

Lodi Memorial Hospital

Progress Note

Date 07/02/14
Ali, Nazish Nawaz MD -HOSP

M053082
PARVIN, MARY JEAN
03/16/43 71

V025938127
F

Dr. Nazish
6/29/14 to
7-10-14
7.2.14

Subjective

Subjective HPI

Patient is more awake today.
She is still confused and disoriented.
I think this is her vbaseline.

PCP/Admit Date

Primary Care Physician Freund, Edmund A MD
Phone number 334-8540
Admit Date 06/28/14
Length of Stay 4

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 |
|-------------|-----------|-------|-------|---------------|----------|------|
| 07/01-07/02 | 36.5-37.5 | 69-70 | 16-20 | 133-165/61-78 | 97-99 | |

Intake and Output

| | 07/02 0700 |
|----------------|------------|
| Intake Total | 1790 |
| Output Total | 1400 |
| Balance | 390 |
| Intake, IV | 10 |
| Intake, Oral | 1780 |
| Number Voids | 2 |
| Output, Urine | 1400 |
| Patient Weight | 99.33 kg |
| Voiding Method | Foley |

Laboratory - CBC/MP

07/01/14 0600:

10.4 10.1 132
30.0

147 114 81
4.1 28 2.37 111

BNP, PCT, CA, AMI & Trop, MG

| | |
|-------------------------|---------------|
| | 07/02 0547 |
| Chemistry | |
| Ammonia (9 - 35 umol/L) | 43 H |

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Exam

Date 07/02/14

General Appearance Alert, Cooperative, No acute distress, Disoriented and confused.

HEENT Atraumatic, PERRLA, EOMI, Mucous membr. moist/pink, Oral mucosa dry

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, Sensation intact

Psych/Mental Status Mental status normal, Mood normal

Results

Laboratory Tests

| | 07/02 0547 | 07/02 0105 | 07/01 2226 | 07/01 1212 | Range/Units |
|-------------|---------------|---------------|---------------|---------------|----------------|
| Chemistry | | | | | |
| POC Glucose | | 223 H | 275 H | 173 H | 70 - 110 mg/dL |
| Ammonia | 43 H | | | | 9 - 35 umol/L |

Results personally 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, "HYSTERICS" 06/28/14)

Foley? Yes

Date foley placed 06/29/14

Nursing Clinical Data

Pain (1-10): 0 No Pain

Oral Intake % 90

BMI 37.0

Activity level: Bedrest - immobile

Last BM 07/01/14

Pressure ulcer? Yes

Isolation? Yes

Reason- MRSA

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Assessment/Plan

Problem List

1. Change in mental state

It seems like she has encephalopathy - cause is unknown - elevated ammonia levels which have improved since she has been on lactulose.
Do not know the cause of the elevated ammonia levels. DD is listed below
UTI with organism (eg Proteus mirabilis) Ureterosigmoidostomy Shock Severe muscle exertion/heavy exercise Cigarette smoking Transient hyperammonemia in newborns Certain inborn errors of metabolism (urea cycle defects and organic acidemia) Any cause of porto-systemic shunting of blood Parenteral nutrition After high-dose chemotherapy Drugs such as: Valproic acid Barbiturates Narcotics Diuretics Alcohol.

*****On Tue 9:58a Jul 1, 2014 ALI, NAZISH MD wrote*****

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

Baseline Cr is between - 2.3 - 2.5
Will cont to monitor.

*****On Tue 9:58a Jul 1, 2014 ALI, NAZISH MD wrote*****

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

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

Her crt today is - 2.32 and GFR - 20.7 - prbably 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

Stable

H/O CVA - remote left occipital infarct noted on CT scan.
Possibly part of this encephalopathy could be secondary to the CVA?
She is getting PT evaluation.

On Tue 9:58a Jul 1, 2014 ALI, NAZISH MD wrote

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

4. CHF (congestive heart failure)

Chronic
Stable

Cont to diurese with lasix 40 bid.
Will cont same.

On Tue 9:58a Jul 1, 2014 ALI, NAZISH MD wrote

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

Encephalopathy - with hyperammonia levels.

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Cause is unknown.

Improved - needs to cont on lasix for now.

*****On Tue 9:58a Jul 1, 2014 ALI, NAZISH MD wrote*****

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

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>

07/02/14 0947