

6-27-13

Lodi Memorial Hospital
History and Physical, Admission

Date 06/27/13
Sorour, David MD - HOSP

M053082
PARVIN, MARY JEAN
03/16/43 70

V024774473

F

ER HOLD

Page 2

difficulty with her living arrangement. Patient apparently has not been taking her medication as she is supposed to and it has been difficult for the roommate to take care of her. Roommate requesting for possible skilled nursing facility versus rehabilitation placement

PERSONAL HABITS

[]

ALLERGIES

See below

IMMUNIZATIONS

[]

HOME MEDICATIONS

See list

PHYSICAL EXAMINATION

VITALS:

Blood pressure 121/55, pulse of 70, respiration of 18, temperature afebrile, saturating 97% on room air

GENERAL APPEARANCE:

Awake alert oriented x3, calm and comfortable, no acute distress.

HEENT:

Pupils equal round reactive to light, extraocular muscles are intact, neck is supple.

CHEST:

Clear to auscultation bilaterally, normal respiratory effort, normal breathing pattern.

HEART:

Regular rate and rhythm, no rubs or gallops.

ABDOMEN:

Soft, nontender, nondistended, no peritoneal signs.

EXTREMITIES:

1+ pitting lower extremity edema up to the knees, evidence of chronic venous stasis in the lower extremity. There is mild erythema but there is no warmth to touch in the area is not tender to palpation.

SKIN:

As above

NEUROLOGICAL:

No Gross focal deficit

LABORATORIES DATA AND STUDIES

EKG: A-V dual paced rhythm.

Chest x-ray ordered and pending at this time

Laboratory - CBC/MP

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History & Physical
H&P

DATE

June 27, 2013

PRIMARY CARE PHYSICIAN

Dr. Freund
Dr. Stenzler cardiology

CHIEF COMPLAINT

Nausea vomiting and diarrhea x2 days lower extremity edema and redness x2 weeks.

HISTORY OF PRESENT ILLNESS

70-year-old female with past medical history of chronic kidney disease stage IV, coronary artery disease status post CABG, diabetes hyperlipidemia and hypertension who presents with nausea vomiting and diarrhea as well as some dizziness for the past 2 days. Patient states that about 2 weeks ago she began having redness and swelling in her lower extremity. She was seen in the emergency room there was concern for chronic venous stasis with superimposed infection, patient was discharged on by mouth antibiotics. Patient states that the erythema has improved but there is still persistent swelling in the lower extremity. Patient does take her diuretic every morning. Patient states that for the past 3 days she began having diarrhea accompanied by nausea and vomiting. At this time currently during the exam chest is the nausea and vomiting has improved significantly. Patient denies any changes in her exercise tolerance. Patient has chronic dyspnea on exertion.

REVIEW OF SYSTEMS

Complete 10 point review of systems are checked and found to be negative except as mentioned above

PAST MEDICAL HISTORY

Coronary artery disease status post CABG
CVA

Diabetes mellitus type II
Hyperlipidemia
Hypertension
Vertigo

PAST SURGICAL HISTORY

CABG
Pacemaker
AICD

FAMILY MEDICAL HISTORY

Complete family history reviewed and found not to be contributory to the case

SOCIAL HISTORY

No drugs alcohol or smoking, patient lives locally with a roommate. Apparently there has been some

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M053082 PARVIN, MARY
 70 Years Female

6/27/2013 14:56:05

Lodi Memorial (1)

IMR (01)

ER (11)

Room: ER20

Operator: GARCIA4

Account: V024774473

Account: V024774473

Order: 4664987.010

Rate 70 A-V DUAL-PACED COMPRISES W/ SOME INHIBITION

PR 122

QRSD 147

QT 591

QTC 628

--AXIS--
 P

QRS 104

T 264

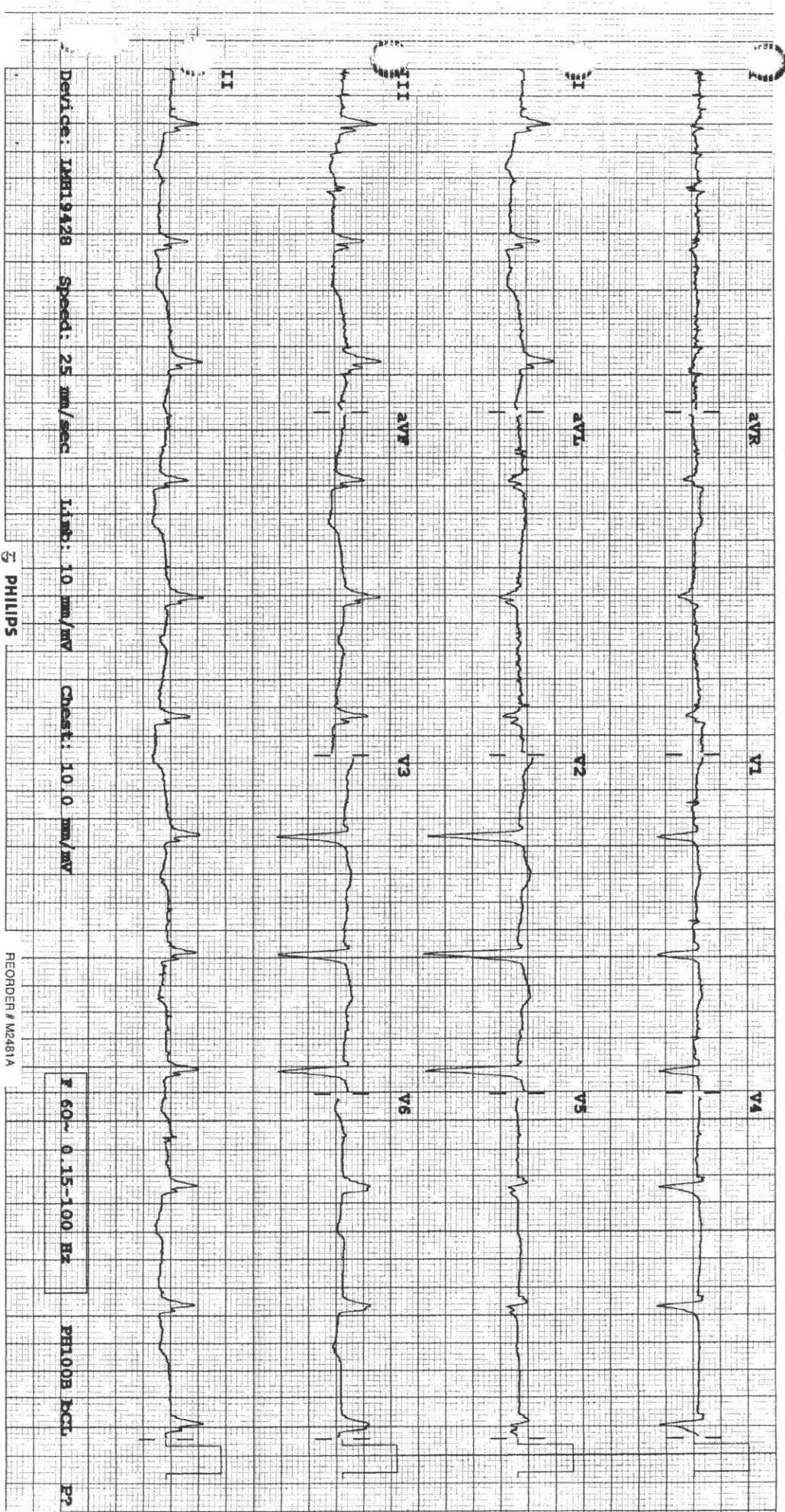
12 Lead; Standard Placement

06/27/13 M053082 70 / F
 V024774473 BD:03/16/43
 PARVIN, MARY JEAN
 MCAB OSHIMA ER HI

STEMI YES / <input checked="" type="checkbox"/> (circle one)
Old EKG Date <u>6/24/13</u> <input checked="" type="checkbox"/> OLD EKG
Change since old EKG: YES / <input checked="" type="checkbox"/>
EKG seen @ <u>1500</u> by Dr <u>Ca</u>

- ABNORMAL ECG -

Requested by:
 Unconfirmed Diagnosis



Device: IMR19428 Speed: 25 mm/sec Lamp: 10 mm/mV Chest: 10.0 mm/mV

F 60-0.15-100 Hz PH100B PCL E2

PHILIPS

REORDER # M2481A

M053082 PARVIN, MARY JEAN
DOB: 16-Mar-1943 70 Years Female Race: WHITE

27-Jun-2013 14:56:05

Dept: ER
Room: ER20
Oper: GARCMA4

HR 70 . A-V dual-paced complexes w/ some inhibition
* ER MD SIG ON FILE

Reading Phys.: LAVIST
Account: V024774473

PR 122
QRSD 147
QT 581
QTc 628

-- AXIS --

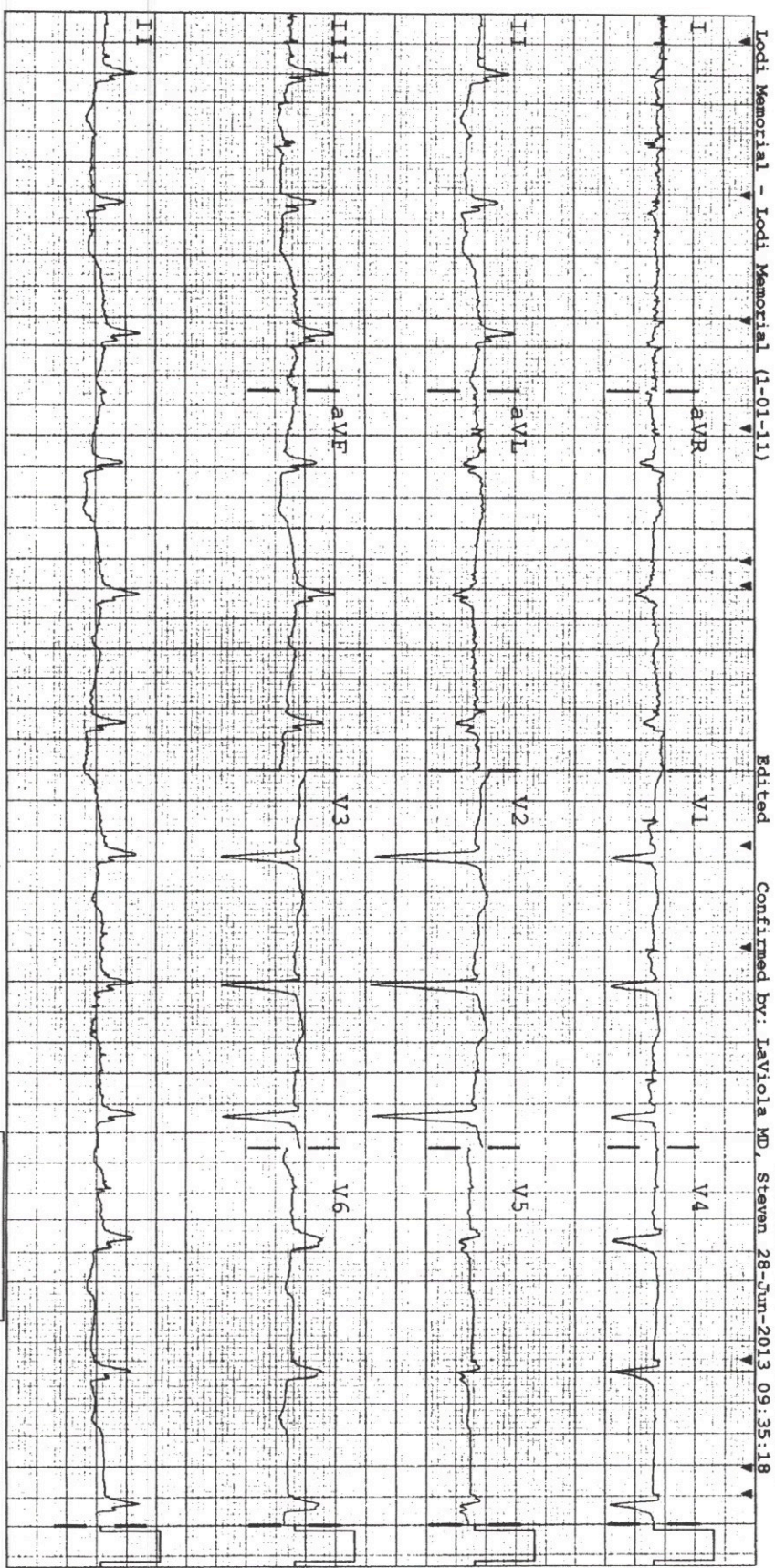
Order #: 4664987.010

QRS 104
T 264

Previous ECG: 24-Jun-2013 15:53:28 - Abnormal Confirmed

- ABNORMAL ECG -

Standard 12
Requested By: Oshita, Masaru



Device: IMH9428

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10 mm/mV

F 60-0.15-100 Hz

PHI00B bCL P?

M053082

PARVIN, MARY JEAN

27-Jun-2013 14:56:05

DOB: 16-Mar-1943 70 Years

Female

Race: WHITE

Dept: ER
Room: ER20
Operator: GARCARA4

HR 70 A-V dual-paced complexes w/ some inhibition
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Account: V024774473

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QT 581
QTc 628

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Previous ECG: 24-Jun-2013 15:53:28 - Abnormal Confirmed

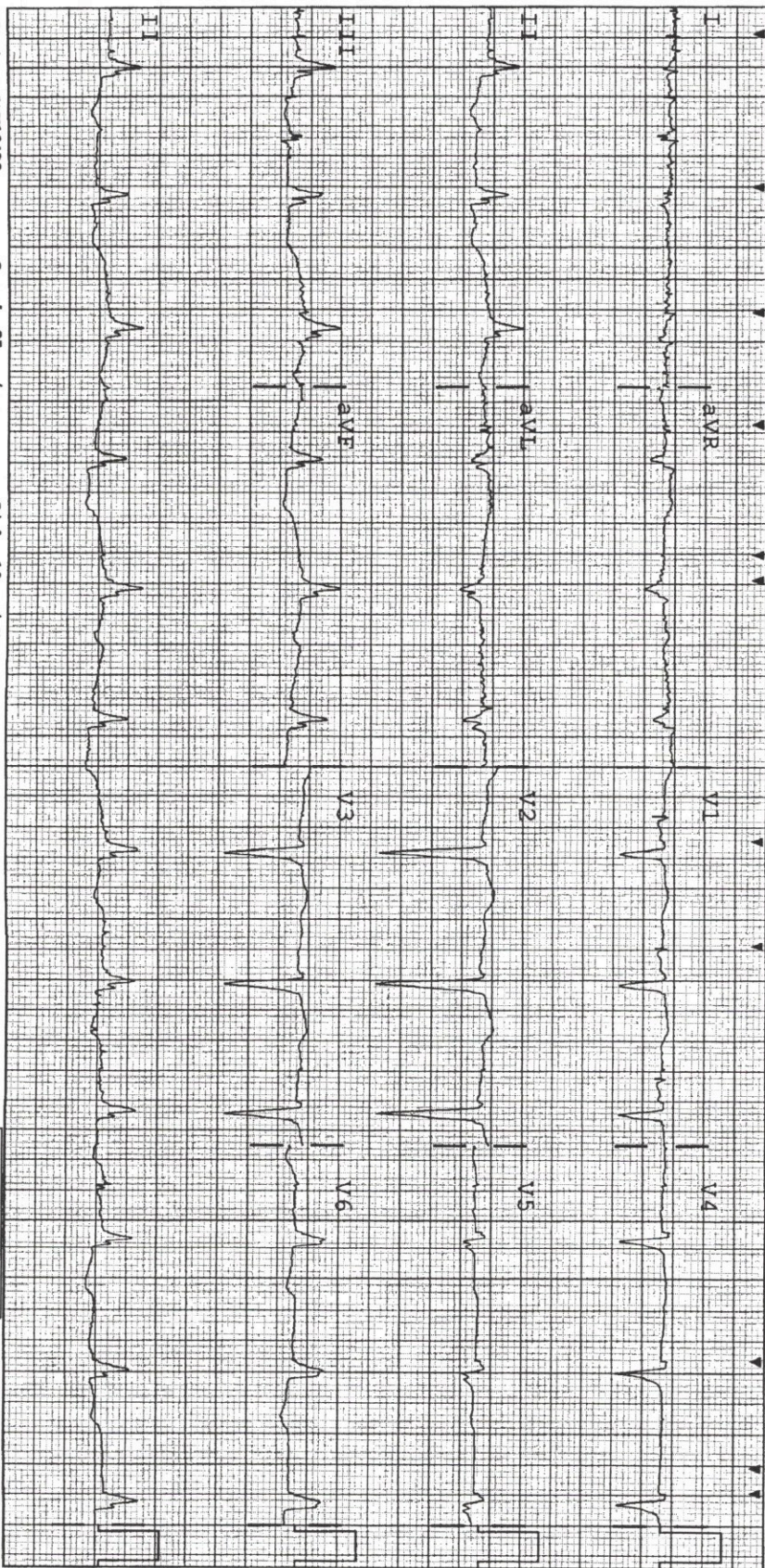
Standard 12
Requested By: Oshita, Masaru

Iodi Memorial - Iodi Memorial (1-01-11)

Edited

Confirmed by: Iaviola MD, Steven

28-Jun-2013 09:35:18



Device: IME19428

Speed: 25 mm/sec

Lead: 10 mm/mV

Chest: 10 mm/mV

F 60~0.15-100 Hz

PH100B DCL P2