

# Lodi Memorial Hospital

## Progress Note

Date 07/09/14  
Shi, Beien MD -HOSP

M053082  
PARVIN, MARY JEAN  
03/16/43 71

V025938127

F

Dr.  
Beien 6/28/14  
7-10-14  
7.9.14

### Subjective

#### Subjective HPI

feel much better today full awake alert now, no resting SOB, yesterday was confused

#### PCP/Admit Date

Primary Care Physician Freund, Edmund A MD  
Phone number 334-8540  
Admit Date 06/28/14  
Length of Stay 11

Estimated length of stay 1-2

History and Physical reviewed? Yes

### Objective

#### Vital Signs/Intake and Output

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FI02
07/08-07/09	35.5-37.3	60-70	16-20	126-143/59-65	94-96	

Intake and Output

	07/09 0700
Intake Total	980
Output Total	
Balance	980
Intake, IV	30
Intake, Oral	950
Number Unmeasured Stools	2
Number Voids	6
Patient Weight	96.72 kg
Voiding Method	Incontinent
Weight Measurement Method	Bed

### Exam

**General Appearance** Alert, Cooperative, No acute distress

**HEENT** Atraumatic

**Respiratory** Crackles

**Neck** Supple

**Cardiovascular** Regular

**Abdomen** Soft

**Extremities** edema

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**Skin** Intact

**Neurological** No focal deficits

**Psych/Mental Status** Mood normal

### Results

#### Laboratory Tests

	07/09 0849	07/09 0529	07/09 0529	Range/Units
Chemistry				
Sodium		146 H		134 - 143 mmol/L
Potassium		3.8		3.6 - 5.1 mmol/L
Chloride		111 H		98 - 107 mmol/L
Carbon Dioxide		27		22 - 32 mmol/L
BUN		89 H		8 - 21 mg/dL
Creatinine		1.89 H		0.44 - 1.03 mg/dL
Estimated GFR		26.2		
BUN/Creatinine Ratio		47.1 H		6.0 - 20.0
Glucose		173 H		70 - 110 mg/dL
POC Glucose	237 H			70 - 110 mg/dL
Calcium		9.2		8.9 - 10.3 mg/dL
Ammonia			50 H	9 - 35 umol/L
B-Natriuretic Peptide			1005 H	< 176 pg/mL

	07/08 2110	07/08 1804	Range/Units
Chemistry			
POC Glucose	173 H	145 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, "HYSTERICIS" 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

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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):** 7 Severe Pain

**Oral Intake %** 50

**BMI** 37.0

**Activity level:** Bedrest - immobile

**Last BM** 07/09/14

**Pressure ulcer?** Yes

**Isolation?** Yes

**Reason-** MRSA

**Assessment/Plan**

**Problem List**

**1. Change in mental state**

today fully awake alert

yesterday was quite confused

ammonia is slightly lower, continue lactulose

\*\*\*On Tue 2:59p Jul 8, 2014 SHI, BEIEN MD wrote\*\*\*

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

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\*\*\*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."

\*\*\*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

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monitoring

\*\*\*On Tue 2:59p Jul 8, 2014 SHI, BEIEN MD wrote\*\*\*  
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 - 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

cxr still shows mild CHF, continue diuresis along with coreg, cozaar

\*\*\*On Tue 2:59p Jul 8, 2014 SHI, BEIEN MD wrote\*\*\*  
continue lasix iv, repeat cxr am

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

still showing CHF, increase lasix iv bid 40 mg

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

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\*\*\*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.

**5. Hyperammonemia**

Acute

\*\*\*On Tue 2:59p Jul 8, 2014 SHI, BEIEN MD wrote\*\*\*

on lactulose

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

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

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\*\*\*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

due to lasix, monitoring

\*\*\*On Tue 2:59p Jul 8, 2014 SHI, BEIEN MD wrote\*\*\*

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

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

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

**8. Constipation**

\*\*\*On Tue 2:59p Jul 8, 2014 SHI, BEIEN MD wrote\*\*\*  
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** 1-2

Core Measures

**Core Measure VTE**  
**VTE Risk** Moderate risk

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<Electronically signed by Beien Shi, MD -HOSP>

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