Lodi Memorial Hospital

Brief Note

Date 04/16/13
Bains,Suchdeep MD

M053082 V024552879
PARVIN,MARY JEAN
03/16/43 70 F 2S

Brief Note
Brief Note

DICTATED

70 yo female admitted for dizziness possible BPV. Denies CP, SOB or palpitations. SBP > 200 on admission. Initial trop 0.09>.06.01. ECG with pacing. MPI from 8/12 revealed mild inferior ischemia and EF 25%. Her dizziness has improved. No further cardiac workup indicated at this time. Her borderline trop likely due to severe hypertension. Please have her fu with Dr. Stenzler in one week

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<Electronically signed by Suchdeep Bains, MD> 04/16/13 1142

Lodi Memorial Hospital

Consultation

Date 04/16/13
Bains,Suchdeep MD

M053082 V024552879
PARVIN,MARY JEAN
03/16/43 70 F

DATE OF CONSULTATION
04/16/2013

CARDIOLOGY CONSULTATION

REASON FOR CONSULTATION
Elevated troponin.

HISTORY OF PRESENT ILLNESS
A 70-year-old female with a history of coronary artery disease, ischemic cardiomyopathy, CVAs, presents to the hospital on 04/14/2013 with dizziness. She states she had a spinning sensation when she woke up. She tried to get out of bed, was unable to, and called 911. She states that standing or sudden movements bring on the dizziness. The dizziness subsides when she is still. She denies any chest pain, shortness of breath, palpitations. Troponin was initially elevated at 0.09, repeat was 0.06 and finally 0.01. ECG demonstrated atrial sensing and ventricular pacing. She did not have any chest pain, shortness of breath, palpitations. Her blood pressure when she presented to the emergency room was 230/110. This was controlled with blood pressure medications. Since being in the hospital, his dizziness has significantly improved. She has been up and walking around. She does have an extensive history of coronary artery disease. She had a myocardial infarction back in 1996 and has undergone multiple procedures. Her last myocardial perfusion scan in 08/2012 showed mild inferior ischemia with an EF of 25%. Echocardiogram at that time showed severe global hypokinesis with mild left ventricular hypertrophy.

PAST MEDICAL HISTORY
1. Coronary artery disease as detailed above. Status post coronary artery bypass surgery in 2004.
2. Ischemic cardiomyopathy, status post Bi-V ICD, which is a St. Jude.
3. Diabetes.
4. Hyperlipidemia.
5. Hypertension.
6. History of cerebrovascular accident, hypothyroidism, depression, morbid obesity.

CC: Bains,Suchdeep MD

Unit # : M053082 Accountt# : V024552879
Name: PARVIN,MARY JEAN
Phys:
DOB: 03/16/43 Age: 70 Sex: F
Loc: 2S Exam Date:04/14/13 Status: DIS INo

FAMILY HISTORY
No premature coronary artery disease.

SOCIAL HISTORY
She denies any smoking. She used to use alcohol heavily in the past. Denies any illicit drug use.

CURRENT MEDICATIONS
1. Insulin.
2. Micardis 80 mg daily.
3. Lasix 80 mg daily.
4. Lovenox subcu 30 mg.
5. Coreg 12.5 mg b.i.d.
6. Aspirin 81 mg daily.
7. Pravachol 40 mg daily.

REVIEW OF SYSTEMS
GENERAL: The patient denies any fevers, chills, night sweats.
HEENT: She denies any visual changes. She does have vertigo. Denies any tinnitus. Denies any headache.

Remainder of the 13-point review of systems is negative.

PHYSICAL EXAMINATION
VITAL SIGNS: Blood pressure is 134/67, pulse 61. She is afebrile. O2 saturation is 97% on room air.
GENERAL: Pleasant female, currently in no acute distress.
HEENT: PERRLA, EOMI. Oropharynx clear.
NECK: Supple. No jugular venous distention. No bruits or lymphadenopathy.
LUNGS: Clear to auscultation bilaterally.
HEART: Regular rate and rhythm. No obvious murmurs, rubs or gallops.
ABDOMEN: Positive bowel sounds. Soft, nondistended. No hepatosplenomegaly.
EXTREMITIES: No clubbing or cyanosis. There is mild bilateral lower extremity edema.

CC: Bains,Suchdeep MD

NEUROLOGIC: The patient is alert, active, oriented x4. No focal motor or sensory deficits.

LABORATORY DATA

White count is 8.3, hematocrit 40, platelets 219, creatinine is 2. BUN 46, glucose 115. AST 16. Sodium 140, potassium 4.3. EKG again shows ventricular pacing. Chest x-ray showed pulmonary vascular congestion. CT of the brain showed chronic ischemic changes, no acute bleed.

ASSESSMENT

Borderline troponin elevation in a patient who presents with vertigo symptoms. Her troponin was borderline at admission at 0.09. This may have been due to severely elevated blood pressure and/or renal insufficiency. She never had any chest pain. Her prior Myoview scan in 08/2012 showed mild inferior ischemia with chronic severe left ventricular dysfunction.

At this time, no further cardiac workup is indicated. I would continue aspirin, beta blocker and statin. She should follow up with Dr. Stenzler within 1 or 2 weeks. Her blood pressure should be aggressively controlled, LDL goal is less than 70.

Thank you for this consultation. Please call if there are any further questions.

<Electronically signed by Suchdeep Bains, MD>
Signed Date/Time: 04/20/13 1638

Date Dictated: 04/16/13 1144
Date Transcribed: 04/16/13 1510

CC: Bains,Suchdeep MD

M053082 V024552879
PARVIN,MARY JEAN 03/16/43

CC: Bains,Suchdeep MD

Lodi Memorial Hospital

Progress Note

Date 04/16/13
Yao,Weiping MD - VIN

M053082 V024552879
PARVIN,MARY JEAN
03/16/43 70 F 2S

Subjective

Subjective
Subjective HPI
same; no recurrent vertigo; not walking much; no chest pain, tia or cva like symptoms.

Objective

Vitals & I&O
Vitals & I&O
Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
04/15-04/16	35.5-36.6	61-70	18-20	134-150/64-76	92-97	

Intake and Output

	04/16 0700
Intake Total	3345
Output Total	600
Balance	2745
Intake, IV	5
Intake, Oral	3340
Number Voids	3
Output, Urine	600
Patient Weight	115.46 kg
Voiding Method	Commode
Weight Measurement Method	Bed

General Apperance Alert & Oriented X3, Cooperative
HEENT Atraumatic, PERRLA
Respiratory Clear to auscultation, Normal air movement
Neck Supple
Cardiovascular Exam Regular
Abdomen Soft, obese.
Extremities Normal pulses
Exam Note
alert, clear speech; follow commands; EOM conjugated no nystagmus; VFF, no ataxia; baseline strength; no new deficit or sensory loss.
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)

Assessment/Plan

Problems & Plan

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 is better along with dizziness.
3. Marginally elevated troponin, with some short of breath: will follow cardiology.
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 gait evaluation and home therapy.
4. Above explained and questions answered.
5. Out patient follow up if needed.

<Electronically signed by Weiping - VIN Yao, MD> 04/16/13 1343

Lodi Memorial Hospital

Progress Note

Date 04/16/13
Aung, Ye MD - Hosp

M053082 V024552879
PARVIN, MARY JEAN
03/16/43 70 F 2S

Subjective

Subjective HPI
dizziness improving, no chest pain
History obtained from- Patient
PCP/Admit Date

Primary Care Physician
Phone number
Admit Date 04/14/13
Length of Stay 2

History and Physical reviewed? Yes

Objective

Vitals & I&O
Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
04/15-04/16	35.5-37.0	61-71	18-20	134-153/64-85	92-97	

Intake and Output

	04/16 0600
Intake Total	3345
Output Total	600
Balance	2745
Intake, IV	5
Intake, Oral	3340
Number Voids	3
Output, Urine	600
Patient Weight	115.46 kg
Voiding Method	Commode
Weight Measurement Method	Bed

Results

Laboratory Tests

	04/16 0541	04/16 0541	04/15 2149	04/15 1752	04/15 0538
Chemistry					
Sodium (134 - 143 mmol/L)		140			141
Potassium (3.6 - 5.1 mmol/L)		4.3			4.2
Chloride (98 - 107 mmol/L)		109 H			111 H
Carbon Dioxide (22 - 32 mmol/L)		27			26
BUN (8 - 21 mg/dL)		46 H			37 H
Creatinine (0.44 - 1.03 mg/dL)		2.06 H			1.79 H
Estimated GFR		23.8			28.0

BUN/Creatinine Ratio (6.0 - 20.0)		22.3 H	20.7 H
Glucose (70 - 110 mg/dL)		115 H	59 L
POC Glucose (70 - 110 mg/dL)		220 H	160 H
Calcium (8.9 - 10.3 mg/dL)		8.2 L	8.4 L
Phosphorus (2.4 - 4.7 mg/dL)			4.0
Magnesium (1.6 - 2.4 mg/dL)			2.0
Total Bilirubin (0.1 - 2.0 mg/dL)		0.5	
AST (15 - 41 IU/L)		16	
ALT (14 - 54 IU/L)		12 L	
Alkaline Phosphatase (38 - 126 IU/L)		78	
Creatine Kinase (38 - 234 IU/L)	124		
Troponin I (0.01 - 0.06 ng/mL)	0.01		
Total Protein (6.1 - 7.9 g/dL)		5.0 L	
Albumin (3.5 - 4.8 g/dL)		2.5 L	
Globulin (2.0 - 3.8 gm/dL)		2.5	
Albumin/Globulin Ratio (1.2 - 2.5)		1.0 L	
Hematology			
WBC (5.0 - 9.5 K/mm3)		8.3	
RBC (3.70 - 5.50 M/uL)		4.47	
Hgb (12.0 - 16.0 g/dL)		13.6	
Hct (37.0 - 47.0 %)		40.6	
MCV (80.0 - 99.0 fl)		90.8	
MCH (27.0 - 33.0 pg)		30.4	
MCHC (31.8 - 36.2 g/dL)		33.4	
RDW (10.0 - 16.4 %)		16.7 H	
Plt Count (140 - 450 K/mm3)		219	
MPV (7.5 - 10.5 fl)		9.5	
Neut % (37 - 80 %)		59.3	
Lymph % (10.0 - 50.0 %)		24.4	
Mono % (<12.0 %)		11.0	
Eos % (<7.0 %)		4.2	
Baso % (<2.5 %)		1.0	
Absolute Neutrophils (2.40 - 7.56 K/uL)		4.89	
Absolute Lymphocytes (0.96 - 4.75 K/uL)		2.01	
Absolute Monocytes (0.10 - 1.00 K/uL)		0.91	
Absolute Eosinophils (0.00 - 0.45 K/uL)		0.35	
Absolute Basophils (0.00 - 0.20 K/uL)		0.09	

	04/15 0538	04/14 2111	04/14 1758
Chemistry			
POC Glucose (70 - 110 mg/dL)		152 H	317 H
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		

Test results personally reviewed & interpreted? Yes
Consults reviewed and discussed Cardiologist, 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
Current Medications
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
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
Docusate Sodium 100 mg BID PO
Magnesium Hydroxide 30 ml BIDPRN PRN PO

Date 04/16/13
General Appearance Alert, Oriented X3, Cooperative
HEENT Atraumatic, PERRLA, EOMI
Respiratory Clear to auscultation
Neck Supple
Cardiovascular Regular
Abdomen Normal Bowel Sounds, Soft, No Tenderness
Extremities No Edema
Neurological No Focal Deficits
Pain (1-10): 0 No Pain
Foley? No
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. PT/OT evaluation.

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,

3. Marginally elevated troponin, with h/o CAD
- appreciated Dr Bains's input.
- 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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<Electronically signed by Ye - Hosp Aung, MD> 04/16/13 1733