual loss from last stroke; she was able to call EMG and came to LMH. She denies chest pain or palpitations, but does feel more short of breath than usual. She denies headache, confusion, numbness/tingling, or weakness. She has trouble moving both of her legs proximally at the hip, which she attributes to back pain from a fall. She did not take any of her BP meds before the ED. Her ER was 230's/110's.

REVIEW OF SYSTEMS

Constitutional: No fevers/chills/sweats. baseline obese.

Eyes/ENT: baseline visual changes or disturbances. Positive for vertigo. Negative for tinnitus, hearing loss, sinus pain, fullness of the ear, sore throat.

Pulm: Mild shortness of breath, worse than her usual chronic dyspnea. No cough.

CV: No chest pain, palpitations, or edema. +SOB as above.

GI: No n/v/d/abdominal pain

GU: No dysuria, frequency, or urgency

full 10 system review negative.

PAST MEDICAL HISTORY

L temporal lobe CVA; DM2 on insulin; CAD s/p PCI and CABG 2V in 2004; CHF last echo EF 30-35% with mod global hypokinesis of LV, RVSP 50-55 mmHg in 9/2012. She is on defibrillator; HTN; Hypothyroid; CKD; Depression; Morbid obesity; Anxiety

PAST SURGICAL HISTORY

CABG 2004; AICD/pacer placement; Appendectomy

FAMILY MEDICAL HISTORY

Reviewed, no similar history.

SOCIAL HISTORY

Widowed, with no children. Lives with a roommate, whom she has designated as her power of attorney. She has never smoked, used alcohol heavily, or used any illicit drugs.

ALLERGIES

Reconciled, see below

HOME MEDICATIONS

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as on reconciled list.

PHYSICAL EXAMINATION

vitals reviewed.

GENERAL APPEARANCE: Pleasant, No acute distress

HEENT: Normocephalic, atraumatic. PERRL,

NECK: Supple, without lymphadenopathy or thyromegaly.

CHEST: Clear to auscultation bilaterally; pacer.

HEART: Regular rate and rhythm

ABDOMEN: Soft, nontender, nondistended.

EXTREMITIES: 1+ bilateral lower extremity edema with some mild venous stasis changes. DP pulses 2+

SKIN: No rashes

NEURO: Alert and clear speech; slightly weaker hearing; minimum left gaze induced nystagmus; right gaze hesitation; right hemianopsia; negative thrush head; symm face; Strength 5/5 and symmetric in all 4 extremities. hyporeflexia diffusely; Sensation symmetric in all 4's. negative for cerebellar finger-to-nose testing and rapid alternating movements.

CT HEAD WITHOUT CONTRAST:

"Impression: Chronic ischemic changes. No acute intracranial abnormality is seen." unable to do MRI due to pacer.

EKG: Atrial sensed, ventricular paced, mild TWI's in inferolateral leads that were previously flat/biphasic. No ST elevation/depression.

ASSESSMENT

1. Vertigo, likely BPPV due to recent fall and hitting head.

However, she has multiple CVA risks and a recurrent CVA cannot be ruled out; unfortunately, cannot do MRI.

2. HTN urgency cared by hospitalist but as a risk factor for CVA.

3. Marginally elevated troponin, with some short of breath.

4. comorbid: DM2, CHF, CKD stage III-IV, Chronic back pain, Hypothyroid.

REcommendations:

1. Regardless nature, fall precaution.

2. continue ASA or if needed change to Plavix. If recurrent spell, consider repeat head CT.

3. PT for vestibular exercise if cardiacallly tolerated.

4. Above explained and questions answered.

5. Out patient follow up if needed.

Home Medication List

Active Scripts

Carvedilol 12.5 MG PO BID

#60 TAB Ref 6

Prov: FREUND, EDMUND MD 08/30/12

Lovastatin 40 MG PO DAILY

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#30 TAB Ref 6

Prov: FREUND, EDMUND MD 01/30/13

Lortab 10-500 (HYDROcodone/Acetaminophen 10-500) 1 TAB PO Q8

#90 TAB Ref 3

Prov: FREUND, EDMUND MD 02/21/13

Discontinued Scripts

ONGLYZA (Saxagliptin Hydrochloride) 5 TAB PO DAILY

#30 TAB Ref 5

Prov: FREUND, EDMUND MD 07/03/12

DC: 04/14/13 0858 No longer needed

Easy Comfort Insulin Syringe (Syringe W-Ndl, Disp, Insul, 1ML) 0.5 mL IJ AS DIRECTED

#100 Ref 3

Prov: FREUND, EDMUND MD 09/05/12

DC: 04/14/13 0858 No longer needed

Klor-Con M (Potassium Chloride) 20 MEQ PO DAILY

#60 TAB Ref 6

Prov: FREUND, EDMUND MD 11/13/12

DC: 04/14/13 0858 No longer needed

Lasix (Furosemide) 40 MG PO DAILY

#30 TAB

Prov: FREUND, EDMUND MD 04/02/13

DC: 04/14/13 0858 Medication changed

Lexapro (Escitalopram) 10 MG PO DAILY

#30 TAB Ref 6

Prov: FREUND, EDMUND MD 04/02/13

DC: 04/14/13 0858 No longer needed

Reported Medications

Levothroid (Levothyroxine Sodium) 100 MCG PO DAILY

Accu-Chek Active Test Strip (Blood Sugar Diagnostic) 1 STRIP

Lantus ** (Insulin Glargine, Hum.rec.anlog **) 25 UNITS SUB-Q DAILY

Aspirin ** 81 MG PO DAILY

Lasix ** (Furosemide **) 80 MG PO DAILY

Klor-Con (Potassium Chloride) 10 MEQ PO DAILY

Ambien ** (Zolpidem **) 5 mg PO HSPRN

BIOTIN (Biotin) 1000 MCG PO AS DIRECTED

Novolog (Insulin Aspart)

Micardis ** (Telmisartan **) 80 MG PO DAILY

Discontinued Reported Medications

Micro-K ** (Potassium Chloride **) 20 MEQ PO DAILY

Catapres (cloNIDine) 0.2 MG PO BID

Zetia ** (Ezetimibe **) 10 MG PO DAILY

Nitrolingual ** (Nitroglycerin **) 0.4 MG TL OTO

Vitamin D3 ** (Cholecalciferol**) 400 UNITS PO DAILY

#1 BTL

DC: 04/14/13 0858 No longer needed

ALLERGIST SYRINGE (SYRINGE W-NEEDLE, DISPOSAB, 1ML) 1 mL IJ

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Naprosyn ** (Naproxen **) 500 MG PO BID

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Subjective

Subjective HPI

dizziness improving, no headache

History obtained from- Patient

PCP/Admit Date

Primary Care Physician

Phone number

Admit Date 04/14/13

Length of Stay 1

History and Physical reviewed? Yes

Objective

Vitals & I&O

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
04/14-04/15	3.8-36.2	60-70	17-18	109-146/50-76	93-98	

Intake and Output

	04/15 0600
Intake Total	300
Output Total	800
Balance	-500
Intake, IV	0
Intake, Oral	300
Number Unmeasured Stools	0
Number Voids	4
Output, Urine	800
Patient Weight	113.39 kg
Voiding Method	Commode
Weight Measurement Method	Bed

Results

Laboratory Tests

	04/15 0538	04/15 0538	04/14 2111	04/14 1758	04/14 1729
Chemistry					
Sodium (134 - 143 mmol/L)	141				
Potassium (3.6 - 5.1 mmol/L)	4.2				
Chloride (98 - 107 mmol/L)	111 H				
Carbon Dioxide (22 - 32 mmol/L)	26				

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BUN (8 - 21 mg/dL)	37 H			
Creatinine (0.44 - 1.03 mg/dL)	1.79 H			
Estimated GFR	28.0			
BUN/Creatinine Ratio (6.0 - 20.0)	20.7 H			
Glucose (70 - 110 mg/dL)	59 L			
POC Glucose (70 - 110 mg/dL)		152 H	317 H	413 H
Calcium (8.9 - 10.3 mg/dL)	8.4 L			
Phosphorus (2.4 - 4.7 mg/dL)	4.0			
Magnesium (1.6 - 2.4 mg/dL)	2.0			
B-Natriuretic Peptide (< 176 pg/mL)		1844 H		
Hematology				
WBC (5.0 - 9.5 K/mm3)		7.0		
RBC (3.70 - 5.50 M/uL)		4.38		
Hgb (12.0 - 16.0 g/dL)		13.4		
Hct (37.0 - 47.0 %)		39.6		
MCV (80.0 - 99.0 fl)		90.5		
MCH (27.0 - 33.0 pg)		30.6		
MCHC (31.8 - 36.2 g/dL)		33.8		
RDW (10.0 - 16.4 %)		16.0		
Plt Count (140 - 450 K/mm3)		221		
MPV (7.5 - 10.5 fl)		9.2		
Neut % (37 - 80 %)		59.7		
Lymph % (10.0 - 50.0 %)		23.0		
Mono % (<12.0 %)		10.5		
Eos % (<7.0 %)		5.7		
Baso % (<2.5 %)		1.1		
Absolute Neutrophils (2.40 - 7.56 K/uL)		4.18		
Absolute Lymphocytes (0.96 - 4.75 K/uL)		1.61		
Absolute Monocytes (0.10 - 1.00 K/uL)		0.74		
Absolute Eosinophils (0.00 - 0.45 K/uL)		0.40		
Absolute Basophils (0.00 - 0.20 K/uL)		0.08		

	04/14	04/14	04/14	04/14	04/14
	1341	1251	1206	1125	0842
Chemistry					
POC Glucose (70 - 110 mg/dL)	365 H	370 H		379 H	
Creatine Kinase (38 - 234 IU/L)					165
Troponin I (0.01 - 0.06 ng/mL)			0.06		0.09 H

	04/14	04/14
	0842	0842
Chemistry		
Sodium (134 - 143 mmol/L)		139
Potassium (3.6 - 5.1 mmol/L)		4.3
Chloride (98 - 107 mmol/L)		103
Carbon Dioxide (22 - 32 mmol/L)		25
BUN (8 - 21 mg/dL)		35 H
Creatinine (0.44 - 1.03 mg/dL)		1.64 H
Estimated GFR		31.0

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BUN/Creatinine Ratio (6.0 - 20.0)		21.3 H
Glucose (70 - 110 mg/dL)		362 H
Calcium (8.9 - 10.3 mg/dL)		9.2
Total Bilirubin (0.1 - 2.0 mg/dL)		1.1
AST (15 - 41 IU/L)		16
ALT (14 - 54 IU/L)		15
Alkaline Phosphatase (38 - 126 IU/L)		99
B-Natriuretic Peptide (< 176 pg/mL)	1925 H	
Total Protein (6.1 - 7.9 g/dL)		5.8 L
Albumin (3.5 - 4.8 g/dL)		3.2 L
Globulin (2.0 - 3.8 gm/dL)		2.6
Albumin/Globulin Ratio (1.2 - 2.5)		1.2
Hematology		
WBC (5.0 - 9.5 K/mm3)		7.0
RBC (3.70 - 5.50 M/uL)		5.05
Hgb (12.0 - 16.0 g/dL)		15.3
Hct (37.0 - 47.0 %)		45.8
MCV (80.0 - 99.0 fl)		90.8
MCH (27.0 - 33.0 pg)		30.4
MCHC (31.8 - 36.2 g/dL)		33.5
RDW (10.0 - 16.4 %)		17.3 H
Plt Count (140 - 450 K/mm3)		234
MPV (7.5 - 10.5 fl)		8.7
Neut % (37 - 80 %)		64.8
Lymph % (10.0 - 50.0 %)		21.5
Mono % (<12.0 %)		8.1
Eos % (<7.0 %)		4.3
Baso % (<2.5 %)		1.4
Absolute Neutrophils (2.40 - 7.56 K/uL)		4.51
Absolute Lymphocytes (0.96 - 4.75 K/uL)		1.50
Absolute Monocytes (0.10 - 1.00 K/uL)		0.56
Absolute Eosinophils (0.00 - 0.45 K/uL)		0.30
Absolute Basophils (0.00 - 0.20 K/uL)		0.10

Test results personally reviewed & interpreted? Yes

Consults reviewed and discussed Neurologist

Medical records reviewed Yes

Allergies

Coded Allergies:

latex (Mild, Rash 04/14/13)

Converted from Drug Class Allergy: Latex

Sulfa (Sulfonamide Antibiotics) (Severe, Convulsions; REACTION AS A CHILD. OK TO TAKE LASIX 04/14/13)

Converted from Ingredient Allergy: Sulfa Drugs

morphine (Mild, MAKES HER FEEL FUNNY 04/14/13)

Current Medications

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Acetaminophen/Hydrocodone Bitart 1 tab Q8PRN PRN PO
Insulin Aspart Enter units administered
PRN PRN SUB-Q
Meclizine HCl 12.5 mg Q8PRN PRN PO
Ondansetron HCl 4 mg Q6PRN PRN IV
Levothyroxine Sodium 100 mcg DAILY AC PO
Enoxaparin Sodium 1 dose PROTOCOL SUB-Q
Insulin Glargine 15 unit HS SUB-Q (DC)
Pravastatin Sodium 40 mg QHS PO
Zolpidem Tartrate 5 mg HSPRN PRN PO
Aspirin 81 mg BID PO
Carvedilol 12.5 mg BID PO
Enoxaparin Sodium 30 mg DAILY SUB-Q (CKD)
Furosemide 80 mg DAILY PO
Telmisartan 80 mg DAILY PO
Insulin Glargine 25 unit HS SUB-Q

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General Appearance Alert, Oriented X3, Cooperative, No Acute Distress

HEENT Atraumatic, PERRLA, EOMI

Respiratory Clear to auscultation

Neck Supple, No JVD

Cardiovascular Regular, No murmur

Abdomen Normal Bowel Sounds, Soft, No Tenderness

Extremities No Edema

Neurological No Focal Deficits

Psych/Mental Status Mental Status Normal

Pain (1-10): 4 Moderate Pain

Last BM 04/13/13

Pressure ulcer? No

Isolation? Yes

Reason- MRSA

Assessment/Plan

Problems & Plan

Problems

1. Vertigo

- likely BPPV.

- neuro input appreciated, cont current tx.

2. HTN urgency

-improving,

- likely secondary to skipping meds at home prior to being brought directly to ED

- improved now with some labetalol, clonidine in ED, and resuming home meds

- cont home meds, continue to follow

3. Marginally elevated troponin, with h/o CAD

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- doubt ACS
- more likely due to HTN urgency, CHF on top of CKD
- already looks like it has downtrended from 0.09->0.06.
- cont ASA, statin, BB, ARB

DM2

- check FSBS q6h and SSI

CHF with EF 30-35% on last echo 9/2012

- give lasix IV x1 dose because of c/o shortness of breath
- continue home dose of lasix
- cont ARB, BB

CKD stage III-IV - Cr appears better than usual measurements at 1.64. Continue to monitor

Chronic back pain - continue hydrocodone/APAP

HL - cont statin

Hypothyroid - cont LT4

Chronic Problems:

- Cellulitis and abscess of leg
- Chronic kidney disease stage 4 (GFR 15-29)
- Congestive heart failure
- Diabetes mellitus type 2
- Essential hypertension
- Hyperglycemia

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