

Lodi Memorial Hospital

Progress Note

Date 04/17/13

Yao, Weiping MD - VIN

M053082

PARVIN, MARY JEAN

03/16/43 70

V024552879

F

2S

Subjective

Subjective

Subjective HPI

better overall; self walk; but PT walked her showing some limitation yesterday; but she wants to go home not rehab. no SOB, chestpain or new fall; no vertigo/TIA/CVA.

Objective

Vitals & I&O

Vitals & I&O

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
04/16-04/17	35.7-36.2	60-71	16-20	139-177/66-90	92-97	

Intake and Output

	04/17 0700
Intake Total	555
Output Total	750
Balance	-195
Intake, IV	5
Intake, Oral	550
Number Voids	3
Output, Urine	750
Patient Weight	113.99 kg
Voiding Method	Commode
Weight Measurement Method	Bed

General Appearance Alert & Oriented X3, Cooperative

HEENT Atraumatic

Respiratory Normal air movement

Neck Supple

Cardiovascular Exam Regular

Abdomen obese.

Extremities No edema

Skin Intact

Exam Note

alert, clear speech; no nystagmus; no ataxia; general weak but better than before. no new deficit.

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

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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 vs. SNF/rehabd which is preferred. But patient wants to go home. Need home health and PT, if not safe, better in SNF for rehab.
4. Above explained and questions answered.
5. Out patient follow up if needed.

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<Electronically signed by Weiping - VIN Yao, MD>

04/17/13 1340

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Date **04/17/13**

Aung, Ye MD - Hosp

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Subjective

Subjective HPI

no more dizziness, no headache, no fever, pt feels better and wants to go home

History obtained from- Patient

PCP/Admit Date

Primary Care Physician Freund, Edmund MD-Mills

Phone number 334-8540

Admit Date 04/14/13

Length of Stay 3

History and Physical reviewed? Yes

Objective

Vitals & I&O

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
04/16-04/17	35.7-36.2	60-69	16-20	139-177/66-90	92-94	

Intake and Output

	04/17 0600
Intake Total	555
Output Total	750
Balance	-195
Intake, IV	5
Intake, Oral	550
Number Voids	3
Output, Urine	750
Patient Weight	113.99 kg
Voiding Method	Commode
Weight Measurement Method	Bed

Results

Laboratory Tests

	04/17 0624	04/16 2111	04/16 1719	04/16 0541	04/16 0541
Chemistry					
Sodium (134 - 143 mmol/L)					140
Potassium (3.6 - 5.1 mmol/L)					4.3
Chloride (98 - 107 mmol/L)					109 H
Carbon Dioxide (22 - 32 mmol/L)					27
BUN (8 - 21 mg/dL)					46 H
Creatinine (0.44 - 1.03 mg/dL)					2.06 H
Estimated GFR					23.8

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BUN/Creatinine Ratio (6.0 - 20.0)				22.3 H
Glucose (70 - 110 mg/dL)				115 H
POC Glucose (70 - 110 mg/dL)	121 H	156 H	244 H	
Calcium (8.9 - 10.3 mg/dL)				8.2 L
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 2149
Chemistry POC Glucose (70 - 110 mg/dL)	220 H

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

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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 (DCD)
Insulin Aspart Enter units administered
PRN PRN SUB-Q (DCD)
Meclizine HCl 12.5 mg Q8PRN PRN PO (DCD)
Ondansetron HCl 4 mg Q6PRN PRN IV (DCD)
Levothyroxine Sodium 100 mcg DAILY AC PO (DCD)
Enoxaparin Sodium 1 dose PROTOCOL SUB-Q (DCD)
Pravastatin Sodium 40 mg QHS PO (DCD)
Zolpidem Tartrate 5 mg HSPRN PRN PO (DCD)
Aspirin 81 mg BID PO (DCD)
Carvedilol 12.5 mg BID PO (DCD)
Enoxaparin Sodium 30 mg DAILY SUB-Q (DCD)
Furosemide 80 mg DAILY PO (DCD)
Telmisartan 80 mg DAILY PO (DCD)
Insulin Glargine 25 unit HS SUB-Q (DCD)
Docusate Sodium 100 mg BID PO (DCD)
Magnesium Hydroxide 30 ml BIDPRN PRN PO (DCD)
Bisacodyl 10 mg NOW ONE PR (DC)

Date 04/17/13

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

HEENT Atraumatic, PERRLA, EOMI

Respiratory Clear to auscultation

Neck Supple

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): 0 No Pain

Foley? No

Last BM 04/17/13

Pressure ulcer? No

Isolation? Yes

Reason- MRSA

Assessment/Plan

Problems & Plan

Problems

1. Vertigo

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- likely BPPV.
- neuro clear to dc, will DC today. Pt was recommended to go to SNF with rehab but she refused and requested to go home with home health nurse and PT. 409059

Time spent on discharge 30 minutes plus
Daily plan discussed with- Patient/family, Nurse, Case manager

Discharge

Discharge

Discharge to: Home

Follow up plan discussed with patient? Yes

Medication reconciliation completed? Yes

Time spent on discharge 30 minutes plus

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<Electronically signed by Ye - Hosp Aung, MD>

04/17/13 1942

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Discharge Summary

Date 04/17/13
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DATE
04/17/2013

DATE OF ADMISSION
04/14/2013

DATE OF DISCHARGE
04/17/2013

PRIMARY CARE PHYSICIAN
Edmund Freund, MD

ADMISSION DIAGNOSES

1. Vertigo, likely benign paroxysmal positional vertigo.
2. Hypertensive urgency.
3. Marginally elevated troponin.
4. History of coronary artery disease.
5. Diabetes type 2.
6. Congestive heart failure with ejection fraction of 30%-35%.
7. Chronic kidney disease.
8. Chronic low back pain.
9. Hypothyroidism.
10. Dyslipidemia.

DISCHARGE DIAGNOSES

1. Vertigo, likely benign paroxysmal positional vertigo.
2. Hypertension.
3. Diabetes.
4. Chronic kidney disease.
5. Congestive heart failure with ejection fraction of 30%-35%.
6. Chronic low back pain.
7. Hypothyroidism.
8. Dyslipidemia.

IMAGING STUDY

CT scan of the head which showed chronic ischemic changes, no acute

CC: Aung, Ye MD - Hosp; Freund, Edmund A MD - ER

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

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Discharge Summary

4-17-13

Date 04/17/13

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intracranial abnormality.

CONSULTATIONS

Cardiology consultation, neurology consultation.

CONDITION ON DISCHARGE

Stable.

HOSPITAL COURSE

The patient was admitted for vertigo and after admitting she was investigated with a head CT which showed chronic ischemic changes without acute intracranial abnormality. She was consulted with neurologist, Dr. Yao, and Dr. Yao recommended for conservative treatment and fall precaution and we did education for the patient for the fall precaution and not to change positions suddenly and be careful with ambulating and to recommended to walk with a walker all the time. The patient was recommended to go to the rehabilitation center for the physical therapy and nursing care, but the patient refused. She preferred to go home with home physical therapy and home care nurse. Her vertigo resolved during the hospital stay and she had stable vital signs without fever in the last 24 hours and so she was discharged today. She also had a mildly elevated troponin and we consulted the cardiologist, Dr. Bains, for her dizziness and her elevated troponin and Dr. Bains recommended for conservative treatment without any further cardiac workup. The patient had CHF with EF of 30%-35% and was treated with Coreg and an ARB and Lasix, and her hypertension was treated with Coreg and ACE inhibitor. Her diabetes was treated with insulin with sliding scale and her CAD was treated with aspirin, statin, and beta blocker. Her hypothyroidism and was treated with levothyroxine.

DISCHARGE MEDICATIONS

1. Meclizine 25 mg p.o. q.8h. p.r.n. dizziness.
2. Aspirin 81 mg p.o. daily.
3. Biotin 1000 mcg p.o. as tolerated.
4. Coreg 12.5 mg p.o. b.i.d.
5. Lasix 80 mg p.o. daily.

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Phys:

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Loc: 2S Exam Date: 04/14/13 Status: DIS INO

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6. Lortab 1 tablet p.o. q.8h. p.r.n. pain.
7. NovoLog with sliding scale subcutaneous.
8. Lantus insulin 25 units subcutaneous daily.
9. Levothyroxine 100 mcg p.o. daily.
10. Lovastatin 40 mg p.o. daily.
11. Potassium chloride 10 mEq p.o. daily.
12. Micardis 80 mg p.o. daily.
13. Ambien 5 mg p.o. at bedtime p.r.n. insomnia.

FOLLOWUP

Followup with Dr. Freund in 3 days after discharge, followup with Dr. Yao and Dr. Bains in 1 week after discharge.

SPECIAL INSTRUCTIONS

Come back to emergency department if worse.

cc: Edmund A. Freund, MD MD
Weiping Yao, MD MD
Suchdeep R. Bains, MD MD

<Electronically signed by Ye - Hosp Aung, MD>

Signed Date/Time: 04/24/13 2203

Date Dictated: 04/17/13 1356

Date Transcribed: 04/18/13 1034

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03/16/43

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DOB: 03/16/43 Age: 70 Sex: F

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CC: Aung, Ye MD - Hosp; Freund, Edmund A MD - ER

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

M053082
70 Years

PARVIN, MARY
Female

4/14/2013 08:43:36

Lodi Memorial (1)
Lodi Memorial (01)
ER

Room: ER15
Operator: JOHNSU

Rate 74 . ATRIAL-SENSSED VENTRICULAR-PACED COMPLEXES

PR 151
QRSD 127
QT 425
QTc 472

--AXIS--
P 70
QRS 113
T 249

12 Lead; Standard Placement

ABNORMAL ECG

Requested by: ERMD
Unconfirmed Diagnosis

STEMI	YES / NO (circle one)
Old EKG: Date	4/6/12 / NO OLD EKG
Change since old EKG:	YES / NO
EKG seen @	GRS by Dr. [Signature]



