

LODI MEMORIAL HOSPITAL  
DISMISSAL SUMMARY

DATE  
09/09/2012

DATE OF ADMISSION  
09/05/2012

DATE OF DISCHARGE  
09/09/2012

PRIMARY CARE DOCTOR  
Edmund A. Freund, MD

CONSULTANTS

1. Sujeeth Punnam, MD (cardiologist)
2. Suchdeep R. Bains, MD (cardiologist)
3. Manuel A. Orellana, MD (ID)

ADMITTING DIAGNOSES

1. Acute exacerbation of congestive heart failure.
2. Hypertension emergency.
3. Positive troponin.
4. Right lower extremity cellulitis status post cat bite.
5. pneumonia versus congestive heart failure.
6. History of coronary artery disease.
7. Diabetes.
8. Chronic kidney disease.
9. Hypothyroidism.

DISCHARGE DIAGNOSES

1. Congestive heart failure exacerbation, which is resolved, with underlying cardiomyopathy.
2. Hypertension emergency, which is resolved.
3. Positive troponin, not likely acute coronary syndrome, likely from congestive heart failure.
4. Sepsis with bacteremia.
5. Right lower extremity cellulitis secondary to the cat bite.
6. Diabetes.
7. Chronic kidney disease.

M053082	V023912512
PARVIN, MARY JEAN	
03/16/43 69	F
Att. Dr. Shi, Beien MD - HOSP	
09/05/12 4S	1
Dict. Dr. Beien - HOSP Shi, MD	

E-Signed By:  
Beien - HOSP Shi, MD  
E-sign Date: 09/13/12E-Sign Time: 0747

Co-sign Date: Time:

in  
9/5/12  
out  
9/9/12

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8. Hypothyroidism.

BRIEF HISTORY OF PRESENT ILLNESS

The patient is a 69-year-old female with a history of congestive heart failure and cardiomyopathy, hypertension, diabetes with chronic kidney disease, who apparently had a cat bite a couple days prior to this admission, and, subsequently, she noticed redness in her right leg. Meanwhile, she also started to develop a cough with phlegm production and weakness 1 day prior to this admission. In the ER, she was found to have multiple issues including significant elevation of blood pressure with systolic over 200, diastolic over 100, chest x-ray which showed congestive heart failure, a positive troponin, as well as significant elevation of white count and right leg cellulitis, so the patient was treated emergently in the ER, and then the patient was admitted to the ICU because of multiple critical issues including congestive heart failure, hypertension emergency.

HOSPITAL COURSE

The patient was initially admitted to the ICU because of the hypertension emergency, congestive heart failure, and possible sepsis. Regarding the congestive heart failure and hypertension emergency, the patient was started on nitroglycerin drip along with home medications including Coreg and clonidine for blood pressure control. A cardiology consult with Dr. Stenzler's group was called, and Dr. Punnam and Dr. Bains saw the patient during hospitalization. The patient also was started on diuresis with precaution for congestive heart failure, and with those approaches, the patient has had good diuresis, and the CHF for was quickly resolved, and the blood pressure was under better control quickly. Eventually, the nitroglycerin drip was discontinued, and the patient was downgraded to the floor for continued management of the hypertension and CHF. Her mild elevation of troponin was believed to be secondary to the congestive heart failure rather than acute coronary syndrome since the patient did not have chest pain. Lasix was later changed to p.o., and Coreg was increased to 25 mg twice a day along with other medication. During hospitalization, the patient had an episode of nonsustained V-tach, 35 beats, without symptoms, so the patient had ICD \_\_company technician evaluation\_\_\_\_\_, and after that, the patient has had no more episodes of the arrhythmia.

Regarding the right leg cellulitis infection, the patient was started on

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antibiotics; initially azithromycin was given, and later azithromycin was switched to the Unasyn to cover for possible pasteurella, which was indeed in her blood culture since later blood culture became positive of the Pasteurella bacteremia. An ID consult with Dr. Orellana was requested, and the patient continued Unasyn during the hospitalization, and the patient's cellulitis gradually responded to the antibiotics, and today the cellulitis is almost completely resolved and no open wound. Per Dr. Orellana's plan, we can switch to amoxicillin for 14 more days as an outpatient.

Regarding her diabetes, the patient is on Lantus medication. Dose has been adjusted, overall getting better controlled, and so is her chronic kidney disease, which overall is stable.

The patient also is taking Synthroid for underlying hypothyroidism.

Clinically, the patient is doing very well in terms of the cardiac issue, infection issue, diabetes, as well as renal issue, so the patient is going to be discharged home today in stable condition.

DISCHARGE INSTRUCTIONS

1. Disposition to the home.
2. Activity as tolerated.
3. Diet should be on a cardiac diet as well as carbohydrate-controlled diet.
4. The patient should stop the naproxen.

DISCHARGE MEDICATIONS

Continue:

1. Januvia 100 mg once a day.
2. Potassium 10 mEq 2 tablet once a day.
3. Insulin sliding scale.
4. Pepcid 20 mg twice a day.
5. Lovastatin 40 mg once a day.
6. Prilosec 20 mg once a day.
7. Levoxyl 100 mcg once a day.
8. Clonidine 0.2 mg twice a day.
9. Zetia 10 mg once a day.
10. Nitroglycerin as needed.
11. Aspirin 81 mg once a day.

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12. Vitamin D3 400 units daily.
13. Lortab 10 mg every 8 hours for pain.
14. Lisinopril 20 mg once a day.
15. Onglyza 5 mg once a day.
16. Coreg 12.5 mg twice a day.
17. Lasix 80 mg once a day.
18. Lexapro 20 mg once a day.
19. Micardis 80 mg once a day.
20. Ambien 5 mg at night for sleep.
21. Meanwhile, new medications including amoxicillin 500 mg 3 times a day for a total of 14 days.

The patient should follow up with Dr. Freund in 1 week, follow up with Dr. Orellana in 2 weeks, follow up with Dr. Stenzler in 2 weeks.

Total discharge time over 30 minutes.

cc: Edmund A. Freund, MD MD  
Manuel A. Orellana, M.D. MD  
Lee M. Stenzler, MD MD  
Kevin Donaghy, MD MD  
Suchdeep R. Bains, M.D. MD  
PUNNAN, SUJEETH, MD

JOB # 367648  
DD: 09/09/12 1755  
DT: 09/09/12 1930  
Report#: 0909-0187  
SHIBE/WM

cc: Edmund A Freund, MD - ER  
Kevin Donaghy, MD - ER  
Lee M Stenzler, MD  
Manuel A Orellana, MD  
Suchdeep Bains, MD

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Lodi Memorial Hospital

Brief Note

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

**Brief Note**

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patient is seen and examined, feel better, r leg erythema and edema are resolved  
d/c home today

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Electronically signed by: Shi,Beien MD - HOSP 09/09/12 1204