Patient Name:	MONTALVO GONGORA, CARLOS MANUEL	Financial #:	A2329400291
Medical Record #:	1263994	Date of Birth:	12/26/1970 52 years
Location:	SVI ED; Waitroom (SVI)	Gender:	Male
Attending Physician:	WELLBORN,CAITLIN,MD Emergency Medicine	Discharge Date:	10/22/2023
Admission Date:	10/21/2023		

Emergency

DOCUMENT TYPE: ED Physician Notes
RESULT STATUS: Auth (Verified)
SIGNED INFORMATION: WELLBORN,CAITLIN,MD Emergency Medicine (10/22/2023 02:37 CDT)
SERVICE DATE/TIME 10/22/2023 01:38 CDT

Chief Complaint
p reports orthopnea, inability to sleep due to SOB when laying down. was seen at Conway Regional tuesday, sent home with lasix/ K+ but still feels swollen and SOB continues

History of Present Illness
Certified Interpreter utilized for encounter

52 year old spanish-speaking male with no reported pmh presenting with 3 weeks of nocturnal cough, bilateral distal leg swelling, dyspnea on exertion, and abdominal distention. Pt seen by a doctor around time of onset and completed a course of unspecified antibiotics without improvement. He established with a new PMD (Dr. Sikander Murad) last week and had blood work drawn x3 days ago on 10/18/2023. Pt presents with a copy of these results tonight, which are remarkable for wbc 9.6, hgb 13.6, hcg 42.9, plts 312, Cr 1.2, eGFR 72.8, Na 136, K 4.5, AST 253, ALT 287, prBNP 3740, Hgb A1c 5.6, TSH 1.81. Pt reports following these lab results, his PMD started him on furosemide 20mg BID and K supplementation. He has had no worsening of his symptom since then, but presents to the ED tonight because he is unable to sleep due to cough. He denies chest pain, orthopnea, fever, chills, or other ill symptom.

Review of Systems
Constitutional: negative for fever
Eyes: negative for vision changes
Cardiovascular: negative for chest pain
Respiratory: see HPI
GI: negative for abdominal pain
GU: negative for dysuria
Skin: negative for skin changes
Neurologic: negative for confusion

Physical Exam

Vitals & Measurements
T: 36.3 °C **RR:** 22 **BP:** 153/113 **SpO2:** 95%
WT: 95.27 kg **BMI:** 38.4
Constitutional: Alert, non-toxic appearing male
Head: Atraumatic

Problem List/Past Medical History
Ongoing
No qualifying data
Historical
No qualifying data

Medications
Inpatient
Lasix, 40 mg= 4 mL, IV Push, 1-Time
potassium chloride, 40 mEq= 4 Tab, Oral, 1-Time
Home
No active home medications

Allergies
No Known Medication Allergies

Lab Results
Labs (Last four charted values)

WBC	8.8	(OCT 21)
Hgb	13.9	(OCT 21)
Hct	43.3	(OCT 21)
Plt	255	(OCT 21)
Na	138	(OCT 21)
K	3.7	(OCT 21)
CO2	27	(OCT 21)
Cl	103	(OCT 21)
Cr	H **1.40**	(OCT 21)
BUN	H **25**	(OCT 21)
Glucose	H **112**	(OCT 21)
Mg	2.2	(OCT 21)
PT	H **17.1**	(OCT 21)
INR	1.5	(OCT 21)
PTT	30.3	(OCT 21)

Diagnostic Results
No Radiology Results Found

Emergency

Eyes: Normal conjunctiva, PERRL
ENT: Pharynx, uvula, and tonsils appear normal. Mucous membranes moist.
Neck: Supple
Respiratory: Mildly tachypnic. Respirations even, unlabored. Breath sounds clear bilaterally with equal chest rise. No wheezing or rales appreciated.
Cardiovascular: Regular rate and rhythm. Holosystolic murmur best heard over left lower lateral chest. Normal peripheral perfusion. 3+ pitting edema of BLE distal to proximal shin.
Abdomen: Protuberant, soft.
MSK: Normal inspection and range of motion. Moving all extremities spontaneously and without pain.
Skin: warm, dry
Neuro: Awake, Alert with no appreciable focal neurologic deficits. Normal motor observed.
Psych: cooperative

Procedure
EKG Interpretation:
23:46 EKG interpreted as sinus tach at 108 bpm, R atrial enlargement, normal PR/QRS intervals, borderline qtc prolongation, no ischemic pattern. No prior available for comparison.

Medical Decision Making
Assessment: 52 yo M presenting with several weeks of nocturnal dry cough, leg edema, dyspnea on exertion. In ED, mildly tachypneic with stigmata of peripheral fluid overload but does not appear to be in acute respiratory distress and is not requiring supplemental O2 to maintain normal saturations. Recent outpt bloodwork notable for elevated proBNP, likely CKD, and elevated transaminases. Repeat blood work today with uptrending Cr not quite c/w AKI, improving LFTs, proBNP lateral. CXR with cardiomegaly and mild pulmonary edema. These findings are all suggestive of heart failure, although patient does not carry this diagnosis. No consolidation on x-ray or fever to suggest PNA. Pt is scheduled to establish with a cardiologist in clinic on 10/30. Discussed this impression and findings with patient. Offered admission for continued diuresis, but pt requesting discharge home. He was provided with a dose of IV lasix while in the ED and encouraged to follow up as scheduled. Return precautions provided.

Assessment/Plan (Discharge)

Discharge Diagnosis
1. **Fluid overload** 10/22/2023 E87.70 ICD-10-CM
2. **Heart murmur** 10/22/2023 R01.1 ICD-10-CM

Request for Electronic Authentication By:

WELLBORN, CAITLIN, MD Emergenc Electronically Authenticated On: 10/22/2023 02:37 AM

Emergency

DOCUMENT TYPE:	ED Nursing Record
RESULT STATUS:	Auth (Verified)
SIGNED INFORMATION:	McGriff,Ashlyn E,Temporary RN (10/22/2023 03:17 CDT)
SERVICE DATE/TIME	10/22/2023 03:17 CDT

ED Discharge Entered On: 10/22/2023 3:18 CDT
Performed On: 10/22/2023 3:17 CDT by McGriff, Ashlyn E, Temporary RN

Discharge Process
Patient Disposition : Discharge
IV Discontinued : Yes

McGriff, Ashlyn E, Temporary RN - 10/22/2023 3:17 CDT

ED Discharge
Discharge To : Home without planned follow-up

McGriff, Ashlyn E, Temporary RN - 10/22/2023 3:17 CDT

Request for Electronic Authentication By:

McGriff, Ashlyn E, Temporary R Electronically Authenticated On: 10/22/2023 03:17 AM

Emergency

DOCUMENT TYPE:	ED Nursing Record
RESULT STATUS:	Auth (Verified)
SIGNED INFORMATION:	Dziobkowski,Cheryl,Rn-Ed (10/21/2023 23:24 CDT)
SERVICE DATE/TIME	10/21/2023 23:24 CDT

ED Triage Entered On: 10/21/2023 23:31 CDT
Performed On: 10/21/2023 23:24 CDT by Dziobkowski, Cheryl, Rn-Ed

ED Triage "Across the Room"
Chief Complaint : p reports orthopnea, inability to sleep due to SOB when laying down. was seen at Conway Regional tuesday, sent home with lasix/ K+ but still feels swollen and SOB continues
Triage Date/Time : 10/21/2023 23:24 CDT

Dziobkowski, Cheryl, Rn-Ed - 10/21/2023 23:24 CDT

DCP GENERIC CODE
Tracking Acuity : 3 - Urgent SVI
Tracking Group : SVI St. Vincent Inf

Dziobkowski, Cheryl, Rn-Ed - 10/21/2023 23:24 CDT

Mode of Arrival : Wheelchair
Transported to ED by : Private vehicle
To Room Via : Wheelchair
Accompanied By : Sibling
ED Vital Signs : Document
Height & Weight : Document
ED Allergies : Document
Sepsis Screening Tool : Document
ED Infection Control : No
ED Reason for Visit : Document
ED Triage Treatments : Document

Dziobkowski, Cheryl, Rn-Ed - 10/21/2023 23:24 CDT

Infectious Disease History
Does patient have symptoms of COVID-19? : No
Tested for COVID19 in the past 14 days : No, Patient stated
Does the Patient state known exposure to a COVID-19 positive case in the last 14 days? : No
Patient Vaccinated for COVID-19 : Fully vaccinated

Dziobkowski, Cheryl, Rn-Ed - 10/21/2023 23:24 CDT

Infectious Disease Risk Screening Grid
Cough < 2 wks of unknown origin : Yes
Cough > 2 weeks : NO
Blood in Sputum : NO
Fever or self-reported Fever : NO
Rash of unknown origin : NO
Headache : NO
Stiff neck : NO
Night Sweats : NO
Unexplained Weight Loss : NO
Diarrhea (3 episode per day) : NO

Dziobkowski, Cheryl, Rn-Ed - 10/21/2023 23:24 CDT

Emergency

Physical contact outside US in the last 30 days : No
Hospitalized in Foreign Country : No
Hemodialysis/AMB Sx Frgn Ctry Last 12 Mo : No
Overnite Stay Hosp/SNF Outside State : No
Infectious Disease History : None
INF Disease TB Screening Calc : 1
INF Disease Recent Travel Calc : 0

Dziobkowski, Cheryl, Rn-Ed - 10/21/2023 23:24 CDT

Vital Signs ED
Temperature Source : Temporal artery scanning
Temperature Mode : Fahrenheit
Temperature, Fahrenheit : 97.3 Deg F
Clinical Temperature, C : 36.3 Deg C
Pulse Rate : 100 bpm
Respiratory Rate : 22 Breaths/Min (HI)
Blood Pressure Location : Arm, left upper
Blood Pressure Source : Non-Invasive BP Device
Systolic Blood Pressure : 153 mmHg (HI)
Diastolic Blood Pressure : 113 mmHg (HI)
Mean Arterial Pressure (MAP) : 126 mmHg
Oxygen Saturation : 95 %
Oxygen Therapy Mode : Room air
ED Pain : No

Dziobkowski, Cheryl, Rn-Ed - 10/21/2023 23:24 CDT

Allergy Profile

(As Of: 10/21/2023 23:31:23 CDT)

Allergies (Active)

No Known Medication Allergies	*Estimated Onset Date:* Unspecified ; *Created By:* Dziobkowski, Cheryl, Rn-Ed; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* No Known Medication Allergies ; *Type:* Allergy ; *Updated By:* Dziobkowski, Cheryl, Rn-Ed; *Reviewed Date:* 10/21/2023 23:27 CDT

Diagnosis Control ED

(As Of: 10/21/2023 23:31:23 CDT)

Diagnoses(Active)

Edema	*Date:* 10/21/2023 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Complaint of ; *Clinical Dx:* Edema ; *Classification:* Medical ; *Clinical Service:* Non-Specified ; *Code:* PNED ; *Probability:* 0 ; *Diagnosis Code:* ASYr9AEYvUr1YoYdCqIGfQ
SOB - Shortness of breath	*Date:* 10/21/2023 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Complaint of ; *Clinical Dx:* SOB - Shortness of breath ; *Classification:* Medical ; *Clinical Service:* Non-Specified ; *Code:* PNED ; *Probability:* 0 ; *Diagnosis Code:* 476A4569-4A67-41B5-B585-D00EF4BB837E

ED Height and Weight
Height Source : Stated

Emergency

Height Entry Format : Imperial
Height, Inches : 62 Inch(Converted to: 5 ft 2 Inch, 157.48 cm)
Clinical Height : 157.48 cm
Weight Source, ED : Standing scale
Weight Entry Format : Imperial
Clinical Dosing Weight : 95.27 kg
Weight, Pounds : 209.6 lb
Body Surface Area-(BSA) : 2.04 m2
Body Mass Index : 38.4 kg/m2 (HI)
Ideal Body Weight : 54 kg

Dziobkowski, Cheryl, Rn-Ed - 10/21/2023 23:24 CDT

Triage Initial Exam and Interventions, ED
Level of Consciousness : Alert, Awake
Affect/Behavior : Appropriate, Calm, Cooperative
Orientation : Oriented x 4
Skin Temperature : Warm
Skin Description : Normal for ethnicity, Dry, Pink
Triage Interventions : EKG
Current/Recent Head Injury : No

Dziobkowski, Cheryl, Rn-Ed - 10/21/2023 23:24 CDT

Sepsis Screening Tool
SIRS Screening Vital Signs/Labs : No qualifying SIRS Screening Vital Signs/Labs.
SIRS Indicator Signs and Symptoms Present/New : Tachycardia - greater than 95 beats per minute
Two or More Signs and Symptoms SIRS Indicators : No
Organ Dysfunction Vital Signs/Labs : No Qualifying Organ Dysfunction Vital Signs/Labs.

Dziobkowski, Cheryl, Rn-Ed - 10/21/2023 23:24 CDT

Clinical Trial Participant
Currently Enrolled in a Clinical Trial? : No

Dziobkowski, Cheryl, Rn-Ed - 10/21/2023 23:24 CDT

Request for Electronic Authentication By:

Dziobkowski, Cheryl, Rn-Ed Electronically Authenticated On: 10/21/2023 11:24 PM