

Lodi Memorial Hospital

Progress Note

Date 09/07/12

Qureshi, Muhammad R MD - HOSP

Subjective

Subjective

Subjective HPI

Patient feels better, denies any complaints.

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 2

Estimated length of stay 2-3 days

History and Physical reviewed? Yes

Objective

Vitals & I&O

Vitals & I&O

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
09/06-09/07	35.7-36.4	60-70	16-22	133-151/54-68	94-98	

Intake and Output

	09/07 0600
Intake Total	1760
Output Total	3390
Balance	-1630
Intake, IV	110
Intake, Oral	1650
Number Unmeasured Stools	1

M053082 V023912512

PARVIN, MARY JEAN

03/16/43 69 F 4S

Electronically signed by: Qureshi, Muhammad R MD - HOSP 09/07/12 1459

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

PN-Hospitalist - Additional copy

Lodi Memorial Hospital

Progress Note

Date 09/07/12
 Qureshi, Muhammad R MD - HOSP

Number Voids	0
Output, Urine	3390
Patient Weight	100.83 kg
Voiding Method	Foley
Weight Measurement Method	Bed

Results
 Results

Laboratory Tests

	09/07 1248	09/07 0645	09/07 0512	09/07 0512	09/06 2146
Chemistry					
POC Glucose (70 - 110 mg/dL)	214 H	203 H			254 H
B-Natriuretic Peptide (< 176 pg/mL)				527 H	
Procalcitonin (<= 0.5 ng/mL)			1.61 H		
Hematology					
WBC (5.0 - 9.5 K/mm3)				7.6	
RBC (3.70 - 5.50 M/uL)				3.60 L	
Hgb (12.0 - 16.0 g/dL)				11.2 L	
Hct (37.0 - 47.0 %)				32.3 L	
MCV (80.0 - 99.0 fl)				89.7	
MCH (27.0 - 33.0 pg)				31.1	
MCHC (31.8 - 36.2 g/dL)				34.7	
RDW (10.0 - 16.4 %)				17.5 H	
Plt Count (140 - 450 K/mm3)				200	
MPV (7.5 - 10.5 fl)				9.6	
Neut % (37 - 80 %)				60.3	
Lymph % (10.0 - 50.0 %)				24.3	
Mono % (<12.0 %)				7.8	
Eos % (<7.0 %)				6.5	

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Baso % (<2.5 %)				1.0	
Absolute Neutrophils (2.40 - 7.56 K/uL)				4.60	
Absolute Lymphocytes (0.96 - 4.75 K/uL)				1.86	
Absolute Monocytes (0.10 - 1.00 K/uL)				0.60	
Absolute Eosinophils (0.00 - 0.45 K/uL)				0.50 H	
Absolute Basophils (0.00 - 0.20 K/uL)				0.08	

	09/06 1743	09/06 1139	09/06 0809	09/06 0404	09/06 0404
Chemistry					
POC Glucose (70 - 110 mg/dL)	135 H	266 H	197 H		
Ionized Calcium Meas (4.5 - 5.3 mg/dL)					5.08
Procalcitonin (<= 0.5 ng/mL)				2.22 H	

	09/06 0404	09/06 0404	09/06 0404	09/06 0157	09/05 2124
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
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		
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	
Troponin I (0.01 - 0.06 ng/mL)				0.06	

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Date 09/07/12
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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
Globulin (2.0 - 3.8 gm/dL)		2.8
Albumin/Globulin Ratio (1.2 - 2.5)		1.0 L
Free T4 (0.58 - 1.64 ng/dL)	1.26	
TSH 3rd Generation (0.34 - 5.60 uIU/mL)	1.18	
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 1829	09/05 1628
Chemistry		
POC Glucose (70 - 110 mg/dL)		102
Creatine Kinase (38 - 234 IU/L)	194	
Troponin I (0.01 - 0.06 ng/mL)	0.08 H	

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Lodi Memorial Hospital

Progress Note

Date 09/07/12
Qureshi, Muhammad R MD - HOSP

Name: PARVIN, MARY JEAN DOB: 03/16/43 Location: 4S
488-A
Acct#: V023912512 Unit#: M053082 Age/Sex: 69/F
Reg: 09/05/12 Disch: Status: ADM IN Ptn Phone:
(209)333-8121

Specimen: 12:BC0006901U Collected: 09/05/12-0533 Status: RES
Req#: 01989207 Received: 09/05/12-0537 Source: Blood
Sp Desc: Subm Dr: Donaghy, Kevin
MD - ER

Ordered: BLOOD CULTURE

Comments: Sepsis suspected? N

Procedure
Verified

Result

*** MICROBIOLOGY ***

BLOOD CULTURE Preliminary

09/07/12-0824

Direct Smear Results:

Gram negative rods in one bottle
Report printed to care area.

Notified: SHELLEY, RN-ICU

AT 2056

Organism 1

Pasteurella multocida

Drug of choice for Pasteurella is penicillin. Alternative
drugs are tetracycline, chloramphenicol, piperacillin,

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Lodi Memorial Hospital

Progress Note

Date 09/07/12
Qureshi, Muhammad R MD - HOSP

BLOOD CULTURE Preliminary
09/07/12-0823

Direct Smear Results: Gram negative rods in one bottle

Organism 1 Pasteurella multocida

Drug of choice for Pasteurella is penicillin. Alternative drugs are tetracycline, chloramphenicol, piperacillin, cefotaxime, ciprofloxacin, & trimethoprim/sulfamethoxazole. in one bottle

PAS MULTOC

	MIC	RX	COST	ROUTE	DOSE
-----	-----	-----	-----	-----	
Trimethoprim/Sulfamethoxazole TABLETS Q12H	<=20	S	\$	PO	1-2
3.3-6.6 MG/KG TMP Q8H		S	\$	IV	
Ampicillin 250-500 MG Q6H	<=2	S	\$	PO	
1.0-2.0 GM Q4H		S	\$	IV	
Cefazolin 0.5-1.0 GM Q8H	<=4	S	\$	IM	
1.0-2.0 GM Q8H		S	\$	IV	
Cefoxitin 0.5-1.0 GM Q6H	<=4	S	\$	IM	

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Progress Note

Date 09/07/12

Qureshi, Muhammad R MD - HOSP

			S	\$	IV	
1.0-2.0 GM Q4-6H						
*Ceftazidime	<=1		S	\$	IM/IV	
1.0-2.0 GM Q8-12H						
Ceftriaxone	<=1		S	\$	IM/IV	
1.0-2.0 GM Q24H						
Ciprofloxacin	<=0.25		S	\$	PO	
250-750 MG Q12H						
			S	\$	IV	
200-400 MG Q12H						
Levofloxacin	<=0.12		S	\$	PO	
250-500 MG Q24H						
			S	\$\$	IV	
250-500 MG Q24H						
			S		PO/IV	
3.6-7.1 MG/KG						
Gentamicin	4		S	\$	IM/IV	
1.0-1.7 MG/KG Q8H						
*Imipenem	<=1		S	\$\$	IV	
0.5-1.0 GM Q6-8H						
Piperacillin	<=4		S	\$\$\$	IV	
2.0-3.0 GM Q4-6H						
Tigecycline	<=0.5		S	\$\$\$\$	IV	100
MG, THEN 50 MG Q12H						

Test results personally reviewed & interpreted? Yes

Medical records reviewed Yes

Medications

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)

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Lodi Memorial Hospital

Progress Note

Date 09/07/12
Qureshi, Muhammad R MD - HOSP

Current Medications

Current Medications

Omeprazole 40 mg 06-DAILY PO
Acetaminophen 650 mg Q6PRN PRN PO
Magnesium Hydroxide 30 ml DAILY PRN PRN PO
Ondansetron HCl 4 mg Q6PRN PRN IV
Insulin Aspart Enter units administered
PRN PRN SUB-Q
Aspirin 81 mg DAILY 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)
Levothyroxine Sodium 100 mcg DAILY PO (DC)
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
Carvedilol 25 mg BID PO
Furosemide 40 mg BID PO
Insulin Glargine 25 unit DAILY SUB-Q
Insulin Glargine 20 unit HS SUB-Q
Levothyroxine Sodium 100 mcg DAILY AC PO

Exam

Date 09/07/12

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 (Obese), No Tenderness

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Lodi Memorial Hospital

Progress Note

Date 09/07/12

Qureshi, Muhammad R MD - HOSP

Extremities No Clubbing, No Cyanosis, Normal Pulses, RLE erythema, markedly improved though still has some erythema.

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 % 90

Foley? Yes

Date foley placed 09/05/12

Last BM 09/05/12

Pressure ulcer? No

Isolation? Yes

Reason- MRSA

Assessment/Plan

Problems & Plan

Problems

Pasturella Bacteremia:

Secondary to cat bite. Cont. IV unasyn for now. Will consult ID and case d/w Dr. Oreallana.

#Right lower extremity cellulitis:

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 pasturella multocida, cont. IV unasyn for now. Will consult Dr. Oreallana.

Hypertensive emergency:

Resolved. Cont. current management.

#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. Improving, cont. current management.

#Troponinemia:

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Progress Note

Date 09/07/12
Qureshi, Muhammad R MD - HOSP

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

#History of coronary artery disease/CVA:
Cont. home meds for now.

#Diabetes Mellitus:
Cont. accuchecks with sliding scale coverage for now. Will restart patient on lantus today.

#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

Daily plan discussed with- Patient/family, Nurse

Core Measure

Core Measure

DVT Prophylaxis Heparin

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Lodi Memorial Hospital

Progress Note

Date 09/07/12
Randhawa, Tejpal MD

Subjective

**Subjective
Subjective HPI**

Without new complaints. Denies any chest pain or SOB.

Tele: paced rhythm, no recurrent VT.

PPM interrogated, normal function.

Objective

Vitals & I&O

Vitals & I&O

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
09/06-09/07	35.7-36.4	60-68	16-20	133-159/54-72	94-98	

Intake and Output

	09/07 0600
Intake Total	1760
Output Total	3390
Balance	-1630
Intake, IV	110
Intake, Oral	1650
Number Unmeasured Stools	1
Number Voids	0
Output, Urine	3390
Patient Weight	100.83 kg
Voiding Method	Foley

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PARVIN, MARY JEAN

03/16/43 69 F 4S

Electronically signed by: Randhawa, Tejpal MD 09/07/12 1909

Run: 09/10/12-00:20 by RANDHAWA, TEJPAL MD

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Lodi Memorial Hospital

Progress Note

Date 09/07/12
Randhawa, Tejpal MD

Weight Measurement Method	Bed
---------------------------------	-----

Results
Results
Laboratory Tests

	09/07 1807	09/07 1248	09/07 0645	09/07 0512	09/07 0512
Chemistry					
POC Glucose (70 - 110 mg/dL)	211 H	214 H	203 H		
B-Natriuretic Peptide (< 176 pg/mL)					527 H
Procalcitonin (<= 0.5 ng/mL)				1.61 H	
Hematology					
RBC (3.70 - 5.50 M/uL)					3.60 L
Hgb (12.0 - 16.0 g/dL)					11.2 L
Hct (37.0 - 47.0 %)					32.3 L
RDW (10.0 - 16.4 %)					17.5 H
Absolute Eosinophils (0.00 - 0.45 K/uL)					0.50 H

	09/06 2146
Chemistry POC Glucose (70 - 110 mg/dL)	254 H

General Appearance Alert & Oriented X3, Cooperative, No Acute Distress
HEENT PERRLA, Mucous Membrane Moist
Respiratory Clear to auscultation, Normal air movement
Neck Supple
Cardiovascular Exam Regular, No gallop, No rub, No JVD
Abdomen Normal Bowel Sounds, Soft, No Tenderness, No Hepatosplenomegaly
Extremities 1+ edema
Skin Rash

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 PARVIN, MARY JEAN
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Run: 09/10/12-00:20 by RANDHAWA, TEJPAL MD

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Lodi Memorial Hospital

Progress Note

Date 09/07/12
Randhawa,Tejpal MD

Neurological No focal deficits, Normal speech

Psych/Mental Status Mood 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

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Acetaminophen 650 mg Q6PRN PRN PO

Magnesium Hydroxide 30 ml DAILY PRN PRN PO

Ondansetron HCl 4 mg Q6PRN PRN IV

Insulin Aspart Enter units administered

PRN PRN SUB-Q

Aspirin 81 mg DAILY 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)

Levothyroxine Sodium 100 mcg DAILY PO (DC)

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

Carvedilol 25 mg BID PO

Furosemide 40 mg BID PO

Insulin Glargine 25 unit DAILY SUB-Q

Insulin Glargine 20 unit HS SUB-Q

Levothyroxine Sodium 100 mcg DAILY AC PO

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PARVIN,MARY JEAN

03/16/43 69 F 4S

Electronically signed by: Randhawa,Tejpal MD 09/07/12 1909

Run: 09/10/12-00:20 by RANDHAWA,TEJPAL MD

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Lodi Memorial Hospital

Progress Note

Date 09/07/12
Randhawa,Tejpal MD

Assessment/Plan

Problems & Plan

1. CHF: compensated. Continue current rx.
2. VT: slow. Secondary to CHF. Correct lytes prn, PPM/AICD interrogated and readjusted for appropriate function.
3. Cellulitis: improving, on abx.
4. CAD: stable.

Okay to d/c per cards, f/u with primary cards next week with chem 7. Kindly call if any questions.

M053082 V023912512

PARVIN,MARY JEAN

03/16/43 69 F 4S

Electronically signed by: Randhawa,Tejpal MD 09/07/12 1909

Lodi Memorial Hospital

Brief Note

Date 09/07/12
Orellana,Manuel A MD

Brief Note

Brief Note

ID
thanks

Impression

Sepsis, uncomplicated. with Pasteurella multocida
cellulitis RLE/resolving
s/p cat bite/scratch

DM
Renal insufficiency
H/o pacer/dfibrillator

Discussion:
Pt improving cellulitis

Plan:

continue present tx 1-2 more days then home on po Amoxicillin 500 TID or BID for 14 days
depending of renal fn.

f/u with PCP as outpt. Available to assist if needed.

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PARVIN,MARY JEAN
03/16/43 69 F 4S

Electronically signed by: Orellana,Manuel A MD 09/07/12 2151