Patricia

Progress Notes | Date of Service: 1/22/2022 2:29 PM

Physician
Internal Medicine

Addendum

Internal medicine progress note

Subjective
Pt seen and examined.
Pt feels about the same.
Pt reports mild burning sensation on dorsum of both feet that started 2-3 days ago.
Pt felt pressure like sensation on chest this morning but is was resolved after given Lasix. Her ankle has never been as thin as now in a long time. Pt feels short of breath when she talks a lot on the phone but feels ok when she is resting.

Objective
BP 138/80 | Pulse 51 | Temp 97.2 °F (36.2 °C) (Temporal) | Resp 18 | Ht 1.676 m (5' 6") | Wt 56.1 kg (123 lb 9.6 oz) Comment: standing | SpO2 96% | BMI 19.95 kg/m²

Intake/Output Summary (Last 24 hours) at 1/22/2022 1429
Last data filed at 1/22/2022 1000

	Gross per 24 hour
Intake	320 ml
Output	2200 ml
Net	**-1880 ml**

Physical Exam

General	Alert and oriented x3 Not in acute distress, comfortable at rest.
HEENT	Atraumatic, pharynx clear, no exudates. EOMI, PERRL
Neck	Soft, supple, without LAD or thyromegaly. **Hepatojugular reflex noted**
Lungs	**Breathsound clear, without rale or wheezing**
Heart	**irregular heartbeat** Normal S1, S2 No murmurs, rubs, or gallops
Abdomen	Soft, nontender, **mildly distended** +bowel sounds
Extremities	No clubbing, cyanosis, **bilateral LE pitting edema resolved, bilateral LE stasis dermatitis. Cool to touch, so sign of active inflammation/infection. Dorsalis pedis pulse well appreciated bilaterally.**
Neurologic	No focal neurological deficits noted
Psych	Normal mood and affect

Recent Labs

	01/22/22 0611	01/21/22 0827	01/20/22 0656
NA	140	136	139
K	**2.9***	**2.9***	**3.0***
CL	107	103	106
CO2	24	24	25
BUN	17	15	13
CREATININE	0.71	**0.59***	**0.56***
GLU	98	96	89
CALCIUM	**8.5***	8.9	**8.5***
MG	--	2.0	--

Recent Labs

	01/22/22 0611	01/21/22 0827	01/20/22 0656
WBC	4.4	4.7	4.1
PLT	232	223	206
RBC	3.91	3.68	3.75
HGB	12.7	12.1	12.3
HCT	37.3	35.3	36.1
MCV	95.3	95.9	96.1
RDW	13.1	13.5	13.1

Recent Labs

	01/19/22 2127
PT	12.3
INR	1.0

No results for input(s): PROT, ALBUMIN, BILITOT, ALKPHOS, AST, ALT in the last 72 hours.

Scheduled Meds:

acetaminophen (TYLENOL) tablet 650 mg, 650 mg, Oral, Q6H PRN
amLODIPine (NORVASC) tablet 5 mg, 5 mg, Oral, Daily
apixaban (ELIQUIS) tablet 2.5 mg, 2.5 mg, Oral, BID M/N
aspirin enteric coated tablet 81 mg, 81 mg, Oral, Daily
atorvastatin (LIPITOR) tablet 40 mg, 40 mg, Oral, Daily
cloNIDine (CATAPRES) tablet 0.2 mg, 0.2 mg, Oral, Q12H
dextrose 5 %-0.45 % sodium chloride infusion, 100 mL/hr, Intravenous, See Admin Instructions PRN
dextrose 50 % injection 12.5 g, 12.5 g, Intravenous, See Admin Instructions PRN
dextrose 50 % injection 25 g, 25 g, Intravenous, See Admin Instructions PRN
furosemide (LASIX) injection 20 mg, 20 mg, Intravenous, BID M/E
glucagon injection 1 mg, 1 mg, Intramuscular, See Admin Instructions PRN
hydrALAZINE (APRESOLINE) injection 10 mg, 10 mg, Intravenous, Q6H PRN
isosorbide mononitrate (IMDUR) 24 hr tablet 30 mg, 30 mg, Oral, Daily
pantoprazole (PROTONIX) EC tablet 40 mg, 40 mg, Oral, QAM AC
piperacillin-tazobactam (ZOSYN) 3.375 g in sodium chloride 0.9 % 100 mL MBP IVPB, 3.375 g, Intravenous, Q8H
polyethylene glycol (MIRALAX) packet 17 g, 17 g, Oral, Daily
[COMPLETED] potassium chloride (KLOR-CON) packet 40 mEq, 40 mEq, Oral, Once
[COMPLETED] potassium chloride (KLOR-CON) packet 40 mEq, 40 mEq, Oral, Once

sacubitril-valsartan (ENTRESTO) 24-26 MG per tablet 2 tablet, 2 tablet, Oral, BID M/N
sennosides (SENNA) tablet 2 tablet, 2 tablet, Oral, Nightly
[DISCONTINUED] furosemide (LASIX) injection 20 mg, 20 mg, Intravenous, TID
[DISCONTINUED] piperacillin-tazobactam (ZOSYN) 3.375 g in sodium chloride 0.9 % 100 mL MBP IVPB, 3.375 g, Intravenous, Q6H

Relevant Imaging:

XR CHEST 2 VIEWS - 1/19/2022 1:17 PM

Indication: Shortness of breath

Comparison: None.

Findings: The heart is borderline enlarged. Small bilateral pleural effusions noted. Bibasilar airspace opacities consistent with atelectasis or infiltrates. Lungs are otherwise clear. No acute osseous abnormalities.

Impression

IMPRESSION:

Small bilateral pleural effusions. Bibasilar airspace opacities. Follow-up is recommended.

Signed by: John J Ciemins, MD 1/19/2022 1:32 PM

Assessment/Plan

86-year-old female with history of A. fib on Eliquis, HTN, CHF presenting to the ED for evaluation of 7 pound weight gain over the last 2 weeks with increasing orthopnea, intermittent dyspnea, and fatigue over the last several days.

EKG demonstrates atrial fibrillation at 51 bpm, normal cardiac axis, normal intervals, no ST elevations, no T wave inversions.

CXR
Bilateral pleural effusion with bibasilar airspace opacity

Previous echo on chart review 12/22/2021 **(From 1/5/22 office visit record by Dr. Bergelson)**

1. Normal LV ejection fraction of 62 %.
2. Mild concentric left ventricular hypertrophy.
3. Unable to grade diastolic dysfunction due to atrial flutter.
4. Severely dilated left atrium.
5. Moderately dilated right atrium.
6. Mild to moderate aortic insufficiency.
7. Mild mitral regurgitation.
8. Moderate tricuspid valve regurgitation.
9. Trivial pericardial effusion.

10. Comparison to previous study, TTE dated 6/8/2013 - atrial flutter is new, AI/MR/TR are now seen, and trivial pericardial effusion is new.

Stress Test Conclusions 1/11/22

1. Normal myocardial imaging exam.
2. The heart rate response to adenosine was normal.
3. The blood pressure response to adenosine was normal.
4. There were no significant arrhythmias noted.
5. There were no clinical symptoms of ischemia reported.
6. The electrocardiogram during adenosine stress was uninterpretable due to resting ECG abnormalities.
7. Nuclear imaging demonstrates normal myocardial perfusion.
8. Gated SPECT analysis reveals normal wall motion and normal wall thickening. The ejection fraction is 82%.
9. No previous stress study available for comparison.

 # CHF exacerbation
 # pressure type chest pain
 # Uncontrolled hypertension
 # History of A. fib on Eliquis
#Chest discomfort

-BNP 482
-PROBNP 3,638.0 (H) 12/21/2021
2497 1/20/2022
-HST negative x3
-LFT, INR normal
-COVID rapid negative
-Bradycardia to 37 this AM, patient does not have dizziness, headache, drowsiness
- Pressure type chest pain 1/20/22; HST nl, EKG -anterior infarct?,
- CT abd W contrast unremarkable

Plan

-Modified home medication- switched enalapril to entresto
-Eliquis 2.5mg BID, will hold on Sunday AM
-Lasix to 20 mg IV BID, pt lost 5 kg since admission, bilateral LE edema improved. Will discontinue on Monday morning
- Pt reported seizure like episode- spasm from leg radiating upward, fell down, lose of bowel control, last year december, similar episode 5times last year - Teleneuro consulted -> signed off
-Strict I/O
-Daily weight
-Cardiac cath on Monday, pacemaker on Tuesday, cardioversion in 2 weeks.
- On Zosyn for possible pneumonia and skin infection, will repeat CXR

FENGI
IVF: None
Lytes: correct PRN
Diet: HH

Prophylaxis
DVT: Eliquis, SCDs
GI: Pantoprazole

Lines: PIV

Foley: none

Activity: ambulation as tolerated
Code Status: Full

Decision Maker: patient

Plan discussed with Dr. Gaiha. Addendum to follow.

Leeseul Kim, MD
Internal medicine PGY1
Pager 13241
1/22/2022

Patients CHF improved. HR down to 30's Will need perm pacer. Cardiac cath on Monday

Revision History

Date/Time	User	Provider Type	Action
1/22/2022 5:47 PM	Vishnu D Gaiha, MD	Physician	Addend
1/22/2022 2:37 PM	Leeseul Kim, MD	Resident	Sign

PATIENT/CLIENT DATA - CLINICAL DECISION-MAKING WORKSHEET

Student Name:	Week:	Dates of Care:

Patient Initials	Sex	Age	Room	Admitting Date	Admitting Chief Complaint: What symptoms cause the patient to come to the hospital?
PS	F	86	26	1/19/2022	Hypertension

Attending physician/Treatment team:	Consults:
Vishnu D Gaiha	

Present Diagnosis: (Why patient is currently in the hospital)	ER Management: (if applicable)

Allergies:	Code Status:	Isolation: (type and reason)
no known allergies	Full	none

Admission Height:	Admission Weight:	Arm Band Location (colors & reasons)
~~54.6kg~~ (167.6cm (5'6")	54.6kg (120lb6.4g)	white band

Communication needs: (verbal, nonverbal, barriers, languages)

Past Medical History: (pertinent & how managed)