

LODI MEMORIAL HOSPITAL
CONSULTATION REPORT

DATE OF CONSULTATION
05/12/2012

CURRENT COMPLAINT
Right leg infection.

HISTORY OF PRESENT ILLNESS

This is a 69-year-old female with multiple medical problems admitted with a worsening cellulitis of the right lower extremity. I was asked to evaluate. She is currently on broad-spectrum antibiotic and improving symptoms.

MEDICATIONS

She is on multiple chronic medications, detailed in the chart.

ALLERGIES

1. SULFA.
2. MORPHINE.
3. LATEX.

HABITS: Nonsmoker.

ADDITIONAL HISTORY: The patient has apparently been having progressive problems with infection of the right lower leg over the past several weeks but worse over the past several days. White count is actually normal, but obvious cellulitis of the anterior right lower leg and admitted.

PAST MEDICAL HISTORY

Multiple medical problems including:

1. Diabetes.
2. Congestive heart failure.
3. History of vascular disease.
4. Hypertension.

PHYSICAL EXAMINATION

GENERAL: At this time she is alert and oriented.

VITAL SIGNS: Currently afebrile, pulse 60 regular, blood pressure 150/80.

SKIN: There is no jaundice.

LUNGS: Clear.

CARDIAC: Distant heart sounds. No murmur.

ABDOMEN: Soft. No mass or organomegaly. Nontender.

EXTREMITIES: There is 1+ bilateral pedal edema. Pulses are intact. The right lower leg anteriorly reveals several superficial pustular scattered lesions with surrounding erythema. No abscesses or deeper involvement at present.

STUDIES: Venous sonogram from yesterday does not reveal any thrombosis in the extremity.

	M053082	V023586118
	PARVIN, MARY JEAN	
	03/16/43	69 F
Att. Dr.	Chang, Edward T MD-HOSP	
	05/11/12	3S 1
Dict. Dr.	Michael T Ketelaar, MD	

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IMPRESSION

Cellulitis, right lower leg, in a patient with chronic heart failure, diabetes. Infectious Disease consultation was reviewed as well and I would agree with Infectious Disease recommendations. The patient will need vigorous elevation and continued antibiotic therapy.

cc: Edmund A. Freund, MD MD

JOB # 342086

DD: 05/12/12 0857

DT: 05/12/12 1037

Report#:0512-0038

KETEM/WM

cc:Edmund A Freund, MD - ER

E-Signed By:

Michael T Ketelaar, MD

E-sign Date: 05/14/12E-Sign Time: 2226

Co-sign Date:

Time:

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7. Micardis 80 mg once a day.
8. Lisinopril 20 mg once a day.
9. Lovastatin 40 mg once a day.
10. Isosorbide 30 mg once a day.
11. Januvia 50 mg once a day.
12. Zetia 10 mg once a day.
13. Levothyroxine 100 mcg once a day.
14. Potassium chloride 10 mEq twice a day.
15. Lasix 80 mg once a day.
16. Ambien 5 mg p.r.n.
17. Coreg 12.5 mg b.i.d.
18. Lexapro 10 mg once a day.
19. Famotidine 20 mg b.i.d.
20. Lovastatin 20 mg one every night.
21. Lisinopril 20 mg one a day.

PHYSICAL EXAMINATION

VITAL SIGNS: Vital signs are stable.

HEENT: Benign. Sclerae nonicteric.

NECK: Supple. No adenopathy.

LUNGS: Clear.

HEART: Regular rate and rhythm. S1, S2. No evidence of murmur.

ABDOMEN: Soft and nontender.

BREASTS: Examination deferred.

PELVIC AND RECTAL: Examination deferred.

EXTREMITIES: Significant for swelling and redness in the right lower extremity below the knee. There are some pustular lesions localized in mid shin, and also some surrounding erythema.

IMPRESSION

1. Right lower extremity cellulitis.
2. Diabetes.
3. History of hypertension.
4. History of coronary artery disease.
5. _____ congestive heart failure.

PLAN

The patient seems stable. She is nontoxic looking. Recommend vancomycin 1 gram IV q.24h. Also, ceftriaxone 2 grams IV q.24h. Piperacillin, tazobactam could be discontinued.

Thank you, Dr. Chang, for your referral.

cc: Edmund A. Freund, MD MD

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Dict. Dr.	Manuel A Orellana, MD	1

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JOB # 342062
DD: 05/11/12 2101
DT: 05/11/12 2142
Report#: 0511-0243
ORELM/WM
cc: Edmund A Freund, MD - ER

E-Signed By:
Manuel A Orellana, MD
E-sign Date: 05/17/12 E-Sign Time: 1527

Co-sign Date: Time:

	M053082	V023586118
	PARVIN, MARY JEAN	
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Att. Dr.	Chang, Edward T MD-HOSP	
	05/11/12 3S	1
Dict. Dr.	Manuel A Orellana, MD	