

Lodi Memorial Hospital

Progress Note-Psychiatric

Date **04/16/14**
Robinson, David D DO

M053082
PARVIN, MARY JEAN
03/16/43 71

V025676990
F 3S

Subjective

Subjective HPI

Chart reviewed.

Concern: Decision-making capacity.

Patient known to me, followed at Arbor.

Found alert and aware, although paucity of response and seems sluggish.

Reports: "Yeah I know where I'm at, this is Arbor. No I don't know you."
Denied pain or falls, or depression.

Orientation: age-71, place-Arbor, condition-I'm fine, past medical history-I told you I'm fine, no I don't have any medical problems, time-1975, unknown month/season, president-oh that guy...last meal-huh, I don't know.

Imp/ Acutely lacks decision making capacity, which is consistent with previous contact. However, when provided with information, can contribute to discussion, but at this time lacks ability to give informed consent.

Plan/ Reduce Lexapro, may be contributing to lethargy.

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<Electronically signed by David D DO Robinson>

04/16/14 0509

Lodi Memorial Hospital

Interfacility Transfer Report

Date **04/16/14**
Vatanparast,Roham MD -HOSP

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Hospital Course

Admit Date

Admission Date: 04/11/14
Primary Care Physician:

Discharge Date 04/16/14

Transfer to: SNF-A

Rehab potential: Fair

Risk for Readmission? Yes

Transferring

Vatanparast,Roham MD -HOSP

Principal Diagnosis

Cellulitis of bilateral lower extremities

Altered mental status-resolved

Chronic kidney disease stage IV

Hypertension

Insulin-dependent diabetes mellitus

Problems, Discharge List

Current Visit Medical Problems

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

Altered mental status (Acute)

Bilateral lower leg cellulitis (Acute)

Diabetes mellitus type 2 (Chronic)

Elevated troponin level (Chronic)

Isolation type Contact

Isolation reason HX:MRSA

Patient is capable of making health care decisions? No

Requires a surrogate? Yes

POLST: No

Hospital Course & Summary

As per H+P

71 years old female, was BIBA from SNF for AMS. Her usual state of health is conversing normally, but very sedentary and refusing to get out of bed. She was recently hospitalized for ARF and bilateral LE cellulitis and just got transferred to SNF on 4/8/14. Her PCP came to see her today and found she was really lethargic, thus he ordered her to go to ER for evaluation. She has not been eating much and had very low intake at the SNF. She is currently somnolent, but follows verbal commands and is arousable. Thus history is from SNF staffs.

Patient was admitted to the medical surgical floor. She was started empirically on IV antibiotics. Her cellulitis has improved. Edema has resolved and the erythema has improved. Her mental status is back to baseline. A psychiatric consult was obtained which deemed the patient is not having capacity of making decisions. Her diabetes mellitus she was restarted on her home medications and he achieved good glycemic control. At this time she is stable for transfer back to SNF.

Discharge Exam

Vital Signs/Intake and Output

Vital Signs _____

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
04/15-04/16	35.4-36.8	60-72	16-18	136-165/73-80	94-97	

Intake and Output

	04/16 0700
Intake Total	1727
Output Total	
Balance	1727
Intake, IV	410
Intake, Oral	1317
Number Unmeasured Stools	4
Number Voids	6
Patient Weight	100.24 kg
Voiding Method	Incontinent
Weight Measurement Method	Bed

General Appearance Alert, Cooperative, No acute distress
HEENT Atraumatic, PERRLA, EOMI, Mucous membr. moist/pink
Respiratory Clear to auscultation
Neck Supple
Cardiovascular Regular
Abdomen Normal bowel sounds, Soft, No tenderness
Extremities No clubbing, No cyanosis, No edema, cellulitis has improved
Neurological No focal deficits
Psych/Mental Status Mood normal

SNF/Rehab Orders

Diet- Carbohydrate Controlled

Activity- As tolerated

Therapy- Evaluate & treat PT

Allergies

latex (Coded, Mild, Rash, 04/13/14)

Sulfa (Sulfonamide Antibiotics) (Coded, Severe, Convulsions; REACTION AS A CHILD. OK

TO TAKE LASIX, 04/13/14)

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

Discharge Medications

Stop taking the following medications:

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

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

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

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

Insulin Aspart ** (NovoLOG **) 100 UNIT/ML VIAL
0 Unit(s) Subcutaneous Twice daily 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

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

Acetaminophen ** (Tylenol **) 325 MG TAB
650 Milligram(s) ORAL Every 6 hours as needed for MILD PAIN

Bisacodyl ** (Dulcolax **) 10 MG SUPP
10 Milligram(s) Rectal Daily as needed for CONSTIPATION

Na Phos,M-B/Na Phos,Di-Ba ** (Fleet **) 118 ML ENEMA
1 Bottle(s) Rectal As directed
Qty = 1

Magnesium Hydroxide ** (Milk Of Magnesia **) 400 MG/5 ML ORAL.SUSP
30 mL(s) ORAL Daily as needed for CONSTIPATION

Start taking the following new medications:

Clindamycin HCl (Cleocin) 300 MG CAP
300 Milligram(s) ORAL Every 6 hours
Days = 4
No Refills

Total discharge time 30-44 minutes

Copies to:

Freund,Edmund A MD

Core Measures

Core Measure VTE

VTE Risk High risk

VTE Prophylaxis Pharmacologic (heparin)

Core Measure CHF

CHF this admit? No

Core Measure Stroke

Ischemic stroke this admit? No

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<Electronically signed by Roham Vatanparast, MD -HOSP> 04/16/14 1019