

Lodi Memorial Hospital

Progress Note

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

M053082
PARVIN, MARY JEAN
03/16/43 71

V025938127
F

Dr
Beien
6-28-14
7-10-4
7-7-14

Subjective

Subjective HPI

comfortable in bed, had BM this morning

PCP/Admit Date

Primary Care Physician Freund, Edmund A MD
Phone number 334-8540
Admit Date 06/28/14
Length of Stay 9

Estimated length of stay 3

History and Physical reviewed? Yes

Objective

Vital Signs/Intake and Output

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FI02
07/06-07/07	35.8-37.1	60-72	16-20	128-144/58-67	94-100	

Intake and Output

	07/07 0700
Intake Total	1430
Output Total	
Balance	1430
Intake, IV	10
Intake, Oral	1360
Intake, Tube	60
Irrigant	
Number Voids	3
Patient Weight	100.3 kg
Voiding Method	Incontinent
Weight Measurement Method	Bed

Exam

General Appearance Alert, No acute distress

HEENT Atraumatic

Respiratory Crackles

Neck Supple

Cardiovascular Regular

Abdomen Soft

Extremities No edema

Skin Intact

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Neurological No focal deficits
Psych/Mental Status Flat affect

Results

Laboratory Tests

	07/07 0830	07/07 0521	07/07 0521	Range/Units
Chemistry				
Sodium		141		134 - 143 mmol/L
Potassium		3.6		3.6 - 5.1 mmol/L
Chloride		105		98 - 107 mmol/L
Carbon Dioxide		27		22 - 32 mmol/L
BUN		87 H		8 - 21 mg/dL
Creatinine		1.99 H		0.44 - 1.03 mg/dL
Estimated GFR		24.7		
BUN/Creatinine Ratio		43.7 H		6.0 - 20.0
Glucose		107		70 - 110 mg/dL
POC Glucose	102			70 - 110 mg/dL
Calcium		8.3 L		8.9 - 10.3 mg/dL
Ammonia			56 H	9 - 35 umol/L
B-Natriuretic Peptide			1165 H	< 176 pg/mL

	07/07 0457	07/06 2316	07/06 1709	07/06 1217	Range/Units
Chemistry					
POC Glucose	114 H	308 H	247 H	177 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

Furosemide 40 MG BID IV (CAN)

Sodium Biphosphate/Sodium Phosphate 133 ML NOW ONE PR (DC)

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 (DC)

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Amlodipine Besylate 5 MG DAILY PO
Acetaminophen 650 MG Q6PRN PRN PR
Carvedilol 25 MG BID PO
Insulin Aspart 0 AS DIRECTED SUB-Q
Acetaminophen/Hydrocodone Bitart 1 TAB Q6PRN PRN PO
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? No

Date foley placed 06/29/14

Date foley discontinued 07/06/14

Nursing Clinical Data

Pain (1-10): 0 No Pain

Oral Intake % 75

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, but ammonia is still elevated, increase lactulose, enema for constipation

*****On Sun 11:19a Jul 6, 2014 SHI,BEIEN MD wrote*****

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.

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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

back to baseline

but have to increase lasix due to CHF

*****On Sun 11:19a Jul 6, 2014 SHI, BEIEN MD wrote*****

back to baseline start lasix po

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On Sat 5:39p Jul 5, 2014 SHI, BEIEN MD wrote
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.
Hold IVF given patients history of CHF with low EF.

3. Mobility impaired

4. CHF (congestive heart failure)

Chronic

still showing CHF, increase lasix iv bid 40 mg

On Sun 11:19a Jul 6, 2014 SHI, BEIEN MD wrote
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

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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 Sun 11:19a Jul 6, 2014 SHI, BEIEN MD wrote

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

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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. Hyponatremia

Acute

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

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

8. Constipation

add enema, repeat KUB in 1-2 days

On Sun 11:19a Jul 6, 2014 SHI, BEIEN MD wrote

with ileus, add more laxative
Daily plan discussed with- Patient/family, Nurse, Case manager, Social services
Est. days to DC 2-3

Core Measures

Core Measure VTE

VTE Risk Moderate risk

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<Electronically signed by Beien Shi, MD -HOSP>

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