Lodi Memorial Hospital

Interfacility Transfer Report

Dr. 6/28/14 From Arbor Nazish 7-10-14 Back to Arbor 7.10.14

Date 07/10/14
Ali,Nazish Nawaz MD -HOSP

M053082
PARVIN,MARY JEAN
03/16/43 71

V025938127
F

Hospital Course

Admit Date

Admission Date: 06/28/14
Primary Care Physician: Freund,Edmund A MD
334-8540

Discharge Date 07/10/14
Transfer to: SNF-A
Rehab potential: Good
Risk for Readmission? Yes
Principal Diagnosis
1. Altered Mental State.
2. Hyperammonionemia.
3. CHF.

Problems, Discharge List
Current Visit Medical Problems
Change in mental state
CHF (congestive heart failure) (Chronic)
Chronic kidney disease stage 4 (GFR 15-29) (Chronic)
CKD (chronic kidney disease) stage 4, GFR 15-29 ml/min (Chronic)
Constipation
Elevated troponin (Acute)
Hyperammonemia (Acute)
Hypernatremia (Acute)
Mobility impaired

Procedures Head CT, US Abdomen
Isolation type Contact
Isolation reason MRSA
Patient is capable of making health care decisions? No
Requires a surrogate? Yes
Advance Directive No
POLST: Not applicable

Hospital Course & Summary

The patient is a 71-year-old Caucasian female with past medical history of CVA, cardiomyopathy, diabetes, hypertension, coronary artery disease status post a pacemaker in place, who was in her usual state of health at Arbor assisted living facility where she lives. She was noted by the staff there to be a little bit drowsy and difficult to arouse and that is why she was transferred over to the emergency room. In the emergency room, the patient was evaluated and was noted to have above-mentioned symptoms. In the ER, the patient had a head CT done which showed age-related atrophic and chronic white matter changes and remote old occipital infarct. Also noted that the patient had an elevated lactulose level of 73, so the patient will be admitted for metabolic encephalopathy and change in mental status. No complaints of chest pain or shortness of breath were noted by the patient. The patient seems to be drowsy at this time, but she is arousable.

Hospital Course;

During the hospitalization she had serial cardiac enzymes done initially which peaked to only .08 and then trended downwards - no changes seen on EKG.
Initially was noted to be in acute renal failure on chronic renal failure - and was given some IVF and her crt improved to 1.75 which is probably her baseline.
She also has h/o CHF with EF - 30% vand she was aggressively diuresed and her weight dropped around 4 kilos while she was in the hospital.
She was also noted to have elevated cammonia levels - she has no history of ch. liver disease and ultra sound did not show any cirrhosis either. She was treated with lactulose while she was here and i think she should be on lactulose on a chronic basis.
She has waxing and waning of her mental status and that is normal for her - she needs to have her ammonia level periodically checked and followed up closely for her ch. renal failure and potassium levls too.
Somedays her mental status will be normal and other days he mshe may be a little confused and disoriented.
BNP alsoremains elevated and as far as she is not symptomatic that would be fine for her.

Discharge Exam

Vital Signs/Intake and Output

Vital Signs

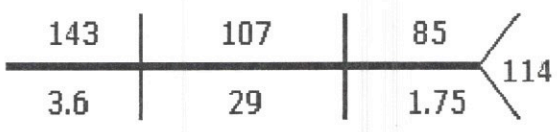
Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
07/09-07/10	35.9-36.8	60-70	16-18	123-142/60-79	95-98	

Intake and Output

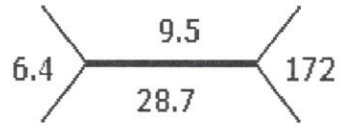
	07/10 0700
Intake Total	1360
Output Total	
Balance	1360
Intake, IV	10
Intake, Oral	1350
Number Voids	2
Patient Weight	97.18 kg
Voiding Method	Incontinent
Weight Measurement Method	Bed

Laboratory - CBC/MP

07/10/14 0543:



07/08/14 0551:



BNP, PCT, CA, AMI & Trop, MG

	07/10 0543	07/10 0543
Chemistry		
Calcium (8.9 - 10.3 mg/dL)	8.9	
B-Natriuretic Peptide (< 176 pg/mL)		1050 H

General Appearance Alert, Oriented X3, Cooperative, No acute distress
HEENT Atraumatic, PERRLA, EOMI, Mucous membr. moist/pink
Respiratory Clear to auscultation, Normal air movement
Neck Supple, No thyromegaly, No lymphadenopathy
Cardiovascular Regular, No murmur, No rub, No gallop, No JVD, +2 Carotid pulse wo bruit
Abdomen Normal bowel sounds, Soft, No tenderness, No hepatosplenomegaly
Extremities No clubbing, No cyanosis, No edema, Normal pulses, No tenderness/swelling
Skin Intact
Neurological No focal deficits, Normal gait, Normal speech, Strength at 5/5 x4 ext, Normal tone
Psych/Mental Status Mental status normal, Mood normal

SNF/Rehab Orders

Diet- Heart Healthy
Activity- As tolerated
Therapy- Evaluate & treat PT, Evaluate & treat OT, Evaluate & treat ST
Follow up Orders
New Orders:
CBC-Lab
Svc Date: 07/14/14
Performing Location: Snf To Provide
CMP Panel
Svc Date: 07/14/14
Performing Location: Snf To Provide
Ammonia - Lab
Svc Date: 07/14/14
Performing Location: Snf To Provide

Allergies
latex (Coded, Mild, Rash, 06/28/14)
Sulfa (Sulfonamide Antibiotics) (Coded, Severe, Convulsions; REACTION AS A CHILD. OK TO TAKE LASIX, 06/28/14)

morphine (Coded, Severe, "HYSTERICS", 06/28/14)

Discharge Medications
Stop taking the following medications:
Furosemide ** (Lasix **) 20 MG TAB ORAL Twice daily Days = 30

Continue taking these medications:
Aspirin ** (Aspirin **) 81 MG TAB.CHEW
81 milligram(s) ORAL Daily

Biotin (BIOTIN) 1,000 MCG TAB
1,000 micogram(s) ORAL Daily

Levothyroxine Sodium (Levothroid) 100 MCG TABLET
100 micogram(s) ORAL Daily
Qty = 90

Isosorbide Mononitrate ** (Imdur **) 30 MG TAB.SR.24H
30 milligram(s) ORAL Daily

Nitroglycerin ** (Nitroquick **) 0.4 MG TAB
0.4 milligram(s) Buccal As directed

Potassium Chloride (Klor-Con) 10 MEQ TABLET.SA
10 milliequivalent(s) ORAL Daily
Qty = 90

Carvedilol (Carvedilol) 25 MG TABLET
25 milligram(s) ORAL Twice daily
Qty = 60

Famotidine (Famotidine) 20 MG TABLET
20 milligram(s) ORAL Daily
Days = 30

Gabapentin ** (Neurontin **) 300 MG CAP
300 milligram(s) ORAL Twice daily

Zolpidem ** (Ambien **) 5 MG TAB
5 milligram(s) ORAL At bedtime as needed
Qty = 30
Instructions:
Take At Bedtime

Acetaminophen ** (Tylenol **) 325 MG TAB
650 milligram(s) ORAL Every 6 hours as needed for MILD PAIN

Magnesium Hydroxide ** (Milk Of Magnesia **) 400 MG/5 ML ORAL.SUSP

30 mL(s) ORAL Daily as needed for CONSTIPATION

Losartan Potassium ** (Cozaar **) 50 MG TAB
100 milligram(s) ORAL Daily

Escitalopram Oxalate ** (Lexapro **) 10 MG TAB
20 milligram(s) ORAL Daily

Glimepiride ** (Amaryl **) 2 MG TAB
2 milligram(s) ORAL Daily

Saxagliptin Hydrochloride (Onglyza) 2.5 MG TAB
2.5 milligram(s) ORAL Daily

HYDROcodone/Acetaminophen 5-325 ** (Norco 5-325 **) 1 TAB TAB
1 Tab(s) ORAL Every 6 hours as needed as needed for .Pain, moderate

Ondansetron ODT ** (Zofran ODT **) 4 MG TAB
4 milligram(s) ORAL Every 4 hours as needed as needed for NAUSEA/VOMITING

Start taking the following new medications:
Furosemide ** (Lasix **) 40 MG TAB
40 milligram(s) ORAL Twice daily
Days = 30
No Refills

Potassium Chloride (K-Dur) 20 MEQ TAB.PRT.SR
20 milliequivalent(s) ORAL Daily
Days = 30
No Refills

Lactulose ** (LACTULOSE **) 20 GM/30 ML SOLUTION
20 gram(s) ORAL Three times daily
Days = 30
No Refills

Total discharge time 45-59 minutes
Copies to:
Freund,Edmund A MD

Core Measures

Core Measure VTE
VTE Risk Moderate risk

Date **07/10/14**
Ali,Nazish Nawaz MD -HOSP

M053082
PARVIN,MARY JEAN
03/16/43 71 F 4S

V025938127

03/16/43 71 F 4S

<Electronically signed by Nazish Nawaz Ali, MD -HOSP> 07/10/14 0957