

# Lodi Memorial Hospital

## Progress Note

Date **06/30/14**  
Ali, Nazish Nawaz MD -HOSP

M053082  
PARVIN, MARY JEAN  
03/16/43 71

V025938127  
F 4S

### Subjective

#### **Subjective HPI**

According to the nursing staff - patient has been complaining about vomiting since yesterday - was not able to keep her po lactulose down.

She did have a bowel movement today in am.

Her ammonia level went up today and patient is a little bit more somnolent than usual.

#### **PCP/Admit Date**

Primary Care Physician Freund, Edmund A MD  
Phone number 334-8540  
Admit Date 06/28/14  
Length of Stay 2

**Estimated length of stay** 3 days

**History and Physical reviewed?** Yes

### Objective

#### **Vital Signs/Intake and Output**

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
06/29-06/30	36.3-37.9	60-70	16-24	138-162/64-85	92-98	

Intake and Output

	06/30 0700
Intake Total	1682
Output Total	1275
Balance	407
Intake, IV	282
Intake, Oral	1400
Number Unmeasured Stools	1
Number Voids	1
Output, Urine	1275
Patient Weight	101.37 kg
Voiding Method	Foley
Weight Measurement Method	Bed

Laboratory - CBC/MP

06/30/14 0545:

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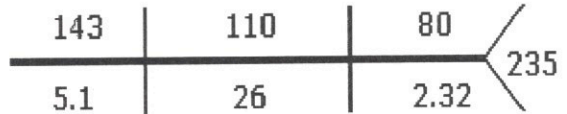
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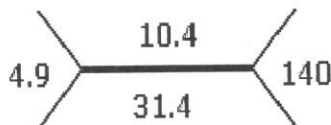
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Page 2



06/29/14 0534:



BNP, PCT, CA, AMI & Trop, MG

	06/30 0545	06/30 0545	06/29 1018
Chemistry			
Calcium (8.9 - 10.3 mg/dL)	8.6 L		
Ammonia (9 - 35 umol/L)		82 H	
Creatine Kinase (38 - 234 IU/L)			170
Troponin I (0.01 - 0.04 ng/mL)			0.06 H
B-Natriuretic Peptide (< 176 pg/mL)		1532 H	

### Exam

Date 06/30/14

**General Appearance** Alert, Oriented X3, Cooperative

**HEENT** Atraumatic, PERRLA, EOMI, Mucous membr. moist/pink

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

**Neck** Supple, No thyromegaly, No lymphadenopathy

**Cardiovascular** Regular, No murmur, No rub, No gallop, No JVD, +2 Carotid pulse wo bruit

**Abdomen** Normal bowel sounds, Soft, No tenderness, No hepatosplenomegaly

**Extremities** No clubbing, Normal pulses

**Skin** Intact

**Neurological** No focal deficits, Normal gait, Normal speech, Strength at 5/5 x4 ext, Normal tone, Alert and oriented only to person.

**Psych/Mental Status** Mental status normal, Mood normal

### Results

#### Laboratory Tests

	06/30 0834	06/30 0545	06/30 0545	Range/Units
Chemistry				
Sodium		143		134 - 143 mmol/L
Potassium		5.1		3.6 - 5.1 mmol/L
Chloride		110 H		98 - 107 mmol/L
Carbon Dioxide		26		22 - 32 mmol/L

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Page 3

BUN		80 H		8 - 21 mg/dL
Creatinine		2.32 H		0.44 - 1.03 mg/dL
Estimated GFR		20.7		
BUN/Creatinine Ratio		34.5 H		6.0 - 20.0
Glucose		235 H		70 - 110 mg/dL
POC Glucose	224 H			70 - 110 mg/dL
Calcium		8.6 L		8.9 - 10.3 mg/dL
Ammonia			82 H	9 - 35 umol/L
B-Natriuretic Peptide			1532 H	< 176 pg/mL

	06/29	06/29	06/29	Range/Units
	2128	1728	1018	
<b>Chemistry</b>				
POC Glucose	176 H	167 H		70 - 110 mg/dL
Creatine Kinase			170	38 - 234 IU/L
Troponin I			0.06 H	0.01 - 0.04 ng/mL

### Medications/Allergies

#### Allergies

#### Coded Allergies:

latex (Mild, Rash 06/28/14)  
 Sulfa (Sulfonamide Antibiotics) (Severe, Convulsions; REACTION AS A CHILD. OK TO TAKE LASIX 06/28/14)  
 morphine (Severe, "HYSTERIC" 06/28/14)

**Foley?** Yes

**Date foley placed** 06/29/14

### Nursing Clinical Data

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

**Oral Intake %** 90

**Activity level:** Bedrest - immobile

**Last BM** 06/30/14

**Pressure ulcer?** Yes

**Isolation?** Yes

**Reason-** MRSA

### Assessment/Plan

#### Problem List

##### 1. Change in mental state

Patient again today is somnolent.  
 Her ammonia level is elevated again today.  
 I do not know if she has hepatic encephalopathy or why her ammonia level is elevated.  
 I will give her a lactulose enema.  
 She is waiting for abdominal US which will tell us if she has any signs of cirrhosis. US shows;

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Page 4

"Small volume ascites. Cortical thinning is seen in the right kidney."

\*\*\*On Sun 11:06a Jun 29, 2014 ALI, NAZISH MD wrote\*\*\*

Patient has clinically improved.  
Ammonia level - improved.  
Will discontinue - IVF.  
Cont lactulose.  
UIS liver.

**2. CKD (chronic kidney disease) stage 4, GFR 15-29 ml/min**

Chronic  
Stable

Her crt today is - 2.32 and GFR - 20.7 - probably close to baseline.

\*\*\*On Sun 11:06a Jun 29, 2014 ALI, NAZISH MD wrote\*\*\*

Has CKD stage - 4 and also has some acute renal failure on top of the CRF.  
Hold IVF given patient's history of CHF with low EF.

**3. CHF (congestive heart failure)**

Stable

BNP has trended upwards - now is 1532.  
Will start to diurese.  
Asymptomatic - no c/o orthopnea, PND or chest pain.

\*\*\*On Sun 11:06a Jun 29, 2014 ALI, NAZISH MD wrote\*\*\*

Has systolic heart failure.  
EF - 30%.  
BNP is rising.  
Hold IVF now.  
Will monitor labs.

**4. Hyperammonemia**

Stable

Hyperammonemia - Elevated ammonia level - cause unknown - lactulose PR now - will follow-up.

**5. Chronic kidney disease stage 4 (GFR 15-29)**

Chronic  
Stable

**6. Elevated troponin**

Acute

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Page 5

Demand ischemia - troponins are trending down.  
On aspirin - cont same.

\*\*\*On Sun 11:06a Jun 29, 2014 ALI, NAZISH MD wrote\*\*\*

Normal CPK.  
No chest pain.  
Possibly demand ischemia?

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<Electronically signed by Nazish Nawaz Ali, MD -HOSP>

06/30/14 0938