

LODI MEMORIAL HOSPITAL
ADMISSION HISTORY & PHYSICAL

deviation.

NECK: Supple. No JVD. No carotid bruits auscultated.

CHEST: Decreased breath sounds at the bases.

HEART: S1, S2, sinus.

ABDOMEN: Soft, nontender, moderately distended, but no guarding.

LOWER EXTREMITIES: With 3+ edema above the ankle, above the knee and all of the way to the thigh area, with erythema on the right lower extremity and also right toe. The second toe was amputated. Left leg with scar tissue due to vein removal for CABG.

MUSCULOSKELETAL: Joints with no swelling except the bilateral ankle area.

SKIN: With erythema on the right lower extremity.

RECTAL: Deferred.

PELVIC: Within normal limits.

GU: No vaginal discharge.

LABORATORY DATA

CBC: White blood cell count 7.4, hemoglobin 15.1, hematocrit 44.9, platelets 220, differential polys 66.7, lymphs 22, monocytes 7.3. Sodium 140, potassium 3.9, chloride 105, bicarbonate 29, BUN 19, creatinine 1.50, glucose is 223. Albumin 3.0 and phosphorus pending. Bilirubin 0.8, ALT 19, AST 21. Procalcitonin 0.05. BNP is pending. Lactic acid 2.7.

IMPRESSION

1. Right lower extremity cellulitis and diabetic foot.
2. Congestive heart failure exacerbation.
3. Hypertension acceleration.
4. History of insulin dependent diabetes mellitus, poor control. Hemoglobin Alc in 2010 was 9.06.
5. history of hypothyroidism.

ASSESSMENT AND PLAN

1. Right lower extremity cellulitis. We will obtain ultrasound of the right lower extremity to rule out deep venous thrombosis and we will have a surgical consult with Dr. Ketelaar and will start the patient on Vancomycin and Zosyn and also continue the patient on Lasix and increase to 40 mg 3 times a day.
2. Congestive heart failure exacerbation. The patient has ejection fraction function only 30%. Will continue the patient on lisinopril, Micardis, increase Lasix to 3 times a day along with Zaroxolyn and Foley catheter fluid restriction and monitor the patient's congestive heart failure.
3. Hypertension. At this time we will continue all of the high blood pressure medication and the patient has accelerated hypertension but no neurologic deficits. We will also use clonidine p.r.n. for high blood pressure control.
4. Hypothyroidism. Will continue with Levothyroxine.
5. Code status, the patient is a FULL CODE at this time. I have discussed with the patient and the patient is a FULL CODE at this time.

M053082 V023586118

PARVIN, MARY JEAN

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Att. Dr. Chang, Edward T MD-HOSP

05/11/12 3S 1

Dict. Dr. Edward T MD-HOSP Chang

MISSING

Page 1 & 2

LODI MEMORIAL HOSPITAL
ADMISSION HISTORY & PHYSICAL

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JOB # 342017

DD: [30]

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Repor05/11/12 1721

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cc:Edmun0511-0215d, MD - ER

ManWM A Orellana, MD

Michael T Ketelaar, MD

E-Signed By:

Edward T MD-HOSP Chang

E-sign Date: 05/12/12E-Sign Time: 1558

Co-sign Date:

Time:

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