

Lodi Memorial Hospital

Discharge Summary

Date **06/29/13**
Quach,Truong MD - HOSP

M053082
PARVIN,MARY JEAN
03/16/43 70

V024774473

F

DATE
06/29/2013

DATE OF ADMISSION
06/27/2013

DATE OF DISCHARGE
06/29/2013

ADMISSION DIAGNOSES

1. Volume overload secondary to ischemic systolic congestive heart failure.
2. Hypoglycemia.
3. Nausea, vomiting, diarrhea.
4. Lower extremity cellulitis.
5. Chronic kidney disease, stage 4.

DISCHARGE DIAGNOSES

The patient discharged to skilled nursing home facility rehab at Arbor on June 29, 2013 with a diagnoses of

1. Volume overload secondary to ischemic systolic congestive heart failure with ejection fraction 25%, stable.
2. Hypoglycemia, resolved.
3. Nausea, vomiting, diarrhea, resolved.
4. Lower extremity cellulitis, resolving.
5. History of chronic kidney disease, stage 4.
6. History of diabetes.
7. History of hypertension.
8. History of hypothyroid.

SUMMARY

The patient is a 70-year-old female who presented to the ED because of diarrhea, nausea, and swelling of the lower extremities; subsequently was admitted. Was thought that patient does have fluid overload from chronic kidney disease, stage 4, and CHF with ejection fraction of 25%.

Subsequently, was started on diuresis and appeared to be responding well to treatment. The patient does also present with lower extremity edema and

CC:

Unit # : M053082 Account# : V024774473

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Phys:

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Loc: ER HOLD Exam Date:06/27/13 Status: DIS INO

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erythema. The patient does have a history of chronic stasis dermatitis, but per history, redness and swelling has been worsened, a component which could be from fluid overload and lower extremity edema; however, cannot rule out cellulitis. The patient has had a previous course of antibiotics with cellulitis, but appeared to be resolving, but not quite resolved completely. Will continue with oral antibiotics for lower extremity cellulitis for an additional 7 days.

With regard to the nausea, vomiting, diarrhea, the patient does have a history of constipation. Subsequently, she did take a dose of laxatives and subsequently had 3 bouts of diarrhea, but subsequently had resolved. Does not appear to be of any infectious etiology. The patient also does have episode of near syncope given her multiple medical history including severe CHF with EF of 25%, on multiple hypertensive medications and chronic kidney disease and also with recent history of diarrhea, it is likely a hypotensive near syncope, but workup including carotid ultrasound showed no ischemic causes. Currently, will continue trying to optimize medical management and advised that regarding the patient's risk for falls and also will refer to nursing home facility and rehab for continual PT for ambulation safety. Episode of hypoglycemia has resolved. At the time of discharge, the patient was seen and evaluated sitting up in bed, pleasant, interactive, has no complaint, feeling better with her lower extremities swelling much improved, eating okay.

PHYSICAL EXAMINATION

VITAL SIGNS: Temperature 36.5, pulse 60, blood pressure 109/63, respiratory rate 16, O2 saturation 93% on room air.

GENERAL: The patient is an elderly female in no acute distress.

LUNGS: Sounds clear.

HEART: Regular rate and rhythm. Normal S1, S2.

ABDOMEN: Positive bowel sounds, soft, nontender.

EXTREMITIES: Trace lower extremity edema noted. No calor. Minimal erythema in the lower extremities, nontender to palpation.

NEUROLOGIC: The patient alert and oriented x3, nonfocal.

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LABORATORIES

Have been reviewed.

ASSESSMENT AND PLAN

At this time will proceed to discharge to skilled nursing home facility/rehabilitation with instructions for the patient to follow up with PCP in 1 week.

DISCHARGE MEDICATIONS

Reconciliation is as follows

1. Amoxicillin 500 mg 3 times daily with stop date on July 5th.
2. Doxycycline 100 mg twice daily, stop date also on July 5th.
3. Aspirin 81 mg daily.
4. Coreg 6.25 mg twice daily.
5. Colace 200 mg daily.
6. Lexapro 10 mg daily.
7. Lasix 40 mg daily.
8. Imdur 30 mg daily.
9. Synthroid 100 mcg daily.
10. Zocor 40 mg nightly.
11. Catapres 0.2 mg daily.
12. Dulcolax 10 mg every day as needed for constipation.
13. Norco 10 every 8 hours as needed for pain.
14. Ambien 5, one tab nightly as needed for insomnia.
15. Also resume her Lantus dosing at 10 mg daily with insulin sliding scale and Accu-Cheks at nursing home facility.

Total discharge time greater than 40 minutes.

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Signed Date/Time:

Date Dictated: 06/29/13 1025

Date Transcribed: 06/30/13 1102

M053082
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03/16/43

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