

# Lodi Memorial Hospital

## Progress Note

Date 07/06/14  
Shi, Beien MD -HOSP

M053082  
PARVIN, MARY JEAN  
03/16/43 71

V025938127

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Dr. Beien  
6-28-14  
7-10-14  
7.6.14

### Subjective

#### Subjective HPI

feel OK, still have legs weakness and pain

#### PCP/Admit Date

Primary Care Physician Freund, Edmund A MD  
Phone number 334-8540

Admit Date 06/28/14

Length of Stay 8

### Estimated length of stay 1

History and Physical reviewed? Yes

### Objective

#### Vital Signs/Intake and Output

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
07/05-07/06	35.2-36.7	60-70	16	121-163/58-71	93-97	

Intake and Output

	07/06 0700
Intake Total	2716
Output Total	1450
Balance	1266
Intake, IV	1436
Intake, Oral	1280
Number Voids	3
Output, Urine	1450
Patient Weight	99.33 kg
Voiding Method	Foley
Weight Measurement Method	Bed

### Exam

**General Appearance** Alert, Cooperative

**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** Flat affect

### Results

### Laboratory Tests

	07/06 0542	07/06 0542	07/05 2041	07/05 1735	Range/Units
Chemistry					
Sodium	139				134 - 143 mmol/L
Potassium	3.9				3.6 - 5.1 mmol/L
Chloride	104				98 - 107 mmol/L
Carbon Dioxide	28				22 - 32 mmol/L
BUN	83 H				8 - 21 mg/dL
Creatinine	1.98 H				0.44 - 1.03 mg/dL
Estimated GFR	24.8				
BUN/Creatinine Ratio	41.9 H				6.0 - 20.0
Glucose	153 H				70 - 110 mg/dL
POC Glucose			211 H	199 H	70 - 110 mg/dL
Calcium	8.4 L				8.9 - 10.3 mg/dL
Ammonia		47 H			9 - 35 umol/L

	07/05 1138	Range/Units
Chemistry		
POC Glucose	184 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

Gabapentin 300 MG TID PO

Lactulose 30 GM TID PO

Bisacodyl 10 MG DAILY PO

Docusate Sodium 200 MG BID PO

Furosemide 40 MG DAILY PO

Furosemide 40 MG NOW ONE IV (DC)

Amlodipine Besylate 5 MG DAILY PO

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

Acetaminophen 650 MG Q6PRN PRN PR

Lactulose 20 GM TID PO (DC)

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Carvedilol 25 MG BID PO  
Gabapentin 300 MG BID PO (DC)  
Insulin Aspart 0 AS DIRECTED SUB-Q  
Acetaminophen/Hydrocodone Bitart 1 TAB Q6PRN PRN PO  
Ondansetron HCl 4 MG Q6PRN PRN IV (DC)  
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 %** 100

**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**

resolved, though ammonia is still elevated  
increase dose of lactulose for both ammonia and constipation

\*\*\*On Sat 5:39p Jul 5, 2014 SHI, BEIEN MD wrote\*\*\*

resolving, answer questions properly  
monitoring 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 baseline mental status is a little confused.

Will continue on lactulose and monitor her ammonia levels.

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\*\*\*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.

Cont lactulose.

UIS liver.

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

Chronic

back to baseline start lasix po

\*\*\*On Sat 5:39p Jul 5, 2014 SHI, BEIEN MD wrote\*\*\*

d/c iv fluids since hyponatremia 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\*\*\*

Baseline crt is between - 2.3 - 2.5



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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**

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

Chronic

diuresis

\*\*\*On Sat 5:39p Jul 5, 2014 SHI, BEIEN MD wrote\*\*\*

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.

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**5. Hyperammonemia**

Acute

still elevated increase lactulose

\*\*\*On Sat 5:39p Jul 5, 2014 SHI, BEIEN MD wrote\*\*\*  
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.

\*\*\*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. 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?

**7. Hypermnatremia**

Acute

\*\*\*On Sat 5:39p Jul 5, 2014 SHI, BEIEN MD wrote\*\*\*

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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.

**8. Constipation**

with ileus, add more laxative

**Daily plan discussed with-** Patient/family, Nurse, Case manager, Social services

**Est. days to DC 1**

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<Electronically signed by Beien Shi, MD -HOSP>

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