

Patient Information:

- * Name: Michael Johnson
- * Unit No: 789012
- * Admission Date: 03/10/2024
- * Discharge Date: 03/17/2024
- * Date of Birth: 02/14/1965
- * Sex: Male
- * Service: Medicine
- * Attending Physician: Dr. Emily Turner
- * Chief Complaint: Shortness of breath
- * Allergies: Penicillin

History of Present Illness:

Michael Johnson, a 59-year-old male with a significant medical history, presented to the emergency room with a primary complaint of worsening shortness of breath over the past three days. He has a background of chronic obstructive pulmonary disease (COPD), hypertension, and was recently diagnosed with Stage IIA colon cancer. Michael reported a persistent cough producing green sputum, but he did not experience any chest pain or fever. He also

mentioned feeling unusually fatigued and struggling with everyday activities, which was not typical for him. Despite seeing his primary care physician a week prior and being prescribed an inhaler, his symptoms persisted. Upon arrival at the ER, his vital signs were recorded: temperature 99.1°F, heart rate 110 beats per minute, blood pressure 135/80 mmHg, respiratory rate 22 breaths per minute, and oxygen saturation at 88% on room air. He was treated with Albuterol and Ipratropium nebulizers and started on intravenous antibiotics to address a suspected infection.

Review of Systems:

* Positive Findings:

- o Shortness of breath
- o Productive cough with green sputum

* Negative Findings:

- o No fever, chills, or night sweats
- o No recent weight loss or gain

- o No headache, sinus tenderness, rhinorrhea, or congestion
- o No wheezing
- o No chest pain, chest pressure, or palpitations
- o No nausea, vomiting, constipation, or abdominal pain
- o No dysuria, frequency, or urgency in urination
- o No arthralgias (joint pain) or myalgias (muscle pain)
- o No rashes or skin changes
- o All other systems reviewed and reported as negative

Past Medical History:

* Oncology Diagnosis:

- o Stage IIA colon cancer, diagnosed in January 2024

* General Medical History:

- o Chronic Obstructive Pulmonary Disease (COPD)
- o Hypertension
- o Hyperlipidemia
- o History of smoking (40 pack-years, quit 10 years ago)
- o Gastroesophageal reflux disease (GERD)
- o Appendectomy in 2005

Social History:

- * Smoking History: Former smoker with a 40 pack-year history; quit 10 years ago
- * Alcohol Use: Occasional alcohol use
- * Illicit Drug Use: Denies use of illicit drugs
- * Living Situation: Lives with spouse
- * Occupation: Retired school teacher

Family History:

- * Father: Had coronary artery disease; deceased at age 75
- * Mother: Has type 2 diabetes; alive at age 82
- * Brother: Diagnosed with colon cancer; alive at age 62

Physical Exam:

- * Admission Exam:
 - o Vitals: Temperature 98.6°F, blood pressure 130/70 mmHg, heart rate 102 beats per minute, respiratory rate 20 breaths per minute, oxygen saturation 90% on room air

- o General Appearance: No acute distress, awake and alert
- o Head, Eyes, Ears, Nose, Throat (HEENT): Supple neck, dry mucous membranes, no oropharyngeal lesions
- o Pulmonary: Decreased breath sounds bilaterally, expiratory wheezes noted
- o Cardiovascular: Regular rate and rhythm, no murmurs, rubs, or gallops
- o Abdomen: Soft, non-tender, non-distended, bowel sounds present
- o Extremities: Normal perfusion, no edema
- o Skin: Warm, dry, intact
- o Neurological: Alert and oriented to person, place, and time; no focal sensory or motor deficits
- o Psychiatric: Calm and cooperative; patient can spell WORLD backwards and perform serial 7s
- * Discharge Exam:
 - o Vitals: Temperature 97.8°F, blood pressure 128/75 mmHg, heart rate 88 beats per minute,

respiratory rate 18 breaths per minute, oxygen saturation 94% on room air

- o General Appearance: No acute distress, awake and alert
- o Head, Eyes, Ears, Nose, Throat (HEENT): Supple neck, moist mucous membranes
- o Pulmonary: Normal effort, no wheezes, crackles at right base
- o Cardiovascular: Regular rate, irregularly irregular rhythm, no murmurs, rubs, or gallops
- o Abdomen: Soft, non-tender, non-distended, bowel sounds present
- o Extremities: Normal perfusion, no edema
- o Skin: Warm, dry, intact
- o Neurological: Alert and oriented to person, place, and time; no focal sensory or motor deficits
- o Psychiatric: Calm and cooperative; alert and oriented to person, place, and time

Pertinent Results:

* Admission Labs:

- o 03/10/2024 07:20 PM: Lactate 1.5 mmol/L

o 03/10/2024 07:00 PM: Glucose 110 mg/dL, Urea Nitrogen 18 mg/dL, Creatinine 1.2 mg/dL, Sodium 140 mmol/L, Potassium 4.0 mmol/L, Chloride 103 mmol/L, Total CO2 24 mmol/L, Anion Gap 16

o 03/10/2024 07:00 PM: Calcium 9.0 mg/dL, Phosphate 3.5 mg/dL, Magnesium 2.0 mg/dL, Uric Acid 6.0 mg/dL

o 03/10/2024 07:00 PM: WBC $12.8 \times 10^9/L$, RBC $4.56 \times 10^{12}/L$, Hemoglobin 13.5 g/dL, Hematocrit 40.0%, MCV 88 fL, MCH 29.6 pg, MCHC 34.0 g/dL, RDW 12.5%

o 03/10/2024 07:00 PM: Platelet Count $250 \times 10^9/L$

o 03/10/2024 07:00 PM: PT 12.7 seconds, PTT 30.2 seconds

o 03/11/2024 11:35 AM: Urea Nitrogen 19 mg/dL, Creatinine 1.1 mg/dL, Sodium 142 mmol/L, Potassium 4.1 mmol/L, Chloride 104 mmol/L, Total CO2 26 mmol/L, Anion Gap 14

o 03/11/2024 11:35 AM: ALT (SGPT) 30 U/L, AST (SGOT) 45 U/L, LDH 500 U/L, Total Bilirubin 0.9 mg/dL

Medications on Admission:

- * Albuterol 2.5 mg Nebulizer Q4H
shortness of breath
- * Ipratropium 0.5 mg Nebulizer Q4H
shortness of breath
- * Levofloxacin 750 mg IV Q24H
- * Methylprednisolone 40 mg IV Q12H
- * Lisinopril 10 mg PO DAILY
- * Atorvastatin 20 mg PO DAILY
- * Omeprazole 20 mg PO DAILY

Discharge Medications:

1. Albuterol 2.5 mg Nebulizer Q4H
shortness of breath
2. Ipratropium 0.5 mg Nebulizer
Q4H
shortness of breath
3. Levofloxacin 750 mg PO DAILY
(last day = 03/24/2024)
4. Prednisone 40 mg PO DAILY
(taper over 5 days)
5. Lisinopril 10 mg PO DAILY
6. Atorvastatin 20 mg PO DAILY
7. Omeprazole 20 mg PO DAILY

Discharge Disposition:

- * Home with Home Health Care

Discharge Diagnosis:

- * Acute exacerbation of COPD
- * Pneumonia

- * Hypertension

- * Hyperlipidemia

Discharge Condition:

- * Mental Status: Clear and coherent

- * Level of Consciousness: Alert and interactive

- * Activity Status: Ambulatory - Independent

Discharge Instructions:

Dear Mr. Johnson,

You were admitted to XYZ Hospital for shortness of breath and were found to have a COPD exacerbation and pneumonia. You will need to continue oral antibiotics and steroids at home as instructed below. Please follow up with your pulmonologist, Dr. Robert White, and your primary care physician, Dr. Emily Turner, as scheduled.

During your hospitalization, you received nebulizer treatments and IV antibiotics. Your symptoms have improved, and you are stable for discharge. Ensure you use your inhalers as prescribed and monitor your symptoms. If you experience

worsening shortness of breath,
fever, or chest pain, seek medical
attention immediately.

For your hypertension and
hyperlipidemia, continue your
medications as prescribed and
follow up with your primary care
physician.