

Lodi Memorial Hospital

Progress Note

Date 09/08/12  
Shi,Beien MD - HOSP

Subjective

**Subjective**

**Subjective HPI**

feel better, not much pain in r leg, no SOB

**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 3

**Estimated length of stay** 1-2

**History and Physical reviewed?** Yes

Objective

**Vitals & I&O**

**Vitals & I&O**

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
09/07-09/08	35.4-36.2	58-72	16-18	125-166/70-80	93-99	

Intake and Output

	09/08 0600
Intake Total	700
Output Total	2350
Balance	-1650
Intake, Oral	700
Number Voids	3
Output, Urine	2350
Voiding Method	Bathroom

M053082 V023912512

PARVIN, MARY JEAN

03/16/43 69 F 4S

Electronically signed by: Shi, Beien MD - HOSP 09/08/12 1605

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**Results  
Results**

**Laboratory Tests**

	09/08 0709	09/08 0519	09/08 0519	09/07 2155	09/07 1807
Chemistry					
Sodium (134 - 143 mmol/L)		139			
Potassium (3.6 - 5.1 mmol/L)		3.5 L			
Chloride (98 - 107 mmol/L)		103			
Carbon Dioxide (22 - 32 mmol/L)		28			
BUN (8 - 21 mg/dL)		48 H			
Creatinine (0.44 - 1.03 mg/dL)		1.98 H			
Estimated GFR		25.0			
BUN/Creatinine Ratio (6.0 - 20.0)		24.2 H			
Glucose (70 - 110 mg/dL)		116 H			
POC Glucose (70 - 110 mg/dL)	126 H			179 H	211 H
Calcium (8.9 - 10.3 mg/dL)		8.9			
B-Natriuretic Peptide (< 176 pg/mL)			602 H		

	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	

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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
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
Chemistry	
POC Glucose (70 - 110 mg/dL)	135 H

**Test results personally reviewed & interpreted?** Yes  
**Consults reviewed and discussed** Cardiologist, Infectious Disease  
**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)

**Current Medications**

Current Medications

Omeprazole 40 mg 06-DAILY PO

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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)  
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  
Bisacodyl 10 mg NOW ONE PO (DC)  
Bisacodyl 10 mg DAILY PRN PRN PR

**Exam**

**Date** 09/08/12

**General Appearance** Alert, Oriented X3, Cooperative

**HEENT** Atraumatic

**Respiratory** Clear to auscultation

**Neck** Supple

**Cardiovascular** Regular

**Abdomen** Normal Bowel Sounds

**Extremities** r leg edema in posterior area

**Skin** Intact

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Progress Note

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**Neurological** No Focal Deficits  
**Psych/Mental Status** Mental Status Normal

**Nursing Clinical Data**

**Pain (1-10):** 0 No Pain  
**Oral Intake %** 90  
**Foley?** No  
**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.will switch to po soon, appreciate ID input

#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 on unasyn to cover for pasturella multocida. Blood cultures are growing pasturella multocida,

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

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

#Diabetes Mellitus:  
on lantus, overall better control

#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.

**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

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Lodi Memorial Hospital

Progress Note

Date 09/08/12  
Orellana,Manuel A MD

**Subjective**

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**Subjective HPI**  
no complaints

**Objective**

**Vitals & I&O**  
**Vitals & I&O**  
Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
09/07-09/08	35.4-36.2	58-72	16-20	125-166/70-80	93-99	

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**Results**

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Potassium (3.6 - 5.1 mmol/L)		3.5 L			

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# Lodi Memorial Hospital

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Orellana, Manuel A MD

BUN (8 - 21 mg/dL)		48 H		
Creatinine (0.44 - 1.03 mg/dL)		1.98 H		
BUN/Creatinine Ratio (6.0 - 20.0)		24.2 H		
Glucose (70 - 110 mg/dL)		116 H		
POC Glucose (70 - 110 mg/dL)	126 H		179 H	211 H
B-Natriuretic Peptide (< 176 pg/mL)			602 H	

**General Appearance** Cooperative

**HEENT** Atraumatic

**Respiratory** Clear to auscultation

**Cardiovascular Exam** Regular, No gallop

**Abdomen** Normal Bowel Sounds, Soft

**Extremities** 1+ edema, no redness in RLE

**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)

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

**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)

Lisinopril 20 mg DAILY PO

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Progress Note

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Orellana,Manuel A MD

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  
Bisacodyl 10 mg NOW ONE PO (DC)  
Bisacodyl 10 mg DAILY PRN PRN PR

**Assessment/Plan**

**Problems & Plan**

Impression

Sepsis/Pasteurella multocida  
RLE cellulitis: s/p cat bite/scratch

Much improved RLE. No evidence of sepsis at this point

Plan

May switch to po Amoxicillin as mentioned yesterday

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