

6-7-13

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

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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

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