

Lodi Memorial Hospital

Progress Note

Dr. Beien
6-28-14
7-10-14
7.5.14

Date 07/05/14
Shi, Beien MD -HOSP

M053082
PARVIN, MARY JEAN
03/16/43 71

V025938127
F

Subjective

Subjective HPI

feel better, still weak

PCP/Admit Date

Primary Care Physician Freund, Edmund A MD

Phone number 334-8540

Admit Date 06/28/14

Length of Stay 7

Estimated length of stay 2

History and Physical reviewed? Yes

Objective

Vital Signs/Intake and Output

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FIO2
07/04-07/05	35.2-37.6	60-71	16-18	131-148/61-68	93-97	

Intake and Output

	07/05 0700
Intake Total	3258
Output Total	1300
Balance	1958
Intake, IV	1758
Intake, Oral	1500
Number Voids	0
Output, Urine	1300
Patient Weight	95.82 kg
Voiding Method	Foley
Weight Measurement Method	Bed

Exam

General Appearance Alert, Cooperative

HEENT Atraumatic

Respiratory Crackles

Neck Supple

Cardiovascular Regular

Abdomen Soft

Extremities No cyanosis

Skin Intact

Neurological No focal deficits

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Psych/Mental Status Mood normal

Results

Laboratory Tests

	07/05 1138	07/05 0748	07/05 0536	Range/Units
Chemistry				
Sodium			140	134 - 143 mmol/L
Potassium			3.7	3.6 - 5.1 mmol/L
Chloride			106	98 - 107 mmol/L
Carbon Dioxide			30	22 - 32 mmol/L
BUN			82 H	8 - 21 mg/dL
Creatinine			1.80 H	0.44 - 1.03 mg/dL
Estimated GFR			27.7	
BUN/Creatinine Ratio			45.6 H	6.0 - 20.0
Glucose			110	70 - 110 mg/dL
POC Glucose	184 H	112 H		70 - 110 mg/dL
Calcium			8.3 L	8.9 - 10.3 mg/dL

	07/05 0536	07/04 2117	Range/Units
Chemistry			
POC Glucose		257 H	70 - 110 mg/dL
B-Natriuretic Peptide	1235 H		< 176 pg/mL

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 NOW ONE IV (UNvr)

Amlodipine Besylate 5 MG DAILY PO

Furosemide 40 MG NOW ONE IV (DC)

Dextrose/Water 1,000 ML Q13H IV (DC)

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

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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 % 60

BMI 37.0

Activity level: Independent activities

Last BM 07/03/14

Pressure ulcer? Yes

Isolation? Yes

Reason- MRSA

Assessment/Plan

Problem List

1. Change in mental state

resolving, answer questions properly
monitoirng ammonia

*****On Fri 8:15p Jul 4, 2014 SHI,BEIEN MD wrote*****

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 baselene mental status is a little confused.

Will cont 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

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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 thiws 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 yeaterday - 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 encepholopathy 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

d/c iv fluids since hypernatremia is resolved

*****On Fri 8:15p Jul 4, 2014 SHI, BEIEN MD wrote*****
monitoring

*****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.

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Hold IVF given patients history of CHF with low EF.

3. Mobility impaired

4. CHF (congestive heart failure)

Chronic

cxr today shows partial clearing, another dose of lasix today

On Fri 8:15p Jul 4, 2014 SHI, BEIEN MD wrote

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.

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

monitoring

On Fri 8:15p Jul 4, 2014 SHI, BEIEN MD wrote

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.

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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

On Fri 8:15p Jul 4, 2014 SHI, BEIEN MD wrote

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.
No chest pain.
Possibly demand ischemia?

8. Hypermnatremia

Acute

resolved, d/c iv fluids, resume lasix

On Fri 8:15p Jul 4, 2014 SHI, BEIEN MD wrote

hold routine lasix, on iv d5 solution

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

Has hypernatremia- 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 2

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<Electronically signed by Beien Shi, MD -HOSP>

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