

Lodi Memorial Hospital

Progress Note

Date **06/09/13**
Hlaing, Min M MD - HOSP

M053082
PARVIN, MARY JEAN
03/16/43 70

V024703878
F 2S

Subjective

Problem List

Active Problems

Cellulitis and abscess of leg

Estimated length of stay 1 day

Objective

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)

Pain (1-10): 0 No Pain

Oral Intake % 90

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

SEE DC SUMMARY.

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

06/09/13 1314

6-9-13

Lodi Memorial Hospital

Discharge Summary

Date 06/09/13
Hlaing, Min M MD - HOSP

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Hospital Course and Summary

Admit Date

Admission Date: 06/04/13

Discharge Date: 6/9/13

Primary Care Physician: Freund, Edmund MD-Mills
334-8540

Discharge Diagnosis

- # CHF exacerbation
- # Bilateral lower extremity cellulitis
- # non-compliance
- # early dementia
- # Hypothyroidism
- # HTN
- # uncontrolled DM
- # chronic renal failure



Hospital Course & Summary

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.

#CHF exacerbation.

Patient has ejection fraction of only 30 percent. BNP is elevated at more than 2000. Gave IV diuretic high dose and metolozone. Patient is euvolemic on the day of discharge.

CHF education give by me.

Bilateral lower extremity cellulitis.

Patient failed outpatient antibiotic therapy with Keflex and doxycycline. Patient was placed on vancomycin and Rocephin since admit 5/4/13 and significantly improved. Patient is being discharged on Doxycycline.

Bilateral lower extremity USG negative for DVT

Hypoglycemia

- likely because of Lantus. Patient might not be compliant at home.
- night lanstus dose stopped since am sugars are as 50s for 2 days even with decreased dose.
- Continued am dose.
- will send homehealth to monitor on compliance

Hypothyroidism

1-6

mary

Lodi Memorial Hospital
Patient Discharge Instructions

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DC Inpatient Medical/Surgical

Discharge to: Home
Activity- As tolerated, Resume usual activity
Diet- Carbohydrate controlled, Heart healthy

Medication Reconciliation

Prescriptions

Stop taking the following medications:

3 months 135.14 (Use)

Insulin Glargine, Hum.rec.anlog ** (Lantus **) 100 UNIT/ML VIAL Subcutaneous At bedtime Qty = 1

Cephalexin Monohydrate ** (Keflex **) 500 MG CAP ORAL Three times daily Qty = 30

Continue taking these medications:

fast acting - before meals

Insulin Aspart (NovoLOG) 100 UNIT/1 ML INSULN.PEN
0 - 15 Unit(s) Subcutaneous As directed

Levothyroxine Sodium (Levothroid) 100 MCG TABLET thyroid
100 Micogram(s) ORAL Daily

Aspirin ** (Aspirin **) 81 MG TAB.CHEW blood thinning
81 Milligram(s) ORAL Daily

✓ Lovastatin (Lovastatin) 40 MG TABLET night cholesterol
40 Milligram(s) ORAL Daily
Qty = 30

HYDROcodone/Acetaminophen 10-500 (Lortab 10-500) 1 TAB TAB pain
1 Tab(s) ORAL Every 8 hours
Qty = 90

Furosemide ** (Lasix **) 40 MG TAB water pill
80 Milligram(s) ORAL Daily

Potassium Chloride (Klor-Con) 10 MEQ TABLET.SA Potassium replacement
10 Milliequivalent(s) ORAL Daily

Biotin (BIOTIN) 1000 MCG TAB OTC
1000 Micogram(s) ORAL Daily

Telmisartan ** (Micardis **) 40 MG TAB
80 Milligram(s) ORAL Daily

Isosorbide Mononitrate ** (Imdur **) 30 MG TAB.SR.24H brand
30 Milligram(s) ORAL Daily
Qty = 30

Escitalopram (Lexapro) 10 MG TABLET
10 Milligram(s) ORAL Daily
Qty = 30

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Insulin Glargine, Hum. rec. analog ** (Lantus **) 100 UNIT/ML VIAL
25 Unit(s) Subcutaneous Daily at 0800
Qty = 1

long acting

Metolazone ** (Metolazone **) 2.5 MG TAB ϕ
2.5 Milligram(s) ORAL Daily
Qty = 30

Doxycycline Hyclate ** (Doxycycline Hyclate **) 100 MG TAB
100 Milligram(s) ORAL Twice daily
Qty = 20

antibiotic

Zolpidem ** (Ambien **) 5 MG TAB
5 Milligram(s) ORAL At bedtime as needed
Qty = 30
Instructions:
Take At Bedtime

23.00

Start taking the following new medications: ϕ

[Coreg]
12.5 Milligram(s) ORAL Twice daily
Qty = 60
No Refills

*Heart rate / blood pressure
above 50 top # above 100*

Referrals

Ordered Referrals

Home Health Services Today
For Groups:
Home Health Services

meclazine ϕ

PCP name DR. FREUND
Appt Date/Time 1 WK
Signature

If you have any questions regarding these instructions, please call your primary care physician
Freund, Edmund MD-Mills MD at telephone # 334-8540.
I have read, reviewed and understand these instructions:

Date _____

Date/Time 06/09/13

(Patient or Patient's representative signature and relationship)

6-9-13

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- TSH more than 12
- Likey due to non compliance with levoxyll
- counseling done.

#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

skilled nursing

Prophylaxis

Heparin for DVT prophylaxis and Pepcid for ulcer prophylaxis

CODE STATUS

DO NOT RESUSCITATE

DC Inpatient Medical/Surgical

Discharge to: Home

Activity- As tolerated, Resume usual activity

Diet- Carbohydrate controlled, Heart healthy

Medication Reconciliation

Prescriptions

Stop taking the following medications:

Insulin Glargine, Hum.rec.anlog ** (Lantus **) 100 UNIT/ML VIAL Subcutaneous At bedtime Qty = 1

Cephalexin Monohydrate ** (Keflex **) 500 MG CAP ORAL Three times daily Qty = 30

2-6

Lodi Memorial Hospital
Patient Discharge Instructions

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		03/16/43	70 F 2S

DC Inpatient Medical/Surgical

Discharge to: Home

Activity- As tolerated, Resume usual activity

Diet- Carbohydrate controlled, Heart healthy

Medication Reconciliation

Prescriptions

Stop taking the following medications:

Insulin Glargine, Hum.rec.anlog ** (Lantus **) 100 UNIT/ML VIAL Subcutaneous At bedtime Qty = 1

Cephalexin Monohydrate ** (Keflex **) 500 MG CAP ORAL Three times daily Qty = 30

Continue taking these medications:

Insulin Aspart (NovoLOG) 100 UNIT/1 ML INSULN.PEN

0 - 15 Unit(s) Subcutaneous As directed

Levothyroxine Sodium (Levothroid) 100 MCG TABLET

100 Micogram(s) ORAL Daily

Aspirin ** (Aspirin **) 81 MG TAB.CHEW

81 Milligram(s) ORAL Daily

Lovastatin (Lovastatin) 40 MG TABLET

40 Milligram(s) ORAL Daily

Qty = 30

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

1 Tab(s) ORAL Every 8 hours

Qty = 90

Furosemide ** (Lasix **) 40 MG TAB

80 Milligram(s) ORAL Daily

Potassium Chloride (Klor-Con) 10 MEQ TABLET.SA

10 Milliequivalent(s) ORAL Daily

Biotin (BIOTIN) 1000 MCG TAB

1000 Micogram(s) ORAL Daily

Telmisartan ** (Micardis **) 40 MG TAB

80 Milligram(s) ORAL Daily

Isosorbide Mononitrate ** (Imdur **) 30 MG TAB.SR.24H

30 Milligram(s) ORAL Daily

Qty = 30

Escitalopram (Lexapro) 10 MG TABLET

10 Milligram(s) ORAL Daily

Qty = 30

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Insulin Glargine, Hum. rec. analog ** (Lantus **) 100 UNIT/ML VIAL
25 Unit(s) Subcutaneous Daily at 0800
Qty = 1

Metolazone ** (Metolazone **) 2.5 MG TAB
2.5 Milligram(s) ORAL Daily
Qty = 30

Doxycycline Hyclate ** (Doxycycline Hyclate **) 100 MG TAB
100 Milligram(s) ORAL Twice daily
Qty = 20

Zolpidem ** (Ambien **) 5 MG TAB
5 Milligram(s) ORAL At bedtime as needed
Qty = 30
Instructions:
Take At Bedtime

Start taking the following new medications:

[Coreg]
12.5 Milligram(s) ORAL Twice daily
Qty = 60
No Refills

Referrals

Ordered Referrals
Home Health Services Today
For Groups:
Home Health Services

PCP name DR. FREUND
Appt Date/Time 1 WK
Signature

If you have any questions regarding these instructions, please call your primary care physician
Freund, Edmund MD-Mills MD at telephone # 334-8540.
I have read, reviewed and understand these instructions:

Date _____ Date/Time 06/09/13

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Continue taking these medications:

Insulin Aspart (NovoLOG) 100 UNIT/1 ML INSULN.PEN
0 - 15 Unit(s) Subcutaneous As directed

Levothyroxine Sodium (Levothroid) 100 MCG TABLET
100 Micogram(s) ORAL Daily

Aspirin ** (Aspirin **) 81 MG TAB.CHEW
81 Milligram(s) ORAL Daily

Lovastatin (Lovastatin) 40 MG TABLET
40 Milligram(s) ORAL Daily
Qty = 30

HYDROcodone/Acetaminophen 10-500 (Lortab 10-500) 1 TAB TAB
1 Tab(s) ORAL Every 8 hours
Qty = 90

Furosemide ** (Lasix **) 40 MG TAB
80 Milligram(s) ORAL Daily

Potassium Chloride (Klor-Con) 10 MEQ TABLET.SA
10 Milliequivalent(s) ORAL Daily

Biotin (BIOTIN) 1000 MCG TAB
1000 Micogram(s) ORAL Daily

Telmisartan ** (Micardis **) 40 MG TAB
80 Milligram(s) ORAL Daily

Isosorbide Mononitrate ** (Imdur **) 30 MG TAB.SR.24H
30 Milligram(s) ORAL Daily
Qty = 30

Escitalopram (Lexapro) 10 MG TABLET
10 Milligram(s) ORAL Daily
Qty = 30

Insulin Glargine, Hum.rec.anlog ** (Lantus **) 100 UNIT/ML VIAL
25 Unit(s) Subcutaneous Daily at 0800
Qty = 1

Metolazone ** (Metolazone **) 2.5 MG TAB
2.5 Milligram(s) ORAL Daily
Qty = 30

Doxycycline Hyclate ** (Doxycycline Hyclate **) 100 MG TAB
100 Milligram(s) ORAL Twice daily

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Qty = 20

Zolpidem ** (Ambien **) 5 MG TAB
5 Milligram(s) ORAL At bedtime as needed

Qty = 30

Instructions:

Take At Bedtime

Start taking the following new medications:

[Coreg]

12.5 Milligram(s) ORAL Twice daily

Qty = 60

No Refills

Referrals

Ordered Referrals

Home Health Services Today

For Groups:

Home Health Services

PCP name DR. FREUND

Appt Date/Time 1 WK

Signature

If you have any questions regarding these instructions, please call your primary care physician
Freund, Edmund MD-Mills MD at telephone # 334-8540.

I have read ,reviewed and understand these instructions:

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

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DC Inpatient Medical/Surgical

Discharge to: Home

Activity- As tolerated, Resume usual activity

Diet- Carbohydrate controlled, Heart healthy

Medication Reconciliation

Prescriptions

Stop taking the following medications:

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Cephalexin Monohydrate ** (Keflex **) 500 MG CAP ORAL Three times daily Qty = 30

Continue taking these medications:

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0 - 15 Unit(s) Subcutaneous As directed

Levothyroxine Sodium (Levothroid) 100 MCG TABLET
100 Micogram(s) ORAL Daily

Aspirin ** (Aspirin **) 81 MG TAB.CHEW
81 Milligram(s) ORAL Daily

Lovastatin (Lovastatin) 40 MG TABLET
40 Milligram(s) ORAL Daily
Qty = 30

HYDROcodone/Acetaminophen 10-500 (Lortab 10-500) 1 TAB TAB
1 Tab(s) ORAL Every 8 hours
Qty = 90

Furosemide ** (Lasix **) 40 MG TAB
80 Milligram(s) ORAL Daily

Potassium Chloride (Klor-Con) 10 MEQ TABLET.SA
10 Milliequivalent(s) ORAL Daily

Biotin (BIOTIN) 1000 MCG TAB
1000 Micogram(s) ORAL Daily

Telmisartan ** (Micardis **) 40 MG TAB
80 Milligram(s) ORAL Daily

Isosorbide Mononitrate ** (Imdur **) 30 MG TAB.SR.24H
30 Milligram(s) ORAL Daily
Qty = 30

Escitalopram (Lexapro) 10 MG TABLET
10 Milligram(s) ORAL Daily
Qty = 30

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Insulin Glargine,Hum.rec.anlog ** (Lantus **) 100 UNIT/ML VIAL
25 Unit(s) Subcutaneous Daily at 0800
Qty = 1

Metolazone ** (Metolazone **) 2.5 MG TAB
2.5 Milligram(s) ORAL Daily
Qty = 30

Doxycycline Hyclate ** (Doxycycline Hyclate **) 100 MG TAB
100 Milligram(s) ORAL Twice daily
Qty = 20

Zolpidem ** (Ambien **) 5 MG TAB
5 Milligram(s) ORAL At bedtime as needed
Qty = 30
Instructions:
Take At Bedtime

Start taking the following new medications:

[Coreg]
12.5 Milligram(s) ORAL Twice daily
Qty = 60
No Refills

Referrals

Ordered Referrals

Home Health Services Today *skilled RN and physical therapy*
For Groups:
Home Health Services

PCP name DR. FREUND
Appt Date/Time 1 WK
Signature

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Freund,Edmund MD-Mills MD at telephone # 334-8540.
I have read ,reviewed and understand these instructions:

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