



Wrap-up™ Overview

Programming Changes (Continued)

	Initial	Final
VT-1 Energy 2	25.0 J	↳ n/a
VT-1 Energy 3	36.0 J	↳ n/a
VT-1 Energy 4	36.0 J	↳ n/a
VT-1 Therapy 1 Add Stimuli per Burst	Off	↳ On
VT-1 Therapy 1 Max. Step	n/a	↳ 50 ms
VT-1 Therapy 1 Ramp	Off	↳ On
VT-1 Therapy 1 Ramp Step	n/a	↳ 10 ms
VT-1 Therapy 1 Readaptive	Off	↳ On
VT-1 Therapy 2 Type	CVRT	↳ Off
VT-1 Therapy 3 Type	CVRT	↳ n/a
VT-1 Therapy 4 Type	CVRT x 2	↳ n/a
VT-2 Detection Rate/Interval	n/a	↳ 350 ms
VT-2 Energy 2	n/a	↳ 25.0 J
VT-2 Energy 3	n/a	↳ 36.0 J
VT-2 Energy 4	n/a	↳ 36.0 J
VT-2 No. of Intervals	n/a	↳ 12 intervals
VT-2 Therapy 1 Add Stimuli per Burst	n/a	↳ Off
VT-2 Therapy 1 BCL Mode	n/a	↳ Adaptive
VT-2 Therapy 1 Burst Cycle Length	n/a	↳ 85 %
VT-2 Therapy 1 Minimum Burst Cycle Length	n/a	↳ 200 ms
VT-2 Therapy 1 Number of Bursts	n/a	↳ 3
VT-2 Therapy 1 Number of Stimuli	n/a	↳ 8
VT-2 Therapy 1 Ramp	n/a	↳ Off
VT-2 Therapy 1 Readaptive	n/a	↳ Off
VT-2 Therapy 1 Scan Step	n/a	↳ 10 ms
VT-2 Therapy 1 Scanning	n/a	↳ On (Dec)
VT-2 Therapy 1 Type	n/a	↳ ATP
VT-2 Therapy 2 Type	n/a	↳ CVRT
VT-2 Therapy 3 Type	n/a	↳ CVRT
VT-2 Therapy 4 Type	n/a	↳ CVRT x 2
Zone Configuration	2 Zones	↳ 3 Zones

No Alerts

Discussed w Dr Zaino 9/6/12

ADD AN EXTRA VT ZONE
VT-1: 150-171 bpm.
ATP X3 only

VT 2 171-214 bpm - ATP X3 25Jx1, 36Jx3

VF ≥214 36Jx6

Romano
6624419

- ↳ Manual-programmed
- ↳ Auto-programmed

Lodi Memorial Hospital

Progress Note

Date 09/06/12
Bains, Suchdeep MD

Subjective

**Subjective
Subjective HPI**

Chart and office records reviewed. Cellulitis is healing. CHF/HTN has improved. Diuresing well and BNP has decreased from 1541 to 879 but creatinine increased from 1.8 to 2.1. She is off NTG gtt. Tele revealed asymptomatic 35 beat VT at rate of 150 bpm. Likely too slow for ICD discharge. She denies any current CP or SOB

Objective

Vitals & I&O

Vitals & I&O

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
09/05-09/06	35.5-36.7	60-75	17-25	103-172/44-80	96-99	

Intake and Output

	09/06 0600
Intake Total	1939
Output Total	2860
Balance	-921
Intake, IV	1219
Intake, Oral	720
Number Voids	5
Output, Urine	2860
Patient Weight	101.7 kg
Voiding Method	Foley

Results

M053082 V023912512
PARVIN, MARY JEAN
03/16/43 69 F ICU

Electronically signed by: Bains, Suchdeep MD 09/06/12 0859

Run: 09/10/12-00:19 by BAINS, SUCHDEEP MD

PN-General - Additional copy

Lodi Memorial Hospital

Progress Note

Date 09/06/12
Bains, Suchdeep MD

Results Laboratory Tests

	09/06 0809	09/06 0404	09/06 0404	09/06 0404	09/05 2124
Chemistry					
Chloride (98 - 107 mmol/L)				108 H	
BUN (8 - 21 mg/dL)				56 H	
Creatinine (0.44 - 1.03 mg/dL)				2.18 H	
BUN/Creatinine Ratio (6.0 - 20.0)				25.7 H	
Glucose (70 - 110 mg/dL)				147 H	
POC Glucose (70 - 110 mg/dL)	197 H				163 H
Calcium (8.9 - 10.3 mg/dL)				8.5 L	
B-Natriuretic Peptide (< 176 pg/mL)			879 H		
Total Protein (6.1 - 7.9 g/dL)				5.5 L	
Albumin (3.5 - 4.8 g/dL)				2.7 L	
Albumin/Globulin Ratio (1.2 - 2.5)				1.0 L	
Procalcitonin (<= 0.5 ng/mL)		2.22 H			
Hematology					
WBC (5.0 - 9.5 K/mm3)				11.7 H	
Hgb (12.0 - 16.0 g/dL)				11.8 L	
Hct (37.0 - 47.0 %)				33.8 L	
Absolute Neutrophils (2.40 - 7.56 K/uL)				8.19 H	

	09/05 1829	09/05 1159
Chemistry		
POC Glucose (70 - 110 mg/dL)		318 H
Troponin I (0.01 - 0.06 ng/mL)	0.08 H	

General Appearance Alert & Oriented X3
HEENT Mucous Membrane Moist
Respiratory Clear to auscultation, Normal air movement
Neck Supple
Cardiovascular Exam Regular
Abdomen Normal Bowel Sounds, Soft

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Progress Note

Date 09/06/12
Bains,Suchdeep MD

Extremities 1+ edema

Skin Intact (RLE puncture mark noted)

Neurological No focal deficits

Psych/Mental Status Mental status normal

Allergies

Coded Allergies:

latex (Mild, Rash 09/05/12)

Converted from Drug Class Allergy: Latex

Sulfa(Sulfonamide Antibiotics) (Sulfa (Sulfonamide Antibiotics)) (Severe, Convulsions 09/05/12)

Converted from Ingredient Allergy: Sulfa Drugs

morphine (Mild, MAKES HER FEEL FUNNY 09/05/12)

Current Medications

Current Medications

Nitroglycerin/Dextrose 250 ml TITRATE IV (DC)

Omeprazole 40 mg 06-DAILY PO

Acetaminophen 650 mg Q6PRN PRN PO

Clindamycin Phosphate/Dextrose 50 ml Q8H IV (DC)

Magnesium Hydroxide 30 ml DAILY PRN PRN PO

Ondansetron HCl 4 mg Q6PRN PRN IV

Vancomycin HCl 250 ml PROTOCOL IV (DC)

Vancomycin HCl 300 ml Q24H IV (DC)

Insulin Aspart Enter units administered

PRN PRN SUB-Q

Levofloxacin/Dextrose 150 ml Q48H IV (DC)

Acetaminophen/Hydrocodone Bitart 5 mg Q4PRN PRN PO (DC)

Aspirin 81 mg DAILY PO

Carvedilol 12.5 mg BID PO

Clonidine 0.2 mg BID PO

Docusate Sodium 100 mg BID PO

Ezetimibe 10 mg DAILY PO

Escitalopram Oxalate 20 mg DAILY PO (CKD)

Furosemide 40 mg Q12 IV

Levothyroxine Sodium 100 mcg DAILY PO

Lisinopril 20 mg DAILY PO

Acetaminophen/Hydrocodone Bitart 5 mg Q4PRN PRN PO

M053082 V023912512

PARVIN,MARY JEAN

03/16/43 69 F ICU

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Lodi Memorial Hospital

Progress Note

Date 09/06/12
Bains, Suchdeep MD

Ampicillin Sodium/Sulbactam Sodium 3 gm Q12H IV
Sodium Chloride 100 ml
Heparin Sodium (Porcine) 5000 unit TID SUB-Q
Simvastatin 40 mg HS PO
Vancomycin HCl 250 ml Q24H IV (DC)

Assessment/Plan
Problems & Plan

CHF - improved. Recent LV fxn noted to be 30% which is chronic, stable. No crackles heard. Change to PO lasix due to bump in creatinine. Increase coreg to 25 BID. Would wean clonidine if bp drops.

CAD - borderline trop not suggestive of ACS. Recent MPI 8/12/12 revealed mild inferior ischemia which is improved from previous testing. Treat medically.

VT - 35 beat, no symptoms. Rate of 150 bpm likely too slow for ICD detection. However, it has been a while since last interrogation so will ensure proper fxn. ST Jude rep notified

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PARVIN, MARY JEAN
03/16/43 69 F ICU

Electronically signed by: Bains, Suchdeep MD 09/06/12 0859

Lodi Memorial Hospital

Progress Note

Date 09/06/12
Qureshi, Muhammad R MD - HOSP

Subjective

Subjective

Subjective HPI

Patient denies any complaints, feels better. BP is better controlled and patient is off of nitro drip since yesterday. Patient had a 35 beats of asymptomatic Vtach.

History obtained from- Patient, Nurse, Chart

PCP/Admit Date

Primary Care Physician Freund, Edmund MD-Mills

Phone number 334-8540

Admit Date 09/05/12

Length of Stay 1

Estimated length of stay 3-4 days

History and Physical reviewed? Yes

Objective

Vitals & I&O

Vitals & I&O

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
09/05-09/06	35.5-36.7	60-74	17-25	103-172/44-80	96-99	

Intake and Output

	09/06 0600
Intake Total	1939
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PARVIN, MARY JEAN

03/16/43 69 F ICU

Electronically signed by: Qureshi, Muhammad R MD - HOSP 09/06/12 1002

Run: 09/10/12-00:20 by QURESHI, MUHAMMAD MD

PN-Hospitalist - Additional copy

Lodi Memorial Hospital

Progress Note

Date 09/06/12

Qureshi, Muhammad R MD - HOSP

Patient Weight	101.7 kg
Voiding Method	Foley

**Results
Results**

Laboratory Tests

	09/06 0809	09/06 0404	09/06 0404	09/06 0404	09/06 0404
Chemistry					
POC Glucose (70 - 110 mg/dL)	197 H				
Ionized Calcium Meas (4.5 - 5.3 mg/dL)			5.08		
B-Natriuretic Peptide (< 176 pg/mL)					879 H
Procalcitonin (<= 0.5 ng/mL)		2.22 H			
Free T4 (0.58 - 1.64 ng/dL)				1.26	
TSH 3rd Generation (0.34 - 5.60 uIU/mL)				1.18	

	09/06 0404	09/06 0157	09/05 2124	09/05 1829	09/05 1628
Chemistry					
Sodium (134 - 143 mmol/L)	139				
Potassium (3.6 - 5.1 mmol/L)	4.1				
Chloride (98 - 107 mmol/L)	108 H				
Carbon Dioxide (22 - 32 mmol/L)	24				
BUN (8 - 21 mg/dL)	56 H				
Creatinine (0.44 - 1.03 mg/dL)	2.18 H				
Estimated GFR	22.4				
BUN/Creatinine Ratio (6.0 - 20.0)	25.7 H				
Glucose (70 - 110 mg/dL)	147 H				
POC Glucose (70 - 110 mg/dL)			163 H		102
Calcium (8.9 - 10.3 mg/dL)	8.5 L				
Phosphorus (2.4 - 4.7 mg/dL)	4.5				
Magnesium (1.6 - 2.4 mg/dL)	2.2				

M053082 V023912512

PARVIN, MARY JEAN

03/16/43 69 F ICU

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Run: 09/10/12-00:20 by QURESHI, MUHAMMAD MD

PN-Hospitalist - Additional copy

Lodi Memorial Hospital

Progress Note

Date 09/06/12

Qureshi, Muhammad R MD - HOSP

Total Bilirubin (0.1 - 2.0 mg/dL)	0.9		
AST (15 - 41 IU/L)	15		
ALT (14 - 54 IU/L)	16		
Alkaline Phosphatase (38 - 126 IU/L)	51		
Creatine Kinase (38 - 234 IU/L)		158	194
Troponin I (0.01 - 0.06 ng/mL)		0.06	0.08 H
Total Protein (6.1 - 7.9 g/dL)	5.5 L		
Albumin (3.5 - 4.8 g/dL)	2.7 L		
Globulin (2.0 - 3.8 gm/dL)	2.8		
Albumin/Globulin Ratio (1.2 - 2.5)	1.0 L		
Hematology			
WBC (5.0 - 9.5 K/mm3)	11.7 H		
RBC (3.70 - 5.50 M/uL)	3.78		
Hgb (12.0 - 16.0 g/dL)	11.8 L		
Hct (37.0 - 47.0 %)	33.8 L		
MCV (80.0 - 99.0 fl)	89.3		
MCH (27.0 - 33.0 pg)	31.1		
MCHC (31.8 - 36.2 g/dL)	34.8		
RDW (10.0 - 16.4 %)	16.2		
Plt Count (140 - 450 K/mm3)	188		
MPV (7.5 - 10.5 fl)	8.3		
Neut % (37 - 80 %)	69.8		
Lymph % (10.0 - 50.0 %)	20.4		
Mono % (<12.0 %)	6.1		
Eos % (<7.0 %)	3.3		
Baso % (<2.5 %)	0.4		
Absolute Neutrophils (2.40 - 7.56 K/uL)	8.19 H		
Absolute Lymphocytes (0.96 - 4.75 K/uL)	2.39		
Absolute Monocytes (0.10 - 1.00 K/uL)	0.71		
Absolute Eosinophils (0.00 - 0.45 K/uL)	0.39		
Absolute Basophils (0.00 - 0.20 K/uL)	0.05		

	09/05	09/05
	1159	0800
Chemistry		
POC Glucose (70 - 110 mg/dL)	318 H	

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Date 09/06/12

Qureshi, Muhammad R MD - HOSP

Creatine Kinase (38 - 234 IU/L)	243 H
Troponin I (0.01 - 0.06 ng/mL)	0.09 H

	09/05 0507	09/05 0500
Blood Gas		
Specimen Type	ARTERIAL PUNCTURE	
Puncture Site	RADIAL, RIGHT	
pH (7.350 - 7.450)	7.411	
pCO2 (35.0 - 45.0 mmHg)	35.2	
pO2 (75.0 - 85.0 mmHg)	50.5 L	
HCO3 (22.0 - 26.0 mmol/L)	21.9 L	
Base Excess (-2.0 - 2.0 mmol/L)	-2.1 L	
O2 Saturation (96.0 - 97.0 %)	88.5 L	
ABG Carboxyhemoglobin (<1.6 % THgb)	0.2	
ABG O2 Capacity (16.0 - 24.0 mL/dL)	18.7	
Allen Test	POS	
Hemoglobin (12.0 - 16.0 g/dL)	13.5	
Hematocrit (37.0 - 47.0 %)	40.0	
Oxyhemoglobin (94.0 - 97.0 %)	88.1 L	
Methemoglobin (0.4 - 1.5 g/dL)	0.3 L	
Respiration Rate (/MIN)	24.0	
FiO2 % (%)	21.0	
Toxicology		
Vancomycin Trough (<=20.0 mcg/mL)		< 0.1
Urines		
Urine Color (YELLOW)	YELLOW	
Urine Appearance (CLEAR)	CLEAR	
Urine pH (5.5 - 8.0)	6.0	
Ur Specific Gravity (1.005 - 1.025)	1.020	
Urine Protein (NEGATIVE mg/dL)	100 H	
Urine Glucose (UA) (NEGATIVE mg/dL)	100 H	
Urine Ketones (NEGATIVE mg/dL)	NEGATIVE	
Urine Blood (NEGATIVE)	SMALL H	
Urine Nitrite (NEGATIVE)	NEGATIVE	
Urine Bilirubin (NEGATIVE)	NEGATIVE	

M053082 V023912512

PARVIN, MARY JEAN

03/16/43 69 F ICU

Electronically signed by: Qureshi, Muhammad R MD - HOSP 09/06/12 1002

Run: 09/10/12-00:20 by QURESHI, MUHAMMAD MD

PN-Hospitalist - Additional copy

Lodi Memorial Hospital

Progress Note

Date 09/06/12

Qureshi, Muhammad R MD - HOSP

Urine Urobilinogen (0.2 - 1.0 E.U./dL)	0.2
Ur Leukocyte Esterase (NEGATIVE)	NEGATIVE
Urine RBC (0 - 2 rbc/hpf)	1-2
Urine WBC (0 - 5 wbc/hpf)	<1 WBC PER 3 FIELDS
Ur Squamous Epith Cells (NONE - FEW epi/hpf)	RARE
Urine Bacteria (NONE SEEN)	NONE SEEN
Urine Mucus	SMALL

	09/05 0433	09/05 0433	09/05 0433	09/05 0433	09/05 0433
Chemistry					
Sodium (134 - 143 mmol/L)					138
Potassium (3.6 - 5.1 mmol/L)					4.6
Chloride (98 - 107 mmol/L)					105
Carbon Dioxide (22 - 32 mmol/L)					23
BUN (8 - 21 mg/dL)					59 H
Creatinine (0.44 - 1.03 mg/dL)					1.84 H
Estimated GFR					27.2
BUN/Creatinine Ratio (6.0 - 20.0)					32.1 H
Glucose (70 - 110 mg/dL)					247 H
Lactic Acid (0.5 - 2.2 mmol/L)		1.2			
Calcium (8.9 - 10.3 mg/dL)					9.1
Total Bilirubin (0.1 - 2.0 mg/dL)					0.9
AST (15 - 41 IU/L)					38
ALT (14 - 54 IU/L)					25
Alkaline Phosphatase (38 - 126 IU/L)					82
Creatine Kinase (38 - 234 IU/L)			287 H		
Troponin I (0.01 - 0.06 ng/mL)			0.07 H		
B-Natriuretic Peptide (< 176 pg/mL)				1541 H	
Total Protein (6.1 - 7.9 g/dL)					6.7
Albumin (3.5 - 4.8 g/dL)					3.6
Globulin (2.0 - 3.8 gm/dL)					3.1
Albumin/Globulin Ratio (1.2 - 2.5)					1.2
Procalcitonin (<= 0.5 ng/mL)	0.39				
Hematology					
WBC (5.0 - 9.5 K/mm3)					21.0 H

M053082 V023912512

PARVIN, MARY JEAN

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Progress Note

Date 09/06/12

Qureshi, Muhammad R MD - HOSP

RBC (3.70 - 5.50 M/uL)			4.15
Hgb (12.0 - 16.0 g/dL)			13.1
Hct (37.0 - 47.0 %)			36.9 L
MCV (80.0 - 99.0 fl)			88.9
MCH (27.0 - 33.0 pg)			31.5
MCHC (31.8 - 36.2 g/dL)			35.5
RDW (10.0 - 16.4 %)			17.1 H
Plt Count (140 - 450 K/mm3)			235
MPV (7.5 - 10.5 fl)			8.2
Neut % (37 - 80 %)			88.7 H
Lymph % (10.0 - 50.0 %)			5.2 L
Mono % (<12.0 %)			5.4
Eos % (<7.0 %)			0.2
Baso % (<2.5 %)			0.4
Neutrophils % (Manual) (37 - 80 %)			79
Band Neutrophils % (0 - 6 %)			12 H
Lymphocytes % (Manual) (10 - 50 %)			6 L
Monocytes % (Manual) (2 - 12 %)			3
Absolute Neutrophils (2.40 - 7.56 K/uL)			18.60 H
Absolute Lymphocytes (0.96 - 4.75 K/uL)			1.08
Absolute Monocytes (0.10 - 1.00 K/uL)			1.14 H
Absolute Eosinophils (0.00 - 0.45 K/uL)			0.05
Absolute Basophils (0.00 - 0.20 K/uL)			0.09
Platelet Estimate (ADEQUATE)			ADEQUATE
Poikilocytosis (NEGATIVE)			1+
Anisocytosis (NEGATIVE)			1+
Ovalocytes (NONE SEEN)			1+
Stomatocytes (NONE SEEN)			1+ H

Test results personally reviewed & interpreted? Yes

Consults reviewed and discussed Cardiologist

Medical records reviewed Yes

Medications

Allergies

M053082 V023912512

PARVIN, MARY JEAN

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Lodi Memorial Hospital

Progress Note

Date 09/06/12

Qureshi, Muhammad R MD - HOSP

Coded Allergies:

latex (Mild, Rash 09/05/12)

Converted from Drug Class Allergy: Latex

Sulfa(Sulfonamide Antibiotics) (Sulfa (Sulfonamide Antibiotics)) (Severe, Convulsions 09/05/12)

Converted from Ingredient Allergy: Sulfa Drugs

morphine (Mild, MAKES HER FEEL FUNNY 09/05/12)

Current Medications

Current Medications

Nitroglycerin/Dextrose 250 ml TITRATE IV (DC)

Omeprazole 40 mg 06-DAILY PO

Acetaminophen 650 mg Q6PRN PRN PO

Clindamycin Phosphate/Dextrose 50 ml Q8H IV (DC)

Magnesium Hydroxide 30 ml DAILY PRN PRN PO

Ondansetron HCl 4 mg Q6PRN PRN IV

Vancomycin HCl 250 ml PROTOCOL IV (DC)

Insulin Aspart Enter units administered

PRN PRN SUB-Q

Levofloxacin/Dextrose 150 ml Q48H IV (DC)

Acetaminophen/Hydrocodone Bitart 5 mg Q4PRN PRN PO (DC)

Aspirin 81 mg DAILY PO

Carvedilol 12.5 mg BID PO (DC)

Clonidine 0.2 mg BID PO

Docusate Sodium 100 mg BID PO

Ezetimibe 10 mg DAILY PO

Escitalopram Oxalate 20 mg DAILY PO (CKD)

Furosemide 40 mg Q12 IV (DC)

Levothyroxine Sodium 100 mcg DAILY PO

Lisinopril 20 mg DAILY PO

Acetaminophen/Hydrocodone Bitart 5 mg Q4PRN PRN PO

Ampicillin Sodium/Sulbactam Sodium 3 gm Q12H IV

Sodium Chloride 100 ml

Heparin Sodium (Porcine) 5000 unit TID SUB-Q

Simvastatin 40 mg HS PO

Vancomycin HCl 250 ml Q24H IV (DC)

Carvedilol 25 mg BID PO

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PARVIN, MARY JEAN

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Lodi Memorial Hospital

Progress Note

Date 09/06/12

Qureshi, Muhammad R MD - HOSP

Furosemide 40 mg BID PO

Exam

Date 09/06/12

General Appearance Alert, Oriented X3, Cooperative, No Acute Distress

HEENT Atraumatic, PERRLA, EOMI, Mucous Membr. moist/pink

Respiratory Clear to auscultation, Normal air movement

Cardiovascular Regular, No murmur, No rub

Abdomen Normal Bowel Sounds, Soft, No Tenderness

Extremities No Clubbing, No Cyanosis, No Edema, Normal Pulses

Neurological No Focal Deficits, Normal Speech

Psych/Mental Status Mental Status Normal, Mood Normal

Nursing Clinical Data

Pain (1-10): 0 No Pain

Oral Intake % 25

Foley? Yes

Date foley placed 09/05/12

Pressure ulcer? No

Isolation? Yes

Reason- MRSA

Assessment/Plan

Problems & Plan

Problems

Hypertensive emergency:

Improved. Patient is off of nitroglycerin drip since yesterday. Cont. current management for now. Will transfer patient to med/surg with tele today.

#Acute on Chronic Systolic CHF exacerbation:

Could be secondary to hypertensive emergency. LVEF was 30% on echo on 03/23/10. Appreciate Dr. Bain's input, d/w him. Lasix is switched to PO due to increase in creatinine.

#Troponinemia:

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Progress Note

Date 09/06/12

Qureshi, Muhammad R MD - HOSP

Likely mild troponin leak from CHF and hypertensive emergency. No evidence of ACS, patient remained asymptomatic. Cont. aspirin, carvedilol, lisinopril and zocor for now.

#Right lower extremity cellulitis:

Likely secondary to cat scratch and cat bite. No obvious abscess and no drainage. Patient has already received zithromax which will cover bartonella henselae and will switch other antibiotics to unasyn to cover for pasturella multocida. Blood cultures are growing gram negative rods, cont. IV unasyn for now. Will f/u on final culture results.

#History of coronary artery disease/CVA:

Cont. home meds for now.

#Diabetes Mellitus:

Cont. accuchecks with sliding scale coverage for now.

#Chronic kidney disease, stage IV:

Stable. Creatinine appears to be at the baseline. Cont. to monitor for now. Avoid nephrotoxics and adjust medications according to level of renal functioning.

#Hypothyroidism:

Cont. synthroid for now. Patient is euthyroid.

CODE STATUS:

D/W patient and she wishes to be DNR/DNI. Patient states that she don't think she will have any good quality of life if she is revived and that's why she wants to be DNR/DNI. Will change code status.

Chronic Problems:

Cellulitis and abscess of leg
Chronic kidney disease stage 4 (GFR 15-29)
Congestive heart failure
Diabetes mellitus type 2
Essential hypertension
Hyperglycemia

Critical care time without billable procedural time 30 minutes plus

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Lodi Memorial Hospital

Progress Note

Date 09/06/12

Qureshi, Muhammad R MD - HOSP

Daily plan discussed with- Patient/family, Nurse

Core Measure

Core Measure

DVT Prophylaxis Heparin

M053082 V023912512

PARVIN, MARY JEAN

03/16/43 69 F ICU


Electronically signed by: Qureshi, Muhammad R MD - HOSP 09/06/12 1002

Wrap-up™ Overview

Patient
Date of Birth Mar 16, 1943
EF % Unknown
Indications for Implant
Dilated Cardiomyopathy (CHF/DCM)
Implant Physician DR STENZLER

Device	Manufacturer	Model	Serial	Implant Date
CRT-D	St. Jude Medical	Promote® RF 3207-36	447831	Jun 10, 2008
A Lead	St. Jude Medical	Tendril® SDX 1688TC	DN42944	Sep 27, 2004
RV Lead	St. Jude Medical	Riata® 1581	RH28637	Sep 27, 2004
LV Lead	St. Jude Medical	MyoPore 511212T	087085	Sep 27, 2004

Battery

Longevity: 2.4 yrs
 ~ERI > 4 yrs
 Voltage 2.59 V
 Last Max Charge 13.6 sec (Aug 14, 2012) activities this session
 Battery Current 26 uA
 Longevity estimate decreased due to

Test Results Sep 6, 2012

A Automatic

	Capture	Sense	Lead Impedance
A	1.5V @ 0.5ms (Bi)	4.2mV (Bi) A	340 Ω (Bi) A
RV	1.0V @ 0.5ms (Bi)	11.6mV (RV Bi) A	450 Ω (Bi) A
LV	1.0V @ 1.0ms (Bi)		300 Ω (Bi) A
HV			35 Ω (RV to SVC & Can) A

Parameters

Mode	DDDR	Zone Configuration	VT-1	VT-2	VF
Base Rate	70 bpm	Detection Criteria	▶ 150 bpm	▶ 171 bpm	▶ 214 bpm
Max Track Rate	120 bpm	Therapy (ENABLED)	ATP x3	▶ ATP x3	▶ 36.0 J
Paced AV Delay	150 ms		▶ Off	↳ 25.0 J	36.0 J
Sensed AV Delay	100 ms			↳ 36.0 J	36.0 J x4
				↳ 36.0 J x2	

Programming Changes

	Initial	Final
A. Pulse Amplitude	2.0 V	▶ 3.0 V
AF/AFL Rate Branch: VT Diagnosis Criteria	If Any	▶ If All
Post VF/VT-2 Detection Rate/Interval	Same as VT	↳ Same as VT-1
Post VT-1 Detection Rate/Interval	Same as VT	↳ Same as VT-1
Sudden Onset Fixed Delta	100 ms	▶ 70 ms
SVT Discrimination in VT-2	n/a	▶ On
SVT Discrimination Timeout	30 sec	▶ Off
Therapy After Timeout	VT Therapy	↳ n/a
Timeout Trigger	VT Therapy	↳ VT-1 & VT-2 Therapy
V = A Rate Branch: VT Diagnosis Criteria	If Any	▶ If All
VF Detection Rate/Interval	300 ms	▶ 280 ms
VF Energy 1	25.0 J	▶ 36.0 J
VT-1 Detection Rate/Interval	335 ms	▶ 400 ms

- ▶ Manual-programmed
- ↳ Auto-programmed

Screen Image

Perform QuickOps

High-Voltage Lead Impedance

Lead Impedance	Today	Today
	340 Ω	450 Ω
	M 13, 2011: 360 Ω	M 13, 2011: 410 Ω

VT/VF Episodes: 0

AP: 89 % BP: >99 %
Mode Switch: <1 %

Print

Test Results User: Session: M 5, 2012

Abbrum

Capture	This Session	This Session
	1.5 V	1.0 V
	M 13, 2011: 1.0 V	M 13, 2011: 0.5 V

R. Ventricular

Series	Today	Today
	4.2 mV	11.6 mV (RV BI)
	M 13, 2011: 2.0 mV	M 13, 2011: 11.6 mV (RV BI)

L. Ventricular

Series	Today	Today
	3.00 Ω	300 Ω
	M 13, 2011: 300 Ω	M 13, 2011: 300 Ω

Mode

Base Rate/Max Track: 70/120 bpm
Paced/Sensed AV Delay: 150/100 ms
AR/VV Pule Amp: 3.0/2.0/2.0 V
AR/VV Pule Width: 0.5/0.5/1.0 ms

Tachy: 3 Zone Configuration

VT 1	VT 2	VF
150 bpm	171 bpm	214 bpm
ATP x3, 25.0L, 36.0L, 36.0L	ATP x3, 25.0L, 36.0L, 36.0L	ATP x3, 25.0L, 36.0L, 36.0L

Fast Facts Summary

70 bpm

Fast Facts Summary

70 bpm

Diagnosis

Parameters

Tests

End Session

Wrap-up™ Overview

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Test Results Sep 6, 2012

A Automatic

	Capture	Sense	Lead Impedance
A	1.5V @ 0.5ms (Bi)	4.2mV (Bi) A	340 Ω (Bi) A
RV	1.0V @ 0.5ms (Bi)	11.6mV (RV Bi) A	450 Ω (Bi) A
LV	1.0V @ 1.0ms (Bi)		300 Ω (Bi) A
HV			35 Ω (RV to SVC & Can) A

Parameters

	Mode	DDDR	Zone Configuration	VT-1	VT-2	VF
Base Rate	70 bpm		Detection Criteria	▶ 150 bpm	▶ 171 bpm	▶ 214 bpm
Max Track Rate	120 bpm		Therapy (ENABLED)	▶ ATP x3	▶ ATP x3	▶ 36.0 J
Paced AV Delay	150 ms			▶ Off	↳ 25.0 J	36.0 J
Sensed AV Delay	100 ms				↳ 36.0 J	36.0 J x4
					↳ 36.0 J x2	

Programming Changes

	Initial	Final
A. Pulse Amplitude	2.0 V	▶ 3.0 V
AF/AFL Rate Branch: VT Diagnosis Criteria	If Any	▶ If All
Post VF/VT-2 Detection Rate/Interval	Same as VT	↳ Same as VT-1
Post VT-1 Detection Rate/Interval	Same as VT	↳ Same as VT-1
Sudden Onset Fixed Delta	100 ms	▶ 70 ms
SVT Discrimination in VT-2	n/a	▶ On
SVT Discrimination Timeout	30 sec	▶ Off
Therapy After Timeout	VT Therapy	↳ n/a
Timeout Trigger	VT Therapy	↳ VT-1 & VT-2 Therapy
V = A Rate Branch: VT Diagnosis Criteria	If Any	▶ If All
VF Detection Rate/Interval	300 ms	▶ 280 ms
VF Energy 1	25.0 J	▶ 36.0 J
VT-1 Detection Rate/Interval	335 ms	▶ 400 ms

- ▶ Manual-programmed
- ↳ Auto-programmed

Wrap-up™ Overview

Programming Changes (Continued)

	Initial	Final
VT-1 Energy 2	25.0 J	↳ n/a
VT-1 Energy 3	36.0 J	↳ n/a
VT-1 Energy 4	36.0 J	↳ n/a
VT-1 Therapy 1 Add Stimuli per Burst	Off	↳ On
VT-1 Therapy 1 Max. Step	n/a	↳ 50 ms
VT-1 Therapy 1 Ramp	Off	↳ On
VT-1 Therapy 1 Ramp Step	n/a	↳ 10 ms
VT-1 Therapy 1 Readaptive	Off	↳ On
VT-1 Therapy 2 Type	CVRT	↳ Off
VT-1 Therapy 3 Type	CVRT	↳ n/a
VT-1 Therapy 4 Type	CVRT x 2	↳ n/a
VT-2 Detection Rate/Interval	n/a	↳ 350 ms
VT-2 Energy 2	n/a	↳ 25.0 J
VT-2 Energy 3	n/a	↳ 36.0 J
VT-2 Energy 4	n/a	↳ 36.0 J
VT-2 No. of Intervals	n/a	↳ 12 intervals
VT-2 Therapy 1 Add Stimuli per Burst	n/a	↳ Off
VT-2 Therapy 1 BCL Mode	n/a	↳ Adaptive
VT-2 Therapy 1 Burst Cycle Length	n/a	↳ 85 %
VT-2 Therapy 1 Minimum Burst Cycle Length	n/a	↳ 200 ms
VT-2 Therapy 1 Number of Bursts	n/a	↳ 3
VT-2 Therapy 1 Number of Stimuli	n/a	↳ 8
VT-2 Therapy 1 Ramp	n/a	↳ Off
VT-2 Therapy 1 Readaptive	n/a	↳ Off
VT-2 Therapy 1 Scan Step	n/a	↳ 10 ms
VT-2 Therapy 1 Scanning	n/a	↳ On (Dec)
VT-2 Therapy 1 Type	n/a	↳ ATP
VT-2 Therapy 2 Type	n/a	↳ CVRT
VT-2 Therapy 3 Type	n/a	↳ CVRT
VT-2 Therapy 4 Type	n/a	↳ CVRT x 2
Zone Configuration	2 Zones	↳ 3 Zones

No Alerts

- ↳ Manual-programmed
- ↳ Auto-programmed

Screen Image

Test Results (0 of 1 Session: 14:5, 2012)

Modality	Value	Unit
AP	1.5	V
R. Ventricle	1.0	V
L. Ventricle	1.0	V

Lead Impedance

Lead	Today	History
AP	340 Ω	340 Ω
R. Ventricle	450 Ω	410 Ω
L. Ventricle	300 Ω	300 Ω

High-Voltage Lead Impedance

Today: 35 Ω
M13, 2011: 40 Ω

No Alerts

Longevity: 2.4 yrs
Last Max Charge: 13.6 sec (Aug 14, 2012)
Voltage: 2.59 V

Mode DDDR
Base Rate/Max Track: 70/120 bpm
Paced/Sensed AV Delay: 150/100 ms
ARRV/V Pulse Amp: 3.0/2.0 V
ARRV/V Pulse Width: 0.5/0.5/1.0 ms

Tachy: 3 Zone Configuration

Zone	Rate	Width
VT-1	150 bpm	171 bpm
VT-2	171 bpm	214 bpm
VT-3	214 bpm	260 bpm

VT/VF Episodes: 0

VT-1	VT-2	VT-3	VF
0	0	0	0

SVT Episodes: 0
AP: 89% BP: >99%
Mode Switch: <1%

70 bpm

Print Summary

Print Parameters

Print Tests

Print Diagnostics

Print Episodes

Print Fast-Info Summary

Print End Session