

Lodi Memorial Hospital

Progress Note

Date 05/19/12
Steinberg, Joel F MD

Subjective Nephrologist LTD

Subjective HPI

She feels fine and is anxious to go home. Denies SOB, chest pain, nausea.

Problem List

Active Problems

- Cellulitis and abscess of leg
- Chronic kidney disease stage 4
- Congestive heart failure
- Diabetes mellitus type 2
- Essential hypertension
- Hyperglycemia

Objective Nephrologist LTD

Nursing Clinical Data

Vitals & I&O

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FI02
05/18-05/19	36.0-37.2	60-64	16-20	129-175/60-89	93-96	

Intake and Output

	05/19 0600
Intake Total	1937
Output Total	2100
Balance	-163
Intake, IV	1137
Intake, Oral	800
Number	2
Unmeasured	
Stools	
Number Voids	1
Output, Urine	2100
Patient	121.61 kg
Weight	

M053082 V023586118

PARVIN, MARY JEAN

03/16/43 69 F 3S

Electronically signed by: Steinberg, Joel F MD 05/19/12 1344

Run: -: by STEINBERG, JOEL MD

PN-Nephrologist LTD - Additional copy

Lodi Memorial Hospital

Progress Note

Date 05/19/12
Steinberg, Joel F MD

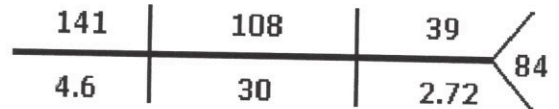
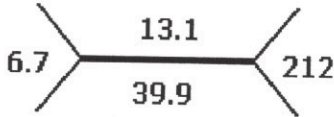
Voiding Method	Foley
Weight Measurement Method	Bed

Results

Results

Laboratory - CBC/MP

05/19/12 0556:



	Laboratory Tests			
	05/19	05/19	05/18	05/18
Chemistry	1149	0549	2048	1746
POC Glucose (70 - 110 mg/dL)	107	96	96	83

Exam

Respiratory Diminished breath sounds

Cardiovascular No rub, No gallop

Abdomen Soft, No Tenderness

Extremities Trace edema

Access None

Neurological Normal speech, Alert and oriented

Assessment/Plan Nephrology LTD

Problems/Plan

Problems

Acute/Active Problems:

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Run: -- by STEINBERG, JOEL MD

Lodi Memorial Hospital

Progress Note

Date 05/19/12
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Cellulitis and abscess of leg Under treatment.
Congestive heart failure Continue Lasix as there is presacral edema on CT done today.
Diabetes mellitus type 2
Essential hypertension
Hyperglycemia
Chronic Kidney Disease#4 Avoid nephrotoxins, control DM and hypertension. No nephrolithiasis seen on abd. CT done today.

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Lodi Memorial Hospital

Progress Note

Date 05/19/12
Orellana,Manuel A MD

Subjective

Subjective

Subjective HPI

no complaints

Problem List

Active Problems

- Cellulitis and abscess of leg
- Chronic kidney disease stage 4
- 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
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Unmeasured	
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Number Voids	1

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PARVIN, MARY JEAN

03/16/43 69 F 3S

Electronically signed by: Orellana, Manuel A MD 05/19/12 1348

Run: -: by ORELLANA, MANUAL MD

PN-General - Additional copy

Lodi Memorial Hospital

Progress Note

Date 05/19/12
Orellana,Manuel A MD

Output, Urine	2100
Patient Weight	121.61 kg
Voiding Method	Foley
Weight Measurement Method	Bed

Results
Results

Laboratory Tests

	05/19 0556
Chemistry	
Chloride (98 - 107 mmol/L)	108 H
BUN (8 - 21 mg/dL)	39 H
Creatinine (0.44 - 1.03 mg/dL)	2.72 H
Calcium (8.9 - 10.3 mg/dL)	8.8 L

General Appearance Alert & Oriented X3, Cooperative

HEENT Atraumatic

Respiratory Clear to auscultation

Cardiovascular Exam Regular, No gallop

Abdomen Normal Bowel Sounds, Soft

Extremities Trace edema

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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PARVIN,MARY JEAN

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Run: -: by ORELLANA,MANUAL MD

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Lodi Memorial Hospital

Progress Note

Date 05/19/12
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
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
Escitalopram Oxalate 20 mg DAILY PO (CKD)
Isosorbide Mononitrate 30 mg DAILY PO
Multivitamins 1 tab DAILY PO
Aspirin 81 mg DAILY PO
Insulin Aspart 0 ACHSPRN PRN SUB-Q
Sodium Chloride 1000 ml Q24H IV (DC)
Simvastatin 20 mg HS PO
Calcium Acetate 667 mg WM PO (CKD)
Insulin Glargine 20 unit QPM SUB-Q (DC)
Insulin Glargine 20 unit QAM SUB-Q (DC)
Sitagliptin Phosphate 25 mg DAILY PO
Cephalexin 500 mg Q6 PO
Furosemide 40 mg Q12 IV (DC)
Insulin Glargine 10 unit QPM SUB-Q
Furosemide 40 mg D-BID IV
Vancomycin HCl 250 ml Q48H IV (DC)
Insulin Glargine 10 unit QAM SUB-Q

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

continue Keflex 500 quid to complete 7 days
Leg elevation rec.

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Lodi Memorial Hospital

Progress Note

Date 05/19/12
Multani, Kuljeet K MD - HOSP

Subjective

Subjective

Subjective HPI

pt stable, feels weak today

Problem List

Active Problems

- Cellulitis and abscess of leg
- Chronic kidney disease stage 4
- Congestive heart failure
- Diabetes mellitus type 2
- Essential hypertension
- Hyperglycemia

History obtained from- Patient, Nurse

PCP/Admit Date

Primary Care Physician Freund, Edmund MD-Mills
Phone number 334-8540
Admit Date 05/11/12
Length of Stay 8

Estimated length of stay 2 days

History and Physical reviewed? Yes

Objective

Vitals & I&O

Vitals & I&O

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
05/18-05/19	36.0-37.2	60-64	18-20	129-158/60-73	93-95	

Intake and Output

05/19 0600

M053082 V023586118

PARVIN, MARY JEAN

03/16/43 69 F 3S

Electronically signed by: Multani, Kuljeet K MD - HOSP 05/19/12 1905

Run: -: by MULTANI, KULJEET MD

PN-Hospitalist - Additional copy

Lodi Memorial Hospital

Progress Note

Date 05/19/12
Multani, Kuljeet K MD - HOSP

Intake Total	1937
Output Total	2100
Balance	-163
Intake, IV	1137
Intake, Oral	800
Number Unmeasured Stools	2
Number Voids	1
Output, Urine	2100
Patient Weight	121.61 kg
Voiding Method	Foley
Weight Measurement Method	Bed

Results Results

Laboratory Tests

	05/19 1149	05/19 0556	05/19 0549	05/18 2048
Chemistry				
Sodium (134 - 143 mmol/L)		141		
Potassium (3.6 - 5.1 mmol/L)		4.6		
Chloride (98 - 107 mmol/L)		108 H		
Carbon Dioxide (22 - 32 mmol/L)		30		
BUN (8 - 21 mg/dL)		39 H		
Creatinine (0.44 - 1.03 mg/dL)		2.72 H		
Estimated GFR		17.3		
BUN/Creatinine Ratio (6.0 - 20.0)		14.3		
Glucose (70 - 110 mg/dL)		84		
POC Glucose (70 - 110 mg/dL)	107		96	96
Calcium (8.9 - 10.3 mg/dL)		8.8 L		
Hematology				
WBC (5.0 - 9.5 K/mm3)		6.7		
RBC (3.70 - 5.50 M/uL)		4.40		
Hgb (12.0 - 16.0 g/dL)		13.1		

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Hct (37.0 - 47.0 %)	39.9
MCV (80.0 - 99.0 fl)	90.7
MCH (27.0 - 33.0 pg)	29.7
MCHC (31.8 - 36.2 g/dL)	32.7
RDW (10.0 - 16.4 %)	15.1
Plt Count (140 - 450 K/mm3)	212
MPV (7.5 - 10.5 fl)	9.3
Neut % (37 - 80 %)	61.8
Lymph % (10.0 - 50.0 %)	21.0
Mono % (<12.0 %)	11.2
Eos % (<7.0 %)	4.6
Baso % (<2.5 %)	1.4
Absolute Neutrophils (2.40 - 7.56 K/uL)	4.12
Absolute Lymphocytes (0.96 - 4.75 K/uL)	1.40
Absolute Monocytes (0.10 - 1.00 K/uL)	0.75
Absolute Eosinophils (0.00 - 0.45 K/uL)	0.31
Absolute Basophils (0.00 - 0.20 K/uL)	0.09

Test results personally reviewed & interpreted? Yes
Consults reviewed and discussed Infectious Disease, Nephrologist
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
 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
 Carvedilol 12.5 mg BID PO
 Docusate Sodium 100 mg BID PO

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Progress Note

Date 05/19/12

Multani,Kuljeet K MD - HOSP

Famotidine 20 mg BID PO
Nystatin 0 BID TOP
Levothyroxine Sodium 100 mcg DAILY AC PO
Escitalopram Oxalate 20 mg DAILY PO (CKD)
Isosorbide Mononitrate 30 mg DAILY PO
Multivitamins 1 tab DAILY PO
Aspirin 81 mg DAILY PO
Insulin Aspart 0 ACHSPRN PRN SUB-Q
Simvastatin 20 mg HS PO
Calcium Acetate 667 mg WM PO (CKD)
Sitagliptin Phosphate 25 mg DAILY PO
Cephalexin 500 mg Q6 PO
Insulin Glargine 10 unit QPM SUB-Q
Furosemide 40 mg D-BID IV
Vancomycin HCl 250 ml Q48H IV (DC)
Insulin Glargine 10 unit QAM SUB-Q

Exam

Date 05/19/12

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 mild lesions RLE, LLE ace wrap

Neurological No Focal Deficits

Psych/Mental Status Mental Status Normal

Nursing Clinical Data

Pain (1-10): 0 No Pain

Meal Lunch

Oral Intake % 15

Activity Bed

Foley? Yes

Date foley placed 05/13/12

Last BM 05/19/12

Pressure ulcer? No

Isolation? Yes

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5-19-12

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Reason- MRSA+ (NASAL SWAB)

Assessment/Plan

Problems & Plan

1 Acute renal failure probably secondary to ATN : slightly worse, nephrotoxic meds stopped by nephrologist. Started on Diuretics per nephro. Renal USG shows multiple calculi within kidney-but no hydronephrosis, not present in last USG here in 2007-d/w niece Tiffany. D/W Dr Albert who recommended CT as USG findings did not correlate-shows vascular calcifications in kidney with chronic med ds-no intervention needed at this time

2. Distal Fibular fx-consulted Dr Nakata-Pt had a fall here in the hospital 4 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)-started on diuresis again

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

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

6 Hypoglycemia and poorly controlled DM with HgA1c is of 14.20, Cont lantus in am and pm at lowered doses 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.

Plan dc in 2 days if more stable

Chronic Problems:

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

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