



## Mon Health Medical Center

1200 JD Anderson Drive  
Morgantown, WV 26505

Patient Name:	<b>LORING, TINA MARIE</b>	Location:	5S; S505; 01
MRN:	342017	Admission Date:	5/2/2023
DOB/Gender:	10/20/1969 Female	Attending MD:	Mendapara, Vivek MD
Account No.:	62553143	Visit Type:	Inpatient

### *Admission Documents*

A=Abnormal C=Critical H=Above Expected Range L=Below Expected Range @=Corrected F=Footnote ^=Interp Data

Date/Time Printed: 5/8/2023 02:10 EDT Printed By: Eeragoni, Mahesh

Pg #: Page 1 of 210

Report Request ID: 41075457

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Patient Name: **LORING, TINA MARIE** Location: 5S; S505; 01  
MRN: 342017 Admission Date: 5/2/2023  
DOB/Gender: 10/20/1969 Female Attending MD: Mendapara, Vivek MD  
Account No.: 62553143

## Admission Documents

### Date of Service

5/2/2023

### Chief Complaint

sent by pcp for abscess on L buttock/rectal area x1.5 weeks that has grown in size.

### History of Present Illness

A 53-year-old female with significant past medical history of diabetes mellitus, history of stroke without any residual deficit, hyperlipidemia who presented to the hospital with complaining of left buttock pain. She reported she has been having this pain over the last more than a week which was getting worse. She was having discomfort over her left buttock. Initially she thought it might be small swelling and will go away but is getting bigger. Reported pain is getting worse. Never had similar problem in the past. Never diagnosed with any fistula in the past. She reported multiple urinary tract infection and vaginal infection due to diabetes. She smokes 1 pack/day. Denies any fever but reported chills. Denies any vaginal discharge currently.

### Review of Systems

Pertinent positives above in HPI

Remaining 12 point ROS has been reviewed and is negative

### Physical Exam

#### Vitals & Measurements

HR: 100 RR: 18 BP: 172/92 SpO2: 100% WT: 71.7 kg

Gen: NAD

CV: RRR

Resp: No rhonchi, nonlabored breathing

Skin: warm

Abd: nontender, nondistended, BSs+

Ext: normal bulk and tone. Large, softball sized, firm, erythematous area noted in left perineal region extending towards rectum. no drainage. TTP, warm to touch.

Neuro: CNs symmetric

Psych: appropriate affect, A&O to person, place, and situation

### Medical Decision Making

I have seen this patient personally and take history from patient/relative along with physical examination. Review vital signs, labs, imaging studies, previous records.

Discussed diagnosis with the patient and prognosis. Patient agrees with the following plan.

Discussed advanced Care Planning:

Addressed ease of symptoms or control of pain

Used care team approach to complete goals of care

### Problem List/Past Medical History

#### Ongoing

Diabetes mellitus

Multiple sclerosis

Stroke

Vitamin D deficiency

#### Historical

No qualifying data

### Allergies

NKA

### Social History

Alcohol - Low Risk, 04/20/2022

Current, 1-2 times per week, 02/28/2023

Substance Abuse - Denies Substance Abuse, 04/05/2021

Never, 12/05/2022

Tobacco - High Risk, 04/05/2021

Smoking Tobacco Use: 10 or more

cigarettes (1/2 pack or more)/day in last

30 days. Smokeless Tobacco Use: Never, 02/28/2023

### Family History

Family history is negative

### Data

#### Lab Results

Event Name	Event Result	Date/Time
Creatinine POC	1 mg/dL	05/02/23 18:07:00
eGFR POC if non-African American	58 mL/min/1.73m <sup>2</sup> Low	05/02/23 18:07:00
eGFR POC if African American	>60	05/02/23 18:07:00
Glucose Level	333 mg/dL High	05/02/23 18:06:00
BUN	16 mg/dL	05/02/23 18:06:00
Sodium Level	134 mmol/L Low	05/02/23 18:06:00
Potassium Level	4.3 mmol/L	05/02/23 18:06:00
Chloride	102 mmol/L	05/02/23 18:06:00
CO2	25 mmol/L	05/02/23 18:06:00
Anion Gap	7	05/02/23 18:06:00

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Pg #: Page 9 of 210

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Admission Date: 5/2/2023

Attending MD: Mendapara, Vivek MD

## Admission Documents

Identified measures to improve quality of life  
Discussed advance directives  
Addressed emotional and psychological support, including family, caregivers, decision-making support.

### Assessment/Plan

#### 1. Cellulitis of buttock (L03.317: Cellulitis of buttock)

Ordered:

99222- Initial Hospital IP/OBS Care Mod MDM (55 min), 05/02/23 19:23:00 EDT

#### 2. Sepsis (A04.1: Enterotoxigenic Escherichia coli infection)

Ordered:

99222- Initial Hospital IP/OBS Care Mod MDM (55 min), 05/02/23 19:23:00 EDT

Orders:

acetaminophen, 650 mg /, PO, 05/02/23 19:52:00 EDT, q4hr, PRN, Pain, Mild-less than 4, Routine, Tab, If less than 50kg, Max dose 12.5 mg/kg q4hr or 15 mg/kg q6hr, 2 Tab, 05/02/23 19:52:00 EDT **Comments:** May alternate with ibuprofen if ordered. Max 1,000 mg per 6 hours.

docusate-senna, 2 Tab, PO, 05/02/23 21:00:00 EDT, qNightly, Routine, Tab, Hold for diarrhea, 05/02/23 19:52:00 EDT **Comments:** Hold for diarrhea

insulin aspart, Use medium dose sliding scale,, SubCu, 05/02/23 21:00:00 EDT, TIDCC-HS, Routine, Soln, 05/02/23 19:52:00 EDT **Comments:** Administer when tray arrives. Blood Glucose & Dosage; <70 Call MD; 70-149 None; 150-200 2 Units; 201-250 4 Units; 251-300 6 Units; 301-350 9 Units; 351-400 12 Units; >400 Call MD

morphine, 1 mg /, IV Push, 05/02/23 19:53:00 EDT, q4hr, PRN, Pain, Severe-greater than 6, Routine, Injection, 0.5 mL, 05/02/23 19:53:00 EDT

naloxone, 0.1 mg /, IV Push, 05/02/23 19:52:00 EDT, q2min, PRN, Other (see Order Comment), Routine, Injection, For respiratory rate less than 8; sedation scale 4; or O2 sat less than 90% or 5 points less than baseline, whichever is lower, 0.25 mL, 05/02/23 19:... **Comments:** Dilute 0.4 mg to total of 10 mL NS and give 2.5 mL (0.1 mg) q 2 min as needed up to 0.4 mg. Re-assess the patient q 20 min x 2. (naloxone effect is of shorter duration than narcotics)

ondansetron, 4 mg /, IV Push, 05/02/23 19:52:00 EDT, q6hr, PRN, Nausea/Vomiting, Routine, Injection, 2 mL, 05/02/23 19:52:00 EDT

pantoprazole, 40 mg /, PO, 05/03/23 6:00:00 EDT, qAM, Routine, EC Tablet, Swallow tablets whole. Do NOT split, crush, or chew. Cannot be given via G-tube or J-tube routes., 1 Tab, 05/02/23 19:52:00 EDT

piperacillin-tazobactam, 3.375 g /, IV Piggyback, 05/02/23 22:00:00 EDT, TID, Routine, PB, 05/02/23 19:52:00 EDT **Comments:** Infuse over 4 hours. Pharmacy may renally adjust this medication per policy.

sodium chloride, 2 mL, IV Push, 05/02/23 19:52:00 EDT, As Needed, PRN, Other (see Order Comment), Routine, Injection, Flush a Peripheral Lock that is used for

Creatinine	1.13 mg/dL High	05/02/23 18:06:00
eGFR if non-African American	50 mL/min/1.73m <sup>2</sup> Low	05/02/23 18:06:00
eGFR if African American	>60	05/02/23 18:06:00
Alk. Phos	213 IUnit/L High	05/02/23 18:06:00
AST/SGOT	33 IUnit/L	05/02/23 18:06:00
ALT/SGPT	38 IUnit/L	05/02/23 18:06:00
Total Bili	0.7 mg/dL	05/02/23 18:06:00
Total Protein	7.5 g/dL	05/02/23 18:06:00
Albumin	3.8 g/dL	05/02/23 18:06:00
Calcium Level	9.5 mg/dL	05/02/23 18:06:00
Lactic Acid	0.9 mmol/L	05/02/23 18:06:00
WBC	14 x10e3/microL High	05/02/23 18:06:00
RBC	4.42 x10e6/microL	05/02/23 18:06:00
Hgb	13.2 g/dL	05/02/23 18:06:00
Hct	39.5 %	05/02/23 18:06:00
MCV	89.4 fL	05/02/23 18:06:00
MCH	29.8 pg	05/02/23 18:06:00
MCHC	33.3 g/dL	05/02/23 18:06:00
RDW	14 %	05/02/23 18:06:00
Platelet Count	245 x10e3/microL	05/02/23 18:06:00
MPV	8.7 fL	05/02/23 18:06:00
Auto Lymph %	9.7 % Low	05/02/23 18:06:00
Auto Neutrophil %	83.8 % High	05/02/23 18:06:00
Auto Monocyte %	5.7 %	05/02/23 18:06:00
Auto Eosinophil %	0.5 %	05/02/23 18:06:00
Auto Basophil %	0.3 %	05/02/23 18:06:00
Lymph Abs#	1.4 x10e3/microL	05/02/23 18:06:00
Neutrophil Abs#	11.7 x10e3/microL High	05/02/23 18:06:00
Monocyte Abs#	0.8 x10e3/microL	05/02/23 18:06:00
Eosinophil Abs#	0.1 x10e3/microL	05/02/23 18:06:00
Basophil Abs#	0 x10e3/microL	05/02/23 18:06:00

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Pg #: Page 10 of 210

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DOB/Gender:	10/20/1969	Female	Attending MD: Mendapara, Vivek MD
Account No.:	62553143		

## Admission Documents

Intermittent or IV Push medications before and after every use., 05/02/23 19:52:00 EDT  
Sodium Chloride 0.9% 1,000 mL, IV, 05/02/23 19:22:00 EDT, Routine, 16 hr, Physician Stop, Stop date 05/03/23 11:21:00 EDT, Rate: 125 mL/hr, Infuse Over: 8 hr, 05/02/23 19:22:00 EDT  
vancomycin, Per Pharmacy Protocol, IV Piggyback, 05/02/23 21:00:00 EDT, Once UNS, Routine, Injection, 05/02/23 20:22:00 EDT  
Activity As Tolerated, 05/02/23 19:22:00 EDT, Routine  
Basic Metabolic Panel, Blood, AM Lab collect, 05/03/23 4:00:00 EDT, Mon General Hospital, qAM  
Blood Glucose Monitoring, 05/02/23 19:22:00 EDT, Routine, TIDCC-HS  
CBC + Diff, Blood, AM Lab collect, 05/03/23 4:00:00 EDT, Mon General Hospital, qAM  
Consult Request - Physician, 05/02/23 19:22:00 EDT, Routine, Consult Reason: Gluteal cellulitis, fistula?, Consulted Physician: Johnson, Mark MD  
Hemoglobin, A1C, Blood, AM Lab collect, 05/03/23 4:00:00 EDT, Mon General Hospital, 05/03/23 4:00:00 EDT  
Insert Peripheral IV, 05/02/23 19:22:00 EDT, Routine  
Intake and Output, 05/02/23 19:22:00 EDT, Routine, q8hour  
Magnesium Level, Blood, AM Lab collect, 05/03/23 4:00:00 EDT, Mon General Hospital, qAM  
NPO, 05/03/23 0:01:00 EDT, NPO  
Oxygen Therapy, 05/02/23 19:22:00 EDT, Routine, NC, qAM, PRN, 2 L/min  
Power Plan Start Date, Expected plan start date: \_\_\_\_\_  
PSO Admit to Inpatient, Routine Acute, Medicine-General, Mendapara, Vivek MD, Admit Reason Complex mgt Cellulitis, fistula?, ELOS (midnights) 2, No, 05/02/23 19:20:00 EDT, 05/02/23 19:20:00 EDT **Comments:** I certify that the patient discharge instructions have been or will be delivered to the patient prior to discharge.  
Regular Diet, 05/02/23 19:22:00 EDT, Consistent Carb Low (3-5), 2 gm NA, Regular Diet  
Venodynes, 05/02/23 19:22:00 EDT, qAM, To both lower extremities.  
Vital Signs, 05/02/23 19:22:00 EDT, Routine, q4hour  
VTE Risk Assessment, 05/02/23 19:22:00 EDT, Routine, q12hr, On admission, q shift and with any change in level of care.  
Wean O2 - Nursing, 05/02/23 19:22:00 EDT, Constant Order, To keep O2 saturation above 90%  
Weight, 05/02/23 19:22:00 EDT, Routine, qAM **Comments:** Need Current Wt for Dosing

## Diagnostic Results

CT Pelvis ENH no oral

MAY/02/23 18:18:00

Impression:

1. Left gluteal cellulitis without a discrete abscess seen. There is a questionable linear tract extending from the perianal region at the 4 o'clock position to the cellulitic left gluteal fat which could reflect a sinus tract however this is not well characterized with CT and if needed, a fistula protocol MRI would be recommended to more completely characterize this finding.
2. Post hysterectomy with gas in the vagina, likely an incidental finding however the rectosigmoid is immediately adjacent to the vagina and if there is any evidence of feculent discharge from the vagina at this could reflect a colovaginal fistula. Correlation with clinical history is recommended.

**Sepsis secondary to left gluteal cellulitis without abscess**  
**Questionable sinus tract extending from perianal region to cellulitis left gluteal fat**  
**Type 2 diabetes mellitus**  
**History of stroke without any residual**

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Pg #: Page 11 of 210

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## Admission Documents

### Hyperlipidemia

- Seen and examined
- Vital reviewed, as above. Heart rate 100
- Lab reviewed, significant for glucose 333, sodium 134 hyponatremia, creatinine 1.1, WBC count 14, lactic acid 0.9,
- CT pelvis with contrast shows finding as above.
- We will admit as inpatient without telemetry
- General surgery was consulted in the ER and recommending starting on Vanco and Zosyn.
- Consult general surgery. N.p.o. from midnight.
- As needed Tylenol and morphine for pain. Continue with Vanco and Zosyn.
- Further investigation as per general surgery.
- Continue with insulin sliding scale with Accu-Chek for diabetes management.
- We will resume home medication after reconciliation. At home she is taking aspirin, Lipitor, insulin.
- Encourage ambulation and Venodyne for DVT prophylaxis.

### Medication List

#### Active Medications

##### Ordered

acetaminophen: 650 mg, 2 Tab, PO, q4hr, PRN: Pain, Mild-less than 4.  
docusate-senna: 2 Tab, PO, qNightly.  
insulin aspart: Use medium dose sliding scale,, SubCu, TIDCC-HS.  
morphine: 1 mg, 0.5 mL, IV Push, q4hr, PRN: Pain, Severe-greater than 6.  
naloxone: 0.1 mg, 0.25 mL, IV Push, q2min, PRN: Other (see Order Comment).  
ondansetron: 4 mg, 2 mL, IV Push, q6hr, PRN: Nausea/Vomiting.  
pantoprazole: 40 mg, 1 Tab, PO, qAM.  
piperacillin-tazobactam: 3.375 g, IV Piggyback, TID.  
sodium chloride: 2 mL, IV Push, As Needed, PRN: Other (see Order Comment).  
Sodium Chloride 0.9% 1,000 mL: 125 mL/hr, IV, Stop: 05/03/23 11:21:00 EDT.  
vancomycin: Per Pharmacy Protocol, IV Piggyback, Once UNS.  
vancomycin + Sodium Chloride 0.9% 500 mL: 1,500 mg, 15 mL, 171.67 mL/hr, IV Piggyback, Once.

##### Prescribed

aspirin: 81 mg, 1 Tab, PO, qDay, 30 Tab, 0 Refill(s).  
atorvastatin: See Instructions, TAKE 1 TABLET BY MOUTH NIGHTLY, 90 Tab, 1 Refill(s).  
fluconazole: See Instructions, TAKE 1 TABLET EVERY WEEK FOR 2 WEEKS, 2 Tab, 1 Refill(s).

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Pg #: Page 12 of 210

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## Admission Documents

insulin glargine-lixisenatide: 40 unit, SubCu, qDayAC, for 90 Day,  
within 1 hour before the first meal of the day, 45 mL, 1 Refill(s).  
insulin lispro: See Instructions, 15 mL, INJECT PER SLIDING SCALE  
UNDER THE SKIN 3 TIMES DAILY BEFORE MEALS. MAXIMUM DAILY DOSE OF

60

UNITS, 15 mL, 0 Refill(s).  
meloxicam: 15 mg, 1 Tab, PO, qDay, 90 Tab, 0 Refill(s).  
Misc Prescription: See Instructions, Test blood glucose levels three  
times a day, 300 Each, 2 Refill(s).  
Misc Prescription: See Instructions, Use to inject insulin daily.,  
400 Each, 3 Refill(s).  
Misc Prescription: See Instructions, use to test blood glucose levels  
TID. DX: E11.9 DM type 2, 300 Each, 2 Refill(s).  
Misc Prescription: See Instructions, Use to monitor blood glucose  
continuously. DX: E11.9 DM type 2, 1 Each, 0 Refill(s).  
Misc Prescription: See Instructions, Use to monitor blood glucose  
continuously. DX: E11.9 DM type 2, 2 Each, 6 Refill(s).

### Medications Inactivated in the Last 72 Hours

ketorolac: 15 mg, 0.5 mL, IV Push, q6hr, PRN: Pain, Moderate to  
Severe (4 or greater).  
vancomycin: Per Pharmacy Protocol, IV Piggyback, Once UNS.  
vancomycin: Per Pharmacy Protocol, IV Piggyback, Once.

### Advance Care Planning

As above

### Attestation

This note was composed using voice recognition software. Any errors in syntax,  
grammar, capitalization, punctuation, wording, or dictation are secondary to inherent  
errors in voice recognition software.

Electronically Signed By  
Mendapara, Vivek MD, MD  
on 05.02.2023 20:10

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Report Request ID: 41075457

Pg #: Page 13 of 210

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DOB/Gender: 10/20/1969 Female Attending MD: Mendapara, Vivek MD  
Account No.: 62553143

## ED Physician Notes

### Addendum by Marsh, John H DO on May 03, 2023 07:01:28 EDT

Discussed with PA. Patient seen and examined by myself. Patient with cellulitis and sepsis. Antibiotics started. Will admit as above. Stable for transfer to monitored bed. I did perform a substantive portion of this exam/MDM

Electronically Signed By  
Marsh, John H DO, DO  
on 05.03.2023 07:01

#### Basic Information

##### Time Seen:

Shultz, Mariah PA-C / 05/02/2023 16:50

##### Chief Complaint

sent by pcp for abscess on L buttock/rectal area x1.5 weeks that has grown in size.

#### History of Present Illness

Time: 16:58

History Source: Patient

Arrival Mode: Private Vehicle

History Limitation: None

53 year old female presents to MHMC with a chief complaint of left buttocks abscess. Patient states it started as a small pimple or pustule approximately week and a half ago on her left buttocks. She states the area has progressively gotten larger, more tender with palpation and swollen which is what prompted her to go to her PCP for evaluation. They evaluated the area and immediately sent the patient to the ED for further work-up. Patient denies any similar episodes of symptoms in the past. Denies any drainage from the area, bowel incontinence, abnormal vaginal discharge, dysuria, hematuria with fevers, chills, nausea or vomiting. Patient is a type II diabetic. Denies any history of MRSA.

#### Review of Systems

Constitutional: no fever, no chills, no sweats, no weakness, no fatigue

##### Skin: see HPI

ENMT: no ear pain, no sore throat, no congestion, no sinus pressure

Respiratory: no shortness of breath, no cough

Cardiovascular: no chest pain, no palpitation, no edema

Gastrointestinal: no nausea, no vomiting, no diarrhea, no GI bleeding

Genitourinary: no dysuria, no hematuria

Neurologic: no headache, no dizziness, no numbness, no weakness

#### Problem List/Past Medical History

DM

MS

CVA

Vitamin D deficiency

#### Procedure/Surgical History

Denies

#### Medication Administration

##### Given

ns500 500 mL + van1i 1500 mg, IV  
Piggyback

#### Allergies

NKA

#### Social History

Admits to daily tobacco use

#### Lab Results

Point of Care	LATEST RESULTS	
Creatinine POC	05/02/23 18 07	1.0
eGFR POC if non-African American	05/02/23 18 07	58 Low
eGFR POC if African American	05/02/23 18 07	>60

Chemistry - General	LATEST RESULTS	HISTORICAL RESULTS
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Pg #: Page 22 of 210

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Admission Date: 5/2/2023  
Attending MD: Mendapara, Vivek MD

## ED Physician Notes

Except as noted in the above Review of Systems and in the History of Present Illness, all other systems have been reviewed and are negative or noncontributory.

### Physical Exam

#### Vitals & Measurements

**T:** 36.6 °C (Temporal Artery) **HR:** 100 **RR:** 18 **BP:** 172/92 **SpO2:** 100%  
**HT:** 153 cm **WT:** 71.7 kg **BMI:** 30.63

General: alert, well-nourished, no acute distress, non ill-appearing  
Skin: warm, dry moderate erythema, warm to touch and induration of left buttocks extending into the perianal area, no crepitus noted  
Head: no trauma, normocephalic  
Neck: trachea midline, no adenopathy  
Eye: normal conjunctiva, clear sclera  
Cardiovascular: regular rate and rhythm, normal peripheral perfusion  
Respiratory: lungs CTA, respirations non-labored, breath sounds equal  
Chest wall: no deformity, symmetrical chest wall rise  
Gastrointestinal: soft, non distended, no tenderness, no guarding  
Neurological: oriented x3, LOC appropriate for age, CN II-XII intact, motor strength equal and normally bilaterally, speech normal  
Psychiatric: cooperative, affect appropriate for age

Appropriate PPE was worn at all times during evaluation

### Medical Decision Making

**Condition:** Improved

**Disposition:** Discharge to: Home

**Limitations:** None

This is a 53 Years old Female who presents to the emergency room with a chief complaint of: buttock cellulitis/abscess  
History source: Patient  
History limitations: None  
Arrival: Private vehicle

**CHARTING REVIEWED:** Yes

**SOCIAL DETERMINANTS OF HEALTH:** None

### CONSULTS:

5/2/2023 19:03:39

Physician/Specialist: Dr. Johnson

Contacted: Yes

Glucose Level	05/02/ 333 High	02/ 334 High
	23	26/
	18 08	23
BUN	05/02/ 16	02/ 15
	23	26/
	18 08	23
Sodium Level	05/02/ 134 Low	02/ 137
	23	26/
	18 08	23
Potassium Level	05/02/ 4.3	02/ 4.7
	23	26/
	18 08	23
Chloride	05/02/ 102	02/ 108 High
	23	26/
	18 08	23
CO2	05/02/ 25	02/ 24
	23	26/
	18 08	23
Anion Gap	05/02/ 7	02/ 5
	23	26/
	18 08	23
Creatinine	05/02/ 1.13 High	02/ 0.88
	23	26/
	18 08	23
eGFR if non-African American	05/02/ 50 Low	02/ >60
	23	26/
	18 08	23
eGFR if African American	05/02/ >60	02/ >60
	23	26/
	18 08	23
Alk. Phos	05/02/ 213 High	02/ 114
	23	26/
	18 08	23
AST/SGOT	05/02/ 33	02/ 36 High
	23	26/
	18 08	23
ALT/SGPT	05/02/ 38	02/ 34
	23	26/
	18 08	23
Total Bili	05/02/ 0.7	02/ 0.3
	23	26/
	18 08	23
Total Protein	05/02/ 7.5	02/ 6.3
	23	26/
	18 08	23
Albumin	05/02/ 3.8	02/ 4.3
	23	26/
	18 08	23
Calcium Level	05/02/ 9.5	02/ 9.6
	23	26/
	18 08	23

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Pg #: Page 23 of 210

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Morgantown, WV 26505

Patient Name: **LORING, TINA MARIE** Location: 5S; S505; 01  
MRN: 342017 Admission Date: 5/2/2023  
DOB/Gender: 10/20/1969 Female Attending MD: Mendapara, Vivek MD  
Account No.: 62553143

## ED Physician Notes

Recommendation: Admit to hospitalist service. Give Zosyn in addition to Vancomycin

Lactic Acid 05/02/ 0.90  
23  
18 08

5/2/2023 19:04:34

Physician/Specialist: Brendan Winters, PA-C

Contacted: Yes

Recommendation: Will evaluate for admission

**EXTERNAL RECORD REVIEW:** None

**DIFFERENTIAL DIAGNOSIS/ALTERNATIVE TESTING CONSIDERED:** Abscess, cellulitis, fistula, sepsis

### CRITICAL CARE/SEPSIS:

#### ED Sepsis Documentation

Time of Sepsis Diagnosis: 1858

Lactate: Yes

Blood Cultures drawn prior to antibiotics: Yes

Broad Spectrum Antibiotics Administered: Yes - Zosyn and Vancomycin

IV Fluids: 1L of NS. BP WNL

Pressors Administered: No; Reason not administered: BP WNL

**CLINICAL COURSE:** Patient slightly tachycardic upon arrival to ED but otherwise vitals stable. Informed her laboratory and diagnostic work-up. WBC also elevated and physical exam concerning for acute infection. Therefore sepsis protocol was initiated. Lactic acid and blood cultures were ordered. Patient started on vancomycin and Zosyn. Informed patient of CT results concerning for cellulitis and questionable fistula. Case discussed with general surgery who recommended admission to hospitalist service. Patient is in agreement this plan. Hospice services consulted for admission. All current questions answered.

### Assessment/Plan

**1. Cellulitis of buttock** (L03.317: Cellulitis of buttock)

**2. Sepsis** (A04.1: Enterotoxigenic Escherichia coli infection)

### Medication Reconciliation

Unchanged

**aspirin (aspirin 81 mg oral delayed release tablet)** 1 tab(s) Oral once a day. Refills: 0.

**atorvastatin (atorvastatin 40 mg oral tablet)** TAKE 1 TABLET BY MOUTH NIGHTLY. Refills: 1.

Hematology CBC/Diff	LATEST RESULTS	HISTORICAL RESULTS
WBC	05/02/ 14.0 High 23 18 08	02/ 6.9 20/ 23
RBC	05/02/ 4.42 23 18 08	02/ 4.57 20/ 23
Hgb	05/02/ 13.2 23 18 08	02/ 13.9 20/ 23
Hct	05/02/ 39.5 23 18 08	02/ 41.4 20/ 23
MCV	05/02/ 89.4 23 18 08	02/ 90.6 20/ 23
MCH	05/02/ 29.8 23 18 08	02/ 30.5 20/ 23
MCHC	05/02/ 33.3 23 18 08	02/ 33.6 20/ 23
RDW	05/02/ 14.0 23 18 08	02/ 15.1 High 20/ 23
Platelet Count	05/02/ 245 23 18 08	02/ 220 20/ 23
MPV	05/02/ 8.7 23 18 08	02/ 8.6 20/ 23
Auto Lymph %	05/02/ 9.7 Low 23 18 08	04/ 25.3 20/ 22
Auto Neutrophil %	05/02/ 83.8 High 23 18 08	04/ 64.6 20/ 22
Auto Monocyte %	05/02/ 5.7 23 18 08	04/ 6.7 20/ 22
Auto Eosinophil %	05/02/ 0.5 23 18 08	04/ 2.7 20/ 22

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Pg #: Page 24 of 210

Report Request ID: 41075457

# Mon Health Medical Center

1200 JD Anderson Drive  
Morgantown, WV 26505

Patient Name: **LORING, TINA MARIE** Location: 5S; S505; 01  
MRN: 342017 Admission Date: 5/2/2023  
DOB/Gender: 10/20/1969 Female Attending MD: Mendapara, Vivek MD  
Account No.: 62553143

## ED Physician Notes

**fluconazole (fluconazole 150 mg oral tablet)**TAKE 1 TABLET EVERY WEEK FOR 2 WEEKS. Refills: 1.

**insulin glargine-lixisenatide (Soliqua 100/33 subcutaneous solution)**40 Units Subcutaneous once a day before a meal for 90 Days. within 1 hour before the first meal of the day. Refills: 1.

**insulin lispro (HumaLOG KwikPen 100 units/mL injectable solution)**15 mL, INJECT PER SLIDING SCALE UNDER THE SKIN 3 TIMES DAILY BEFORE MEALS. MAXIMUM DAILY DOSE OF 60 UNITS. Refills: 0.

**meloxicam (Mobic 15 mg oral tablet)**1 tab(s) Oral once a day. Refills: 0.

**Misc Prescription (Accu Chek Guide TS)**use to test blood glucose levels TID. DX: E11.9 DM type 2. Refills: 2.

**Misc Prescription (AccuChek Guide TS)**Test blood glucose levels three times a day. Refills: 2.

**Misc Prescription (Freestyle Libre 2 Meter)**Use to monitor blood glucose continuously. DX: E11.9 DM type 2. Refills: 0.

**Misc Prescription (Freestyle Libre Sensor)**Use to monitor blood glucose continuously. DX: E11.9 DM type 2. Refills: 6.

**Misc Prescription (Ultra Fine Pen needles)**Use to inject insulin daily.. Refills: 3.

Auto Basophil %	05/02/ 0.3	04/ 0.7
	23	20/
	18 08	22
Lymph Abs#	05/02/ 1.4	04/ 1.5
	23	20/
	18 08	22
Neutrophil Abs#	05/02/ 11.7 High	04/ 3.9
	23	20/
	18 08	22
Monocyte Abs#	05/02/ 0.8	04/ 0.4
	23	20/
	18 08	22
Eosinophil Abs#	05/02/ 0.1	04/ 0.2
	23	20/
	18 08	22
Basophil Abs#	05/02/ 0.0	04/ 0.0
	23	20/
	18 08	22

## Diagnostic Results

CT Pelvis ENH no oral

MAY/02/23 18:18:00

Impression:

1. Left gluteal cellulitis without a discrete abscess seen. There is a questionable linear tract extending from the perianal region at the 4 o'clock position to the cellulitic left gluteal fat which could reflect a sinus tract however this is not well characterized with CT and if needed, a fistula protocol MRI would be recommended to more completely characterize this finding.

2. Post hysterectomy with gas in the vagina, likely an incidental finding however the rectosigmoid is immediately adjacent to the vagina and if there is any evidence of feculent discharge from the vagina at this could reflect a colovaginal fistula. Correlation with clinical history is recommended.

## Attestation

Seen dependently in the main ER/fast track

This note was created using voice recognition software. Any errors in grammar, capitalization, punctuation, dictation or wording are secondary to inherent errors in voice recognition software.

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Pg #: Page 25 of 210

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Account No.:	62553143		

### ED Physician Notes

*Electronically Signed By  
Shultz, Mariah PA-C, PA-C  
on 05.02.2023 21:14*

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Pg #: Page 26 of 210

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