

Lodi Memorial Hospital

Progress Note

Date 05/21/12

Felber,Rodney DO - HOSP

Subjective

Subjective

Subjective HPI

Day 10 of admission for Cellulitis, Accelerated HTN and ARF. Nephrology following the patient with us.

ID consult read. Patient remains on Keflex po. All IV antibiotics have been discontinued.

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- Family, Chart
PCP/Admit Date**

Primary Care Physician Freund,Edmund MD-Mills

Phone number 334-8540

Admit Date 05/11/12

Length of Stay 10

Estimated length of stay 2 days

History and Physical reviewed? Yes

Objective

Vitals & I&O

Vitals & I&O

Vital Signs

M053082 V023586118

PARVIN,MARY JEAN

03/16/43 69 F 3S

Electronically signed by: Felber,Rodney DO - HOSP 05/21/12 1537

Run: -: by FELBER,ROD DO

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Lodi Memorial Hospital

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Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
05/20-05/21	36.3-36.7	60-61	16-20	138-168/62-78	95-99	

Intake and Output

	05/21 0600
Intake Total	250
Output Total	2200
Balance	-1950
Intake, IV	0
Intake, Oral	250
Number Unmeasured Stools	3
Output, Urine Patient Weight	2200 117.48 kg
Voiding Method	Foley
Weight Measurement Method	Bed

Results Results

	Laboratory Tests				
	05/21 1158	05/21 0818	05/21 0702	05/21 0610	05/20 2135
Chemistry					
Sodium (134 - 143 mmol/L)				143	
Potassium (3.6 - 5.1 mmol/L)				3.6	
Chloride (98 - 107 mmol/L)				107	
Carbon Dioxide (22 - 32 mmol/L)				31	
BUN (8 - 21 mg/dL)				39 H	
Creatinine (0.44 - 1.03 mg/dL)				2.76 H	
Estimated GFR				17.0	
BUN/Creatinine Ratio (6.0 - 20.0)				14.1	
Glucose (70 - 110 mg/dL)				79	
POC Glucose (70 - 110 mg/dL)	141 H	89	89		167 H
Calcium (8.9 - 10.3 mg/dL)				9.1	

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Total Bilirubin (0.1 - 2.0 mg/dL)			0.7
AST (15 - 41 IU/L)			11 L
ALT (14 - 54 IU/L)			8 L
Alkaline Phosphatase (38 - 126 IU/L)			48
Total Protein (6.1 - 7.9 g/dL)			4.8 L
Albumin (3.5 - 4.8 g/dL)			2.1 L
Globulin (2.0 - 3.8 gm/dL)			2.7
Albumin/Globulin Ratio (1.2 - 2.5)			0.8 L
Hematology			
WBC (5.0 - 9.5 K/mm3)			5.8
RBC (3.70 - 5.50 M/uL)			4.17
Hgb (12.0 - 16.0 g/dL)			12.4
Hct (37.0 - 47.0 %)			37.4
MCV (80.0 - 99.0 fl)			89.7
MCH (27.0 - 33.0 pg)			29.7
MCHC (31.8 - 36.2 g/dL)			33.2
RDW (10.0 - 16.4 %)			15.1
Plt Count (140 - 450 K/mm3)			212
MPV (7.5 - 10.5 fl)			9.9
Neut % (37 - 80 %)			56.6
Lymph % (10.0 - 50.0 %)			23.7
Mono % (<12.0 %)			12.7 H
Eos % (<7.0 %)			5.7
Baso % (<2.5 %)			1.3
Absolute Neutrophils (2.40 - 7.56 K/uL)			3.27
Absolute Lymphocytes (0.96 - 4.75 K/uL)			1.37
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)			0.07

	05/20
	1657
Chemistry	
POC Glucose (70 - 110 mg/dL)	243 H

Test results personally reviewed & interpreted? Yes
Consults reviewed and discussed Nephrologist
Medical records reviewed Yes

Medications
Allergies

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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

Multivitamins 1 tab DAILY PO

Aspirin 81 mg DAILY PO

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

Exam

Date 05/21/12

General Appearance Alert, Oriented X3, Cooperative

HEENT Mucous Membr. moist/pink

Cardiovascular Regular

Extremities right legs with improved redness. Improved swelling., Left lower leg in ACE wrap for Fx of distal fibula.

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Psych/Mental Status Flat affect

Nursing Clinical Data

Pain (1-10): 0 No Pain

Meal Lunch

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

Acute renal failure probably secondary to ATN :

Creatnine remains elevated.

Change Lasix from IV to po 40 mg q 12

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

Congestive heart failure (Active)

Lasix 40mg po q 12

Cellulitis and abscess of leg (Active)

PO keflex

Proteinuria and CKD from diabetic Nephropathy:

Restart ACE-I once renal function is stabilized.

Hypoglycemia and poorly controlled DM with HgA1c is of 14.20,

Cont lantus in am and pm at lowered doses (10 units q am and 10 units q 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

Accelerated hypertension (Active)

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Carvedilol 12.5 gm q 12hours.

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.

Diarrhea

Sent stool for C. Diff

Chronic Problems:

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

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Progress Note

Date 05/21/12
Maddula, Mallareddy MD

Subjective Nephrologist

Subjective HPI

Patient is alert, awake, no complaints.

Problem List

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Nursing Clinical Data

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Patient Weight	117.48 kg
Voiding	Foley

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Electronically signed by: Maddula, Mallareddy MD 05/22/12 1053

Run: -- by MADDULA, MALLAREDDY

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Date 05/21/12
Maddula, Mallareddy MD

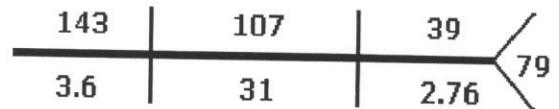
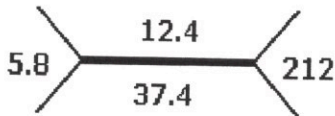
Method	
Weight Measurement Method	Bed

Results

Results

Laboratory - CBC/MP

05/21/12 0610:



Laboratory Tests

	05/21 0818	05/21 0702	05/20 2135	05/20 1657
Chemistry				
POC Glucose (70 - 110 mg/dL)	89	89	167 H	243 H

Medications

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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
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

Exam

Respiratory Clear to auscultation, Normal to air movement

Cardiovascular Regular, No murmur

Abdomen Normal Bowel Sounds, Soft

Extremities No cyanosis, No edema

Assessment/Plan Nephrology

Problems/Plan

1 Acute renal failure probably secondary to ATN : Stop IVF because of edema/fluid overload. Lasix 40 BID.

2. Congestive heart failure (Active):

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 with HgA1c is of 14.20, Cont lantus 30 units in am and 25 units in pm and ISS anc acc checks.

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