

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

Subjective

**Subjective
Subjective HPI**

Day 11 of admission for cellulitis, Acute exacerbation of chronic systolic CHF and Acute renal failure complicating CKD.

Leg is improved. Less edematous. Less Red.

Problem List

Active Problems

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

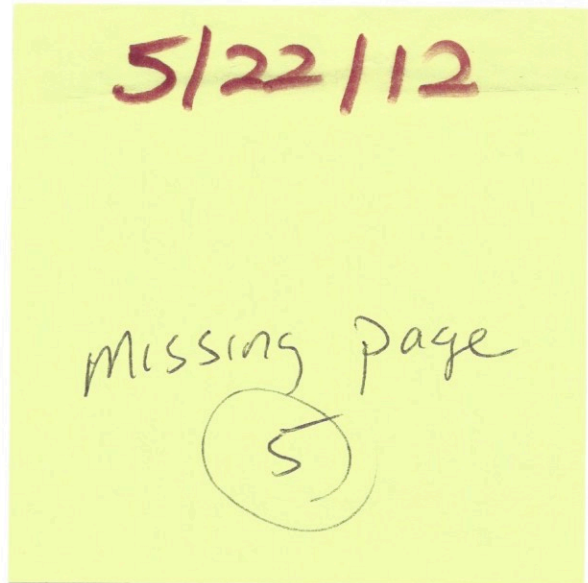
**History obtained from- Patient, Nurse, Chart
PCP/Admit Date**

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

Estimated length of stay 1 days
History and Physical reviewed? Yes

Objective

**Vitals & I&O
Vitals & I&O**



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

Lodi Memorial Hospital

Progress Note

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

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
05/21-05/22	35.7-36.8	60-63	18-20	145-176/64-78	94-99	

Intake and Output

	05/22 0600
Intake Total	1075
Output Total	2750
Balance	-1675
Intake, Oral	1075
Number Unmeasured Stools	2
Number Voids	1
Output, Urine	2750
Patient Weight	114.87 kg
Voiding Method	Foley
Weight Measurement Method	Bed

Results Results

	Laboratory Tests					
	05/22 0600	05/22 0557	05/22 0540	05/21 2111	05/21 1724	
Chemistry						
Sodium (134 - 143 mmol/L)			139			
Potassium (3.6 - 5.1 mmol/L)			3.6			
Chloride (98 - 107 mmol/L)			102			
Carbon Dioxide (22 - 32 mmol/L)			29			
BUN (8 - 21 mg/dL)			41 H			
Creatinine (0.44 - 1.03 mg/dL)			2.75 H			
Estimated GFR			17.1			
Glucose (70 - 110 mg/dL)			177 H			
POC Glucose (70 - 110 mg/dL)		184 H		228 H	217 H	
Calcium (8.9 - 10.3 mg/dL)			9.0			

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Phosphorus (2.4 - 4.7 mg/dL)		3.9
Albumin (3.5 - 4.8 g/dL)		2.3 L
Serology		
C. difficile Tox (PCR) (NEGATIVE)	NEGATIVE	

	05/21 1158
Chemistry	
POC Glucose (70 - 110 mg/dL)	141 H

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
 Multivitamins 1 tab DAILY PO
 Aspirin 81 mg DAILY PO
 Simvastatin 20 mg HS PO

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 PARVIN,MARY JEAN
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Lodi Memorial Hospital

Progress Note

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

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 (DC)
Insulin Glargine 10 unit QAM SUB-Q
Insulin Aspart 0 ACHSPRN PRN SUB-Q
Furosemide 40 mg D-BID PO

Exam

Date 05/22/12

General Appearance Alert, Cooperative

HEENT Mucous Membr. moist/pink

Respiratory Clear to auscultation

Cardiovascular Regular

Extremities right leg redness and swelling almost completely resolved. left ankle in ACE wrap for distal fibula fractur.

Psych/Mental Status Depressed, Flat affect

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

Acute renal failure exacerbating her CKD:

Creatnine remains elevated to 2.75. When checking her Baseline in 2011 it was in the 1.6 range.

Lasix dosing as been decreased to 40 mg po q 12

Acute exacerbation for chronic systolic congestive heart failure (Active) (EF stated as 30% on H&P)

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ER 5-11-12

discharged to

Delta Rehab 5-22-12

admitted for

5-13-12 MRSA positive

5-11-12 Mary fell in room
377 going to bathroom
Lost memory & sprained left
Ankle.

12 days at
LMH

Lodi Memorial Hospital

Progress Note

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Discharge

Discharge

Discharge to: SNF

Follow up plan discussed with patient? Yes

Medication reconciliation completed? Yes

Time spent on discharge 45 minutes plus

Core Measure

Core Measure

CHF ACE/ARB if EF less 40% (ACE/ARB on hold for ARF)

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Lodi Memorial Hospital

Progress Note

Date 05/22/12
Maddula, Mallareddy MD

Subjective Nephrologist

Subjective HPI

Patient is alert, awake, 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

Nursing Clinical Data

Vitals & I&O

Vital Signs

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PARVIN, MARY JEAN

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Electronically signed by: Maddula, Mallareddy MD 05/30/12 1044

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Lodi Memorial Hospital
Progress Note

Date 05/22/12
Maddula, Mallareddy MD

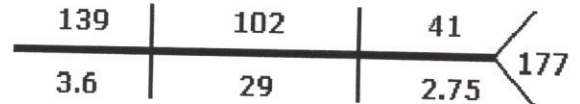
Method	
Weight Measurement Method	Bed

Results

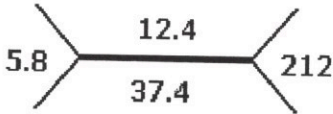
Results

Laboratory - CBC/MP

05/22/12 0540:



05/21/12 0610:



Laboratory Tests

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Chemistry					
POC Glucose (70 - 110 mg/dL)	184 H		228 H	217 H	141 H
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Medications
Allergies

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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)

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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
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Insulin Glargine 10 unit QPM SUB-Q
Furosemide 40 mg D-BID IV (DC)
Insulin Glargine 10 unit QAM SUB-Q
Insulin Aspart 0 ACHSPRN PRN SUB-Q
Furosemide 40 mg D-BID PO

Exam

Respiratory Clear to auscultation, Normal to air movement

Cardiovascular Regular, No murmur, No rub

Abdomen Normal Bowel Sounds, Soft, No Tenderness

Extremities No cyanosis, No edema

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Progress Note

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Assessment/Plan Nephrology

Problems/Plan

- 1 **Acute renal failure probably secondary to ATN : Improved to baseline.** 2. Congestive heart failure (Active): **On Lasix 40 BID**
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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