

Lodi Memorial Hospital

Progress Note

Date 05/20/12
Multani,Kuljeet K MD - HOSP

Subjective

Subjective

Subjective HPI

Stable overnight, though documented to have greenish BMs through yday evening. Pt is sleeping but awakes to answers

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 9

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
05/19-05/20	36.0-37.0	60-66	16-20	129-158/60-72	93-96	

Intake and Output

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

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	05/20 0600
Intake Total	810
Output Total	1850
Balance	-1040
Intake, Oral	810
Number	2
Unmeasured	
Stools	
Output, Urine	1850
Voiding	Foley
Method	

Results
Results

Laboratory Tests

	05/20 0651	05/20 0538	05/19 2134	05/19 1738	05/19 1149
Chemistry					
Sodium (134 - 143 mmol/L)		137			
Potassium (3.6 - 5.1 mmol/L)		4.2			
Chloride (98 - 107 mmol/L)		104			
Carbon Dioxide (22 - 32 mmol/L)		28			
BUN (8 - 21 mg/dL)		44 H			
Creatinine (0.44 - 1.03 mg/dL)		2.76 H			
Estimated GFR		17.0			
Glucose (70 - 110 mg/dL)		197 H			
POC Glucose (70 - 110 mg/dL)	250 H		169 H	97	107
Calcium (8.9 - 10.3 mg/dL)		8.7 L			
Phosphorus (2.4 - 4.7 mg/dL)		4.6			
Albumin (3.5 - 4.8 g/dL)		2.4 L			
Hematology					
WBC (5.0 - 9.5 K/mm3)		6.5			
RBC (3.70 - 5.50 M/uL)		4.32			
Hgb (12.0 - 16.0 g/dL)		12.7			
Hct (37.0 - 47.0 %)		38.9			
MCV (80.0 - 99.0 fl)		90.0			
MCH (27.0 - 33.0 pg)		29.3			
MCHC (31.8 - 36.2 g/dL)		32.6			
RDW (10.0 - 16.4 %)		15.5			

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Plt Count (140 - 450 K/mm3)	213
MPV (7.5 - 10.5 fl)	9.0
Neut % (37 - 80 %)	62.0
Lymph % (10.0 - 50.0 %)	19.9
Mono % (<12.0 %)	11.3
Eos % (<7.0 %)	5.0
Baso % (<2.5 %)	1.8
Absolute Neutrophils (2.40 - 7.56 K/uL)	4.02
Absolute Lymphocytes (0.96 - 4.75 K/uL)	1.29
Absolute Monocytes (0.10 - 1.00 K/uL)	0.74
Absolute Eosinophils (0.00 - 0.45 K/uL)	0.33
Absolute Basophils (0.00 - 0.20 K/uL)	0.12

Test results personally reviewed & interpreted? Yes
Consults reviewed and discussed 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
- 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

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Multivitamins 1 tab DAILY PO
Aspirin 81 mg DAILY PO
Insulin Aspart 0 ACHSPRN PRN SUB-Q (DC)
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
Insulin Glargine 10 unit QAM SUB-Q
Insulin Aspart 0 ACHSPRN PRN SUB-Q (UNI)

Exam

Date 05/20/12

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 RLE almost healed lesions, LLE Acewrap

Skin Intact

Neurological No Focal Deficits

Psych/Mental Status Mental Status Normal

Nursing Clinical Data

Pain (1-10): 0 No Pain

Meal Dinner

Oral Intake % 100

Activity Bed

Foley? Yes

Date foley placed 05/13/12

Last BM 05/19/12

Pressure ulcer? No

Isolation? Yes

Reason- MRSA+ (NASAL SWAB)

Assessment/Plan

Problems & Plan

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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 corelate-shows vascular calcifications in kidney with chronic med ds-no intervention needed at this time.UPEP/SPEP labs pending

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 PO keflex now after completing IV course,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.

9.Sent stool for C.Diff

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

Daily plan discussed with- Patient/family, Nurse

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Progress Note

Date 05/20/12
Steinberg, Joel F MD

Subjective Nephrologist LTD

Subjective HPI

She feels OK today. No SOB or chest pain.

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	FiO2
05/19-05/20	35.9-37.2	60-66	16-20	138-170/65-77	94-98	

Intake and Output

	05/20 0600
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Intake, Oral	810
Number	2
Unmeasured Stools	
Output, Urine	1850
Voiding Method	Foley

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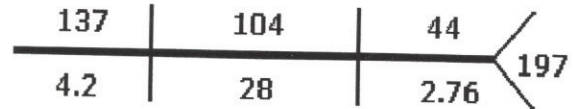
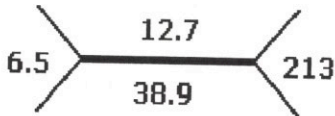
Date 05/20/12
Steinberg, Joel F MD

Results

Results

Laboratory - CBC/MP

05/20/12 0538:



Laboratory Tests

	05/20 0651	05/20 0538	05/19 2134	05/19 1738
Chemistry				
POC Glucose (70 - 110 mg/dL)	250 H		169 H	97
Phosphorus (2.4 - 4.7 mg/dL)		4.6		

Exam

Respiratory Normal to air movement

Abdomen Soft

Extremities Trace edema

Access None

Neurological Alert and oriented

Assessment/Plan Nephrology LTD

Problems/Plan

Problems

Acute/Active Problems:

Cellulitis and abscess of leg

Chronic kidney disease stage 4 (GFR 15-29) Control BP, AODM, salt consumption. Avoid NSAIDs and other nephrotoxins.

Congestive heart failure

Diabetes mellitus type 2

Essential hypertension

Hyperglycemia

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