

270

Progress Record

Subjective HPI: Patient States Pain was worse
Pain she ever experienced. Wished she
could have died. Recent CVA in

History obtained from: Patient Rehab. Secondary
 Consider PE

Pertinent Meds
Clonidine
KCC
Furosemide
Levothyroxine
Lisinopril 20
Simvastatin 20
Formidone
Coverdale 1250
ASA / Dipyridamol
Fenofibrate

Nutrition Eating: <input checked="" type="checkbox"/> Well <input type="checkbox"/> Poorly <input type="checkbox"/> NPO <input type="checkbox"/> Tube Feedings <input type="checkbox"/> Flatus <input type="checkbox"/> BM	Ambulation <input type="checkbox"/> Bed rest <input type="checkbox"/> Ambulation with assistance <input type="checkbox"/> Ambulation w/out assistance
--	---

Objective Admission wt: I/O: 2490 / 2650	Today's wt: 240 T: 36.3 HR: 63 RR: 18 BP: 141/65 SaO ₂ : 93/24
Respiratory <input checked="" type="checkbox"/> Clear bilaterally <input type="checkbox"/> Wheezing <input type="checkbox"/> Rhonchi	Cardiac <input checked="" type="checkbox"/> Regular/Irregular <input type="checkbox"/> No murmur/rub/gallop <input type="checkbox"/> No JVD
Abdomen / Gastrointestinal <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Active BS <input checked="" type="checkbox"/> Non-tender	Neurologic <input checked="" type="checkbox"/> Motor normal <input type="checkbox"/> Sensory normal <input type="checkbox"/> CNII-XII norm
Psychiatric <input checked="" type="checkbox"/> Alert/oriented <input checked="" type="checkbox"/> Memory intact <input type="checkbox"/> No depression	Extremities / Joints <input checked="" type="checkbox"/> No C/C/E <input type="checkbox"/> No joint deformity <input type="checkbox"/> Other
HEENT <input type="checkbox"/> Pupils Reactive <input type="checkbox"/> Moist Oral Pharynx <input type="checkbox"/> Moist Nasopharynx	Hematologic / Lymphatic / Nodes: <input type="checkbox"/> Normal <input type="checkbox"/> Swollen <input type="checkbox"/> Neck Supple <input type="checkbox"/> Bruising
Skin <input type="checkbox"/> Intact <input type="checkbox"/> Pressure Ulcer- Stage _____ Size _____ Location _____	Other Pertinent Labs / Imaging Studies:

Other:
☐ Other
☐ Other
☐ No Hepatomegaly ☐ Other
☐ No splenomegaly
☐ Other
☒ Other forgetful

Notes: Unbroken Maculone: No Resorbable
Ischemia, Large fixed Anterior
NAAC: 11.45 EF = 17-19%

Other labs:

CXR ☐ Personally interpreted _____
 EKG ☐ Personally interpreted _____
 Other Studies:

Accred: 130-191-276-298
 270

Physician Signature: Paul J. Jellison



PROGRESS RECORD



3/31/2010
 PARV... 03/29/10 NCAB
 MAHAL JASHIRAT SINGH DO
 IN

DX 1 Atypical Chest Pain ☐ POA ☐ New DX ☐ Est DX
 Status: ☐ Improved ☐ Controlled ☐ Resolved ☐ Not improved ☐ Not controlled ☐ Worse
 Notes: Nuclear Med Study Negative for Reversible Ischemia

DX 2 140 HE as Cause of Atypical Chest Pain ☐ POA ☐ New DX ☐ Est DX
 Status: ☐ Improved ☐ Controlled ☐ Resolved ☐ Not improved ☐ Not controlled ☐ Worse
 Notes: Large Sedentary SOB, Wished She Would die - Start Doxycycline 100mg (100mg Q12) & Get CT Angio

DX 3 Recent CVA ☐ POA ☐ New DX ☒ Est DX
 Status: ☐ Improved ☒ Controlled ☐ Resolved ☐ Not improved ☐ Not controlled ☐ Worse
 Notes: fenofibrate ASA / dipyridomole

DX 4 Type 2 DM ☐ POA ☐ New DX ☐ Est DX
 Status: ☐ Improved ☐ Controlled ☐ Resolved ☐ Not improved ☐ Not controlled ☐ Worse
 Notes: Insulin Sliding Scale

DX 5 Hypothyroidism ☐ POA ☐ New DX ☒ Est DX
 Status: ☐ Improved ☒ Controlled ☐ Resolved ☐ Not improved ☐ Not controlled ☐ Worse
 Notes: Levothyroxine

DX 6 HTN ☐ POA ☐ New DX ☒ Est DX
 Status: ☐ Improved ☒ Controlled ☐ Resolved ☐ Not improved ☐ Not controlled ☐ Worse
 Notes: Lisinopril

Time spent on patient care _____ minutes Total Critical Care Time: _____ minutes

Time spent performing billable procedure separate from critical care time? ☐ Yes ☐ No

☐ Prolonged Services

DVT Prophylaxis: ☐ Compression Boots ☐ Warfarin ☒ LMWH ☐ Heparin ☐ ASA BID

Other: _____

☐ Consultants Notes Reviewed
☐ Old Medical Records Ordered
☐ Old Medical Records Reviewed

Daily Plan Discussed with:

☒ Patient/family ☐ Nurse ☐ Respiratory Therapy ☐ Discharge Planner/Social Services ☐ Speech Therapy ☐ PT/OT

Discharge to: Home / SNF / Rehab / Hospice / Other Discharge Time: ☐ greater than 30 minutes ☐ less than 30 minutes

☐ Follow-up plan discussed with patient ☐ Influenza vaccine ordered/previous ☐ ACE-1 / ARB for CHF or AMI if EF less than 40%
☐ Discharge plan discussed with nurse ☐ Pneumovax ordered/previous ☐ ASA for MI
☐ Smoking Cessation Counseling ☐ Medication Counseling ☐ Beta Blocker for MI
☐ LVF Assessment for CHF

<input type="checkbox"/> Chang, Edward T. MD	19643	<input type="checkbox"/> Multani, Kuljeet K. MD	13931	<input type="checkbox"/> Quach, Truong MD	17813
<input type="checkbox"/> Duong, Man MD	19643	<input type="checkbox"/> Guzman, Katarina MD	96171	<input type="checkbox"/> Qureshi, Rewan MD	76278
<input checked="" type="checkbox"/> Felber, Rod DO	19644	<input type="checkbox"/> Horodyski, James MD	17507	<input type="checkbox"/> Shi, B. MD	19647
<input type="checkbox"/> Hlaing, Min MD	96770	<input type="checkbox"/> Li, Nanying MD	19646	<input type="checkbox"/> Vatanparast, Roham MD	5443
<input type="checkbox"/> Mahal, Jaskirat MD	96240	<input type="checkbox"/> Nguyen, Bao Quy MD	5671		

Physician Signature: Rod Felber

Date: 3/31/2010 Time: 1620



PROGRESS RECORD

7010-10 (10/30/09) 53082 V021242789
 PARVIN, MARY JEAN
 03/16/43 67 F
 MAHAL, JASKIRAT SINGH DO
 03/29/10 MCAB IN



Patient Name: PARVIN, MARY JEAN
Unit No: M053082

EXAM#	TYPE/EXAM	RESULT
000969798	US/CAROTID BILATERAL	
<Continued>		

This document was electronically signed by Frank Hartwick, M.D. on
01/26/2010 16:11:15.

** REPORT SIGNED IN OTHER VENDOR SYSTEM 01/26/2010 **
Reported By: HARTWICK, FRANK MD

CC: Freund, Edmund MD-Mills

Technologist: MAMOULELIS, NIKI
Transcribed Date/Time: 01/26/2010 (1612)
Transcriptionist: EWS
Printed Date/Time: 07/18/2013 (0906)

PAGE 2

Signed Report Printed From PCI

Lodi Memorial Hospital
975 South Fairmont Ave.
Lodi, CA 95240

Name: PARVIN, MARY JEAN
Phys: Freund, Edmund MD-Mills
DOB: 03/16/1943 Age: 70 Sex: F
Acct No: V020982914 Loc: UNK
Exam Date: 01/26/2010 Status: UNK
Radiology No: 00003311

Patient Name: PARVIN, MARY JEAN
Unit No: M053082

EXAM#	TYPE/EXAM	RESULT
000981971	NM/HEART MP SPECT MULTIPLE	

History: Chest pain.

This examination was performed using a 2 day protocol. Rest images were obtained using 29 mCi of technetium labeled Cardiolite. Stress images were obtained using 20 mCi of technetium labeled Cardiolite and 60 mg of Persantine. Large fixed anteroapical defect is consistent with previous infarction. No reversible defects are noted. The left ventricle does not dilate abnormally with stress. No focal wall motion abnormalities are seen but there is global hypokinesis. The ejection fraction is calculated at between 17 and 19 %.

Impression: No evidence of reversible ischemia..

D/T: RBR/
Date Dictated: 03/31/2010 14:17:58
Date Transcribed: 03/31/2010 15:16:11
Doc ID: 117199
Job ID: 150627

This document was electronically signed by Richard B. Rankin, M.D. on 03/31/2010 15:17:58.

** REPORT SIGNED IN OTHER VENDOR SYSTEM 03/31/2010 **
Reported By: RANKIN, RICHARD B MD

CC: Mahal, Jaskirat Singh DO - HOSP; Nguyen, Duc T DO

Technologist: WHEELER, DEAN L
Transcribed Date/Time: 03/31/2010 (1518)
Transcriptionist: EWS
Printed Date/Time: 07/07/2010 (1346)

PAGE 1 Signed Report

Name: PARVIN, MARY JEAN
Phys: Nguyen, Duc T DO
DOB: 03/16/1943 Age: 67 Sex: F
Acct No: V021242789 Loc: 270 A
Exam Date: 03/30/2010 Status: DIS IN
Radiology No: 00003311

LODI MEMORIAL HOSPITAL
EXERCISE STRESS TEST REPORT

PATIENT: PARVIN, MARY JEAN
PHYSICIAN: Duc T DO Nguyen
REFERRED BY:
DATE: 03/30/10
BIRTHDATE: 03/16/43
PATIENT #: M053082

INDICATIONS FOR PROCEDURE

1. Chest pain consistent with prior atypical angina.
2. Ischemic cardiomyopathy.
3. Coronary artery disease status post PCI as well as coronary artery bypass graft x 2 vessels in 2004.
4. Chronic kidney disease.
5. History of recent ischemic CVA.
6. Diabetes mellitus.

CONSENT

Persantine Cardiolute stress testing. The patient was seen and evaluated on the floor. The risks, benefits, alternatives, potential complications were discussed. He provides understanding and signed informed consent.

DESCRIPTION OF PROCEDURE

The patient was taken to the nuclear laboratory in stable condition. She was hooked up to cardiopulmonary monitoring including continuous electrocardiogram, blood pressure as well as oxygen saturation. The patient was then given 60 mg of Persantine for pharmacological stress. This was done over a 4 minute infusion protocol. At 6 minutes the patient was given 30 mCi of Cardiolute and then at 8 minutes she was given 100 mg of aminophylline. She did have some shortness of breath and nausea with the stress testing. Her test was then stopped at 12 minutes.

Resting blood pressure was 129/69, resting heart rate was 70. Resting electrocardiogram showed that there was normal sinus rhythm with borderline criteria for left bundle branch block or intraventricular conduction delay and there is noted to be baseline lateral ST abnormalities. Stress test showed the maximum blood pressure was 115/54 and maximal heart rate was at 71, this was at 5 minutes. The electrocardiogram showed no ischemic changes and unchanged from baseline.

ASSESSMENT

1. Negative Persantine pharmacological stress test for ischemia.
2. Await Myocardial perfusion scan results.

E-Signed By:

Duc T DO Nguyen

E-sign Date: 03/31/10E-Sign Time: 1143

M053082

V021242789

PARVIN, MARY JEAN

03/16/43 67 F

Att. Dr. Mahal, Jaskirat Singh DO - HOSP

03/28/10 2S 1

Dict. Dr. Duc T DO Nguyen

CLINICAL INFORMATION: High cholesterol, high BP, diabetes.

ACTIVITY LEVEL:

MEDICATIONS: See chart.

Meds Continued:

MAXIMUM PREDICTED RATE: 153

90% MPR = 85%=130

RESTING ECG: () LVH () LBBB () ST Depression () Other

POST HYPERVENTILATION ECG:

MULTISTAGE TREADMILL STRESS TESTING: 129/69

Bruce Protocol: Pers. C

RESTING: 70

TIME	STAGE	HR	BP	ECG/SYMPTOMS
1 min	()	(64)	()	()
2 min	()	(66)	(117/58)	()
3 min	()	(68)	()	("no walk")
4 min	()	(67)	()	(Persantine @ 4 min)
5 min	()	(71)	(115/54)	("nausea")
6 min	()	(66)	()	(Cardiolite @ 6 min)
7 min	()	(68)	()	()
8 min	()	(65)	(114/60)	(100mg amino @ 8 min)
9 min	()	(63)	()	()
10 min	()	(64)	()	()
11 min	()	(63)	()	()
12 min	()	(63)	(117/64)	()
13 min	()	()	()	()
14 min	()	()	()	()
15 min	()	()	()	()
16 min	()	()	()	()
17 min	()	()	()	()
18 min	()	()	()	()
19 min	()	()	()	()
20 min	()	()	()	()

REASON FOR STOPPING:

Arrhythmia:

Achieved 90% MPR:

ST Changes:

Pain:

Other:

WEIGHT: 246

HEIGHT: 65"

RATE X PRESSURE = BP (SYS. MAX) X R (MAX) =

% HEART RATE IMPAIRMENT = $\frac{R (\text{pred-obs})}{R (\text{pred})}$ =

R (pred)

Report# 0330-0006

NGUYDU /PEG

d: 03/30/10 1222

M053082

V021242789

PARVIN, MARY JEAN

03/16/43 67

F

Att. Dr. Mahal, Jaskirat Singh DO - HOSP

03/28/10 2S

1

Dict. Dr. Duc T DO Nguyen

t: 03/30/10 1725
cc:Jaskirat Singh DO - HOSP Mahal

	M053082	V021242789
	PARVIN, MARY JEAN	
	03/16/43	67 F
Att. Dr.	Mahal, Jaskirat Singh DO - HOSP	
	03/28/10	2S 1
Dict. Dr.	Duc T DO Nguyen	

DATE 3/30/10

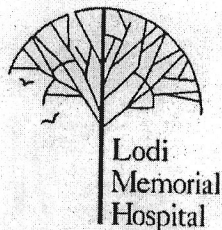
PATIENT NAME

DOB: M053082 V021242789

PARVIN, MARY JEAN

DOR: 03/16/43 67 F

MAHAL, JASKIRAT SINGH DO

MR# 03/29/10 MCAB INOP RM 270

Test

CLINICAL INFORMATION:

FAMILY HX HEART ATTACK OR SURGERY / YEAR

SMOKE, HIGH CHOLESTEROL, HIGH BLOOD PRESSURE, DIABETES

ACTIVITY LEVEL: ☐ 1. Sedentary ☐ 2. Active (sweats once / wk)

MEDICATIONS:

See chart

MAXIMUM PREDICTED RATE:

15385 - 90% MPR = 130RESTING ECG: ☐ 1. LVH ☐ 2. LBBB ☐ 3. ST Depression ☐ 4. Other

POST HYPERVENTILATION EKG:

MULTISTAGE TREADMILL STRESS TESTING:

RESTING: 70

Bruce Protocol - MOD. Bruce - Pers. © Pers. (Thall.)

129 189 160 mg Pers.

TIME	STAGE	HR	BP	ECG / SYMPTOMS
1 min		<u>64</u>		
2 min		<u>66</u>	<u>117/58</u>	
3 min		<u>68</u>		
4 min		<u>67</u>		"no walk"
5 min		<u>71</u>	<u>115/54</u>	Persantine in 4 min.
6 min		<u>66</u>		"nausea"
7 min		<u>68</u>		Cardiolite in 6 min
8 min		<u>65</u>	<u>114/60</u>	100mg Amino in 8 min.
9 min		<u>63</u>		
10 min		<u>64</u>		
11 min		<u>63</u>		
12 min		<u>63</u>	<u>117/64</u>	

EXERCISE STRESS TESTING

REASON FOR STOPPING:

1. Arrhythmia:

2. Achieved 90% MPR:

3. ST Changes:

4. Pain:

5. Other:

AGE: 67SEX: FWEIGHT: 244HEIGHT: 65"

RATE x PRESSURE = BP (SYS. MAX) x R (MAX) =

% HEART RATE IMPAIRMENT = $\frac{R(\text{pred-obs})}{R(\text{pred})}$ =

IMPRESSION:

Cardiolite 30 mCi

150275

PHYSICIAN SIGNATURE