

HISTORY AND PHYSICAL:**CHIEF COMPLAINT / REASON FOR ADMISSION:** Cough**HISTORY OF PRESENT ADMISSION:**

Patient is a 82-year-old Vietnamese speaking female, past medical history of hypertension who presents to the ED with chief complaint of cough x4 days. Patient reports symptoms progressed slowly worsening over the last few days. Also endorses shortness of breath. per ED report, patient followed up with her primary care doctor yesterday who prescribed a course of promethazine DM, allergy medicine and azithromycin. Patient reports taking 2 tablets follows unable to sleep due to persistent coughing. In the emergency department, vitals notable for BP 152/60, heart rate 89. Oxygen saturation in the ED noted to drop to 89%. Patient placed on 2 L nasal cannula, saturating 96%. Labs notable for WBC 12.4 with left shift, Lactic acid 1.5, sodium 131. Review of chest x-ray demonstrating right lower lobe pneumonia. Given persistent worsening symptoms, elevated white blood cell count and increased oxygen requirement, patient was admitted for further management of acute hypoxic respiratory failure in inpatient setting after failing outpatient management.

ALLERGIES: BEEF, No Known Drug Allergies**PAST MEDICAL HISTORY:** HTN**SOCIAL HISTORY:** Denies history of smoking, ETOH, illicit drug use,**FAMILY HISTORY:** Unremarkable**PAST SURGICAL HISTORY:** None**MEDICATIONS:**

Home Meds: Dose and Freq		
Medication	Dosage	Frequency
Lisinopril 10MG Oral Tablet	10 MILLIGRAMS	DAILY

PHYSICAL EXAM**VITAL SIGNS:**

Most Recent Vital Signs						
BP (mm/Hg)	BP Position/Site	Heart Rate	Resp	Temp (°F)	SPO2%	O2 Device
117/57	LYING/R ARM	82	20	97.9 ORAL	100 %	O2 Cannula

GA: alert and oriented**HEENT:** Head:Atraumatic & normocephalic; Eyes: EOMI

NECK: Supple, JVD

LUNGS: on 2L NC, coarse breath sounds right greater than left

CHEST: Symmetrical.

CARDIAC: Regular, rate, & rhythm.

ABDOMEN: Soft, Non-tender, Non-distended

EXTREMITIES: No edema

NEURO: Alert Ox3, extremities antigravity

LABS:

Lab Results: Last 24H		
Test	Results	Collected
GLUCOSE	113 H	01/07/2026 01:50
BUN	21 H	01/07/2026 01:50
AGE	82	01/07/2026 01:50
CREATININE.	0.8	01/07/2026 01:50
GFR.	73	01/07/2026 01:50
BUN/CREAT	26	01/07/2026 01:50
SODIUM	131 L	01/07/2026 01:50
POTASSIUM	4.0	01/07/2026 01:50
CHLORIDE	102	01/07/2026 01:50
CO2	19 L	01/07/2026 01:50
ANION GAP	10	01/07/2026 01:50
CALCIUM	8.0 L	01/07/2026 01:50
TOTAL BILI	0.6	01/07/2026 01:50
TOTAL PROTEIN	7.0	01/07/2026 01:50
ALBUMIN	3.7	01/07/2026 01:50
SGOT/AST	69 H	01/07/2026 01:50
ALKALINE PHOS	71	01/07/2026 01:50

SGPT/ALT	49	01/07/2026 01:50
LACTIC ACID	1.5	01/07/2026 01:50
WBC	12.40 H	01/07/2026 01:12
RBC	3.24 L	01/07/2026 01:12
HEMOGLOBIN	10.4 L	01/07/2026 01:12
HEMATOCRIT	30.2 L	01/07/2026 01:12
MCV	93	01/07/2026 01:12
MCH	32	01/07/2026 01:12
MCHC	34.4	01/07/2026 01:12
RDW	13.0	01/07/2026 01:12
PLATELETS	185	01/07/2026 01:12
MPV	9.0	01/07/2026 01:12
NEUT	77.70 H	01/07/2026 01:12
LYMPH	10.90 L	01/07/2026 01:12
MONO	9.30 H	01/07/2026 01:12
EOS	1.70	01/07/2026 01:12
BASO	0.40 L	01/07/2026 01:12
#NEUT	9.60 H	01/07/2026 01:12
#LYMPH	1.40	01/07/2026 01:12
#MONO	1.20 H	01/07/2026 01:12
#EOS	0.20	01/07/2026 01:12
#BASO	0.00 L	01/07/2026 01:12
MANUAL DIFF	NOT INDICATED	01/07/2026 01:12
RBC MORPH	NOT INDICATED	01/07/2026 01:12

PROTIME	14.6 H	01/07/2026 01:12
INR	1.1	01/07/2026 01:12
SEND TO PHARMACY	YES	01/07/2026 01:12
SOURCE.	Nasal	01/07/2026 01:03
COVID 19 AG	Presumpt.Neg	01/07/2026 01:03
REAGENT KIT:	Quidel QuickVue	01/07/2026 01:03
INFLUENZA A	NEGATIVE	01/07/2026 01:03
INFLUENZA B	NEGATIVE	01/07/2026 01:03

IMAGING:

Independent review of CXR - increased markings on right lower lobe suggesting right lower lobe PNA

IMPRESSION:

Patient is a 82-year-old Vietnamese speaking female, past medical history of hypertension who presents to the ED with chief complaint of cough x4 days. Patient reports symptoms progressed slowly worsening over the last few days. Also endorses shortness of breath. per ED report, patient followed up with her primary care doctor yesterday who prescribed a course of promethazine DM, allergy medicine and azithromycin. Patient reports taking 2 tablets follows unable to sleep due to persistent coughing. In the emergency department, vitals notable for BP 152/60, heart rate 89. Oxygen saturation in the ED noted to drop to 89%. Patient placed on 2 L nasal cannula, saturating 96%. Labs notable for WBC 12.4 with left shift, Lactic acid 1.5, sodium 131. Review of chest x-ray demonstrating right lower lobe pneumonia. Given persistent worsening symptoms, elevated white blood cell count and oxygen requirement, patient was admitted for further management of acute hypoxic respiratory failure in inpatient setting.

Acute hypoxic respiratory failure 2/2 right lower lobe pneumonia

Leukocytosis 2/2 above

HTN

Hyponatremia

- admit telemetry
- empiric rocephin and azithromycin IV 1/7-
- duonebs
- blood cultures sent in ED
- check sputum cultures
- r/o flu and COVID
- antitussive - with tessalon and guaifenesin prn
- multimodal pain regimen prn
- monitor O2 sat, wean as tolerated goal > 92%
- resume home meds

F: PO intake
E: replete as needed
N: cardiac diet
DVT ppx: lovenox

Code status: full code

Dispo: admit tele, IV antibiotics, supplemental oxygen