

Lodi Memorial Hospital

Progress Note

Date 05/22/12
Felber, Rodney DO - HOSP

COPY

from previous Echo)

Lasix 40mg po q 12

Restart ACE or ARB once renal function improves. Holding because of Renal Failure.

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

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

Cellulitis and abscess of leg (Active)

PO keflex

Proteinuria and CKD from diabetic Nephropathy:

Restart ACE-I once renal function is stabilized.

Accelerated hypertension (Active)

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

Discharge Summary Dictation 344510

Chronic Problems:

Cellulitis and abscess of leg

Congestive heart failure

Diabetes mellitus type 2

Essential hypertension

Hyperglycemia

M053082 V023586118

PARVIN, MARY JEAN

03/16/43 69 F 3S

Electronically signed by: Felber, Rodney DO - HOSP 05/22/12 0956

Run: -: by FELBER, ROD DO

PN-Hospitalist - Additional copy