

Lodi Memorial Hospital

Progress Note

Date 07/04/14
Shi, Beien MD -HOSP

M053082
PARVIN, MARY JEAN
03/16/43 71

V025938127

F

Dr. Beien
6-28-14
7-10-14

7.4-14

Subjective

Subjective HPI

awake, still confused, c/o leg pain, weak to walk

PCP/Admit Date

Primary Care Physician Freund, Edmund A MD
Phone number 334-8540
Admit Date 06/28/14
Length of Stay 6

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
07/03-07/04	35.9-37.6	60-70	16-20	148-176/68-77	93-97	

Intake and Output

	07/04 0700
Intake Total	2646
Output Total	1550
Balance	1096
Intake, IV	1486
Intake, Oral	1160
Number Voids	1
Output, Urine	1550
Patient Weight	95.42 kg
Voiding Method	Foley
Weight Measurement Method	Bed

Exam

General Appearance Alert

HEENT Atraumatic

Respiratory Clear to auscultation

Neck Supple

Cardiovascular Regular

Abdomen Soft

Extremities No edema

Skin Intact

Neurological No focal deficits

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Psych/Mental Status confused

Results

Laboratory Tests

	07/04 1723	07/04 1214	07/04 0746	07/04 0639	Range/Units
Chemistry					
Sodium				149 H	134 - 143 mmol/L
Potassium				3.8	3.6 - 5.1 mmol/L
Chloride				113 H	98 - 107 mmol/L
Carbon Dioxide				30	22 - 32 mmol/L
BUN				85 H	8 - 21 mg/dL
Creatinine				2.06 H	0.44 - 1.03 mg/dL
Estimated GFR				23.7	
BUN/Creatinine Ratio				41.3 H	6.0 - 20.0
Glucose				184 H	70 - 110 mg/dL
POC Glucose	218 H	203 H	188 H		70 - 110 mg/dL
Calcium				8.8 L	8.9 - 10.3 mg/dL

	07/04 0639	07/03 2135	Range/Units
Chemistry			
POC Glucose		324 H	70 - 110 mg/dL
Ammonia	39 H		9 - 35 umol/L

	07/04 0639	Range/Units
Hematology		
WBC	7.8	5.0 - 9.5 K/mm3
RBC	3.39	3.70 - 5.50 M/uL
Hgb	10.1	12.0 - 16.0 g/dL
Hct	30.9	37.0 - 47.0 %
MCV	91.3	80.0 - 99.0 fl
MCH	29.8	27.0 - 33.0 pg
MCHC	32.6	31.8 - 36.2 g/dL
RDW	15.5	10.0 - 16.4 %
Plt Count	136	140 - 450 K/mm3
MPV	9.0	7.5 - 10.5 fl
Neut %	66.3	37 - 80 %
Lymph %	18.5	10.0 - 50.0 %
Mono %	9.6	<12.0 %
Eos %	5.0	<7.0 %
Baso %	0.6	<2.5 %
Absolute Neutrophils	5.20	2.40 - 7.56 K/uL
Absolute Lymphocytes	1.40	0.96 - 4.75 K/uL
Absolute Monocytes	0.80	0.10 - 1.00 K/uL
Absolute Eosinophils	0.40	0.00 - 0.45 K/uL
Absolute Basophils	0.10	0.00 - 0.20 K/uL

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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

Amlodipine Besylate 5 MG DAILY PO
Dextrose/Water 1,000 ML Q13H IV
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): 9 Severe Pain

Oral Intake % 60

BMI 37.0

Activity level: Bedrest - immobile

Last BM 07/03/14

Pressure ulcer? Yes

Isolation? Yes

Reason- MRSA

Assessment/Plan

Problem List

1. Change in mental state

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ammonia level is coming down, awake, still mild confusion, continue lactulose

*****On Thu 9:24a Jul 3, 2014 ALI, NAZISH MD wrote*****

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

monitoring

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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

On Thu 9:24a Jul 3, 2014 ALI, NAZISH MD wrote

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

ejection fraction estimate is 30% by echo in 03/2014 with severe pul HTN

repeat cxr am, lasix 40mg x1 today

On Thu 9:24a Jul 3, 2014 ALI, NAZISH MD wrote

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.

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*****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

trend down

*****On Thu 9:24a Jul 3, 2014 ALI, NAZISH MD wrote*****

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

7. Elevated troponin

Acute

no chest pain

*****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.

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No chest pain.
Possibly demand ischemia?

8. Hyponatremia
Acute

hold routine lasix, on iv d5 solution

On Thu 9:24a Jul 3, 2014 ALI, NAZISH MD wrote

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

Daily plan discussed with- Patient/family, Nurse, Case manager, Social services
Est. days to DC 3

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<Electronically signed by Beien Shi, MD -HOSP>

07/04/14 2016