

Lodi Memorial Hospital

Progress Note

Date 05/17/12

Multani,Kuljeet K MD - HOSP

Subjective

**Subjective**

**Subjective HPI**

Pt stable, awake states pain is better, seen by DR Nakata-appreciate input

**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 6

**Estimated length of stay 2-3**

**History and Physical reviewed? Yes**

Objective

**Vitals & I&O**

**Vitals & I&O**

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
05/16-05/17	35.8-37.3	60-64	18-22	137-166/64-76	95-98	

Intake and Output

	05/17 0600
Intake Total	1553

M053082 V023586118

PARVIN,MARY JEAN

03/16/43 69 F 3S

Electronically signed by: Multani,Kuljeet K MD - HOSP 05/17/12 1619

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PN-Hospitalist - Additional copy

Lodi Memorial Hospital

Progress Note

Date 05/17/12  
Multani, Kuljeet K MD - HOSP

Output Total	710
Balance	843
Intake, IV	1113
Intake, Oral	440
Number Voids	1
Output, Urine	710
Voiding Method	Foley

Results  
Results

Laboratory Tests

	05/17 1159	05/17 0630	05/17 0628	05/17 0545	05/17 0545
<b>Chemistry</b>					
Sodium (134 - 143 mmol/L)					145 H
Potassium (3.6 - 5.1 mmol/L)					4.5
Chloride (98 - 107 mmol/L)					111 H
Carbon Dioxide (22 - 32 mmol/L)					29
BUN (8 - 21 mg/dL)					30 H
Creatinine (0.44 - 1.03 mg/dL)					2.61 H
Estimated GFR					18.2
BUN/Creatinine Ratio (6.0 - 20.0)					11.5
Glucose (70 - 110 mg/dL)					58 L
POC Glucose (70 - 110 mg/dL)	103		71		
Calcium (8.9 - 10.3 mg/dL)					8.5 L
PTH Intact (12 - 88 pg/mL)				151.7 H	
<b>Urines</b>					
Ur Random Creatinine (mg/dL)		97.7			
U Random Total Protein (mg/dL)		140			
Protein/Creatinin Ratio (RATIO)		1.43			

	05/17 0545	05/16 2130	05/16 1731
<b>Chemistry</b>			
Sodium (134 - 143 mmol/L)	142		
Potassium (3.6 - 5.1 mmol/L)	4.4		
Chloride (98 - 107 mmol/L)	109 H		
Carbon Dioxide (22 - 32 mmol/L)	28		

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PARVIN, MARY JEAN  
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# Lodi Memorial Hospital

## Progress Note

Date 05/17/12

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BUN (8 - 21 mg/dL)	28 H		
Creatinine (0.44 - 1.03 mg/dL)	2.54 H		
Estimated GFR	18.7		
Glucose (70 - 110 mg/dL)	57 L		
POC Glucose (70 - 110 mg/dL)		151 H	133 H
Calcium (8.9 - 10.3 mg/dL)	8.4 L		
Phosphorus (2.4 - 4.7 mg/dL)	4.3		
Albumin (3.5 - 4.8 g/dL)	2.2 L		
<b>Hematology</b>			
WBC (5.0 - 9.5 K/mm3)	8.0		
RBC (3.70 - 5.50 M/uL)	4.17		
Hgb (12.0 - 16.0 g/dL)	12.6		
Hct (37.0 - 47.0 %)	37.4		
MCV (80.0 - 99.0 fl)	89.6		
MCH (27.0 - 33.0 pg)	30.1		
MCHC (31.8 - 36.2 g/dL)	33.6		
RDW (10.0 - 16.4 %)	16.6 H		
Plt Count (140 - 450 K/mm3)	232		
MPV (7.5 - 10.5 fl)	10.9 H		
Neut % (37 - 80 %)	66.5		
Lymph % (10.0 - 50.0 %)	16.6		
Mono % (<12.0 %)	11.7		
Eos % (<7.0 %)	4.4		
Baso % (<2.5 %)	0.8		
Absolute Neutrophils (2.40 - 7.56 K/uL)	5.32		
Absolute Lymphocytes (0.96 - 4.75 K/uL)	1.33		
Absolute Monocytes (0.10 - 1.00 K/uL)	0.94		
Absolute Eosinophils (0.00 - 0.45 K/uL)	0.35		
Absolute Basophils (0.00 - 0.20 K/uL)	0.06		

**Test results personally reviewed & interpreted?** Yes  
**Consults reviewed and discussed** Nephrologist, 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

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Progress Note

Date 05/17/12

Multani,Kuljeet K MD - HOSP

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

**Current Medications**

Current Medications

Acetaminophen 500 mg Q4PRN PRN PO  
Acetaminophen/Hydrocodone Bitart 1 tab Q4PRN PRN PO  
Bisacodyl 5 mg HSPRN PRN PO  
Clonidine 0.2 mg Q8PRN PRN PO  
Morphine HCl 2 mg Q4PRN PRN IV  
Ondansetron HCl 4 mg Q6PRN PRN IV  
Insulin Glargine 25 unit QPM SUB-Q  
Carvedilol 12.5 mg BID PO  
Docusate Sodium 100 mg BID PO  
Famotidine 20 mg BID PO  
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  
Escitalopram Oxalate 20 mg DAILY PO (CKD)  
Isosorbide Mononitrate 30 mg DAILY PO  
Multivitamins 1 tab DAILY PO  
Sitagliptin Phosphate 50 mg DAILY PO  
Aspirin 81 mg DAILY PO  
Insulin Aspart 0 ACHSPRN PRN SUB-Q  
Sodium Chloride 1000 ml Q24H IV  
Vancomycin HCl 250 ml Q24H IV (CKD)  
Simvastatin 20 mg HS PO  
Calcium Acetate 667 mg WM PO (CKD)

**Exam**

**Date** 05/17/12

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

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

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

**Neck** Supple, No JVD, No thyromegaly, +2 Carotid Pulse wo Bruit, No Lymphadenopathy

**Cardiovascular** Regular, No murmur, No rub, No gallop, No JVD

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

**Extremities** tenderness and swelling left ankle-ace wrap present

**Skin** Intact

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Progress Note

Date 05/17/12  
Multani,Kuljeet K MD - HOSP

**Neurological** No Focal Deficits  
**Psych/Mental Status** Mental Status Normal

**Nursing Clinical Data**

**Pain (1-10):** 0 No Pain  
**Meal** Lunch  
**Oral Intake %** 75  
**Activity** Ambulate  
**Foley?** Yes  
**Date foley placed** 05/13/12  
**Last BM** 05/14/12  
**Pressure ulcer?** No  
**Isolation?** Yes  
**Reason-** MRSA+ (NASAL SWAB)

Assessment/Plan

**Problems & Plan**

**1 Acute renal failure probably secondary to ATN : slightly better,nephrotoxic meds stopped by nephrologist.On gentle IVF,cont same for now.Renal USG pending**

2. Distal Fibular fx-consulted Dr Nakata-Pt had a fall here in the hospital 3 days ago.Ice,elevation,pain control,ace wrap for now.Explained to pt that may take a long time to heal due to DM

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 long term placement as well.DPOA is aware.

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Progress Note

Date 05/17/12

Multani, Kuljeet K MD - HOSP

**Chronic Problems:**

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

**Daily plan discussed with-** Patient/family, Nurse

**Core Measure**

**Core Measure**

**DVT Prophylaxis** Heparin

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Lodi Memorial Hospital

Progress Note

Date 05/17/12  
Orellana,Manuel A MD

Subjective

**Subjective**

**Subjective HPI**

feeling better

**Problem List**

**Active Problems**

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

Objective

**Vitals & I&O**

**Vitals & I&O**

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
05/16-05/17	35.8-36.4	60-64	18-22	137-166/64-76	95-98	

Intake and Output

	05/17 0600
Intake Total	1553
Output Total	710
Balance	843
Intake, IV	1113
Intake, Oral	440
Number Voids	1
Output, Urine	710
Voiding Method	Foley

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PARVIN,MARY JEAN

03/16/43 69 F 3S

Electronically signed by: Orellana,Manuel A MD 05/17/12 1812

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Lodi Memorial Hospital

Progress Note

Date 05/17/12  
Orellana,Manuel A MD

Results

Results

Laboratory Tests

	05/17 1532	05/17 0545	05/17 0545	05/17 0545	05/16 2130
Chemistry					
Sodium (134 - 143 mmol/L)			145 H		
Chloride (98 - 107 mmol/L)			111 H	109 H	
BUN (8 - 21 mg/dL)			30 H	28 H	
Creatinine (0.44 - 1.03 mg/dL)			2.61 H	2.54 H	
Glucose (70 - 110 mg/dL)			58 L	57 L	
POC Glucose (70 - 110 mg/dL)					151 H
Calcium (8.9 - 10.3 mg/dL)			8.5 L	8.4 L	
Albumin (3.5 - 4.8 g/dL)				2.2 L	
PTH Intact (12 - 88 pg/mL)		151.7 H			
Hematology					
RDW (10.0 - 16.4 %)				16.6 H	
MPV (7.5 - 10.5 fl)				10.9 H	
Toxicology					
Vancomycin Trough (<=20.0 mcg/mL)	23.2 H				

**HEENT** Atraumatic

**Respiratory** Clear to auscultation

**Cardiovascular Exam** Regular, No gallop

**Abdomen** Normal Bowel Sounds

**Extremities** LLE wrapped, RLE decreased redness

**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

Acetaminophen 500 mg Q4PRN PRN PO

Acetaminophen/Hydrocodone Bitart 1 tab Q4PRN PRN PO

Bisacodyl 5 mg HSPRN PRN PO

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Lodi Memorial Hospital

Progress Note

Date 05/17/12  
Orellana,Manuel A MD

Clonidine 0.2 mg Q8PRN PRN PO  
Morphine HCl 2 mg Q4PRN PRN IV  
Ondansetron HCl 4 mg Q6PRN PRN IV  
Insulin Glargine 25 unit QPM SUB-Q (DC)  
Carvedilol 12.5 mg BID PO  
Docusate Sodium 100 mg BID PO  
Famotidine 20 mg BID PO  
Nystatin 0 BID TOP  
Levothyroxine Sodium 100 mcg DAILY AC PO  
Insulin Glargine 30 unit QAM SUB-Q (DC)  
Ceftriaxone Sodium 1000 mg Q24H IV  
Sodium Chloride 50 ml  
Escitalopram Oxalate 20 mg DAILY PO (CKD)  
Isosorbide Mononitrate 30 mg DAILY PO  
Multivitamins 1 tab DAILY PO  
Sitagliptin Phosphate 50 mg DAILY PO (DC)  
Aspirin 81 mg DAILY PO  
Insulin Aspart 0 ACHSPRN PRN SUB-Q  
Sodium Chloride 1000 ml Q24H IV  
Vancomycin HCl 250 ml Q24H IV (DC)  
Simvastatin 20 mg HS PO  
Calcium Acetate 667 mg WM PO (CKD)  
Insulin Glargine 20 unit QPM SUB-Q  
Vancomycin HCl 250 ml Q48H IV (CKD)  
Insulin Glargine 20 unit QAM SUB-Q  
Sitagliptin Phosphate 25 mg DAILY PO

**Assessment/Plan**

**Problems & Plan**

**Problems**

**Acute/Active Problems:**

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

**Plan**

May switch to po antibiotics ie Keflex 500 quid for 7 days  
Leg elevation rec.

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Lodi Memorial Hospital

Progress Note

Date 05/17/12  
Orellana, Manuel A MD

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PARVIN, MARY JEAN

03/16/43 69 F 3S

Electronically signed by: Orellana, Manuel A MD 05/17/12 1812

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Lodi Memorial Hospital

Progress Note

Date 05/17/12  
Sagireddy, Purushottama B MD

**Subjective Nephrologist**

**Subjective HPI**

Pt has a lot of questions about her care. Daughter wants a whole body MRI as pt apparently has been falling as outpatient.

**Problem List**

**Active Problems**

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

**Objective**

**Nursing Clinical Data**

**Vitals & I&O**

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
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Output, Urine	710
Voiding Method	Foley

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

Electronically signed by: Sagireddy, Purushottama B MD 05/17/12 1403

Run: -: by SAGIREDDY, PURUSHOTT

Lodi Memorial Hospital

Progress Note

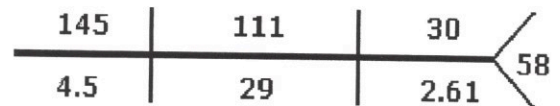
Date 05/17/12  
Sagireddy, Purushottama B MD

**Results**

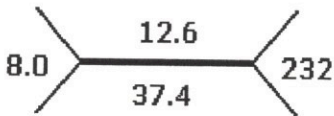
**Results**

Laboratory - CBC/MP

05/17/12 0545:



05/17/12 0545:



Laboratory Tests

	05/17 1159	05/17 0628	05/17 0545	05/16 2130	05/16 1731
Chemistry					
POC Glucose (70 - 110 mg/dL)	103	71		151 H	133 H
Phosphorus (2.4 - 4.7 mg/dL)			4.3		

**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)

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PARVIN, MARY JEAN

03/16/43 69 F 3S

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Lodi Memorial Hospital

Progress Note

Date 05/17/12  
Sagireddy, Purushottama B MD

**Current Medications**

Current Medications  
Acetaminophen 500 mg Q4PRN PRN PO  
Acetaminophen/Hydrocodone Bitart 1 tab Q4PRN PRN PO  
Bisacodyl 5 mg HSPRN PRN PO  
Clonidine 0.2 mg Q8PRN PRN PO  
Morphine HCl 2 mg Q4PRN PRN IV  
Ondansetron HCl 4 mg Q6PRN PRN IV  
Insulin Glargine 25 unit QPM SUB-Q  
Carvedilol 12.5 mg BID PO  
Docusate Sodium 100 mg BID PO  
Famotidine 20 mg BID PO  
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  
Escitalopram Oxalate 20 mg DAILY PO (CKD)  
Isosorbide Mononitrate 30 mg DAILY PO  
Multivitamins 1 tab DAILY PO  
Sitagliptin Phosphate 50 mg DAILY PO  
Aspirin 81 mg DAILY PO  
Insulin Aspart 0 ACHSPRN PRN SUB-Q  
Sodium Chloride 1000 ml Q24H IV  
Vancomycin HCl 250 ml Q24H IV (CKD)  
Simvastatin 20 mg HS PO  
Calcium Acetate 667 mg WM PO (CKD)

**Exam**

**Respiratory** Clear to auscultation

**Cardiovascular** Regular, No rub

**Abdomen** Soft

**Extremities** Trace edema

**Neurological** Alert and oriented

**Assessment/Plan Nephrology**

**Problems/Plan**

Problems

**Acute/Active Problems:**

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Run: -: by SAGIREDDY, PURUSHOTT

Lodi Memorial Hospital

Progress Note

Date 05/17/12

Sagireddy, Purushottama B MD

- 1 Acute renal failure probably secondary to ATN : Stable**
2. Congestive heart failure (Active): Improving.
3. Cellulitis and abscess of leg (Active)- On Vancomycin + IV rocephine
4. Proteinuria and CKD from diabetic Nephropathy: Restart ACE-I once renal function is stabilized.
5. Hyperglycemia and poorly controlled DM as outpatient. Monitor B.G in the hospital.
6. Essential hypertension (Active) : On appropriate treatment.
7. Family concerns about frequent falls as outpatient DW daughter to Discuss this with the hospitalist to further plan for investigation. Whole body MRI is probably not reasonable.

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