

ER I drove

6-27-13

In home health  
instructed do  
to infection to leg

6-29-13

discharged

to

Arbor Rehab

# ADVANCE DIRECTIVE ACKNOWLEDGEMENT

PATIENT  
NAME: PARVIN, MARY JEAN

MEDICAL  
RECORD NO: M053082

ACCOUNT NUMBER: V024774473

DATE OF BIRTH: 03/16/43

### PLEASE READ THE FOLLOWING FOUR STATEMENTS.

Place your initials after each statement.

1. I have been given written materials about my right to accept or refuse medical treatments. MPJ (Initialed)
2. I have been informed of my rights to formulate Advance Directives. MPJ (Initialed)
3. I understand that I am not required to have an Advance Directive in order to receive medical treatment at this health care facility. MPJ (initialed)
4. I understand that the terms of any Advance Directive that I have executed will be followed by the health care facility and my care givers to the extent permitted by law. MPJ (Initialed)

### PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:

- I HAVE executed an Advance Directive.
- I HAVE NOT executed an Advance Directive.
- I REQUEST ADDITIONAL INFORMATION or a referral for assistance to execute an Advance Directive
- I have provided a copy of my Healthcare Directive for the medical chart.

Scanned: \_\_\_\_\_ Date: \_\_\_\_\_

Mary Jean Parvin  
PATIENT OR REPRESENTATIVE SIGNATURE

6/27/13  
DATE

[Signature]  
WITNESS

6/27/13  
DATE

FOR OFFICIAL USE ONLY	
<input type="checkbox"/>	REFERRAL MADE
TO:	



**NOTIFICATION**

To report concerns related to care, treatment, services and patient safety issues by calling the Patient Safety Concern Line (209-339-7400) as well as directly reporting to the Lodi Memorial Hospital Administration (209-339-7560), the California Department of Public Health Services (916-558-1784) or The Joint Commission hotline at (800-944-6010).

**FORMS**

Please review and check the box for additional forms received.

- Admissions and Payment Guide brochure
- An Important Message from Medicare - and I understand my rights as outlined in this document
- Notice of Privacy Practices brochure
- Patient Rights document

**BY SIGNING BELOW THE PATIENT AND/OR RESPONSIBLE PARTY INDICATE THAT THEY HAVE READ THE AGREEMENT AND CONSENT TO BE LEGALLY BOUND BY ALL OF ITS TERMS AND IMPLEMENTATION AND HAVE RECEIVED A COPY.**

Mary Jean Parvin 10/27/13  
 Patient/Parent/Guardian/Spouse/Conservator Date Relationship to Patient

[Signature] 10/27/13 1701 Pt Access Rep  
 Witness Date Time Title

**THIS FACILITY IS A "SMOKE FREE" NO SMOKING ALLOWED FACILITY**

**CONDITIONS OF ADMISSION**



PARVIN, MARY JEAN  
M053082  
V024774473

Circle or check affirmatives, backlash (!) negatives.



# EMERGENCY PROVIDER RECORD

## Abdominal Pain / Flank Pain / Vomiting / Diarrhea

36

Testicular - Ovarian Torsion / AMI / AAA / Ectopic Pregnancy / Mesenteric Ischemia  
C-difficile

DATE: 6/27/13 TIME: 1310 ROOM: 20  EMS Arrival

HISTORIAN: patient family EMS FSBS: 71

UNABLE TO OBTAIN HISTORY DUE TO: \_\_\_\_\_

### HPI

chief complaint: abdominal pain vomiting  
flank pain (R/L) diarrhea  
DIZZY

onset / duration: x 2 days  
constant waxing / waning sudden-onset worse / persistent since

timing: still present better gone now  
intermittent episodes lasting: \_\_\_\_\_

context: out of country travel bad food recent trauma  
PEP N/V/D and dizziness x 2 days.  
She notes blood in her urine but denies any abd pain or fever.

severity: maximum mild moderate severe  
when seen in ED: none almost gone mild moderate severe

quality: sharp aching dull burning cramping sharp stabbing fullness

location: abd pain

migration (show migration: m →)

associated symptoms: diarrhea x  
fever / chills / sweaty blood streaks grossly bloody mucous  
loss of appetite testicular pain  
chest pain back / neck / arm pain  
hurts to breathe / short of breath fainting / dizzy / light-headed  
nausea / vomiting  
bloody blood-streaks coffee-grounds

exacerbated by: supine upright position movements walking cough deep breaths food nothing  
relieved by: supine upright position remaining still antacids food nothing  
Recent Afx: Doxycycline and Keftex

Similar symptoms previously: \_\_\_\_\_

Recently seen / treated by doctor: yes, pt was seen in ED on 6/24/13. Dx 2 venous stasis Dermatitis.

06/27/13  
V0247744  
PARVIN, MARY JEAN  
MCAB OSHLMA FF

PCP: Freund : Stenzler

### ROS

CONST recent illness \_\_\_\_\_ FEMALE GENITAL LNMP \_\_\_\_\_ preg post-menop

EYES / ENT vision change / problems \_\_\_\_\_ joint pain \_\_\_\_\_

sore throat / dental problems \_\_\_\_\_ leg / ankle swelling \_\_\_\_\_

CVS / PULMONARY cough bloody / productive \_\_\_\_\_ rash \_\_\_\_\_

GI / GU constipation last BM \_\_\_\_\_ swollen glands \_\_\_\_\_

black / bloody stools \_\_\_\_\_ NEURO / PSYCH headache \_\_\_\_\_

bloody / dark urine depression / anxiety Dizziness

problems urinating \_\_\_\_\_

painful urination \_\_\_\_\_  All systems neg except as marked

### PAST HX Vertigo

RELATED PAST HX cancer chemo rad tx

aortic aneurysm abdominal cardiac disease CAD, CHF

ectopic pregnancy A-Fib angina MI

esophageal varices CVA / TIA bleed deficit

GI disease gall stones hepatitis ulcer diabetes Type 1 Type 2

diverticulitis GERD pancreatitis diet / oral / insulin neuropathy

kidney disease calculi ESRD hyperlipidemia

bladder kidney infection hypertension

obstruction immunosuppressed AIDS

ovarian cyst(s) / fibroids lung disease asthma COPD

pelvic infection / STD

Void records reviewed / summary: 6/29/13

Surgeries / Procedures none  
any recent surgery \_\_\_\_\_

appendectomy \_\_\_\_\_ hysterectomy / BTL / C-section \_\_\_\_\_

CABG / stent \_\_\_\_\_ hernia repair (R/L) \_\_\_\_\_

cholecystectomy \_\_\_\_\_ tonsillectomy \_\_\_\_\_

endoscopy upper lower \_\_\_\_\_ Pacemaker, AICD

Imaging prior CT / MRI / US date \_\_\_\_\_

Immunization UTC

Medications none see nurses note  
aspirin clopidogrel warfarin LMWH see nurses note  
NSAID acetaminophen BCP's antibiotic sulfa  
Morphine, Latex

Allergies NKDA

SOCIAL HX smoker \_\_\_\_\_ drugs \_\_\_\_\_  
alcohol (recent / heavy / occasional) \_\_\_\_\_ occupation \_\_\_\_\_

living situation alone family friend group care facility \_\_\_\_\_

FAMILY HX gall stones ovarian cysts CAD ulcer  
kidney stones aortic aneurysm Renewed not relevant

Nursing Assessment Reviewed  Initial Vital Signs Reviewed  Telemetry

BP 121/55 HR 70 RR 18 Temp 36.6

Pulse O<sub>2</sub> 97%  RA 02 Interp  nml hypoxic \_\_\_\_\_

### PHYSICAL EXAM

EXAM LIMITED BY: \_\_\_\_\_

General Appearance mild / moderate / severe distress \_\_\_\_\_  
appears well anxious / lethargic \_\_\_\_\_

alert \_\_\_\_\_

HEENT scleral icterus / pale conjunctivae \_\_\_\_\_

eyes inspection nml EOM palsy / anisocoria \_\_\_\_\_

ENT inspection nml pharyngeal erythema / dental decay \_\_\_\_\_

pharynx nml abnml TM / hearing deficit \_\_\_\_\_



\*TFCRMS\*

10229303631

Pg 1 of 2

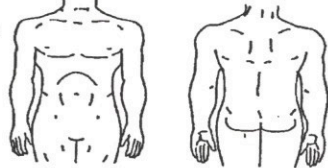
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NECK

nml inspection
RESPIRATORY
no resp. distress
breath sounds nml
CVS
reg. rate & rhythm
heart sounds nml
full / equal pulses

thyromegaly / lymphadenopathy
wheezes / rales / rhonchi
irregularly irregular rhythm
tachycardia / bradycardia
IVD present
gallop (S3 / S4)
murmur grade /6 sys / dias
decreased pulse(s)
R carotd fem dors ped
L carotd fem dors ped

T = tenderness
G = guarding
R = rebound
m = mild
mod = moderate
sv = severe



ABDOMEN / GI

soft
non-tender
no organomegaly
nml bowel sounds
no pulsatile mass
no abdominal bruit

rigid / distended
tenderness / guarding / rebound
hepatomegaly / splenomegaly / mass
abnml bowel sounds
increased / decreased / absent / tympanic
prominent aortic pulsations
McBurney's point tenderness
psaos / Rovsing's sign / obturator sign
Murphy's sign

PELVIC EXAM

external exam nml
speculum exam nml
bimanual exam nml

vaginal bleeding / discharge
cervical motion tenderness
adnexal tenderness / mass (R/L)
enlarged / tender uterus
tenderness / swelling testicular / inguinal
black / bloody / heme pos. stool
tenderness
fecal impaction
CVA tenderness (R/L)

MALE GENITAL

nml inspection
RECTAL
non-tender
heme neg stool

BACK

nml inspection

EXTREMITIES

non-tender
nml ROM
no pedal edema
distal pulses intact

pedal edema / leg swelling 1+ pitting
calf tenderness
Homan's sign
mild erythema over distal
1/3 LE (B)
disoriented to person / place / time
motor / sensory loss facial droop

NEURO

oriented x3
neuro grossly intact

PSYCH

mood / affect nml

SKIN

color nml, no rash
warm, dry

XRAYS

XRAYS

Interp. by me Reviewed by me Discsd w/ radiologist read by radiologist
KUB Upright abd 3-view CXR pa lat ap
nml / NAD

CT Scan / MRI

nml / NAD contrast / non-contrast

Ultrasound

nml / NAD

LABS & EKG

BNP 682

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

CBC Chem UA
WBC Na Troponin Amylase
Hgb K 3.5 Lipase Blood trace
Hct 35.8 CO2 33 CKMB Alk Phos Protein 1+
platelets Gluc 38 Troponin AST 21 Stool
segs BUN 69 CKMB ALT 17 Leukocyte +-
bands Creat 2.70 Troponin Preg Test +-
lymphs

Rhythm Strip Rate Rhythm NSR/PVC
EKG Interp by ED provider Rate 70 NSR A-fib Paced
nml intervals nml axis nml QRS non-specific ST/TW changes
diagnosis nml abnml NO ischemic changes, unchanged

PROGRESS

see additional template: # 94 51a from 6/24/10
re-examined unchanged improved non-surgical

Handwritten notes:
A-E 10/10 on as x with eval cont
update i T N will order Heparin EKG
w/ weas
uplate K Glu 150 RPO order anal, (chance bow)
nauff, cont FUF
w/ about 500cc Dr. Tran about
evol pt.
patient ambulating / mentating at pre-event baseline
Discharge VS: BP HR RR Temp
Discussed with Dr. TRAN Time: 1450
will see patient in: ED/hospital/office

Counseled patient / family regarding:
lab / rad. results diagnosis need for follow-up
prior records ordered
Additional history from:
family caretaker paramedics
holding orders written
Rx given

CRITICAL CARE (excluding time for other separate services)
TIME 30-74 min 75-104 min 25 min

CLINICAL IMPRESSION

ABDOMINAL PAIN Ischemic Colitis
FLANK PAIN NAUSEA Mesenteric Ischemia
VOMITING / DIARRHEA Myocardial Infarction - acute
Abdominal Aortic Aneurysm Pancreatitis
Acute Coronary Syndrome Pelvic Inflammatory Disease
Appendicitis Pregnancy - intrauterine ectopic
Bowel Obstruction CHF Pyelonephritis
Cholecystitis Sepsis
Clostridium-Difficile Associated Torsion - testicular ovarian
Disease (CDAD) Ureterolithiasis
Diverticulitis Urinary Tract Infection
Elevated Trop / Hypoglycemia / Chronic Renal
Present On Admission decubitus / UTI w/ foley Insufficiency

Disposition Order Time 1500
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.
L. Eastman scribing for Dr. Oshita

I have reviewed the information recorded by the scribe for accuracy and agree with its contents.
MD / DO IDX Provider #
Template Complete Written Addendum

06/27/13 MURKIN 70 / F
V024774476 BD 6/16/43
PARVIN, MARY JEAN
MCAB OSHIMA ER

ED SCANNED 10229303632

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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

**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

RUN DATE: 06/28/13  
RUN TIME: 0205  
RUN USER: LAFRSH

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

PAGE 5

Patient FARVIN, MARY JEAN  
Age/Sex 70/F

Account No. V024314817  
Unit No. M053082

DPT: N Date  
Influenza vaccine: Date  
Brought By- relative  
BLS? ALS? Code 3?  
Field interventions-  
Signs/Symptoms:  
EENT:  
Vision Rt Eye /20 Vision Lt Eye /20  
Suspicion of abuse present? \* Report made?  
Dizziness: patient denies  
Skin: dry  
pink/normal  
warm  
Muscle symptoms:  
GI: meets defined criteria \*  
Last bowel movement  
GU: meets defined criteria \*  
On dialysis: (P)eritoneal, (H)emo  
Dialysis:  
Nutrition:  
Lbs lost / gain      kgs 0.000  
Observations/  
Two or more signs/symptoms present? N  
Signs/symptoms present-  
Known/suspected infection? N  
If yes, Sepsis Protocol initiated?  
Physician notified:  
All other systems reviewed & patient denies? Y  
Patient receiving Home Health services:  
POLST: No      Palliative Care Consult  
Priority 3      Urgent      : REG

MMR? Y POLIO? Y  
Pneumococcal vaccine: Y Date 10/29/09  
Arrival Mode: wheelchair  
From- Home  
Neurological: alert  
oriented  
Emotional: cooperative  
Cardiovascular: CABG  
high cholesterol  
hypertension \*  
OB/GYN:  
IMP      Gravida      Para  
EDC      FHT (/min.)  
Respiratory: clear  
Trauma: non evident

Allergies

Date 01/26/13 Time 1458 User CUSLIDGE, KELLY, 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.\*\*\*\*\*

RUN DATE: 06/28/13  
RUN TIME: 0205  
RUN USER: LAFRSH

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

PAGE 10

Patient FARVIN, MARY JEAN  
Age/Sex 70/F

Account No. V024314817  
Unit No. M053082

#### Patient Notes

By: LENA FRANK, RN On: 01/26/13 - 1504

PT AWAKE, ALERT IN NO DISTRESS. PT WAS ASSISTED TO BEDSIDE COMMODE. SHE HAD A LARGE, FORMED BM AND WAS ASSISTED BACK INTO BED. SHE IS IN NO DISTRESS.

By: LENA FRANK, RN On: 01/26/13 - 1600

PT SLEEPING

By: LENA FRANK, RN On: 01/26/13 - 1622

DR BRAZZEL AT THE BEDSIDE PERFORMING EXAM

By: LENA FRANK, RN On: 01/26/13 - 1730

PT RESTING COMFORTABLY

By: LENA FRANK, RN On: 01/26/13 - 1811

PT HAS BEEN CLEARED FOR DC. SHE WAS PROVIDED WITH DC INSTRUCTIONS. THE INFO WAS REVIEWED AND PT HAD NO QUESTIOND. PT WAS RELOCATED TO FAMILY ROOM AS SHE WAITS FOR HER RIDE.

#### Treatments

##### Urine Dip

Date 01/26/13 Time 1716 User LENA FRANK, RN

Urine collection: Cath

Appearance: clear

Glucose (30 seconds): greater than 2000

Bilirubin (30 seconds): negative

Ketones (40 seconds): moderate

Specific gravity (45 seconds): 1.015

Blood non-hemolyzed (60 seconds): negative

Blood - hemolyzed (60 seconds): large

PH (60 seconds): 6.0

Protein (60 seconds): 4+

Urobilinogen (60 seconds): 0.2

Nitrite (60 seconds): negative

Leukocytes (2 minutes): negative

Lot Number

Comment/



6-27-13

Lodi Memorial Hospital  
History and Physical, Admission

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Sorour, David MD - HOSP

M053082  
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V024774473

F ER HOLD

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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

**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

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**06/27/13 1345:**



BNP, PCT, CA, AMI & Trop. MG

	06/27 1345	06/27 1345	06/27 1345
Chemistry			
Calcium (8.9 - 10.3 mg/dL)			8.9
Creatine Kinase (38 - 234 IU/L)	154		
Troponin I (0.01 - 0.06 ng/mL)	0.08 H		
B-Natriuretic Peptide (< 176 pg/mL)		682 H	

**ASSESSMENT AND PLAN**

**#1 volume overload likely secondary to her ischemic systolic CHF.**

Patient presents with increasing lower extremity edema which is likely secondary to her CHF, there is no obvious pulmonary edema at this point. We will give the patient IV Lasix, patient would benefit from increased dosing of diuretics as an outpatient. Patient is not in acute CHF exacerbation. Elevated troponin likely secondary to systolic CHF and CKD, CK is normal. Patient was order for a heparin drip in the emergency room, will stop heparin drip, heparin drip has not been started up to this point.

**#2 hypoglycemia**

Etiology possibly secondary to poor by mouth intake recommended to nausea vomiting and diarrhea and continuing her insulin therapy. Patient is not septic appearing Will follow Accu-Cheks every 4 hours. Hold insulin therapy for now.

**#3 nausea vomiting diarrhea**

patient with recent antibiotic use which is the likely cause, will check stool C. difficile however this is of low suspicion noting the lack of leukocytosis, patient is not septic appearing. Abdominal exam is benign.

**#4 recent lower extremity cellulitis**

At this time the lower extremity did not look grossly infected, there is mild erythema but this is likely secondary to chronic venous stasis.

**#5 CKD stage IV**

Baseline serum creatinine ranges between 1.8-2.6. Currently creatinine is at the upper level of her baseline. Will continue her ARB therapy.

**CODE STATUS**

DNR DNI per patient wishes

**LENGTH OF STAY**

1-2 days

Lodi Memorial Hospital  
History and Physical, Admission

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

M053082  
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F ER HOLD

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**Allergies**

**Coded Allergies:**

latex (Mild, Rash 06/27/13)

Converted from Drug Class Allergy: Latex

Sulfa (Sulfonamide Antibiotics) (Severe, Convulsions; REACTION AS A CHILD. OK TO TAKE LASIX 06/27/13)

Converted from Ingredient Allergy: Sulfa Drugs

morphine (Mild, MAKES HER FEEL FUNNY 06/27/13)

**Home Medications**

**Active Scripts**

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

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

#30 TAB Ref 3

Prov: FREUND, EDMUND MD 04/25/13

Ambien \*\* (Zolpidem \*\*) 5 MG PO HSPRN

#30 TAB Ref 2

Prov: FREUND, EDMUND MD 06/24/13

**Discontinued Scripts**

Metolazone \*\* 2.5 MG PO DAILY

#30 TAB Ref 6

Prov: FREUND, EDMUND MD 05/16/13

DC: 06/24/13 1810

Doxycycline Hyclate \*\* 100 MG PO BID

#20 TAB

Prov: FREUND, EDMUND MD 05/16/13

DC: 06/24/13 1350 No longer needed

Ambien \*\* (Zolpidem \*\*) 5 MG PO HSPRN

#30 TAB

Prov: FREUND, EDMUND MD 06/05/13

DC: 06/24/13 1810

Metolazone \*\* 2.5 MG PO DAILY

#30 TAB Ref 3

Prov: FREUND, EDMUND MD 06/24/13

DC: 06/27/13 1248 Medication changed

[Coreg] 12.5 MG PO BID

#60

Prov: HLAING, MIN M MD 06/09/13

DC: 06/27/13 1248 Medication changed

**Reported Medications**

Levothroid (Levothyroxine Sodium) 100 MCG PO DAILY

Coreg \*\* (Carvedilol \*\*) 12.5 MG PO BID

Lodi Memorial Hospital  
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Antivert (Meclizine) 25 MG PO QID  
Aspirin \*\* 81 MG PO DAILY  
Lasix \*\* (Furosemide \*\*) 80 MG PO DAILY  
Klor-Con (Potassium Chloride) 10 MEQ PO DAILY  
BIOTIN (Biotin) 1000 MCG PO DAILY  
Micardis \*\* (Telmisartan \*\*) 80 MG PO DAILY  
Lexapro (Escitalopram) 10 MG PO DAILY  
#30  
Lantus \*\* (Insulin Glargine, Hum. rec. analog \*\*) 27 UNIT SUB-Q AM  
#1 VIAL  
Lantus \*\* (Insulin Glargine, Hum. rec. analog \*\*) 0 UNIT SUB-Q DAILY  
#1 VIAL  
Catapres \*\* (clonidine \*\*) 0.2 MG PO DAILY

**Discontinued Reported Medications**

NovoLOG (Insulin Aspart) 0 - 15 UNIT SUB-Q AS DIRECTED

**Problem List**

**Active Problems**

Chronic kidney disease stage 4  
Congestive heart failure

**CC:**

Freund, Edmund MD-Mills

M053082  
PARVIN, MARY JEAN  
03/16/43 70

V024774473

F ER HOLD

<Electronically signed by David - HOSP Sorour, MD>

06/27/13 1706

## Diagnostic Imaging Report

Lodi Health  
975 S. Fairmont Ave  
Lodi, CA 95240

Patient Name: PARVIN, MARY JEAN      DOB: 03/16/43  
MRN#: M053082  
Account#: V024774473

Accession:      21120.001LMH  
XRAY      Chest Single View Portable  
Total exam DLP:      (mGy-cm)

Exam Date: 06/27/13

History: Follow up pleural effusion

Compared with the examination 3 days ago with a small left pleural effusion is unchanged. No pulmonary infiltrates are present. Heart and mediastinum are unchanged para

Impression:

Small left pleural effusion similar to the study 3 days ago.

Report Signed in other vendor system by: Hartwick, Frank M MD on 06/27/13 1722  
Reported By: Hartwick, Frank M MD

CC:

Technologist: RUTLEDGE, RONALD J  
Date/Time: 06/27/13/1620

PARVIN, MARY JEAN  
M053082      V024774473      DOB: 03/16/43  
Phys: David - HOSP Sorour, MD  
Loc: ER HOLD      Exam Date: 06/27/13  
Status: DIS INo