

# Lodi Memorial Hospital

## Progress Note

Date **07/01/14**  
Ali, Nazish Nawaz MD -HOSP

M053082  
PARVIN, MARY JEAN  
03/16/43 71

V025938127  
F 4S

### Subjective

#### Subjective HPI

Patient is alert but not oriented to place or time.

Patient had difficulty standing up on her feet and was not able to do any wt bearing on her feet.

#### PCP/Admit Date

Primary Care Physician Freund, Edmund A MD  
Phone number 334-8540  
Admit Date 06/28/14  
Length of Stay 3

Estimated length of stay 3 days

History and Physical reviewed? Yes

### Objective

#### Vital Signs/Intake and Output

Vital Signs

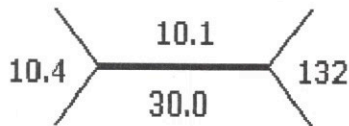
Date	Temp	Pulse	Resp	B/P	Pulse Ox	FI02
06/30-07/01	35.4-37.8	60-70	16-17	118-171/56-77	96-99	

Intake and Output

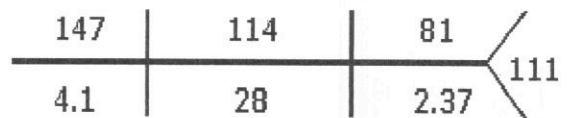
	07/01 0700
Intake Total	380
Output Total	2475
Balance	-2095
Intake, IV	20
Intake, Oral	360
Number	3
Unmeasured	
Stools	
Number Voids	1
Output, Urine	2475
Patient	99.05 kg
Weight	
Voiding	Foley
Method	
Weight	Bed
Measurement	
Method	

Laboratory - CBC/MP

07/01/14 0600:



BNP, PCT, CA, AMI & Trop, MG



Dr. Nazish  
Admit  
6/28/14  
Discharge  
7.1.14 7/10/14

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	07/01 0600
Chemistry	
Calcium (8.9 - 10.3 mg/dL)	8.7 L

### Exam

**Date** 07/01/14

**General Appearance** Alert, Oriented X3, Cooperative, No acute distress

**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

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

**Extremities** No clubbing, No cyanosis, No edema, Normal pulses, No tenderness/swelling

**Skin** Intact

**Neurological** No focal deficits, Normal gait, Normal speech, Strength at 5/5 x4 ext, Normal tone

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

### Results

#### Laboratory Tests

	07/01 0906	07/01 0600	06/30 2112	06/30 1809	Range/Units
Chemistry					
Sodium		147 H			134 - 143 mmol/L
Potassium		4.1			3.6 - 5.1 mmol/L
Chloride		114 H			98 - 107 mmol/L
Carbon Dioxide		28			22 - 32 mmol/L
BUN		81 H			8 - 21 mg/dL
Creatinine		2.37 H			0.44 - 1.03 mg/dL
Estimated GFR		20.2			
BUN/Creatinine Ratio		34.2 H			6.0 - 20.0
Glucose		111 H			70 - 110 mg/dL
POC Glucose	152 H		218 H	361 H	70 - 110 mg/dL
Calcium		8.7 L			8.9 - 10.3 mg/dL

	06/30 1217	Range/Units
Chemistry		
POC Glucose	205 H	70 - 110 mg/dL

	07/01 0600	Range/Units
Hematology		
WBC	10.4	5.0 - 9.5 K/mm3
RBC	3.31	3.70 - 5.50 M/uL
Hgb	10.1	12.0 - 16.0 g/dL

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Hct	30.0	37.0 - 47.0 %
MCV	90.8	80.0 - 99.0 fl
MCH	30.5	27.0 - 33.0 pg
MCHC	33.6	31.8 - 36.2 g/dL
RDW	15.5	10.0 - 16.4 %
Plt Count	132	140 - 450 K/mm3
MPV	8.7	7.5 - 10.5 fl
Neut %	69.5	37 - 80 %
Lymph %	18.0	10.0 - 50.0 %
Mono %	8.6	<12.0 %
Eos %	3.4	<7.0 %
Baso %	0.5	<2.5 %
Absolute Neutrophils	7.30	2.40 - 7.56 K/uL
Absolute Lymphocytes	1.90	0.96 - 4.75 K/uL
Absolute Monocytes	0.90	0.10 - 1.00 K/uL
Absolute Eosinophils	0.40	0.00 - 0.45 K/uL
Absolute Basophils	0.00	0.00 - 0.20 K/uL

**Results personally reviewed** Yes

**Medical records reviewed** Yes

### 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)

#### Medications

Current Medications

Furosemide 40 MG D-BID IV

Lactulose 200 GM NOW ONE PR (DC)

Sodium Chloride 700 ML

Acetaminophen 650 MG Q6PRN PRN PR

Lactulose 20 GM TID PO

Carvedilol 25 MG BID PO

Gabapentin 300 MG BID PO

Insulin Aspart 0 AS DIRECTED SUB-Q

Acetaminophen/Hydrocodone Bitart 1 TAB Q6PRN PRN PO

Ondansetron HCl 4 MG Q6PRN PRN IV

Zolpidem Tartrate 5 MG HSPRN PRN PO

Isosorbide Mononitrate 30 MG DAILY PO

Levothyroxine Sodium 100 MCG 07-DAILY PO

Losartan Potassium 100 MG DAILY PO

Escitalopram Oxalate 20 MG DAILY PO (CKD)

Famotidine 20 MG DAILY PO

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Glimepiride 2 MG DAILY PO  
Aspirin 81 MG DAILY PO

**Foley?** Yes

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

**Nursing Clinical Data**

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

**Oral Intake %** 75

**BMI** 37.0

**Activity level:** Bedrest - immobile

**Last BM** 07/01/14

**Pressure ulcer?** Yes

**Isolation?** Yes

**Reason-** MRSA

**Assessment/Plan**

**Problem List**

**1. Change in mental state**

Patient is wide awake at this time but seems to be disoriented and confused.

Head CT at time of admit just showed an old infarct.

I gave her a lactulose enema yesterday - will repeat ammonia level tomorrow.

US abdomen did not show any cirrhosis.

LFTs are normal.

**\*\*\*On Mon 9:38a Jun 30, 2014 ALI, NAZISH MD wrote\*\*\***

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;

"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

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CKD - Cr is close to baseline - 2.37 - will continue to monitor.

**\*\*\*On Mon 9:38a Jun 30, 2014 ALI, NAZISH MD wrote\*\*\***

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 patients history of CHF with low EF.

**3. Mobility impaired**

Will get PT evaluation.  
Has h/o old CVA.  
NO neurologic findings.

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

Chronic  
Stable

Started on lasix 40 mg iv bid and she diuresed around 2 litres yesterday  
Will cont same for now.

**\*\*\*On Mon 9:38a Jun 30, 2014 ALI, NAZISH MD wrote\*\*\***

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.

**5. Hyperammonemia**

Acute  
Stable

Cause remains unknown - will repeat in am.  
On po lactulose - cont same.

**\*\*\*On Mon 9:38a Jun 30, 2014 ALI, NAZISH MD wrote\*\*\***

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

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

Chronic

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Stable

**7. Elevated troponin**

Acute  
Stable

\*\*\*On Mon 9:38a Jun 30, 2014 ALI, NAZISH MD wrote\*\*\*

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>

07/01/14 0958