

Lodi Memorial Hospital

Progress Note

Date 07/08/14
Shi, Beien MD -HOSP

M053082
PARVIN, MARY JEAN
03/16/43 71

V02593812

F

Dr.
Beien
6-28-14
7-10-14
7.8.14

Subjective

Subjective HPI

sleeping, had two big BM yesterday, still have intermittent confusion

PCP/Admit Date

Primary Care Physician Freund, Edmund A MD
Phone number 334-8540
Admit Date 06/28/14
Length of Stay 10

Estimated length of stay 2-3

History and Physical reviewed? Yes

Objective

Vital Signs/Intake and Output

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
07/07-07/08	36.7-37.7	60-79	18-20	133-144/60-72	94-98	

Intake and Output

	07/08 0700
Intake Total	1338
Output Total	
Balance	1338
Intake, IV	38
Intake, Oral	1300
Number Unmeasured Stools	2
Number Voids	5
Voiding Method	Incontinent

Exam

General Appearance No acute distress

HEENT Atraumatic

Respiratory Normal air movement

Neck Supple

Cardiovascular Regular

Abdomen Soft

Extremities No cyanosis

Skin Intact

Neurological No focal deficits

Psych/Mental Status confused

Results

Laboratory Tests

Lodi Memorial Hospital

Progress Note

Date **07/08/14**
Shi, Beien MD -HOSP

M053082
PARVIN, MARY JEAN
03/16/43 71

V025938127

F

4S

Page 2

	07/08 1133	07/08 0852	07/08 0551	Range/Units
Chemistry				
Sodium			144 H	134 - 143 mmol/L
Potassium			4.0	3.6 - 5.1 mmol/L
Chloride			108 H	98 - 107 mmol/L
Carbon Dioxide			28	22 - 32 mmol/L
BUN			90 H	8 - 21 mg/dL
Creatinine			2.00 H	0.44 - 1.03 mg/dL
Estimated GFR			24.6	
BUN/Creatinine Ratio			45.0 H	6.0 - 20.0
Glucose			150 H	70 - 110 mg/dL
POC Glucose	216 H	149 H		70 - 110 mg/dL
Calcium			8.7 L	8.9 - 10.3 mg/dL

	07/08 0551	07/07 2232	07/07 1701	Range/Units
Chemistry				
POC Glucose		229 H	220 H	70 - 110 mg/dL
B-Natriuretic Peptide	1116 H			< 176 pg/mL

	07/08 0551	Range/Units
Hematology		
WBC	6.4	5.0 - 9.5 K/mm3
RBC	3.22	3.70 - 5.50 M/uL
Hgb	9.5	12.0 - 16.0 g/dL
Hct	28.7	37.0 - 47.0 %
MCV	89.1	80.0 - 99.0 fl
MCH	29.6	27.0 - 33.0 pg
MCHC	33.2	31.8 - 36.2 g/dL
RDW	14.6	10.0 - 16.4 %
Plt Count	172	140 - 450 K/mm3
MPV	8.6	7.5 - 10.5 fl
Neut %	60.8	37 - 80 %
Lymph %	22.6	10.0 - 50.0 %
Mono %	11.4	<12.0 %
Eos %	4.6	<7.0 %
Baso %	0.6	<2.5 %
Absolute Neutrophils	3.90	2.40 - 7.56 K/uL
Absolute Lymphocytes	1.50	0.96 - 4.75 K/uL
Absolute Monocytes	0.70	0.10 - 1.00 K/uL
Absolute Eosinophils	0.30	0.00 - 0.45 K/uL
Absolute Basophils	0.00	0.00 - 0.20 K/uL

Results personally reviewed Yes

Medical records reviewed Yes

Lodi Memorial Hospital

Progress Note

Date **07/08/14**
Shi,Beien MD -HOSP

M053082
PARVIN,MARY JEAN
03/16/43 71

V025938127

F 4S

Page 3

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
Gabapentin 300 MG TID PO
Lactulose 30 GM TID PO
Bisacodyl 10 MG DAILY PO
Docusate Sodium 200 MG BID PO
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 % 100

BMI 37.0

Activity level: Bedrest - immobile

Last BM 07/07/14

Pressure ulcer? Yes

Isolation? Yes

Reason- MRSA

Assessment/Plan

Problem List

1. Change in mental state

Lodi Memorial Hospital

Progress Note

Date 07/08/14
Shi, Beien MD -HOSP

M053082
PARVIN, MARY JEAN
03/16/43 71

V025938127

F 4S

Page 4

intermittent confusion
with elevation of ammonia, continue lactulose

*****On Mon 11:31a Jul 7, 2014 SHI, BEIEN MD wrote*****

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.

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."

Lodi Memorial Hospital

Progress Note

Date 07/08/14
Shi, Beien MD -HOSP

M053082
PARVIN, MARY JEAN
03/16/43 71

V025938127

F 4S

Page 5

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

now on iv lasix again, monitoring closely

On Mon 11:31a Jul 7, 2014 SHI, BEIEN MD wrote

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

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 - probably 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

continue lasix iv, repeat cxr am

Lodi Memorial Hospital

Progress Note

Date 07/08/14
Shi,Beien MD -HOSP

M053082
PARVIN,MARY JEAN
03/16/43 71

V025938127

F 4S

Page 6

On Mon 11:31a Jul 7, 2014 SHI,BEIEEN MD wrote

still showing CHF, increase lasix iv bid 40 mg

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

diuresis

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

cxr today shows partial clearing, another dose of lasix today

On Fri 8:15p Jul 4, 2014 SHI,BEIEEN 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

on lactulose

On Mon 11:31a Jul 7, 2014 SHI,BEIEEN MD wrote

monitoring

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

still elevated increase lactulose

Lodi Memorial Hospital

Progress Note

Date 07/08/14
Shi, Beien MD -HOSP

M053082
PARVIN, MARY JEAN
03/16/43 71

V025938127

F 4S

Page 7

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 iv lasix again, monitoring na level

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

Lodi Memorial Hospital

Progress Note

Date **07/08/14**
Shi, Beien MD -HOSP

M053082
PARVIN, MARY JEAN
03/16/43 71

V025938127

F 4S

Page 8

*****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

repeat KUB am

*****On Mon 11:31a Jul 7, 2014 SHI, BEIEN MD wrote*****

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 3

Core Measures

Core Measure VTE

VTE Risk Moderate risk

M053082
PARVIN, MARY JEAN
03/16/43 71

V025938127

F 4S

<Electronically signed by Beien Shi, MD -HOSP>

07/08/14 1459