

LODI MEMORIAL HOSPITAL  
DISMISSAL SUMMARY

DATE  
05/22/2012

DATE OF ADMISSION  
05/11/2012

DATE OF DISCHARGE  
05/22/2012

DISCHARGE DIAGNOSES

1. Acute renal failure exacerbating chronic obstructive pulmonary disease.
2. She had cellulitis.
3. She also has acute exacerbation of chronic systolic heart failure.
4. Hypoglycemia.
5. Poorly controlled type 2 diabetes mellitus with a hemoglobin A1c of 14.20.
6. Distal fibular fracture.
7. Chronic kidney disease with diabetic nephropathy.
8. Accelerated hypertension.

PROCEDURES

She had a CAT scan of the pelvis and abdomen. She had a CAT scan of the CT. She had ultrasound of both lower extremities to evaluate for DVT. She had ultrasound of the retroperitoneal area to evaluate for her chronic kidney disease.

CONSULTATIONS

With Dr. Roland Nakata for her fractured left distal fibula. With Dr. Maddula for Nephrology. Dr. Ketelaar for surgery and Dr. Orellana for ID.

REASON FOR ADMISSION

This 69-year-old female who has a history of poorly controlled insulin-dependent diabetes, hypertension and chronic systolic heart failure, came into the hospital because of increased right lower leg swelling, redness, and pain. She states that the redness has been going on for 2 weeks prior to admission and she did not see her primary care physician. She has not been on any antibiotics prior to arrival in the emergency room. She started to experience more redness in the right lower left extremity and states that is why she came to the emergency room.

HOSPITAL COURSE

The patient was seen and evaluated by the ER physician, request was made for hospitalist consult for further evaluation and management of her cellulitis.

The patient was seen and admitted by Dr. Ed Chang.

PHYSICAL EXAMINATION

	M053082	V023586118
	PARVIN, MARY JEAN	
	03/16/43	69
Att. Dr.	Felber, Rodney DO - HOSP	F
	05/11/12	3S
Dict. Dr.	Rodney Felber, DO - HOSP	1

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VITAL SIGNS: At the time of his evaluation she had accelerated hypertension with a systolic pressure of 220/95. Her pulse was 74, respirations 20, her temperature was 36.9.

GENERAL: The patient was awake and alert.

LUNGS: Her lungs had decreased breath sounds at the bases.

HEART: Her heart was regular rate and rhythm.

EXTREMITIES: Her lower extremities did reveal 2+ edema some above the ankle. The second toe of that foot had been amputated. The left leg had had a scar due to vein removal for coronary artery bypass grafting.

LABORATORY

Revealed a white count of 7, hematocrit 44. Sodium of 140, potassium 3.9, chloride 105. Her BUN on admission was 19. Her creatinine was 1.50. Her baseline creatinines in 2001 were 1.6. Her glucose was 223.

She was admitted for right lower leg extremity cellulitis and diabetic foot ulcer with congestive heart failure exacerbation and accelerated hypertension.

The patient was started on antibiotics in the form of vancomycin and Zosyn, and she was given Lasix, increased dosage of 40 mg 3 times a day. Her past ejection fraction was documented as 30%, however, we held the Lisinopril and Micardis due to her creatinine of 1.6 and the increased dose of her Lasix.

The patient was seen in consultation by Dr. Orellana for her cellulitis in the setting of her poorly controlled diabetes. He recommended vancomycin 1 gram every 24 hours and cefuroxime 2 grams q.24 hours. He suggested that the piperacillin tazobactam be discontinued. Dr. Ketelaar saw the patient and did not think any surgery needed to be performed at that time. Dr. Maddula saw the patient for exacerbation of her chronic kidney disease. There was adjustment of her diuretics on a few occasions during the hospitalization in order to adequately treated her heart failure, but not worsen her renal function. Renal ultrasound was performed at the time of hospitalization and showed some calcifications within the kidney, however, there was no obstruction.

Also, during this hospitalization, she had pain in her left ankle. An x-ray was performed which showed a fracture of the left distal fibula and Dr. Nakata, orthopedist, was called to see the patient and recommended Ace wraps for treatment of this fracture. His recommendation that she can bear weight as tolerated that she needs a repeat x-ray in one week. His thoughts were that this may be difficult to heal secondary to her poorly controlled diabetes.

DIET

She will be on an 1800 calorie carbohydrate controlled diet.

ACTIVITY

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Her activity is as tolerated. She can bear weight on the left ankle.

MEDICATIONS

1. She is to hold off on her lisinopril and Micardis due to her renal function.
2. She is to take Keflex 500 mg q.6 hours for 7 days.
3. Januvia 25 mg p.o. everyday.
4. Lantus 10 units every a.m. and p.m.
5. Furosemide 40 mg orally one twice a day every 12 hours.
6. Isosorbide 30 mg a day.
7. Nitroglycerin 1/150 sublingually p.r.n. chest pain.
8. Zetia 10 mg p.o. every day.
9. Klor-Con 10 mEq twice a day.
10. Levothyroxine 100 mcg per day.
11. Ambien 5 mg/day.
12. Carvedilol 12.5 mg p.o. q.12 hours.
13. Lexapro 20 mg p.o. everyday.
14. Famotidine 20 mg p.o. q.12 hours.
15. Lovastatin 40 mg every day.
16. Aspirin 81 mg a day.
17. She has Norco 7.5 that she can use q.6 hours p.r.n. pain.

FOLLOWUP

I have told her she needs to be followed up by her primary care physician, Dr. Freund, in the next 5 to 7 days. I am not sure that discharge planning has arranged that. When she is seen by Dr. Freund, she will need a repeat x-ray of that left ankle. She will need a BMP. She will need a BNP.

Her overall prognosis is poor with her poorly controlled diabetes and her apparent lack of insight into this disease.

CONDITION AT TIME OF DISCHARGE

Fair.

cc: Edmund A. Freund, MD MD

JOB # 344510

DD: 05/22/12 0938

DT: 05/22/12 1134

Report#: 0522-0088

FELBER/WM

cc: Edmund A Freund, MD - ER

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E-Signed By:

Rodney Felber, DO - HOSP

E-sign Date: 06/05/12 E-Sign Time: 1843

Co-sign Date: Time:

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