

# Lodi Memorial Hospital

## Progress Note

Date **06/08/13**  
Hlaing, Min M MD - HOSP

M053082  
PARVIN, MARY JEAN  
03/16/43 70

V024703878  
F 2S

### Subjective

#### Subjective HPI

Patient feels ok initially. Ambulated and had desaturated to below 88.

#### Problem List

#### Active Problems

Cellulitis and abscess of leg

**History obtained from-** Patient, Family

#### PCP/Admit Date

Primary Care Physician Freund, Edmund MD-Mills  
Phone number 334-8540  
Admit Date 06/04/13  
Length of Stay 4

**Estimated length of stay** 1 day

**History and Physical reviewed?** Yes

### Objective

#### Vitals & I&O

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
06/07-06/08	35.5-36.8	58-68	16-20	107-121/51-67	94-97	

Intake and Output

	06/08 0600
Intake Total	1570
Output Total	6000
Balance	-4430
Intake, IV	330
Intake, Oral	1240
Number Unmeasured Stools	0
Number Voids	2
Output, Urine	6000
Patient Weight	96.67 kg
Voiding Method	Foley
Weight Measurement Method	Bed

### Results

#### Laboratory Tests

	06/08 0900	06/08 0746	06/08 0712	06/07 2051	06/07 1753

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Chemistry			
Potassium (3.6 - 5.1 mmol/L)		3.9	
POC Glucose (70 - 110 mg/dL)	91 54 L		94 93

	06/07 1242	06/07 1152	06/07 0751	06/07 0025	06/06 2015
Chemistry					
Potassium (3.6 - 5.1 mmol/L)	4.2			4.4	
POC Glucose (70 - 110 mg/dL)		71	81		120 H

	06/06 1857	06/06 1704
Chemistry		
Potassium (3.6 - 5.1 mmol/L)	3.8	
POC Glucose (70 - 110 mg/dL)		106

**Test results personally reviewed & interpreted?** Yes

**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)

**Date** 06/08/13

**General Appearance** Alert, Oriented X3

**HEENT** Atraumatic, PERRLA

**Respiratory** Clear to auscultation, Normal air movement

**Neck** Supple, No JVD

**Cardiovascular** Regular, No murmur

**Abdomen** Normal Bowel Sounds, Soft

**Extremities** No Clubbing, No Cyanosis

**Skin** bilateral lower ext cellulitis improved

**Pain (1-10):** 0 No Pain

**Oral Intake %** 100

**Activity level:** Ambulates in room

**Foley?** Yes

**Date foley placed** 06/04/13

**Last BM** 06/07/13

**Pressure ulcer?** No

**Isolation?** Yes

**Reason-** MRSA HX

**Assessment/Plan**

**Problems & Plan**

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# Bilateral lower extremity cellulitis.

much improved.

Patient failed outpatient antibiotic therapy with Keflex and doxycycline. Patient is placed on vancomycin and Rocephin since admit 5/4/13

USG negative for DVT

# Hypoglycemia

- likely because of Lantus. Patient might not be compliant at home.
- night lanstus dose adjusted down

# Hypothyroidism

- TSH more than 12
- levoxyl increased.

#CHF exacerbation.

Patient has ejection fraction of only 30 percent. BNP is elevated at more than 2000. On IV diuretic high dose and metolozone

#Hypertension

- controlled with home meds.

#diabetes mellitus

Lantus and sliding scale will be continued. Hemoglobin A1c 11.96. Poorly controlled.

#Chronic renal failure

- We will monitor for now. Cre 2.02 which is her baseline
- she was consulted by Dr. Madulla in the past
- will reconsult him if Cre worsens

# disposition

- patient is non-complaint. She admitted to forgetting taking medications.
- I tried to convince her to go to SNF
- She refused.
- she states her roommate can give her medications
- case mx and social services consulted on this

# Prophylaxis

Heparin for DVT prophylaxis and Pepcid for ulcer prophylaxis

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CODE STATUS

DO NOT RESUSCITATE

**Daily plan discussed with-** Patient/family, Nurse

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

06/08/13 1400