

LMH ER

6-4-13

Released

HOM

6-9-13

IN home health

P.T. Jeff, Nurse

Kathy & Monica

Social workers & Emily

O.T.

many stopped service
for 1 week

06/04/13 M053082 70 / +
 V024703878 BD: 03/16/4
 PARVIN, MARY JEAN
 MCAB CARTCH ER

Circle or check affirmatives, backslash (/) negatives.

EMERGENCY PROVIDER RECORD 84
Initial Provider Contact



DATE: 6/4/13 TIME SEEN: 1431 ROOM: 19 EMS Arrival
 HISTORIAN: patient spouse paramedics
 INTERPRETER: _____

UNABLE TO OBTAIN HISTORY DUE TO: _____

Subj
 Fever

CHIEF COMPLAINT / BRIEF HPI: S/P
 CHEST PAIN DYSPNEA WHEEZING cellulitis
 ABDOMINAL PAIN VOMITING DIARRHEA 3-4 wks
 FEVER ALOC SEIZURE Red
 VERTIGO DIZZINESS FAINTING Sweaty
 OTHER: _____

PMD to do oral Abx

PAST HX
 neurological problems _____ lung disease PCP/Free
CVA seizure disorder _____ asthma emphysema
 cardiac disease Cabg diabetes
 heart attack (MI) angina insulin-dependent diet-controlled sister
 heart failure PACER oral hypoglycemic MRSA
 high blood pressure HTO high cholesterol _____
 other problems Sister a ABX CHF hold

Medications none see nurses note Allergies NKDA
 ASA NSAID acetaminophen see nurses note Latex
Unknown Sofa
Morphine

V/S BP 123/58 HR 70 RR 18 Temp 37.1

PHYSICAL EXAM
 EXAM LIMITED BY: _____

GENERAL
 alert and interactive _____ decreased LOC _____
 _____ non-verbal / uncooperative _____

RESPIRATORY
 no resp distress _____ mild / moderate / severe distress _____
 nml breath sounds _____ wheezes / rales / rhonchi _____
 _____ decreased breath sounds R / L _____

CVS
 nml rate _____ tachycardia / bradycardia _____
 nml rhythm _____ irregularly irregular rhythm _____
 nml heart sounds _____ occasional / frequent _____
 _____ murmur _____

ABDOMEN
 _____ tenderness general / focal _____
 non-tender _____ distended / rebound / guarding _____
 no distension _____ bowel sounds absent / increased / decreased _____
 nml bowel sounds _____

SKIN
 _____ pallor / ecchymosis / cyanosis / rash _____
 nml color _____ cool / diaphoretic / not intact _____
 warm, dry, intact _____ dry mucus membrane Cellulitis
 nml volume status _____ poor skin turgor edema Bilateral

NEURO
 oriented x 3 _____ disoriented to person / place / time Awake
 grossly intact _____ focal neuro deficit _____

INITIAL ORDERS & PLAN:

LABS: ABG BCx2 BCx1

PCP LACTATE URINE DIP UHCG

CBC CMP BMP PT

CK TROPONIN BNP D-DIMER

OTHER: _____

IMAGING: CXR PELVIS HIP R L

XR EXTREMITY: _____

CT: HEAD C-SPINE FACIAL

CT (OTHER): _____

US: PELVIC OB GB

US (OTHER): SCROTUM DVT R L

IV FLUIDS: NS LR D5 1/2NS

BOLUS 1L 2L 100 CC/HR

RT: ECG MONITOR PULSE OXY

NEB: ALBUTEROL _____ MG ATROVENT _____ MG 1 HOUR

MEDICATIONS:

PO: TYLENOL MOTRIN ZOFRAN ODT

VICODIN NORCO PERCOCET

IM: TORADOL MORPHINE DILAUDID

IV: TORADOL MORPHINE DILAUDID

ROCEPHIN LEVAQUIN VANCOMYCIN

PLEASE NOTE: THIS TRIAGE NOTE IS NOT THE FINAL MEDICAL RECORD; IT ONLY ALLOWS THE PATIENT'S CARE TO BEGIN. ANOTHER PROVIDER WILL DOCUMENT A COMPLETE EVALUATION ON A COMPLAINT SPECIFIC TEMPLATE.

NOTES: reviewed
Dr. Posney
 _____ scribing for _____

(Scribe name) Christian Carter, PA (Provider name)
 I have reviewed the information provided by the scribe for accuracy and agree with its contents. IDX #55493

PROVIDER: _____ IDX Provider # 55403
 Template Complete

ED SCANNED



Nursing Assessment Reviewed Initial Vital Signs Reviewed Telemetry
 BP 123/58 HR 70 RR 18 Temp 37.1
 Pulse O₂ 94% RA O₂ Interp nml hypoxic

PHYSICAL EXAM

EXAM LIMITED BY:

General Appearance

appears well mild/moderate/severe distress
 alert anxious/lethargic
 oriented x 3 disoriented to person/place/time

LOWER EXTREM.

edema/swelling
 nml inspection foot/ankle/Achilles tendon/calf/thigh/hip
 non-tender pedal edema 2+ B to the hip
 no pedal edema calf circumference R cm L cm
 nml weight bearing crepitus/subcutaneous emphysema
 painful/unable to bear weight

Joint Exam

joints nml ligamentous instability
 nml ROM effusion
 click/crepitus
 limited ROM

VASCULAR

no vascular compromise pale/cool extremity
 pulses full/equal poor capillary refill
 decreased/absent pulse Homans' sign/cords
 femoral popliteal dors-pedis post-tib

NEURO

nml cognition cerebellar cognitive deficit
 cerebellar ataxia
 sensorimotor sensory/motor deficit facial droop
 sensation nml
 motor nml
 nml reflexes abnml/asymmetric reflexes
 patellar achilles

SKIN

color nml, no rash cyanosis/diaphoresis/pallor
 warm, dry warmth/erythema BLE
 rash/embolic lesion
 lymphangitis
 decubitus

HEENT

head atraumatic scleral icterus/pale conjunctivae
 eyes inspect nml EOM palsy/anisocoria
 ENT inspect nml pharyngeal erythema
 pharynx nml

RESPIRATORY

no resp. distress respiratory distress
 breath sounds nml wheezes/rales/rhonchi

CVS

reg. rate & rhythm tachycardia/bradycardia
 heart sounds nml JVD
 murmur/gallop

ABDOMEN / GI

non-tender tenderness/guarding/rebound
 no organomegaly hepatomegaly/splenomegaly/mass
 no bruit/mass

BACK / NECK

nml inspection vertebral point-tenderness
 pos straight-leg raise test on R/L at deg

PSYCH

mood/affect nml depressed mood/flat affect

LABS, EKG & XRAYS CK 140 Trop 0.04

*Normal lab value ranges are included on the original lab report

CBC nml except platelets Chem nml except BUN 35 PTT
 WBC segs Na Creat 2.07 CPK
 Hgb bands K BNP 1453 UA
 Hct lymphs CO2 PT D-Dimer nml except
 LA 1.3 PCT 20.05 Gluc 314 INR

Rhythm Strip Rate Rhythm NSR/PVC

EKG interp by ED provider Rate NSR A-fib
 nml intervals nml axis nml QRS non-specific ST/TW changes
 diagnosis nml abnml

XRAYS

Interp. by me Reviewed by me Discsd w/ radiologist read by radiologist
 study:
 nml/NAD no fracture nml alignment no foreign body

interp:

Ultrasound lower extremity

nml/NAD

PROGRESS

see additional template: # 94 51a
 Time unchanged improved re-examined

PT Trop 3 units for presumed
 BLE cellularity unchanged
 plus BLE edema of dors of SOB

patient ambulating / mentating at pre-event baseline

Discharge VS: BP HR RR Temp

Discussed with Dr. Hlaing Time: 1655

will see patient in: (ED/hospital/office)

counseled patient/family regarding: Additional history from:

lab/rad. results (diagnosis) need for follow-up family caretaker paramedics

prior records ordered holding orders written

Rx given

CRITICAL CARE (excluding time for other separate services)

TIME 30-74 min 75-104 min min

CLINICAL IMPRESSION

PAIN R/L - ACUTE Gas Gangrene
 LEG KNEE CALF ANKLE FOOT Gouty Arthritis - acute
 Caude Equina Syndrome Necrotizing Fasciitis
 Compartment Syndrome Pulmonary Embolus
 Deep Venous Thrombosis Pyomyositis
 Epidural Abscess Sciatica
 Fasciitis Plantar Vascular Occlusion
 Present On Admission decubitus / UTI w/ Foley @ venous cath

Disposition Order Time 1655

DISPOSITION- home admitted OBS expired

AMA (see AMA template #73) transferred

CONDITION- unchanged improved stable

Care transferred to MD/DO/MLP Time:

NP/PA IDX Provider #

I personally evaluated and examined the patient in conjunction with the MLP and agree with the assessment, treatment plan and disposition of the patient as recorded by the MLP.

K. Silvan scribing for Dr. Oshita

(Scribe name) (Provider name)

I have reviewed the information recorded by the scribe for accuracy and agree with its contents.

MD/DO IDX Provider #

Template Complete Written Addendum

© 1996 - 2010 T-System, Inc.

TEAMHealth Version 2.0 - 2010

06/04/13 M053082 70 /F
 V024703878 BD:03/16/43
 PARVIN, MARY JEAN
 MCAB PHYSER ER

10229304232

ED SCANNED

Circle or check affirmatives, backslash (/) negatives.



EMERGENCY PROVIDER RECORD

42

Lower Extremity Problem

Compartment Syndrome / Gas Gangrene / Necrotizing Fasciitis / Pyomyositis

DATE: 04/13 TIME: 1550 ROOM: 19 EMS Arrival

HISTORIAN: patient family EMS

UNABLE TO OBTAIN HISTORY DUE TO:

HPI POP: Freund J. Stenzler

chief complaint: pain swelling altered sensation
R/L FOOT ANKLE LEG KNEE THIGH HIP BACK

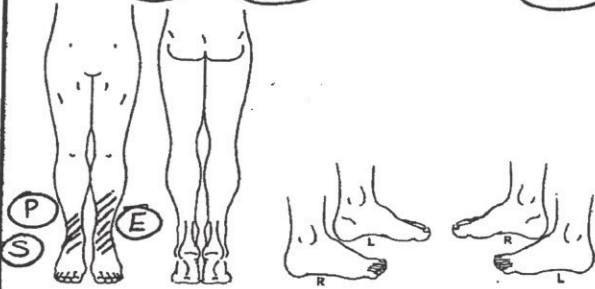
onset / duration:
X 3-4 weeks

timing: constant sudden-onset
still present intermittent episodes lasting
better worse / persistent since
gone now

recent injury? no yes possibly
When? as above
Where? home work

context: prolonged pressure on extremity
Pt clo worsening pain, swelling,
and erythema to B legs.

location: P = Pain S = Swelling T = Tenderness E = Erythema



severity: mild moderate severe

exacerbated by: nothing walking movement
relieved by: nothing rest elevation

associated symptoms:
sweaty difficulty walking off balance / painful
chest pain hurts to breathe / short of breath
rapid heart rate weak
fainting / dizzy

Similar symptoms previously
Recently seen / treated by doctor

06/04/13 M053082 70 / F
V024703878 BD: 03/16/43
PARVIN, MARY JEAN
MCAB PHYSER ER

ROS

CONST
fever / chills
EYES / ENT
vision change / problems
sore throat / dental problems
CVS (see HPI) / PULMONARY
cough bloody / productive
GI / GU
abdominal pain
nausea / vomiting
diarrhea / black / bloody stools
problems urinating painful
testicular / groin pain
FEMALE GENITAL
LNMP _____ preg post-menop
MUSCLE SKELETAL / SKIN / LYMPH
neck / back pain
rash
swollen glands
NEURO / PSYCH
headache
confusion / dementia
depression / anxiety
 all systems neg except as marked

PAST HX

RELATED PAST HX
back injury
chronic back pain
diabetes Type 1 type 2
diet / oral / insulin neuropathy
hypertension
intervertebral disc disease
lumbar thoracic cervical
hypothyroid
aortic aneurysm CRD
cardiac disease CAD
CHF MI angina ASCVD
peripheral vascular disease
GI disease ulcer hepatitis cirrhosis
gout depression
hyperlipidemia anxiety
lung disease asthma COPD
CVA
✓ old records reviewed / summary: (4/14/13)

Well's Risk Stratification DVT 1 pt each:
active cancer / paralysis or immobilized in cast / bedridden greater than 3d due to major surgery
less than 4 wk / tender over deep venous system / whole leg swollen / calf swelling greater than
3cm vs. other leg / pitting edema / previous DVT / collateral superficial veins (non varicose)
1.2 pt each: DVT more likely than alternative diagnosis
LOW (0) (3%) MOD (1-2) (17%) HIGH (greater than or equal to 3) (75%) TOTAL

Surgeries / Procedures none
any recent surgery

appendectomy cholecystectomy
back surgery hysterectomy / BTL / C-section
cardiac bypass stent / cath TURP
pacemaker / AICD

Imaging prior CT / MRI / US date
 Immunization UTD

Medications none see nurses note Allergies NKDA
aspirin clopidogrel warfarin LMWH see nurses note
NSAID acetaminophen BCP's antibiotic SULFA
KEFLex DOXY IV contrast

SOCIAL HX smoker drugs
alcohol recent / heavy / occasional occupation
living situation alone family friend group care facility

FAMILY HX
reviewed, not relevant



TFCRMS

10229304231

Pg 1 of 2

TEAMHealth, © Version 2.0 - 2010

© 1996 - 2010 T-System, Inc.

RUN DATE: 06/28/13
RUN TIME: 0233
RUN USER: RODRCY

Lodi Memorial Hospital EDM ***LIVE***
EDM Patient Record

6-9-13
6-4-13

PAGE 1

Patient PARVIN, MARY JEAN
Age/Sex 70/F

Account No. V024703878
Unit No. M053082

ER Caregivers

Physician Oshita, Masaru MD - ER, ST
Practitioner
Nurse ANDERSON, DIANNE, RN
PCP Freund, Edmund MD-Mills

Arrival Date 06/04/13
Time 1353
Triage Date 06/04/13
Time 1401
Date of Birth 03/16/1943

Stated Complaint LOWER EXT CELLULITIS, CHF
Chief Complaint Rash 43
Priority 3

Primary Impression

Departure Disposition LMH EAST - ACUTE CARE
Departure Comment
Departure Condition

Departure Date 06/04/13
Time 2230

Allergies

Allergy or Adverse Reaction	Type	Sev	Date	Ver
Sulfa (Sulfonamide Antibiotics) Convulsions; REACTION AS A CHILD. OK TO TAKE LASIX Converted from Ingredient Allergy: Sulfa Drugs	AdvReac	S	06/27/13	N
morphine MAKES HER FEEL FUNNY	AdvReac	M	06/27/13	Y
latex Rash Converted from Drug Class Allergy: Latex	Allergy	M	06/27/13	N

Active Prescriptions

Provider Freund, Edmund MD-Mills

Medication	Location	Issued
Metolazone ** 2.5 Milligram(s) Tab(s) 2.5 MG ORAL Daily , #30 TABLET REF 6	Community Clinic Millsbridge	05/16/13
Cephalexin Monohydrate ** Keflex ** 500 Milligram(s) Cap(s) 500 MG ORAL Three times daily , #30 CAPSULE REF 0	Community Clinic Millsbridge	05/16/13

RUN DATE: 06/28/13
RUN TIME: 0233
RUN USER: RODRCY

Lodi Memorial Hospital EDM ***LIVE***
EDM Patient Record

PAGE 2

Patient FARVIN, MARY JEAN
Age/Sex 70/F

Account No. V024703878
Unit No. M053082

Doxycycline Hyclate ** Doxycycline Hyclate ** 100 Milligram(s) Tab(s) 100 MG ORAL Twice daily , #20 TABLET REF 0	Community Clinic Millsbridge	05/16/13
Isosorbide Mononitrate ** Imdur ** 30 Milligram(s) TAB.SR.24H 30 MG ORAL Daily , #30 TAB.SR.24H REF 3	Community Clinic Millsbridge	04/25/13
HYDROcodone/Acetaminophen 10-500 Lortab 10-500 1 Tab(s) 1 TAB ORAL Every 8 hours , #90 TABLET REF 3	Community Clinic Millsbridge	02/21/13
Lovastatin Lovastatin 40 Milligram(s) Tab(s) 40 MG ORAL Daily , #30 TABLET REF 6	Community Clinic Millsbridge	01/30/13

Provider [Reported Med]

Reported Medication

Levothyroxine Sodium
Levothroid 100 Microgram(s) Tab(s)

Location

Community Clinic Millsbridge

Issued

SOURCE:

COMMENTS:

100 MCG ORAL Daily

Provider [Reported Med]

Reported Medication

Aspirin **
Aspirin ** 81 Milligram(s) DO NOT USE

Location

2nd South Nurse Station

Issued

SOURCE:

COMMENTS:

81 MG ORAL Daily

Furosemide **

Lasix ** 40 Milligram(s) Tab(s)

Emergency Room

SOURCE:

COMMENTS:

80 MG ORAL Daily

Potassium Chloride

Klor-Con 10 Milliequivalent(s) TABLET.SA

Emergency Room

SOURCE:

COMMENTS:

10 MEQ ORAL Daily

RUN DATE: 06/28/13
RUN TIME: 0233
RUN USER: RODRCY

Lodi Memorial Hospital EDM ***LIVE***
EDM Patient Record

PAGE 3

Patient PARVIN, MARY JEAN
Age/Sex 70/F

Account No. V024703878
Unit No. M053082

Provider <NONE>

Reported Medication

Insulin Aspart
NovoLOG 100 UNIT/1 ML INSULN.PEN

Location
Emergency Room

Issued

SOURCE:

COMMENTS: SLIDING SCALE

0 - 15 UNIT Subcutaneous As directed

Telmisartan **

Emergency Room

Micardis ** 40 Milligram(s) Tab(s)

SOURCE:

COMMENTS:

80 MG ORAL Daily

Escitalopram

Emergency Room

Lexapro 10 Milligram(s) Tab(s)

SOURCE:

COMMENTS: Prescriber: Edmund Freund

10 MG ORAL Daily , #30 TABLET

Insulin Glargine, Hum.rec.anlog **

Emergency Room

Lantus ** 100 UNIT/ML Vial(s)

SOURCE:

COMMENTS:

27 UNIT Subcutaneous At bedtime , #1 VIAL

Assessments

ESI/Nursing Assessment

Date 06/04/13 Time 1401 User JACINTO, ALEXANDRA M, RN

MSE / Nursing Assessment

Can pt. have visitors? Y

Chief Complaint Plantar Puncture Wound 13

Reason for visit POSS INFECTION

History & Background/ (of chief comp) PT STATES SHE HAS HAD CELLULITIS TO BILATERAL LOWER EXTREMITIES BELOW THE KNEE X3-4 WEEKS. STATES REDNESS AND SWELLING HAS INCREASED OVER PAST FEW DAYS.

Pain description ACHE *

Pain relieved by *

Pain aggravated by AMBULATION *

Tx before arrival PMD VISITS, ORAL ABX

Onset symptom(s) 3-4 WEEKS (mins, hrs, days, wks, months)

Medical history/ (past) HTN, DM, CABG, HYPERLIPIDEMIA, PACER, AICD, CVA, CHF

Current chemo or chemo w/i the last 48 hrs? N *

FSBS Pre-hospital?

Family MD FREUEDMIL Freund, Edmund MD-Mills

Other MD STENZLER: CARDIOLOGIST

DPT: N Date

MMR? Y POLIO? Y

RUN DATE: 06/28/13
RUN TIME: 0233
RUN USER: RODRCY

Lodi Memorial Hospital EDM ***LIVE***
EDM Patient Record

PAGE 4

Patient PARVIN, MARY JEAN
Age/Sex 70/F

Account No. V024703878
Unit No. M053082

Influenza vaccine: N Date
Brought By- self
Pneumococcal vaccine: Y Date 10/29/09
Arrival Mode: ambulated
From- Home
BLS? ALS? Code 3?
Field interventions-
Signs/Symptoms:
Neurological: alert
oriented
Emotional: calm
cooperative
EENT:
Vision Rt Eye /20 Vision Lt Eye /20
Suspicion of abuse present? N * Report made?
Dizziness: patient denies
Cardiovascular: hypertension *
pacemaker
diabetes mellitus
high cholesterol
Skin: pink/normal
warm
dry
rash
OB/GYN:
Muscle symptoms: pain
LMP Gravidia Para
EDC FHT (/min.)
GI: meets defined criteria *
Last bowel movement
GU: meets defined criteria *
Respiratory: clear
Trauma: non evident
On dialysis: (P)eritoneal, (H)emo
Dialysis:
Nutrition: normal for patient
Lbs lost / gain kgs 0.000
Observations/
Two or more signs/symptoms present? N
Signs/symptoms present-
Known/suspected infection? Y
If yes, Sepsis Protocol initiated? N
Physician notified:
All other systems reviewed & patient denies? Y
Patient receiving Home Health services:
POLST: No Palliative Care Consult
Priority 3 Urgent : REG

Allergies

Date 06/04/13 Time 1403 User JACINTO, ALEXANDRA M, RN

Latex allergy? Y
Enter allergies? Y (Drug, Food & Latex)
Allergy band placed on patient: Yes
History of C. difficile: Y *
Resistant Organism- MRSA Resistant/Contact
Date Positive 05/12/12
*****If NO resistant organism leave BLANK.*****

MRSA

RUN DATE: 06/28/13
RUN TIME: 0233
RUN USER: RODRCY

Lodi Memorial Hospital EDM ***LIVE***
EDM Patient Record

PAGE 5

Patient FARVIN, MARY JEAN
Age/Sex 70/F

Account No. V024703878
Unit No. M053082

Vital Signs

Date 06/04/13 Time 1404 User JACINTO, ALEXANDRA M, RN

Get monitor results?

Blood Pressure 123/58 Mode: Mechanic.

Temp-C 37.1 Method: ORAL

O2 Sat% 94 On O2? N Mode:

Liters/Minute

Continuous pulse oximetry?

% FiO2

Pulse 70 Source: Mechanic.

Resp 18

Orthostatic? N Position:

Pain (1-10): 5 5 Moderate Pain *

Non-Verbal Pain Scale:

Location-

Comment/

20 Medication History (ED)

Date 06/04/13 Time 1405 User JACINTO, ALEXANDRA M, RN

Medications Taken at Home *

Enter home medications? Y

The Home Medication list has moved!

To view the Home Medication list go to Reconcile Meds. Y

Weight/Height

Date 06/04/13 Time 1616 User KULM, STACY, RN

Height

Ft. 5 In. 5 Cm. 165.10

Weight

Lbs. 317 Oz.

kgs. 143.78

Scale: Bed

Vital Signs

Date 06/04/13 Time 1833 User LOWRY, ERICA, RN

Get monitor results?

Blood Pressure 140/81 Mode:

Temp-C Method:

O2 Sat% 97 On O2? N Mode:

Liters/Minute

Continuous pulse oximetry? Y

% FiO2

Pulse 61 Source: Mechanic.

Resp 17

Orthostatic? Position:

Pain (1-10): 4 4 Moderate Pain *

Non-Verbal Pain Scale:

Location-

Comment/

RUN DATE: 06/28/13
RUN TIME: 0233
RUN USER: RODRCY

Lodi Memorial Hospital EDM ***LIVE***
EDM Patient Record

PAGE 6

Patient PARVIN, MARY JEAN
Age/Sex 70/F

Account No. V024703878
Unit No. M053082

Patient Belongings Checklist

Date 06/04/13 Time 1834 User LOWRY, ERICA, RN

PATIENT BELONGINGS-----To be completed upon admission, room change and discharge

Received patient from: New Admit	Does patient have belongings? Y
Glasses? Y Disposition- With patient	
Contact lenses? N Disposition-	
Purse/wallet? Y Disposition- With patient	
Medications? N Disposition-	
Hearing aid(s)? N Disposition-	Side:
Dentures? N Disposition-	Type:
Mobility aid(s)? N Disposition-	Type-
Prosthesis? N Disposition-	Type-
Clothing? Y Disposition- With patient	Type- SHIRT/UNDERPANTS/SWEAT PANTS/SHOES
Jewelry? Y Disposition- With patient	Type/ MEDICAL ALERT BRACLET

Does this inventory match the previous list? If not please describe action taken

Comment/ BOOKS

Discharged to-

Vital Signs

Date 06/04/13 Time 2030 User ANDERSON, DIANNE, RN

Get monitor results?

Blood Pressure 115/58	Mode: Mechanic.	
Temp-C 37.1	Method: ORAL	
O2 Sat% 95 On O2? N	Mode:	Liters/Minute
Continuous pulse oximetry? Y		% FiO2
Pulse 65 Source: Mechanic.		
Resp 18	Orthostatic? N	Position:
Pain (1-10): NP 0 No Pain	*	

Non-Verbal Pain Scale:

Location-

Comment/

Vital Signs

Date 06/04/13 Time 2200 User ANDERSON, DIANNE, RN

Get monitor results?

Blood Pressure 121/56	Mode: Mechanic.	
Temp-C 37.1	Method: ORAL	
O2 Sat% 92 On O2? N	Mode:	Liters/Minute
Continuous pulse oximetry? Y		% FiO2
Pulse 70 Source: Mechanic.		
Resp 18	Orthostatic? N	Position:
Pain (1-10): NP 0 No Pain	*	

Non-Verbal Pain Scale:

Location-

Comment/

RUN DATE: 06/28/13
RUN TIME: 0233
RUN USER: RODRCY

Lodi Memorial Hospital EDM ***LIVE***
EDM Patient Record

PAGE 7

Patient FARVIN, MARY JEAN
Age/Sex 70/F

Account No. V024703878
Unit No. M053082

Discharge Information (ED)

Date 06/04/13 Time 2229 User ANDERSON, DIANNE

Discharge Vitals Blood Pressure 121/56 Mode: Mechanic.
Temp-C 37.1 Method: ORAL
O2 Sat% 92
Pulse 70 Source: Mechanic.
Resp 18

Can patient verbally communicate? Why not -
Pain (1-10): NP 0 No Pain
Non-Verbal Pain Scale:

Comment

Vaccinations given? N DPT: N Date MMR? Y POLIO? Y
Influenza vaccine: N Date
Pneumococcal vaccine: Y Date 10/29/09

Incomplete visit: POLST: No
Accompanied by: Self Original with patient?
Patient left: Via gurney Are IV stop times documented:
yes

Discharged? N Admitted? Y Transferred? Patient expired? AMA? IWBS?

Verbally understands discharge instructions?

Translator assisted with DC instructions?

DC instructions given by Crisis Intervention?

Was patient instructed not to drive?

Barriers to learning? Describe-

Discussed signs and symptoms with patient/family?

Understands need for follow-up care?

Understands conditions that warrant return?

Medication Reconciliation form given to patient?

Medication Reconciliation form faxed to primary physician:

(only if ED provider changed/alterd a chronic medication)

Patient/family educated on home medication list management?

Car seat safety information provided:

(Give info to family of child under 8yrs/less than 4ft 9in)

Admit to: 2nd South Acute Care

Transported by: Patient Care Tech

Transported via: Gurney

Clothing list filled out? Y

Valuables to: Patient

Report called to

NATELA RN

Report sent? Y

Receiving Facility

Unit

Reason for transfer:

Transfer date

Consulting Physician

Accepting Physician

Time contacted

Admitting/Bed Control Notified

Time contacted

Facility/ED Notified

Time contacted

Report called to

Time contacted

Contact phone#

Name/address of any on-call Physician who refused or failed to appear within a reasonable time. Physician refusing/failing to appear:

Address

RUN DATE: 06/28/13
RUN TIME: 0233
RUN USER: RODRCY

Lodi Memorial Hospital EDM ***LIVE***
EDM Patient Record

PAGE 8

Patient PARVIN, MARY JEAN
Age/Sex 70/F

Account No. V024703878
Unit No. M053082

City State Zip code
Transfer via- Condition:
Oxygen order? Mode: Liters/Minute
Foley order? Clamp or Drain:
NG order? Clamp or Drain:
IV Solution cc/hour
Other
Other
IOC
Monitor Rhythm
Transferring crew briefed? Names
Nurse (accompanying)
Information sent:
Consent to transfer to another medical facility? Certification for transfer?
Discharge time
Physician called:
Notified by: (Nurse)
Notified by: (Physician)
Physician responding:
Date notified Time notified
Pronouncing Physician:
Date Time pronounced
Family Notified Relationship-
Notified by Dr:
Notified by Nurse:
How Notified:
Death without next of kin?
Coroner called?
Coroner case? Coroner contacted
Public Administrator? * Public Adm. contacted
Autopsy requested? Autopsy Requested by:
Consent Signed by
Organ/Tissue Donation (call for all deaths) 1-800-553-6667
Network will evaluate & approach when appropriate
Referred by: Date Time
Triage Coordinator Reference #
Coordinator call back Reference #
Mortuary contacted-
Isolation type: Mortuary Notified ?
Has patient been in restraints within the last 24 hours?
Personal items/
Disposition of Personal Items:
Name
ED physician on duty:
Comment/

RUN DATE: 06/28/13
RUN TIME: 0233
RUN USER: RODRCY

Lodi Memorial Hospital EDM ***LIVE***
EDM Patient Record

PAGE 9

Patient FARVIN, MARY JEAN
Age/Sex 70/F

Account No. V024703878
Unit No. M053082

Patient Notes

By: LOWRY, ERICA, RN On: 06/04/13 - 1440

PT WITH REDNESS AND WEEPING TO LOWER LEGS. STATES HAS PAIN AND SWELLING TO AREAS. PENDING EVALUATION BY PROVIDER. PT A&O4. NO ACUTE DISTRESS. BED LOW SIDERAILS UP X2. GIVEN ADDITIONAL WARM BLANKETS.

By: LOWRY, ERICA, RN On: 06/04/13 - 1451

LAB TECH AT BEDSIDE TO DRAW BLOOD SAMPLES.

By: KULM, STACY, RN On: 06/04/13 - 1643

IV PLACED. MEDICATED WITH ROCEPHIN AND LASIX. AFTER ROCEPHIN COMPLETED, STARTED HER CLINDAMYCIN AFTER FOLEY PLACEMENT. URINE SENT TO LAB PER PROTOCOL. PT AWARE OF PLAN OF CARE PRIMARY RN ERICA INFORMED.

By: LOWRY, ERICA, RN On: 06/04/13 - 1730

HOSPITALIST TO BEDSIDE TO EVALUATE PT FOR ADMISSION TO HOSPITAL. PENDING ORDERS FRO ADMISSION AND CONTINUED CARE.

By: THOMAS, KELLY, RN On: 06/04/13 - 1840

Medication verification - Drug: NOVOLOG 10UNITS Time: 1840

By: LOWRY, ERICA, RN On: 06/04/13 - 1847

PT GIVEN DINNER MEAL TRAY. MEDICATED PER SLIDING SCALE. IV SALINE LOCK. PENDING BED ASSIGNMENT FOR ADMISSION. NO ADDITIONAL NEEDS AT THIS TIME.

By: LOWRY, ERICA, RN On: 06/04/13 - 1910

Verbal report given in SBAR format to DIANE RN. Chart check and room safety check completed. Labs discussed. Care of pt turned over.

By: ANDERSON, DIANNE, RN On: 06/04/13 - 1914

PTS AWAKE & ALERT LYING IN BED. SUPPER TRAY REMOVED. PTS ON THE MONITOR WITH CALL LIGHT IN REACH. RESPIRATIONS AER UNLABORED & EVEN. SKIN PWD. NO DISTRESS NOTED.

By: ANDERSON, DIANNE, RN On: 06/04/13 - 2000

PTS RESTING IN BED ON THE MONITOR. CALL LIGHT IN REACH. NO DISTRESS NOTED.

By: ANDERSON, DIANNE, RN On: 06/04/13 - 2214

REPORT GIVEN TO NATELA RN

By: ANDERSON, DIANNE, RN On: 06/04/13 - 2229

PACING AT 70 PER TELE

RUN DATE: 06/28/13
RUN TIME: 0233
RUN USER: RODRCY

Lodi Memorial Hospital EDM ***LIVE***
EDM Patient Record

PAGE 10

Patient PARVIN, MARY JEAN
Age/Sex 70/F

Account No. V024703878
Unit No. M053082

Treatments

IV/Invasive Line #1

Date 06/04/13 Time 1616 User KULM, STACY, RN

IV Site #1

Location: Left arm Vein: Inserted Length cm
Type: Straight catheter Size: 22 gauge
Start Date 06/04/13 Time 1616 Attempts 1 Dressing: Opsite (3 days)
Placed by: KULMST KULM, STACY MD:
Labs drawn with IV start? Comments
Intercath Care? Site WNL? *: Dressing Change?
D/C Date Time D/C Reason:

Foley Catheter

Date 06/04/13 Time 1637 User KULM, STACY, RN

Procedure performed: indwelling foley catheter Reason: accurate measure/crit ill
French catheter size 16 Amount drained 170
Urine color: yellow Urine clarity: clear
Insertion problem: none Foley problem: none
Type: to gravity - simple
Patient response: tolerated
Foley irrigated with
3-way catheter irrigation with
Comment/

Accu Check

Date 06/04/13 Time 1832 User LOWRY, ERICA, RN

FSBS 327
Comment/

Orders

Date	Time	Procedure	Ordering Provider
06/04/13	1410	COMPLETE BLOOD COUNT	Carter, Christian PA/Rosing MD
06/04/13	1410	COMPREHENSIVE METABOLIC PANEL	Carter, Christian PA/Rosing MD
06/04/13	1433	CULTURE, BLOOD AEROBE/ANAEROBE	Carter, Christian PA/Rosing MD
06/04/13	1433	LACTIC ACID	Carter, Christian PA/Rosing MD
06/04/13	1433	PROCALCITONIN	Carter, Christian PA/Rosing MD
06/04/13	1448	Insert IV	Carter, Christian PA/Rosing MD
06/04/13	1449	Rocephin in 0.9% Saline	Carter, Christian PA/Rosing MD
06/04/13	1601	AMI PANEL	Carter, Christian PA/Rosing MD
06/04/13	1601	B-TYPE NATURETIC PEPTIDE	Oshita, Masaru MD - ER
06/04/13	1601	Cleocin 900 mg	Oshita, Masaru MD - ER
06/04/13	1601	Lasix	Oshita, Masaru MD - ER

RUN DATE: 06/28/13
 RUN TIME: 0233
 RUN USER: RODRCY

Lodi Memorial Hospital EDM ***LIVE***
 EDM Patient Record

PAGE 11

Patient PARVIN, MARY JEAN
 Age/Sex 70/F

Account No. V024703878
 Unit No. M053082

06/04/13 1603	.Foley Catheter	Oshita, Masaru MD - ER
06/04/13 1604	Lasix	Oshita, Masaru MD - ER
06/04/13 1638	UA W/ REFLEX, FOLEY PROTOCOL	Oshita, Masaru MD - ER
06/04/13 1728	Clinical Parameters	Hlaing, Min M MD - HOSP
06/04/13 1728	Code/Resuscitation Status	Hlaing, Min M MD - HOSP
06/04/13 1728	DVT Risk Assessment	Hlaing, Min M MD - HOSP
06/04/13 1728	Insert IV	Hlaing, Min M MD - HOSP
06/04/13 1728	New Level of Care	Hlaing, Min M MD - HOSP
06/04/13 1728	RC: Oxygen - SpO2 Oximetry	Hlaing, Min M MD - HOSP
06/05/13 1346	INF IV FOR TX DX EA ADDL HR	Oshita, Masaru MD - ER
06/05/13 1346	INF IV FOR TX DX UP TO 1HR	Oshita, Masaru MD - ER
06/05/13 1346	INF IV TX DX SEQ EA ADD HR	Oshita, Masaru MD - ER
06/05/13 1346	INJ IM SQ MEDICATION	Oshita, Masaru MD - ER
06/05/13 1346	INJ TX PROPH DX EA ADDL SEQ	Oshita, Masaru MD - ER
06/05/13 1346	LEVEL V COMPREHENSIVE	Oshita, Masaru MD - ER
06/05/13 1346	URINE CATH, FOLEY SIMPLE	Oshita, Masaru MD - ER

Lab Results

Date	Time	Test	Result	Reference
06/04/13	1459	ABSOLUTE BASOPHILS	0.06	0.00-0.20 K/uL
06/04/13	1459	ABSOLUTE EOSINOPHILS	0.14	0.00-0.45 K/uL
06/04/13	1459	ABSOLUTE LYMPHOCYTES	1.29	0.96-4.75 K/uL
06/04/13	1459	ABSOLUTE MONOCYTES	0.43	0.10-1.00 K/uL
06/04/13	1459	ABSOLUTE PMNS	3.21	2.40-7.56 K/uL
06/04/13	1459	ALANINE AMINOTRANSERASE	14	14-54 IU/L
06/04/13	1459	ALB/GLOB RATIO	1.0 L	1.2-2.5
06/04/13	1459	ALBUMIN	2.6 L	3.5-4.8 g/dL
06/04/13	1459	ALKALINE PHOSPHATASE	76	38-126 IU/L
06/04/13	1459	ASPARTATE AMINOTRANSFERASE	19	15-41 IU/L
06/04/13	1459	B NATRIURETIC PEPTIDE	1453 H	< 176 pg/mL
06/04/13	1459	BILIRUBIN, TOTAL	1.0	0.1-2.0 mg/dL
06/04/13	1459	BLOOD UREA NITROGEN	35 H	8-21 mg/dL
06/04/13	1459	BUN/CREATININE RATIO	16.9	6.0-20.0
06/04/13	1459	CALCIUM	8.6 L	8.9-10.3 mg/dL
06/04/13	1459	CARBON DIOXIDE	27	22-32 mmol/L
06/04/13	1459	CHLORIDE	106	98-107 mmol/L
06/04/13	1459	CPK	140	38-234 IU/L
06/04/13	1459	CREATININE	2.07 H	0.44-1.03 mg/dL
06/04/13	1459	GLOBULIN	2.7	2.0-3.8 gm/dL
06/04/13	1459	GLOMERULAR FILTRATION RATE	23.7	
06/04/13	1459	GLUCOSE	314 H	70-110 mg/dL
06/04/13	1459	HEMATOCRIT	39.5	37.0-47.0 %
06/04/13	1459	HEMOGLOBIN	13.3	12.0-16.0 g/dL
06/04/13	1459	LACTIC ACID	1.3	0.5-2.2 mmol/L
06/04/13	1459	MEAN CELL VOLUME	89.7	80.0-99.0 fl
06/04/13	1459	MEAN CORPUSCULAR HEMOGLOBIN	30.1	27.0-33.0 pg
06/04/13	1459	MEAN CORPUSCULAR HGB CONC	33.6	31.8-36.2 g/dL
06/04/13	1459	MEAN PLATELET VOLUME	10.2	7.5-10.5 fl
06/04/13	1459	PERCENT BASOPHILS	1.2	<2.5 %
06/04/13	1459	PERCENT EOSINOPHILS	2.8	<7.0 %
06/04/13	1459	PERCENT LYMPHS	25.1	10.0-50.0 %

RUN DATE: 06/28/13
 RUN TIME: 0233
 RUN USER: RODRCY

Lodi Memorial Hospital EDM ***LIVE***
 EDM Patient Record

PAGE 12

Patient PARVIN, MARY JEAN
 Age/Sex 70/F

Account No. V024703878
 Unit No. M053082

06/04/13	1459	PERCENT MONOCYTES	8.3	<12.0 %
06/04/13	1459	PERCENT PMNS	62.6	37-80 %
06/04/13	1459	PLATELET COUNT	211	140-450 K/mm3
06/04/13	1459	POTASSIUM	4.3	3.6-5.1 mmol/L
06/04/13	1459	PROCALCITONIN	< 0.05	<= 0.5 ng/mL
06/04/13	1459	PROTEIN, TOTAL	5.3 L	6.1-7.9 g/dL
06/04/13	1459	RED BLOOD COUNT	4.40	3.70-5.50 M/uL
06/04/13	1459	RED CELL DISTRIBUTION WIDTH	16.5 H	10.0-16.4 %
06/04/13	1459	SODIUM	141	134-143 mmol/L
06/04/13	1459	TROPONIN I	0.04	0.01-0.06 ng/mL
06/04/13	1459	WHITE BLOOD COUNT	5.1	5.0-9.5 K/mm3
06/04/13	1640	CRYSTAL	AMORPHOUS URATES 3+	NONE SEEN /hpf
06/04/13	1640	PH, URINE	6.0	5.5-8.0
06/04/13	1640	SPECIFIC GRAVITY, URINE	1.019	1.001-1.099
06/04/13	1640	UA BACTERIA	NONE SEEN	NONE SEEN
06/04/13	1640	UA BILIRUBIN	NEGATIVE	NEGATIVE
06/04/13	1640	UA BLOOD/HEMOGLOBIN	NEGATIVE	NEGATIVE
06/04/13	1640	UA GLUCOSE	250	NEGATIVE mg/dL
06/04/13	1640	UA KETONE	NEGATIVE	NEGATIVE mg/dL
06/04/13	1640	UA LEUKOCYTE ESTERASE	NEGATIVE	NEGATIVE
06/04/13	1640	UA NITRITE	NEGATIVE	NEGATIVE
06/04/13	1640	UA PROTEIN	300 H	NEGATIVE mg/dL
06/04/13	1640	UA UROBILINOGEN	0.2	0.2-1.0 E.U./dL
06/04/13	1640	URINE APPEARANCE	CLOUDY	CLEAR
06/04/13	1640	URINE COLOR	YELLOW	YELLOW
06/04/13	1640	URINE HYALINE CAST	FEW	NONE-FEW /hpf
06/04/13	1640	URINE PATHOLOGICAL CAST	NONE SEEN	NONE SEEN /hpf
06/04/13	1640	URINE RBC	6-10 H	0-2 rbc/hpf
06/04/13	1640	URINE SQUAMOUS EPITHELIA	MODERATE	NONE-FEW epi/hpf
06/04/13	1640	URINE WBC	< 2	0-5 wbc/hpf

Medication Administration Record

Medication

	Sch Date-Time	Admin Dose			
	Doc Date-Time	Given - Reason	Site	User	
cefTRIAxone Sodium 2000 MG in 0.9 % Sodium Chloride 50 ML NOW/ONE/IV	06/04/13-1500	50 MLS			
	06/04/13-1617	Y			KULM, STACY
Clindamycin Phosphate/D5w 50 ML NOW/ONE/IV	06/04/13-1600	50 MLS			
	06/04/13-1618	Y			KULM, STACY
Furosemide 40 MG/4 ML SD.VIAL NOW/ONE/IV	06/04/13-1600	40 MG			
	06/04/13-1618	Y			KULM, STACY
Furosemide 40 MG/4 ML SD.VIAL .STK-MED/ONE/IV	06/04/13-1603	MG			
	06/04/13-1618	N Not given			KULM, STACY

RUN DATE: 06/28/13
RUN TIME: 0233
RUN USER: RODRCY

Lodi Memorial Hospital EDM ***LIVE***
EDM Patient Record

PAGE 13

Patient PARVIN, MARY JEAN
Age/Sex 70/F

Account No. V024703878
Unit No. M053082

Patient Instructions

Carvedilol (By mouth)



Lodi Memorial Hospital

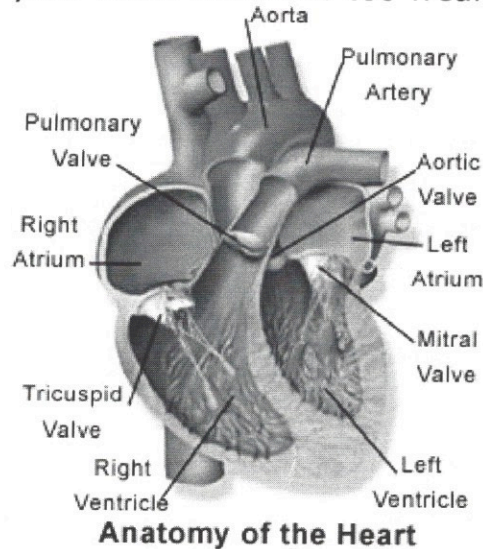
975 S. Fairmont Ave, Lodi CA 95240
(209) 334-3411

Date: 06/04/13
Account No: V024703878
Unit No: M053082
Patient: PARVIN, MARY JEAN
Location: 2S
Physician: Hlaing, Min M MD - HOSP

Congestive Heart Failure

GENERAL INFORMATION:

What is congestive heart failure? Congestive heart failure is a life-threatening disease that occurs when your heart becomes too weak to pump blood properly.



What causes congestive heart failure? Heart failure is caused by damage to your heart. Over time, the damage causes your heart to work harder and grow larger. The harder your heart works, the weaker it becomes until it cannot work properly. The following are the more common causes of heart failure:

- **Heart problems:** Coronary artery disease is the most common cause. The arteries that bring blood to your heart become narrow, leading to poor blood flow. A heart attack or damage to heart valves may also cause heart failure. Abnormal heartbeats can weaken your heart. High blood pressure also makes your heart work harder.
- **Diseases:** Diseases such as arthritis, lupus, and diabetes can damage your heart. Kidney, lung, or thyroid disease can make your heart work harder.
- **Sleep disorders:** Sleep disorders such as obstructive sleep apnea may lead to heart failure because you do not get enough oxygen.
- **Toxins:** Toxins include alcohol, chemicals in cigarettes, and drugs such as cocaine. High levels of heavy metals such as lead and mercury can be toxic.



Lodi Memorial Hospital

975 S. Fairmont Ave, Lodi CA 95240
(209) 334-3411

Date: 06/04/13
Account No: V024703878
Unit No: M053082
Patient: PARVIN,MARY JEAN
Location: 2S
Physician: Hlaing,Min M MD - HOSP

Radiation therapy is also a toxin that can lead to heart failure.

- **Medicines:** Medicines used to treat heart conditions may weaken your heart. Chemotherapy medicines may damage your heart.
- **Poor nutrition or obesity:** Low levels of vitamins and minerals may damage your heart. High cholesterol levels may block your blood vessels and cause heart damage. Obesity causes your heart to work harder. Obesity also increases your risk for sleep apnea.

What are the signs and symptoms of congestive heart failure? Signs and symptoms often get worse over time but can appear suddenly or get worse quickly.

- Fatigue and weakness
- Swollen legs, ankles, feet, and abdomen
- Shortness of breath that may get worse when you lie down
- Chest pain or palpitations (strong, fast heartbeats)
- Cold hands and feet
- Coughing up pink and foamy or bloody sputum
- Decreased appetite, nausea, abdominal pain, and weight loss
- Changes in urination

How is congestive heart failure diagnosed? Your caregiver will ask when your symptoms started and what makes them worse. He will do a physical exam. A sample of your blood may be taken to check for imbalances in hormones and electrolytes. Blood tests can also check for diseases and test your liver and kidney function. Tell your caregiver if you have a family member with heart disease and about the medicines or herbal supplements you take. Also tell him if you smoke, drink alcohol, or take any illegal drugs.

- **ECG:** This is also called an EKG. An ECG is done to check for damage or



Lodi Memorial Hospital

975 S. Fairmont Ave, Lodi CA 95240
(209) 334-3411

Date: 06/04/13
Account No: V024703878
Unit No: M053082
Patient: PARVIN, MARY JEAN
Location: 2S
Physician: Hlaing, Min M MD - HOSP

problems in your heart. A short period of electrical activity in your heart is recorded. You may also need to wear a Holter monitor while you do your usual activities. The monitor will show how fast your heart beats, and if it beats in a regular pattern.

- **Heart catheter:** This is a procedure done to find the cause of your heart failure. A catheter (tube) is guided into your heart through a vein in your arm, neck, or groin. Your caregiver may use an x-ray to guide the tube to the right place.
- **Exercise stress test:** This test helps caregivers see the changes that take place in your heart during exercise. An ECG is done while you ride an exercise bike or walk on a treadmill. Caregivers will ask if you have chest pain or trouble breathing.
- **Chest x-ray:** The x-ray will show the size of your heart and if there is fluid around your heart and lungs.
- **CT scan or MRI:** Pictures are taken of your heart to check the size and thickness of your ventricles. The pictures may show if you have fluid around your heart and lungs. You may be given contrast dye through an IV. Tell your caregiver if you are allergic to iodine or shellfish. You may also be allergic to the dye.
- **Echo:** This type of ultrasound shows the movement and blood vessels of your heart. A transesophageal echo may be done if your heart cannot be seen well during a regular echo. Caregivers will put a tube in your mouth that is moved down into your esophagus. The tube has a small ultrasound sensor on the end that shows your heart.
- **Heart scan:** Pictures are taken to show how well your heart is pumping. You are given a small amount of dye in an IV to help the pictures show up better.
- **Biopsy:** A small sample of tissue is taken from your heart and tested to find the cause of your heart failure.



Lodi Memorial Hospital

975 S. Fairmont Ave, Lodi CA 95240
(209) 334-3411

Date: 06/04/13
Account No: V024703878
Unit No: M053082
Patient: PARVIN,MARY JEAN
Location: 2S
Physician: Hlaing,Min M MD - HOSP

What medicines may be used to treat congestive heart failure?

● Heart medicines:

- **ACE inhibitors:** These decrease your symptoms and slow your heart failure. You may need ARBs if you cannot take ACE inhibitors. ARBs help your heart beat more strongly.
- **Beta blockers:** These help your heart pump strongly and regularly.
- **Cardiac glycosides:** These help your heart beat strongly and decrease abnormal heartbeats.
- **Nitrates:** These improve the blood flow through your heart.
- **Vasodilators:** These improve blood flow by making the vessels in your heart and lungs wider.

- **Diuretics:** These help your body get rid of extra fluid and protect your heart from more damage. You may urinate more often while you are taking diuretics.

- **Blood thinners:** These prevent blood clots. They may make you bruise or bleed more easily. Use a soft toothbrush and an electric shaver to prevent bleeding.

How is congestive heart failure treated?

- **Cardiac rehab:** You learn how to live a more heart-healthy lifestyle, including nutrition and exercise.
- **Oxygen:** You may need extra oxygen if your blood oxygen level is lower than it should be. Oxygen can help decrease your shortness of breath.
- **Implanted devices:** An implanted device is put under your skin to help your heart beat properly. A pacemaker is an example of an implanted device.
- **Surgery:** Surgery may be done to open blocked heart vessels. You may have a damaged valve replaced. You may need a heart transplant if all other treatments have failed.



Lodi Memorial Hospital

975 S. Fairmont Ave, Lodi CA 95240
(209) 334-3411

Date: 06/04/13
Account No: V024703878
Unit No: M053082
Patient: PARVIN, MARY JEAN
Location: 2S
Physician: Hlaing, Min M MD - HOSP

- **Fluid balance:** This is a procedure to remove extra fluid from your blood.

What can I do to manage my congestive heart failure?

- **Check your weight daily:** Weight gain can be a sign of extra fluid in your body. Weigh yourself at the same time every morning. Weigh yourself on the same scale, before you eat, and after you urinate. Record your weights, and the time you weighed yourself. Bring the record to your caregiver visits.
- **Get regular exercise:** Exercise may help decrease your symptoms and improve your heart function. Exercise also helps with weight control. Always warm up and cool down when you exercise. You may need to change your program if you feel more tired than usual the day after you exercise. **Never start an exercise program before you talk with your caregiver.**
- **Maintain a healthy weight:** This will help to decrease how hard your heart has to work. If you are overweight, ask your caregiver about a healthy weight loss plan.
- **Take your medicines exactly as directed:** Keep a written list of the medicines you take, the amounts, and when and why you take them. Put your medicines where you can see them. Use a timer to help you remember when to take your medicine. **Do not** stop taking your medicines unless directed. Ask your caregiver what to do if you miss a dose.
- **Vaccines:** The flu and pneumonia can be dangerous for a person with congestive heart failure. Vaccines can protect you against these diseases. You will need to get a flu vaccine each year. You may also need the pneumococcal vaccine to protect you from pneumonia. You will need this vaccine every 5 years.

What may I need to avoid or limit?

- **Do not smoke or take illegal drugs:** Cigarettes and illegal drugs can worsen your heart failure. Ask your caregiver for information if you are having trouble quitting.
- **Limit or avoid alcohol:** Alcohol can worsen your heart failure and raise your blood pressure. Women should limit alcohol to 1 drink a day. Men



Lodi Memorial Hospital

975 S. Fairmont Ave, Lodi CA 95240

(209) 334-3411

Date: 06/04/13

Account No: V024703878

Unit No: M053082

Patient: PARVIN, MARY JEAN

Location: 2S

Physician: Hlaing, Min M MD - HOSP

should limit alcohol to 2 drinks a day. A drink of alcohol is 12 ounces of beer, 5 ounces of wine, or 1½ ounces of liquor.

- **Limit liquids:** You may need to drink less fluids to help balance your fluid level. Ask how much liquid you should drink each day.
- **Eat low-salt foods:** You may need to limit the amount of sodium (salt) you eat to 2 to 3 grams each day. Check labels to find low-sodium or no-salt-added foods. Some low-sodium foods use potassium salts for flavor. Too much potassium can also cause health problems. Ask your caregiver what amounts of sodium and potassium salt are safe for you.
- **Travel and be outdoors safely:** Do not travel to altitudes above 1500 meters (4921 feet). Stay indoors when the weather is hot or humid, or there is heavy pollution in your area. High altitude, bad weather, and poor air quality can worsen your symptoms.
- **Prevent pregnancy:** During pregnancy and childbirth, the heart works harder than usual. Pregnancy may cause health problems for the mother and unborn baby. Certain medicines to treat heart failure should not be taken during pregnancy. Heart failure symptoms may get worse. Talk with your caregiver about safe ways to prevent pregnancy.

What are the risks of treatment for congestive heart failure?

- Medicines used to treat your heart failure may cause dizziness, low blood pressure, and kidney problems. You may develop abnormal heartbeats. Surgery may cause you to bleed into your chest, and make it hard for your heart to beat. Your nerves, heart, and lungs may be damaged. You may get an infection after surgery.
- You may get a blood clot that travels to your lungs or brain, which can be life-threatening. If you need a heart transplant, your body may reject the heart. If your body rejects your new heart, you may need another transplant. Even with treatment, your heart failure may get worse, and you may die.



Lodi Memorial Hospital

975 S. Fairmont Ave, Lodi CA 95240
(209) 334-3411

Date: 06/04/13
Account No: V024703878
Unit No: M053082
Patient: PARVIN, MARY JEAN
Location: 2S
Physician: Hlaing, Min M MD - HOSP

Where can I find more information?

- American Heart Association
7272 Greenville Avenue
Dallas, TX 75231-4596
Phone: 1-800-242-8721
Web Address: <http://www.heart.org>

- Heart Failure Society of America
2550 University Avenue West
St. Paul, MN 55114
Phone: 1-651-642-1633
Web Address: <http://www.abouthf.org>

When should I contact my caregiver? Contact your caregiver if:

- You are more tired than usual.
- You gain 2 or more pounds in 1 day, or 4 or more pounds in 1 week.
- You have more swelling in your legs, ankles, feet, or abdomen.
- You feel anxious or depressed.
- Your heart is fluttering or jumping.
- You have no appetite, or you lose weight without trying.
- Your blood pressure is higher or lower than your caregiver says it should be.
- You have questions or concerns about your condition or care.

When should I seek immediate care? Seek care immediately or call 911 if:

- **You have any of the following signs of a heart attack:**
 - Pain, pressure, or fullness in your chest that lasts more than a few minutes or returns



Lodi Memorial Hospital

975 S. Fairmont Ave, Lodi CA 95240
(209) 334-3411

Date: 06/04/13
Account No: V024703878
Unit No: M053082
Patient: PARVIN, MARY JEAN
Location: 2S
Physician: Hlaing, Min M MD - HOSP

-
- Pain or discomfort in your back, neck, jaw, stomach, or arm

 - Nausea

 - Shortness of breath

 - Lightheadedness, dizziness, or a sudden cold sweat

 - Your fingers or toes are cold and pale or blue.

 - You are coughing up pink and foamy, or bloody sputum, or you have a constant dry cough.

 - Your heart is beating faster than normal for you.

 - You have diarrhea or are vomiting and not able to eat or drink.

 - Your neck veins are bulging.

 - You are urinating very little, or not at all.

CARE AGREEMENT:

You have the right to help plan your care. Learn about your health condition and how it may be treated. Discuss treatment options with your caregivers to decide what care you want to receive. You always have the right to refuse treatment.



Lodi Memorial Hospital

975 S. Fairmont Ave, Lodi CA 95240
(209) 334-3411

Date: 06/04/13
Account No: V024703878
Unit No: M053082
Patient: PARVIN,MARY JEAN
Location: 2S
Physician: Hlaing,Min M MD - HOSP

commercial purposes.

The above information is an educational aid only. It is not intended as medical advice for individual conditions or treatments. Talk to your doctor, nurse or pharmacist before following any medical regimen to see if it is safe and effective for you.



Lodi Memorial Hospital

975 S. Fairmont Ave, Lodi CA 95240

(209) 334-3411

Date: 06/04/13

Account No: V024703878

Unit No: M053082

Patient: PARVIN, MARY JEAN

Location: 2S

Physician: Hlaing, Min M MD - HOSP

Carvedilol (By mouth) Carvedilol (kar-VE-dil-ol)

Treats high blood pressure and congestive heart failure (CHF). Also reduces the risk of death from a heart attack. This medicine is a beta-blocker.

Brand Name(s): Coreg, Hypertenevide-12.5, Coreg CR

There may be other brand names for this medicine.

When This Medicine Should Not Be Used:

You should not use this medicine if you have had an allergic reaction to carvedilol. Do not use this medicine if you have asthma, severe liver disease, or certain heart problems. Talk with your doctor about what these heart problems are.

How to Use This Medicine: Long Acting Capsule, Tablet

- Your doctor will tell you how much of this medicine to use and how often. Your dose may need to be changed several times in order to find out what works best for you. Do not use more medicine or use it more often than your doctor tells you to.
- It is best to take this medicine with food or milk. If you are using the **extended-release capsule**, take it in the morning.
- Swallow the extended-release capsule whole. Do not crush, break, or chew it.
- If you cannot swallow the extended-release capsule, you may open it and pour the medicine into a small amount of soft food such as pudding, yogurt, or applesauce. Stir this mixture well and swallow it without chewing.
- This medicine comes with patient instructions. Read and follow these instructions carefully. Ask your doctor or pharmacist if you have any questions.

If a dose is missed:

- If you miss a dose or forget to use your medicine, use it as soon as you can. If it is almost time for your next dose, wait until then to use the medicine and skip the missed dose. Do not use extra medicine to make up for a missed dose.

How to Store and Dispose of This Medicine:



Lodi Memorial Hospital

975 S. Fairmont Ave, Lodi CA 95240

(209) 334-3411

Date: 06/04/13

Account No: V024703878

Unit No: M053082

Patient: PARVIN,MARY JEAN

Location: 2S

Physician: Hlaing,Min M MD - HOSP

- Store the medicine in a closed container at room temperature, away from heat, moisture, and direct light.
- Ask your pharmacist, doctor, or health caregiver about the best way to dispose of any outdated medicine or medicine no longer needed.
- Keep all medicine away from children and never share your medicine with anyone.

Drugs and Foods to Avoid:

Ask your doctor or pharmacist before using any other medicine, including over-the-counter medicines, vitamins, and herbal products.

- Make sure your doctor knows if you are also using any other heart medicine such as amiodarone (Cordarone®), clonidine (Catapres®), diltiazem (Cardizem®), propafenone (Rythmol®), quinidine, or verapamil (Calan®, Isoptin®, Verelan®). Tell your doctor if you are also using cyclosporine (Gengraf®, Neoral®, Sandimmune®), digoxin (Digitek®, Lanoxin®), fluconazole (Diflucan®), fluoxetine (Prozac®), paroxetine (Paxil®), reserpine (Serpalan®), rifampin (Rifadin®, Rimactane®), or a stomach medicine (such as cimetidine, Tagamet®).
- Make sure your doctor knows if you are also using an MAO inhibitor (MAOI) such as Eldepryl®, Marplan®, Nardil®, or Parnate®. Tell your doctor if you are also using a diabetes medicine (such as glyburide, insulin, metformin, Actos®, Glucophage®, Glucotrol®, or Glucovance®) or a numbing medicine (such as cyclopropane, ether, trichloroethylene, or Trimar®).

Warnings While Using This Medicine:

- Make sure your doctor knows if you are pregnant or breastfeeding, or if you have kidney disease, liver disease, bradycardia (slow heartbeat), coronary artery disease, circulation problems, diabetes, edema (fluid retention or body swelling), heart or blood vessel problems, low blood pressure, lung or other breathing problems (such as bronchitis or emphysema), an overactive thyroid, pheochromocytoma (adrenal gland tumor), or if you are having frequent chest pains. Tell your doctor if you have severe allergic reactions in the past or if you have a scheduled surgery.
- Do not stop using this medicine suddenly without asking your doctor. You may need to slowly decrease your dose before stopping it completely.
- If you stop using this medicine, your blood pressure may go up. High blood pressure usually has no symptoms. Even if you feel well, do not stop using the medicine without asking your doctor.
- This medicine may raise or lower your blood sugar, or it may cover up symptoms of very low blood sugar (hypoglycemia). If you have diabetes, report any changes in your blood sugar to your doctor.



Lodi Memorial Hospital

975 S. Fairmont Ave, Lodi CA 95240
(209) 334-3411

Date: 06/04/13
Account No: V024703878
Unit No: M053082
Patient: PARVIN,MARY JEAN
Location: 2S
Physician: Hlaing,Min M MD - HOSP

- This medicine may make you dizzy or drowsy. Avoid driving, using machines, or doing anything else that could be dangerous if you are not alert. You may also feel lightheaded when getting up from a lying or sitting position, so stand up slowly.
- If you are wearing contact lens, this medicine may cause your eyes to form tears less than they do normally. Check with your doctor if you have dry eyes.
- Make sure any doctor or dentist who treats you knows that you are using this medicine. You may need to stop using this medicine several days before having surgery or medical tests. Before you have eye surgery for a cataract (clouding of the eye), tell the ophthalmologist (eye doctor) that you are taking this medicine. A serious eye problem called Intraoperative Floppy Iris Syndrome (IFIS) has occurred in some patients who were taking this medicine or who had recently taken this medicine when they had cataract surgery.
- Your doctor will need to check your progress at regular visits while you are using this medicine. Be sure to keep all appointments.

Possible Side Effects While Using This Medicine:

Call your doctor right away if you notice any of these side effects:

- Allergic reaction: Itching or hives, swelling in your face or hands, swelling or tingling in your mouth or throat, chest tightness, trouble breathing
- Change in how much or how often you urinate.
- Chest pain (may be related to your disease and not a side effect).
- Confusion, weakness, shortness of breath, or numbness or tingling in your hands, feet, or lips.
- Fast, slow, or uneven heartbeat.
- Increased hunger or thirst.
- Lightheadedness, dizziness, or fainting.
- Sudden weight gain.
- Swelling in your hands, ankles, or feet.
- Unusual bleeding or bruising.
- Wheezing or trouble breathing.

If you notice these less serious side effects, talk with your doctor:

- Changes in vision.
- Diarrhea, nausea, or vomiting.
- Dry eyes.
- Headache.
- Joint or muscle pain.
- Trouble having sex.



Lodi Memorial Hospital

975 S. Fairmont Ave, Lodi CA 95240
(209) 334-3411

Date: 06/04/13
Account No: V024703878
Unit No: M053082
Patient: PARVIN,MARY JEAN
Location: 2S
Physician: Hlaing,Min M MD - HOSP

-
- Unusual tiredness or weakness.

If you notice other side effects that you think are caused by this medicine, tell your doctor.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088

Copyright © 2012. Thomson Reuters. All rights reserved. Information is for End User's use only and may not be sold, redistributed or otherwise used for commercial purposes.

The above information is an educational aid only. It is not intended as medical advice for individual conditions or treatments. Talk to your doctor, nurse or pharmacist before following any medical regimen to see if it is safe and effective for you.

Lodi Memorial Hospital
History and Physical, Admission

Date **06/04/13**
Hlaing, Min M MD - HOSP

M053082
PARVIN, MARY JEAN
03/16/43 70

V024703878
F ER

History & Physical
H&P

DATE

06-04-13

PRIMARY CARE PHYSICIAN

Dr. Edmund Freund

Cardiologist.

Dr. Stenzler

CHIEF COMPLAINT

Bilateral lower extremity swelling for 5 week

HISTORY OF PRESENT ILLNESS

Patient is a 70 years old female with past medical history of hypertension, diabetes mellitus, congestive heart failure, who presented with chief complaint of bilateral lower extremity redness and swelling for 5 weeks. She saw her primary care physician in over one week ago and was prescribed Keflex and doxycycline, but it did not get better. Patient denies any trauma to the lower extremity. No calf muscle tenderness. Patient has been sleeping on a chair lately, and she got shortness of breath when she lays down.

Patient denies any fever, chills, chest pain, or palpitation.

REVIEW OF SYSTEMS

GENERAL:

No significant change in blood way. She has not been eating well for past 3 days. The

Respiratory system:

No fever, no chills. No hemoptysis, no sick contacts.

Cardiovascular system:

No chest pain. No palpitation. But has bilateral lower from dependent edema. Does have 3 pillows orthopnea. She has been sleeping on a chair lately.

GI:

Nausea, vomiting, constipation, or diarrhea.

Lodi Memorial Hospital
History and Physical, Admission

Date **06/04/13**
Hlaing, Min M MD - HOSP

M053082
PARVIN, MARY JEAN
03/16/43 70

V024703878
F ER

Page 2

The rest of the 15 systems were reviewed and they are all within normal limit or at base line.

PAST MEDICAL HISTORY

- #1 history of congestive heart failure with echocardiogram showing ejection fraction 30 percent. She follow up with Dr. Spencer as outpatient.
- #2 history of coronary artery disease, status post coronary artery bypass graft.
- #3 history of insulin-dependent diabetes mellitus, type II.
- #4 history of hypertension.
- #5 history of cerebrovascular accident.
- #6 history of chronic kidney disease stage III. She does not see any nephrologist.
- #7 history of hypothyroidism.
- #8 history of depression.
- #9 history of anxiety

PAST SURGICAL HISTORY

Status post implantable cardiac defibrillator placement. coronary artery bypass graft and appendectomy.

FAMILY MEDICAL HISTORY

No family history of hypertension, but diabetes runs in family. No stroke.

SOCIAL HISTORY

Patient is a lifelong nonsmoker. No history of drug abuse or alcohol use. She lives with a partner. She has no family no children.

ALLERGIES

See below

IMMUNIZATIONS

Up-to-date

HOME MEDICATIONS

see medication reconcilliation.

PHYSICAL EXAMINATION

VITALS:

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
06/04	37.1	70	18	123/58	94	

Lodi Memorial Hospital
History and Physical, Admission

Date **06/04/13**
 Hlaing, Min M MD - HOSP

M053082
 PARVIN, MARY JEAN
 03/16/43 70

V024703878
 F ER

Page 3

Vital Signs

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
06/04 1404	37.1	70	18	123/58	94			

[]

GENERAL APPEARANCE:

[] No acute distress, can talk in full sentences

HEENT:

Atraumatic, Normocephalic, PERRLA, EOMI

CHEST:

Lungs shows bilateral lower lobe crackles. []

HEART:

S1 and S2, no murmur, rub or gallop []

ABDOMEN:

soft, non-tender, normal bowel sounds noted []

EXTREMITIES:

no clubbing cyanosis, bilateral 2+ pitting edema noted. Eyelid erythema or off the lower extremity without any blister

SKIN:

Skin rash as mentioned above.

NEUROLOGICAL:

alert and oriented x3. Cranial nerves 2-12 intact. Deep tendon reflexes are 2+ bilaterally and plantars are downgoing. Muscle strength 5 x 5 in all 4 extremities. []

LABORATORIES DATA AND STUDIES

Laboratory Tests

	06/04 1640	06/04 1459
Chemistry		
Procalcitonin (<= 0.5 ng/mL)		< 0.05

Lodi Memorial Hospital
History and Physical, Admission

Date **06/04/13**
Hlaing, Min M MD - HOSP

M053082
PARVIN, MARY JEAN
03/16/43 70

V024703878
F ER

Page 4

Urines		
Urine Color (YELLOW)	YELLOW	
Urine Appearance (CLEAR)	CLOUDY	
Urine pH (5.5 - 8.0)		6.0
Ur Specific Gravity (1.001 - 1.099)		1.019
Urine Protein (NEGATIVE mg/dL)		300 H
Urine Glucose (UA) (NEGATIVE mg/dL)		250
Urine Ketones (NEGATIVE mg/dL)	NEGATIVE	
Urine Blood (NEGATIVE)	NEGATIVE	
Urine Nitrite (NEGATIVE)	NEGATIVE	
Urine Bilirubin (NEGATIVE)	NEGATIVE	
Urine Urobilinogen (0.2 - 1.0 E.U./dL)		0.2
Ur Leukocyte Esterase (NEGATIVE)	NEGATIVE	
Urine RBC (0 - 2 rbc/hpf)		6-10 H
Urine WBC (0 - 5 wbc/hpf)	< 2	
Ur Squamous Epith Cells (NONE - FEW epi/hpf)	MODERATE	
Urine Crystals (NONE SEEN /hpf)	AMORPHOUS URATES 3+	
Urine Bacteria (NONE SEEN)	NONE SEEN ✓	
Hyaline Casts (NONE - FEW /hpf)	FEW	
Pathogenic Casts (NONE SEEN /hpf)	NONE SEEN	

	06/04 1459	06/04 1459	06/04 1459	06/04 1459
Chemistry				
Sodium (134 - 143 mmol/L)				141
Potassium (3.6 - 5.1 mmol/L)				4.3
Chloride (98 - 107 mmol/L)				106
Carbon Dioxide (22 - 32 mmol/L)				27
BUN (8 - 21 mg/dL)				35 H
Creatinine (0.44 - 1.03 mg/dL)				2.07 H
Estimated GFR				23.7
BUN/Creatinine Ratio (6.0 - 20.0)				16.9
Glucose (70 - 110 mg/dL)				314 H
Lactic Acid (0.5 - 2.2 mmol/L)	1.3			
Calcium (8.9 - 10.3 mg/dL)				8.6 L
Total Bilirubin (0.1 - 2.0 mg/dL)				1.0
AST (15 - 41 IU/L)				19
ALT (14 - 54 IU/L)				14
Alkaline Phosphatase (38 - 126 IU/L)				76
Creatine Kinase (38 - 234 IU/L)		140		
Troponin I (0.01 - 0.06 ng/mL)		0.04		
B-Natriuretic Peptide (< 176 pg/mL)			1453 H	
Total Protein (6.1 - 7.9 g/dL)				5.3 L
Albumin (3.5 - 4.8 g/dL)				2.6 L
Globulin (2.0 - 3.8 gm/dL)				2.7
Albumin/Globulin Ratio (1.2 - 2.5)				1.0 L
Hematology				
WBC (5.0 - 9.5 K/mm3)				5.1
RBC (3.70 - 5.50 M/uL)				4.40

6-19-13

Lodi Memorial Hospital
History and Physical, Admission

Date 06/04/13
Hlaing, Min M MD - HOSP

M053082
PARVIN, MARY JEAN
03/16/43 70

V024703878
F ER

Page 5

Hgb (12.0 - 16.0 g/dL)		13.3
Hct (37.0 - 47.0 %)		39.5
MCV (80.0 - 99.0 fl)		89.7
MCH (27.0 - 33.0 pg)		30.1
MCHC (31.8 - 36.2 g/dL)		33.6
RDW (10.0 - 16.4 %)		16.5 H
Plt Count (140 - 450 K/mm3)		211
MPV (7.5 - 10.5 fl)		10.2
Neut % (37 - 80 %)		62.6
Lymph % (10.0 - 50.0 %)		25.1
Mono % (<12.0 %)		8.3
Eos % (<7.0 %)		2.8
Baso % (<2.5 %)		1.2
Absolute Neutrophils (2.40 - 7.56 K/uL)		3.21
Absolute Lymphocytes (0.96 - 4.75 K/uL)		1.29
Absolute Monocytes (0.10 - 1.00 K/uL)		0.43
Absolute Eosinophils (0.00 - 0.45 K/uL)		0.14
Absolute Basophils (0.00 - 0.20 K/uL)		0.06

[]

ASSESSMENT

- #1 bilateral lower extremity cellulitis failed outpatient antibiotic therapy
- #2 CHF exacerbation
- #3, diabetes mellitus
- #4, hypertension
- #5 coronary disease

non compliance

PLAN

#, Bilateral lower extremity cellulitis.

Patient failed outpatient antibiotic therapy with Keflex and doxycycline. Patient will be placed on vancomycin and Rocephin.

#CHF exacerbation.

Patient has ejection fraction of only 30 percent. Hi BNP is elevated at more than 2000. Will give IV diuretic.

#Hypertension.

Home, medication. We will continue this graft

#diabetes mellitus

Lantus and sliding scale will be continued. Hemoglobin A1c will be checked.

#Chronic renal failure

3-6

Lodi Memorial Hospital
History and Physical, Admission

Date **06/04/13**
Hlaing, Min M MD - HOSP

M053082
PARVIN, MARY JEAN
03/16/43 70

V024703878
F ER

Page 6

-We will monitor for now.

Prophylaxis

Heparin for DVT prophylaxis and Pepcid for ulcer prophylaxis

CODE STATUS

DO NOT RESUSCITATE

LENGTH OF STAY

2-3 days

Allergies

Coded Allergies:

latex (Mild, Rash 06/04/13)

Converted from Drug Class Allergy: Latex

Sulfa (Sulfonamide Antibiotics) (Severe, Convulsions; REACTION AS A CHILD. OK TO TAKE LASIX 06/04/13)

Converted from Ingredient Allergy: Sulfa Drugs

morphine (Mild, MAKES HER FEEL FUNNY 06/04/13)

Home Medications

Active Scripts

Carvedilol 12.5 MG PO BID

#60 TAB Ref 6

Prov: FREUND, EDMUND MD 08/30/12

Lovastatin 40 MG PO DAILY

#30 TAB Ref 6

Prov: FREUND, EDMUND MD 01/30/13

Lortab 10-500 (HYDROcodone/Acetaminophen 10-500) 1 TAB PO Q8

#90 TAB Ref 3

Prov: FREUND, EDMUND MD 02/21/13

Catapres ** (cloNIDine **) 0.2 MG PO HS

#30 TAB

Prov: FREUND, EDMUND MD 04/25/13

Imdur ** (Isosorbide Mononitrate **) 30 MG PO DAILY

#30 TAB Ref 3

Prov: FREUND, EDMUND MD 04/25/13

Metolazone ** 2.5 MG PO DAILY

#30 TAB Ref 6

Prov: FREUND, EDMUND MD 05/16/13

Keflex ** (Cephalexin Monohydrate **) 500 MG PO TID

#30 CAP

Prov: FREUND, EDMUND MD 05/16/13

Doxycycline Hyclate ** 100 MG PO BID

#20 TAB

Lodi Memorial Hospital
History and Physical, Admission

Date 06/04/13
Hlaing, Min M MD - HOSP

M053082
PARVIN, MARY JEAN
03/16/43 70

V024703878
F ER

Page 7

Prov: FREUND, EDMUND MD 05/16/13

Reported Medications

Levothroid (Levothyroxine Sodium) 100 MCG PO DAILY
Accu-Chek Active Test Strip (Blood Sugar Diagnostic) 1 STRIP
Aspirin ** 81 MG PO DAILY
Lasix ** (Furosemide **) 80 MG PO DAILY
Klor-Con (Potassium Chloride) 10 MEQ PO DAILY
BIOTIN (Biotin) 1000 MCG PO AS DIRECTED
Micardis ** (Telmisartan **) 80 MG PO DAILY
NovoLOG (Insulin Aspart) 0 - 15 UNIT SUB-Q AS DIRECTED
Lexapro (Escitalopram) 10 MG PO DAILY
#30
Lantus ** (Insulin Glargine, Hum.rec.anlog **) 25 UNIT SUB-Q AM
#1 VIAL
Lantus ** (Insulin Glargine, Hum.rec.anlog **) 27 UNIT SUB-Q HS
#1 VIAL

Discontinued Reported Medications

Doxycycline Hyclate ** 100 MG PO Q12

Problem List

Active Problems

Cellulitis and abscess of leg

CC:

Freund, Edmund A MD - ER

M053082
PARVIN, MARY JEAN
03/16/43 70

V024703878
F ER

<Electronically signed by Min M - HOSP Hlaing, MD>

06/04/13 1741