

Lodi Memorial Hospital

Progress Note

Date 05/13/12  
Chang,Edward T MD-HOSP

Subjective

**Subjective**

**Subjective HPI**

very drowsy this morning but improved with flumezenil 0.2 mg iv, Right leg swelling improved, less swelling less redness

**Problem List**

**Active Problems**

- Cellulitis and abscess of leg
- Congestive heart failure
- Diabetes mellitus type 2
- Essential hypertension
- Hyperglycemia

**History obtained from- Patient, Nurse, Chart  
PCP/Admit Date**

Primary Care Physician Freund,Edmund MD-Mills  
Phone number 334-8540  
Admit Date 05/11/12  
Length of Stay 2

**Estimated length of stay 3-4  
History and Physical reviewed? Yes**

Objective

**Vitals & I&O**

**Vitals & I&O**

Vital Signs

| Date        | Temp      | Pulse | Resp  | B/P           | Pulse Ox | FiO2 |
|-------------|-----------|-------|-------|---------------|----------|------|
| 05/12-05/13 | 35.8-36.8 | 68-72 | 14-20 | 117-155/58-73 | 93-99    |      |

Intake and Output

\_\_\_\_\_ | 05/13 0600 | \_\_\_\_\_

M053082 V023586118  
PARVIN,MARY JEAN  
03/16/43 69 F 3S

Electronically signed by: Chang,Edward T MD-HOSP 05/13/12 1503

Run: -: by CHANG,EDWARD T MD

# Lodi Memorial Hospital

## Progress Note

Date 05/13/12  
Chang, Edward T MD-HOSP

|                |          |
|----------------|----------|
| Intake Total   | 550      |
| Output Total   | 1800     |
| Balance        | -1250    |
|                |          |
| Intake, IV     | 310      |
| Intake, Oral   | 240      |
| Number Voids   | 3        |
| Output, Urine  | 1800     |
| Voiding Method | Bathroom |

### Results Results

|                                     | Laboratory Tests |               |               |               |               |
|-------------------------------------|------------------|---------------|---------------|---------------|---------------|
|                                     | 05/13<br>1410    | 05/13<br>1217 | 05/13<br>0646 | 05/13<br>0603 | 05/13<br>0603 |
| Chemistry                           |                  |               |               |               |               |
| Sodium (134 - 143 mmol/L)           |                  |               |               | 137           |               |
| Potassium (3.6 - 5.1 mmol/L)        |                  |               |               | 4.3           |               |
| Chloride (98 - 107 mmol/L)          |                  |               |               | 102           |               |
| Carbon Dioxide (22 - 32 mmol/L)     |                  |               |               | 27            |               |
| BUN (8 - 21 mg/dL)                  |                  |               |               | 16            |               |
| Creatinine (0.44 - 1.03 mg/dL)      |                  |               |               | 1.68 H        |               |
| Estimated GFR                       |                  |               |               | 30.2          |               |
| BUN/Creatinine Ratio (6.0 - 20.0)   |                  |               |               | 9.5           |               |
| Glucose (70 - 110 mg/dL)            |                  |               |               | 89            |               |
| POC Glucose (70 - 110 mg/dL)        |                  | 83            | 102           |               |               |
| Calcium (8.9 - 10.3 mg/dL)          |                  |               |               | 8.8 L         |               |
| B-Natriuretic Peptide (< 176 pg/mL) |                  |               |               |               | 753 H         |
| Toxicology                          |                  |               |               |               |               |
| Vancomycin Trough (<=20.0 mcg/mL)   | 10.2             |               |               |               |               |

|                              | 05/12<br>2130 | 05/12<br>1853 | 05/12<br>1735 |
|------------------------------|---------------|---------------|---------------|
| Chemistry                    |               |               |               |
| Potassium (3.6 - 5.1 mmol/L) |               | 4.0           |               |
| POC Glucose (70 - 110 mg/dL) | 77            |               | 103           |

Test results personally reviewed & interpreted? Yes

M053082      V023586118  
PARVIN, MARY JEAN  
03/16/43 69 F 3S

Electronically signed by: Chang, Edward T MD-HOSP      05/13/12 1503

Run: -- by CHANG, EDWARD T MD

Lodi Memorial Hospital

Progress Note

Date 05/13/12  
Chang,Edward T MD-HOSP

**Consults reviewed and discussed** Infectious Disease, Surgeon  
**Medical records reviewed** Yes

**Medications**

**Allergies**

**Coded Allergies:**

latex (Mild, Rash 05/11/12)

Converted from Drug Class Allergy: Latex

Sulfa(Sulfonamide Antibiotics) (Sulfa (Sulfonamide Antibiotics)) (Severe, Convulsions 05/11/12)

Converted from Ingredient Allergy: Sulfa Drugs

morphine (Severe, DIFFICULTY OF BREATHING 05/12/12)

**Current Medications**

Current Medications

Vancomycin HCl 250 ml Q24H IV  
Acetaminophen 500 mg Q4PRN PRN PO  
Acetaminophen/Hydrocodone Bitart 1 tab Q4PRN PRN PO  
Bisacodyl 5 mg HSPRN PRN PO  
Calcium Carbonate 1000 mg Q6PRN PRN PO (CKD)  
Clonidine 0.2 mg Q8PRN PRN PO  
Enoxaparin Sodium 1 dose PROTOCOL SUB-Q  
Morphine HCl 2 mg Q4PRN PRN IV  
Nitroglycerin 0.4 mg Q5MPRN PRN SL  
Ondansetron HCl 4 mg Q6PRN PRN IV  
Patient Own Medication 0 AS DIRECTED PO (PEND)  
Potassium Chloride 0 PROTOCOL PO  
Potassium Chloride 40 meq PROTOCOL PRN PO  
Potassium Chloride 20 meq PROTOCOL PRN PO  
Potassium Chloride 10 meq PROTOCOL PRN PO  
Vancomycin HCl 250 ml PROTOCOL IV (CKD)  
Zolpidem Tartrate 5 mg HSPRN PRN PO  
Enoxaparin Sodium 40 mg Q24H SUB-Q  
Insulin Glargine 25 unit QPM SUB-Q  
Carvedilol 12.5 mg BID PO  
Docusate Sodium 100 mg BID PO  
Famotidine 20 mg BID PO  
Furosemide 40 mg Q8 IV (CKD)  
Nystatin 0 BID TOP  
Levothyroxine Sodium 100 mcg DAILY AC PO  
Insulin Glargine 30 unit QAM SUB-Q  
Ceftriaxone Sodium 1000 mg Q24H IV  
Sodium Chloride 50 ml

M053082 V023586118

PARVIN,MARY JEAN

03/16/43 69 F 3S

Electronically signed by: Chang,Edward T MD-HOSP 05/13/12 1503

Run: -: by CHANG,EDWARD T MD

Lodi Memorial Hospital

Progress Note

Date 05/13/12  
Chang,Edward T MD-HOSP

Escitalopram Oxalate 20 mg DAILY PO (CKD)  
Isosorbide Mononitrate 30 mg DAILY PO  
Lisinopril 20 mg DAILY PO  
Metolazone 5 mg DAILY PO  
Multivitamins 1 tab DAILY PO  
Potassium Chloride 40 meq DAILY PO  
Sitagliptin Phosphate 50 mg DAILY PO  
Telmisartan 80 mg DAILY PO  
Aspirin 81 mg DAILY PO  
Insulin Aspart 0 ACHSPRN PRN SUB-Q  
Lorazepam 1 mg NOW ONE IV (DC)  
Lorazepam 1 mg NOW ONE IV (DC)  
Flumazenil 0.2 mg STAT STA IV (DC)  
Flumazenil 0.2 mg STAT STA IV (CAN)  
Flumazenil 0.2 mg STAT STA IV (UNV)

**Exam**

**Date** 05/13/12

**General Appearance** Somnolent

**HEENT** Atraumatic, PERRLA, EOMI, Mucous Membr. moist/pink

**Respiratory** Clear to auscultation, Normal air movement

**Neck** Supple, No JVD, No thyromegaly

**Cardiovascular** Regular

**Abdomen** Normal Bowel Sounds, Soft, No Tenderness

**Extremities** No Clubbing, No Cyanosis, leg swelling down , erythema less

**Skin** Mild erythema less

**Neurological** drowsy, sleepy

**Psych/Mental Status** somulent

**Nursing Clinical Data**

**Pain (1-10):** 0 No Pain

**Meal** Dinner

**Oral Intake %** 40

**Foley?** No

**Date foley placed** 05/11/12

**Last BM** 05/11/12

**Pressure ulcer?** No

**Isolation?** No

**Reason-** MRSA+ (NASAL SWAB)

M053082 V023586118  
PARVIN,MARY JEAN  
03/16/43 69 F 3S

Electronically signed by: Chang,Edward T MD-HOSP 05/13/12 1503

Run: -: by CHANG,EDWARD T MD

Lodi Memorial Hospital

Progress Note

Date 05/13/12  
Chang,Edward T MD-HOSP

**Assessment/Plan**

**Problems & Plan**

**Problems**

**Acute/Active Problems:**

#Cellulitis and abscess of leg (Active)  
Clinically the cellulitis is better and will cont IV vancomycin + IV rocephine  
Surgery consult with Dr. Ketellar. U/S of right lower ext dose not show any DVT.  
No surgery needed at this time. Right cellulitis better today, will elevate right leg with 3 pillows.

# Congestive heart failure (Active)  
LVEF 30%, pt has increasing leg swelling and up to bilaterally thigh swelling. will cont lasix 40 mg iv q8h and fluid restriction. Cont Lisinopril po + micarditis po , BNP 753

#Hyperglycemia and poorly controlled DM  
hgA1c is 14.20, will cont lantus 30 units in am and 25 units in pm and ISS anc acc checks.  
glucose mildly low, will repeat Acc check and if low will add D5 iv

#Essential hypertension (Active)  
will cont lasix, Lisinopril ,a micardiis, coreg, clonidine prn.

# Alter mental status:  
Pt was given 2 mg ativan iv for CT head. Cthead was negative, pt is very drowsy, given one dose of Flumezenil 0.2 mg iv then pt woke up. Then pt became drowsy again then given another dose flumezenil 0.2 mg iv and will check Acc check to make sure no hypoglycemia.

# chronic renal insufficiency. Pt with increasing creatinine, will check Chem 7 in am

# PT eval + treatment  
encourage to ambulate

**Chronic Problems:**

Cellulitis and abscess of leg  
Congestive heart failure  
Diabetes mellitus type 2  
Essential hypertension  
Hyperglycemia

M053082 V023586118  
PARVIN,MARY JEAN  
03/16/43 69 F 3S

Electronically signed by: Chang,Edward T MD-HOSP 05/13/12 1503

Run: -: by CHANG,EDWARD T MD

Lodi Memorial Hospital

Brief Note

Date 05/13/12  
Ketelaar, Michael T MD

**Brief Note**

**Brief Note**

VSS

SLOW IMPROVEMENT

CONTINUE RX

M053082 V023586118

PARVIN, MARY JEAN

03/16/43 69 F 3S

Electronically signed by: Ketelaar, Michael T MD 05/13/12 1031

Run: -: by KETELAAR, MICHAEL MD

Brief Note - Additional copy