

LODI MEMORIAL HOSPITAL
CONSULTATION REPORT

DATE OF CONSULTATION
05/16/2012

CCDY

REFERRING PHYSICIAN
Dr. Freund.

Thank you for asking me to see this patient for you.

HISTORY OF PRESENT ILLNESS

As you know she is a 69-year-old female who was admitted by the hospitalist, and I was asked to consult on her left ankle. The patient was admitted on 05/11/2012 complaining of pain and redness in her right leg. The patient states that she injured herself on the day of admission when she was in the kitchen. For some reason or another she fell and had pain in her ankle, so she was brought to the emergency room by her caregiver and was admitted for treatment. I was asked to consult on her ankle problem.

PAST MEDICAL HISTORY

The patient has a history of diabetes, hypertension, congestive heart failure, and coronary artery disease.

PHYSICAL EXAMINATION

VITAL SIGNS: Temperature 97.3, blood pressure is 159/74, pulse 64.
GENERAL: This is an elderly female lying in bed in no gross distress.
EXTREMITIES: The left leg reveals she has well-healed scars there along the medial aspect of the leg. She is tender there laterally over the fibula approximately 3 inches above the tip of the lateral malleolus. She can flex and extend her toes. She comes up to neutral and plantar flexion is 30 degrees.

X-RAYS

Reveals an undisplaced fracture above the lateral malleolus.

DIAGNOSIS

Fracture lateral malleolus, left ankle.

PLAN

Just Ace wrap her. She can weight bear as tolerated. She needs repeat x-rays in one week and I suspect that this take a while to heal secondary to her diabetes.

cc: Edmund A. Freund, MD MD

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

Lodi Memorial Hospital

Progress Note

Date 05/16/12
Multani, Kuljeet K MD - HOSP

COPY

left leg, neg Homans sign

Skin Intact

Neurological No Focal Deficits

Psych/Mental Status Mental Status Normal, Mood Normal

Nursing Clinical Data

Pain (1-10): 0 No Pain

Meal Lunch

Oral Intake % 0

Activity Bed

Foley? Yes

Date foley placed 05/13/12

Last BM 05/14/12

Pressure ulcer? No

Isolation? Yes

Reason- MRSA+ (NASAL SWAB)

collect

Assessment/Plan

Problems & Plan

1 Acute renal failure probably secondary to ATN : not much better, nephrotoxic meds stopped by nephrologist. On gentle IVF, cont same for now

2. Distal Fibular fx-will consult Dr Nakata-is on call. Pt had a fall here in the hospital 3 days ago. Ice, elevation, pain control for now.

3 Congestive heart failure (Active)-more dry currently, wt stable, cont gentle IVF

4 Cellulitis and abscess of leg (Active)- On Vancomycin + IV rocephin, appreciate ID f/u

5 Proteinuria and CKD from diabetic Nephropathy: Restart ACE-I once renal function is stabilized.

6 Hyperglycemia and poorly controlled DM with HgA1c is of 14.20, Cont lantus 30 units in am and 25 units in pm and ISS and acc checks. D/W DPOA about poor DM control which can cause multiorgan failing and that this is a long term problem- I do not expect much improvement overall due to diet and meds non-compliance-?comfort food since the passing of her sister recently but i think this is a chronic issue

7 Essential hypertension (Active)
stable, monitor

8. Social-DPOA is overwhelmed, needs a letter for pt-d/w Social worker, will need rehab and suspect

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

Electronically signed by: Multani, Kuljeet K MD - HOSP 05/16/12 1616

Run: -: by MULTANI, KULJEET MD

PN-Hospitalist - Additional copy

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