

# Lodi Memorial Hospital

## Brief Note

Date 07/03/14  
Chang, Edward T MD -HOSP

M053082  
PARVIN, MARY JEAN  
03/16/43 71

V025938127

F

4S

Dr. Chang  
7-6-28-14 to  
10-14

7.3.14

## Brief Note

### Brief Note

pt Na level high 150, will hold Lasix and cxr to rule out CHF, if not CHF, may consider mild D5 W at low dose, pt might be overdiuresis with lasix and results in hypernatremia.

M053082  
PARVIN, MARY JEAN  
03/16/43 71

V025938127

F

4S

<Electronically signed by Edward T Chang, MD -HOSP>

07/03/14 0718

# Lodi Memorial Hospital

## Progress Note

Date 07/03/14  
Ali, Nazish Nawaz MD -HOSP

M053082  
PARVIN, MARY JEAN  
03/16/43 71

V025938127

F 4S

### Subjective

#### Subjective HPI

Patient is alert today but remains disoriented and confused.  
Her Na level increased to 150 - she may be intravascularly depeleted and third spacing.

#### PCP/Admit Date

Primary Care Physician Freund, Edmund A MD  
Phone number 334-8540  
Admit Date 06/28/14  
Length of Stay 5

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
07/02-07/03	36.7-37.8	61-70	17-18	131-145/62-77	97-98	

Intake and Output

	07/03 0700
Intake Total	1220
Output Total	2450
Balance	-1230
Intake, IV	40
Intake, Oral	1180
Number Unmeasured Stools	1
Number Voids	3
Output, Urine	2450
Patient Weight	94.94 kg
Voiding Method	Foley
Weight Measurement Method	Bed

Laboratory - CBC/MP

07/03/14 0604:



150	114	81	147
3.8	30	2.23	

# Lodi Memorial Hospital

## Progress Note

Date **07/03/14**  
Ali, Nazish Nawaz MD -HOSP

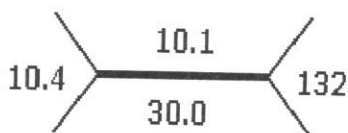
M053082  
PARVIN, MARY JEAN  
03/16/43 71

V025938127

F 4S

Page 2

07/01/14 0600:



BNP, PCT, CA, AMI & Trop, MG



	07/03 0604	07/03 0604
Chemistry		
Calcium (8.9 - 10.3 mg/dL)	8.7 L	
Ammonia (9 - 35 umol/L)		46 H

## Exam

Date 07/03/14

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

**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

**Extremities** No clubbing, No cyanosis, No edema, Normal pulses

**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

	07/03 0604	07/03 0604	07/02 2158	07/02 1712	Range/Units
Chemistry					
Sodium	150CH				134 - 143 mmol/L
Potassium	3.8				3.6 - 5.1 mmol/L
Chloride	114 H				98 - 107 mmol/L
Carbon Dioxide	30				22 - 32 mmol/L
BUN	81 H				8 - 21 mg/dL
Creatinine	2.23 H				0.44 - 1.03 mg/dL
Estimated GFR	21.7				
BUN/Creatinine Ratio	36.3 H				6.0 - 20.0
Glucose	147 H				70 - 110 mg/dL
POC Glucose			236 H	272 H	70 - 110 mg/dL
Calcium	8.7 L				8.9 - 10.3 mg/dL
Ammonia		46 H			9 - 35 umol/L

07/02 Range/Units

# Lodi Memorial Hospital

## Progress Note

Date **07/03/14**  
Ali, Nazish Nawaz MD -HOSP

M053082  
PARVIN, MARY JEAN  
03/16/43 71

V025938127

F 4S

Page 3

	1214	
Chemistry		
POC Glucose	267 H	70 - 110 mg/dL

**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 (DA)

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

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 %** 30

**BMI** 37.0

**Activity level:** Bedrest - immobile

**Last BM** 07/03/14

**Pressure ulcer?** Yes

**Isolation?** Yes

**Reason-** MRSA

# Lodi Memorial Hospital

## Progress Note

Date 07/03/14  
Ali, Nazish Nawaz MD -HOSP

M053082  
PARVIN, MARY JEAN  
03/16/43 71

V025938127

Page 4

F 4S

## Assessment/Plan

### Problem List

#### 1. Change in mental state

Patient has been having elevated ammonia levels without having any ch. liver issues.  
Hep panel neg from last admission.  
US shows no cirrhosis.

At this time her baseline mental status is a little confused.  
Will continue on lactulose and monitor her ammonia levels.

\*\*\*On Wed 9:46a Jul 2, 2014 ALI, NAZISH MD wrote\*\*\*

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.

Continue lactulose.

US liver.

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

Chronic



Lodi Memorial Hospital

Progress Note

Date 07/03/14  
Ali, Nazish Nawaz MD -HOSP

M053082  
PARVIN, MARY JEAN  
03/16/43 71

V025938127

F 4S

Page 5

Stable

\*\*\*On Wed 9:46a Jul 2, 2014 ALI, NAZISH MD wrote\*\*\*

Baselene crt is between - 2.3 - 2.5  
Will cont to monitor.

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

CKD - Crt 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 - 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**

Cont to get PT evaluations.

\*\*\*On Wed 9:46a Jul 2, 2014 ALI, NAZISH MD wrote\*\*\*

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

Hold diuresis - slow hydration.  
Patient has hypernatremia.

\*\*\*On Wed 9:46a Jul 2, 2014 ALI, NAZISH MD wrote\*\*\*

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.

Lodi Memorial Hospital

Progress Note

Date 07/03/14  
Ali, Nazish Nawaz MD -HOSP

M053082  
PARVIN, MARY JEAN  
03/16/43 71

V025938127

F 4S

Page 6

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

Today level is 43 - will cont to monitor for now.  
Cont on lactulose.

\*\*\*On Wed 9:46a Jul 2, 2014 ALI, NAZISH MD wrote\*\*\*

Encephalopathy - with hyperammonia levels.  
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

\*\*\*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?

**8. Hypernatremia**

Acute

Lodi Memorial Hospital

Progress Note

Date 07/03/14  
Ali, Nazish Nawaz MD -HOSP

M053082  
PARVIN, MARY JEAN  
03/16/43 71

V025938127

F 4S

Page 7

Has hypernatremia- Na - 150.  
Start on slow hydration with D5W.  
Hold lasix -  
repeat labs.

M053082  
PARVIN, MARY JEAN  
03/16/43 71

V025938127

F 4S

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

07/03/14 0924