

Patient: Crisp, Diane#1643584

Demographics ↗

Diane Crisp
DECEASED
 65 year old female
 9/1/1959 - 3/2/2025
 Comm Pref:
 Works at Kroger Company

1638 SUMAN AVE
 DAYTON OH
 45403-3137
937-681-8074
 (M)

Problem List ↗

25 items ↗

Cardiac and Vasculature

Hypertension
 Hyperlipidemia
 Abnormal EKG
 Mild pulmonary hypertension (HC CODE)
 Paroxysmal tachycardia, unspecified (HC CODE)

Endocrine and Metabolic

Folic acid deficiency
 Obesity, Class II, BMI 35-39.9, no comorbidity
 Hypoglycemia

Gastrointestinal and Abdominal

PUD (peptic ulcer disease)
 GI bleed

Genitourinary and Reproductive

- ⬆ Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)
- ⬆ AKI (acute kidney injury) (HC CODE)
- Postmenopausal
- Renal insufficiency
- CKD (chronic kidney disease) stage 2, GFR 60-89 ml/min
- Acute renal failure (HC CODE)

Hematology and Neoplasia

Chronic anemia

Musculoskeletal

S/P total knee arthroplasty, left
 Muscle weakness of lower extremity

Neuro

Last 4 Visits ↗

Feb 17



ED to Hosp-Admission (Discharged) with Dange, Sulabha R, MD; Haque, Nurul, MD
 Hypoglycemia

Jan 27



Orders Only with FP - Hawes, P
 Peripheral polyneuropathy

Jan 27



Orders Only with FP - Hawes, P
 Primary hypertension

Dec 10, 2024



Home Visit with FP - Hawes, P
 Muscle weakness of lower extremity (Primary Dx); GBS (Guillain Barre syndrome) (HC CODE); History of CVA (cerebrovascular accident); Folate deficiency; Gastroesophageal reflux disease without esophagitis; Hyperlipidemia, unspecified hyperlipidemia type; Primary hypertension; Annual physical exam; Hypertensive kidney disease with stage 3b chronic kidney disease (HC CODE); Vitamin D deficiency

Allergies

No Known Allergies

Medications ↗

None

- 📍 AMS (altered mental status)
- Cerebral infarction ()
- History of CVA (cerebrovascular accident)
- GBS (Guillain Barre syndrome) (HC CODE)
- Disease of spinal cord, unspecified (HC CODE)
- History of stroke with residual deficit

🏥 Health Maintenance

None

🚬 Tobacco History

Smoking Status	Never
Smokeless Tobacco Status	Never

2 items ↗

⌚ Medical History

15 items ↗

- 12/20/2023 Fall
- 08/11/2020 Hyperpotassemia
- 07/11/2018 Acute blood loss anemia
- 06/19/2018 Preop exam for internal medicine
- 10/2013 History of ischemic stroke without residual deficits ⓘ
- 07/2006 History of hemorrhagic cerebrovascular accident (CVA) without residual deficits ⓘ
- 06/2001 History of hemorrhagic cerebrovascular accident (CVA) without residual deficits ⓘ
- Date Unknown Folic acid deficiency
- Date Unknown Hypercholesterolemia ⓘ
- Date Unknown Hypertension ⓘ
- Date Unknown Iron deficiency anemia ⓘ
- Date Unknown LVH (left ventricular hypertrophy) due to hypertensive disease ⓘ
- Date Unknown Postmenopausal
- Date Unknown PUD (peptic ulcer disease) ⓘ
- Date Unknown Thrombocytosis (Chronic) ⓘ

📌 PDMP Review History from 9/4/2024 to 3/3/2025

No review history is available during this date range.

℞ Preferred Pharmacies ↗

- | | |
|--|--|
| KROGER PHARMACY
01400754 - DAYTON, OH -
4506 BRANDT PIKE | Phone: 937-233-8930
Fax: 937-233-5135 |
| KROGER PHARMACY
01400765 - DAYTON, OH -
601 WOODMAN DR | Phone: 937-535-5820
Fax: 937-535-5821 |
| Wellness 1 Pharmacy -
Kettering, OH - 2420 S.
Smithville Rd. | Phone: 937-256-4000
Fax: 937-256-2118 |

💉 Immunizations/Injections

- Flu Vaccine 3yrs and up 12/13/2017, 11/10/2010
- Flu Vaccine, Flublok Quadrivalent, 0.5ml
- PFS 11/20/2020
- Flu Vaccine, Inactivated, Trivalent, Std Dose 12/8/2015, 12/9/2014, 10/25/2013
- Flu Vaccine, Inactivated, Quadrivalent, Std Dose 11/14/2016
- Flu Vaccine, recombinant, Quadrivalent 11/20/2020
- Influenza Virus Vaccine, Unspecified Formulation 1/14/2022, 12/13/2017, 11/10/2010
- Influenza, Seasonal, Injectable 12/13/2017, 12/8/2015, 12/9/2014, ... (1 more)
- Influenza, injectable, quadrivalent, Preservative Free 11/23/2022, 1/14/2022, 11/14/2016
- Influenza, recombinant, quadrivalent, injectable, preservative free 11/20/2020
- Pneumococcal Polysaccharide vaccine, 23 valent 10/25/2013
- TDaP 6/9/2015

⌚ Significant History/Details

- | | |
|--------------------|-------------------------------------|
| Smoking | Never |
| Smokeless Tobacco | Never |
| Alcohol | 0.0 standard drinks of alcohol/week |
| Preferred Language | English |

Surgical History

7 items

- 01/06/2024 Esophagogastroduodenoscopy with biopsy (N/A)
- 12/27/2023 Colonoscopy (N/A)
- 07/10/2018 Total knee arthroplasty (Left)
- 06/20/2018 Esophagogastroduodenoscopy (N/A)
- 10/25/2013 Pacu offsite recovery (N/A)
- Date Unknown Carpal tunnel release
- Date Unknown Cubital tunnel release

Family History

9 items

Mother (... Hypertension
Diabetes
Stroke)

Father (D...) Heart Disease
COPD

Sister No Known Problems

Sister No Known Problems

Brother (...) Cancer

Brother (...) Cerebral Palsy

Brother No Known Problems

Paternal ... Breast Cancer

Neg Hx Anesthesia Problems

Reminders and Results ↗

None

Care Team and Communications

PCPs Type
Nonstaff, Mvh, General
MD

Other Patient Care Relationship

Team Members

Smith, M Darlene, N/A
RN

Shah, Keton S, MD N/A

Recipients of Past 5 Communications

Specialty Comments

[Report](#)

Dept Specialty: Hematology and Oncology
Legacy Kettering Skilled Nursing 3313 Wilmington Pike, Kettering OH 45429-4023 937-949-3550
937-949-3516 -

Family Comments

Larry Crisp-- Brother
937-253-0575

Shirley Crisp-- Sister-in-law
937-898-5795

Latest Cases

[Show My Specialty](#)

Date	Procedure	Surgeon	Status	Laterality	Location
			Implanted	None	specified
				None	specified

Implants

Type	Not Specified	Status	Implanted on	Expiration Date
CEM BONE 40GM W/ GM HI VISC LATXFREE	Implanted	7/10/2018	6/30/2020	
110034355 - LOG724523				
BSPLT TIBIA KNEE TI STMD PERSONA 42532007101 - LOG724523	Implanted	7/10/2018	1/31/2028	
persona femur narrow left 9				
PATL KNEE ALL POLY 29X8.0MM PERSONA 42540200029 - LOG724523	Implanted	7/10/2018	3/31/2023	
SURF ARTC FEM 8-11 TIB E-F 10 LATXFREE	Implanted	7/10/2018	11/30/2022	

[Show More](#)

Letter (Out) - 2/22/2024	Diane Crisp	02/22/2024	MyChart
Hospital Encounter - 1/5/2024	Legacy Kettering	01/07/2024	Fax
Hospital Encounter - 12/7/2023	Legacy Kettering Robinson, Emily H, CNP	01/02/2024	Fax Mail
	Legacy Kettering	01/02/2024	Fax

Recipients of Automatic ADT Notifications for Most Recent Admission

[Show All Admissions](#)

No notifications found.

My Last Relevant Note

There are no notes for this patient that meet the current filters.

PERSONA
42512100810 -
LOG724523

Registries

[Show Detail](#)

Filtering

Registry
Active Patients Added
5/26/2018

ICU Stay

Registry
ICU Stay Registry Added
2/17/2025

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Dange, Sulabha R, MD

Physician
Hospitalist

Discharge Summary



Date of Service: 03/02/25 1458

Addendum

Addendum

MIAMI VALLEY HOSPITAL

PHP Transition of Care Form/Discharge Summary

DEMOGRAPHICS

PATIENT NAME: Diane Crisp **DOB:** 9/1/1959 **MRN:** 096-67-27-70**DATE ADMITTED:** 2/17/2025 **DATE OF DISCHARGE:** 3/2/2025**DISCHARGING PHYSICIAN AND CONTACT:** Dange R Sulabha Phone: (937) 414-4381**PHYSICIANS CONSULTED:** Treatment Team: Consulting Physician: Kaufhold, Jeffrey J, MD; Consulting Physician: Gollamudi, Murthy Venkat L N, MD**PCP:** Nonstaff, Mvh 208-8000**Report Called to Transitioning or Primary Care Provider?** No.**Discharge Facility:** Patient passed away.**Destination - Admitted Since 2/17/2025**

No services have been selected for the patient.

MEDICAL SYNOPSIS

REASON FOR ADMISSION/CHIEF COMPLAINT: AMS (altered mental status) [R41.82]**PRINCIPAL DIAGNOSIS* AND HOSPITAL PROBLEM LIST:**

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

PRIOR TO ADMISSION PROBLEM LIST:

Patient Active Problem List

Diagnosis

- Hypertension
- Cerebral infarction ()
- Chronic anemia
- Folic acid deficiency
- Postmenopausal
- Renal insufficiency
- Hyperlipidemia
- History of CVA (cerebrovascular accident)
- CKD (chronic kidney disease) stage 2, GFR 60-89 ml/min
- Abnormal EKG
- PUD (peptic ulcer disease)
- S/P total knee arthroplasty, left
- Acute renal failure (HC CODE)
- Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)
- Obesity, Class II, BMI 35-39.9, no comorbidity
- Muscle weakness of lower extremity
- GI bleed
- GBS (Guillain Barre syndrome) (HC CODE)
- Disease of spinal cord, unspecified (HC CODE)
- Mild pulmonary hypertension (HC CODE)
- Paroxysmal tachycardia, unspecified (HC CODE)
- History of stroke with residual deficit
- AKI (acute kidney injury) (HC CODE)
- Hypoglycemia
- AMS (altered mental status)

HOSPITAL COURSE AND TREATMENT:

[Diane Crisp is a 65 year old female, PMH HTN, HLP, GERD presented with lethargy. Noted to be markedly hypoglycemic with glucose of 31, markedly hypotensive and hypoxic, workup noted acute renal failure, hyperkalemia, leukocytosis and elevated but nontrending troponins, CT imaging indicated left lung infiltrate PNA versus aspiration, also acute metabolic encephalopathy—she was admitted for the management of these problems.

:Worsening overall. Lethargy and somnolence over the last 24 hours now with hypotension needing multiple vasopressors. Now 100% on BiPAP.

Sepsis due to pneumonia, UTI with septic shock as well as acute sepsis-related organ dysfunction, acute hypoxic respiratory failure as evidenced by SPO₂ < 89% on RM air. Present on Admission (POA). Needed intubation—subsequently extubated.

Also acute kidney injury, acute metabolic encephalopathy.

Hypotension requiring multiple vasopressors at this time.

Respiratory cultures—multiple microbes.

Urine cultures—suggestive of contamination. MRSA negative.
S/p ID eval. Completed antibiotics course—Zosyn. Received steroids earlier.
Patient continues to be on BiPAP 100% oxygen.

AKI with CKD stage III—nephrology on board. Currently on CRRT, underwent HD yesterday. With precarious hypotension needing multiple vasopressors—nephrology concerns about patient tolerating ultrafiltration are noted.

Hypertensive renal disease. Antihypertensives on hold due to low BPs, now needing multiple vasopressors.

Anemia of chronic disease—likely 2/2 CKD. Hb is currently stable at 8.4.

Marked thrombocytopenia—? 2/2 sepsis, platelets at 53K. No active bleeding reported from any site.

Hypoglycemia with confusion—POA. Currently on tube feeds. Glucose level continues to be low.? Need to update the formula.

Atrial fibrillation—rate is acceptable in the 100s.

Continue management of hyperlipidemia, hypothyroidism, GERD.

Elevated but nontrending troponins—in the setting of above likely 2/2 demand ischemia.

History of CVA.

Dysphagia—speech/swallow evaluation could not be done due to continued need for BiPAP. Has NG tube for feeds.

Palliative care on board and family dynamics noted. Noted plan to have family conference tomorrow that is on 3/3/2025.. We appreciate the assistance.]

Above is the follow-up note from this morning during the rounds.

I was notified by RN through secure chat that patient passed away at 1:26 PM.

MEDICATIONS:

Medication List

Unreviewed

	Details
acetaminophen 325 mg tablet Commonly known as: TYLENOL	Take 2 Tab by mouth every 4 hours as needed for other (for mild pain/temp of 101.5 F or 100.5 F for immunocompromised patients)

AtorvaSTATin 20 mg tablet Commonly known as: LIPITOR	Take 1 Tab by mouth daily
carbamide 6.5 % Ear drops Commonly known as: DEBROX	place 5 Drops into each ear two times a day
folic acid 400 mcg tablet Commonly known as: FOLATE	Take 1 Tab by mouth daily
 gabapentin 100 mg capsule Commonly known as: NEURONTIN	Take 1 Cap by mouth three times a day Doctor's comments: Days' Supply = 30
lisinopril 2.5 mg tablet Commonly known as: PRINIVIL,ZESTRIL	Take 1 Tab by mouth daily
metoprolol TARTRATE 25 mg tablet Commonly known as: LOPRESSOR	Take 0.5 Tab by mouth two times a day
pantoprazole 40 mg enteric-coated tablet Commonly known as: PROTONIX	Take 1 Tab by mouth daily

NEW MEDICATION FOLLOW UP RESPONSIBILITY:

ALLERGIES and INTOLERANCES:

No Known Allergies

DATA

EXAM:

General: I was not at the patient's bedside when she passed away.

LAST SET OF VITALS:

BP: 103/59

Temp: 101.6 °F (38.7 °C)

Pulse: (!) 0

Resp: (!) 5

Height: 157.5 cm (5' 2.01")

Body Surface Area: 1.54

Body Mass Index: 21.97

Last Weight

03/02/25 54.5 kg (120 lb 2.4 oz)

FINAL BASIC LABS:

CMP or BMP:

Lab Results

Component	Value	Date
NA	143	03/02/2025
POTASSIUM	4.4	03/02/2025
CL	105	03/02/2025

CO2	29	03/02/2025
GLUCOSE	84	03/02/2025
GLUCOSE	90	03/02/2025
GLUCOSE	114 (A)	03/01/2025
BUN	20	03/02/2025
CREATININE	1.4 (H)	03/02/2025
CA	8.7	03/02/2025
TP	4.4 (L)	02/18/2025
ALB	2.2 (L)	03/02/2025
ALKP	250 (H)	02/18/2025
AST	63 (H)	02/18/2025
ALT	61 (H)	02/18/2025
TBIL	0.4	02/18/2025

CBC:**Lab Results**

Component	Value	Date
WBC	11.4 (H)	03/02/2025
HEMOGLOBIN	8.4 (L)	03/02/2025
HEMATOCRIT	26.7 (L)	03/02/2025
PLATELETS	53 (L)	03/02/2025
MCV	105.1 (H)	03/02/2025
MCH	33.1	03/02/2025
MCHC	31.5	03/02/2025
RDW	21.5 (H)	03/02/2025
MPV	12.3 (H)	03/02/2025

PT/PTT/INR:**Lab Results**

Component	Value	Date
INR	1.3 (H)	02/17/2025

OTHER PERTINENT LABS WITHIN THE LAST 48 HRS

None

PATIENT STATUS**ADVANCE DIRECTIVES**

Durable Power of Attorney:

Living Will:

Code Status Information

Code Status

Limited Treatment Measures

Modified Resuscitation Specifics:

Select limited treatment measures: No intubation / mechanical ventilation

No chest compressions

No countershock / defibrillation

Other (see comments)

PLANNED INTERVENTIONS

Home Care Agency:

Home Medical Care - Admitted Since 2/17/2025

No services have been selected for the patient.

I recommended outpatient PT/OT care: no

Assessment of Family & Caregiver Status:

DISPOSITION

FOLLOW UP APPOINTMENTS:

DISCHARGE ORDERS

Discharge Procedure Orders

Consult to Family Practice

Referral Priority: Routine

Referral Type: Consultation

Referral Reason: Specialty Services Required

Requested Specialty: Family Practice

Number of Visits Requested: 1

DISPOSITION: patient passed

CONDITION AT DISCHARGE: Patient passed away.

25 Minutes spent in preparation of discharging this patient including face to face encounter, discussions with the patient and family, medication reconciliation, and transition of care preparation.

Electronically signed by: Sulabha R Dange, MD, 3/2/2025 2:58 PM

ED to Hosp-Admission (Discharged) on 2/17/2025

Note shared with patient

Additional Orders and Documentation

 [Results](#)
 [Imaging](#)

 [Meds](#)

 [Orders](#)
[Procedures](#)

 [Flowsheets](#)

SmartForms: EXPIRED PATIENT

Encounter Info: [History](#), [Allergies](#), [Education](#), [Care Plan](#), [Detailed Report](#)

Hospital Problem List

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

History of stroke with residual deficit

◆ Hypoglycemia

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Discharge

 Expired (EXPIRED) 

Medication List at Discharge

acetaminophen 650 mg Oral EVERY 4 HOURS PRN

atorvastatin calcium 20 mg Oral DAILY

carbamide peroxide 6.5 % 5 Drops Each Ear *TWO TIMES A DAY

folic acid 400 mcg Oral DAILY

gabapentin 100 mg Oral THREE TIMES A DAY

lisinopril 2.5 mg Oral DAILY

metoprolol tartrate 12.5 mg Oral *TWO TIMES A DAY

pantoprazole sodium 40 mg Oral DAILY

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Dange, Sulabha R, MD
Physician
Hospitalist

Medical Staff Progress Note  
Signed

Date of Service: 03/02/25 1457

Signed

I was notified by the RN through secure chat that the patient passed away at 1/26pm.

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient***Care Timeline**

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:29 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Harper, Bryan L, DO
Resident
Critical Care

Medical Staff Progress Note  
Signed

Date of Service: 03/02/25 1329

Signed

Critical Care Update

MIAMI VALLEY HOSPITAL
1 WYOMING ST
DAYTON OH 45409
937-208-8000
Diane Crisp
096-67-27-70
9/1/1959
3/2/2025
1:30 PM

Death note:

Called to see patient to pronounce death. Death was expected. On exam there was no response to voice or painful stimulus. Pupils were fixed and dilated. There were no audible heart tones. The BiPAP was paused and there was no spontaneous respiration or audible breath sounds. Time of death was 1326. Death was pronounced at 1326.

Electronically signed by: Bryan L Harper, DO, 3/2/2025 1:30 PM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient***Care Timeline**

02/17  **Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603**
03/02  **Discharged 1804**

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:29 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Ammula, Ashok Kumar, MD
 Physician
 Nephrology

Medical Staff Progress Note  
 Signed

Date of Service: 03/02/25 0952

Signed

*Mark D. Oxman, D.O. FACP
 Jeffrey J. Kaufhold, M.D., FACP
 Jennifer L. Jackson, D.O., FACP
 Chukwuma E. Eze, M.D., FASN, FASDIN
 Ashok K. Ammula, M.D.
 Shashikant R. Patel, M.D.*



*Swe Zin Mar Winhtut Oo, M.D.
 Jamie E. Long, MS, RN, APRN
 Vanessa Ratcliff MS, RN, APRN
 Esther Bassaw MS, RN, APRN
 Chloe Hammond, MS, RN, APRN
 Kimberly Wallace, MS, RN, APRN*

MIAMI VALLEY HOSPITAL

Renal Progress Note

3/2/2025

Patient Name: Diane Crisp DOB: 9/1/1959

Subjective

F/up for AKI requiring RRT. Admitted with sepsis/respiratory failure. Treated for possible Pneumonia

CRRT stopped on 2/27. She had dialysis with 1700 cc UF on 3/1. Clinical condition has significantly worsened in the last 24 hours with increased pressor requirement and worsening respiratory failure. She is now on BiPAP and requiring 100% oxygen

Assessment

Acute renal failure .Oliguric. Requiring CRRT--> IHD. No obstruction. PVR low. U/a suggestive of a UTI on admission. No renal recovery

CKD 3 due to HTN with baseline creat 1.5- 1.7

Saw Dr Oo in past

Sepsis/Resp failure

Volume overload. Net 7 L positive.

Thrombocytopenia. ? Due to sepsis. No active bleeding. No DVTs. Receiving heparin catheter lock. Platelet count is stable

Anemia of CKD and history of GI bleed

History of stroke

Plan

Electrolyte and acid-base status is acceptable. She is on 3 vasopressors and will not tolerate any ultrafiltration on CRRT.

I will discuss with Dr. Chambers

Current Meds:

albuterol (PROVENTIL) 2.5 mg /3 mL (0.083 %) inhalation solution 2.5 mg 2.5 mg Inhalation Q4H (RT); sodium chloride 7% for nebulization 4 mL 4 mL Inhalation BID; vitamin D, B, iron and minerals (PRORENAL) tab 1 Tab 1 Tab Oral Daily; fludrocortisone (FLORINEF) tablet 0.1 mg 0.1 mg Oral Daily; insulin lispro (HumaLOG) injection 1-9 Units 1-9 Units Subcutaneous Q4H; midodrine (PROAMATINE) tablet 10 mg 10 mg Oral Q8H; levothyroxine (SYNTHROID) tablet 50 mcg 50 mcg Oral Daily; saline flush 10 mL IV Push Q12H; polyethylene glycol (MIRALAX) packet

17 g 1 Packet Oral Daily; folic acid (FOLATE) tablet 1 mg 1 mg Oral Daily

Infusions:

norepinephrine 8 mg in NaCl 0.9% 250 mL (Standard Concentration) IV infusion Last Rate: 1 mcg/kg/min (03/02/25 0909); vasopressin (VASOSTRICT) 20 Units in NaCl 0.9% 100 mL IV infusion SEPSIS-NON-TITRATABLE Last Rate: 0.03 Units/min (03/02/25 0909); EPINEPHrine 5 mg in NaCl 0.9% 250 mL (Standard Concentration) IV infusion Last Rate: 0.35 mcg/kg/min (03/02/25 0916); diltiazem (CARDIZEM) 125 mg in 0.9% NaCl 125 ml addEASE Last Rate: Stopped (03/01/25 1700); NaCl 0.9% 1,000 mL Last Rate: 1,000 mL (02/21/25 1502)

PRN Meds:

- morphine injection syringe 2 mg
- NaCl 0.9 % 300 mL
- NaCl 0.9 % 2,000 mL
- heparin catheter solution 5,000-20,000 Units
- NaCl 0.9 % 2,000 mL
- heparin catheter solution 5,000-20,000 Units
- magnesium sulfate 2 g/50 ml SW IVPB
- sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB
- sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB
- NaCl 0.9 % 300 mL
- saline flush
- heparin injection 5,000 Units
- albumin, human 25 % IV soln 25 g
- dextrose (GLUTOSE) gel 15 g Carb
- dextrose 50 % in water (D50W) intravenous syringe 5-12.5 g
- glucagon injection 1 mg
- saline flush
- NaCl 0.9% 1,000 mL
- acetaminophen (TYLENOL) tablet 650 mg **OR** acetaminophen (TYLENOL) suppository 650 mg
- lidocaine (PF) 1 % (10 mg/mL) injection 5 mL
- ondansetron (ZOFTRAN ODT) RAPID DISSOLVING tablet 4 mg **OR** ondansetron (ZOFTRAN) injection 4 mg

Objective

Vital Signs:

Temp: 97.8 °F (36.6 °C) (03/02/25 0800)	Temp Avg: 98.3 °F (36.8 °C) Min: 97 °F (36.1 °C) Max: 100.1 °F (37.8 °C)	BP: 103/59 (03/02/25 0400)	Pulse: 130 (03/02/25 0936)	Resp: 27 (03/02/25 0936)	SpO2: (!) 60 % (03/02/25 0936)
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I/O last 3 completed shifts:

In: 287 [I.V.:66; Other:30; Enteral:191]

Out: 1814 [Urine:104; Dialysis UF:1710]

Admission: Weight: 62.1 kg (136 lb 14.5 oz) (02/17/25 1604)

Most recent: Weight: 54.5 kg (120 lb 2.4 oz) (03/02/25 0550)

Base/Dry Weight: (N/A. New acute)

Exam

Unresponsive on BiPAP

Right IJ HD catheter

Coarse breath sounds

1-2+ upper and lower extremity edema

Recent Labs

	03/02/25 0612	03/02/25 0011	03/01/25 1131
WBC	11.4*	6.3	10.8
HEMOGLOBIN	8.4*	8.3*	8.9*
HEMATOCRIT	26.7*	25.8*	27.6*
PLATELETS	53*	43*	37*

Recent Labs

	03/02/25 0831	03/02/25 0612	03/02/25 0454	03/01/25 2033	03/01/25 1819
NA	--	143	--	--	140
POTASSIUM	--	4.4	--	--	4.0
CL	--	105	--	--	102
CO2	--	29	--	--	26
BUN	--	20	--	--	14
CREATININE	--	1.4*	--	--	1.0
GLUCOSE	83	90	95	< >	99
CA	--	8.7	--	--	8.7
MG	--	2.1	--	--	--
PHOS	--	4.5*	--	--	3.3

< > = values in this interval not displayed.

Imaging Studies: reviewed

Hospital Problems

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Electronically signed by: Ashok Kumar Ammula, MD, 3/2/2025 9:52 AM

Page via Match MD or Epic secure chat.

ED to Hosp-Admission (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603

03/02 | Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:29 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Dange, Sulabha R, MD
Physician
Hospitalist

Medical Staff Progress Note ! ❤
Signed

Date of Service: 03/02/25 0850

Signed

MIAMI VALLEY HOSPITAL HOSPITALIST GROUP



Hospitalist Progress Note

3/2/2025

Patient Identifier/Hospitalist

Patient: Diane Crisp; **DOB** 9/1/1959

I saw and examined the patient on 3/2/2025 at 8:50 AM in 4512/4512-A.

Hospitalist: Sulabha R Dange, MD
Cell: (937) 414-4381

Disposition/Assessment and Plan

Disposition: To be decided. Patient's condition is pretty guarded at this time.

Reason to continue hospitalization: CCM, now on vasopressors.

Assessment/Plan:

Diane Crisp is a 65 year old female, PMH HTN, HLP, GERD presented with lethargy. Noted to be markedly hypoglycemic with glucose of 31, markedly hypotensive and hypoxic, workup noted acute renal failure, hyperkalemia, leukocytosis and elevated but nontrending troponins, CT imaging indicated left lung infiltrate PNA versus aspiration, also acute metabolic encephalopathy—she was admitted for the management of these problems.

Worsening overall. Lethargy and somnolence over the last 24 hours now with hypotension needing multiple vasopressors. Now 100% on BiPAP.

Sepsis due to pneumonia, UTI with septic shock as well as acute sepsis-related organ dysfunction, acute hypoxic respiratory failure as evidenced by SPO2 < 89% on RM air. Present on Admission (POA). Needed intubation—subsequently extubated.

Also acute kidney injury, acute metabolic encephalopathy.

Hypotension requiring multiple vasopressors at this time.

Respiratory cultures—multiple microbes.

Urine cultures—suggestive of contamination. MRSA negative.

S/p ID eval. Completed antibiotics course—Zosyn. Received steroids earlier.

Patient continues to be on BiPAP 100% oxygen.

AKI with CKD stage III—nephrology on board. Currently on CRRT, underwent HD yesterday. With precarious hypotension needing multiple vasopressors—nephrology concerns about patient tolerating ultrafiltration are noted.

Hypertensive renal disease. Antihypertensives on hold due to low BPs, now needing multiple vasopressors.

Anemia of chronic disease—likely 2/2 CKD. Hb is currently stable at 8.4.

Marked thrombocytopenia—? 2/2 sepsis, platelets at 53K. No active bleeding reported from any site.

Hypoglycemia with confusion—POA. Currently on tube feeds. Glucose level continues to be low.? Need to update the formula.

Atrial fibrillation—rate is acceptable in the 100s.

Continue management of hyperlipidemia, hypothyroidism, GERD.

Elevated but nontrending troponins—in the setting of above likely 2/2 demand ischemia.

History of CVA.

Dysphagia—speech/swallow evaluation could not be done due to continued need for BiPAP. Has NG tube for feeds.

Palliative care on board and family dynamics noted. Noted plan to have family conference tomorrow that is on 3/3/2025.. We appreciate the assistance.

Hospital day# 13

DVT Prophylaxis: SCDs.

Code Status: Orders Placed This Encounter
Limited Treatment Measures

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Medications

Current Facility-Administered Medications						
Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• morphine injection syringe 2 mg	2 mg	IV Push	Q4H PRN	Kortjohn, Beth A, APRN	2 mg at 03/02/25 0541	
• norepinephrine 8 mg in NaCl 0.9% 250 mL (Standard Concentration) IV infusion	0-1 mcg/kg/ min (Ideal)	Intravenous	Continuous	Kortjohn, Beth A, APRN	93.94 mL/hr at 03/02/25 0752	1 mcg/kg/ min at 03/02/25 0752
• vasopressin (VASOSTRICT) 20 Units in NaCl 0.9% 100 mL IV infusion SEPSIS-NON-TITRATABLE	0.03 Units/min	Intravenous	Continuous	Kortjohn, Beth A, APRN	9 mL/hr at 03/02/25 0822	0.03 Units/min at 03/02/25 0822
• EPINEPHrine 5 mg in NaCl 0.9% 250 mL (Standard Concentration) IV infusion	0-1 mcg/kg/ min (Ideal)	Intravenous	Continuous	Kirby, Lisa Marie, CNP		
• NaCl 0.9 % 300 mL	300 mL	Intravenous	To Dialysis-PRN	Ammula, Ashok Kumar, MD		
• NaCl 0.9 % 2,000 mL	2,000 mL	Dialysis	PRN	Ammula, Ashok Kumar, MD		
• heparin catheter solution 5,000-20,000 Units	5,000-20,000 Units	Dialysis	To Critical Care-PRN	Ammula, Ashok Kumar, MD	10,000 Units at 02/25/25 2239	
• NaCl 0.9 % 2,000 mL	2,000 mL	Dialysis	PRN	Thiruveedi, Sampath K, MD	2,000 mL at 02/24/25 0051	
• heparin catheter solution 5,000-20,000 Units	5,000-20,000 Units	Dialysis	To Critical Care-PRN	Thiruveedi, Sampath K, MD	5,000 Units at 02/27/25 1855	
• magnesium sulfate 2 g/50 ml SW IVPB	2 g	Intravenous	PRN	Thiruveedi, Sampath K, MD	Stopped at 02/24/25 0800	
• sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB	10 mmol	Intravenous	PRN	Thiruveedi, Sampath K, MD	Stopped at 02/27/25 0815	
• sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB	20 mmol	Intravenous	PRN	Thiruveedi, Sampath K, MD	Stopped at 02/25/25 1014	
• diltiazem (CARDIZEM) 125 mg in 0.9% NaCl	2.5-15 mg/hr	Intravenous	Continuous	Ebert, Meghan B, APRN	Stopped at 03/01/2	

125 ml addEASE					5 1700
• albuterol (PROVENTIL) 2.5 mg /3 mL (0.083 %) inhalation solution 2.5 mg	2.5 mg	Inhalation	Q4H (RT)	Gandhi, Dharmesh V, MD	2.5 mg at 03/02/2 5 0746
• sodium chloride 7% for nebulization 4 mL	4 mL	Inhalation	BID	Gandhi, Dharmesh V, MD	4 mL at 03/02/2 5 0746
• vitamin D, B, iron and minerals (PRORENAL) tab 1 Tab	1 Tab	Oral	Daily	Kaufhold, Jeffrey J, MD	1 Tab at 03/01/2 5 0922
• fludrocortisone (FLORINEF) tablet 0.1 mg	0.1 mg	Oral	Daily	Kaufhold, Jeffrey J, MD	0.1 mg at 03/01/2 5 0921
• NaCl 0.9 % 300 mL	300 mL	Intravenous	To Dialysis- PRN	Kaufhold, Jeffrey J, MD	
• saline flush	10 mL	IV Push	To Dialysis- PRN	Kaufhold, Jeffrey J, MD	
• heparin injection 5,000 Units	5,000 Units	Instill	To Dialysis- PRN	Kaufhold, Jeffrey J, MD	13,500 Units at 03/01/2 5 1434
• albumin, human 25 % IV soln 25 g	25 g	Intravenous	To Dialysis- PRN	Kaufhold, Jeffrey J, MD	60 mL/hr at 02/22/2 5 1712
• dextrose (GLUTOSE) gel 15 g Carb	15 g Carb	Oral	PRN	Walsh, Nicholas T, PA-C	
• dextrose 50 % in water (D50W) intravenous syringe 5-12.5 g	5-12.5 g	IV Push	PRN	Walsh, Nicholas T, PA-C	5 g at 02/26/2 5 0314
• glucagon injection 1 mg	1 mg	Subcutaneous	PRN	Walsh, Nicholas T, PA-C	
• insulin lispro (Humalog) injection 1-9 Units	1-9 Units	Subcutaneous	Q4H	Walsh, Nicholas T, PA-C	1 Units at 02/27/2 5 1730
• midodrine (PROAMATINE) tablet 10 mg	10 mg	Oral	Q8H	Davis, Deanna Kay, APRN	10 mg at 03/02/2 5 0633
• levothyroxine (SYNTHROID) tablet 50 mcg	50 mcg	Oral	Daily	Davis, Deanna Kay, APRN	50 mcg at 03/02/2 5 0634
• saline flush	10 mL	IV Push	PRN	Haque, Nurul, MD	
• saline flush	10 mL	IV Push	Q12H	Haque, Nurul, MD	1 Syringe at 03/02/2 5 0733

• NaCl 0.9% 1,000 mL	1,000 mL	Intravenous	Continuous PRN	Haque, Nurul, MD	10 mL/hr at 02/21/25 1502	1,000 mL at 02/21/25 1502
• acetaminophen (TYLENOL) tablet 650 mg	650 mg	Oral	Q4H PRN	Haque, Nurul, MD	650 mg at 02/21/25 0909	
Or						
• acetaminophen (TYLENOL) suppository 650 mg	650 mg	Rectal	Q4H PRN	Haque, Nurul, MD		
• polyethylene glycol (MIRALAX) packet 17 g	1 Packet	Oral	Daily	Haque, Nurul, MD	17 g at 03/01/25 0921	
• folic acid (FOLATE) tablet 1 mg	1 mg	Oral	Daily	Haque, Nurul, MD	1 mg at 03/01/25 0922	
• lidocaine (PF) 1 % (10 mg/mL) injection 5 mL	5 mL	Infiltration	Once PRN	Haque, Nurul, MD		
• ondansetron (ZOFTRAN ODT) RAPID DISSOLVING tablet 4 mg	4 mg	Oral	Q6H PRN	Davis, Deanna Kay, APRN		
Or						
• ondansetron (ZOFTRAN) injection 4 mg	4 mg	IV Push	Q6H PRN	Davis, Deanna Kay, APRN	4 mg at 02/20/25 1639	

Subjective

The patient on BiPAP, not responsive. On multiple vasopressors.

Objective Data

I's and O's:

Intake/Output Summary (Last 24 hours) at 2/25/2025 0750

Last data filed at 2/25/2025 0700

Gross per 24 hour

Intake	1160.28 ml
Output	3137 ml
Net	-1976.72 ml

Vital Signs:

Temp: 97.8 °F (36.6 °C) (03/02/25 0800)	Temp Min: 97 °F (36.1 °C) Min taken time: 03/01/25 1500 Max: 100.1 °F (37.8 °C) Max	BP: 103/59 (03/02/25 0400)	Pulse: 126 (03/02/25 0826)	Resp: (!) 35 (03/02/25 0826)	SpO2: (!) 71 % (03/02/25 0800)
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	taken time: 03/02/25 0400			
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Physical Examination:

General: Frail white lady of the stated age, lying in bed, VS as outlined in the chart. Heating blanket is on. Continues to hypertensive—now on multiple vasopressors.

CV: monitor showing regular rate and rhythm.

PUL: On BiPAP.

Diagnostic Data:**Labs, reviewed:**

Recent Results (from the past 24 hours)

POC GLUCOSE

Collection Time: 03/01/25 11:27 AM

Result	Value	Ref Range
POC Glucose	138 (H)	70 - 99 mg/dL

Scan Result

COMPLETE BLOOD COUNT

Collection Time: 03/01/25 11:31 AM

Result	Value	Ref Range
WBC Count	10.8	3.5 - 10.9 K/uL
RBC	2.68 (L)	3.95 - 5.26 M/uL
Hemoglobin	8.9 (L)	11.2 - 15.7 g/dL
Hematocrit	27.6 (L)	34.0 - 49.0 %
MCV	103.0 (H)	80.0 - 100.0 fL
MCH	33.2	26.0 - 34.0 pg
MCHC	32.2	30.7 - 35.5 g/dL
RDW	21.2 (H)	<=15.0 %
Platelet Count	37 (L)	140 - 400 K/uL
MPV	14.6 (H)	7.2 - 11.7 fL
nRBC	0	<=0 /100 WBCs

Scan Result

POC GLUCOSE

Collection Time: 03/01/25 11:32 AM

Result	Value	Ref Range
POC GLUCOSE	139 (A)	70 - 99 mg/dl

POC GLUCOSE

Collection Time: 03/01/25 3:27 PM

Result	Value	Ref Range
POC GLUCOSE	114 (A)	70 - 99 mg/dl

RENAL FUNCTION PANEL

Collection Time: 03/01/25 6:19 PM

Result	Value	Ref Range

Sodium	140	135 - 148 mEq/L
Potassium	4.0	3.4 - 5.3 mEq/L
Chloride	102	96 - 110 mEq/L
Carbon Dioxide	26	19 - 32 mEq/L
BUN	14	3 - 29 mg/dL
Creatinine	1.0	0.5 - 1.2 mg/dL
Glucose	99	70 - 99 mg/dL
Calcium	8.7	8.5 - 10.5 mg/dL
Albumin	2.3 (L)	3.5 - 5.2 g/dL
Phosphorus	3.3	2.1 - 4.3 mg/dL
Anion Gap	12	5 - 15
BUN/CREAT Ratio	14	7 - 25
Estimated GFR	63	>=60 mL/min/1.73 m ²

POC GLUCOSE

Collection Time: 03/01/25 8:33 PM

Result	Value	Ref Range
POC Glucose	113 (H)	70 - 99 mg/dL

Scan Result**COMPLETE BLOOD COUNT**

Collection Time: 03/02/25 12:11 AM

Result	Value	Ref Range
WBC Count	6.3	3.5 - 10.9 K/uL
RBC	2.49 (L)	3.95 - 5.26 M/uL
Hemoglobin	8.3 (L)	11.2 - 15.7 g/dL
Hematocrit	25.8 (L)	34.0 - 49.0 %
MCV	103.6 (H)	80.0 - 100.0 fL
MCH	33.3	26.0 - 34.0 pg
MCHC	32.2	30.7 - 35.5 g/dL
RDW	21.3 (H)	<=15.0 %
Platelet Count	43 (L)	140 - 400 K/uL
MPV		
nRBC	0	<=0 /100 WBCs

Scan Result**POC GLUCOSE**

Collection Time: 03/02/25 12:11 AM

Result	Value	Ref Range
POC Glucose	110 (H)	70 - 99 mg/dL

Scan Result

POC GLUCOSE

Collection Time: 03/02/25 4:54 AM

Result	Value	Ref Range
POC Glucose	95	70 - 99 mg/dL

Scan Result

COMPLETE BLOOD COUNT

Collection Time: 03/02/25 6:12 AM

Result	Value	Ref Range
WBC Count	11.4 (H)	3.5 - 10.9 K/uL
RBC	2.54 (L)	3.95 - 5.26 M/uL
Hemoglobin	8.4 (L)	11.2 - 15.7 g/dL
Hematocrit	26.7 (L)	34.0 - 49.0 %
MCV	105.1 (H)	80.0 - 100.0 fL
MCH	33.1	26.0 - 34.0 pg
MCHC	31.5	30.7 - 35.5 g/dL
RDW	21.5 (H)	<=15.0 %
Platelet Count	53 (L)	140 - 400 K/uL
MPV	12.3 (H)	7.2 - 11.7 fL
nRBC	0	<=0 /100 WBCs

Scan Result

RENAL FUNCTION PANEL

Collection Time: 03/02/25 6:12 AM

Result	Value	Ref Range
Sodium	143	135 - 148 mEq/L
Potassium	4.4	3.4 - 5.3 mEq/L
Chloride	105	96 - 110 mEq/L
Carbon Dioxide	29	19 - 32 mEq/L
BUN	20	3 - 29 mg/dL
Creatinine	1.4 (H)	0.5 - 1.2 mg/dL
Glucose	90	70 - 99 mg/dL
Calcium	8.7	8.5 - 10.5 mg/dL
Albumin	2.2 (L)	3.5 - 5.2 g/dL

Phosphorus	4.5 (H)	2.1 - 4.3 mg/dL
Anion Gap	9	5 - 15
BUN/CREAT Ratio	14	7 - 25
Estimated GFR	42 (L)	>=60 mL/min/1.73 m ²

MAGNESIUM, SERUM

Collection Time: 03/02/25 6:12 AM

Result	Value	Ref Range
Magnesium	2.1	1.4 - 2.5 mg/dL

BLOOD GAS

Collection Time: 03/02/25 7:50 AM

Result	Value	Ref Range
pH	7.262 (L)	7.350 - 7.450
PCO2	69.1 (HH)	35.0 - 45.0 mmHg
PO2	42.6 (LL)	80.0 - 100.0 mmHg
O2 Saturation	74.2 (L)	95.0 - 98.0 %
Base Excess	3.1 (H)	-2.0 - 3.0 mmol/L
Bicarbonate	31.1 (H)	22.0 - 26.0 mmol/L

POC GLUCOSE

Collection Time: 03/02/25 8:31 AM

Result	Value	Ref Range
POC Glucose	83	70 - 99 mg/dL

Scan Result

Imaging:

No results found.

Signature

Electronically signed by: Sulabha R Dange, MD, 3/2/2025 8:50 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
 03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:29 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Chambers, Steven Lawrence, MD
Physician
Medical ICU

Medical Staff Progress Note  
Signed

Date of Service: 03/02/25 0648

Signed

Pulmonary & Critical Care Medicine



Pulmonary & Critical Care
CONSULTANTS, INC.

MIAMI VALLEY HOSPITAL
Patient Name: Diane Crisp

65-year-old female admitted for severe encephalopathy and acute renal failure and with hyperkalemia. Patient has been on CRRT. Remains off mechanical ventilation due to limited CODE STATUS. Patient is lethargic, somnolent.

Date: 3/2/2025

IMPRESSION:

Acute metabolic encephalopathy, worsening
Acute kidney injury with chronic kidney disease stage III on CRRT and improving
Sepsis with probable urinary source
Atrial fibrillation with controlled ventricular rate
Thrombocytopenia
CKD stage III due to hypertension
Anemia of chronic disease likely due to the chronic kidney disease.
History of CVA
Hypoglycemia with confusion on admission
Hypertensive renal disease.
Body mass index is 21.97 kg/m².

DISCUSSION & PLAN:

Vomited previously with worsening respiratory failure.

No more vomiting and on BiPAP and earlier this week seem to become less encephalopathic however over the last 24 hours has gotten persistently worsening lethargy and somnolence and now having hypotension which we cannot address due to the limited CODE STATUS. Now 100% on BiPAP. By all accounts prognosis is worsening day by day. Family aware of her worsening status. Still with significant acute hypoxic and hypercarbic respiratory failure.

Recommend restart feeds and see how she tolerates them. Discussed with nursing at the bedside.

Hemodynamically unstable now with low blood pressure had to decrease volume removal from CRRT and giving fluid bolus. Again according to her CODE STATUS cannot be placed on pressors.

Prognosis is very guarded.

Family is aware of her prognosis.

Continues on BiPAP.

We are not de-escalating but patient is progressively worsening. We are not escalating based on her CODE STATUS.

F/U For: See above

SUBJECTIVE:

More aware, tries to answer questions.

OBJECTIVE:

Vitals-

Temp: 100.1 °F (37.8 °C) (03/02/25 0400)	Temp Avg: 98.3 °F (36.8 °C) Min: 97 °F (36.1 °C) Max: 100.1 °F (37.8 °C)	BP: 103/59 (03/02/25 0400)	Pulse: 116 (03/02/25 0600)	Resp: 28 (03/02/25 0600)	SpO2: (! 78 % (03/02/25 0600)
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Exam-

GENERAL -WDWN ill-appearing somnolent/lethargic female appearing older than her stated age

HEENT -NC, AT, mmm, anicteric

CHEST/RESPIRATORY -diffuse rhonchi

CARDIAC -RRR/rate controlled

ABDOMEN - Soft, non-tender, + BS

SKIN -warm and dry, no rash

EXTREMITIES - trace to 1+ pedal edema

NEUROLOGICAL - alert, moves all extremities

DIAGNOSTIC EVAL / INTERVENTIONS:

LABS REVIEWED:

COVID-19

SARS COV2 RNA, QL REAL TIME RT PCR (no units)

Date	Value	Status
02/17/2025	Not Detected	Final

CBC W/Diff**Recent Labs**

	03/02/25 0011	03/01/25 1131
WBC	6.3	10.8
HEMOGLOBIN	8.3*	8.9*
HEMATOCRIT	25.8*	27.6*
PLATELETS	43*	37*
MCV	103.6*	103.0*
MCH	33.3	33.2
MCHC	32.2	32.2
RDW	21.3*	21.2*
NRBC	0	0
MPV	--	14.6*

CMP**Recent Labs**

	03/02/25 0454	03/01/25 2033	03/01/25 1819
NA	--	--	140
POTASSIUM	--	--	4.0
CL	--	--	102
CO2	--	--	26
GLUCOSE	95	< >	99
BUN	--	--	14
CREATININE	--	--	1.0
CA	--	--	8.7
ALB	--	--	2.3*

< > = values in this interval not displayed.

ABG

No results for input(s): "PH", "PCO2", "PO2", "O2SAT", "BE", "HCO3", "TCO2", "RSPCOM", "DRAWN", "NFIO2", "LPM", "LMODE", "PEEP", "PSV", "DREC", "MRR", "LVT" in the last 24 hours.

CARDIAC ENZYMES No results for input(s): "CK1", "CKMB", "INDINT", "MBI", "TROP" in the last 36 hours. MB ADD ON No results for input(s): "MBI" in the last 36 hours.

PT/APTT No results for input(s): "PROA", "PT", "PTTA", "PTT" in the last 36 hours.

CULTURES, BLOOD No results found for this or any previous visit (from the past 36 hours).

CULTURES, SPUTUM No results found for this or any previous visit (from the past 36 hours).

CULTURES, URINE No results found for this or any previous visit (from the past 36 hours).

INR No results for input(s): "INR" in the last 36 hours.

LACTIC ACID, SERUM No results for input(s): "LACT" in the last 36 hours.

IMAGING STUDIES; ACTUAL FILMS REVIEWED:

Chest x-ray reviewed both films report with smaller lung volumes than her baseline, atelectasis or

infiltrate right lower lung. Could represent aspiration. Reviewed both films and report agree with findings.

OTHER STUDIES:

Medications

albuterol, 2.5 mg, Q4H (RT)
sodium chloride, 4 mL, BID
vitamin D, B, iron and minerals, 1 Tab, Daily
fludrocortisone, 0.1 mg, Daily
insulin lispro, 1-9 Units, Q4H
midodrine, 10 mg, Q8H
levothyroxine, 50 mcg, Daily
saline flush, 10 mL, Q12H
polyethylene glycol, 1 Packet, Daily
folic acid, 1 mg, Daily

INTAKE/OUTPUT:

I/O last 3 completed shifts:
In: 431 [Other:90; Enteral:341]
Out: 1854 [Urine:144; Dialysis UF:1710]

Critical Care time: 31 min

Reviewed Chart
Reviewed Medications
Reviewed Labs and Studies
Reviewed other Physicians notes
Discussed with nursing, RT

Signature: Steven L. Chambers, MD
Pager: 635-0514

For ICU NP please call 937-789-8098 / 937-789-8411

For Pulmonary consult NP please call 937-475-8469

For urgent consultations & after 6 pm on weekdays and weekends, please page on call physician - 937-334-5999

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Harris, Taja T, RN
Registered Nurse
Nursing

Care Plan
Signed

Date of Service: 03/02/25 0553

Signed

Problem: Pain - Acute

Goal: Communication of presence of pain

Outcome: Progressing

Problem: Falls - Risk of

Goal: Absence of falls

Description: Avoid the routine use of bedrails or physical restraints as a fall-prevention intervention.

Outcome: Progressing

Problem: Nutrition Deficit

Goal: Adequate nutritional intake

Outcome: Progressing

ED to Hosp-Admission (Discharged) on 2/17/2025

Care Timeline

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Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Harris, Taja T, RN
Registered Nurse
Nursing

Nursing Note  
Signed

Date of Service: 03/02/25 0025

Signed

This RN attempted to call brother Kendall to update him on patient's condition. No answer after 2 calls, left a voicemail. Sister Kathy was called and update was given. Sister stated she will call other family members and had no further questions at the time.

ED to Hosp-Admission (Discharged) on 2/17/2025

*Note shared with patient***Care Timeline**

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Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Follett, Julia M, RCP
Respiratory Therapist
Respiratory Therapy

Progress Notes  
Signed

Date of Service: 03/01/25 2147

Signed

SpO2 increased from 80 to 100% and bipap increased to 15/5 due to low SpO2 and low tidal volume, pulmonary critical care notified

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

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Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Lantes, Flordeliza H, RN
Registered Nurse

Procedures  
Signed

Date of Service: 03/01/25 1502

Procedure Orders

Hemodialysis [762598786] ordered by Ammula, Ashok Kumar, MD at 03/01/25 1019

Signed

MIAMI VALLEY HOSPITAL

Patient Information:

3/1/2025

Patient Name: Diane Crisp

096-67-27-70

DOB: 9/1/1959

Admitting diagnosis: AMS (altered mental status) [R41.82]

Hemodialysis Access Type: Right IJ CVC non tunneled

Last dressing change date of CVC (N/A if no CVC): 2/28/25

Dialysis Settings

Dialyzer Type: F180nre (03/01/25 1155)
QB (Blood Flow): 400 MILLILITERS/MINUTE (03/01/25 1500)
QD (Dialysate Flow): 610 MILLILITERS/MINUTE (03/01/25 1500)
Ultrafiltration Program: 0 (03/01/25 1500)
Bath Bicarb: 35 (03/01/25 1300)
Bath Potassium (K+): 2 (03/01/25 1300)
Bath Sodium: 140 (03/01/25 1300)
Bath Calcium (Ca+): 2.5 (03/01/25 1300)

Last Blood Pressure: BP: 107/67 (03/01/25 1508)

Last Temperature: Temp: 97 °F (36.1 °C) (03/01/25 1500)

Predialysis Weight: Weight: 59.3 kg (130 lb 11.7 oz) (03/01/25 0554)

Postdialysis Weight: Post Weight: 57.6 kg (126 lb 15.8 oz) (03/01/25 1508)

Number of hours dialyzed: 3 (1hr sequential 2hr HD)

Ultrafiltrated Amount:

Gross U.F. (mL): Gross U.F. (mL): 2010 mL (03/01/25 1508)

Net U.F. (mL): Net U.F. (mL): 1710 mL (03/01/25 1508)

Patient Tolerated Procedure: fairly well**Base\Dry Weight:** Base/Dry Weight: (N/A. New acute) (02/22/25 1500)**Latest Values:**

Temp: 97 °F (36.1 °C) (03/01/25 1500)	Temp Avg: 97.8 °F (36.6 °C) 97 °F (36.1 °C) Max: 98.4 °F (36.9 °C)	BP: 107/67 Min: (03/01/25 1508)	Pulse: 88 (03/01/25 1508)	Resp: 22 (03/01/25 1508)	SpO2: 90 % (03/01/25 1508)
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Oxygen Requirement: Oxygen Liters Per Minute: 70 LITERS PER MINUTE (02/28/25 1400)**Pain:**

Numeric/FACES Pain Level: 0 (03/01/25 1200)	Pain Location: Generalized (02/21/25 1000)
--	---

Anemia Therapy Drug given: No**Name of Medication and Dose:****Last Hemoglobin and date drawn:** hgb 8.9 3/1/25**Report Called to Floor Post Treatment:** Yes, Raiku RN**ADDITIONAL NOTES:** BP trended down during last hour of tx. Scheduled midodrine given by ICU RN. 1.7 liters net fluid taken off. VSS post tx.

Electronically signed by: Flordeliza H Lantes, RN, 3/1/2025 3:17 PM

ED to Hosp-Admission (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
 03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:29 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Dosado, Raiko Gaen T, RN
Registered Nurse

Nursing Note  
Signed

Date of Service: 03/01/25 1132

Signed

CGM Validation:

11:32 AM - POC blood sugar- 138 and CGM reading- 139. Within protocol parameters of <20% difference from the POC when the glucose is >100 mg/dL..

Electronically signed by: Raiko Gaen T Dosado, RN, 3/1/2025 11:32 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:29 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Dosado, Raiko Gaen T, RN
Registered Nurse

Care Plan
Signed

Date of Service: 03/01/25 1047

Signed

Problem: Skin Integrity - Impaired

Goal: Decrease in wound size

Outcome: Progressing

Goal: Skin integrity intact

Outcome: Progressing

Problem: Pain - Acute

Goal: Communication of presence of pain

Outcome: Progressing

ED to Hosp-Admission (Discharged) on 2/17/2025

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:29 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Ammula, Ashok Kumar, MD

Physician

Nephrology

Date of Service: 03/01/25 1042

Medical Staff Progress Note



Signed

Signed

*Mark D. Oxman, D.O. FACP
Jeffrey J. Kaufhold, M.D., FACP
Jennifer L. Jackson, D.O., FACP
Chukwuma E. Eze, M.D., FASN, FASDIN
Ashok K. Ammula, M.D.
Shashikant R. Patel, M.D.*



*Swe Zin Mar Winhtut Oo, M.D.
Jamie E. Long, MS, RN, APRN
Vanessa Ratcliff MS, RN, APRN
Esther Bassaw MS, RN, APRN
Chloe Hammond, MS, RN, APRN
Kimberly Wallace, MS, RN, APRN*

MIAMI VALLEY HOSPITAL

Renal Progress Note

3/1/2025

Patient Name: Diane Crisp DOB: 9/1/1959

Subjective

F/up for AKI requiring RRT. Admitted with sepsis/respiratory failure. Treated for possible Pneumonia
CRRT stopped on 2/27. Minimal urine with Lasix challenge yesterday

Assessment

Acute renal failure .Oliguric. Requiring CRRT. No obstruction. PVR low. U/a suggestive of a UTI on admission. No renal recovery
CKD 3 due to HTN with baseline creat 1.5- 1.7

Saw Dr Oo in past

Sepsis/Resp failure

Volume overload. Net 7 L positive.

Thrombocytopenia. ? Due to sepsis. No active bleeding. No DVTs. Receiving heparin catheter lock. Platelet count is stable

Anemia of CKD and history of GI bleed

History of stroke

Plan

Dialysis today for hyperkalemia and volume overload

2 kg UF if tolerated

Noted plans for conference with palliative care on Monday. If decision is to proceed with more dialysis, will arrange for TDC placement

Current Meds:

albuterol (PROVENTIL) 2.5 mg /3 mL (0.083 %) inhalation solution 2.5 mg 2.5 mg Inhalation Q4H (RT); sodium chloride 7% for nebulization 4 mL 4 mL Inhalation BID; vitamin D, B, iron and minerals (PRORENAL) tab 1 Tab 1 Tab Oral Daily; fludrocortisone (FLORINEF) tablet 0.1 mg 0.1 mg Oral Daily; insulin lispro (HumaLOG) injection 1-9 Units 1-9 Units Subcutaneous Q4H; midodrine (PROAMATINE) tablet 10 mg 10 mg Oral Q8H; levothyroxine (SYNTHROID) tablet 50 mcg 50 mcg Oral Daily; saline flush 10 mL IV Push Q12H; polyethylene glycol (MIRALAX) packet

17 g 1 Packet Oral Daily; folic acid (FOLATE) tablet 1 mg 1 mg Oral Daily

Infusions:

diltiazem (CARDIZEM) 125 mg in 0.9% NaCl 125 ml addEASE Last Rate: 12 mg/hr (03/01/25 0926); NaCl 0.9% 1,000 mL Last Rate: 1,000 mL (02/21/25 1502)

PRN Meds:

- NaCl 0.9 % 300 mL
- NaCl 0.9 % 2,000 mL
- heparin catheter solution 5,000-20,000 Units
- NaCl 0.9 % 2,000 mL
- heparin catheter solution 5,000-20,000 Units
- magnesium sulfate 2 g/50 ml SW IVPB
- sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB
- sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB
- NaCl 0.9 % 300 mL
- saline flush
- heparin injection 5,000 Units
- albumin, human 25 % IV soln 25 g
- dextrose (GLUTOSE) gel 15 g Carb
- dextrose 50 % in water (D50W) intravenous syringe 5-12.5 g
- glucagon injection 1 mg
- saline flush
- NaCl 0.9% 1,000 mL
- acetaminophen (TYLENOL) tablet 650 mg **OR** acetaminophen (TYLENOL) suppository 650 mg
- lidocaine (PF) 1 % (10 mg/mL) injection 5 mL
- ondansetron (ZOFTRAN ODT) RAPID DISSOLVING tablet 4 mg **OR** ondansetron (ZOFTRAN) injection 4 mg

Objective

Vital Signs:

Temp: 98.4 °F (36.9 °C) (03/01/25 0800)	Temp Avg: 97.6 °F (36.4 °C) Min: 96.7 °F (35.9 °C) Max: 98.4 °F (36.9 °C)	BP: 117/73 (03/01/25 1000)	Pulse: 96 (03/01/25 1000)	Resp: 26 (03/01/25 1000)	SpO2: 96 % (03/01/25 1000)
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I/O last 3 completed shifts:

In: 659 [Other:151; Enteral:508]

Out: 50 [Urine:50]

Admission: Weight: 62.1 kg (136 lb 14.5 oz) (02/17/25 1604)

Most recent: Weight: 59.3 kg (130 lb 11.7 oz) (03/01/25 0554)

Base/Dry Weight: (N/A. New acute)

Exam

Awake/tachypneic. On facemask

Right IJ HD catheter

Coarse breath sounds bilaterally

1+ leg edema

Abdomen is soft and nontender

Recent Labs

	03/01/25 0542	02/28/25 2309	02/28/25 1129
WBC	11.0*	11.8*	16.0*
HEMOGLOBIN	9.0*	9.0*	9.5*
HEMATOCRIT	27.6*	27.2*	29.8*
PLATELETS	32*	31*	30*

Recent Labs

	03/01/25 0814	03/01/25 0542	03/01/25 0347	02/28/25 2024	02/28/25 1743
NA	--	138	--	--	138
POTASSIUM	--	5.0	--	--	5.0
CL	--	105	--	--	104
CO2	--	24	--	--	24
BUN	--	23	--	--	19
CREATININE	--	1.4*	--	--	1.1
GLUCOSE	131*	134*	130*	< >	128*
CA	--	8.8	--	--	8.7
MG	--	2.5	--	--	--
PHOS	--	5.0*	--	--	4.9*

< > = values in this interval not displayed.

Imaging Studies: reviewed

Hospital Problems

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Electronically signed by: Ashok Kumar Ammula, MD, 3/1/2025 10:42 AM
Page via Match MD or Epic secure chat.

ED to Hosp-Admission (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
 03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:29 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Dange, Sulabha R, MD Medical Staff Progress Note  
Physician Signed
Hospitalist

Date of Service: 03/01/25 0921

Signed**MIAMI VALLEY HOSPITAL HOSPITALIST GROUP**

Hospitalist Progress Note

3/1/2025**Patient Identifier/Hospitalist****Patient:** Diane Crisp; **DOB** 9/1/1959*I saw and examined the patient on 3/1/2025 at 9:21 AM in 4512/4512-A.***Hospitalist:** Sulabha R Dange, MD**Cell:** (937) 414-4381**Disposition/Assessment and Plan****Disposition:** Likely to ECF in 1-2 days.**Reason to continue hospitalization:** Clearance by specialists, medical optimization.**Assessment/Plan:**

Diane Crisp is a 65 year old female, PMH HTN, HLP, GERD presented with lethargy. Noted to be markedly hypoglycemic with glucose of 31, markedly hypotensive and hypoxic, workup noted acute renal failure, hyperkalemia, leukocytosis and elevated but nontrending troponins, CT imaging indicated left lung infiltrate PNA versus aspiration, also acute metabolic encephalopathy—she was admitted for the management of these problems.

Sepsis due to pneumonia, UTI with septic shock as well as acute sepsis-related organ dysfunction, acute hypoxic respiratory failure as evidenced by SPO₂ < 89% on RM air. Present on Admission (POA). Needed intubation—now extubated.

Also acute kidney injury, acute metabolic encephalopathy. Hypotension requiring vasopressors and need for critical services earlier.

Respiratory cultures—multiple microbes.

Urine cultures—for pathogens—suggestive of contamination. MRSA negative.

S/p ID eval. Completed antibiotics course—Zosyn. Received steroids earlier.

Patient continues to be on /BiPAP.

AKI with CKD stage III—nephrology on board.

CRRT-for the noted fluid overload. IV Lasix trial did not work. Now on hemodialysis. Plan for UF. Cr, at 1.4.

Hypertensive renal disease.

Home antihypertensives currently on hold due to earlier noted hypotension needing vasopressors..

Currently on Florinef, also on midodrine. BPs are stable.

Anemia of chronic disease—likely 2/2 CKD. Hb is currently stable at 8.9.

Marked thrombocytopenia—? 2/2 sepsis, platelets at 37K. No active bleeding reported from any site.

Hypoglycemia with confusion—POA long since resolved.

Atrial fibrillation—rate is acceptable in the 100s.

Continue management of hyperlipidemia, hypothyroidism, GERD.

Elevated but nontrending troponins—in the setting of above likely 2/2 demand ischemia.

History of CVA.

Dysphagia—speech/swallow evaluation could not be done due to continued need for BiPAP. Has NG tube for feeds.

Palliative care on board and family dynamics noted. Noted plan to have family conference on Monday. We appreciate the assistance.

Hospital day# 12

DVT Prophylaxis: SCDs.

Code Status: Orders Placed This Encounter
Limited Treatment Measures

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Medications

Current Facility-Administered Medications						Last Rate	Last Admin
Medication	Dose	Route	Frequency	Provider			
• NaCl 0.9 % 2,000 mL	2,000 mL	Dialysis	PRN	Ammula, Ashok Kumar, MD			
• heparin catheter solution 5,000-20,000 Units	5,000-20,000 Units	Dialysis	To Critical Care-PRN	Ammula, Ashok Kumar, MD	10,000 Units at 02/25/25 2239		
• NaCl 0.9 % 2,000 mL	2,000 mL	Dialysis	PRN	Thiruveedi, Sampath K, MD	2,000 mL at 02/24/25 0051		
• heparin catheter solution 5,000-20,000 Units	5,000-20,000 Units	Dialysis	To Critical Care-PRN	Thiruveedi, Sampath K, MD	5,000 Units at 02/27/25 1855		
• magnesium sulfate 2 g/50 ml SW IVPB	2 g	Intravenous	PRN	Thiruveedi, Sampath K, MD	Stopped at 02/24/25 0800		
• sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB	10 mmol	Intravenous	PRN	Thiruveedi, Sampath K, MD	Stopped at 02/27/25 0815		
• sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB	20 mmol	Intravenous	PRN	Thiruveedi, Sampath K, MD	Stopped at 02/25/25 1014		
• diltiazem (CARDIZEM) 125 mg in 0.9% NaCl 125 ml addEASE	2.5-15 mg/hr	Intravenous	Continuous	Ebert, Meghan B, APRN	14 mL/hr at 03/01/25 0829	14 mg/hr at 03/01/25 0829	
• albuterol (PROVENTIL) 2.5 mg /3 mL (0.083 %) inhalation solution 2.5 mg	2.5 mg	Inhalation	Q4H (RT)	Gandhi, Dharmesh V, MD		2.5 mg at 03/01/25 0905	
• sodium chloride 7% for nebulization 4 mL	4 mL	Inhalation	BID	Gandhi, Dharmesh V, MD		4 mL at 03/01/25 0905	
• vitamin D, B, iron and minerals (PRORENAL) tab 1 Tab	1 Tab	Oral	Daily	Kaufhold, Jeffrey J, MD		1 Tab at 02/28/25 0804	
• fludrocortisone (FLORINEF) tablet 0.1 mg	0.1 mg	Oral	Daily	Kaufhold, Jeffrey J, MD		0.1 mg at 02/28/25 0804	
• NaCl 0.9 % 300 mL	300 mL	Intravenous	To Dialysis-PRN	Kaufhold, Jeffrey J, MD			
• saline flush	10 mL	IV Push	To Dialysis-PRN	Kaufhold, Jeffrey J, MD			
• heparin injection 5,000 Units	5,000 Units	Instill	To Dialysis-PRN	Kaufhold, Jeffrey J, MD	13,500 Units at		

							02/22/2 5 1733
• albumin, human 25 % IV soln 25 g	25 g	Intravenous	To Dialysis-PRN	Kaufhold, Jeffrey J, MD	60 mL/hr at 02/22/2 5 1712	25 g at 02/22/2 5 1712	02/22/2 5 1733
• dextrose (GLUTOSE) gel 15 g Carb	15 g Carb	Oral	PRN	Walsh, Nicholas T, PA-C			
• dextrose 50 % in water (D50W) intravenous syringe 5-12.5 g	5-12.5 g	IV Push	PRN	Walsh, Nicholas T, PA-C		5 g at 02/26/2 5 0314	
• glucagon injection 1 mg	1 mg	Subcutaneous	PRN	Walsh, Nicholas T, PA-C			
• insulin lispro (HumaLOG) injection 1-9 Units	1-9 Units	Subcutaneous	Q4H	Walsh, Nicholas T, PA-C		1 Units at 02/27/2 5 1730	
• midodrine (PROAMATINE) tablet 10 mg	10 mg	Oral	Q8H	Davis, Deanna Kay, APRN		10 mg at 02/27/2 5 1306	
• levothyroxine (SYNTHROID) tablet 50 mcg	50 mcg	Oral	Daily	Davis, Deanna Kay, APRN		50 mcg at 03/01/2 5 0541	
• saline flush	10 mL	IV Push	PRN	Haque, Nurul, MD			
• saline flush	10 mL	IV Push	Q12H	Haque, Nurul, MD		1 Syringe at 02/28/2 5 2133	
• NaCl 0.9% 1,000 mL	1,000 mL	Intravenous	Continuous PRN	Haque, Nurul, MD	10 mL/hr at 02/21/2 5 1502	1,000 mL at 02/21/2 5 1502	
• acetaminophen (TYLENOL) tablet 650 mg	650 mg	Oral	Q4H PRN	Haque, Nurul, MD		650 mg at 02/21/2 5 0909	
Or							
• acetaminophen (TYLENOL) suppository 650 mg	650 mg	Rectal	Q4H PRN	Haque, Nurul, MD			
• polyethylene glycol (MIRALAX) packet 17 g	1 Packet	Oral	Daily	Haque, Nurul, MD		17 g at 02/28/2 5 0804	
• folic acid (FOLATE) tablet 1 mg	1 mg	Oral	Daily	Haque, Nurul, MD		1 mg at 02/28/2 5 0804	
• lidocaine (PF) 1 % (10 mg/mL) injection 5 mL	5 mL	Infiltration	Once PRN	Haque, Nurul, MD			
• ondansetron (ZOFTRAN ODT)	4 mg	Oral	Q6H PRN	Davis, Deanna Kay, APRN			

RAPID DISSOLVING tablet 4 mg Or	• ondansetron (ZOFTRAN) injection 4 mg	4 mg	IV Push	Q6H PRN	Davis, Deanna Kay, APRN	4 mg at 02/20/2 5 1639
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Subjective

The patient awake, not much traction therapy. Currently undergoing hemodialysis.

Objective Data**I's and O's:**

Intake/Output Summary (Last 24 hours) at 2/25/2025 0750
Last data filed at 2/25/2025 0700

Gross per 24 hour	
Intake	1160.28 ml
Output	3137 ml
Net	-1976.72 ml

Vital Signs:

Temp: 98.4 °F (36.9 °C) (03/01/25 0800)	Temp Min: 96.7 °F (35.9 °C) Min taken time: 02/28/25 1200 Max: 98.4 °F (36.9 °C) Max taken time: 03/01/25 0800	BP: 112/73 (03/01/25 0900)	Pulse: 96 (03/01/25 0905)	Resp: 25 (03/01/25 0900)	SpO2: 94 % (03/01/25 0905)
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Physical Examination:

General: Frail white lady of the stated age, lying in bed, alert, not much interaction. Does look at you on calling out. VS as outlined in the chart.

CV: monitor showing regular rate and rhythm.

PUL: On BiPAP.

Diagnostic Data:**Labs, reviewed:**

Recent Results (from the past 24 hours)

COMPLETE BLOOD COUNT

Collection Time: 02/28/25 11:29 AM

Result	Value	Ref Range
WBC Count	16.0 (H)	3.5 - 10.9 K/uL
RBC	2.86 (L)	3.95 - 5.26 M/uL
Hemoglobin	9.5 (L)	11.2 - 15.7

Hematocrit	29.8 (L)	g/dL 34.0 - 49.0
MCV	104.2 (H)	% 80.0 - 100.0
MCH	33.2	fL 26.0 - 34.0
MCHC	31.9	pg 30.7 - 35.5
RDW	21.1 (H)	g/dL =<15.0 %
Platelet Count	30 (L)	K/uL 140 - 400
MPV	14.1 (H)	fL 7.2 - 11.7 fL
nRBC	0	<=0 /100 WBCs

Scan Result**POC GLUCOSE**

Collection Time: 02/28/25 11:51 AM

Result	Value	Ref Range
POC GLUCOSE	119 (A)	70 - 99 mg/dl

BLOOD GAS

Collection Time: 02/28/25 11:57 AM

Result	Value	Ref Range
pH	7.338 (L)	7.350 - 7.450
PCO2	53.2 (H)	35.0 - 45.0 mmHg
PO2	63.9 (L)	80.0 - 100.0 mmHg
O2 Saturation	92.3 (L)	95.0 - 98.0 %
Base Excess	2.0	-2.0 - 3.0 mmol/L
Bicarbonate	28.6 (H)	22.0 - 26.0 mmol/L

POC GLUCOSE

Collection Time: 02/28/25 3:43 PM

Result	Value	Ref Range
POC GLUCOSE	119 (A)	70 - 99 mg/dl

RENAL FUNCTION PANEL

Collection Time: 02/28/25 5:43 PM

Result	Value	Ref Range
Sodium	138	135 - 148 mEq/L
Potassium	5.0	3.4 - 5.3 mEq/L
Chloride	104	96 - 110 mEq/L
Carbon Dioxide	24	19 - 32 mEq/L
BUN	19	3 - 29 mg/dL
Creatinine	1.1	0.5 - 1.2 mg/dL
Glucose	128 (H)	70 - 99 mg/dL

Calcium	8.7	8.5 - 10.5 mg/dL
Albumin	2.7 (L)	3.5 - 5.2 g/dL
Phosphorus	4.9 (H)	2.1 - 4.3 mg/dL
Anion Gap	10	5 - 15
BUN/CREAT Ratio	17	7 - 25
Estimated GFR	56 (L)	>=60 mL/min/1.73 m ²

POC GLUCOSE

Collection Time: 02/28/25 8:24 PM

Result	Value	Ref Range
POC Glucose	120 (H)	70 - 99 mg/dL

Scan Result

COMPLETE BLOOD COUNT

Collection Time: 02/28/25 11:09 PM

Result	Value	Ref Range
WBC Count	11.8 (H)	3.5 - 10.9 K/uL
RBC	2.70 (L)	3.95 - 5.26 M/uL
Hemoglobin	9.0 (L)	11.2 - 15.7 g/dL
Hematocrit	27.2 (L)	34.0 - 49.0 %
MCV	100.7 (H)	80.0 - 100.0 fL
MCH	33.3	26.0 - 34.0 pg
MCHC	33.1	30.7 - 35.5 g/dL
RDW	21.1 (H)	<=15.0 %
Platelet Count	31 (L)	140 - 400 K/uL
MPV		
nRBC	0	<=0 /100 WBCs

Scan Result

POC GLUCOSE

Collection Time: 02/28/25 11:45 PM

Result	Value	Ref Range
POC GLUCOSE	131 (A)	70 - 99 mg/dl

POC GLUCOSE

Collection Time: 03/01/25 3:47 AM

Result	Value	Ref Range
POC GLUCOSE	130 (A)	70 - 99 mg/dl

COMPLETE BLOOD COUNT

Collection Time: 03/01/25 5:42 AM

Result	Value	Ref Range
WBC Count	11.0 (H)	3.5 - 10.9 K/uL
RBC	2.72 (L)	3.95 - 5.26

		M/uL
Hemoglobin	9.0 (L)	11.2 - 15.7
Hematocrit	27.6 (L)	g/dL 34.0 - 49.0
MCV	101.5 (H)	% 80.0 - 100.0
MCH	33.1	fL 26.0 - 34.0
MCHC	32.6	pg 30.7 - 35.5
RDW	21.2 (H)	g/dL <=15.0 %
Platelet Count	32 (L)	140 - 400 K/uL
MPV		
nRBC	0	<=0 /100 WBCs

Scan Result**RENAL FUNCTION PANEL**

Collection Time: 03/01/25 5:42 AM

Result	Value	Ref Range
Sodium	138	135 - 148 mEq/L
Potassium	5.0	3.4 - 5.3 mEq/L
Chloride	105	96 - 110 mEq/L
Carbon Dioxide	24	19 - 32 mEq/L
BUN	23	3 - 29 mg/dL
Creatinine	1.4 (H)	0.5 - 1.2 mg/dL
Glucose	134 (H)	70 - 99 mg/dL
Calcium	8.8	8.5 - 10.5 mg/dL
Albumin	2.6 (L)	3.5 - 5.2 g/dL
Phosphorus	5.0 (H)	2.1 - 4.3 mg/dL
Anion Gap	9	5 - 15
BUN/CREAT Ratio	16	7 - 25
Estimated GFR	42 (L)	>=60 mL/min/1.73 m ²

MAGNESIUM, SERUM

Collection Time: 03/01/25 5:42 AM

Result	Value	Ref Range
Magnesium	2.5	1.4 - 2.5 mg/dL

POC GLUCOSE

Collection Time: 03/01/25 8:14 AM

Result	Value	Ref Range
POC GLUCOSE	131 (A)	70 - 99 mg/dl

Imaging:
No results found.

Signature

Electronically signed by: Sulabha R Dange, MD, 3/1/2025 9:21 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:29 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Chambers, Steven Lawrence, MD
Physician
Medical ICU

Medical Staff Progress Note  
Signed

Date of Service: 03/01/25 0834

Signed

Pulmonary & Critical Care Medicine



Pulmonary & Critical Care
CONSULTANTS, INC.

MIAMI VALLEY HOSPITAL
Patient Name: Diane Crisp

65-year-old female admitted for severe encephalopathy and acute renal failure and with hyperkalemia. Patient has been on CRRT. Remains off mechanical ventilation due to limited CODE STATUS. Patient is lethargic, somnolent.

Date: 3/1/2025

IMPRESSION:

Acute metabolic encephalopathy
Acute kidney injury with chronic kidney disease stage III on CRRT and improving
Sepsis with probable urinary source
Atrial fibrillation with controlled ventricular rate
Thrombocytopenia
CKD stage III due to hypertension
Anemia of chronic disease likely due to the chronic kidney disease.
History of CVA
Hypoglycemia with confusion on admission
Hypertensive renal disease.
Body mass index is 23.91 kg/m².

DISCUSSION & PLAN:

Vomited previously with worsening respiratory failure. No more vomiting and weaning on BiPAP quite nicely much more awake and less encephalopathic. Still with significant acute hypoxic and hypercarbic respiratory failure.

Recommend restart feeds and see how she tolerates them. Discussed with nursing at the bedside.

Hemodynamically unstable now with low blood pressure had to decrease volume removal from CRRT and giving fluid bolus. Again according to her CODE STATUS cannot be placed on pressors.

Slowly improving but prognosis is very guarded.

Family is aware of her prognosis.

Continues on BiPAP with rare breaks from it. Again appears more awake today.

F/U For: See above

SUBJECTIVE:

More aware, tries to answer questions.

OBJECTIVE:

Vitals-

Temp: 98.4 °F (36.9 °C) (03/01/25 0800)	Temp Avg: 97.6 °F (36.4 °C) Min: 96.7 °F (35.9 °C) Max: 98.4 °F (36.9 °C)	BP: 111/71 (03/01/25 0800)	Pulse: 96 (03/01/25 0800)	Resp: 24 (03/01/25 0800)	SpO2: 95 % (03/01/25 0800)
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Exam-

GENERAL -well-developed, well-nourished, ill-appearing somnolent/lethargic female appearing older than her stated age

HEENT -normocephalic, atraumatic, mucous membranes moist, anicteric

CHEST/RESPIRATORY -diffuse rhonchi

CARDIAC -the rate and rhythm/rate controlled

ABDOMEN - Soft, non-tender, + BS

SKIN -warm and dry, no rash

EXTREMITIES - trace to 1+ pedal edema

NEUROLOGICAL - alert, moves all extremities

DIAGNOSTIC EVAL / INTERVENTIONS:

LABS REVIEWED:

COVID-19

SARS COV2 RNA, QL REAL TIME RT PCR (no units)

Date	Value	Status
02/17/2025	Not Detected	Final

CBC W/Diff

Recent Labs

	03/01/25 0542	02/28/25 2309	02/28/25 1129
WBC	11.0*	< >	16.0*
HEMOGLOBIN	9.0*	< >	9.5*
HEMATOCRIT	27.6*	< >	29.8*
PLATELETS	32*	< >	30*
MCV	101.5*	< >	104.2*
MCH	33.1	< >	33.2
MCHC	32.6	< >	31.9
RDW	21.2*	< >	21.1*
NRBC	0	< >	0
MPV	--	--	14.1*

< > = values in this interval not displayed.

CMP

Recent Labs

	03/01/25 0814	03/01/25 0542
NA	--	138
POTASSIUM	--	5.0
CL	--	105
CO2	--	24
GLUCOSE	131*	134*
BUN	--	23
CREATININE	--	1.4*
CA	--	8.8
ALB	--	2.6*

ABG

Recent Labs

	02/28/25 1157
PH	7.338*
PCO2	53.2*
PO2	63.9*
O2SAT	92.3*
BE	2.0
HCO3	28.6*

CARDIAC ENZYMES No results for input(s): "CK1", "CKMB", "INDINT", "MBI", "TROP" in the last 36 hours. MB ADD ON No results for input(s): "MBI" in the last 36 hours.

PT/APTT No results for input(s): "PROA", "PT", "PTTA", "PTT" in the last 36 hours.

CULTURES, BLOOD No results found for this or any previous visit (from the past 36 hours).

CULTURES, SPUTUM No results found for this or any previous visit (from the past 36 hours).

CULTURES, URINE No results found for this or any previous visit (from the past 36 hours).

INR No results for input(s): "INR" in the last 36 hours.

LACTIC ACID, SERUM No results for input(s): "LACT" in the last 36 hours.

IMAGING STUDIES; ACTUAL FILMS REVIEWED:

Chest x-ray reviewed both films report with smaller lung volumes than her baseline, atelectasis or infiltrate right lower lung. Could represent aspiration. Reviewed both films and report agree with findings.

OTHER STUDIES:**Medications**

albuterol, 2.5 mg, Q4H (RT)
sodium chloride, 4 mL, BID
vitamin D, B, iron and minerals, 1 Tab, Daily
fludrocortisone, 0.1 mg, Daily
insulin lispro, 1-9 Units, Q4H
midodrine, 10 mg, Q8H
levothyroxine, 50 mcg, Daily
saline flush, 10 mL, Q12H
polyethylene glycol, 1 Packet, Daily
folic acid, 1 mg, Daily

INTAKE/OUTPUT:

I/O last 3 completed shifts:
In: 659 [Other:151; Enteral:508]
Out: 50 [Urine:50]

Critical Care time: 33 min

Reviewed Chart
Reviewed Medications
Reviewed Labs and Studies
Reviewed other Physicians notes
Discussed with nursing, RT

Signature: Steven L. Chambers, MD

Pager: 635-0514

For ICU NP please call 937-789-8098 / 937-789-8411

For Pulmonary consult NP please call 937-475-8469

For urgent consultations & after 6 pm on weekdays and weekends, please page on call physician
- 937-334-5999

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Anderson, Leslie M, RN
Registered Nurse
Nursing

Care Plan
Signed

Date of Service: 03/01/25 0440

Signed

Problem: Pressure Ulcer
Goal: Absence of infection signs and symptoms
Outcome: Progressing

Goal: Pressure ulcer healing
Outcome: Progressing

Problem: Falls - Risk of
Goal: Absence of falls
Description: Avoid the routine use of bedrails or physical restraints as a fall-prevention intervention.
Outcome: Progressing

Goal: Knowledge of fall prevention
Outcome: Progressing

Problem: Infection Risk, Ventilator-Associated
Goal: Absence of pulmonary infection
Outcome: Progressing

Goal: Knowledge of infection control procedures
Outcome: Progressing

Problem: Infection Risk, Ventilator-Associated
Goal: Absence of pulmonary infection
Outcome: Progressing

Goal: Knowledge of infection control procedures
Outcome: Progressing

ED to Hosp-Admission (Discharged) on 2/17/2025

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:29 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Anderson, Leslie M, RN
Registered Nurse
Nursing

Nursing Note  
Signed

Date of Service: 02/28/2025

Signed

CGM Validation:

8:25 PM - POC blood sugar- 120 and CGM reading- 119. Within protocol parameters of <20% difference from the POC when the glucose is >100 mg/dL..

Electronically signed by: Leslie M Anderson, RN, 2/28/2025 8:25 PM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:29 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Lingg, Theresa L, RN
Integrated Care Manager
ICM Case Management

Progress Notes  
Signed

Date of Service: 02/28/25 1352

Signed

ICM Progress Note

Patient discussed during interdisciplinary rounds with nurse leader, case manager, social worker, bedside nurse, and therapist.

Barriers to discharge: 70L w/60% FiO2 via mask; foley; IV Lasix; CRRT; NPO + TF's; ID/Nephrology following; PT/OT evals pending; Palliative Care following;

DC disposition: ECF

Estimated DC Date: Mar 7, 2025

Electronically signed by: Theresa L; BSN, RN, CM, Phone 208-8510, 2/28/2025 1:53 PM

Weekday Office Hours: 8:30a-5:00p. Holiday/Weekends x2251. For urgent needs between 5p-7p, please call x9070. If after 7pm, please call MVH AO at 5745/5746 or MVHS AO at 438-5785.

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:29 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Spendlove, Emily G, RN
Registered Nurse

Care Plan
Signed

Date of Service: 02/28/25 1124

Signed

Signed

Problem: Pressure Ulcer

Goal: Absence of infection signs and symptoms

Outcome: Progressing

Problem: Falls - Risk of

Goal: Absence of falls

Description: Avoid the routine use of bedrails or physical restraints as a fall-prevention intervention.

Outcome: Progressing

Problem: Nutrition Deficit

Goal: Adequate nutritional intake

Outcome: Progressing

Problem: Infection Risk, Central Venous Catheter-Associated

Goal: Absence of infection signs and symptoms

Description: For patients undergoing CVC insertion (eg, adult patients at higher risk for central line-associated bloodstream infection or at increased risk for severe consequences from a central line-associated bloodstream infection), consider the use of antimicrobial-impregnated or antimicrobial-coated CVCs.

Outcome: Progressing

Goal: Knowledge of infection control procedures

Outcome: Progressing

Problem: Infection Risk, Ventilator-Associated

Goal: Absence of pulmonary infection

Outcome: Progressing

Goal: Knowledge of infection control procedures

Outcome: Progressing

Problem: Infection Risk, Urinary Catheter-Associated

Goal: Absence of urinary tract infection signs and symptoms

Outcome: Progressing

Problem: Skin Integrity - Impaired

Goal: Decrease in wound size

Outcome: Not Progressing

Goal: Skin integrity intact

Outcome: Not Progressing

Problem: Pressure Ulcer

Goal: Pressure ulcer healing

Outcome: Not Progressing

Patient remains with a stage 2 pressure injury that appears to be worsening

Problem: Pain - Acute

Goal: Communication of presence of pain

Outcome: Not Progressing

Patient not communicating verbally at this time

Problem: Pressure Ulcer - Risk of

Goal: Absence of pressure ulcer

Outcome: Not Progressing

Problem: Falls - Risk of

Goal: Knowledge of fall prevention

Outcome: Not Progressing

Patient not communicating and unable to participate in education

ED to Hosp-Admission (Discharged) on 2/17/2025

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Silverman, Nancy Jp, APRN
Clinical Nurse Specialist
Palliative Care

Medical Staff Progress Note  
Signed

Date of Service: 02/28/2025 1023

Signed

Ohio's Hospice, Palliative and Supportive Care

Palliative Medicine Progress note: 2/28/2025

Name: Diane Crisp
CSN: 164122416
Room/Bed: 4512/4512-A

Date/Time of Admission: 2/17/2025 9:40 AM
Attending Provider: Dange, Sulabha R, MD
DOB: 9/1/1959 65 year old

LOS: Hospital Day: 10

Follow up visit reason: Medical Decision Making/Goals Of Care

IMPRESSION/PLAN

Impression: Diane Crisp is a 65 year old female with pmhx of hypertensive kidney disease CKD 2, GERD, CVA with residual deficits, hypertension, hypothyroidism, Guillain Barre syndrome (2023) and hyperlipidemia who presented to the hospital on 2/17/2025 with lethargy, hypoglycemia (BGL 31) hypotension (88/51), hypoxia and hypothermia.

Hospital course complicated by:

- Acute on chronic kidney injury with serum creatinine of 5.2. On CRRT. Attempted to place on IHD but pt did not tolerate. Continues on dialysis for volume overload. No renal recovery.
- Sepsis 2/2 pneumonia requiring intubation, since extubated.
- Hyperkalemia with potassium of 7.3, WBCs of 21.4, Troponin of 60
- Altered mental status d/t metabolic encephalopathy
- Severe sepsis with septic shock
- Sacral dermal pressure injury, stage 2
- Right Buttock dermal pressure injury, stage 2
- 2/20 Vomiting with aspiration, stopped TF, resumed but vomiting again 2/24. TF just restarted per NG
- Afib with RVR on cardizem

Palliative care team consulted for Medical Decision Making/Goals Of Care

MDM/GOC

- **Ability to process/understand medical decision making:** At the time of my evaluation, I do believe this patient has the ability to engage in complex medical decision making discussions and make complex medical decisions.

- **AD/Proxy Decision Maker:** No AD in paper chart or EMR. Priority Decision makers are brother, Kendall Crisp (928-256-7180) who asks that SIL Shirley Crisp (937-241-3483) be involved in conversations. Sister Kathy Croy (928-817-9131) who resides at Life Care Yuma Arizona (facility

#928-344-0425). Sister Sandra Crisp (#TBD)

- Summary of Prior GOC discussions during this hospital course:

- Follow up 2/26/2025:

- Examined patient at bedside. She is awake, eyes open. She is unable to speak due to need for CPAP/BiPap at 40L of oxygen. Patient able to shake her head "yes" or "no" to questions but is very unlikely she is decisional for complex medical situations.
- Met with pt, introducing self and PC, gave brief explanation of her medical situation but am unsure of her capacity to understand or make medical decisions on her own behalf. When asked if she was ok with the medical teams doing what we are doing for her, she nodded yes. When asked if she had pain, stated no.
- Left VM message with brother Kendall who returned the call but went into VM again when I called back.
- **Per secure chat, Kendall would like patient's sister-in-law Shirley involved in conversations. Sibs would have to weigh in on decisions with Kendall if pt is not decisional. Doesn't preclude Shirley's involvement since she is local but decisions would have to come from siblings.**
- Appreciate Chelsi's efforts at obtaining contact info for pt's sisters. Pt has 3 living siblings as NOK.

Follow up 2/27/2025

- Pt with facemask on, makes eye contact but does not respond to simple questions.
- Will attempt to reach family again tomorrow as pt is not decisional
- Will addendum note if able to talk with family.

Follow up 2/28/2025

- **Patient remains nondecisional, will squeeze hands upon request, make eye contact, does not respond verbally or through gestures.**
- **Spoke with sister-in-law Shirley who is coming in with niece Marlo this afternoon. My hopes are to establish a conference call with patient's sister and brother Monday after we see how she does with dialysis over the weekend.**
- **Met with sister-in-law Shirley and patient's niece Marlo at the bedside. Explained to them the events within this hospitalization, the pneumonia, UTI, resultant severe sepsis with shock, needing to be intubated, ability to be extubated but with continued high oxygen needs, requiring CRRT for electrolyte and fluid management. Explained we would like to monitor over the weekend to see how she tolerates IHD.**
- **Expressed our concern for her respiratory and renal/fluid volume status as well as lack of improvement in mentation.**
- **Family would like to continue to optimize her but said she would not want to remain like this. Shirley and Marlow were agreeable to doing a telephone conference with brother Kendall. They explained because of Kathy's stroke, she probably would not be able to participate in conversation.**
- **Left voicemail for Kendall as well as Kathy. Have attempted to reach Kendall since Wednesday.**
- **Will try again on Monday.**

Thank you for consulting our team in the care of this patient. We will continue to follow along and assist in GOC discussions.

Emotional support and active listening provided to our patient and family as important decisions are being made regarding goals and priorities of care

Discussed with RN and treatment teams. Please do not hesitate to page palliative care at 937-

334-4007 with any needs.

Time in 1030am Time out 1145am

Subjective and Interval history

Chart reviewed in detail since last palliative medicine visit:: Per nephrology, intermittent HD if remains oliguric with plan for TDC next week if necessary.

On evaluation at bedside, patient is alert, not on CRRT since yesterday afternoon, on high flow oxygen mask.

Discussed with RN Emily, SW, Dr. Dange, Dr. Chambers, Dr. Ammula.

Interval ROS

Review of Systems

Unable to perform ROS: Mental status change

Pain/Pain score last documented: Numeric/FACES Pain Level: 0

Constipation: Last Bowel Movement: 02/27/25 (02/28/25 0800)

Objective

Temp: 96.6 °F (35.9 °C) (02/28/25 0800)	Temp Avg: 96.3 °F (35.7 °C) Min: 95.4 °F (35.2 °C) Max: 97.5 °F (36.4 °C)	BP: 151/85 (02/28/25 1000)	Pulse: 100 (02/28/25 1000)	Resp: 25 (02/28/25 1000)	SpO2: 92 % (02/28/25 1000)
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I/O:

Intake/Output Summary (Last 24 hours) at 2/26/2025 1024

Last data filed at 2/26/2025 0800

Gross per 24 hour

Intake	381.8 ml
Output	2058 ml
Net	-1676.2 ml

Last Bowel Movement: 02/27/25 (02/28/25 0800)

Body mass index is 21.12 kg/m².

Physical Exam

Vitals and nursing note reviewed. Exam conducted with a chaperone present.

Constitutional:

General: She is not in acute distress.

Appearance: She is **ill-appearing**.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Nose normal.

Mouth/Throat:

Mouth: Mucous membranes are **dry**.

Pharynx: Oropharynx is clear.

Eyes:

General:

Right eye: No discharge.

Left eye: No discharge.

Extraocular Movements: Extraocular movements intact.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: **Rhythm irregular.**

Comments: **Off cardizem gtt**

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds.

Comments: **Facemask 60%**

Abdominal:

General: Abdomen is flat. Bowel sounds are normal.

Palpations: Abdomen is soft.

Comments: **Tube feeds per NG at trickle rate**

Genitourinary:

Comments: **CRRT**

Musculoskeletal:

Right lower leg: **Edema** present.

Left lower leg: **Edema** present.

Skin:

General: Skin is warm and dry.

Coloration: Skin is **pale**.

Neurological:

Mental Status: She is alert.

Comments: **Makes eye contact but does not respond to any simple questions however will squeeze hands bilaterally on command**

Psychiatric:

Comments: **Attentive but appears encephalopathic.**

I have personally reviewed all of the EMR-populated past history fields that appear below and have addressed them with the patient/family to the farthest extent possible.

Patient Active Problem List

Diagnosis

- Hypertension
- Cerebral infarction ()
- Chronic anemia
- Folic acid deficiency
- Postmenopausal
- Renal insufficiency
- Hyperlipidemia

- History of CVA (cerebrovascular accident)
- CKD (chronic kidney disease) stage 2, GFR 60-89 ml/min
- Abnormal EKG
- PUD (peptic ulcer disease)
- S/P total knee arthroplasty, left
- Acute renal failure (HC CODE)
- Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)
- Obesity, Class II, BMI 35-39.9, no comorbidity
- Muscle weakness of lower extremity
- GI bleed
- GBS (Guillain Barre syndrome) (HC CODE)
- Disease of spinal cord, unspecified (HC CODE)
- Mild pulmonary hypertension (HC CODE)
- Paroxysmal tachycardia, unspecified (HC CODE)
- History of stroke with residual deficit
- AKI (acute kidney injury) (HC CODE)
- Hypoglycemia
- AMS (altered mental status)

PMH/PSH/FX/SH/Allergies

Past Surgical History:

Procedure	Laterality	Date
• Carpal Tunnel Release <i>bilateral</i>		
• Colonoscopy <i>COLONOSCOPY performed by Musleh, Mustafa N, MD at MVH ENDOSCOPY</i>	N/A	12/27/2023
• CUBITAL TUNNEL RELEASE <i>right ulnar nerve sx</i>		
• Esophagogastroduodenoscopy <i>ESOPHAGOGASTRODUODENOSCOPY performed by Sandhir, Sanjay, MD at MVS ENDOSCOPY</i>	N/A	06/20/2018
• Esophagogastroduodenoscopy With Biopsy <i>ESOPHAGOGASTRODUODENOSCOPY WITH BIOPSY performed by Sharma, Kanan, MD at MVH ENDOSCOPY</i>	N/A	01/06/2024
• PACU OFFSITE RECOVERY <i>PACU OFFSITE RECOVERY performed by Generic, Periopsvcs at MVH MAIN OR</i>	N/A	10/25/2013
• TOTAL KNEE ARTHROPLASTY <i>TOTAL KNEE ARTHROPLASTY performed by Lawless, Matthew W, MD at MVS SOUTH OR</i>	Left	07/10/2018

Social History

Socioeconomic History

- Marital status: Single
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use: No

Alcohol/week:	0.0 standard drinks of alcohol
• Drug use:	No
• Sexual activity:	Not Currently
Other Topics	Concern
• Not on file	
Social History Narrative	
• Not on file	

Social Drivers of Health

Financial Resource Strain: Not on file

Food Insecurity: Patient Unable To Answer (2/24/2025)

Hunger Vital Sign

- Worried About Running Out of Food in the Last Year: Patient unable to answer
- Ran Out of Food in the Last Year: Patient unable to answer

Transportation Needs: No Transportation Needs (1/6/2024)

PRAPARE - Transportation

- Lack of Transportation (Medical): No
- Lack of Transportation (Non-Medical): No

Physical Activity: Inactive (1/6/2024)

Exercise Vital Sign

- Days of Exercise per Week: 0 days
- Minutes of Exercise per Session: 0 min

Stress: Not on file

Social Connections: Not on file

Intimate Partner Violence: Not At Risk (1/6/2024)

Humiliation, Afraid, Rape, and Kick questionnaire

- Fear of Current or Ex-Partner: No
- Emotionally Abused: No
- Physically Abused: No
- Sexually Abused: No

Recent Concern: Intimate Partner Violence - At Risk (12/18/2023)

Humiliation, Afraid, Rape, and Kick questionnaire

- Fear of Current or Ex-Partner: Yes
- Emotionally Abused: Yes
- Physically Abused: Yes
- Sexually Abused: Yes

Housing Stability: Low Risk (1/6/2024)

Housing Stability Vital Sign

- Unable to Pay for Housing in the Last Year: No
- Number of Places Lived in the Last Year: 1
- Unstable Housing in the Last Year: No

Extended Emergency Contact Information

Primary Emergency Contact: Crisp, Shirley

United States of America

Home Phone: 937-253-0575

Mobile Phone: 937-241-3483

Relation: Relative

Low vision? Yes

Hearing or visual needs: None

Other needs: None

Preferred language: English

Interpreter needed? No

Secondary Emergency Contact: Kendall Crisp

Mobile Phone: 928-256-7180

Relation: Brother

Family History

Problem	Relation	Name	Age of Onset
• Heart Disease <i>CAD</i>	Father		
• COPD <i>smoker</i>	Father		
• Hypertension	Mother		
• Diabetes	Mother		
• Stroke	Mother		
• Breast Cancer	Paternal Aunt		
• No Known Problems	Sister		
• Cancer <i>esophageal</i>	Brother		
• No Known Problems	Sister		
• Cerebral Palsy	Brother		
• No Known Problems	Brother		
• Anesthesia Problems	Neg Hx		

Social History

Tobacco Use

Smoking Status

Never

Smokeless Tobacco

Never

reports no history of alcohol use.

Social History

Substance and Sexual Activity

Drug Use

No

No Known Allergies

Medications:

Scheduled meds:

furosemide, 80 mg, BID

albuterol, 2.5 mg, Q4H (RT)

sodium chloride, 4 mL, BID

vitamin D, B, iron and minerals, 1 Tab, Daily

fludrocortisone, 0.1 mg, Daily

insulin lispro, 1-9 Units, Q4H

midodrine, 10 mg, Q8H

levothyroxine, 50 mcg, Daily

saline flush, 10 mL, Q12H

polyethylene glycol, 1 Packet, Daily

folic acid, 1 mg, Daily

Continuous infusions:

diltiazem, Last Rate: Stopped (02/27/25 0100)

NaCl 0.9%, Last Rate: 1,000 mL (02/21/25 1502)

PRN meds:

NaCl, 2,000 mL, PRN
 heparin, 5,000-20,000 Units, To Critical Care-PRN
 NaCl, 2,000 mL, PRN
 heparin, 5,000-20,000 Units, To Critical Care-PRN
 magnesium sulfate in water, 2 g, PRN
 sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB, 10 mmol, PRN
 sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB, 20 mmol, PRN
 NaCl, 300 mL, To Dialysis-PRN
 saline flush, 10 mL, To Dialysis-PRN
 heparin, 5,000 Units, To Dialysis-PRN
 albumin, human, 25 g, To Dialysis-PRN
 dextrose, 15 g Carb, PRN
 dextrose 50 % in water (D50W), 5-12.5 g, PRN
 glucagon, 1 mg, PRN
 saline flush, 10 mL, PRN
 NaCl 0.9%, 1,000 mL, Continuous PRN
 acetaminophen, 650 mg, Q4H PRN
 Or
 acetaminophen, 650 mg, Q4H PRN
 lidocaine (PF), 5 mL, Once PRN
 ondansetron, 4 mg, Q6H PRN
 Or
 ondansetron, 4 mg, Q6H PRN

(Meds that have been ordered and completed are not included above)

Labs

CBC/PT/INR/PTT			Basic Metabolic Panel		
Lab Results			Lab Results		
Component	Value	Date	Component	Value	Date
WBC	15.1 (H)	02/28/2025	NA	139	02/28/2025
HEMOGLOBIN	9.5 (L)	02/28/2025	NA	141	08/21/2023
HEMATOCRIT	29.2 (L)	02/28/2025	NA	138	07/11/2018
PLATELETS	27 (L)	02/28/2025	POTASSIUM	4.7	02/28/2025
INR/Prothrombin Time			POTASSIUM	4.5	08/21/2023
			CL	105	02/28/2025
			CL	110	08/21/2023
			CO2	24	02/28/2025
			CO2	15	08/21/2023
			GLUCOSE	134	02/28/2025
			GLUCOSE	151	02/28/2025
			GLUCOSE	134	02/28/2025
			GLUCOSE	79	08/21/2023
			BUN	13	02/28/2025
			BUN	18	08/21/2023
			CREATININE	0.8	02/28/2025
			CREATININE	1.3	08/21/2023
			CA	8.8	02/28/2025
			CA	10.3	08/21/2023

LFTs

HEPATIC PANEL

Lab Results

Component	Value	Date
AST	63	02/18/2025
AST	29	11/22/2016
ALT	61	02/18/2025
ALT	30	11/22/2016
ALKP	250	02/18/2025
ALKP	91	11/22/2016
TBIL	0.4	02/18/2025
TBIL	0.3	11/22/2016
ALB	2.7	02/28/2025
ALB	3.2	12/11/2023
DBIL	0.3	02/18/2025
DBIL	0.1	11/22/2016
TP	4.4	02/18/2025
TP	7.5	11/22/2016

Radiology

Reviewed applicable MRI/CT/Xray scans since last visit

Reviewed if available since last visit

Clinical changes noted, information used to further define prognostic status

Electronically signed by: Nancy Jp Silverman, APRN, 2/28/2025 10:23 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
 03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Chambers, Steven Lawrence, MD
Physician
Medical ICU

Medical Staff Progress Note  
Signed

Date of Service: 02/28/25 0914

Signed

Pulmonary & Critical Care Medicine



Pulmonary & Critical Care
CONSULTANTS, INC.

MIAMI VALLEY HOSPITAL
Patient Name: Diane Crisp

65-year-old female admitted for severe encephalopathy and acute renal failure and with hyperkalemia. Patient has been on CRRT. Remains off mechanical ventilation. Patient is lethargic, somnolent.

Date: 2/28/2025

IMPRESSION:

Acute metabolic encephalopathy
Acute kidney injury with chronic kidney disease stage III on CRRT and improving
Sepsis with probable urinary source
Atrial fibrillation with controlled ventricular rate
Thrombocytopenia
CKD stage III due to hypertension
Anemia of chronic disease likely due to the chronic kidney disease.
History of CVA
Hypoglycemia with confusion on admission
Hypertensive renal disease.
Body mass index is 21.12 kg/m².

DISCUSSION & PLAN:

Vomited previously with worsening respiratory failure. No more vomiting and weaning on BiPAP quite nicely much more awake and less encephalopathic. Recommend restart trickle feeds and see how she tolerates them. Discussed with nursing at the bedside.

Hemodynamically unstable now with low blood pressure had to decrease volume removal from CRRT and giving fluid bolus. Again according to her CODE STATUS cannot be placed on pressors.

Slowly improving but prognosis is very guarded.

Family is aware of her prognosis.

Continues on BiPAP with rare breaks from it. Again appears more awake today.

F/U For: See above

SUBJECTIVE:

More aware, tries to answer questions.

OBJECTIVE:**Vitals-**

Temp: 96.6 °F (35.9 °C) (02/28/25 0800)	Temp Avg: 96.3 °F (35.7 °C) Min: 95.4 °F (35.2 °C) Max: 97.5 °F (36.4 °C)	BP: 152/88 (02/28/25 0900)	Pulse: 99 (02/28/25 0900)	Resp: 30 (02/28/25 0900)	SpO2: 98 % (02/28/25 0900)
--	--	-------------------------------	------------------------------	--------------------------------	-------------------------------

Exam-

GENERAL -WDWN ill-appearing somnolent/lethargic female appearing older than her stated age
HEENT -NC, AT, mmm, anicteric

CHEST/RESPIRATORY -diffuse rhonchi

CARDIAC -RRR/rate controlled

ABDOMEN - Soft, non-tender, + BS

SKIN -warm and dry, no rash

EXTREMITIES - trace to 1+ pedal edema

NEUROLOGICAL - alert, moves all extremities

DIAGNOSTIC EVAL / INTERVENTIONS:**LABS REVIEWED:**

COVID-19

SARS COV2 RNA, QL REAL TIME RT PCR (no units)

Date	Value	Status
02/17/2025	Not Detected	Final

CBC W/Diff

Recent Labs

	02/28/25 0555	02/28/25 0020	02/27/25 1206
--	------------------	------------------	------------------

WBC	15.1*	< >	20.9*
HEMOGLOBIN	9.5*	< >	9.9*
HEMATOCRIT	29.2*	< >	30.4*
PLATELETS	27*	< >	39*
MCV	102.5*	< >	101.7*
MCH	33.3	< >	33.1
MCHC	32.5	< >	32.6
RDW	20.9*	< >	20.9*
NRBC	0	< >	0
MPV	--	--	13.1*

< > = values in this interval not displayed.

CMP

Recent Labs

	02/28/25 0800	02/28/25 0730	02/28/25 0555
NA	--	--	139
POTASSIUM	--	--	4.7
CL	--	--	105
CO2	--	--	24
GLUCOSE	134*	< >	134*
BUN	--	--	13
CREATININE	--	--	0.8
CA	--	--	8.8
ALB	--	--	2.7*

< > = values in this interval not displayed.

ABG

No results for input(s): "PH", "PCO2", "PO2", "O2SAT", "BE", "HCO3", "TCO2", "RSPCOM", "DRAWN", "NFIO2", "LPM", "LMODE", "PEEP", "PSV", "DREC", "MRR", "LVT" in the last 24 hours.

CARDIAC ENZYMES No results for input(s): "CK1", "CKMB", "INDINT", "MBI", "TROP" in the last 36 hours. MB ADD ON No results for input(s): "MBI" in the last 36 hours.

PT/APTT No results for input(s): "PROA", "PT", "PTTA", "PTT" in the last 36 hours.

CULTURES, BLOOD No results found for this or any previous visit (from the past 36 hours).

CULTURES, SPUTUM No results found for this or any previous visit (from the past 36 hours).

CULTURES, URINE No results found for this or any previous visit (from the past 36 hours).

INR No results for input(s): "INR" in the last 36 hours.

LACTIC ACID, SERUM No results for input(s): "LACT" in the last 36 hours.

IMAGING STUDIES; ACTUAL FILMS REVIEWED:

Chest x-ray reviewed both films report with smaller lung volumes than her baseline, atelectasis or infiltrate right lower lung. Could represent aspiration. Reviewed both films and report agree with findings.

OTHER STUDIES:

Medications

furosemide, 80 mg, BID
albuterol, 2.5 mg, Q4H (RT)

sodium chloride, 4 mL, BID
vitamin D, B, iron and minerals, 1 Tab, Daily
fludrocortisone, 0.1 mg, Daily
insulin lispro, 1-9 Units, Q4H
midodrine, 10 mg, Q8H
levothyroxine, 50 mcg, Daily
saline flush, 10 mL, Q12H
polyethylene glycol, 1 Packet, Daily
folic acid, 1 mg, Daily

INTAKE/OUTPUT:

I/O last 3 completed shifts:
In: 709 [I.V.:100; Other:150; Enteral:459]
Out: 1162 [Other:1162]

Critical Care time: 31 min

Reviewed Chart
Reviewed Medications
Reviewed Labs and Studies
Reviewed other Physicians notes
Discussed with nursing, RT

Signature: Steven L. Chambers, MD
Pager: 635-0514

For ICU NP please call 937-789-8098 / 937-789-8411

For Pulmonary consult NP please call 937-475-8469

For urgent consultations & after 6 pm on weekdays and weekends, please page on call physician
- 937-334-5999

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Spendlove, Emily G, RN
Registered Nurse

Nursing Note  
Signed

Date of Service: 02/28/25 0912

Signed

CGM Validation:

9:12 AM - POC blood sugar- 151 and CGM reading- 126. Within protocol parameters of <20% difference from the POC when the glucose is >100 mg/dL..

Electronically signed by: Emily G Spendlove, RN, 2/28/2025 9:12 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:29 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Ammula, Ashok Kumar, MD
 Physician
 Nephrology

Medical Staff Progress Note  
 Signed

Date of Service: 02/28/25 0824

Signed

*Mark D. Oxman, D.O. FACP
 Jeffrey J. Kaufhold, M.D., FACP
 Jennifer L. Jackson, D.O., FACP
 Chukwuma E. Eze, M.D., FASN, FASDIN
 Ashok K. Ammula, M.D.
 Shashikant R. Patel, M.D.*



*Swe Zin Mar Winhtut Oo, M.D.
 Jamie E. Long, MS, RN, APRN
 Vanessa Ratcliff MS, RN, APRN
 Esther Bassaw MS, RN, APRN
 Chloe Hammond, MS, RN, APRN
 Kimberly Wallace, MS, RN, APRN*

MIAMI VALLEY HOSPITAL

Renal Progress Note

2/28/2025

Patient Name: Diane Crisp DOB: 9/1/1959

Subjective

F/up for AKI requiring RRT. Admitted with sepsis/respiratory failure. Treated for possible Pneumonia

More awake on BIPAP. Not on pressors. CRRT clotted last night. Minimal urine

Assessment

Acute renal failure .Oliguric. Requiring CRRT. No obstruction. PVR low. U/a suggestive of a UTI on admission. No renal recovery

CKD 3 due to HTN with baseline creat 1.5- 1.7

Saw Dr Oo in past

Sepsis/Resp failure

Volume overload. Net 7 L positive.

Thrombocytopenia. ? Due to sepsis. No active bleeding. No DVTs. Receiving heparin catheter lock. Platelet count is stable

Anemia of CKD and history of GI bleed

History of stroke

Plan

Trial of iv lasix

IHD tomorrow if she remains oliguric

TDC next week if necessary

Current Meds:

furosemide (LASIX) injection 80 mg 80 mg IV Push BID; albuterol (PROVENTIL) 2.5 mg /3 mL (0.083 %) inhalation solution 2.5 mg 2.5 mg Inhalation Q4H (RT); sodium chloride 7% for nebulization 4 mL 4 mL Inhalation BID; vitamin D, B, iron and minerals (PRORENAL) tab 1 Tab 1 Tab Oral Daily; fludrocortisone (FLORINEF) tablet 0.1 mg 0.1 mg Oral Daily; insulin lispro (HumaLOG) injection 1-9 Units 1-9 Units Subcutaneous Q4H; midodrine (PROAMATINE) tablet 10 mg 10 mg Oral Q8H; levothyroxine (SYNTHROID) tablet 50 mcg 50 mcg Oral Daily; saline flush 10 mL IV Push Q12H; polyethylene glycol (MIRALAX) packet 17 g 1 Packet Oral Daily; folic

acid (FOLATE) tablet 1 mg 1 mg Oral Daily

Infusions:

diltiazem (CARDIZEM) 125 mg in 0.9% NaCl 125 ml addEASE Last Rate: Stopped (02/27/25 0100); NaCl 0.9% 1,000 mL Last Rate: 1,000 mL (02/21/25 1502)

PRN Meds:

- NaCl 0.9 % 2,000 mL
- heparin catheter solution 5,000-20,000 Units
- NaCl 0.9 % 2,000 mL
- heparin catheter solution 5,000-20,000 Units
- magnesium sulfate 2 g/50 ml SW IVPB
- sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB
- sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB
- NaCl 0.9 % 300 mL
- saline flush
- heparin injection 5,000 Units
- albumin, human 25 % IV soln 25 g
- dextrose (GLUTOSE) gel 15 g Carb
- dextrose 50 % in water (D50W) intravenous syringe 5-12.5 g
- glucagon injection 1 mg
- saline flush
- NaCl 0.9% 1,000 mL
- acetaminophen (TYLENOL) tablet 650 mg **OR** acetaminophen (TYLENOL) suppository 650 mg
- lidocaine (PF) 1 % (10 mg/mL) injection 5 mL
- ondansetron (ZOFTRAN ODT) RAPID DISSOLVING tablet 4 mg **OR** ondansetron (ZOFTRAN) injection 4 mg

Objective

Vital Signs:

Temp: 96.6 °F (35.9 °C) (02/28/25 0800)	Temp Avg: 96.3 °F (35.7 °C) Min: 95.4 °F (35.2 °C) Max: 97.5 °F (36.4 °C)	BP: 153/89 (02/28/25 0800)	Pulse: 96 (02/28/25 0800)	Resp: 15 (02/28/25 0800)	SpO2: 99 % (02/28/25 0800)
---	--	-------------------------------	------------------------------	-----------------------------	-------------------------------

I/O last 3 completed shifts:

In: 709 [I.V.:100; Other:150; Enteral:459]

Out: 1162 [Other:1162]

Admission: Weight: 62.1 kg (136 lb 14.5 oz) (02/17/25 1604)

Most recent: Weight: 52.4 kg (115 lb 8.3 oz) (02/28/25 0600)

Base/Dry Weight: (N/A. New acute)

Exam

Awake, on BIPAP.

No scleral icterus

H s1s2 regular

L coarse bs b/l

Abd: soft, non tender

No skin rash/erythema

No LE edema

R IJ HD catheter

Recent Labs

	02/28/25 0555	02/28/25 0020	02/27/25 1206
WBC	15.1*	15.9*	20.9*
HEMOGLOBIN	9.5*	9.1*	9.9*
HEMATOCRIT	29.2*	27.3*	30.4*
PLATELETS	27*	25*	39*

Recent Labs

	02/28/25 0735	02/28/25 0555	02/28/25 0349	02/27/25 2002	02/27/25 1752
NA	--	139	--	--	139
POTASSIUM	--	4.7	--	--	4.4
CL	--	105	--	--	106
CO2	--	24	--	--	25
BUN	--	13	--	--	8
CREATININE	--	0.8	--	--	0.6
GLUCOSE	151*	134*	118*	< >	131*
CA	--	8.8	--	--	8.4*
MG	--	2.5	--	--	--
PHOS	--	4.2	--	--	3.8

< > = values in this interval not displayed.

Imaging Studies: reviewed

Hospital Problems

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Electronically signed by: Ashok Kumar Ammula, MD, 2/28/2025 8:24 AM

Page via Match MD or Epic secure chat.

ED to Hosp-Admission (Discharged) on 2/17/2025

Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
 03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:29 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Dange, Sulabha R, MD
Physician
Hospitalist

Medical Staff Progress Note  
Signed

Date of Service: 02/28/25 0821

Signed**MIAMI VALLEY HOSPITAL HOSPITALIST GROUP**

Hospitalist Progress Note

2/28/2025

Patient Identifier/Hospitalist

Patient: Diane Crisp; **DOB** 9/1/1959*I saw and examined the patient on 2/28/2025 at 8:21 AM in 4512/4512-A.***Hospitalist:** Sulabha R Dange, MD**Cell:** (937) 414-4381

Disposition/Assessment and Plan

Disposition: Likely to ECF in 1-2 days.**Reason to continue hospitalization:** Clearance by specialists, medical optimization.

Assessment/Plan:

Diane Crisp is a 65 year old female, PMH HTN, HLP, GERD presented with lethargy. Noted to be markedly hypoglycemic with glucose of 31, markedly hypotensive and hypoxic, workup noted acute renal failure, hyperkalemia, leukocytosis and elevated but nontrending troponins, CT imaging indicated left lung infiltrate PNA versus aspiration, also acute metabolic encephalopathy—she was admitted for the management of these problems.

Sepsis due to pneumonia, UTI with septic shock as well as acute sepsis-related organ dysfunction, acute hypoxic respiratory failure as evidenced by SPO₂ < 89% on RM air. Present on Admission (POA). Needed intubation—now extubated.

Also acute kidney injury, acute metabolic encephalopathy. Hypotension requiring vasopressors and need for critical services earlier.

Respiratory cultures—multiple microbes.

Urine cultures—for pathogens—suggestive of contamination. MRSA negative.

S/p ID eval. Completed antibiotics course—Zosyn. Received steroids earlier.

Patient continues to be on /BiPAP.

AKI with CKD stage III–nephrology on board.

CRRT-for the noted fluid overload. CRRT clotted, and noted nephrology plans for HD if oliguria continues. For now trial of IV Lasix.

Nephrology notes no renal recovery. Baseline creatinine 1.5–1.7 CKD.

Nephrology noted the need to continue this. Hopefully this will help her work of breathing. Still continues to be on BiPAP.

Hypertensive renal disease.

Home antihypertensives currently on hold due to earlier noted hypotension needing vasopressors..

Currently on Florinef, also on midodrine. BPs are stable.

Anemia of chronic disease—likely 2/2 CKD. Hb is currently stable at 9.4.

Marked thrombocytopenia—? 2/2 sepsis, platelets at 30K. No active bleeding reported from any site.

Hypoglycemia with confusion—POA long since resolved.

Atrial fibrillation—rate is acceptable in the100s.

Continue management of hyperlipidemia, hypothyroidism, GERD.

Elevated but nontrending troponins—in the setting of above likely 2/2 demand ischemia.

History of CVA.

Dysphagia- speech/swallow evaluation could not be done due to continued need for BiPAP. Has NG tube for feeds.

Palliative care on board and family dynamics noted. Noted plan to have family conference on Monday. We appreciate the assistance.

Hospital day# 11

DVT Prophylaxis: SCDs.

Code Status: Orders Placed This Encounter
Limited Treatment Measures

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Medications

Current Facility-Administered Medications						
Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• NaCl 0.9 % 2,000 mL	2,000 mL	Dialysis	PRN	Ammula, Ashok Kumar, MD		
• heparin catheter solution 5,000-20,000 Units	5,000-20,000 Units	Dialysis	To Critical Care-PRN	Ammula, Ashok Kumar, MD	10,000 Units at 02/25/25 2239	
• Phoxillium BK 4/2.5 Dialysate Flow Solution - Green Scale		Dialysis	To Critical Care-Continuous	Ammula, Ashok Kumar, MD	1,000 mL/hr at 02/27/25 1357	New Bag at 02/27/25 1357
• PrismaSOL BGK 4/2.5 Replacement Solution - Post Filter Purple Scale	200 mL/hr	Dialysis	To Critical Care-Continuous	Ammula, Ashok Kumar, MD	200 mL/hr at 02/27/25 1357	200 mL/hr at 02/27/25 1357
• PrismaSOL BGK 4/2.5 Replacement Solution - Pre White Scale	1,000 mL/hr	Dialysis	To Critical Care-Continuous	Ammula, Ashok Kumar, MD	1,000 mL/hr at 02/27/25 1625	1,000 mL/hr at 02/27/25 1625
• NaCl 0.9 % 2,000 mL	2,000 mL	Dialysis	PRN	Thiruveedi, Sampath K, MD	2,000 mL at 02/24/25 0051	
• heparin catheter solution 5,000-20,000 Units	5,000-20,000 Units	Dialysis	To Critical Care-PRN	Thiruveedi, Sampath K, MD	5,000 Units at 02/27/25 1855	
• magnesium sulfate 2 g/50 ml SW IVPB	2 g	Intravenous	PRN	Thiruveedi, Sampath K, MD	Stopped at 02/24/25 0800	
• sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB	10 mmol	Intravenous	PRN	Thiruveedi, Sampath K, MD	Stopped at 02/27/25 0815	
• sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB	20 mmol	Intravenous	PRN	Thiruveedi, Sampath K, MD	Stopped at 02/25/25 1014	
• diltiazem (CARDIZEM) 125 mg in 0.9% NaCl 125 ml addEASE	2.5-15 mg/hr	Intravenous	Continuous	Ebert, Meghan B, APRN	Stopped at 02/27/25 0100	
• albuterol (PROVENTIL) 2.5 mg /3 mL (0.083 %) inhalation solution 2.5 mg	2.5 mg	Inhalation	Q4H (RT)	Gandhi, Dharmesh V, MD	2.5 mg at 02/28/25 0525	
• sodium chloride 7% for nebulization 4 mL	4 mL	Inhalation	BID	Gandhi, Dharmesh V, MD	4 mL at 02/27/25 2041	

• vitamin D, B, iron and minerals (PRORENAL) tab 1 Tab	1 Tab	Oral	Daily	Kaufhold, Jeffrey J, MD	1 Tab at 02/28/25 0804
• fludrocortisone (FLORINEF) tablet 0.1 mg	0.1 mg	Oral	Daily	Kaufhold, Jeffrey J, MD	0.1 mg at 02/28/25 0804
• NaCl 0.9 % 300 mL	300 mL	Intravenous	To Dialysis-PRN	Kaufhold, Jeffrey J, MD	
• saline flush	10 mL	IV Push	To Dialysis-PRN	Kaufhold, Jeffrey J, MD	
• heparin injection 5,000 Units	5,000 Units	Instill	To Dialysis-PRN	Kaufhold, Jeffrey J, MD	13,500 Units at 02/22/25 1733
• albumin, human 25 % IV soln 25 g	25 g	Intravenous	To Dialysis-PRN	Kaufhold, Jeffrey J, MD	60 mL/hr at 02/22/25 1712
• dextrose (GLUTOSE) gel 15 g Carb	15 g Carb	Oral	PRN	Walsh, Nicholas T, PA-C	
• dextrose 50 % in water (D50W) intravenous syringe 5-12.5 g	5-12.5 g	IV Push	PRN	Walsh, Nicholas T, PA-C	5 g at 02/26/25 0314
• glucagon injection 1 mg	1 mg	Subcutaneous	PRN	Walsh, Nicholas T, PA-C	
• insulin lispro (HumaLOG) injection 1-9 Units	1-9 Units	Subcutaneous	Q4H	Walsh, Nicholas T, PA-C	1 Units at 02/27/25 1730
• midodrine (PROAMATINE) tablet 10 mg	10 mg	Oral	Q8H	Davis, Deanna Kay, APRN	10 mg at 02/27/25 1306
• levothyroxine (SYNTHROID) tablet 50 mcg	50 mcg	Oral	Daily	Davis, Deanna Kay, APRN	50 mcg at 02/28/25 0556
• saline flush	10 mL	IV Push	PRN	Haque, Nurul, MD	
• saline flush	10 mL	IV Push	Q12H	Haque, Nurul, MD	1 Syringe at 02/28/25 0804
• NaCl 0.9% 1,000 mL	1,000 mL	Intravenous	Continuous PRN	Haque, Nurul, MD	10 mL/hr at 02/21/25 1502
• acetaminophen (TYLENOL) tablet 650 mg	650 mg	Oral	Q4H PRN	Haque, Nurul, MD	650 mg at 02/21/25 0909

Or

• acetaminophen (TYLENOL) suppository 650 mg	650 mg	Rectal	Q4H PRN	Haque, Nurul, MD	
• polyethylene glycol (MIRALAX) packet 17 g	1 Packet	Oral	Daily	Haque, Nurul, MD	17 g at 02/28/2 5 0804
• folic acid (FOLATE) tablet 1 mg	1 mg	Oral	Daily	Haque, Nurul, MD	1 mg at 02/28/2 5 0804
• lidocaine (PF) 1 % (10 mg/mL) injection 5 mL	5 mL	Infiltration	Once PRN	Haque, Nurul, MD	
• ondansetron (ZOFTRAN ODT) RAPID DISSOLVING tablet 4 mg Or	4 mg	Oral	Q6H PRN	Davis, Deanna Kay, APRN	
• ondansetron (ZOFTRAN) injection 4 mg	4 mg	IV Push	Q6H PRN	Davis, Deanna Kay, APRN	4 mg at 02/20/2 5 1639

Subjective

The patient awake, tends to located on calling out, occasionally perseverating but no further communication.

Objective Data

I's and O's:

Intake/Output Summary (Last 24 hours) at 2/25/2025 0750
Last data filed at 2/25/2025 0700

Gross per 24 hour	
Intake	1160.28 ml
Output	3137 ml
Net	-1976.72 ml

Vital Signs:

Temp: 96.6 °F (35.9 °C) (02/28/25 0800)	Temp Min: 95.4 °F (35.2 °C) Min taken time: 02/28/25 0400 Max: 97.5 °F (36.4 °C) Max taken time: 02/27/25 1200	BP: 153/89 (02/28/25 0800)	Pulse: 96 (02/28/25 0800)	Resp: 15 (02/28/25 0800)	SpO2: 99 % (02/28/25 0800)
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Physical Examination:

General: Frail white lady of the stated age, lying in bed, alert, not much interaction though. Does look at you on calling out. VS as outlined in the chart.
CV: monitor showing regular rate and rhythm.

PUL: On BiPAP.

Diagnostic Data:

Labs, reviewed:

Recent Results (from the past 24 hours)

POC GLUCOSE

Collection Time: 02/27/25 11:53 AM

Result	Value	Ref Range
POC Glucose	119 (H)	70 - 99 mg/dL

Scan Result

COMPLETE BLOOD COUNT

Collection Time: 02/27/25 12:06 PM

Result	Value	Ref Range
WBC Count	20.9 (H)	3.5 - 10.9 K/uL
RBC	2.99 (L)	3.95 - 5.26 M/uL
Hemoglobin	9.9 (L)	11.2 - 15.7 g/dL
Hematocrit	30.4 (L)	34.0 - 49.0 %
MCV	101.7 (H)	80.0 - 100.0 fL
MCH	33.1	26.0 - 34.0 pg
MCHC	32.6	30.7 - 35.5 g/dL
RDW	20.9 (H)	<=15.0 %
Platelet Count	39 (L)	140 - 400 K/uL
MPV	13.1 (H)	7.2 - 11.7 fL
nRBC	0	<=0 /100 WBCs

Scan Result

POC GLUCOSE

Collection Time: 02/27/25 4:20 PM

Result	Value	Ref Range
POC Glucose	141 (H)	70 - 99 mg/dL

Scan Result

RENAL FUNCTION PANEL

Collection Time: 02/27/25 5:52 PM

Result	Value	Ref Range
Sodium	139	135 - 148 mEq/L
Potassium	4.4	3.4 - 5.3 mEq/L
Chloride	106	96 - 110 mEq/L
Carbon Dioxide	25	19 - 32 mEq/L
BUN	8	3 - 29 mg/dL

Creatinine	0.6	0.5 - 1.2 mg/dL
Glucose	131 (H)	70 - 99 mg/dL
Calcium	8.4 (L)	8.5 - 10.5 mg/dL
Albumin	2.8 (L)	3.5 - 5.2 g/dL
Phosphorus	3.8	2.1 - 4.3 mg/dL
Anion Gap	8	5 - 15
BUN/CREAT Ratio	13	7 - 25
Estimated GFR	100	>=60 mL/min/1.73 m ²

POC GLUCOSE

Collection Time: 02/27/25 8:02 PM

Result	Value	Ref Range
POC GLUCOSE	115 (A)	70 - 99 mg/dl

POC GLUCOSE

Collection Time: 02/27/25 8:02 PM

Result	Value	Ref Range
POC Glucose	128 (H)	70 - 99 mg/dL

Scan Result

POC GLUCOSE

Collection Time: 02/28/25 12:02 AM

Result	Value	Ref Range
POC GLUCOSE	121 (A)	70 - 99 mg/dl

COMPLETE BLOOD COUNT

Collection Time: 02/28/25 12:20 AM

Result	Value	Ref Range
WBC Count	15.9 (H)	3.5 - 10.9 K/uL
RBC	2.72 (L)	3.95 - 5.26 M/uL
Hemoglobin	9.1 (L)	11.2 - 15.7 g/dL
Hematocrit	27.3 (L)	34.0 - 49.0 %
MCV	100.4 (H)	80.0 - 100.0 fL
MCH	33.5	26.0 - 34.0 pg
MCHC	33.3	30.7 - 35.5 g/dL
RDW	21.0 (H)	<=15.0 %
Platelet Count	25 (L)	140 - 400 K/uL
MPV		
nRBC	0	<=0 /100 WBCs

Scan Result

POC GLUCOSE

Collection Time: 02/28/25 3:49 AM

Result	Value	Ref Range
POC GLUCOSE	118 (A)	70 - 99 mg/dL
COMPLETE BLOOD COUNT		
Collection Time: 02/28/25 5:55 AM		
Result	Value	Ref Range
WBC Count	15.1 (H)	3.5 - 10.9 K/uL
RBC	2.85 (L)	3.95 - 5.26 M/uL
Hemoglobin	9.5 (L)	11.2 - 15.7 g/dL
Hematocrit	29.2 (L)	34.0 - 49.0 %
MCV	102.5 (H)	80.0 - 100.0 fL
MCH	33.3	26.0 - 34.0 pg
MCHC	32.5	30.7 - 35.5 g/dL
RDW	20.9 (H)	<=15.0 %
Platelet Count	27 (L)	140 - 400 K/uL
MPV		
nRBC	0	<=0 /100 WBCs

Scan Result**RENAL FUNCTION PANEL**

Collection Time: 02/28/25 5:55 AM

Result	Value	Ref Range
Sodium	139	135 - 148 mEq/L
Potassium	4.7	3.4 - 5.3 mEq/L
Chloride	105	96 - 110 mEq/L
Carbon Dioxide	24	19 - 32 mEq/L
BUN	13	3 - 29 mg/dL
Creatinine	0.8	0.5 - 1.2 mg/dL
Glucose	134 (H)	70 - 99 mg/dL
Calcium	8.8	8.5 - 10.5 mg/dL
Albumin	2.7 (L)	3.5 - 5.2 g/dL
Phosphorus	4.2	2.1 - 4.3 mg/dL
Anion Gap	10	5 - 15
BUN/CREAT Ratio	16	7 - 25
Estimated GFR	82	>=60 mL/min/1.73 m ²

MAGNESIUM, SERUM

Collection Time: 02/28/25 5:55 AM

Result	Value	Ref Range
Magnesium	2.5	1.4 - 2.5 mg/dL

POC GLUCOSE

Collection Time: 02/28/25 7:35 AM

Result	Value	Ref Range
POC Glucose	151 (H)	70 - 99 mg/dL

Scan Result

Imaging:

No results found.

Signature

Electronically signed by: Sulabha R Dange, MD, 2/28/2025 8:21 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient***Care Timeline**

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Dixon, Marcella M, RN
Registered Nurse
Nursing

Nursing Note  
Signed

Date of Service: 02/27/25 2013

Signed

CGM Validation:

8:13 PM - POC blood sugar- 128 and CGM reading- 115. Within protocol parameters of <20% difference from the POC when the glucose is >100 mg/dL..

Electronically signed by: Marcella M Dixon, RN, 2/27/2025 8:13 PM

ED to Hosp-Admission (Discharged) on 2/17/2025

*Note shared with patient***Care Timeline**

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:29 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Spendlove, Emily G, RN
Registered Nurse

Care Plan
Signed

Date of Service: 02/27/25 1301

Signed

Problem: Pressure Ulcer
Goal: Absence of infection signs and symptoms
Outcome: Progressing

Problem: Falls - Risk of
Goal: Absence of falls
Description: Avoid the routine use of bedrails or physical restraints as a fall-prevention intervention.
Outcome: Progressing

Problem: Nutrition Deficit
Goal: Adequate nutritional intake
Outcome: Progressing

Problem: Infection Risk, Central Venous Catheter-Associated
Goal: Absence of infection signs and symptoms
Description: For patients undergoing CVC insertion (eg, adult patients at higher risk for central line-associated bloodstream infection or at increased risk for severe consequences from a central line-associated bloodstream infection), consider the use of antimicrobial-impregnated or antimicrobial-coated CVCs.
Outcome: Progressing

Goal: Knowledge of infection control procedures
Outcome: Progressing

Problem: Infection Risk, Ventilator-Associated
Goal: Absence of pulmonary infection
Outcome: Progressing

Goal: Knowledge of infection control procedures
Outcome: Progressing

Problem: Infection Risk, Urinary Catheter-Associated
Goal: Absence of urinary tract infection signs and symptoms
Outcome: Progressing

Problem: Skin Integrity - Impaired
Goal: Decrease in wound size
Outcome: Not Progressing

Goal: Skin integrity intact
Outcome: Not Progressing

Problem: Pressure Ulcer

Goal: Pressure ulcer healing

Outcome: Not Progressing

Patient remains with a stage 2 pressure injury that appears to be worsening

Problem: Pain - Acute

Goal: Communication of presence of pain

Outcome: Not Progressing

Patient not communicating verbally at this time

Problem: Pressure Ulcer - Risk of

Goal: Absence of pressure ulcer

Outcome: Not Progressing

Problem: Falls - Risk of

Goal: Knowledge of fall prevention

Outcome: Not Progressing

Patient not communicating and unable to participate in education

ED to Hosp-Admission (Discharged) on 2/17/2025

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603

03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Young, Lisa A, RDN,LD
Dietitian
Nutrition

Care Plan
Signed

Date of Service: 02/27/25 1035

Signed

Problem: Nutrition Deficit
Goal: Adequate nutritional intake
Outcome: Progressing

MEDICAL NUTRITION THERAPY

RECOMMENDATIONS:

Tube Feeding: Osmolite 1.2 Cal 1L (1 Prosource daily)
Tube Feeding Goal Rate (ml/hr): 50 ML/HR
Tube Feeding Fluid Provided (ml) (with recommendations): 984
Kcals Provided (with Recommendation): 1500 KCAL
Grams Protein Provided (with Recommendation): 82 GM

Labs Requested: Monitor glucose, renal labs

Additional Comments: Pt on bipap, TF resumed. Phos being replaced. Palliative care following. Will monitor TF advancement/tolerance and plan of care.

Discharge needs assessed on an ongoing basis pending clinical course.

NUTRITION DIAGNOSIS:

Nutrition Diagnosis: Inadequate energy intake related to inadequate enteral nutrition infusion as evidenced by EN running 0-20 mL/hr x 3 days.

NUTRITION RISK:

Nutrition Risk: High Nutrition Risk

REASON FOR COMPLETION:

Reason for Completion: Follow Up

CURRENT DIET:

Current Diet Order: NPO;TF (cont 24 hr/d)
Current Formula (TF): Osmolite 1.2 Cal 1L (1 Prosource daily)
Current Rate (ml/hr): 20 ML/HR
Current Kcal Provided/day: 422
Current Protein Provided gm/day: 20 (No Prosource documented)
Current Fluids Provided ml/day: 289

TOTAL NUTRIENT NEEDS:

Total Calorie Needs (kcal): 1300-1500

Total Protein Needs (gms): 80-100

Assessment:

Edema/Fluid Status: CRRT

Unmeasured Stool: Moderate (02/27/25 0853) Last Bowel Movement: 02/27/25

Nutrition Related Labs: Reviewed

Nutrition Related Medications: Reviewed

Lisa A Young, RDN, LD, CNSC**Clinical Nutrition Manager**

Available via Secure Chat

Office: 937-208-2353

Weekends/Holidays: Please reach out via Secure Chat to *MVH All Dietitians, Inpatient****Please refer to the Medical Nutrition Therapy Evaluation/Assessment Documentation Flowsheet for full nutrition assessment**

*Please note: Serum albumin and prealbumin are no longer recognized as reliable or specific biomarkers for malnutrition. Evans DC, Corkins MR, Malone A, et al. The use of visceral proteins as nutrition markers: an ASPEN position paper. *Nutr Clin Pract.* 2021;36(1):22-28. Soeters PB, Wolfe RR, Shenkin A. Hypoalbuminemia: pathogenesis and clinical significance. *JPEN J Parenter Enteral Nutr.* 2019;43(2); 181-193.

ED to Hosp-Admission (Discharged) on 2/17/2025

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Silverman, Nancy Jp, APRN
Clinical Nurse Specialist
Palliative Care

Medical Staff Progress Note  
Addendum

Date of Service: 02/27/25 1022

Addendum

Ohio's Hospice, Palliative and Supportive Care

Palliative Medicine Progress note: 2/27/2025

Name: Diane Crisp
CSN: 164122416
Room/Bed: 4512/4512-A

Date/Time of Admission: 2/17/2025 9:40 AM
Attending Provider: Dange, Sulabha R, MD
DOB: 9/1/1959 65 year old

LOS: Hospital Day: 10

Follow up visit reason: Medical Decision Making/Goals Of Care

IMPRESSION/PLAN

Impression: Diane Crisp is a 65 year old female with pmhx of hypertensive kidney disease CKD 2, GERD, CVA with residual deficits, hypertension, hypothyroidism, Guillain Barre syndrome (2023) and hyperlipidemia who presented to the hospital on 2/17/2025 with lethargy, hypoglycemia (BGL 31) hypotension (88/51), hypoxia and hypothermia.

Hospital course complicated by:

- Acute on chronic kidney injury with serum creatinine of 5.2. On CRRT. Attempted to place on IHD but pt did not tolerate.
- Hyperkalemia with potassium of 7.3, WBCs of 21.4, Troponin of 60
- Altered mental status d/t metabolic encephalopathy
- Severe sepsis with septic shock
- Sacral dermal pressure injury, stage 2
- Right Buttock dermal pressure injury, stage 2
- 2/20 Vomiting with aspiration, stopped TF, resumed but vomiting again 2/24. TF just restarted per NG
- Afib with RVR on cardizem

Palliative care team consulted for Medical Decision Making/Goals Of Care

MDM/GOC

- **Ability to process/understand medical decision making:** At the time of my evaluation, I do believe this patient has the ability to engage in complex medical decision making discussions and make complex medical decisions.

- **AD/Proxy Decision Maker:** No AD in paper chart or EMR. Priority Decision makers are brother, Kendall Crisp (928-256-7180) who asks that SIL Shirley Crisp (937-241-3483) be involved in conversations. Sister Kathy Croy (928-817-9131) who resides at Life Care Yuma Arizona (facility #928-344-0425). Sister Sandra Crisp (#TBD)

- Summary of Prior GOC discussions during this hospital course:

- Follow up 2/26/2025:

- Examined patient at bedside. She is awake, eyes open. She is unable to speak due to need for CPAP/BiPap at 40L of oxygen. Patient able to shake her head "yes" or "no" to questions but is very unlikely she is decisional for complex medical situations.
- Met with pt, introducing self and PC, gave brief explanation of her medical situation but am unsure of her capacity to understand or make medical decisions on her own behalf. When asked if she was ok with the medical teams doing what we are doing for her, she nodded yes. When asked if she had pain, stated no.
- Left VM message with brother Kendall who returned the call but went into VM again when I called back.
- **Per secure chat, Kendall would like patient's sister-in-law Shirley involved in conversations. Sibs would have to weigh in on decisions with Kendall if pt is not decisional. Doesn't preclude Shirley's involvement since she is local but decisions would have to come from siblings.**
- Appreciate Chelsi's efforts at obtaining contact info for pt's sisters. Pt has 3 living siblings as NOK.

Follow up 2/27/2025

- **Pt with facemask on, makes eye contact but does not respond to simple questions.**
- **Will attempt to reach family again tomorrow as pt is not decisional**
- **Will addend note if able to talk with family.**

Thank you for consulting our team in the care of this patient. We will continue to follow along and assist in GOC discussions.

Emotional support and active listening provided to our patient and family as important decisions are being made regarding goals and priorities of care

Discussed with RN and treatment teams. Please do not hesitate to page palliative care at 937-334-4007 with any needs.

Time in 1030am Time out 1130am

Subjective and Interval history

Chart reviewed in detail since last palliative medicine visit:: Hemodynamically unstable, therefore decreased fluid removal via CRRT. Cardizem weaned off.

On evaluation at bedside, patient is alert, on CRRT and BiPAP. Therapeutic companion at the bedside.

Discussed with RN Darah, Chelsi SW, Dr. Dange, Dr. Chambers.

Interval ROS

Review of Systems

Unable to perform ROS: Other

On BiPAP

Pain/Pain score last documented: Numeric/FACES Pain Level: 0

Constipation: Last Bowel Movement: 02/27/25 (02/27/25 0800)

Objective

Temp: 97.4 °F (36.3 °C) (02/27/25 0800)	Temp Avg: 96 °F (35.6 °C) Min: 93.7 °F (34.3 °C) Max: 97.4 °F (36.3 °C)	BP: 143/85 (02/27/25 1000)	Pulse: 87 (02/27/25 1000)	Resp: 16 (02/27/25 1000)	SpO2: 99 % (02/27/25 1000)
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I/O:

Intake/Output Summary (Last 24 hours) at 2/26/2025 1024

Last data filed at 2/26/2025 0800

Gross per 24 hour

Intake	381.8 ml
Output	2058 ml
Net	-1676.2 ml

Last Bowel Movement: 02/27/25 (02/27/25 0800)

Body mass index is 21.81 kg/m².

Physical Exam

Vitals and nursing note reviewed. Exam conducted with a chaperone present.

Constitutional:

General: She is not in acute distress.

Appearance: She is **ill-appearing**.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Nose normal.

Mouth/Throat:

Mouth: Mucous membranes are **dry**.

Pharynx: Oropharynx is clear.

Eyes:

General:

Right eye: No discharge.

Left eye: No discharge.

Extraocular Movements: Extraocular movements intact.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: **Rhythm irregular**.

Comments: **Off cardizem gtt**

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds.

Comments: **Facemask 60%**

Abdominal:

General: Abdomen is flat. Bowel sounds are normal.

Palpations: Abdomen is soft.

Comments: **Tube feeds per NG at trickle rate**

Genitourinary:

Comments: **CRRT**

Musculoskeletal:

Right lower leg: **Edema** present.

Left lower leg: **Edema** present.

Skin:

General: Skin is warm and dry.

Coloration: Skin is **pale**.

Neurological:

Mental Status: She is alert.

Comments: **Makes eye contact but does not respond to any simple questions.**

Psychiatric:

Comments: **Attentive but appears encephalopathic.**

I have personally reviewed all of the EMR-populated past history fields that appear below and have addressed them with the patient/family to the farthest extent possible.

Patient Active Problem List

Diagnosis

- Hypertension
- Cerebral infarction ()
- Chronic anemia
- Folic acid deficiency
- Postmenopausal
- Renal insufficiency
- Hyperlipidemia
- History of CVA (cerebrovascular accident)
- CKD (chronic kidney disease) stage 2, GFR 60-89 ml/min
- Abnormal EKG
- PUD (peptic ulcer disease)
- S/P total knee arthroplasty, left
- Acute renal failure (HC CODE)
- Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)
- Obesity, Class II, BMI 35-39.9, no comorbidity
- Muscle weakness of lower extremity
- GI bleed
- GBS (Guillain Barre syndrome) (HC CODE)
- Disease of spinal cord, unspecified (HC CODE)
- Mild pulmonary hypertension (HC CODE)
- Paroxysmal tachycardia, unspecified (HC CODE)
- History of stroke with residual deficit
- AKI (acute kidney injury) (HC CODE)
- Hypoglycemia
- AMS (altered mental status)

PMH/PSH/FX/SH/Allergies

Past Surgical History:

Procedure	Laterality	Date
• Carpal Tunnel Release <i>bilateral</i>		
• Colonoscopy <i>COLONOSCOPY performed by Musleh, Mustafa N, MD at MVH ENDOSCOPY</i>	N/A	12/27/2023
• CUBITAL TUNNEL RELEASE <i>right ulnar nerve sx</i>		
• Esophagogastroduodenoscopy <i>ESOPHAGOGASTRODUODENOSCOPY performed by Sandhir, Sanjay, MD at MVS ENDOSCOPY</i>	N/A	06/20/2018
• Esophagogastroduodenoscopy With Biopsy <i>ESOPHAGOGASTRODUODENOSCOPY WITH BIOPSY performed by Sharma, Kanan, MD at MVH ENDOSCOPY</i>	N/A	01/06/2024
• PACU OFFSITE RECOVERY <i>PACU OFFSITE RECOVERY performed by Generic, Periopsvcs at MVH MAIN OR</i>	N/A	10/25/2013
• TOTAL KNEE ARTHROPLASTY <i>TOTAL KNEE ARTHROPLASTY performed by Lawless, Matthew W, MD at MVS SOUTH OR</i>	Left	07/10/2018

Social History

Socioeconomic History

- Marital status: Single
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use:
 Alcohol/week: No
- Drug use: No
- Sexual activity: Not Currently

Other Topics

- Not on file
- Concern

Social History Narrative

- Not on file

Social Drivers of Health

Financial Resource Strain: Not on file

Food Insecurity: Patient Unable To Answer (2/24/2025)

Hunger Vital Sign

- Worried About Running Out of Food in the Last Year: Patient unable to answer
- Ran Out of Food in the Last Year: Patient unable to answer

Transportation Needs: No Transportation Needs (1/6/2024)

PRAPARE - Transportation

- Lack of Transportation (Medical): No
- Lack of Transportation (Non-Medical): No

Physical Activity: Inactive (1/6/2024)

Exercise Vital Sign

- Days of Exercise per Week: 0 days
-

Minutes of Exercise per Session: 0 min

Stress: Not on file

Social Connections: Not on file

Intimate Partner Violence: Not At Risk (1/6/2024)

Humiliation, Afraid, Rape, and Kick questionnaire

- Fear of Current or Ex-Partner: No
- Emotionally Abused: No
- Physically Abused: No
- Sexually Abused: No

Recent Concern: Intimate Partner Violence - At Risk (12/18/2023)

Humiliation, Afraid, Rape, and Kick questionnaire

- Fear of Current or Ex-Partner: Yes
- Emotionally Abused: Yes
- Physically Abused: Yes
- Sexually Abused: Yes

Housing Stability: Low Risk (1/6/2024)

Housing Stability Vital Sign

- Unable to Pay for Housing in the Last Year: No
- Number of Places Lived in the Last Year: 1
- Unstable Housing in the Last Year: No

Extended Emergency Contact Information

Primary Emergency Contact: Crisp, Shirley

United States of America

Home Phone: 937-253-0575

Mobile Phone: 937-241-3483

Relation: Relative

Low vision? Yes

Hearing or visual needs: None

Other needs: None

Preferred language: English

Interpreter needed? No

Secondary Emergency Contact: Kendall Crisp

Mobile Phone: 928-256-7180

Relation: Brother

Family History

Problem	Relation	Name	Age of Onset
• Heart Disease CAD	Father		
• COPD smoker	Father		
• Hypertension	Mother		
• Diabetes	Mother		
• Stroke	Mother		
• Breast Cancer	Paternal Aunt		
• No Known Problems	Sister		
• Cancer esophageal	Brother		
• No Known Problems	Sister		
• Cerebral Palsy	Brother		
• No Known Problems	Brother		
• Anesthesia Problems	Neg Hx		

Social History

Tobacco Use	
Smoking Status	Never
Smokeless Tobacco	Never

reports no history of alcohol use.

Social History

Substance and Sexual Activity	
Drug Use	No

No Known Allergies

Medications:

Scheduled meds:

potassium PHOSphate in 0.9% NaCl IV orderable, 20 mmol, Once
albuterol, 2.5 mg, Q4H (RT)
sodium chloride, 4 mL, BID
vitamin D, B, iron and minerals, 1 Tab, Daily
fludrocortisone, 0.1 mg, Daily
insulin lispro, 1-9 Units, Q4H
midodrine, 10 mg, Q8H
levothyroxine, 50 mcg, Daily
saline flush, 10 mL, Q12H
polyethylene glycol, 1 Packet, Daily
folic acid, 1 mg, Daily

Continuous infusions:

Phoxillium BK 4/2.5, Last Rate: 1,000 mL/hr at 02/27/25 0802
Replacement Solution 4/2.5 - Post Filter PURPLE Scale, Last Rate: 200 mL/hr (02/25/25 0807)
Replacement Solution 4/2.5 - Pre White Scale, Last Rate: 1,000 mL/hr (02/27/25 1017)
diltiazem, Last Rate: Stopped (02/27/25 0100)
NaCl 0.9%, Last Rate: 1,000 mL (02/21/25 1502)

PRN meds:

NaCl, 2,000 mL, PRN
heparin, 5,000-20,000 Units, To Critical Care-PRN
NaCl, 2,000 mL, PRN
heparin, 5,000-20,000 Units, To Critical Care-PRN
magnesium sulfate in water, 2 g, PRN
sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB, 10 mmol, PRN
sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB, 20 mmol, PRN
NaCl, 300 mL, To Dialysis-PRN
saline flush, 10 mL, To Dialysis-PRN
heparin, 5,000 Units, To Dialysis-PRN
albumin, human, 25 g, To Dialysis-PRN
dextrose, 15 g Carb, PRN
dextrose 50 % in water (D50W), 5-12.5 g, PRN
glucagon, 1 mg, PRN
saline flush, 10 mL, PRN
NaCl 0.9%, 1,000 mL, Continuous PRN
acetaminophen, 650 mg, Q4H PRN
Or

acetaminophen, 650 mg, Q4H PRN
 lidocaine (PF), 5 mL, Once PRN
 ondansetron, 4 mg, Q6H PRN
 Or
 ondansetron, 4 mg, Q6H PRN

(Meds that have been ordered and completed are not included above)

Labs

CBC/PT/INR/PTT			Basic Metabolic Panel		
Lab Results			Lab Results		
Component	Value	Date	Component	Value	Date
WBC	19.2 (H)	02/27/2025	NA	137	02/27/2025
HEMOGLOBIN	9.8 (L)	02/27/2025	NA	141	08/21/2023
HEMATOCRIT	28.5 (L)	02/27/2025	NA	138	07/11/2018
PLATELETS	42 (L)	02/27/2025	POTASSIUM	4.0	02/27/2025
INR/Prothrombin Time			POTASSIUM	4.5	08/21/2023
			CL	102	02/27/2025
			CL	110	08/21/2023
			CO2	22	02/27/2025
			CO2	15	08/21/2023
			GLUCOSE	109	02/27/2025
			GLUCOSE	123	02/27/2025
			GLUCOSE	136	02/27/2025
			GLUCOSE	79	08/21/2023
			BUN	8	02/27/2025
			BUN	18	08/21/2023
			CREATININE	0.5	02/27/2025
			CREATININE	1.3	08/21/2023
			CA	8.2	02/27/2025
			CA	10.3	08/21/2023
LFTs					
HEPATIC PANEL					
Lab Results					
Component	Value	Date			
AST	63	02/18/2025			
AST	29	11/22/2016			
ALT	61	02/18/2025			
ALT	30	11/22/2016			
ALKP	250	02/18/2025			
ALKP	91	11/22/2016			
TBIL	0.4	02/18/2025			
TBIL	0.3	11/22/2016			
ALB	2.5	02/27/2025			
ALB	3.2	12/11/2023			
DBIL	0.3	02/18/2025			
DBIL	0.1	11/22/2016			
TP	4.4	02/18/2025			
TP	7.5	11/22/2016			

Radiology

Reviewed applicable MRI/CT/Xray scans since last visit

Reviewed if available since last visit

Clinical changes noted, information used to further define prognostic status

Electronically signed by: Nancy Jp Silverman, APRN, 2/27/2025 10:22 AM

ED to Hosp-Admission (Discharged) on 2/17/2025

Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Dange, Sulabha R, MD
Physician
Hospitalist

Medical Staff Progress Note  
Signed

Date of Service: 02/27/25 0821

Signed

MIAMI VALLEY HOSPITAL HOSPITALIST GROUP



Hospitalist Progress Note

2/27/2025

Patient Identifier/Hospitalist

Patient: Diane Crisp; **DOB** 9/1/1959

I saw and examined the patient on 2/27/2025 at 8:21 AM in 4512/4512-A.

Hospitalist: Sulabha R Dange, MD
Cell: (937) 414-4381

Disposition/Assessment and Plan

Disposition: Likely to ECF in 1-2 days.

Reason to continue hospitalization: Clearance by specialists, medical optimization.

Assessment/Plan:

Diane Crisp is a 65 year old female, PMH HTN, HLP, GERD presented with lethargy. Noted to be markedly hypoglycemic with glucose of 31, markedly hypotensive and hypoxic, workup noted acute renal failure, hyperkalemia, leukocytosis and elevated but nontrending troponins, CT imaging indicated left lung infiltrate PNA versus aspiration, also acute metabolic encephalopathy—she was admitted for the management of these problems.

Sepsis due to pneumonia, UTI with septic shock as well as acute sepsis-related organ dysfunction, acute hypoxic respiratory failure as evidenced by SPO₂ < 89% on RM air. Present on Admission (POA). Needed intubation—now extubated.

Also acute kidney injury, acute metabolic encephalopathy. Hypotension requiring vasopressors and need for critical services earlier.

Respiratory cultures—multiple microbes.

Urine cultures—for pathogens—suggestive of contamination. MRSA negative.

S/p ID eval. Completed antibiotics course—Zosyn. Received steroids earlier.

Updated CXR 2/24/2025 — new hazy perihilar and basilar parenchymal opacities—? Pulm edema, superimposed pneumonia.

Patient continues to be on 70 L of oxygen by mask CPAP/BiPAP.

AKI with CKD stage III—nephrology on board and on CRRT-for the noted fluid overload.

Nephrology notes no renal recovery. Baseline creatinine 1.5–1.7 CKD.

Nephrology noted the need to continue this. Hopefully this will help her work of breathing. Still continues to be on BiPAP.

Hypertensive renal disease.

Home antihypertensives currently on hold due to earlier noted hypotension needing vasopressors..

Currently on Florinef, also on midodrine.

Anemia of chronic disease—likely 2/2 CKD. Hb is currently stable at 9.4.

Marked thrombocytopenia—? 2/2 sepsis, platelets at 40K. No active bleeding reported from any site.

Hypoglycemia with confusion—POA now resolved.

Atrial fibrillation—rate is well-controlled.

Continue management of hyperlipidemia, hypothyroidism, GERD.

Elevated but nontrending troponins—in the setting of above likely 2/2 demand ischemia. No concern for ACS.

History of CVA.

Dysphagia- speech/swallow evaluation could not be done due to continued need for BiPAP.

Palliative care on board and family dynamics noted. We appreciate the assistance.

Hospital day# 10

DVT Prophylaxis: SCDs.

Code Status: Orders Placed This Encounter
Limited Treatment Measures

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Medications

Current Facility-Administered Medications						
Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• potassium phosphate 20 mmol in NaCl 0.9% 250 mL IVPB	20 mmol	Intravenous	Once	Ammula, Ashok Kumar, MD		
• NaCl 0.9 % 2,000 mL	2,000 mL	Dialysis	PRN	Ammula, Ashok Kumar, MD		
• heparin catheter solution 5,000-20,000 Units	5,000-20,000 Units	Dialysis	To Critical Care-PRN	Ammula, Ashok Kumar, MD	10,000 Units at 02/25/25 2239	
• Phoxillum BK 4/2.5 Dialysate Flow Solution - Green Scale		Dialysis	To Critical Care-Continuous	Ammula, Ashok Kumar, MD	1,000 mL/hr at 02/27/25 0802	New Bag at 02/27/25 0802
• PrismaSOL BGK 4/2.5 Replacement Solution - Post Filter Purple Scale	200 mL/hr	Dialysis	To Critical Care-Continuous	Ammula, Ashok Kumar, MD	200 mL/hr at 02/25/25 0807	200 mL/hr at 02/25/25 0807
• PrismaSOL BGK 4/2.5 Replacement Solution - Pre White Scale	1,000 mL/hr	Dialysis	To Critical Care-Continuous	Ammula, Ashok Kumar, MD	1,000 mL/hr at 02/26/25 0401	1,000 mL/hr at 02/26/25 0401
• NaCl 0.9 % 2,000 mL	2,000 mL	Dialysis	PRN	Thiruveedi, Sampath K, MD		2,000 mL at 02/24/25 0051
• heparin catheter solution 5,000-20,000 Units	5,000-20,000 Units	Dialysis	To Critical Care-PRN	Thiruveedi, Sampath K, MD		
• magnesium sulfate 2 g/50 ml SW IVPB	2 g	Intravenous	PRN	Thiruveedi, Sampath K, MD		Stopped at 02/24/25 0800
• sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB	10 mmol	Intravenous	PRN	Thiruveedi, Sampath K, MD	50 mL/hr at 02/27/25 0615	10 mmol at 02/27/25 0615
• sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB	20 mmol	Intravenous	PRN	Thiruveedi, Sampath K, MD		Stopped at 02/25/25 1014
• diltiazem (CARDIZEM) 125 mg in 0.9% NaCl 125 ml addEASE	2.5-15 mg/hr	Intravenous	Continuous	Ebert, Meghan B, APRN		Stopped at 02/27/25 0100
• albuterol (PROVENTIL) 2.5 mg /3 mL (0.083 %) inhalation solution	2.5 mg	Inhalation	Q4H (RT)	Gandhi, Dharmesh V, MD	2.5 mg at 02/27/25 0349	
• sodium chloride 7%	4 mL	Inhalation	BID	Gandhi,	4 mL at	

for nebulization 4 mL				Dharmesh V, MD	02/26/25 1914
• vitamin D, B, iron and minerals (PRORENAL) tab 1 Tab	1 Tab	Oral	Daily	Kaufhold, Jeffrey J, MD	1 Tab at 02/27/25 0819
• fludrocortisone (FLORINEF) tablet 0.1 mg	0.1 mg	Oral	Daily	Kaufhold, Jeffrey J, MD	0.1 mg at 02/27/25 0818
• NaCl 0.9 % 300 mL	300 mL	Intravenous	To Dialysis-PRN	Kaufhold, Jeffrey J, MD	
• saline flush	10 mL	IV Push	To Dialysis-PRN	Kaufhold, Jeffrey J, MD	
• heparin injection 5,000 Units	5,000 Units	Instill	To Dialysis-PRN	Kaufhold, Jeffrey J, MD	13,500 Units at 02/22/25 1733
• albumin, human 25 % IV soln 25 g	25 g	Intravenous	To Dialysis-PRN	Kaufhold, Jeffrey J, MD	60 mL/hr at 02/22/25 1712
• dextrose (GLUTOSE) gel 15 g Carb	15 g Carb	Oral	PRN	Walsh, Nicholas T, PA-C	
• dextrose 50 % in water (D50W) intravenous syringe 5-12.5 g	5-12.5 g	IV Push	PRN	Walsh, Nicholas T, PA-C	5 g at 02/26/25 0314
• glucagon injection 1 mg	1 mg	Subcutaneous	PRN	Walsh, Nicholas T, PA-C	
• insulin lispro (HumaLOG) injection 1-9 Units	1-9 Units	Subcutaneous	Q4H	Walsh, Nicholas T, PA-C	1 Units at 02/27/25 0012
• midodrine (PROAMATINE) tablet 10 mg	10 mg	Oral	Q8H	Davis, Deanna Kay, APRN	10 mg at 02/27/25 0612
• levothyroxine (SYNTHROID) tablet 50 mcg	50 mcg	Oral	Daily	Davis, Deanna Kay, APRN	50 mcg at 02/27/25 0612
• saline flush	10 mL	IV Push	PRN	Haque, Nurul, MD	
• saline flush	10 mL	IV Push	Q12H	Haque, Nurul, MD	1 Syringe at 02/27/25 0819
• NaCl 0.9% 1,000 mL	1,000 mL	Intravenous	Continuous PRN	Haque, Nurul, MD	10 mL/hr at 02/21/25 1502
• acetaminophen (TYLENOL) tablet 650 mg	650 mg	Oral	Q4H PRN	Haque, Nurul, MD	650 mg at 02/21/2

5 0909

Or					
• acetaminophen (TYLENOL) suppository 650 mg	650 mg	Rectal	Q4H PRN	Haque, Nurul, MD	
• polyethylene glycol (MIRALAX) packet 17 g	1 Packet	Oral	Daily	Haque, Nurul, MD	17 g at 02/27/2 5 0819
• folic acid (FOLATE) tablet 1 mg	1 mg	Oral	Daily	Haque, Nurul, MD	1 mg at 02/27/2 5 0818
• lidocaine (PF) 1 % (10 mg/mL) injection 5 mL	5 mL	Infiltration	Once PRN	Haque, Nurul, MD	
• ondansetron (ZOFTRAN ODT) RAPID DISSOLVING tablet 4 mg Or	4 mg	Oral	Q6H PRN	Davis, Deanna Kay, APRN	
• ondansetron (ZOFTRAN) injection 4 mg	4 mg	IV Push	Q6H PRN	Davis, Deanna Kay, APRN	4 mg at 02/20/2 5 1639

Subjective

The patient awake and interacting some. On BiPAP and undergoing CRRT. Does seem to respond appropriately to some basic commands—at times. Able to blink her eyes, squeeze my hand—on command.

Objective Data**I's and O's:**

Intake/Output Summary (Last 24 hours) at 2/25/2025 0750
Last data filed at 2/25/2025 0700

Gross per 24 hour	
Intake	1160.28 ml
Output	3137 ml
Net	-1976.72 ml

Vital Signs:

Temp: 96.5 °F (35.8 °C) (02/27/25 0400)	Temp Min: 93.7 °F (34.3 °C) Min taken time: 02/26/25 2000 Max: 96.9 °F (36.1 °C) Max taken time: 02/26/25 1200	BP: 115/72 (02/27/25 0700)	Pulse: 82 (02/27/25 0700)	Resp: 18 (02/27/25 0700)	SpO2: 100 % (02/27/25 0700)
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Physical Examination:

General: Frail white lady of the stated age, lying in bed, alert today and some minor interactions. Following few basic commands at times like blinking her eyes, squeezing the hand. \ Currently undergoing CRRT and on bipap, also has heating blankets on for the earlier noted low temperatures. VS as outlined in the chart.
 CV: monitor showing regular rate and rhythm.
 PUL: On BiPAP.

Diagnostic Data:

Labs, reviewed:

Recent Results (from the past 24 hours)

COMPLETE BLOOD COUNT

Collection Time: 02/26/25 12:58 PM

Result	Value	Ref Range
WBC Count	18.7 (H)	3.5 - 10.9 K/uL
RBC	2.84 (L)	3.95 - 5.26 M/uL
Hemoglobin	9.4 (L)	11.2 - 15.7 g/dL
Hematocrit	28.2 (L)	34.0 - 49.0 %
MCV	99.3	80.0 - 100.0 fL
MCH	33.1	26.0 - 34.0 pg
MCHC	33.3	30.7 - 35.5 g/dL
RDW	20.8 (H)	<=15.0 %
Platelet Count	40 (L)	140 - 400 K/uL
MPV	13.3 (H)	7.2 - 11.7 fL
nRBC	0	<=0 /100 WBCs

Scan Result

RENAL FUNCTION PANEL

Collection Time: 02/26/25 6:24 PM

Result	Value	Ref Range
Sodium	137	135 - 148 mEq/L
Potassium	4.0	3.4 - 5.3 mEq/L
Chloride	103	96 - 110 mEq/L
Carbon Dioxide	20	19 - 32 mEq/L
BUN	7	3 - 29 mg/dL
Creatinine	0.5	0.5 - 1.2 mg/dL
Glucose	130 (H)	70 - 99 mg/dL
Calcium	8.0 (L)	8.5 - 10.5 mg/dL
Albumin	2.7 (L)	3.5 - 5.2 g/dL

Phosphorus	2.3	2.1 - 4.3 mg/dL
Anion Gap	14	5 - 15
BUN/CREAT Ratio	14	7 - 25
Estimated GFR	104	>=60 mL/min/1.73 m ²

POC GLUCOSE

Collection Time: 02/26/25 7:52 PM

Result	Value	Ref Range
POC Glucose	115 (H)	70 - 99 mg/dL

Scan Result**COMPLETE BLOOD COUNT**

Collection Time: 02/26/25 11:56 PM

Result	Value	Ref Range
WBC Count	19.8 (H)	3.5 - 10.9 K/uL
RBC	2.93 (L)	3.95 - 5.26 M/uL
Hemoglobin	9.7 (L)	11.2 - 15.7 g/dL
Hematocrit	28.9 (L)	34.0 - 49.0 %
MCV	98.6	80.0 - 100.0 fL
MCH	33.1	26.0 - 34.0 pg
MCHC	33.6	30.7 - 35.5 g/dL
RDW	21.2 (H)	<=15.0 %
Platelet Count	41 (L)	140 - 400 K/uL
MPV	13.8 (H)	7.2 - 11.7 fL
nRBC	0	<=0 /100 WBCs

Scan Result**POC GLUCOSE**

Collection Time: 02/27/25 12:00 AM

Result	Value	Ref Range
POC GLUCOSE	143 (A)	70 - 99 mg/dl

POC GLUCOSE

Collection Time: 02/27/25 4:00 AM

Result	Value	Ref Range
POC GLUCOSE	136 (A)	70 - 99 mg/dl

COMPLETE BLOOD COUNT

Collection Time: 02/27/25 4:06 AM

Result	Value	Ref Range
WBC Count	19.2 (H)	3.5 - 10.9 K/uL
RBC	2.90 (L)	3.95 - 5.26 M/uL
Hemoglobin	9.8 (L)	11.2 - 15.7 g/dL

Hematocrit	28.5 (L)	34.0 - 49.0 %
MCV	98.3	80.0 - 100.0 fL
MCH	33.8	26.0 - 34.0 pg
MCHC	34.4	30.7 - 35.5 g/dL
RDW	20.8 (H)	<=15.0 %
Platelet Count	42 (L)	140 - 400 K/uL
MPV		
nRBC	0	<=0 /100 WBCs

Scan Result**RENAL FUNCTION PANEL**

Collection Time: 02/27/25 4:06 AM

Result	Value	Ref Range
Sodium	137	135 - 148 mEq/L
Potassium	4.0	3.4 - 5.3 mEq/L
Chloride	102	96 - 110 mEq/L
Carbon Dioxide	22	19 - 32 mEq/L
BUN	8	3 - 29 mg/dL
Creatinine	0.5	0.5 - 1.2 mg/dL
Glucose	123 (H)	70 - 99 mg/dL
Calcium	8.2 (L)	8.5 - 10.5 mg/dL
Albumin	2.5 (L)	3.5 - 5.2 g/dL
Phosphorus	2.0 (L)	2.1 - 4.3 mg/dL
Anion Gap	13	5 - 15
BUN/CREAT Ratio	16	7 - 25
Estimated GFR	104	>=60 mL/min/1.73 m ²

MAGNESIUM, SERUM

Collection Time: 02/27/25 4:06 AM

Result	Value	Ref Range
Magnesium	2.4	1.4 - 2.5 mg/dL

POC GLUCOSE

Collection Time: 02/27/25 8:00 AM

Result	Value	Ref Range
POC Glucose	109 (H)	70 - 99 mg/dL

Scan Result

Imaging:

No results found.

Signature

Electronically signed by: Sulabha R Dange, MD, 2/27/2025 8:21 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:29 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Ammula, Ashok Kumar, MD
 Physician
 Nephrology

Date of Service: 02/27/25 0816

Medical Staff Progress Note  
 Signed

Signed

Mark D. Oxman, D.O. FACP
 Jeffrey J. Kaufhold, M.D., FACP
 Jennifer L. Jackson, D.O., FACP
 Chukwuma E. Eze, M.D., FASN, FASDIN
 Ashok K. Ammula, M.D.
 Shashikant R. Patel, M.D.



Swe Zin Mar Winhtut Oo, M.D.
 Jamie E. Long, MS, RN, APRN
 Vanessa Ratcliff MS, RN, APRN
 Esther Bassaw MS, RN, APRN
 Chloe Hammond, MS, RN, APRN
 Kimberly Wallace, MS, RN, APRN

MIAMI VALLEY HOSPITAL

Renal Progress Note

2/27/2025

Patient Name: Diane Crisp DOB: 9/1/1959

Subjective

F/up for AKI requiring CRRT. Admitted with sepsis/respiratory failure. Treated for possible

Pneumonia

More awake on BIPAP. Not tachycardic

Tolerating UF of 50 cc/h on CRRT

Assessment

Acute renal failure .Oliguric. Requiring CRRT. No obstruction. PVR low. U/a suggestive of a UTI on admission. No renal recovery

CKD 3 due to HTN with baseline creat 1.5- 1.7

Saw Dr Oo in past

Sepsis/Resp failure

Volume overload. Net 7 L positive. Improving on CRRT

Thrombocytopenia. ? Due to sepsis. No active bleeding. No DVTs. Receiving heparin catheter lock. Platelet count is stable

Anemia of CKD and history of GI bleed

History of stroke

Plan

Continue current CRRT solutions. 20 mmol Kphos iv

Increase net UF to 100 cc/h today. Will attempt IHD Vs diuretic challenge tomorrow

Will monitor for renal recovery over the weekend and decide on longer term RRT and TDC next week

Palliative care eval appreciated

Current Meds;

albuterol (PROVENTIL) 2.5 mg /3 mL (0.083 %) inhalation solution 2.5 mg 2.5 mg Inhalation Q4H (RT); sodium chloride 7% for nebulization 4 mL 4 mL Inhalation BID; vitamin D, B, iron and minerals (PRORENAL) tab 1 Tab 1 Tab Oral Daily; fludrocortisone (FLORINEF) tablet 0.1 mg 0.1 mg Oral Daily; insulin lispro (HumaLOG) injection 1-9 Units 1-9 Units Subcutaneous Q4H; midodrine (PROAMATINE) tablet 10 mg 10 mg Oral Q8H; levothyroxine (SYNTHROID) tablet 50

mcg 50 mcg Oral Daily; saline flush 10 mL IV Push Q12H; polyethylene glycol (MIRALAX) packet 17 g 1 Packet Oral Daily; folic acid (FOLATE) tablet 1 mg 1 mg Oral Daily

Infusions:

Phoxillium BK 4/2.5 Dialysate Flow Solution - Green Scale Last Rate: 1,000 mL/hr at 02/27/25 0802; PrismaSOL BGK 4/2.5 Replacement Solution - Post Filter Purple Scale Last Rate: 200 mL/hr (02/25/25 0807); PrismaSOL BGK 4/2.5 Replacement Solution - Pre White Scale Last Rate: 1,000 mL/hr (02/26/25 0401); diltiazem (CARDIZEM) 125 mg in 0.9% NaCl 125 mL addEASE Last Rate: Stopped (02/27/25 0100); NaCl 0.9% 1,000 mL Last Rate: 1,000 mL (02/21/25 1502)

PRN Meds:

- NaCl 0.9 % 2,000 mL
- heparin catheter solution 5,000-20,000 Units
- NaCl 0.9 % 2,000 mL
- heparin catheter solution 5,000-20,000 Units
- magnesium sulfate 2 g/50 ml SW IVPB
- sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB
- sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB
- NaCl 0.9 % 300 mL
- saline flush
- heparin injection 5,000 Units
- albumin, human 25 % IV soln 25 g
- dextrose (GLUTOSE) gel 15 g Carb
- dextrose 50 % in water (D50W) intravenous syringe 5-12.5 g
- glucagon injection 1 mg
- saline flush
- NaCl 0.9% 1,000 mL
- acetaminophen (TYLENOL) tablet 650 mg **OR** acetaminophen (TYLENOL) suppository 650 mg
- lidocaine (PF) 1 % (10 mg/mL) injection 5 mL
- ondansetron (ZOFTRAN ODT) RAPID DISSOLVING tablet 4 mg **OR** ondansetron (ZOFTRAN) injection 4 mg

Objective

Vital Signs:

Temp: 96.5 °F (35.8 °C) (02/27/25 0400)	Temp Avg: 95.7 °F (35.4 °C) Min: 93.7 °F (34.3 °C) Max: 96.9 °F (36.1 °C)	BP: 115/72 (02/27/25 0700)	Pulse: 82 (02/27/25 0700)	Resp: 18 (02/27/25 0700)	SpO2: 100 % (02/27/25 0700)
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I/O last 3 completed shifts:

In: 490.4 [I.V.:108.4; Other:30; Enteral:352]

Out: 1436 [Urine:5; Other:1431]

Admission: Weight: 62.1 kg (136 lb 14.5 oz) (02/17/25 1604)

Most recent: Weight: 54.1 kg (119 lb 4.3 oz) (02/27/25 0600)

Base/Dry Weight: (N/A. New acute)

Exam

More awake on BIPAP

No icterus

R IJ HD catheter

1+ UE and LE edema

Small amount of dark urine in foley

Recent Labs

	02/27/25 0406	02/26/25 2356	02/26/25 1258
WBC	19.2*	19.8*	18.7*
HEMOGLOBIN	9.8*	9.7*	9.4*
HEMATOCRIT	28.5*	28.9*	28.2*
PLATELETS	42*	41*	40*

Recent Labs

	02/27/25 0800	02/27/25 0406	02/27/25 0400	02/26/25 1952	02/26/25 1824
NA	--	137	--	--	137
POTASSIUM	--	4.0	--	--	4.0
CL	--	102	--	--	103
CO2	--	22	--	--	20
BUN	--	8	--	--	7
CREATININE	--	0.5	--	--	0.5
GLUCOSE	109*	123*	136*	< >	130*
CA	--	8.2*	--	--	8.0*
MG	--	2.4	--	--	--
PHOS	--	2.0*	--	--	2.3

< > = values in this interval not displayed.

Imaging Studies: reviewed

Hospital Problems

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Electronically signed by: Ashok Kumar Ammula, MD, 2/27/2025 8:16 AM

Page via Match MD or Epic secure chat.

ED to Hosp-Admission (Discharged) on 2/17/2025

Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603

03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:29 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Chambers, Steven Lawrence, MD

Physician

Medical ICU

Date of Service: 02/27/25 0800

Medical Staff Progress Note  

Signed

Signed**Pulmonary & Critical Care Medicine**

Pulmonary & Critical Care

CONSULTANTS, INC.

MIAMI VALLEY HOSPITAL

Patient Name: Diane Crisp

65-year-old female admitted for severe encephalopathy and acute renal failure and with hyperkalemia. Patient has been on CRRT. Remains off mechanical ventilation. Patient is lethargic, somnolent.

Date: 2/27/2025**IMPRESSION:**

Acute metabolic encephalopathy

Acute kidney injury with chronic kidney disease stage III on CRRT and improving

Sepsis with probable urinary source

Atrial fibrillation with controlled ventricular rate

Thrombocytopenia

CKD stage III due to hypertension

Anemia of chronic disease likely due to the chronic kidney disease.

History of CVA

Hypoglycemia with confusion on admission

Hypertensive renal disease.

Body mass index is 21.81 kg/m².

DISCUSSION & PLAN:

Vomited previously with worsening respiratory failure. No more vomiting and weaning on BiPAP quite nicely much more awake and less encephalopathic. Recommend restart trickle feeds and see how she tolerates them. Discussed with nursing at the bedside.

Hemodynamically unstable now with low blood pressure had to decrease volume removal from CRRT and giving fluid bolus. Again according to her CODE STATUS cannot be placed on pressors.

Slowly improving but prognosis is very guarded.

Family is aware of her prognosis.

Continues on BiPAP with rare breaks from it.

F/U For: See above

SUBJECTIVE:

More aware, tries to answer questions.

OBJECTIVE:**Vitals-**

Temp: 96.5 °F (35.8 °C) (02/27/25 0400)	Temp Avg: 95.7 °F (35.4 °C) Min: 93.7 °F (34.3 °C) Max: 96.9 °F (36.1 °C)	BP: 115/72 (02/27/25 0700)	Pulse: 82 (02/27/25 0700)	Resp: 18 (02/27/25 0700)	SpO2: 100 % (02/27/25 0700)
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Exam-

GENERAL -well-developed, well-nourished ill-appearing somnolent/lethargic female appearing older than her stated age

HEENT -normocephalic, atraumatic, mucous membranes moist, anicteric

CHEST/RESPIRATORY -diffuse rhonchi

CARDIAC -regular rate and rhythm/rate controlled

ABDOMEN - Soft, non-tender, + BS

SKIN -warm and dry, no rash

EXTREMITIES - No clubbing, cyanosis, trace to 1+ pedal edema

NEUROLOGICAL - alert, moves all extremities

DIAGNOSTIC EVAL / INTERVENTIONS:**LABS REVIEWED:**

COVID-19

SARS COV2 RNA, QL REAL TIME RT PCR (no units)

Date	Value	Status
02/17/2025	Not Detected	Final

CBC W/Diff

Recent Labs

	02/27/25	02/26/25
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	0406	2356
WBC	19.2*	19.8*
HEMOGLOBIN	9.8*	9.7*
HEMATOCRIT	28.5*	28.9*
PLATELETS	42*	41*
MCV	98.3	98.6
MCH	33.8	33.1
MCHC	34.4	33.6
RDW	20.8*	21.2*
NRBC	0	0
MPV	--	13.8*

CMP

Recent Labs

	02/27/25
	0406
NA	137
POTASSIUM	4.0
CL	102
CO2	22
GLUCOSE	123*
BUN	8
CREATININE	0.5
CA	8.2*
ALB	2.5*

ABG

No results for input(s): "PH", "PCO2", "PO2", "O2SAT", "BE", "HCO3", "TCO2", "RSPCOM", "DRAWN", "NFIO2", "LPM", "LMODE", "PEEP", "PSV", "DREC", "MRR", "LVT" in the last 24 hours.

CARDIAC ENZYMES No results for input(s): "CK1", "CKMB", "INDINT", "MBI", "TROP" in the last 36 hours. MB ADD ON No results for input(s): "MBI" in the last 36 hours.

PT/APTT No results for input(s): "PROA", "PT", "PTTA", "PTT" in the last 36 hours.

CULTURES, BLOOD No results found for this or any previous visit (from the past 36 hours).

CULTURES, SPUTUM No results found for this or any previous visit (from the past 36 hours).

CULTURES, URINE No results found for this or any previous visit (from the past 36 hours).

INR No results for input(s): "INR" in the last 36 hours.

LACTIC ACID, SERUM No results for input(s): "LACT" in the last 36 hours.

IMAGING STUDIES; ACTUAL FILMS REVIEWED:

Chest x-ray reviewed both films report with smaller lung volumes than her baseline, atelectasis or infiltrate right lower lung. Could represent aspiration. Reviewed both films and report agree with findings.

OTHER STUDIES:**Medications**

albuterol, 2.5 mg, Q4H (RT)

sodium chloride, 4 mL, BID

vitamin D, B, iron and minerals, 1 Tab, Daily

fludrocortisone, 0.1 mg, Daily
insulin lispro, 1-9 Units, Q4H
midodrine, 10 mg, Q8H
levothyroxine, 50 mcg, Daily
saline flush, 10 mL, Q12H
polyethylene glycol, 1 Packet, Daily
folic acid, 1 mg, Daily

INTAKE/OUTPUT:

I/O last 3 completed shifts:
In: 490.4 [I.V.:108.4; Other:30; Enteral:352]
Out: 1436 [Urine:5; Other:1431]

Critical Care time: 34 min

Reviewed Chart
Reviewed Medications
Reviewed Labs and Studies
Reviewed other Physicians notes
Discussed with nursing, RT

Signature: Steven L. Chambers, MD
Pager: 635-0514

For ICU NP please call 937-789-8098 / 937-789-8411

For Pulmonary consult NP please call 937-475-8469

For urgent consultations & after 6 pm on weekdays and weekends, please page on call physician
- 937-334-5999

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Luken, Emily E, RN
Registered Nurse
Length of Stay

Care Plan
Signed

Date of Service: 02/27/25 0508

Signed

Problem: Skin Integrity - Impaired

Goal: Decrease in wound size

Outcome: Progressing

Goal: Skin integrity intact

Outcome: Progressing

Problem: Pressure Ulcer

Goal: Absence of infection signs and symptoms

Outcome: Progressing

Goal: Pressure ulcer healing

Outcome: Progressing

Problem: Pain - Acute

Goal: Communication of presence of pain

Outcome: Progressing

Problem: Pressure Ulcer - Risk of

Goal: Absence of pressure ulcer

Outcome: Progressing

Problem: Falls - Risk of

Goal: Absence of falls

Description: Avoid the routine use of bedrails or physical restraints as a fall-prevention intervention.

Outcome: Progressing

Goal: Knowledge of fall prevention

Outcome: Progressing

Problem: Infection Risk, Central Venous Catheter-Associated

Goal: Absence of infection signs and symptoms

Description: For patients undergoing CVC insertion (eg, adult patients at higher risk for central line-associated bloodstream infection or at increased risk for severe consequences from a central line-associated bloodstream infection), consider the use of antimicrobial-impregnated or antimicrobial-coated CVCs.

Outcome: Progressing

Goal: Knowledge of infection control procedures

Outcome: Progressing

Problem: Infection Risk, Ventilator-Associated

Goal: Absence of pulmonary infection

Outcome: Progressing

Goal: Knowledge of infection control procedures

Outcome: Progressing

Problem: Infection Risk, Urinary Catheter-Associated

Goal: Absence of urinary tract infection signs and symptoms

Outcome: Progressing

ED to Hosp-Admission (Discharged) on 2/17/2025

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Luken, Emily E, RN
Registered Nurse
Length of Stay

Nursing Note  
Signed

Date of Service: 02/26/25 2000

Signed

CGM Validation:

10:19 PM - POC blood sugar- 115 and CGM reading- 131. Within protocol parameters of <20% difference from the POC when the glucose is >100 mg/dL..

Electronically signed by: Emily E Luken, RN, 2/26/2025 10:19 PM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:30 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Dempsey, Chelsi E, MSW
Social Worker
ICM Social Work

Progress Notes  
Signed

Date of Service: 02/26/25 1337

Signed

Social Work Progress Note

SW contacted by palliative care via EPIC secure chat requesting NOK search.

SW spoke with pt's **brother/Kendall by phone (928-256-7180 Arizona)** who voiced being agreeable to participating in medical decision making and requests pt's **relative/Shirley (937-241-3483 Dayton)** be called into/conference into every medical decision making conversation as pt's relative/Shirley has been caring for patient for several years per pt's brother/Kendall. Pt's brother/Kendall was not able to provide contact information for pt's sisters Kathy Coy or Sandra Crisp.

SW spoke with pt's relative Shirley who provided SW with pt's sister/Kathy's daughter's phone number (**Pt's Niece/Brandy 928-291-9029 Arizona**). Pt's relative Shirley unable to provide contact information for Kathy Croy or Sandra Crisp. Pt's relative/Shirley stated pt's sister/Sandra Crisp lives in Sherman Texas.

SW spoke with pt's niece/Brandy who provided contact information for **patient's sister/Kathy (928-817-9131 Arizona)** and informed this SW that pt's sister/Kathy lives at Life Care Nursing Facility in Yuma Arizona due to strokes in the past. SW inquired with pt's niece/Brandy about pt's sister/kathy's able to make decisions. Pt's niece/Brandy stated pt's sister/Kathy is able to make decisions and was agreeable to SW reaching out to pt's sister/Kathy. Pt's niece/brandy did not have contact information for pt's sister Sandra Crisp and state communication is through facebook. Pt's niece/Brandy agreeable to pass along SW contact information to pt's sister/Sandra via Facebook message requesting pt's sister/sandra call SW.

SW left voicemail for pt's sister Kathy requesting a call back, pt's sister/Kathy's voicemail does state her full name to confirm voicemail box. Awaiting return call.

SW updated Palliative.

Electronically signed by: Chelsi D. MSW,LSW, phone 208-3502, 2/26/2025 Weekday Office Hours: 8:30-5:00. Holiday/Weekends x2251. For urgent needs between 5p-7p, please call 208-9070. If after 7p, please call MVH AO at x5747/x5746 or MVHS AO at 438-5785

ED to Hosp-Admission (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

02/17  **Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603**

03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:30 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Townsend, Randall A
ChaplainProgress Notes  
Signed

Date of Service: 02/26/25 1253

Signed

PASTORAL CARE VISIT NOTE

SITUATION

Referral: Rounding
Purpose: Provide spiritual care.
Family: None present.

APPRAISAL

Spirituality: Not identified
Dynamics: Pt sleeping
Concerns of patient/family: not identified

PASTORAL MINISTRY

Care provided: prayer for pt's needs
Follow up: Left a note & offered to return anytime

CHAPLAIN NOTES

Randall A Townsend

ED to Hosp-Admission (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:30 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Silverman, Nancy Jp, APRN
Clinical Nurse Specialist
Palliative Care

Medical Staff Progress Note  
Signed

Date of Service: 02/26/2025 1024

Signed

Ohio's Hospice, Palliative and Supportive Care

Palliative Medicine Progress note: 2/26/2025

Name: Diane Crisp
CSN: 164122416
Room/Bed: 4512/4512-A

Date/Time of Admission: 2/17/2025 9:40 AM
Attending Provider: Dange, Sulabha R, MD
DOB: 9/1/1959 65 year old

LOS: Hospital Day: 10

Follow up visit reason: Medical Decision Making/Goals Of Care

IMPRESSION/PLAN

Impression: Diane Crisp is a 65 year old female with pmhx of hypertensive kidney disease CKD 2, GERD, CVA with residual deficits, hypertension, hypothyroidism, Guillain Barre syndrome (2023) and hyperlipidemia who presented to the hospital on 2/17/2025 with lethargy, hypoglycemia (BGL 31) hypotension (88/51), hypoxia and hypothermia.

Hospital course complicated by:

- Acute on chronic kidney injury with serum creatinine of 5.2. On CRRT. Attempted to place on IHD but pt did not tolerate.
- Hyperkalemia with potassium of 7.3, WBCs of 21.4, Troponin of 60
- Altered mental status d/t metabolic encephalopathy
- Severe sepsis with septic shock
- Sacral dermal pressure injury, stage 2
- Right Buttock dermal pressure injury, stage 2
- 2/20 Vomiting with aspiration, stopped TF, resumed but vomiting again 2/24. TF just restarted per NG
- Afib with RVR on cardizem

Palliative care team consulted for Medical Decision Making/Goals Of Care

MDM/GOC

- **Ability to process/understand medical decision making:** At the time of my evaluation, I do believe this patient has the ability to engage in complex medical decision making discussions and make complex medical decisions.

- **AD/Proxy Decision Maker:** No AD in paper chart or EMR. Priority Decision makers are brother, Kendall Crisp (928-256-7180) who asks that SIL Shirley Crisp (937-241-3483) be involved in conversations. Sister Kathy Croy (928-817-9131) who resides at Life Care Yuma Arizona (facility #928-344-0425). Sister Sandra Crisp (#TBD)

- Summary of Prior GOC discussions during this hospital course:

2/25/2025: We discussed clinical condition, hospital course, prognosis, and treatment options in relation to patient/family's expressed values, priorities and goals.

- Examined patient at bedside. She is awake, eyes open. She is unable to speak due to need for CPAP/BiPap at 70L of oxygen. Patient able to shake her head "yes" or "no" to questions but is very unlikely she is decisional for complex medical situations.
- Patient nodded her head "yes" to if she could hear and understand me. Nodded "no" to did she understand why she was in the hospital and what is going on. Nodded no when asked if she wanted the doctors to continue with the current treatments such as the breathing assistance and the CRRT for her kidney problems. When asked if she wanted to focus more on her comfort, she did not respond.
- Pt has no husband and no children. Parents are deceased. She has three living siblings; a brother Kendall listed as a contact person in chart. He lives in AZ and has not seen or talked to his sister in 30 years. There is another sister in AZ who lives in a nursing home and another sister who lives in Texas. Kendall states none of them have talked to each other in 30 years.
- Patient has a sister in law who helps with her care and lives locally, Shirley Crisp. However she does not have any HCPOA paperwork. Kendall is willing to help if need be. There is also a niece and a nephew who are blood relatives. Niece and nephew live in Ohio.
- Sister in law Shirley understands that she is not legal next of kin but perhaps the siblings who can be contacted and the niece and nephew would be open to input from Shirley since she is the one here and has been helping with her care. Shirley Crisp is the step mother of the niece and nephew.
- Medical Team and social work/case management updated with next of kin and contact information as much as we know at this time.

- Follow up 2/26/2025:

- Examined patient at bedside. She is awake, eyes open. She is unable to speak due to need for CPAP/BiPap at 40L of oxygen. Patient able to shake her head "yes" or "no" to questions but is very unlikely she is decisional for complex medical situations.
- Met with pt, introducing self and PC, gave brief explanation of her medical situation but am unsure of her capacity to understand or make medical decisions on her own behalf. When asked if she was ok with the medical teams doing what we are doing for her, she nodded yes. When asked if she had pain, stated no.
- Left VM message with brother Kendall who returned the call but went into VM again when I called back.
- **Per secure chat, Kendall would like patient's sister-in-law Shirley involved in conversations. Sibs would have to weigh in on decisions with Kendall if pt is not decisional. Doesn't preclude Shirley's involvement since she is local but decisions would have to come from siblings.**
- Appreciate Chelsi's efforts at obtaining contact info for pt's sisters. Pt has 3 living siblings as NOK.
- Will follow

Thank you for consulting our team in the care of this patient. We will continue to follow along and assist in GOC discussions.

Emotional support and active listening provided to our patient and family as important decisions are being made regarding goals and priorities of care

Discussed with RN and treatment teams. Please do not hesitate to page palliative care at 937-334-4007 with any needs.

Time in 1300 Time out 1400

Subjective and Interval history

Chart reviewed in detail since last palliative medicine visit::

On evaluation at bedside, patient is alert, on CRRT and BiPAP. Therapeutic companion at the bedside.

Discussed with RN Darah, Chelsi SW, Dr. Dange, Dr. Chambers.

Interval ROS

Review of Systems

Unable to perform ROS: Other

On BiPAP

Pain/Pain score last documented: Numeric/FACES Pain Level: 0

Constipation: Last Bowel Movement: 02/25/25 (02/26/25 0400)

Objective

Temp: 97.1 °F (36.2 °C) (02/26/25 0738)	Temp Avg: 97.2 °F (36.2 °C) Min: 96.8 °F (36 °C) Max: 97.6 °F (36.4 °C)	BP: 107/68 (02/26/25 1000)	Pulse: 76 (02/26/25 1000)	Resp: 18 (02/26/25 1000)	SpO2: 100 % (02/26/25 1000)
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I/O:

Intake/Output Summary (Last 24 hours) at 2/26/2025 1024

Last data filed at 2/26/2025 0800

Gross per 24 hour

Intake	381.8 ml
Output	2058 ml
Net	-1676.2 ml

Last Bowel Movement: 02/25/25 (02/26/25 0400)

Body mass index is 22.33 kg/m².

Physical Exam

Vitals and nursing note reviewed. Exam conducted with a chaperone present.

Constitutional:

General: She is not in acute distress.

Appearance: She is **ill-appearing**.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Nose normal.

Mouth/Throat:

Mouth: Mucous membranes are **dry**.

Pharynx: Oropharynx is clear.

Eyes:

General:

Right eye: No discharge.

Left eye: No discharge.

Extraocular Movements: Extraocular movements intact.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: **Rhythm irregular.**

Comments: **On Cardizem drip for A-fib**

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds.

Comments: **40% BiPAP**

Abdominal:

General: Abdomen is flat. Bowel sounds are normal.

Palpations: Abdomen is soft.

Comments: **Tube feeds per NG at trickle rate**

Musculoskeletal:

Right lower leg: **Edema** present.

Left lower leg: **Edema** present.

Skin:

General: Skin is warm and dry.

Coloration: Skin is **pale**.

Neurological:

Mental Status: She is alert.

Comments: **Oriented to self. Difficult to determine otherwise given on BiPAP mask**

Psychiatric:

Comments: **Attentive, denies distress**

I have personally reviewed all of the EMR-populated past history fields that appear below and have addressed them with the patient/family to the farthest extent possible.

Patient Active Problem ListDiagnosis

- Hypertension
- Cerebral infarction ()
- Chronic anemia
- Folic acid deficiency
- Postmenopausal
- Renal insufficiency
- Hyperlipidemia
- History of CVA (cerebrovascular accident)
- CKD (chronic kidney disease) stage 2, GFR 60-89 ml/min
- Abnormal EKG
- PUD (peptic ulcer disease)
- S/P total knee arthroplasty, left
- Acute renal failure (HC CODE)

- Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)
- Obesity, Class II, BMI 35-39.9, no comorbidity
- Muscle weakness of lower extremity
- GI bleed
- GBS (Guillain Barre syndrome) (HC CODE)
- Disease of spinal cord, unspecified (HC CODE)
- Mild pulmonary hypertension (HC CODE)
- Paroxysmal tachycardia, unspecified (HC CODE)
- History of stroke with residual deficit
- AKI (acute kidney injury) (HC CODE)
- Hypoglycemia
- AMS (altered mental status)

PMH/PSH/FX/SH/Allergies

Past Surgical History:

Procedure	Laterality	Date
• Carpal Tunnel Release <i>bilateral</i>		
• Colonoscopy <i>COLONOSCOPY performed by Musleh, Mustafa N, MD at MVH ENDOSCOPY</i>	N/A	12/27/2023
• CUBITAL TUNNEL RELEASE <i>right ulnar nerve sx</i>		
• Esophagogastroduodenoscopy <i>ESOPHAGOGASTRODUODENOSCOPY performed by Sandhir, Sanjay, MD at MVS ENDOSCOPY</i>	N/A	06/20/2018
• Esophagogastroduodenoscopy With Biopsy <i>ESOPHAGOGASTRODUODENOSCOPY WITH BIOPSY performed by Sharma, Kanan, MD at MVH ENDOSCOPY</i>	N/A	01/06/2024
• PACU OFFSITE RECOVERY <i>PACU OFFSITE RECOVERY performed by Generic, Periopsvcs at MVH MAIN OR</i>	N/A	10/25/2013
• TOTAL KNEE ARTHROPLASTY <i>TOTAL KNEE ARTHROPLASTY performed by Lawless, Matthew W, MD at MVS SOUTH OR</i>	Left	07/10/2018

Social History

Socioeconomic History

- Marital status: Single
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use: No
- Alcohol/week: 0.0 standard drinks of alcohol
- Drug use: No
- Sexual activity: Not Currently

Other Topics

- Not on file

Social History Narrative

-

Not on file

Social Drivers of Health

Financial Resource Strain: Not on file

Food Insecurity: Patient Unable To Answer (2/24/2025)

Hunger Vital Sign

- Worried About Running Out of Food in the Last Year: Patient unable to answer
- Ran Out of Food in the Last Year: Patient unable to answer

Transportation Needs: No Transportation Needs (1/6/2024)

PRAPARE - Transportation

- Lack of Transportation (Medical): No
- Lack of Transportation (Non-Medical): No

Physical Activity: Inactive (1/6/2024)

Exercise Vital Sign

- Days of Exercise per Week: 0 days
- Minutes of Exercise per Session: 0 min

Stress: Not on file

Social Connections: Not on file

Intimate Partner Violence: Not At Risk (1/6/2024)

Humiliation, Afraid, Rape, and Kick questionnaire

- Fear of Current or Ex-Partner: No
- Emotionally Abused: No
- Physically Abused: No
- Sexually Abused: No

Recent Concern: Intimate Partner Violence - At Risk (12/18/2023)

Humiliation, Afraid, Rape, and Kick questionnaire

- Fear of Current or Ex-Partner: Yes
- Emotionally Abused: Yes
- Physically Abused: Yes
- Sexually Abused: Yes

Housing Stability: Low Risk (1/6/2024)

Housing Stability Vital Sign

- Unable to Pay for Housing in the Last Year: No
- Number of Places Lived in the Last Year: 1
- Unstable Housing in the Last Year: No

Extended Emergency Contact Information

Primary Emergency Contact: Crisp, Shirley

United States of America

Home Phone: 937-253-0575

Mobile Phone: 937-241-3483

Relation: Relative

Low vision? Yes

Hearing or visual needs: None

Other needs: None

Preferred language: English

Interpreter needed? No

Secondary Emergency Contact: Kendall Crisp

Mobile Phone: 928-256-7180

Relation: Brother

Family History

Problem

Relation

Name

Age of Onset

• Heart Disease <i>CAD</i>	Father
• COPD <i>smoker</i>	Father
• Hypertension	Mother
• Diabetes	Mother
• Stroke	Mother
• Breast Cancer	Paternal Aunt
• No Known Problems	Sister
• Cancer <i>esophageal</i>	Brother
• No Known Problems	Sister
• Cerebral Palsy	Brother
• No Known Problems	Brother
• Anesthesia Problems	Neg Hx

Social History

Tobacco Use
 Smoking Status Never
 Smokeless Tobacco Never

reports no history of alcohol use.

Social History

Substance and Sexual Activity
 Drug Use No

No Known Allergies**Medications:****Scheduled meds:**

albuterol, 2.5 mg, Q4H (RT)
 sodium chloride, 4 mL, BID
 vitamin D, B, iron and minerals, 1 Tab, Daily
 fludrocortisone, 0.1 mg, Daily
 insulin lispro, 1-9 Units, Q4H
 midodrine, 10 mg, Q8H
 levothyroxine, 50 mcg, Daily
 saline flush, 10 mL, Q12H
 polyethylene glycol, 1 Packet, Daily
 folic acid, 1 mg, Daily

Continuous infusions:

Phoxillium BK 4/2.5, Last Rate: 1,000 mL/hr at 02/25/25 1932
 Replacement Solution 4/2.5 - Post Filter PURPLE Scale, Last Rate: 200 mL/hr (02/25/25 0807)
 Replacement Solution 4/2.5 - Pre White Scale, Last Rate: 1,000 mL/hr (02/26/25 0401)
 diltiazem, Last Rate: 5 mg/hr (02/26/25 0525)
 NaCl 0.9%, Last Rate: 1,000 mL (02/21/25 1502)

PRN meds:

NaCl, 2,000 mL, PRN
 heparin, 5,000-20,000 Units, To Critical Care-PRN

NaCl, 2,000 mL, PRN
 heparin, 5,000-20,000 Units, To Critical Care-PRN
 magnesium sulfate in water, 2 g, PRN
 sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB, 10 mmol, PRN
 sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB, 20 mmol, PRN
 NaCl, 300 mL, To Dialysis-PRN
 saline flush, 10 mL, To Dialysis-PRN
 heparin, 5,000 Units, To Dialysis-PRN
 albumin, human, 25 g, To Dialysis-PRN
 dextrose, 15 g Carb, PRN
 dextrose 50 % in water (D50W), 5-12.5 g, PRN
 glucagon, 1 mg, PRN
 saline flush, 10 mL, PRN
 NaCl 0.9%, 1,000 mL, Continuous PRN
 acetaminophen, 650 mg, Q4H PRN
 Or
 acetaminophen, 650 mg, Q4H PRN
 lidocaine (PF), 5 mL, Once PRN
 ondansetron, 4 mg, Q6H PRN
 Or
 ondansetron, 4 mg, Q6H PRN

(Meds that have been ordered and completed are not included above)

Labs

CBC/PT/INR/PTT			Basic Metabolic Panel		
Lab Results			Lab Results		
Component	Value	Date	Component	Value	Date
WBC	17.6 (H)	02/26/2025	NA	138	02/26/2025
HEMOGLOBIN	9.3 (L)	02/26/2025	NA	141	08/21/2023
HEMATOCRIT	28.9 (L)	02/26/2025	NA	138	07/11/2018
PLATELETS	40 (L)	02/26/2025	POTASSIUM	3.9	02/26/2025
INR/Prothrombin Time			POTASSIUM	4.5	08/21/2023
			CL	103	02/26/2025
			CL	110	08/21/2023
			CO2	21	02/26/2025
			CO2	15	08/21/2023
			GLUCOSE	103	02/26/2025
			GLUCOSE	100	02/26/2025
			GLUCOSE	94	02/26/2025
			GLUCOSE	79	08/21/2023
			BUN	8	02/26/2025
			BUN	18	08/21/2023
			CREATININE	0.5	02/26/2025
			CREATININE	1.3	08/21/2023
			CA	8.0	02/26/2025
			CA	10.3	08/21/2023
LFTs					
HEPATIC PANEL					
Lab Results					

Component	Value	Date
AST	63	02/18/2025
AST	29	11/22/2016
ALT	61	02/18/2025
ALT	30	11/22/2016
ALKP	250	02/18/2025
ALKP	91	11/22/2016
TBIL	0.4	02/18/2025
TBIL	0.3	11/22/2016
ALB	2.6	02/26/2025
ALB	3.2	12/11/2023
DBIL	0.3	02/18/2025
DBIL	0.1	11/22/2016
TP	4.4	02/18/2025
TP	7.5	11/22/2016

Radiology

Reviewed applicable MRI/CT/Xray scans since last visit

Reviewed if available since last visit

Clinical changes noted, information used to further define prognostic status

Electronically signed by: Nancy Jp Silverman, APRN, 2/26/2025 10:24 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
 03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Richardson, Lynn Amy, DO
Physician
Wound

Medical Staff Progress Note  
Signed

Date of Service: 02/26/25 0946

Signed

MIAMI VALLEY HOSPITAL

Wound Care & Hyperbaric Oxygen Therapy Medicine Inpatient Note

Medical Staff Progress Note

2/26/2025

Patient Name: Diane Crisp

DOB: 9/1/1959

AGE: 65 year old

GENDER: Female

Medical Record Number: 096-67-27-70

Review of Systems or Subjective:

- 10 systems reviewed and neg except per HPI
 Unable to be done or limited due to patient status or poor historian, no visitors present, sitter present
 No new wound care issues

Medical Co-morbidities

Urosepsis

Acute renal failure requiring dialysis

Metabolic encephalopathy

Acute respiratory failure requiring mechanical ventilation

Oropharyngeal dysphagia

Anemia

Thrombocytopenia

Hypotension requiring midodrine

Remote history of hemorrhagic stroke

History of Guillain-Barré syndrome

CODE STATUS: LTM

Assessment: 65 year old female admitted with urosepsis

- Sacral dermal pressure injury, stage 2
- Right Buttock dermal pressure injury, stage 2
- Present on admission but larger during hospital stay

2/23/25: Discussed with bedside nurse regarding wounds and ongoing bowel incontinence.

2/24/25: Continue current wound care. Code status updated to LTM, she is receiving CRRT, has

a Bair hugger and is on high flow oxygen mask.

2/26/25: Goal are palliative wound care. Continue current regimen. Wound team to sign off. Please reach back out if there are any new wound concerns.

Plan:

See orders under nursing for more specific wound care plan.

Direct wound care provided requiring removal of dressing, cleansing, and application of new dressing was done: Yes No

Currently on ICU specialty mattress.

Wound team to sign off.

- Wound Care orders placed to include:

Vigilant hygiene

Sacrum/buttock

Clean with wound cleanser

Apply alginate

Secure with border foam

Change daily and as needed

- Circulation

Arterial Duplex/ABI dopplers

CTA

Venous reflux studies as outpatient

Vascular service consult recommended

Vascular service following

NA or without any acute ischemic changes

Vascular follow up as outpatient

- Infection

Per primary team

Wound(s) not acutely infected

Wound culture

Imaging ordered or recommended

ID service consult recommended

ID service following

- Nutritional support

Per primary team

Protein shakes/supplements

Tight glycemic control, Last Hgb a1c

Low sodium intake

Enteral feeds

- Avoid pressure and trauma/friction injury to all wounds. Elevate affected limbs.

Complete lateral turns on sides Q2hr. Ok to be supine for meals when applicable. Any pillows or devices to assist should never be placed against the wounds but rather against non-wound areas to float wounds

Pressure relief mattress and/or bed

Float affected areas on lower extremity to relieve pressure on wounds

Pressure relief to help with skin perfusion

- Weight bearing

NA

- Per podiatry
- Reece shoe, Darco shoe, or offloading boot
- NWB
- WBAT
- Heel touch for transfers
- Forefoot for transfers
- Walker
- Knee walker
- Bedbound

Objective:**Vitals Signs:**

Temp: 97.1 °F (36.2 °C) (02/26/25 0738)	Temp Avg: 97.2 °F (36.2 °C) Min: 96.8 °F (36 °C) Max: 97.6 °F (36.4 °C)	BP: 105/60 (02/26/25 0900)	Pulse: 84 (02/26/25 0906)	Resp: 21 (02/26/25 0906)	SpO2: 95 % (02/26/25 0906)
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GENERAL:

- NAD
- Mouth open under mask
- Not responding to voice or light touch
- Chronically ill-appearing
- Confused
- Sedated or medicated

ENT:

- Anicteric
- Unremarkable
- NG
- Mucous membranes dry
- Intubated or Trached, on vent

RESP:

- Clear anteriorly
- Diminished breath sounds
- Oxygen per mask
- Room air
- Even and unlabored respirations

CARDIO:

- Regular rhythm
- No signs of acute cardiac distress
- Telemetry
- Not assessed/NA

GI:

- soft and benign, Obese

EXT:

- No cyanosis
- Cyanotic
- Mottled
- Nontender calves
- Edema present
- Edema not present
- Gangrene

- Vascular ischemia
- PULSES**
- Palpable
 - Weakly palpable
 - Dopplerable
 - Unable to assess due to edema or bulky dressing
 - Per vascular service
 - NA

Medications: MAR reviewed

No outpatient medications have been marked as taking for the 2/17/25 encounter (Hospital Encounter).

No Known Allergies

Wound Data: As noted per nursing but may not reflect my assessment today entirely. But this was reviewed.

Wound Coccyx (Active)

Pressure Ulcer Data:.

Pressure Injury Coccyx (Active)

Dressing Status / Change	Dry & Intact	02/23/25 0800
Injury Stage	Stage 2	02/22/25 2200
Appearance	Red;Partial thickness;Pink	02/22/25 2200
Drainage Amount	Scant	02/22/25 2200
Drainage Appearance	Serosanguineous	02/22/25 2200
Wound cleanser	Body wash / periwash	02/22/25 2200
Undermining / Tunneling	No	02/22/25 2200
Periwound (surrounding) tissue	Dry;Intact;Edematous	02/22/25 2200
Primary Dressing	Foam Dressing-Silicone Border	02/22/25 2200

Pressure Injury Sacrum (Active)

Dressing Status / Change	Dry & Intact	02/23/25 0800
Injury Stage	Stage 2	02/22/25 2200
Appearance	Pink;Red;Partial thickness	02/22/25 2200
Drainage Amount	Scant	02/22/25 2200
Drainage Appearance	Serosanguineous	02/22/25 2200
Wound cleanser	Body wash / periwash	02/22/25 2200
Undermining / Tunneling	No	02/22/25 2200
Periwound (surrounding) tissue	Dry;Intact;Edematous	02/22/25 2200
Primary Dressing	Foam Dressing-Silicone Border	02/22/25 2200

LABS:

CMP:

Lab Results

Component	Value	Date
NA	138	02/26/2025
NA	141	08/21/2023
NA	138	07/11/2018

CL	103	02/26/2025
CL	110	08/21/2023
CO2	21	02/26/2025
CO2	15	08/21/2023
BUN	8	02/26/2025
BUN	18	08/21/2023
CREATININE	0.5	02/26/2025
CREATININE	1.3	08/21/2023
GLUCOSE	103	02/26/2025
GLUCOSE	100	02/26/2025
GLUCOSE	94	02/26/2025
GLUCOSE	79	08/21/2023
AST	63	02/18/2025
AST	29	11/22/2016
ALT	61	02/18/2025
ALT	30	11/22/2016

HgBA1c:**Lab Results**

Component	Value	Date
HA1CC	5.0	02/20/2025

COMPLETE BLOOD COUNT WITH DIFFERENTIAL**Recent Labs**

	02/26/25 0510
WBC	17.6*
HEMOGLOBIN	9.3*
HEMATOCRIT	28.9*
MCV	102.5*
MCH	33.0
MCHC	32.2
RDW	20.9*
NRBC	0

Electronically signed by: Lynn Amy Richardson, DO, 2/26/2025 9:46 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
 03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:31 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Schmidt, Darah R, RN
Registered Nurse
Nursing

Care Plan
Signed

Date of Service: 02/26/25 0856

Signed

Problem: Falls - Risk of

Goal: Absence of falls

Description: Avoid the routine use of bedrails or physical restraints as a fall-prevention intervention.

Outcome: Progressing

Goal: Knowledge of fall prevention

Outcome: Progressing

Problem: Injury - Risk of, Physical Restraints

Goal: Absence of injury

Outcome: Completed

Goal: Absence of physical restraint indications

Outcome: Completed

ED to Hosp-Admission (Discharged) on 2/17/2025

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:31 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Dange, Sulabha R, MD
Physician
Hospitalist

Medical Staff Progress Note ! ❤
Signed

Date of Service: 02/26/25 0750

Signed

MIAMI VALLEY HOSPITAL HOSPITALIST GROUP



Hospitalist Progress Note

2/26/2025

Patient Identifier/Hospitalist

Patient: Diane Crisp; **DOB** 9/1/1959

I saw and examined the patient on 2/26/2025 at 7:50 AM in 4512/4512-A.

Hospitalist: Sulabha R Dange, MD
Cell: (937) 414-4381

Disposition/Assessment and Plan

Disposition: Likely to ECF in 1-2 days.

Reason to continue hospitalization: Clearance by specialists, medical optimization.

Assessment/Plan:

Diane Crisp is a 65 year old female, PMH HTN, HLP, GERD presented with lethargy. Noted to be markedly hypoglycemic with glucose of 31, markedly hypotensive and hypoxic, workup noted acute renal failure, hyperkalemia, leukocytosis and elevated but nontrending troponins, CT imaging indicated left lung infiltrate PNA versus aspiration, also acute metabolic encephalopathy—she was admitted for the management of these problems.

Sepsis due to pneumonia, UTI with septic shock as well as acute sepsis-related organ dysfunction, acute hypoxic respiratory failure as evidenced by SPO2 < 89% on RM air. Present on Admission (POA). Needed intubation—now extubated.

Also acute kidney injury, acute metabolic encephalopathy. Hypotension requiring vasopressors and need for critical services earlier.

Respiratory cultures—multiple microbes.

Urine cultures—for pathogens—suggestive of contamination. MRSA negative.

S/p ID eval. Completed antibiotics course—Zosyn. Received steroids earlier.

Updated CXR today 2/24/2025 — new hazy perihilar and basilar parenchymal opacities—? Pulm edema, superimposed pneumonia.
Patient continues to be on 70 L of oxygen by mask CPAP/BiPAP.

AKI with CKD stage III—nephrology on board and on CRRT—renal functions have improved .
Patient with noted hypertensive renal disease.

Home antihypertensives currently on hold due to earlier noted hypotension needing vasopressors..

Anemia of chronic disease—likely 2/2 CKD. Hb is currently stable at 9.4.

Marked thrombocytopenia—? 2/2 sepsis, platelets at 40K. No active bleeding reported from any site.

Hypoglycemia with confusion—POA now resolved.

Atrial fibrillation—rate is well-controlled.

Continue management of hyperlipidemia, hypothyroidism, GERD.

Elevated but nontrending troponins—in the setting of above likely 2/2 demand ischemia. No concern for ACS.

History of CVA.

Dysphagia- speech/swallow evaluation could not be done due to continued need for BiPAP.

Palliative care on board and family dynamics noted. We appreciate their assistance.

Hospital day# 9

DVT Prophylaxis: SCDs.

Code Status: Orders Placed This Encounter
Limited Treatment Measures

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Medications

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
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• NaCl 0.9 % 2,000 mL	2,000 mL	Dialysis	PRN	Ammula, Ashok Kumar, MD		
• heparin catheter solution 5,000-20,000 Units	5,000-20,000 Units	Dialysis	To Critical Care-PRN	Ammula, Ashok Kumar, MD	10,000 Units at 02/25/25 2239	
• Phoxillium BK 4/2.5 Dialysate Flow Solution - Green Scale		Dialysis	To Critical Care-Continuous	Ammula, Ashok Kumar, MD	1,000 mL/hr at 02/25/25 1932	New Bag at 02/25/25 1932
• PrismaSOL BGK 4/2.5 Replacement Solution - Post Filter Purple Scale	200 mL/hr	Dialysis	To Critical Care-Continuous	Ammula, Ashok Kumar, MD	200 mL/hr at 02/25/25 0807	200 mL/hr at 02/25/25 0807
• PrismaSOL BGK 4/2.5 Replacement Solution - Pre White Scale	1,000 mL/hr	Dialysis	To Critical Care-Continuous	Ammula, Ashok Kumar, MD	1,000 mL/hr at 02/26/25 0401	1,000 mL/hr at 02/26/25 0401
• NaCl 0.9 % 2,000 mL	2,000 mL	Dialysis	PRN	Thiruveedi, Sampath K, MD		2,000 mL at 02/24/25 0051
• heparin catheter solution 5,000-20,000 Units	5,000-20,000 Units	Dialysis	To Critical Care-PRN	Thiruveedi, Sampath K, MD		
• magnesium sulfate 2 g/50 ml SW IVPB	2 g	Intravenous	PRN	Thiruveedi, Sampath K, MD		Stopped at 02/24/25 0800
• sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB	10 mmol	Intravenous	PRN	Thiruveedi, Sampath K, MD		
• sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB	20 mmol	Intravenous	PRN	Thiruveedi, Sampath K, MD		Stopped at 02/25/25 1014
• diltiazem (CARDIZEM) 125 mg in 0.9% NaCl 125 ml addEASE	2.5-15 mg/hr	Intravenous	Continuous	Ebert, Meghan B, APRN	5 mL/hr at 02/26/25 0525	5 mg/hr at 02/26/25 0525
• albuterol (PROVENTIL) 2.5 mg /3 mL (0.083 %) inhalation solution 2.5 mg	2.5 mg	Inhalation	Q4H (RT)	Gandhi, Dharmesh V, MD		2.5 mg at 02/26/25 0454
• sodium chloride 7% for nebulization 4 mL	4 mL	Inhalation	BID	Gandhi, Dharmesh V, MD		4 mL at 02/25/25 2044
• vitamin D, B, iron and minerals (PRORENAL) tab 1 Tab	1 Tab	Oral	Daily	Kaufhold, Jeffrey J, MD		1 Tab at 02/25/25 0915
• fludrocortisone (FLORINEF) tablet 0.1 mg	0.1 mg	Oral	Daily	Kaufhold, Jeffrey J, MD		0.1 mg at 02/25/25 1056

• NaCl 0.9 % 300 mL	300 mL	Intravenous	To Dialysis-PRN	Kaufhold, Jeffrey J, MD	
• saline flush	10 mL	IV Push	To Dialysis-PRN	Kaufhold, Jeffrey J, MD	
• heparin injection 5,000 Units	5,000 Units	Instill	To Dialysis-PRN	Kaufhold, Jeffrey J, MD	13,500 Units at 02/22/25 1733
• albumin, human 25 % IV soln 25 g	25 g	Intravenous	To Dialysis-PRN	Kaufhold, Jeffrey J, MD	60 mL/hr at 02/22/25 1712
• dextrose (GLUTOSE) gel 15 g Carb	15 g Carb	Oral	PRN	Walsh, Nicholas T, PA-C	
• dextrose 50 % in water (D50W) intravenous syringe 5-12.5 g	5-12.5 g	IV Push	PRN	Walsh, Nicholas T, PA-C	5 g at 02/26/25 0314
• glucagon injection 1 mg	1 mg	Subcutaneous	PRN	Walsh, Nicholas T, PA-C	
• insulin lispro (HumaLOG) injection 1-9 Units	1-9 Units	Subcutaneous	Q4H	Walsh, Nicholas T, PA-C	1 Units at 02/24/25 0934
• midodrine (PROAMATINE) tablet 10 mg	10 mg	Oral	Q8H	Davis, Deanna Kay, APRN	10 mg at 02/26/25 0509
• levothyroxine (SYNTHROID) tablet 50 mcg	50 mcg	Oral	Daily	Davis, Deanna Kay, APRN	50 mcg at 02/26/25 0509
• saline flush	10 mL	IV Push	PRN	Haque, Nurul, MD	
• saline flush	10 mL	IV Push	Q12H	Haque, Nurul, MD	1 Syringe at 02/25/25 2040
• NaCl 0.9% 1,000 mL	1,000 mL	Intravenous	Continuous PRN	Haque, Nurul, MD	10 mL/hr at 02/21/25 1502
• acetaminophen (TYLENOL) tablet 650 mg	650 mg	Oral	Q4H PRN	Haque, Nurul, MD	650 mg at 02/21/25 0909
Or					
• acetaminophen (TYLENOL) suppository 650 mg	650 mg	Rectal	Q4H PRN	Haque, Nurul, MD	
• polyethylene glycol (MIRALAX) packet 17 g	1 Packet	Oral	Daily	Haque, Nurul, MD	17 g at 02/25/25 0914
• folic acid (FOLATE) tablet 1 mg	1 mg	Oral	Daily	Haque, Nurul, MD	1 mg at 02/25/2

5 0914

• lidocaine (PF) 1 % (10 mg/mL) injection 5 mL	5 mL	Infiltration	Once PRN	Haque, Nurul, MD	
• ondansetron (ZOFTRAN ODT) RAPID DISSOLVING tablet 4 mg Or	4 mg	Oral	Q6H PRN	Davis, Deanna Kay, APRN	
• ondansetron (ZOFTRAN) injection 4 mg	4 mg	IV Push	Q6H PRN	Davis, Deanna Kay, APRN	4 mg at 02/20/2 5 1639

Subjective

The patient asleep, on BiPAP and undergoing CRRT.

Objective Data**I's and O's:**

Intake/Output Summary (Last 24 hours) at 2/25/2025 0750
Last data filed at 2/25/2025 0700

Gross per 24 hour	
Intake	1160.28 ml
Output	3137 ml
Net	-1976.72 ml

Vital Signs:

Temp: 97.1 °F (36.2 °C) (02/26/25 0738)	Temp Min: 96.8 °F (36 °C) Min taken time: 02/25/25 1600 Max: 97.6 °F (36.4 °C) Max taken time: 02/25/25 1200	BP: 105/61 (02/26/25 0738)	Pulse: 82 (02/26/25 0738)	Resp: 21 (02/26/25 0738)	SpO2: 98 % (02/26/25 0738)
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Physical Examination:

General: Frail white lady of the stated age, lying in bed. Asleep currently undergoing CRRT and on bipap, also has heating blankets on. VS as outlined in the chart.

CV: monitor showing regular rate and rhythm.

PUL: On BiPAP.

Diagnostic Data:**Labs, reviewed:**

Recent Results (from the past 24 hours)

POC GLUCOSE

Collection Time: 02/25/25 9:24 AM

Result	Value	Ref Range
POC Glucose	78	70 - 99

mg/dL

Scan Result**POC GLUCOSE**

Collection Time: 02/25/25 12:29 PM

Result	Value	Ref Range
POC Glucose	78	70 - 99 mg/dL

Scan Result**COMPLETE BLOOD COUNT**

Collection Time: 02/25/25 2:23 PM

Result	Value	Ref Range
WBC Count	15.7 (H)	3.5 - 10.9 K/uL
RBC	2.89 (L)	3.95 - 5.26 M/uL
Hemoglobin	9.6 (L)	11.2 - 15.7 g/dL
Hematocrit	29.2 (L)	34.0 - 49.0 %
MCV	101.0 (H)	80.0 - 100.0 fL
MCH	33.2	26.0 - 34.0 pg
MCHC	32.9	30.7 - 35.5 g/dL
RDW	20.5 (H)	<=15.0 %
Platelet Count	30 (L)	140 - 400 K/uL
MPV		
nRBC	1 (H)	<=0 /100 WBCs

Scan Result**POC GLUCOSE**

Collection Time: 02/25/25 4:15 PM

Result	Value	Ref Range
POC Glucose	74	70 - 99 mg/dL

Scan Result**RENAL FUNCTION PANEL**

Collection Time: 02/25/25 6:01 PM

Result	Value	Ref Range
Sodium	137	135 - 148 mEq/L
Potassium	4.0	3.4 - 5.3 mEq/L
Chloride	102	96 - 110 mEq/L
Carbon Dioxide	21	19 - 32 mEq/L
BUN	9	3 - 29 mg/dL
Creatinine	0.6	0.5 - 1.2 mg/dL
Glucose	85	70 - 99 mg/dL

Calcium	8.2 (L)	8.5 - 10.5 mg/dL
Albumin	3.0 (L)	3.5 - 5.2 g/dL
Phosphorus	2.6	2.1 - 4.3 mg/dL
Anion Gap	14	5 - 15
BUN/CREAT Ratio	15	7 - 25
Estimated GFR	100	>=60 mL/min/1.73 m ²

POC GLUCOSE

Collection Time: 02/25/25 8:38 PM

Result	Value	Ref Range
POC Glucose	77	70 - 99 mg/dL

Scan Result

COMPLETE BLOOD COUNT

Collection Time: 02/25/25 10:40 PM

Result	Value	Ref Range
WBC Count	17.3 (H)	3.5 - 10.9 K/uL
RBC	2.77 (L)	3.95 - 5.26 M/uL
Hemoglobin	9.3 (L)	11.2 - 15.7 g/dL
Hematocrit	27.3 (L)	34.0 - 49.0 %
MCV	98.6	80.0 - 100.0 fL
MCH	33.6	26.0 - 34.0 pg
MCHC	34.1	30.7 - 35.5 g/dL
RDW	20.7 (H)	<=15.0 %
Platelet Count	31 (L)	140 - 400 K/uL
MPV		
nRBC	0	<=0 /100 WBCs

Scan Result

POC GLUCOSE

Collection Time: 02/25/25 11:13 PM

Result	Value	Ref Range
POC Glucose	73	70 - 99 mg/dL

Scan Result

POC GLUCOSE

Collection Time: 02/25/25 11:15 PM

Result	Value	Ref Range
POC GLUCOSE	79	70 - 99 mg/dl

POC GLUCOSE

Collection Time: 02/26/25 3:11 AM

Result	Value	Ref Range
POC Glucose	68 (L)	70 - 99

mg/dL

Scan Result

POC GLUCOSE

Collection Time: 02/26/25 3:34 AM

Result	Value	Ref Range
POC Glucose	94	70 - 99 mg/dL

Scan Result

POC GLUCOSE

Collection Time: 02/26/25 3:47 AM

Result	Value	Ref Range
POC GLUCOSE	101 (A)	70 - 99 mg/dl

POC GLUCOSE

Collection Time: 02/26/25 4:04 AM

Result	Value	Ref Range
POC GLUCOSE	127 (A)	70 - 99 mg/dl

POC GLUCOSE

Collection Time: 02/26/25 5:00 AM

Result	Value	Ref Range
POC GLUCOSE	100 (A)	70 - 99 mg/dl

COMPLETE BLOOD COUNT

Collection Time: 02/26/25 5:10 AM

Result	Value	Ref Range
WBC Count	17.6 (H)	3.5 - 10.9 K/uL
RBC	2.82 (L)	3.95 - 5.26 M/uL
Hemoglobin	9.3 (L)	11.2 - 15.7 g/dL
Hematocrit	28.9 (L)	34.0 - 49.0 %
MCV	102.5 (H)	80.0 - 100.0 fL
MCH	33.0	26.0 - 34.0 pg
MCHC	32.2	30.7 - 35.5 g/dL
RDW	20.9 (H)	<=15.0 %
Platelet Count	40 (L)	140 - 400 K/uL
MPV		
nRBC	0	<=0 /100 WBCs

Scan Result

RENAL FUNCTION PANEL

Collection Time: 02/26/25 5:10 AM

Result	Value	Ref Range
Sodium	138	135 - 148 mEq/L
Potassium	3.9	3.4 - 5.3 mEq/L
Chloride	103	96 - 110 mEq/L
Carbon Dioxide	21	19 - 32 mEq/L

BUN	8	3 - 29 mg/dL
Creatinine	0.5	0.5 - 1.2 mg/dL
Glucose	103 (H)	70 - 99 mg/dL
Calcium	8.0 (L)	8.5 - 10.5 mg/dL
Albumin	2.6 (L)	3.5 - 5.2 g/dL
Phosphorus	2.4	2.1 - 4.3 mg/dL
Anion Gap	14	5 - 15
BUN/CREAT Ratio	16	7 - 25
Estimated GFR	104	>=60 mL/min/1.73 m ²

MAGNESIUM, SERUM

Collection Time: 02/26/25 5:10 AM

Result	Value	Ref Range
Magnesium	2.4	1.4 - 2.5 mg/dL

ABG WITH IONIZED CA

Collection Time: 02/26/25 5:10 AM

Result	Value	Ref Range
Ionized Calcium	1.13	1.12 - 1.30 mmol/L
pH	7.383	7.350 - 7.450
PCO ₂	38.3	35.0 - 45.0 mmHg
PO ₂	81.1	80.0 - 100.0 mmHg
Base Excess	-2.1 (L)	-2.0 - 3.0 mmol/L
Bicarbonate	22.8	22.0 - 26.0 mmol/L
O ₂ Saturation	97.3	95.0 - 98.0 %

Imaging:

No results found.



Electronically signed by: Sulabha R Dange, MD, 2/26/2025 7:50 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:31 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Chambers, Steven Lawrence, MD
Physician
Medical ICU

Medical Staff Progress Note  
Signed

Date of Service: 02/26/25 0750

Signed

Pulmonary & Critical Care Medicine



Pulmonary & Critical Care
CONSULTANTS, INC.

MIAMI VALLEY HOSPITAL
Patient Name: Diane Crisp

65-year-old female admitted for severe encephalopathy and acute renal failure and with hyperkalemia. Patient has been on CRRT. Remains off mechanical ventilation. Patient is lethargic, somnolent.

Date: 2/26/2025

IMPRESSION:

Acute metabolic encephalopathy
Acute kidney injury with chronic kidney disease stage III on CRRT and improving
Sepsis with probable urinary source
Atrial fibrillation with controlled ventricular rate
Thrombocytopenia
CKD stage III due to hypertension
Anemia of chronic disease likely due to the chronic kidney disease.
History of CVA
Hypoglycemia with confusion on admission
Hypertensive renal disease.
Body mass index is 22.33 kg/m².

DISCUSSION & PLAN:

Vomited previously with worsening respiratory failure. No more vomiting and weaning on BiPAP quite nicely much more awake and less encephalopathic. Recommend restart trickle feeds and see how she tolerates them. Discussed with nursing at the bedside.

Hemodynamically unstable now with low blood pressure had to decrease volume removal from CRRT and giving fluid bolus. Again according to her CODE STATUS cannot be placed on pressors.

Family is aware of her prognosis.

F/U For: See above

SUBJECTIVE:

More aware, tries to answer questions.

OBJECTIVE:**Vitals-**

Temp: 97.1 °F (36.2 °C) (02/26/25 0738)	Temp Avg: 97.2 °F (36.2 °C) Min: 96.8 °F (36 °C) Max: 97.6 °F (36.4 °C)	BP: 105/61 (02/26/25 0738)	Pulse: 82 (02/26/25 0738)	Resp: 21 (02/26/25 0738)	SpO2: 98 % (02/26/25 0738)
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Exam-

GENERAL -WDWN ill-appearing somnolent/lethargic female appearing older than her stated age
HEENT -NC, AT, mmm, anicteric

CHEST/RESPIRATORY -diffuse rhonchi

CARDIAC - RRR/rate controlled

ABDOMEN - Soft, non-tender, + BS

SKIN -warm and dry, no rash

EXTREMITIES - No clubbing, cyanosis, trace to 1+ pedal edema

NEUROLOGICAL - alert, moves all extremities

DIAGNOSTIC EVAL / INTERVENTIONS:**LABS REVIEWED:**

COVID-19

SARS COV2 RNA, QL REAL TIME RT PCR (no units)

Date	Value	Status
02/17/2025	Not Detected	Final

CBC W/Diff

Recent Labs

	02/26/25 0510
WBC	17.6*
HEMOGLOBIN	9.3*

HEMATOCRIT	28.9*
PLATELETS	40*
MCV	102.5*
MCH	33.0
MCHC	32.2
RDW	20.9*
NRBC	0

CMP**Recent Labs**

	02/26/25 0510
NA	138
POTASSIUM	3.9
CL	103
CO2	21
GLUCOSE	103*
BUN	8
CREATININE	0.5
CA	8.0*
ALB	2.6*

ABG**Recent Labs**

	02/26/25 0510
PH	7.383
PCO2	38.3
PO2	81.1
O2SAT	97.3
BE	-2.1*
HCO3	22.8

CARDIAC ENZYMES No results for input(s): "CK1", "CKMB", "INDINT", "MBI", "TROP" in the last 36 hours. MB ADD ON No results for input(s): "MBI" in the last 36 hours.

PT/APTT No results for input(s): "PROA", "PT", "PTTA", "PTT" in the last 36 hours.

CULTURES, BLOOD No results found for this or any previous visit (from the past 36 hours).

CULTURES, SPUTUM No results found for this or any previous visit (from the past 36 hours).

CULTURES, URINE No results found for this or any previous visit (from the past 36 hours).

INR No results for input(s): "INR" in the last 36 hours.

LACTIC ACID, SERUM No results for input(s): "LACT" in the last 36 hours.

IMAGING STUDIES; ACTUAL FILMS REVIEWED:

Chest x-ray reviewed both films report with smaller lung volumes than her baseline, atelectasis or infiltrate right lower lung. Could represent aspiration. Reviewed both films and report agree with findings.

OTHER STUDIES:**Medications**

albuterol, 2.5 mg, Q4H (RT)
sodium chloride, 4 mL, BID
vitamin D, B, iron and minerals, 1 Tab, Daily
fludrocortisone, 0.1 mg, Daily
insulin lispro, 1-9 Units, Q4H
midodrine, 10 mg, Q8H
levothyroxine, 50 mcg, Daily
saline flush, 10 mL, Q12H
polyethylene glycol, 1 Packet, Daily
folic acid, 1 mg, Daily

INTAKE/OUTPUT:

I/O last 3 completed shifts:
In: 381.8 [I.V.:381.8]
Out: 2407 [Urine:51; Other:2256; Enteric:100]

Critical Care time: 31 min

Reviewed Chart
Reviewed Medications
Reviewed Labs and Studies
Reviewed other Physicians notes
Discussed with nursing, RT

Signature: Steven L. Chambers, MD
Pager: 635-0514

For ICU NP please call 937-789-8098 / 937-789-8411
For Pulmonary consult NP please call 937-475-8469
For urgent consultations & after 6 pm on weekdays and weekends, please page on call physician
- 937-334-5999

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Ammula, Ashok Kumar, MD
 Physician
 Nephrology

Medical Staff Progress Note  
 Signed

Date of Service: 02/26/25 0719

Signed

*Mark D. Oxman, D.O. FACP
 Jeffrey J. Kaufhold, M.D., FACP
 Jennifer L. Jackson, D.O., FACP
 Chukwuma E. Eze, M.D., FASN, FASDIN
 Ashok K. Ammula, M.D.
 Shashikant R. Patel, M.D.*



*Swe Zin Mar Winhtut Oo, M.D.
 Jamie E. Long, MS, RN, APRN
 Vanessa Ratcliff MS, RN, APRN
 Esther Bassaw MS, RN, APRN
 Chloe Hammond, MS, RN, APRN
 Kimberly Wallace, MS, RN, APRN*

MIAMI VALLEY HOSPITAL

Renal Progress Note

2/26/2025

Patient Name: Diane Crisp DOB: 9/1/1959

Subjective

F/up for AKI requiring CRRT. Admitted with sepsis/respiratory failure. Treated for possible Pneumonia

Remains on BIPAP. No pressors
 Net even fluid balance on CRRT

Assessment

Acute renal failure .Oliguric. Requiring CRRT. No obstruction. U/a suggestive of a UTI on admission.

CKD 3 due to HTN with baseline creat 1.5- 1.7
 Saw Dr Oo in past

Sepsis/Resp failure

Volume overload. Net 7 L positive

Thrombocytopenia. ? Due to sepsis. No active bleeding. No DVTs. Receiving heparin catheter lock

Anemia of CKD and history of GI bleed

History of stroke

Plan

Continue current CRRT solutions. Attempt net UF of 50 cc/h as she is more hemodynamically stable this morning. Afib is rate controlled on cardizem

May attempt diuretic challenge tomorrow

Noted Palliative care eval

Current Meds:

albuterol (PROVENTIL) 2.5 mg /3 mL (0.083 %) inhalation solution 2.5 mg 2.5 mg Inhalation Q4H (RT); sodium chloride 7% for nebulization 4 mL 4 mL Inhalation BID; vitamin D, B, iron and minerals (PRORENAL) tab 1 Tab 1 Tab Oral Daily; fludrocortisone (FLORINEF) tablet 0.1 mg 0.1 mg Oral Daily; insulin lispro (HumaLOG) injection 1-9 Units 1-9 Units Subcutaneous Q4H; midodrine (PROAMATINE) tablet 10 mg 10 mg Oral Q8H; levothyroxine (SYNTHROID) tablet 50 mcg 50 mcg Oral Daily; saline flush 10 mL IV Push Q12H; polyethylene glycol (MIRALAX) packet

17 g 1 Packet Oral Daily; folic acid (FOLATE) tablet 1 mg 1 mg Oral Daily

Infusions:

Phoxillum BK 4/2.5 Dialysate Flow Solution - Green Scale Last Rate: 1,000 mL/hr at 02/25/25 1932; PrismaSOL BGK 4/2.5 Replacement Solution - Post Filter Purple Scale Last Rate: 200 mL/hr (02/25/25 0807); PrismaSOL BGK 4/2.5 Replacement Solution - Pre White Scale Last Rate: 1,000 mL/hr (02/26/25 0401); diltiazem (CARDIZEM) 125 mg in 0.9% NaCl 125 ml adDEASE Last Rate: 5 mg/hr (02/26/25 0525); NaCl 0.9% 1,000 mL Last Rate: 1,000 mL (02/21/25 1502)

PRN Meds:

- NaCl 0.9 % 2,000 mL
- heparin catheter solution 5,000-20,000 Units
- NaCl 0.9 % 2,000 mL
- heparin catheter solution 5,000-20,000 Units
- magnesium sulfate 2 g/50 ml SW IVPB
- sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB
- sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB
- NaCl 0.9 % 300 mL
- saline flush
- heparin injection 5,000 Units
- albumin, human 25 % IV soln 25 g
- dextrose (GLUTOSE) gel 15 g Carb
- dextrose 50 % in water (D50W) intravenous syringe 5-12.5 g
- glucagon injection 1 mg
- saline flush
- NaCl 0.9% 1,000 mL
- acetaminophen (TYLENOL) tablet 650 mg **OR** acetaminophen (TYLENOL) suppository 650 mg
- lidocaine (PF) 1 % (10 mg/mL) injection 5 mL
- ondansetron (ZOFTRAN ODT) RAPID DISSOLVING tablet 4 mg **OR** ondansetron (ZOFTRAN) injection 4 mg

Objective

Vital Signs:

Temp: 97.2 °F (36.2 °C) (02/26/25 0400)	Temp Avg: 97.2 °F (36.2 °C) Min: 96.8 °F (36 °C) Max: 97.6 °F (36.4 °C)	BP: 102/65 (02/26/25 0600)	Pulse: 88 (02/26/25 0600)	Resp: 27 (02/26/25 0600)	SpO2: 96 % (02/26/25 0600)
---	--	-------------------------------	------------------------------	-----------------------------	-------------------------------

I/O last 3 completed shifts:

In: 381.8 [I.V.:381.8]

Out: 2298 [Urine:51; Other:2147; Enteric:100]

Admission: Weight: 62.1 kg (136 lb 14.5 oz) (02/17/25 1604)

Most recent: Weight: 55.4 kg (122 lb 2.2 oz) (02/26/25 0400)

Base/Dry Weight: (N/A. New acute)

Exam

On BIPAP. Opens eyes

No scleral icterus

Unable to examine oral mucosa

Abd: soft, non tender

No skin rash/erythema

No LE edema
R IJ HD catheter

Recent Labs

	02/26/25 0510	02/25/25 2240	02/25/25 1423
WBC	17.6*	17.3*	15.7*
HEMOGLOBIN	9.3*	9.3*	9.6*
HEMATOCRIT	28.9*	27.3*	29.2*
PLATELETS	40*	31*	30*

Recent Labs

	02/26/25 0510	02/26/25 0500	02/26/25 0404	02/25/25 2038	02/25/25 1801
NA	138	--	--	--	137
POTASSIUM	3.9	--	--	--	4.0
CL	103	--	--	--	102
CO2	21	--	--	--	21
BUN	8	--	--	--	9
CREATININE	0.5	--	--	--	0.6
GLUCOSE	103*	100*	127*	< >	85
CA	8.0*	--	--	--	8.2*
MG	2.4	--	--	--	--
PHOS	2.4	--	--	--	2.6

< > = values in this interval not displayed.

Imaging Studies: reviewed

Hospital Problems

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Electronically signed by: Ashok Kumar Ammula, MD, 2/26/2025 7:19 AM

Page via Match MD or Epic secure chat.

ED to Hosp-Admission (Discharged) on 2/17/2025

Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:31 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Kuhn, Meghan L, SLP
Speech Pathologist
Speech Therapy

Progress Notes  
Signed

Date of Service: 02/26/25 0707

Signed

SPEECH THERAPY

Patients Name: Diane Crisp

Patient is not medically appropriate for speech therapy at this time due to ongoing need for continuous bipap. Chart will be monitored to determine appropriate time to initiate evaluation and treatment. Please contact ext 6277 with any questions.

2/26/2025, 7:07 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:31 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Apapa, Jayeola G, RN
Registered Nurse
Nursing

Care Plan
Signed

Date of Service: 02/26/25 0143

Signed

Problem: Pressure Ulcer
Goal: Absence of infection signs and symptoms
Outcome: Progressing

Problem: Pain - Acute
Goal: Communication of presence of pain
Outcome: Progressing

Problem: Skin Integrity - Impaired
Goal: Decrease in wound size
Outcome: Not Progressing

Goal: Skin integrity intact
Outcome: Not Progressing

Problem: Pressure Ulcer
Goal: Pressure ulcer healing
Outcome: Not Progressing

ED to Hosp-Admission (Discharged) on 2/17/2025

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:31 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Apapa, Jayeola G, RN
Registered Nurse
Nursing

Nursing Note  
Signed

Date of Service: 02/26/25 0141

Signed

CGM Validation:

23:15 PM - POC blood sugar- 73 and CGM reading- 79. Within protocol parameters of <20 mg/dL difference from the POC when the glucose is <100 mg/dL..

Electronically signed by: Jayeola G Apapa, RN, 2/25 23:15 PM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:31 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Bair, Mariah E, OTR/L
Occupational Therapist
Occupational Therapy

Progress Notes  
Signed

Date of Service: 02/25/25 1643

Signed

OCCUPATIONAL THERAPY ATTEMPT 2/25/2025

Patient Information:

Patients Name: Diane Crisp

Therapy not performed secondary to: Pt not medically appropriate at this time. Therapy will continue to follow Patient, and will check back as scheduling permits and when medically stable.

Thank you for allowing me to participate in the care of Diane Crisp. Please contact me with any questions.

Signature: Mariah E Bair, OTR/L, 2/25/2025, 4:43 PM

ED to Hosp-Admission (Discharged) on 2/17/2025

Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:31 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Dehaven, Joy, RN
Registered Nurse
Nursing

Care Plan
Signed

Date of Service: 02/25/25 1309

Signed

Problem: Pain - Acute

Goal: Communication of presence of pain

Outcome: Progressing

Problem: Injury - Risk of, Physical Restraints

Goal: Absence of physical restraint indications

Outcome: Progressing

Problem: Infection Risk, Central Venous Catheter-Associated

Goal: Absence of infection signs and symptoms

Description: For patients undergoing CVC insertion (eg, adult patients at higher risk for central line-associated bloodstream infection or at increased risk for severe consequences from a central line-associated bloodstream infection), consider the use of antimicrobial-impregnated or antimicrobial-coated CVCs.

Outcome: Progressing

ED to Hosp-Admission (Discharged) on 2/17/2025

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:31 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Chambers, Steven Lawrence, MD
Physician
Medical ICU

Medical Staff Progress Note  
Signed

Date of Service: 02/25/25 1152

Signed

Pulmonary & Critical Care Medicine



Pulmonary & Critical Care
CONSULTANTS, INC.

MIAMI VALLEY HOSPITAL
Patient Name: Diane Crisp

65-year-old female admitted for severe encephalopathy and acute renal failure and with hyperkalemia. Patient has been on CRRT. Remains off mechanical ventilation. Patient is lethargic, somnolent.

Date: 2/25/2025

IMPRESSION:

Acute metabolic encephalopathy
Acute kidney injury with chronic kidney disease stage III on CRRT and improving
Sepsis with probable urinary source
Atrial fibrillation with controlled ventricular rate
Thrombocytopenia
CKD stage III due to hypertension
Anemia of chronic disease likely due to the chronic kidney disease.
History of CVA
Hypoglycemia with confusion on admission
Hypertensive renal disease.
Body mass index is 25.76 kg/m².

DISCUSSION & PLAN:

Vomited yesterday but no further episodes, now on significant oxygen requirement. has been on heated high flow on facemask with worsening arterial blood gas with pH now 7.218. Patient is limited code cannot intubate patient. Did not tolerate nasal heated high flow and has been on facemask heated high flow which loses some of its benefit. Will attempt BiPAP for now although it is concerning after she had significant vomiting this morning. Chest x-ray appears to show more atelectasis possible infiltrate from the vomiting.

Hemodynamically unstable now with low blood pressure had to decrease volume removal from CRRT and giving fluid bolus. Again according to her CODE STATUS cannot be placed on pressors.

Family is aware of her prognosis.

F/U For: See above

SUBJECTIVE:

Noncommunicative

OBJECTIVE:**Vitals-**

Temp: 97.5 °F (36.4 °C) (02/25/25 0800)	Temp Avg: 96 °F (35.6 °C) Min: 94.1 °F (34.5 °C) Max: 97.6 °F (36.4 °C)	BP: 110/71 (02/25/25 1100)	Pulse: 92 (02/25/25 1100)	Resp: 19 (02/25/25 1100)	SpO2: 100 % (02/25/25 1100)
--	---	-------------------------------	------------------------------	--------------------------------	--------------------------------

Exam-

GENERAL -well-developed, well-nourished ill-appearing somnolent/lethargic female appearing older than her stated age

HEENT -normocephalic, atraumatic, mucous membranes moist, extraocular movement intact, anicteric

CHEST/RESPIRATORY -diffuse rhonchi

CARDIAC - Regular rate and rhythm/rate controlled

ABDOMEN - Soft, non-tender, + BS

SKIN -warm and dry, no rash

EXTREMITIES - No clubbing, cyanosis, trace to 1+ pedal edema

NEUROLOGICAL - alert, moves all extremities

DIAGNOSTIC EVAL / INTERVENTIONS:**LABS REVIEWED:**

COVID-19

SARS COV2 RNA, QL REAL TIME RT PCR (no units)

Date	Value	Status
02/17/2025	Not Detected	Final

CBC W/Diff

Recent Labs

	02/25/25 0501	02/24/25 1144	02/24/25 0313
WBC	12.1*	< >	21.5*
HEMOGLOBIN	10.3*	< >	12.9
HEMATOCRIT	29.7*	< >	37.6
PLATELETS	23*	< >	40*
MCV	95.8	< >	97.2
MCH	33.2	< >	33.3
MCHC	34.7	< >	34.3
RDW	19.5*	< >	19.3*
NRBC	1*	< >	1*
MPV	--	--	13.6*

< > = values in this interval not displayed.

CMP

Recent Labs

	02/25/25 0924	02/25/25 0501
NA	--	140
POTASSIUM	--	3.8
CL	--	105
CO2	--	24
GLUCOSE	78	87
BUN	--	14
CREATININE	--	0.9
CA	--	8.2*
ALB	--	2.8*

ABG

Recent Labs

	02/25/25 0501
PH	7.420
PCO2	42.1
PO2	115.0*
O2SAT	99.3*
BE	2.5
HCO3	27.3*

CARDIAC ENZYMES No results for input(s): "CK1", "CKMB", "INDINT", "MBI", "TROP" in the last 36 hours. MB ADD ON No results for input(s): "MBI" in the last 36 hours.

PT/APTT No results for input(s): "PROA", "PT", "PTTA", "PTT" in the last 36 hours.

CULTURES, BLOOD No results found for this or any previous visit (from the past 36 hours).

CULTURES, SPUTUM No results found for this or any previous visit (from the past 36 hours).

CULTURES, URINE No results found for this or any previous visit (from the past 36 hours).

INR No results for input(s): "INR" in the last 36 hours.

LACTIC ACID, SERUM No results for input(s): "LACT" in the last 36 hours.

IMAGING STUDIES; ACTUAL FILMS REVIEWED:

Chest x-ray reviewed both films report with smaller lung volumes than her baseline, atelectasis or infiltrate right lower lung. Could represent aspiration. Reviewed both films and report agree with findings.

OTHER STUDIES:

albuterol, 2.5 mg, Q4H (RT)
sodium chloride, 4 mL, BID
vitamin D, B, iron and minerals, 1 Tab, Daily
fludrocortisone, 0.1 mg, Daily
insulin lispro, 1-9 Units, Q4H
midodrine, 10 mg, Q8H
levothyroxine, 50 mcg, Daily
saline flush, 10 mL, Q12H
polyethylene glycol, 1 Packet, Daily
folic acid, 1 mg, Daily

INTAKE/OUTPUT:

I/O last 3 completed shifts:

In: 1160.3 [I.V.:656.3; Other:30; Enteral:474]

Out: 3263 [Urine:325; Other:2288; Enteric:650]

Critical Care time: 32 min

Reviewed Chart

Reviewed Medications

Reviewed Labs and Studies

Reviewed other Physicians notes

Discussed with nursing, RT

Signature: Steven L. Chambers, MD

Pager: 635-0514

For ICU NP please call 937-789-8098 / 937-789-8411

For Pulmonary consult NP please call 937-475-8469

For urgent consultations & after 6 pm on weekdays and weekends, please page on call physician - 937-334-5999

ED to Hosp-Admission (Discharged) on 2/17/2025

Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Spires, Sheryl L, APRN
Nurse Practitioner
Palliative Care

Consults  
Cosign Needed

Date of Service: 02/25/25 0958

Cosign Needed

Ohio's Hospice, Palliative and Supportive Care Consult Note

MIAMI VALLEY HOSPITAL

Palliative Medicine Consult: 2/25/2025**Patient Name:** Diane Crisp DOB: 9/1/1959**Palliative Care Consult request by:** Dr. Sulabha R Dange**Reason for consultation:** Medical Decision Making/Goals Of Care**Location where patient was seen:** 4512/4512-A**Inpatient LOS:** 8**This patient was most recently admitted and discharged from:****MVH NW5 on 1/5/24 to DC Xfer to Skilled nursing facility (Medicare/Medicaid) (DC SNF)**

IMPRESSION/PLAN

Impression: Diane Crisp is a 65 year old female with pmhx of hypertensive kidney disease, GERD, CVA with residual deficits, hypertension, hypothyroidism, and hyperlipidemia who presented to the hospital on 2/17/2025 with lethargy, hypoglycemia (BGL 31) and hypotension (88/51), hypoxia and hypothermia.

Hospital course complicated by:

- Acute on chronic kidney injury with serum creatinine of 5.2
- Hyperkalemia with potassium of 7.3, WBCs of 21.4, Troponin of 60
- Altered mental status d/t metabolic encephalopathy
- Severe sepsis with septic shock
- Sacral dermal pressure injury, stage 2
- Right Buttock dermal pressure injury, stage 2

Palliative care team consulted for Medical Decision Making/Goals Of Care

MDM/GOC

- Ability to process/understand medical decision making: At the time of my evaluation, I do believe this patient has the ability to engage in complex medical decision making discussions and make complex medical decisions.

- AD/Proxy Decision Maker: No AD in paper chart or EMR. Priority Decision makers are brother, Kendall Crisp (928-256-7180) and relative Shirley Crisp (937-241-3483)

- Code Status Post Consult: LTM (No chest compressions, No defibrillation, no intubation, no mechanical ventilation). Code status updated in EMR by physician on 2/24/2025 with patient/family's permission and at their request

- **Summary of Discussion 2/25/2025:** We discussed clinical condition, hospital course, prognosis, and treatment options in relation to patient/family's expressed values, priorities and goals.

- Examined patient at bedside. She is awake, eyes open. She is unable to speak due to need for CPAP/BiPap at 70L of oxygen. Patient able to shake her head "yes" or "no" to questions but is very unlikely she is decisional for complex medical situations.
- Patient nodded her head "yes" to if she could hear and understand me. Nodded "no" to did she understand why she was in the hospital and what is going on. Nodded no when asked if she wanted the doctors to continue with the current treatments such as the breathing assistance and the CRRT for her kidney problems. When asked if she wanted to focus more on her comfort, she did not respond.
- Pt has no husband and no children. Parents are deceased. She has three living siblings; a brother Kendall listed as a contact person in chart. He lives in AZ and has not seen or talked to his sister in 30 years. There is another sister in AZ who lives in a nursing home and another sister who lives in Texas. Kendall states none of them have talked to each other in 30 years.
- Patient has a sister in law who helps with her care and lives locally, Shirley Crisp. However she does not have any HCPOA paperwork. Kendall is willing to help if need be. There is also a niece and a nephew who are blood relatives. Niece and nephew live in Ohio.
- Sister in law Shirley understands that she is not legal next of kin but perhaps the siblings who can be contacted and the niece and nephew would be open to input from Shirley since she is the one here and has been helping with her care. Shirley Crisp is the step mother of the niece and nephew.
- Medical Team and social work/case management updated with next of kin and contact information as much as we know at this time.
- Palliative Care will continue to follow.

At this time, patient remains LTM with no chest compressions, no defibrillation, no intubation, no mechanical ventilation.

Thank you for consulting our team in the care of this patient. We will continue to follow along and assist in GOC discussions.

Emotional support and active listening provided to our patient and family as important decisions are being made regarding goals and priorities of care

Discussed with RN, physicians, social work and other treatment team members. Please do not hesitate to page palliative care at 937-334-4007 with any needs.

Time in: 11:00 am. Time out: 12:15 am.

HPI:

Diane Crisp is a 65 year old female with pmhx of hypertensive kidney disease, GERD, CVA with residual deficits, hypertension, hypothyroidism, and hyperlipidemia who presented to the hospital on 2/17/2025 with lethargy, hypoglycemia (BGL 31) and hypotension (88/51), hypoxia and hypothermia.

On evaluation at bedside, patient is on air mattress, BiPap in place, eyes open, fatigued. Denies pain. Does not appear in acute distress.

OARRS reviewed if applicable.

I have personally reviewed all of the EMR-populated past history fields that appear below and

have addressed them with the patient/family to the farthest extent possible.

Patient Active Problem List

Diagnosis

- Hypertension
- Cerebral infarction ()
- Chronic anemia
- Folic acid deficiency
- Postmenopausal
- Renal insufficiency
- Hyperlipidemia
- History of CVA (cerebrovascular accident)
- CKD (chronic kidney disease) stage 2, GFR 60-89 ml/min
- Abnormal EKG
- PUD (peptic ulcer disease)
- S/P total knee arthroplasty, left
- Acute renal failure (HC CODE)
- Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)
- Obesity, Class II, BMI 35-39.9, no comorbidity
- Muscle weakness of lower extremity
- GI bleed
- GBS (Guillain Barre syndrome) (HC CODE)
- Disease of spinal cord, unspecified (HC CODE)
- Mild pulmonary hypertension (HC CODE)
- Paroxysmal tachycardia, unspecified (HC CODE)
- History of stroke with residual deficit
- AKI (acute kidney injury) (HC CODE)
- Hypoglycemia
- AMS (altered mental status)

PMH:

Past Medical History:

Diagnosis

- | | Date |
|--|------------|
| • Acute blood loss anemia | 07/11/2018 |
| • Fall | 12/20/2023 |
| • Folic acid deficiency | |
| • History of hemorrhagic cerebrovascular accident (CVA) without residual deficits | 06/2001 |
| <i>Hemorrhagic CVA x2: Rt Frontoparietal Hemorrhagic Stroke 6/2001 followed by Rt Parietal Hemorrhagic Stroke 7/2006. Both were thought to be due to uncontrolled Htn...No residual deficits</i> | |
| • History of hemorrhagic cerebrovascular accident (CVA) without residual deficits | 07/2006 |
| <i>Hemorrhagic CVA x2: Rt Frontoparietal Hemorrhagic Stroke 6/2001 followed by Rt Parietal Hemorrhagic Stroke 7/2006. Both were thought to be due to uncontrolled Htn...No residual deficits</i> | |
| • History of ischemic stroke without residual deficits | 10/2013 |
| <i>Left Corona Radiata Ischemic CVA 10/2013. Thought to be due to uncontrolled Htn</i> | |
| • Hypercholesterolemia | |
| <i>Cardiologist: Ahmad Abdul-Karim, MD</i> | |
| • Hyperpotassemia | 08/11/2020 |

- Hypertension
Cardiologist: Ahmad Abdul-Karim, MD
 - Iron deficiency anemia
pt said last IV iron infusion was approx in 2016. Heme-Onc: Satheesh Kathula, MD
 - LVH (left ventricular hypertrophy) due to hypertensive disease
Cardiologist: Ahmad Abdul-Karim, MD
 - Postmenopausal
 - Preop exam for internal medicine
 - PUD (peptic ulcer disease)
- Admitted 6/19-6/21/18 for Acute on Chronic Iron Deficiency Anemia due to Upper GI Bleed from PUD (presumed to be NSAID induced). EGD 6/20/18 showed pyloric stenosis from PUD with gastric outlet obstruction. GI: Michael Gorsky, MD*
- Thrombocytosis (Chronic)
Thought to be related to Iron def (improves with IV Iron). Heme-Onc: Satheesh Kathula, MD
- 06/19/2018

PSH:

Past Surgical History:

Procedure	Laterality	Date
• Carpal Tunnel Release <i>bilateral</i>		
• Colonoscopy <i>COLONOSCOPY performed by Musleh, Mustafa N, MD at MVH ENDOSCOPY</i>	N/A	12/27/2023
• CUBITAL TUNNEL RELEASE <i>right ulnar nerve sx</i>		
• Esophagogastroduodenoscopy <i>ESOPHAGOGASTRODUODENOSCOPY performed by Sandhir, Sanjay, MD at MVS ENDOSCOPY</i>	N/A	06/20/2018
• Esophagogastroduodenoscopy With Biopsy <i>ESOPHAGOGASTRODUODENOSCOPY WITH BIOPSY performed by Sharma, Kanan, MD at MVH ENDOSCOPY</i>	N/A	01/06/2024
• PACU OFFSITE RECOVERY <i>PACU OFFSITE RECOVERY performed by Generic, Periopsvcs at MVH MAIN OR</i>	N/A	10/25/2013
• TOTAL KNEE ARTHROPLASTY <i>TOTAL KNEE ARTHROPLASTY performed by Lawless, Matthew W, MD at MVS SOUTH OR</i>	Left	07/10/2018

Medications:

Scheduled meds:

albuterol, 2.5 mg, Q4H (RT)
 sodium chloride, 4 mL, BID
 vitamin D, B, iron and minerals, 1 Tab, Daily
 fludrocortisone, 0.1 mg, Daily
 insulin lispro, 1-9 Units, Q4H
 midodrine, 10 mg, Q8H
 levothyroxine, 50 mcg, Daily
 saline flush, 10 mL, Q12H
 polyethylene glycol, 1 Packet, Daily
 folic acid, 1 mg, Daily

Continuous infusions:

Phoxillium BK 4/2.5, Last Rate: 1,000 mL/hr at 02/25/25 0855
 Replacement Solution 4/2.5 - Post Filter PURPLE Scale, Last Rate: 200 mL/hr (02/25/25 0807)

Replacement Solution 4/2.5 - Pre White Scale
diltiazem, Last Rate: 10 mg/hr (02/25/25 0400)
NaCl 0.9%, Last Rate: 1,000 mL (02/21/25 1502)

PRN meds:

NaCl, 2,000 mL, PRN
heparin, 5,000-20,000 Units, To Critical Care-PRN
NaCl, 2,000 mL, PRN
heparin, 5,000-20,000 Units, To Critical Care-PRN
magnesium sulfate in water, 2 g, PRN
sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB, 10 mmol, PRN
sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB, 20 mmol, PRN
NaCl, 300 mL, To Dialysis-PRN
saline flush, 10 mL, To Dialysis-PRN
heparin, 5,000 Units, To Dialysis-PRN
albumin, human, 25 g, To Dialysis-PRN
dextrose, 15 g Carb, PRN
dextrose 50 % in water (D50W), 5-12.5 g, PRN
glucagon, 1 mg, PRN
saline flush, 10 mL, PRN
NaCl 0.9%, 1,000 mL, Continuous PRN
acetaminophen, 650 mg, Q4H PRN
Or
acetaminophen, 650 mg, Q4H PRN
lidocaine (PF), 5 mL, Once PRN
ondansetron, 4 mg, Q6H PRN
Or
ondansetron, 4 mg, Q6H PRN

(Meds that have been ordered and completed are not included above)

Allergies:

No Known Allergies

SH:**Social History****Socioeconomic History**

- Marital status: Single
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use: No
- Alcohol/week: 0.0 standard drinks of alcohol

- Drug use: No
- Sexual activity: Not Currently Concern
- Other Topics
 - Not on file
- Social History Narrative
 - Not on file

Social Drivers of Health

Financial Resource Strain: Not on file

Food Insecurity: Patient Unable To Answer (2/24/2025)

Hunger Vital Sign

- Worried About Running Out of Food in the Last Year: Patient unable to answer
- Ran Out of Food in the Last Year: Patient unable to answer

Transportation Needs: No Transportation Needs (1/6/2024)

PRAPARE - Transportation

- Lack of Transportation (Medical): No
- Lack of Transportation (Non-Medical): No

Physical Activity: Inactive (1/6/2024)

Exercise Vital Sign

- Days of Exercise per Week: 0 days
- Minutes of Exercise per Session: 0 min

Stress: Not on file

Social Connections: Not on file

Intimate Partner Violence: Not At Risk (1/6/2024)

Humiliation, Afraid, Rape, and Kick questionnaire

- Fear of Current or Ex-Partner: No
- Emotionally Abused: No
- Physically Abused: No
- Sexually Abused: No

Recent Concern: Intimate Partner Violence - At Risk (12/18/2023)

Humiliation, Afraid, Rape, and Kick questionnaire

- Fear of Current or Ex-Partner: Yes
- Emotionally Abused: Yes
- Physically Abused: Yes
- Sexually Abused: Yes

Housing Stability: Low Risk (1/6/2024)

Housing Stability Vital Sign

- Unable to Pay for Housing in the Last Year: No
- Number of Places Lived in the Last Year: 1
- Unstable Housing in the Last Year: No

FH:

Family History

Problem	Relation	Name	Age of Onset
• Heart Disease <i>CAD</i>	Father		
• COPD <i>smoker</i>	Father		
• Hypertension	Mother		
• Diabetes	Mother		
• Stroke	Mother		

• Breast Cancer	Paternal Aunt
• No Known Problems	Sister
• Cancer	Brother
<i>esophageal</i>	
• No Known Problems	Sister
• Cerebral Palsy	Brother
• No Known Problems	Brother
• Anesthesia Problems	Neg Hx

Review of Systems:

Review of Systems

Unable to perform ROS: Severe respiratory distress (On CPAP/BIPAP, 70 L. Unable to speak at this time.)

Exam:

Vital Signs:

Temp: 97.5 °F (36.4 °C) (02/25/25 0800)	Temp Avg: 96 °F (35.6 °C) Min: 94.1 °F (34.5 °C) Max: 97.6 °F (36.4 °C)	BP: 106/63 (02/25/25 0900)	Pulse: 96 (02/25/25 0900)	Resp: 19 (02/25/25 0900)	SpO2: 99 % (02/25/25 0900)
--	--	----------------------------	---------------------------	--------------------------	----------------------------

I/O:

Intake/Output Summary (Last 24 hours) at 2/25/2025 0958
Last data filed at 2/25/2025 0900

Gross per 24 hour	
Intake	686.28 ml
Output	2776 ml
Net	-2089.72 ml

Last Bowel Movement: 02/23/25 (per chart) (02/24/25 1930)

Body mass index is 25.76 kg/m².

Wt Readings from Last 3 Encounters:

02/24/25	63.9 kg (140 lb 14 oz)
04/03/24	62.1 kg (137 lb)
02/21/24	68 kg (150 lb)

Last Bowel Movement: 02/23/25 (per chart) (02/24/25 1930)

Weight: 63.9 kg (140 lb 14 oz) (02/24/25 0600)

Physical Exam

Vitals and nursing note reviewed.

Constitutional:

General: She is not in acute distress.

Appearance: She is normal weight. She is **ill-appearing**.

HENT:

Head: Normocephalic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose:

Comments: **Mask in place. Cannot assess.**

Mouth/Throat:

Comments: **Mask in place. Unable to assess**

Eyes:

Conjunctiva/sclera: Conjunctivae normal.

Neck:

Comments: **Unable to assess**

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulses: Normal pulses.

Pulmonary:

Effort: **Respiratory distress** present.

Comments: **CPAP/BIPAP 70 L per mask. Diminished breath sounds through out [particularly bilateral bases]**

Abdominal:

General: Bowel sounds are normal.

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Genitourinary:

Comments: **Foley. CRRT in progress.**

Musculoskeletal:

Right lower leg: No edema.

Left lower leg: No edema.

Skin:

Findings: **Bruising** present.

Comments: **Warming blanket in place. Bruising and erythema bilateral upper extremities**

Neurological:

Motor: **Weakness** present.

Comments: **Unable to determine orientation.**

Psychiatric:

Behavior: Behavior normal.

Comments: **Sitter at bedside. Mood appropriate for situation. Unable to determine judgment or thought content**

LabsCBC/PT/INR/PTT

Lab Results
Component

Value Date

Basic Metabolic Panel

Lab Results
Component

Value Date

	WBC	12.1 (H)	02/25/2025	NA	140	02/25/2025
	HEMOGLOBIN	10.3 (L)	02/25/2025	NA	141	08/21/2023
	HEMATOCRIT	29.7 (L)	02/25/2025	NA	138	07/11/2018
	PLATELETS	23 (L)	02/25/2025	POTASSIUM	3.8	02/25/2025
INR/Prothrombin Time				POTASSIUM	4.5	08/21/2023
				CL	105	02/25/2025
				CL	110	08/21/2023
				CO2	24	02/25/2025
				CO2	15	08/21/2023
				GLUCOSE	78	02/25/2025
				GLUCOSE	87	02/25/2025
				GLUCOSE	86	02/25/2025
				GLUCOSE	79	08/21/2023
				BUN	14	02/25/2025
				BUN	18	08/21/2023
				CREATININE	0.9	02/25/2025
				CREATININE	1.3	08/21/2023
				CA	8.2	02/25/2025
				CA	10.3	08/21/2023
LFTs						
HEPATIC PANEL						
Lab Results						
Component	Value	Date				
AST	63	02/18/2025				
AST	29	11/22/2016				
ALT	61	02/18/2025				
ALT	30	11/22/2016				
ALKP	250	02/18/2025				
ALKP	91	11/22/2016				
TBIL	0.4	02/18/2025				
TBIL	0.3	11/22/2016				
ALB	2.8	02/25/2025				
ALB	3.2	12/11/2023				
DBIL	0.3	02/18/2025				
DBIL	0.1	11/22/2016				
TP	4.4	02/18/2025				
TP	7.5	11/22/2016				

Radiology

Reviewed applicable MRI/CT/Xray scans

Yes. CXR indicates, IMPRESSION:

1. New hazy perihilar and basilar parenchymal opacities suspicious for pulmonary edema with superimposed atelectasis or pneumonia not definitively excluded.
2. Small to moderate-sized pleural effusions bilaterally.

Palliative Care Additional information**Advanced Directive:**

Durable Power of Attorney: None
Living Will: None

Electronically signed by: Sheryl L Spires, APRN, 2/25/2025 9:58 AM

ED to Hosp-Admission (Discharged) on 2/17/2025

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:31 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Kuhn, Meghan L, SLP
Speech Pathologist
Speech Therapy

Progress Notes  
Signed

Date of Service: 02/25/25 0913

Signed

MIAMI VALLEY HOSPITAL
1 WYOMING ST
DAYTON OH 45409
937-208-8000

SPEECH PATHOLOGY ATTEMPT

Patient Information:

Patient's Name: Diane Crisp

Date of Birth: 9/1/1959

MRN: 096-67-27-70

Acct#: 164122416

Admission Date: 2/17/2025

Admitting Diagnosis: AMS (altered mental status) [R41.82]

Evaluation / Therapy was attempted 2/25/2025, 9:13 AM.

Evaluation / Therapy not performed secondary to: Patient requiring continuous bipap. ST will continue to monitor and plan to re-attempt within ~24 hours.

Thank you for allowing me to participate in the care of Diane Crisp. Please contact me with any questions.

Signature: Meghan L Kuhn, SLP, 2/25/2025, 9:13 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
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Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Ammula, Ashok Kumar, MD
 Physician
 Nephrology

Date of Service: 02/25/25 0753

Medical Staff Progress Note  
 Signed

Signed

*Mark D. Oxman, D.O. FACP
 Jeffrey J. Kaufhold, M.D., FACP
 Jennifer L. Jackson, D.O., FACP
 Chukwuma E. Eze, M.D., FASN, FASDIN
 Ashok K. Ammula, M.D.
 Shashikant R. Patel, M.D.*



*Swe Zin Mar Winhtut Oo, M.D.
 Jamie E. Long, MS, RN, APRN
 Vanessa Ratcliff MS, RN, APRN
 Esther Bassaw MS, RN, APRN
 Chloe Hammond, MS, RN, APRN
 Kimberly Wallace, MS, RN, APRN*

MIAMI VALLEY HOSPITAL

Renal Progress Note

2/25/2025

Patient Name: Diane Crisp DOB: 9/1/1959

Subjective

F/up for AKI requiring CRRT. Admitted with sepsis/respiratory failure. Treated for possible Pneumonia
 Off pressors. On BIPAP with 80% Fio2. Tolerating UF on CRRT

Assessment

Acute renal failure .Oliguric. Requiring CRRT. No obstruction. U/a suggestive of a UTI on admission.

CKD 3 due to HTN with baseline creat 1.5- 1.7

Saw Dr Oo in past

Sepsis/Resp failure

Volume overload. Net 8 L positive

Thrombocytopenia. ? Due to sepsis. No active bleeding. No DVTs. Receiving heparin catheter lock

Anemia of CKD and history of GI bleed

History of stroke

Plan

Code status is now LTM. No plans for pressors/re-intubation

Continue CRRT for UF if family is OK

Change dialysate to Phoxillium

Current Meds:

albuterol (PROVENTIL) 2.5 mg /3 mL (0.083 %) inhalation solution 2.5 mg 2.5 mg Inhalation Q4H (RT); sodium chloride 7% for nebulization 4 mL 4 mL Inhalation BID; vitamin D, B, iron and minerals (PRORENAL) tab 1 Tab 1 Tab Oral Daily; fludrocortisone (FLORINEF) tablet 0.1 mg 0.1 mg Oral Daily; insulin lispro (HumaLOG) injection 1-9 Units 1-9 Units Subcutaneous Q4H; midodrine (PROAMATINE) tablet 10 mg 10 mg Oral Q8H; levothyroxine (SYNTHROID) tablet 50 mcg 50 mcg Oral Daily; saline flush 10 mL IV Push Q12H; polyethylene glycol (MIRALAX) packet 17 g 1 Packet Oral Daily; folic acid (FOLATE) tablet 1 mg 1 mg Oral Daily

Infusions:

Phoxillum BK 4/2.5 Dialysate Flow Solution - Green Scale; PrismaSOL BGK 4/2.5 Replacement Solution - Post Filter Purple Scale; PrismaSOL BGK 4/2.5 Replacement Solution - Pre White Scale; diltiazem (CARDIZEM) 125 mg in 0.9% NaCl 125 ml addEASE Last Rate: 10 mg/hr (02/25/25 0400); NaCl 0.9% 1,000 mL Last Rate: 1,000 mL (02/21/25 1502)

PRN Meds:

- NaCl 0.9 % 2,000 mL
- heparin catheter solution 5,000-20,000 Units
- NaCl 0.9 % 2,000 mL
- heparin catheter solution 5,000-20,000 Units
- magnesium sulfate 2 g/50 ml SW IVPB
- sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB
- sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB
- NaCl 0.9 % 300 mL
- saline flush
- heparin injection 5,000 Units
- albumin, human 25 % IV soln 25 g
- dextrose (GLUTOSE) gel 15 g Carb
- dextrose 50 % in water (D50W) intravenous syringe 5-12.5 g
- glucagon injection 1 mg
- saline flush
- NaCl 0.9% 1,000 mL
- acetaminophen (TYLENOL) tablet 650 mg **OR** acetaminophen (TYLENOL) suppository 650 mg
- lidocaine (PF) 1 % (10 mg/mL) injection 5 mL
- ondansetron (ZOFTRAN ODT) RAPID DISSOLVING tablet 4 mg **OR** ondansetron (ZOFTRAN) injection 4 mg

Objective**Vital Signs:**

Temp: 97.6 °F (36.4 °C) (02/25/25 0400)	Temp Avg: 95.2 °F (35.1 °C) Min: 92.4 °F (33.6 °C) Max: 97.6 °F (36.4 °C)	BP: 108/73 (02/25/25 0600)	Pulse: 94 (02/25/25 0700)	Resp: 16 (02/25/25 0700)	SpO2: 97 % (02/25/25 0700)
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I/O last 3 completed shifts:

In: 1160.3 [I.V.:656.3; Other:30; Enteral:474]

Out: 3263 [Urine:325; Other:2288; Enteric:650]

Admission: Weight: 62.1 kg (136 lb 14.5 oz) (02/17/25 1604)

Most recent: Weight: 63.9 kg (140 lb 14 oz) (02/24/25 0600)

Base/Dry Weight: (N/A. New acute)

Exam

Awake/on BIPAP

No icterus

R IJ HD catheter

1+ arm and leg edema

Small amount of clear urine in foley

Recent Labs

	02/25/25 0501	02/25/25 0059	02/24/25 1144
WBC	12.1*	10.2	13.0*
HEMOGLOBIN	10.3*	11.1*	13.2
HEMATOCRIT	29.7*	32.0*	39.9
PLATELETS	23*	23*	31*

Recent Labs

	02/25/25 0501	02/25/25 0500	02/25/25 0459	02/25/25 0309	02/25/25 0059	02/24/25 1953	02/24/25 1728	02/24/25 1233	02/24/25 1144
NA	140	--	--	--	--	--	137	--	--
POTASSIUM	3.8	--	--	--	--	--	3.5	--	--
CL	105	--	--	--	--	--	102	--	--
CO2	24	--	--	--	--	--	24	--	--
BUN	14	--	--	--	--	--	20	--	--
CREATININE	0.9	--	--	--	--	--	1.1	--	--
GLUCOSE	87	86	80	< >	--	< >	84	< >	--
CA	8.2*	--	--	--	--	--	8.0*	--	--
MG	--	--	--	--	2.1	--	--	--	2.1
PHOS	1.6*	--	--	--	--	--	2.1	--	--

< > = values in this interval not displayed.

Imaging Studies: reviewed

Hospital Problems

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Electronically signed by: Ashok Kumar Ammula, MD, 2/25/2025 7:53 AM
Page via Match MD or Epic secure chat.

ED to Hosp-Admission (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
 03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:31 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Dange, Sulabha R, MD
Physician
Hospitalist

Medical Staff Progress Note ! ❤
Signed

Date of Service: 02/25/25 0749

Signed**MIAMI VALLEY HOSPITAL HOSPITALIST GROUP**

Hospitalist Progress Note

2/25/2025

Patient Identifier/Hospitalist

Patient: Diane Crisp; **DOB** 9/1/1959*I saw and examined the patient on 2/25/2025 at 7:50 AM in 4512/4512-A.***Hospitalist:** Sulabha R Dange, MD
Cell: (937) 414-4381

Disposition/Assessment and Plan

Disposition: Likely to ECF in 1-2 days.**Reason to continue hospitalization:** Clearance by specialists, medical optimization.

Assessment/Plan:

Diane Crisp is a 65 year old female, PMH HTN, HLP, GERD presented with lethargy. Noted to be markedly hypoglycemic with glucose of 31, markedly hypotensive and hypoxic, workup noted acute renal failure, hyperkalemia, leukocytosis and elevated but nontrending troponins, CT imaging indicated left lung infiltrate PNA versus aspiration, also acute metabolic encephalopathy—she was admitted for the management of these problems.

Sepsis due to pneumonia, UTI with septic shock as well as acute sepsis-related organ dysfunction, acute hypoxic respiratory failure as evidenced by SPO2 < 89% on RM air. Present on Admission (POA). Needed intubation—now extubated.

Also acute kidney injury, acute metabolic encephalopathy. Hypotension requiring vasopressors and need for critical services earlier.

Respiratory cultures—multiple microbes.

Urine cultures—for pathogens—suggestive of contamination. MRSA negative.

S/p ID eval. Completed antibiotics course—Zosyn. Received steroids earlier.

Updated CXR today 2/24/2025 — new hazy perihilar and basilar parenchymal opacities—? Pulm edema, superimposed pneumonia.

Patient currently needing 70 L of oxygen by mask CPAP/BiPAP.

AKI with CKD stage III—nephrology on board and on CRRT—renal functions have improved considerably with creatinine of 0.9 and GFR of 71.

Patient with noted hypertensive renal disease. Home antihypertensives currently on hold due to earlier noted hypotension needing vasopressors..

Anemia of chronic disease—likely 2/2 CKD. Hb is currently stable at 10.3.

Marked thrombocytopenia—? 2/2 sepsis, platelets at 23K. No active bleeding reported from any site.

Hypoglycemia with confusion—POA now resolved.

Atrial fibrillation—rate is well-controlled.

Continue management of hyperlipidemia, hypothyroidism, GERD.

Elevated but nontrending troponins—in the setting of above likely 2/2 demand ischemia. No concern for ACS.

History of CVA.

Dysphagia- speech/swallow evaluation could not be done due to continued need for BiPAP.

Hospital day# 8

DVT Prophylaxis: SCDs.

Code Status: Orders Placed This Encounter

Limited Treatment Measures

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Medications

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• NaCl 0.9 % 2,000 mL	2,000 mL	Dialysis	PRN	Thiruveedi, Sampath K, MD		2,000 mL at

							02/24/2 5 0051
• heparin catheter solution 5,000-20,000 Units	5,000-20,000 Units	Dialysis	To Critical Care-PRN	Thiruveedi, Sampath K, MD			
• PrismaSOL BGK 4/2.5 Dialysate Flow Solution - Green Scale	800 mL/hr	Dialysis	To Critical Care-Continuous	Thiruveedi, Sampath K, MD	800 mL/hr at 02/24/2 5 2033	800 mL/hr at 02/24/2 5 2033	
• PrismaSOL BGK 2/3.5 Replacement Solution - Post Filter Purple Scale		Dialysis	To Critical Care-Continuous	Thiruveedi, Sampath K, MD	200 mL/hr at 02/25/2 5 0309	New Bag at 02/25/2 5 0309	
• PrismaSOL BGK 4/2.5 Replacement Solution - Pre White Scale	1,000 mL/hr	Dialysis	To Critical Care-Continuous	Thiruveedi, Sampath K, MD	1,000 mL/hr at 02/25/2 5 0646	1,000 mL/hr at 02/25/2 5 0646	
• magnesium sulfate 2 g/50 ml SW IVPB	2 g	Intravenous	PRN	Thiruveedi, Sampath K, MD			Stopped at 02/24/2 5 0800
• sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB	10 mmol	Intravenous	PRN	Thiruveedi, Sampath K, MD			
• sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB	20 mmol	Intravenous	PRN	Thiruveedi, Sampath K, MD	25 mL/hr at 02/25/2 5 0614	20 mmol at 02/25/2 5 0614	
• diltiazem (CARDIZEM) 125 mg in 0.9% NaCl 125 ml addEASE	2.5-15 mg/hr	Intravenous	Continuous	Ebert, Meghan B, APRN	10 mL/hr at 02/25/2 5 0400	10 mg/hr at 02/25/2 5 0400	
• albuterol (PROVENTIL) 2.5 mg /3 mL (0.083 %) inhalation solution 2.5 mg	2.5 mg	Inhalation	Q4H (RT)	Gandhi, Dharmesh V, MD			2.5 mg at 02/25/2 5 0406
• sodium chloride 7% for nebulization 4 mL	4 mL	Inhalation	BID	Gandhi, Dharmesh V, MD			4 mL at 02/24/2 5 1944
• vitamin D, B, iron and minerals (PRORENAL) tab 1 Tab	1 Tab	Oral	Daily	Kaufhold, Jeffrey J, MD			1 Tab at 02/23/2 5 1306
• fludrocortisone (FLORINEF) tablet 0.1 mg	0.1 mg	Oral	Daily	Kaufhold, Jeffrey J, MD			0.1 mg at 02/23/2 5 1435
• NaCl 0.9 % 300 mL	300 mL	Intravenous	To Dialysis-PRN	Kaufhold, Jeffrey J, MD			
• saline flush	10 mL	IV Push	To Dialysis-PRN	Kaufhold, Jeffrey J, MD			
• heparin injection 5,000 Units	5,000 Units	Instill	To Dialysis-PRN	Kaufhold, Jeffrey J, MD			13,500 Units at 02/22/2 5 1733

• albumin, human 25 % IV soln 25 g	25 g	Intravenous	To Dialysis-PRN	Kaufhold, Jeffrey J, MD	60 mL/hr at 02/22/25 1712	25 g at 02/22/25 1712
• dextrose (GLUTOSE) gel 15 g Carb	15 g Carb	Oral	PRN	Walsh, Nicholas T, PA-C		
• dextrose 50 % in water (D50W) intravenous syringe 5-12.5 g	5-12.5 g	IV Push	PRN	Walsh, Nicholas T, PA-C		5 g at 02/24/25 1518
• glucagon injection 1 mg	1 mg	Subcutaneous	PRN	Walsh, Nicholas T, PA-C		
• insulin lispro (HumaLOG) injection 1-9 Units	1-9 Units	Subcutaneous	Q4H	Walsh, Nicholas T, PA-C		1 Units at 02/24/25 0934
• midodrine (PROAMATINE) tablet 10 mg	10 mg	Oral	Q8H	Davis, Deanna Kay, APRN		10 mg at 02/25/25 0510
• levothyroxine (SYNTHROID) tablet 50 mcg	50 mcg	Oral	Daily	Davis, Deanna Kay, APRN		50 mcg at 02/25/25 0510
• saline flush	10 mL	IV Push	PRN	Haque, Nurul, MD		
• saline flush	10 mL	IV Push	Q12H	Haque, Nurul, MD		1 Syringe at 02/24/25 2034
• NaCl 0.9% 1,000 mL	1,000 mL	Intravenous	Continuous PRN	Haque, Nurul, MD	10 mL/hr at 02/21/25 1502	1,000 mL at 02/21/25 1502
• acetaminophen (TYLENOL) tablet 650 mg	650 mg	Oral	Q4H PRN	Haque, Nurul, MD		650 mg at 02/21/25 0909
Or						
• acetaminophen (TYLENOL) suppository 650 mg	650 mg	Rectal	Q4H PRN	Haque, Nurul, MD		
• polyethylene glycol (MIRALAX) packet 17 g	1 Packet	Oral	Daily	Haque, Nurul, MD		17 g at 02/22/25 0859
• folic acid (FOLATE) tablet 1 mg	1 mg	Oral	Daily	Haque, Nurul, MD		1 mg at 02/23/25 0820
• lidocaine (PF) 1 % (10 mg/mL) injection 5 mL	5 mL	Infiltration	Once PRN	Haque, Nurul, MD		
• ondansetron (ZOFTRAN ODT) RAPID DISSOLVING tablet	4 mg	Oral	Q6H PRN	Davis, Deanna Kay, APRN		

4 mg Or					
• ondansetron (ZOFRAN) injection 4 mg	4 mg	IV Push	Q6H PRN	Davis, Deanna Kay, APRN	4 mg at 02/20/2 5 1639

Subjective

The patient resting in bed, not much active response to questions or commands but looks around. Reportedly responded to RN and nephro tech.

Objective Data**I's and O's:**

Intake/Output Summary (Last 24 hours) at 2/25/2025 0750
Last data filed at 2/25/2025 0700

Gross per 24 hour	
Intake	1160.28 ml
Output	3137 ml
Net	-1976.72 ml

Vital Signs:

Temp: 97.6 °F (36.4 °C) (02/25/25 0400)	Temp Min: 92.4 °F (33.6 °C) Min taken time: 02/24/25 0800 Max: 97.6 °F (36.4 °C) Max taken time: 02/25/25 0400	BP: 108/73 (02/25/25 0600)	Pulse: 94 (02/25/25 0700)	Resp: 16 (02/25/25 0700)	SpO2: 97 % (02/25/25 0700)
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Physical Examination:

General: Frail white lady of the stated age, lying in bed. Currently undergoing CRRT and on bipap, also has heating blankets on. VS as outlined in the chart.,. awake, alert, and in no distress
CV: no murmurs or rub; RRR, S1, S2.

PUL: lungs clear to auscultation anteriorly, decreased BS L lateral lung fields.

ABD: Abdomen soft, non-tender.

Lower Extremities: no edema.

Diagnostic Data:**Labs, reviewed:****Recent Results (from the past 24 hours)****POC GLUCOSE**

Collection Time: 02/24/25 9:21 AM

Result	Value	Ref Range
POC Glucose	156 (H)	70 - 99 mg/dL

Scan Result

POC GLUCOSE

Collection Time: 02/24/25 9:22 AM

Result	Value	Ref Range
POC GLUCOSE	152 (A)	70 - 99 mg/dl

POC GLUCOSE

Collection Time: 02/24/25 11:05 AM

Result	Value	Ref Range
POC GLUCOSE	130 (A)	70 - 99 mg/dl

COMPLETE BLOOD COUNT

Collection Time: 02/24/25 11:44 AM

Result	Value	Ref Range
WBC Count	13.0 (H)	3.5 - 10.9 K/uL
RBC	4.00	3.95 - 5.26 M/uL
Hemoglobin	13.2	11.2 - 15.7 g/dL
Hematocrit	39.9	34.0 - 49.0 %
MCV	99.8	80.0 - 100.0 fL
MCH	33.0	26.0 - 34.0 pg
MCHC	33.1	30.7 - 35.5 g/dL
RDW	20.1 (H)	<=15.0 %
Platelet Count	31 (L)	140 - 400 K/uL
MPV		
nRBC	1 (H)	<=0 /100 WBCs

Scan Result

MAGNESIUM, SERUM

Collection Time: 02/24/25 11:44 AM

Result	Value	Ref Range
Magnesium	2.1	1.4 - 2.5 mg/dL

BLOOD GAS

Collection Time: 02/24/25 11:45 AM

Result	Value	Ref Range
pH	7.217 (L)	7.350 - 7.450
PCO2	68.1 (HH)	35.0 - 45.0 mmHg
PO2	56.2 (L)	80.0 - 100.0 mmHg
O2 Saturation	85.7 (L)	95.0 - 98.0 %
Base Excess	-1.7	-2.0 - 3.0 mmol/L
Bicarbonate	27.6 (H)	22.0 - 26.0 mmol/L

POC GLUCOSE

Collection Time: 02/24/25 12:33 PM

Result	Value	Ref Range
POC Glucose	101 (H)	70 - 99

mg/dL

Scan Result**BLOOD GAS**

Collection Time: 02/24/25 3:13 PM

Result	Value	Ref Range
pH	7.337 (L)	7.350 - 7.450
PCO2	50.7 (H)	35.0 - 45.0 mmHg
PO2	52.7 (L)	80.0 - 100.0 mmHg
O2 Saturation	88.9 (L)	95.0 - 98.0 %
Base Excess	0.5	-2.0 - 3.0 mmol/L
Bicarbonate	27.1 (H)	22.0 - 26.0 mmol/L

POC GLUCOSE

Collection Time: 02/24/25 3:13 PM

Result	Value	Ref Range
POC Glucose	69 (L)	70 - 99 mg/dL

Scan Result**POC GLUCOSE**

Collection Time: 02/24/25 3:44 PM

Result	Value	Ref Range
POC Glucose	82	70 - 99 mg/dL

Scan Result**POC GLUCOSE**

Collection Time: 02/24/25 4:00 PM

Result	Value	Ref Range
POC GLUCOSE	85	70 - 99 mg/dl

POC GLUCOSE

Collection Time: 02/24/25 5:00 PM

Result	Value	Ref Range
POC GLUCOSE	75	70 - 99 mg/dl

RENAL FUNCTION PANEL

Collection Time: 02/24/25 5:28 PM

Result	Value	Ref Range
Sodium	137	135 - 148 mEq/L
Potassium	3.5	3.4 - 5.3 mEq/L
Chloride	102	96 - 110 mEq/L
Carbon Dioxide	24	19 - 32 mEq/L
BUN	20	3 - 29 mg/dL
Creatinine	1.1	0.5 - 1.2 mg/dL
Glucose	84	70 - 99 mg/dL
Calcium	8.0 (L)	8.5 - 10.5 mg/dL
Albumin	2.6 (L)	3.5 - 5.2 g/dL

Phosphorus	2.1	2.1 - 4.3 mg/dL
Anion Gap	11	5 - 15
BUN/CREAT Ratio	18	7 - 25
Estimated GFR	56 (L)	>=60 mL/min/1.73 m ²

POC GLUCOSE

Collection Time: 02/24/25 7:53 PM

Result	Value	Ref Range
POC Glucose	79	70 - 99 mg/dL

Scan Result

POC GLUCOSE

Collection Time: 02/24/25 7:54 PM

Result	Value	Ref Range
POC GLUCOSE	81	70 - 99 mg/dl

POC GLUCOSE

Collection Time: 02/25/25 12:56 AM

Result	Value	Ref Range
POC GLUCOSE	80	70 - 99 mg/dl

POC GLUCOSE

Collection Time: 02/25/25 12:57 AM

Result	Value	Ref Range
POC Glucose	77	70 - 99 mg/dL

Scan Result

COMPLETE BLOOD COUNT

Collection Time: 02/25/25 12:59 AM

Result	Value	Ref Range
WBC Count	10.2	3.5 - 10.9 K/uL
RBC	3.36 (L)	3.95 - 5.26 M/uL
Hemoglobin	11.1 (L)	11.2 - 15.7 g/dL
Hematocrit	32.0 (L)	34.0 - 49.0 %
MCV	95.2	80.0 - 100.0 fL
MCH	33.0	26.0 - 34.0 pg
MCHC	34.7	30.7 - 35.5 g/dL
RDW	19.7 (H)	<=15.0 %
Platelet Count	23 (L)	140 - 400 K/uL
MPV		
nRBC	1 (H)	<=0 /100 WBCs

Scan Result

MAGNESIUM, SERUM

Collection Time: 02/25/25 12:59 AM

Result	Value	Ref Range
Magnesium	2.1	1.4 - 2.5

mg/dL

ABG WITH IONIZED CA

Collection Time: 02/25/25 12:59 AM

Result	Value	Ref Range
Ionized Calcium	1.13	1.12 - 1.30 mmol/L
pH	7.416	7.350 - 7.450
PCO2	42.7	35.0 - 45.0 mmHg
PO2	120.0 (H)	80.0 - 100.0 mmHg
Base Excess	2.5	-2.0 - 3.0 mmol/L
Bicarbonate	27.4 (H)	22.0 - 26.0 mmol/L
O2 Saturation	99.2 (H)	95.0 - 98.0 %

POC GLUCOSE

Collection Time: 02/25/25 3:09 AM

Result	Value	Ref Range
POC GLUCOSE	82	70 - 99 mg/dl

POC GLUCOSE

Collection Time: 02/25/25 4:59 AM

Result	Value	Ref Range
POC Glucose	80	70 - 99 mg/dL

Scan Result

POC GLUCOSE

Collection Time: 02/25/25 5:00 AM

Result	Value	Ref Range
POC GLUCOSE	86	70 - 99 mg/dl

COMPLETE BLOOD COUNT

Collection Time: 02/25/25 5:01 AM

Result	Value	Ref Range
WBC Count	12.1 (H)	3.5 - 10.9 K/uL
RBC	3.10 (L)	3.95 - 5.26 M/uL
Hemoglobin	10.3 (L)	11.2 - 15.7 g/dL
Hematocrit	29.7 (L)	34.0 - 49.0 %
MCV	95.8	80.0 - 100.0 fL
MCH	33.2	26.0 - 34.0 pg
MCHC	34.7	30.7 - 35.5 g/dL
RDW	19.5 (H)	<=15.0 %
Platelet Count	23 (L)	140 - 400 K/uL
MPV		
nRBC	1 (H)	<=0 /100 WBCs

Scan Result**RENAL FUNCTION PANEL**

Collection Time: 02/25/25 5:01 AM

Result	Value	Ref Range
Sodium	140	135 - 148 mEq/L
Potassium	3.8	3.4 - 5.3 mEq/L
Chloride	105	96 - 110 mEq/L
Carbon Dioxide	24	19 - 32 mEq/L
BUN	14	3 - 29 mg/dL
Creatinine	0.9	0.5 - 1.2 mg/dL
Glucose	87	70 - 99 mg/dL
Calcium	8.2 (L)	8.5 - 10.5 mg/dL
Albumin	2.8 (L)	3.5 - 5.2 g/dL
Phosphorus	1.6 (L)	2.1 - 4.3 mg/dL
Anion Gap	11	5 - 15
BUN/CREAT Ratio	16	7 - 25
Estimated GFR	71	>=60 mL/min/1.73 m ²

BLOOD GAS

Collection Time: 02/25/25 5:01 AM

Result	Value	Ref Range
pH	7.420	7.350 - 7.450
PCO ₂	42.1	35.0 - 45.0 mmHg
PO ₂	115.0 (H)	80.0 - 100.0 mmHg
O ₂ Saturation	99.3 (H)	95.0 - 98.0 %
Base Excess	2.5	-2.0 - 3.0 mmol/L
Bicarbonate	27.3 (H)	22.0 - 26.0 mmol/L

Imaging:

No results found.

Signature

Electronically signed by: Sulabha R Dange, MD, 2/25/2025 7:50 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

- 02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:31 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Apapa, Jayeola G, RN
Registered Nurse
Nursing

Care Plan
Signed

Date of Service: 02/25/25 0315

Signed

Problem: Pressure Ulcer
Goal: Absence of infection signs and symptoms
Outcome: Progressing

Goal: Pressure ulcer healing
Outcome: Progressing

Problem: Pain - Acute
Goal: Communication of presence of pain
Outcome: Progressing

Problem: Falls - Risk of
Goal: Absence of falls
Description: Avoid the routine use of bedrails or physical restraints as a fall-prevention intervention.
Outcome: Progressing

Problem: Injury - Risk of, Physical Restraints
Goal: Absence of injury
Outcome: Progressing

Goal: Absence of physical restraint indications
Outcome: Progressing

Problem: Infection Risk, Central Venous Catheter-Associated
Goal: Absence of infection signs and symptoms
Description: For patients undergoing CVC insertion (eg, adult patients at higher risk for central line-associated bloodstream infection or at increased risk for severe consequences from a central line-associated bloodstream infection), consider the use of antimicrobial-impregnated or antimicrobial-coated CVCs.
Outcome: Progressing

Goal: Knowledge of infection control procedures
Outcome: Progressing

Problem: Infection Risk, Urinary Catheter-Associated
Goal: Absence of urinary tract infection signs and symptoms
Outcome: Progressing

Problem: Skin Integrity - Impaired
Goal: Skin integrity intact
Outcome: Not Progressing

Problem: Pressure Ulcer - Risk of
Goal: Absence of pressure ulcer
Outcome: Not Progressing

Problem: Falls - Risk of
Goal: Knowledge of fall prevention
Outcome: Not Progressing

Problem: Nutrition Deficit
Goal: Adequate nutritional intake
Outcome: Not Progressing

ED to Hosp-Admission (Discharged) on 2/17/2025

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Apapa, Jayeola G, RN
Registered Nurse
Nursing

Nursing Note  
Signed

Date of Service: 02/24/25 1955

Signed

CGM Validation:

7:55 PM - POC blood sugar- 79 and CGM reading- 81. Within protocol parameters of <20 mg/dL difference from the POC when the glucose is <100 mg/dL..

Electronically signed by: Jayeola G Apapa, RN, 2/24/2025 7:55 PM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:31 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Lingg, Theresa L, RN
Integrated Care Manager
ICM Case Management

Progress Notes  
Signed

Date of Service: 02/24/25 1206

Signed

ICM Progress Note

Patient discussed during interdisciplinary rounds with nurse leader, case manager, social worker, bedside nurse, and therapist.

Barriers to discharge: 70L w/100% FiO2 via mask; foley; CRRT; Cardizem gtt; ID/Nephrology following; PT/OT evals pending;

DC disposition: ECF, Home with Home Health

Estimated DC Date: Feb 28, 2025

Electronically signed by: Theresa L; BSN, RN, CM, Phone 208-8510, 2/24/2025 12:08 PM

Weekday Office Hours: 8:30a-5:00p. Holiday/Weekends x2251. For urgent needs between 5p-7p, please call x9070. If after 7pm, please call MVH AO at 5745/5746 or MVHS AO at 438-5785.

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:31 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Young, Lisa A, RDN,LD
Dietitian
Nutrition

Care Plan
Signed

Date of Service: 02/24/25 1018

Signed

Problem: Nutrition Deficit
Goal: Adequate nutritional intake
Outcome: Progressing

MEDICAL NUTRITION THERAPY

RECOMMENDATIONS:

Tube Feeding: Osmolite 1.2 Cal 1L (1 Prosource daily)
Tube Feeding Goal Rate (ml/hr): 50 ML/HR
Tube Feeding Fluid Provided (ml) (with recommendations): 984
Kcals Provided (with Recommendation): 1500 KCAL
Grams Protein Provided (with Recommendation): 82 GM

Labs Requested: Monitor glucose, renal labs

Additional Comments: Pt sleeping at time of visit, did not wake. On face mask, TF stopped due to emesis and NG to suction. LTM noted. Will monitor plan of care and ability to resume EN as above.

Discharge needs assessed on an ongoing basis pending clinical course.

NUTRITION DIAGNOSIS:

Nutrition Diagnosis: Increased nutrient needs (protein) related to wound healing as evidenced by Stage II pressure injury x 2.

NUTRITION RISK:

Nutrition Risk: High Nutrition Risk

REASON FOR COMPLETION:

Reason for Completion: Follow Up

CURRENT DIET:

Current Diet Order: NPO;TF (cont 24 hr/d)
Current Formula (TF): Jevity 1.2 Cal 1L
Current Rate (ml/hr): 0 ML/HR
Current Kcal Provided/day: 1087
Current Protein Provided gm/day: 50

Current Fluids Provided ml/day: 731

TOTAL NUTRIENT NEEDS:

Total Calorie Needs (kcal): 1300-1500
Total Protein Needs (gms): 80-100

Assessment:

Weight Change: 62 kg (4/3/24), 68 kg (2/21/24)
Edema/Fluid Status: CRRT, Lasix 2/23
Unmeasured Stool: Large (02/24/25 0600) Last Bowel Movement: 02/23/25

Nutrition Related Labs: Reviewed
Nutrition Related Medications: Reviewed

Lisa A Young, RDN, LD, CNSC**Clinical Nutrition Manager**

Available via Secure Chat

Office: 937-208-2353

Weekends/Holidays: Please reach out via Secure Chat to *MVH All Dietitians, Inpatient*

***Please refer to the Medical Nutrition Therapy Evaluation/Assessment Documentation Flowsheet for full nutrition assessment**

*Please note: Serum albumin and prealbumin are no longer recognized as reliable or specific biomarkers for malnutrition. Evans DC, Corkins MR, Malone A, et al. The use of visceral proteins as nutrition markers: an ASPEN position paper. *Nutr Clin Pract.* 2021;36(1):22-28. Soeters PB, Wolfe RR, Shenkin A. Hypoalbuminemia: pathogenesis and clinical significance. *JPEN J Parenter Enteral Nutr.* 2019;43(2): 181-193.

ED to Hosp-Admission (Discharged) on 2/17/2025

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Richardson, Lynn Amy, DO
Physician
Wound

Medical Staff Progress Note  
Signed

Date of Service: 02/24/25 1008

Signed

MIAMI VALLEY HOSPITAL

Wound Care & Hyperbaric Oxygen Therapy Medicine Inpatient Note

Medical Staff Progress Note

2/24/2025

Patient Name: Diane Crisp

DOB: 9/1/1959

AGE: 65 year old

GENDER: Female

Medical Record Number: 096-67-27-70

Review of Systems or Subjective:

- 10 systems reviewed and neg except per HPI
 Unable to be done or limited due to patient status or poor historian, no visitors present
 No new wound care issues

Medical Co-morbidities

Urosepsis

Acute renal failure requiring dialysis

Metabolic encephalopathy

Acute respiratory failure requiring mechanical ventilation

Oropharyngeal dysphagia

Anemia

Thrombocytopenia

Hypotension requiring midodrine

Remote history of hemorrhagic stroke

History of Guillain-Barré syndrome

CODE STATUS: LTM

Assessment: 65 year old female admitted with urosepsis

- Sacral dermal pressure injury, stage 2
- Right Buttock dermal pressure injury, stage 2
- Present on admission but larger during hospital stay

2/23/25: Discussed with bedside nurse regarding wounds and ongoing bowel incontinence.

2/24/25: Continue current wound care. Code status updated to LTM, she is receiving CRRT, has a Bair hugger and is on high flow oxygen mask.

Plan:

See orders under nursing for more specific wound care plan.

Direct wound care provided requiring removal of dressing, cleansing, and application of new dressing was done: Yes No

Currently on ICU specialty mattress.

- Wound Care orders placed to include:

Vigilant hygiene

Sacrum/buttock

Clean with wound cleanser

Apply alginate

Secure with border foam

Change daily and as needed

- Circulation

Arterial Duplex/ABI dopplers

CTA

Venous reflux studies as outpatient

Vascular service consult recommended

Vascular service following

NA or without any acute ischemic changes

Vascular follow up as outpatient

- Infection

Per primary team

Wound(s) not acutely infected

Wound culture

Imaging ordered or recommended

ID service consult recommended

ID service following

- Nutritional support

Per primary team

Protein shakes/supplements

Tight glycemic control, Last Hgb a1c

Low sodium intake

Enteral feeds

- Avoid pressure and trauma/friction injury to all wounds. Elevate affected limbs.

Complete lateral turns on sides Q2hr. Ok to be supine for meals when applicable. Any pillows or devices to assist should never be placed against the wounds but rather against non-wound areas to float wounds

Pressure relief mattress and/or bed

Float affected areas on lower extremity to relieve pressure on wounds

Pressure relief to help with skin perfusion

- Weight bearing

NA

Per podiatry

Reece shoe, Darco shoe, or offloading boot

NWB

WBAT

Heel touch for transfers

- Forefoot for transfers
- Walker
- Knee walker
- Bedbound

Objective:**Vitals Signs:**

Temp: 92.4 °F (33.6 °C) (02/24/25 0800)	Temp Avg: 97 °F (36.1 °C) Min: 92.4 °F (33.6 °C) Max: 97.8 °F (36.6 °C)	BP: (! 157/95 (02/23/25 1900)	Pulse: 80 (02/24/25 0900)	Resp: 17 (02/24/25 0900)	SpO2: (! 88 % (02/24/25 0900)
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GENERAL:

- NAD
- Mouth open under mask
- Not responding to voice or light touch
- Chronically ill-appearing
- Confused
- Sedated or medicated

ENT:

- Anicteric
- Unremarkable
- NG
- Mucous membranes dry
- Intubated or Trached, on vent

RESP:

- Clear anteriorly
- Diminished breath sounds
- Oxygen per mask
- Room air
- Even and unlabored respirations

CARDIO:

- Regular rhythm
- No signs of acute cardiac distress
- Telemetry
- Not assessed/NA

GI:

- soft and benign, Obese

EXT:

- No cyanosis
- Cyanotic
- Mottled
- Nontender calves
- Edema present
- Edema not present
- Gangrene
- Vascular ischemia

PULSES

- Palpable
- Weakly palpable
- Dopplerable

- Unable to assess due to edema or bulky dressing
- Per vascular service
- NA

Medications: MAR reviewed

No outpatient medications have been marked as taking for the 2/17/25 encounter (Hospital Encounter).

No Known Allergies

Wound Data: As noted per nursing but may not reflect my assessment today entirely. But this was reviewed.

Wound Coccyx (Active)

Pressure Ulcer Data:.

Pressure Injury Coccyx (Active)

Dressing Status / Change	Dry & Intact	02/23/25 0800
Injury Stage	Stage 2	02/22/25 2200
Appearance	Red;Partial thickness;Pink	02/22/25 2200
Drainage Amount	Scant	02/22/25 2200
Drainage Appearance	Serosanguineous	02/22/25 2200
Wound cleanser	Body wash / periwash	02/22/25 2200
Undermining / Tunneling	No	02/22/25 2200
Periwound (surrounding) tissue	Dry;Intact;Edematous	02/22/25 2200
Primary Dressing	Foam Dressing-Silicone Border	02/22/25 2200

Pressure Injury Sacrum (Active)

Dressing Status / Change	Dry & Intact	02/23/25 0800
Injury Stage	Stage 2	02/22/25 2200
Appearance	Pink;Red;Partial thickness	02/22/25 2200
Drainage Amount	Scant	02/22/25 2200
Drainage Appearance	Serosanguineous	02/22/25 2200
Wound cleanser	Body wash / periwash	02/22/25 2200
Undermining / Tunneling	No	02/22/25 2200
Periwound (surrounding) tissue	Dry;Intact;Edematous	02/22/25 2200
Primary Dressing	Foam Dressing-Silicone Border	02/22/25 2200

LABS:

CMP:

Lab Results

Component	Value	Date
NA	138	02/24/2025
NA	141	08/21/2023
NA	138	07/11/2018
CL	100	02/24/2025
CL	110	08/21/2023
CO2	24	02/24/2025
CO2	15	08/21/2023
BUN	39	02/24/2025

BUN	18	08/21/2023
CREATININE	2.2	02/24/2025
CREATININE	1.3	08/21/2023
GLUCOSE	152	02/24/2025
GLUCOSE	156	02/24/2025
GLUCOSE	79	08/21/2023
AST	63	02/18/2025
AST	29	11/22/2016
ALT	61	02/18/2025
ALT	30	11/22/2016

HgBA1c:**Lab Results**

Component	Value	Date
HA1CC	5.0	02/20/2025

COMPLETE BLOOD COUNT WITH DIFFERENTIAL**Recent Labs**

	02/24/25 0313
WBC	21.5*
HEMOGLOBIN	12.9
HEMATOCRIT	37.6
MCV	97.2
MCH	33.3
MCHC	34.3
RDW	19.3*
NRBC	1*
MPV	13.6*

Electronically signed by: Lynn Amy Richardson, DO, 2/24/2025 10:08 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

02/17  **Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603**
 03/02  **Discharged 1804**

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Callahan, Joseph M, RN
Registered Nurse
Nursing

Nursing Note  
Signed

Date of Service: 02/24/25 0923

Signed

CGM Validation:

9:23 AM - POC blood sugar- 156 and CGM reading- 152. Within protocol parameters of <20% difference from the POC when the glucose is >100 mg/dL..

Electronically signed by: Joseph M Callahan, RN, 2/24/2025 9:23 AM

ED to Hosp-Admission (Discharged) on 2/17/2025

*Note shared with patient***Care Timeline**

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:31 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Kuhn, Meghan L, SLP
Speech Pathologist
Speech Therapy

Progress Notes  
Signed

Date of Service: 02/24/25 0915

Signed

MIAMI VALLEY HOSPITAL
1 WYOMING ST
DAYTON OH 45409
937-208-8000

SPEECH PATHOLOGY ATTEMPT**Patient Information:**

Patient's Name: Diane Crisp

Date of Birth: 9/1/1959

MRN: 096-67-27-70

Acct#: 164122416

Admission Date: 2/17/2025

Admitting Diagnosis: AMS (altered mental status) [R41.82]

Evaluation / Therapy was attempted 2/24/2025, 9:15 AM.

Evaluation / Therapy not performed secondary to: Patient not medically appropriate for a swallow evaluation d/t increased oxygen needs (70L/ 100% FIO2 via mask).

Thank you for allowing me to participate in the care of Diane Crisp. Please contact me with any questions.

Signature: Meghan L Kuhn, SLP, 2/24/2025, 9:15 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:31 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Kaufhold, Jeffrey J, MD
 Physician
 Nephrology

Medical Staff Progress Note  
 Signed

Date of Service: 02/24/25 0840

Signed

*Mark D. Oxman, D.O. FACP
 Jeffrey J. Kaufhold, M.D., FACP
 Jennifer L. Jackson, D.O., FACP
 Chukwuma E. Eze, M.D., FASN, FASDIN
 Ashok K. Ammula, M.D.
 Shashikant R. Patel, M.D.*



*Swe Zin Mar Winhtut Oo, M.D.
 Jamie E. Long, MS, RN, APRN
 Vanessa Ratcliff MS, RN, APRN
 Esther Bassaw MS, RN, APRN
 Chloe Hammond, MS, RN, APRN
 Kimberly Wallace, MS, RN, APRN*

MIAMI VALLEY HOSPITAL

Renal Progress Note

2/24/2025

Patient Name: Diane Crisp DOB: 9/1/1959

Subjective

Patient seen and examined, she is a 65 yo female with AKI on CKD complicating admission for sepsis with hypoglycemia . . We stopped CRRT Wednesday around noon. **She was extubated Friday feb 21.** We did Hemodialysis first treatment Feb 22 but she could not tolerate any ultrafiltration - became very tachycardic. She continued to have episodes of desat, tachycardia and tachypnea, so we **resumed CRRT**. Seen on CRRT.

Assessment

Orders for Labs and Medications reviewed.

Acute renal failure with peak creat 5.2

Volume repleted

Lytes Hyponatremia

Acidosis severe (bicarb of 5) resolved.

GFR estimate indeterminate -

Required CRRT Feb 17 PM through Feb 19 around noon**First HD Feb 22.****Back on CRRT Feb 23**

CKD 3 due to HTN with baseline creat 1.5- 1.7

Saw Dr Oo in past

Anemia of CKD and history of GI bleed

History of stroke

Hypoglycemia with confusion - reason for admission

Sepsis from urinary source most likely

Acute resp failure due to sepsis extubated Feb 21.

Hypertensive renal disease

Plan

Continue midodrine

Tolerated standard HD Saturday but no Uf. (first treatment)

Due to problems overnight we resumed CRRT early this AM

hep panel negative, , PTH, A1c pending

We will be following closely with you

Current Meds:

albuterol (PROVENTIL) 2.5 mg /3 mL (0.083 %) inhalation solution 2.5 mg 2.5 mg Inhalation Q4H (RT); sodium chloride 7% for nebulization 4 mL 4 mL Inhalation BID; vitamin D, B, iron and minerals (PRORENAL) tab 1 Tab 1 Tab Oral Daily; fludrocortisone (FLORINEF) tablet 0.1 mg 0.1 mg Oral Daily; insulin lispro (HumaLOG) injection 1-9 Units 1-9 Units Subcutaneous Q4H; midodrine (PROAMATINE) tablet 10 mg 10 mg Oral Q8H; levothyroxine (SYNTHROID) tablet 50 mcg 50 mcg Oral Daily; saline flush 10 mL IV Push Q12H; polyethylene glycol (MIRALAX) packet 17 g 1 Packet Oral Daily; folic acid (FOLATE) tablet 1 mg 1 mg Oral Daily

Infusions:

PrismaSOL BGK 4/2.5 Dialysate Flow Solution - Green Scale Last Rate: 800 mL/hr (02/24/25 0640); PrismaSOL BGK 2/3.5 Replacement Solution - Post Filter Purple Scale Last Rate: 200 mL/hr at 02/24/25 0103; PrismaSOL BGK 4/2.5 Replacement Solution - Pre White Scale Last Rate: 1,000 mL/hr (02/24/25 0450); diltiazem (CARDIZEM) 125 mg in 0.9% NaCl 125 mL addEASE Last Rate: 15 mg/hr (02/24/25 0800); NaCl 0.9% 1,000 mL Last Rate: 1,000 mL (02/21/25 1502)

PRN Meds:

- NaCl 0.9 % 2,000 mL
- heparin catheter solution 5,000-20,000 Units
- magnesium sulfate 2 g/50 ml SW IVPB
- sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB
- sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB
- NaCl 0.9 % 300 mL
- saline flush
- heparin injection 5,000 Units
- albumin, human 25 % IV soln 25 g
- dextrose (GLUTOSE) gel 15 g Carb
- dextrose 50 % in water (D50W) intravenous syringe 5-12.5 g
- glucagon injection 1 mg
- saline flush
- NaCl 0.9% 1,000 mL
- acetaminophen (TYLENOL) tablet 650 mg **OR** acetaminophen (TYLENOL) suppository 650 mg
- lidocaine (PF) 1 % (10 mg/mL) injection 5 mL
- ondansetron (ZOFTRAN ODT) RAPID DISSOLVING tablet 4 mg **OR** ondansetron (ZOFTRAN) injection 4 mg

Objective

Vital Signs:

Temp: 97.5 °F (36.4 °C) (02/24/25 0330)	Temp Avg: 97.6 °F (36.4 °C) Min: 97.4 °F (36.3 °C) Max: 97.8 °F (36.6 °C)	BP: (!) 157/95 (02/23/25 1900)	Pulse: 81 (02/24/25 0800)	Resp: 16 (02/24/25 0800)	SpO2: 90 % (02/24/25 0800)
---	--	-----------------------------------	------------------------------	-----------------------------	-------------------------------

I/O last 3 completed shifts:

In: 1852.9 [I.V.:248.9; Blood:698; Enteral:906]

Out: 1566 [Urine:275; Other:991; Enteric:300]
 Admission: Weight: 62.1 kg (136 lb 14.5 oz) (02/17/25 1604)
 Most recent: Weight: 63.9 kg (140 lb 14 oz) (02/24/25 0600)
 Base/Dry Weight: (N/A. New acute)

Exam

General: Frail female in NAD. Voice is soft
 CV: regular rate and rhythm
 Lung: lungs clear to auscultation
 Abd: soft BS present
 Extremity: Generalized 2+
 Access: RIJ quinton, art line
 Trachea midline, no adenopathy or thyromegally, No rash or petecchiai.
 MMM, PERRL, Nonicteric

Labs:

Recent Labs

	02/17/25 1009	02/17/25 1120	02/17/25 1715	02/17/25 1736	02/17/25 2130	02/18/25 0030	02/18/25 0400	02/18/25 0802
WBC	21.4*	--	--	--	--	--	7.6	--
HEMOGLOBIN	8.5*	--	--	--	--	--	7.4*	--
HEMATOCRIT	27.0*	--	--	--	--	--	21.0*	--
PLATELETS	363	--	--	--	--	--	256	--
NA	134*	--	141	--	--	141	138	--
POTASSIUM	7.3*	< >	5.4*	5.3	--	4.1	3.6	--
CL	108	--	113*	--	--	108	104	--
CO2	5*	--	8*	--	--	15*	18*	--
BUN	80*	--	73*	--	--	48*	38*	--
CREATININE	5.2*	--	4.2*	--	--	2.7*	2.1*	--
GLUCOSE	166*	< >	151*	--	< >	148*	157*	151*
CA	8.8	--	7.4*	--	--	7.5*	7.3*	--
INR	1.3*	--	--	--	--	--	--	--
MG	2.3	--	2.0	--	--	--	--	--
PHOS	--	--	4.6* 4.6*	--	--	3.0	--	--

< > = values in this interval not displayed.

Recent Labs

	02/24/25 0313	02/24/25 0049	02/23/25 1750
WBC	21.5*	23.0*	--
HEMOGLOBIN	12.9	12.8	12.7
HEMATOCRIT	37.6	37.3	36.8
PLATELETS	40*	43*	--

Recent Labs

	02/24/25	02/24/25	02/24/25	02/23/25

	0313	0310	0049	2352
NA	--	--	138	--
POTASSIUM	--	--	3.5	--
CL	--	--	100	--
CO2	--	--	24	--
BUN	--	--	39*	--
CREATININE	--	--	2.2*	--
GLUCOSE	--	153*	164*	130*
CA	--	--	7.8*	--
MG	2.0	--	2.1	--
PHOS	2.9	--	3.3	--

Imaging Studies: reviewed

Hospital Problems

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Electronically signed by: Jeffrey J Kaufhold, MD, 2/24/2025 8:40 AM

Page via Match MD or Epic secure chat.

ED to Hosp-Admission (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
 03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Haque, Nurul, MD
Physician
Hospitalist

Medical Staff Progress Note ⚠️ Heart
Signed

Date of Service: 02/24/25 0820

Signed



Internal Medicine Hospitalist Progress Note

Hospitalist: Nurul Haque MD

Patient Identifier/Hospitalist

Patient Name: Diane Crisp **DOB:** 9/1/1959

Room / Bed : 4512/4512-A

Facility : MIAMI VALLEY HOSPITAL

Date of Service: 2/24/2025

CSN: 164122416

Admit Date: 2/17/2025 9:40 AM

Attending Physician: Haque, Nurul, MD

Primary Care Physician: Nonstaff, Mvh

Please contact using secure chat for urgent/ immediate response please use cell number mentioned in secure chat

Disposition

Disposition: Home/ECF in 24-72 hrs,pending clinical improvement

Reason for continued hospitalization

IVF
IV Abx

	Heparin gtt
	Protonix gtt
	Cardizem/Amiodarone gtt
	Pressors gtt
	Intubated
X	Pending Clinical recovery
	Pending Procedures
	Pending Consult eval
	Pending MRI/Imaging
	IV Lasix/Bumex
	Requiring BIPAP
	Awaiting Cultures
	Adjusting medications
X	hypoxemic respiratory failure, poor mental status

Assessment and Plan

Diane Crisp is a 65 year old female

Hospital day# 7

Admitted for:

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Narrative :

Diane Crisp is an 65 year old female who has a history of hyperlipidemia, GERD, hypertension, presented at MVH ER with concern of lethargy was brought in by EMS with blood glucose of 31, was started on D10 and Isolyte, was also reportedly hypotensive with blood pressure of 88/51 per report, was requiring oxygen at around 6 L/min via nasal cannula saturating around 100% on arrival, unclear whether she was hypoxic on field, was cold on arrival with hypothermia.

Lab work is concerning for creatinine of 5.2, prior baseline is 1.2, 1 years prior.

Potassium was 7.3. Treated per hyperkalemia protocol. TSH of 4.82 white blood cell of 21.4. Hemoglobin of 8.5. Troponin of 60, 54.

Chest x-ray is negative for any acute cardiopulmonary process, CT abdomen pelvis is concerning for possible left lung base infiltrate with differential of possible pneumonia/aspiration. Negative for any acute abdominal or pelvic process

Altered mental status: Secondary to metabolic encephalopathy likely from infection possibly from pneumonia, need to rule out other infective etiology, follow-up on blood

culture, urine reflex to culture, also could have altered mental status from significant electrolyte derangement, dehydration. Monitor mentation, anticipate improvement

Assessment and plan

Acute hypoxia with hypoxic respiratory failure: Could be secondary to aspiration pneumonia although infiltrates are not impressive on lung cuts of CT abdomen pelvis, oxygen supplementation, treat underlying etiology. Patient was eventually intubated given poor mentation and severe metabolic acidosis with hypoxia. Extubated on 2/21/2025. Transition to oxygen via nasal cannula, now requiring BiPAP. Prognosis guarded. Palliative care consulted

Severe sepsis with septic shock: Present on admission: Has organ dysfunction in form of metabolic acidosis, acute hypoxic respiratory failure, AKI, likely secondary to UTI, initially pneumonia felt less likely but patient likely has pneumonia given polymicrobial growth noted for multiple pathogen on respiratory culture from 2/19/2025 is growing Klebsiella, Pseudomonas, Achromobacter, Ecoli other rare bacteria noted, ID consulted, hydration therapy, , **antibiotic tailored to Zosyn by ID, differential is colonization versus pneumonia, more likely felt to be colonization.** Completed antibiotic therapy. Initially was hypertensive with subsequent improvement in blood pressure but later on become hypotensive again requiring initiation of Levophed, critical care service consulted. On hydrocortisone for severe sepsis. Off pressor support.

Anemia: Chronic, acute component is secondary to sepsis, also has anemia of chronic disease, monitor hemoglobin, transfuse as required. Monitor for any clinical bleeding

Dysphagia: ST evaluation to determine nutrition

Abnormal UA suggestive of UTI: Was initially started on broad-spectrum antibiotic, antibiotic tailored as above, urine culture growing group D Enterococcus, Proteus species, requested microbiology to run complete culture sensitivity, ID consulted

elevated troponin: Likely nonspecific secondary to demand ischemia in troponin leak from renal dysfunction, EKG negative for dynamic ST-T changes, will obtain echocardiogram mostly to evaluate cardiac function given severe sepsis

Hyperkalemia: Treated per protocol, nephrology consulted, may need dialysis if does not improve, repeat potassium

Hypothyroidism: Has elevated TSH, awaiting T3-T4, possibility of myxedema considered as differential, felt less likely at this time given TSH of only 4.82, quite unlikely

AKI with metabolic acidosis: Severe, likely prerenal, was initially managed with bicarb drip, nephrology consulted. CRRT initiated, held, later had to be restarted

GERD: PPI

Hyperlipidemia: Statin

History of hypertension: Antihypertensive on hold, resume when deemed appropriate

Bilateral lower extremity swelling: Negative for DVT,

No data recorded,

Incision Left Anterior Incision (Active)

Appearance Date/Appearance Time: 07/10/18 1328 Patient came in with: No Wound Side: Left Wound Location: Knee Wound Orientation: Anterior Type: Incision

Assessments	7/10/2018 2:25 PM	7/11/2018 9:12 AM
Dressing Status / Change	Dry & Intact	Dry & Intact
Surgical Site / Incision	—	Other (Comment)
Periwound (surrounding) tissue	Dry;Intact	Dry;Intact
Drain Type	Not applicable	Not applicable
Drainage Amount	None	None
Odor	None	None
Primary Dressing	—	Antimicrobial

No associated orders.

Wound Coccyx (Active)

Appearance Date/Appearance Time: 12/11/23 1600 Wound Location: Coccyx

Assessments	12/11/2023 4:08 PM	1/1/2024 10:00 PM
Dressing Status / Change	Open to air	Dry & Intact
Wound Bed Appearance	Pink	—
Drainage Amount	None	—
Odor	None	—
Wound cleanser	Body wash / periwash	—
Periwound (surrounding) tissue	Blanchable erythema	—
Topical Agents	Zinc oxide	—

No associated orders.

Pressure Injury Coccyx (Active)

Identification Date/Identification Time: 02/22/25 (c) 1400 Location: Coccyx

Assessments	2/22/2025 2:00 PM	2/24/2025 8:00 PM
Dressing Status / Change	Changed	Dry & Intact
Injury Stage	Stage 2	Stage 2

Appearance	Pink;Red;Partial thickness	Partial thickness
Drainage Amount	Scant	—
Drainage Appearance	Serosanguineous	—
Odor	—	None
Wound cleanser	Body wash / periwash	—
Undermining / Tunneling	No	No
Periwound (surrounding) tissue	Dry;Intact	Edematous
Primary Dressing	Foam Dressing-Silicone Border	Alginate
Secondary Dressing	—	Foam Dressing-Silicone Boarder

No associated orders.

Pressure Injury Sacrum (Active)

Identification Date/Identification Time: 02/22/25 (c) 1400 Location: Sacrum

Assessments	2/22/2025 2:00 PM	2/24/2025 8:00 PM
Dressing Status / Change	Changed	Dry & Intact
Injury Stage	Stage 2	Stage 2
Appearance	Pink;Red;Partial thickness	Partial thickness
Drainage Amount	Scant	—
Drainage Appearance	Serosanguineous	—
Odor	—	None
Wound cleanser	Body wash / periwash	—
Undermining / Tunneling	No	No
Periwound (surrounding) tissue	Dry;Intact	—
Primary Dressing	Foam Dressing-Silicone Border	Alginate
Secondary Dressing	—	Foam Dressing-Silicone Boarder

No associated orders.

DVT Prophylaxis: Lovenox/Heparin & SCD

**Code Status: Orders Placed This Encounter
Limited Treatment Measures**

Subjective

The patient is lying in bed, opens her eyes, was difficult to understand, mentation has

declined, not following commands on consistent basis

ROS : negative except for above

Home Medications

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• NaCl 0.9 % 2,000 mL	2,000 mL	Dialysis	PRN	Thiruveedi, Sampath K, MD	2,000 mL at 02/24/25 0051	
• heparin catheter solution 5,000- 20,000 Units	5,000- 20,000 Units	Dialysis	To Critical Care-PRN	Thiruveedi, Sampath K, MD		
• PrismaSOL BGK 4/2.5 Dialysate Flow Solution - Green Scale	800 mL/hr	Dialysis	To Critical Care-Continuously	Thiruveedi, Sampath K, MD	800 mL/hr at 02/24/25 1358	800 mL/hr at 02/24/25 1358
• PrismaSOL BGK 2/3.5 Replacement Solution - Post Filter Purple Scale		Dialysis	To Critical Care-Continuously	Thiruveedi, Sampath K, MD	200 mL/hr at 02/24/25 0103	New Bag at 02/24/25 0103
• PrismaSOL BGK 4/2.5 Replacement Solution - Pre White Scale	1,000 mL/hr	Dialysis	To Critical Care-Continuously	Thiruveedi, Sampath K, MD	1,000 mL/hr at 02/24/25 1515	1,000 mL/hr at 02/24/25 1515
• magnesium sulfate 2 g/50 ml SW IVPB	2 g	Intravenous	PRN	Thiruveedi, Sampath K, MD		Stopped at 02/24/25 0800
• sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB	10 mmol	Intravenous	PRN	Thiruveedi, Sampath K, MD		
• sodium	20	Intravenous	PRN	Thiruveedi,		

phosphate 20 mmol in NaCl 0.9% 100 mL IVPB		mmol		Sampath K, MD		
• diltiazem (CARDIZEM) 125 mg in 0.9% NaCl 125 ml addEASE	2.5-15 mg/hr	Intravenous	Continuous	Ebert, Meghan B, APRN	10 mL/hr at 02/24/25	10 mg/hr at 02/24/25
• albumin, human 25 % IV soln 12.5 g	12.5 g	Intravenous	Q6H	Kaufhold, Jeffrey J, MD		Stopped at 02/24/25 1819
• albuterol (PROVENTIL) 2.5 mg /3 mL (0.083 %) inhalation solution 2.5 mg	2.5 mg	Inhalation	Q4H (RT)	Gandhi, Dharmesh V, MD		2.5 mg at 02/24/25 1944
• sodium chloride 7% for nebulization 4 mL	4 mL	Inhalation	BID	Gandhi, Dharmesh V, MD		4 mL at 02/24/25 1944
• vitamin D, B, iron and minerals (PRORENAL) tab 1 Tab	1 Tab	Oral	Daily	Kaufhold, Jeffrey J, MD		1 Tab at 02/23/25 1306
• fludrocortisone (FLORINEF) tablet 0.1 mg	0.1 mg	Oral	Daily	Kaufhold, Jeffrey J, MD		0.1 mg at 02/23/25 1435
• NaCl 0.9 % 300 mL	300 mL	Intravenous	To Dialysis-PRN	Kaufhold, Jeffrey J, MD		
• saline flush	10 mL	IV Push	To Dialysis-PRN	Kaufhold, Jeffrey J, MD		
• heparin injection 5,000 Units	5,000 Units	Instill	To Dialysis-PRN	Kaufhold, Jeffrey J, MD		13,500 Units at 02/22/25

• albumin, human 25 % IV soln 25 g	25 g	Intravenous	To Dialysis- PRN	Kaufhold, Jeffrey J, MD	60 mL/hr at 02/22/ 25 1712 25 1712	25 g at 02/22/ 25 1712
• dextrose (GLUTOSE) gel 15 g Carb 15 g Carb	15 g Carb	Oral	PRN	Walsh, Nicholas T, PA- C		
• dextrose 50 % in water (D50W) intravenous syringe 5-12.5 g	5-12.5 g	IV Push	PRN	Walsh, Nicholas T, PA- C	5 g at 02/24/ 25 1518	
• glucagon injection 1 mg	1 mg	Subcutaneous	PRN	Walsh, Nicholas T, PA- C		
• insulin lispro (HumaLOG) injection 1-9 Units	1-9 Units	Subcutaneous	Q4H	Walsh, Nicholas T, PA- C	1 Units at 02/24/ 25 0934	
• midodrine (PROAMATINE) tablet 10 mg	10 mg	Oral	Q8H	Davis, Deanna Kay, APRN	10 mg at 02/24/ 25 1425	
• levothyroxine (SYNTHROID) tablet 50 mcg	50 mcg	Oral	Daily	Davis, Deanna Kay, APRN	50 mcg at 02/24/ 25 0609	
• saline flush	10 mL	IV Push	PRN	Haque, Nurul, MD		
• saline flush	10 mL	IV Push	Q12H	Haque, Nurul, MD	1 Syring e at 02/24/ 25 0935	
• NaCl 0.9% 1,000 mL	1,000 mL	Intravenous	Continuo us PRN	Haque, Nurul, MD	10 mL/hr at 02/21/ 25 1502 1502	1,000 mL at 02/21/ 25 1502
• acetaminophen	650	Oral	Q4H PRN	Haque, Nurul,		650

(TYLENOL) mg MD mg at
tablet 650 mg 02/21/
0909 25

Or

• acetaminophen (TYLENOL) suppository 650 mg	650 mg	Rectal	Q4H PRN	Haque, Nurul, MD	mg at 02/21/ 25 0909
• polyethylene glycol (MIRALAX) packet 17 g	1 Packet	Oral	Daily	Haque, Nurul, MD	17 g at 02/22/ 25 0859
• folic acid (FOLATE) tablet 1 mg	1 mg	Oral	Daily	Haque, Nurul, MD	1 mg at 02/23/ 25 0820
• lidocaine (PF) 1 % (10 mg/mL) injection 5 mL	5 mL	Infiltration	Once PRN	Haque, Nurul, MD	
• ondansetron (ZOFTRAN ODT) RAPID DISSOLVING tablet 4 mg	4 mg	Oral	Q6H PRN	Davis, Deanna Kay, APRN	
Or					
• ondansetron (ZOFTRAN) injection 4 mg	4 mg	IV Push	Q6H PRN	Davis, Deanna Kay, APRN	4 mg at 02/20/ 25 1639

Objective

Vital Signs:

Temp: 96 °F (35.6 °C) (02/24/25 1930)	Temp Min: 92.4 °F (33.6 °C) Min taken time: 02/24/25 0800 Max: 97.5 °F (36.4 °C) Max taken time:	BP: 104/68 (02/24/25 2000)	Pulse: 96 (02/24/25 2000)	Resp: 25 (02/24/25 2000)	SpO2: 97 % (02/24/25 2000)
--	--	----------------------------	---------------------------	--------------------------	----------------------------

02/24/25 0330				
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PHYSICAL EXAMINATION:

GENERAL APPEARANCE: Tachypneic, opens her eyes, not following commands

HEENT: PERRL, MMM,

Neck: Supple, no LAD, no thyromegaly.

CV: RRR, no added sounds heard

Pulm: CTA B

Abd: +BS, NT, ND.

GU: WNL

Extr: Trace lower extremity edema bilaterally

Neuro: Opens eyes, not following commands

Skin: No Rashes

Diagnostic Data**Recent Results (from the past 24 hours)****POC GLUCOSE**

Collection Time: 02/23/25 11:52 PM

Result	Value	Ref Range
POC Glucose	130 (H)	70 - 99 mg/dL

Scan Result

PHOSPHORUS

Collection Time: 02/24/25 12:49 AM

Result	Value	Ref Range
Phosphorus	3.3	2.1 - 4.3 mg/dL

COMPLETE BLOOD COUNT

Collection Time: 02/24/25 12:49 AM

Result	Value	Ref Range
WBC Count	23.0 (H)	3.5 - 10.9 K/uL
RBC	3.86 (L)	3.95 - 5.26 M/uL
Hemoglobin	12.8	11.2 - 15.7 g/dL
Hematocrit	37.3	34.0 - 49.0 %
MCV	96.6	80.0 - 100.0 fL
MCH	33.2	26.0 - 34.0

MCHC	34.3	pg 30.7 - 35.5
RDW	19.4 (H)	g/dL =<15.0 %
Platelet Count	43 (L)	140 - 400 K/uL
MPV		
nRBC	1 (H)	<=0 /100 WBCs

Scan Result

MAGNESIUM, SERUM

Collection Time: 02/24/25 12:49 AM

Result	Value	Ref Range
Magnesium	2.1	1.4 - 2.5 mg/dL

BASIC METABOLIC PANEL

Collection Time: 02/24/25 12:49 AM

Result	Value	Ref Range
Sodium	138	135 - 148 mEq/L
Potassium	3.5	3.4 - 5.3 mEq/L
Chloride	100	96 - 110 mEq/L
Carbon Dioxide	24	19 - 32 mEq/L
BUN	39 (H)	3 - 29 mg/dL
Creatinine	2.2 (H)	0.5 - 1.2 mg/dL
Glucose	164 (H)	70 - 99 mg/dL
Calcium	7.8 (L)	8.5 - 10.5 mg/dL
Anion Gap	14	5 - 15
BUN/CREAT Ratio	18	7 - 25
Estimated GFR	24 (L)	>=60 mL/min/1.7 3m*2

POC GLUCOSE

Collection Time: 02/24/25 3:10 AM

Result	Value	Ref Range
POC Glucose	153 (H)	70 - 99 mg/dL

Scan Result

COMPLETE BLOOD COUNT

Collection Time: 02/24/25 3:13 AM

Result	Value	Ref Range
WBC Count	21.5 (H)	3.5 - 10.9 K/uL
RBC	3.87 (L)	3.95 - 5.26 M/uL
Hemoglobin	12.9	11.2 - 15.7 g/dL
Hematocrit	37.6	34.0 - 49.0 %
MCV	97.2	80.0 - 100.0 fL
MCH	33.3	26.0 - 34.0 pg
MCHC	34.3	30.7 - 35.5 g/dL
RDW	19.3 (H)	<=15.0 %
Platelet Count	40 (L)	140 - 400 K/uL
MPV	13.6 (H)	7.2 - 11.7 fL
nRBC	1 (H)	<=0 /100 WBCs

Scan Result**MAGNESIUM, SERUM**

Collection Time: 02/24/25 3:13 AM

Result	Value	Ref Range
Magnesium	2.0	1.4 - 2.5 mg/dL

PHOSPHORUS

Collection Time: 02/24/25 3:13 AM

Result	Value	Ref Range
Phosphorus	2.9	2.1 - 4.3 mg/dL

BLOOD GAS

Collection Time: 02/24/25 3:13 AM

Result	Value	Ref Range
pH	7.309 (L)	7.350 - 7.450
PCO2	49.3 (H)	35.0 - 45.0 mmHg
PO2	53.2 (L)	80.0 - 100.0 mmHg
O2 Saturation	87.0 (L)	95.0 - 98.0 %
Base Excess	-2.1 (L)	-2.0 - 3.0 mmol/L
Bicarbonate	24.7	22.0 - 26.0 mmol/L

IONIZED CALCIUM

Collection Time: 02/24/25 3:13 AM

Result	Value	Ref Range
Ionized Calcium	1.09 (L)	1.12 - 1.30 mmol/L

BLOOD GAS

Collection Time: 02/24/25 4:16 AM

Result	Value	Ref Range
pH	7.316 (L)	7.350 - 7.450
PCO2	48.8 (H)	35.0 - 45.0 mmHg
PO2	73.6 (L)	80.0 - 100.0 mmHg
O2 Saturation	94.6 (L)	95.0 - 98.0 %
Base Excess	-1.8	-2.0 - 3.0 mmol/L
Bicarbonate	24.8	22.0 - 26.0 mmol/L

POC GLUCOSE

Collection Time: 02/24/25 9:21 AM

Result	Value	Ref Range
POC Glucose	156 (H)	70 - 99 mg/dL

Scan Result

POC GLUCOSE

Collection Time: 02/24/25 9:22 AM

Result	Value	Ref Range
POC GLUCOSE	152 (A)	70 - 99 mg/dl

POC GLUCOSE

Collection Time: 02/24/25 11:05 AM

Result	Value	Ref Range
POC GLUCOSE	130 (A)	70 - 99 mg/dl

COMPLETE BLOOD COUNT

Collection Time: 02/24/25 11:44 AM

Result	Value	Ref Range
WBC Count	13.0 (H)	3.5 - 10.9 K/uL
RBC	4.00	3.95 - 5.26 M/uL
Hemoglobin	13.2	11.2 - 15.7 g/dL
Hematocrit	39.9	34.0 - 49.0 %

MCV	99.8	80.0 - 100.0 fL
MCH	33.0	26.0 - 34.0 pg
MCHC	33.1	30.7 - 35.5 g/dL
RDW	20.1 (H)	<=15.0 %
Platelet Count	31 (L)	140 - 400 K/uL
MPV		
nRBC	1 (H)	<=0 /100 WBCs

Scan Result**MAGNESIUM, SERUM**

Collection Time: 02/24/25 11:44 AM

Result	Value	Ref Range
Magnesium	2.1	1.4 - 2.5 mg/dL

BLOOD GAS

Collection Time: 02/24/25 11:45 AM

Result	Value	Ref Range
pH	7.217 (L)	7.350 - 7.450
PCO2	68.1 (HH)	35.0 - 45.0 mmHg
PO2	56.2 (L)	80.0 - 100.0 mmHg
O2 Saturation	85.7 (L)	95.0 - 98.0 %
Base Excess	-1.7	-2.0 - 3.0 mmol/L
Bicarbonate	27.6 (H)	22.0 - 26.0 mmol/L

POC GLUCOSE

Collection Time: 02/24/25 12:33 PM

Result	Value	Ref Range
POC Glucose	101 (H)	70 - 99 mg/dL

Scan Result**BLOOD GAS**

Collection Time: 02/24/25 3:13 PM

Result	Value	Ref Range
pH	7.337 (L)	7.350 - 7.450
PCO2	50.7 (H)	35.0 - 45.0 mmHg
PO2	52.7 (L)	80.0 - 100.0

O2 Saturation	88.9 (L)	mmHg 95.0 - 98.0 %
Base Excess	0.5	-2.0 - 3.0 mmol/L
Bicarbonate	27.1 (H)	22.0 - 26.0 mmol/L

POC GLUCOSE

Collection Time: 02/24/25 3:13 PM

Result	Value	Ref Range
POC Glucose	69 (L)	70 - 99 mg/dL

Scan Result

POC GLUCOSE

Collection Time: 02/24/25 3:44 PM

Result	Value	Ref Range
POC Glucose	82	70 - 99 mg/dL

Scan Result

POC GLUCOSE

Collection Time: 02/24/25 4:00 PM

Result	Value	Ref Range
POC GLUCOSE	85	70 - 99 mg/dl

POC GLUCOSE

Collection Time: 02/24/25 5:00 PM

Result	Value	Ref Range
POC GLUCOSE	75	70 - 99 mg/dl

RENAL FUNCTION PANEL

Collection Time: 02/24/25 5:28 PM

Result	Value	Ref Range
Sodium	137	135 - 148 mEq/L
Potassium	3.5	3.4 - 5.3 mEq/L
Chloride	102	96 - 110 mEq/L
Carbon Dioxide	24	19 - 32 mEq/L
BUN	20	3 - 29 mg/dL
Creatinine	1.1	0.5 - 1.2 mg/dL
Glucose	84	70 - 99 mg/dL
Calcium	8.0 (L)	8.5 - 10.5

		mg/dL
Albumin	2.6 (L)	3.5 - 5.2
		g/dL
Phosphorus	2.1	2.1 - 4.3
		mg/dL
Anion Gap	11	5 - 15
BUN/CREAT Ratio	18	7 - 25
Estimated GFR	56 (L)	>=60 mL/min/1.7 3m*2

POC GLUCOSE

Collection Time: 02/24/25 7:53 PM

Result	Value	Ref Range
POC Glucose	79	70 - 99 mg/dL

Scan Result

POC GLUCOSE

Collection Time: 02/24/25 7:54 PM

Result	Value	Ref Range
POC GLUCOSE	81	70 - 99 mg/dl

Imaging**XR CHEST PA OR AP 1 VIEW (PORTABLE)**

Result Date: 2/24/2025

EXAM: XR CHEST PA OR AP 1 VIEW (PORTABLE) INDICATION: See Epic for more information: worsening dyspnea, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspesi COMPARISON: 2/19/2025.

FINDINGS: Enteric drainage tube courses inferiorly outside the field-of-view. Right IJ approach CVC tip overlies right atrium. No evidence of acute osseous abnormality. Unchanged cardiomedastinal silhouette. New hazy perihilar and basilar parenchymal opacities are present with small to moderate-sized pleural effusions.

IMPRESSION: 1. New hazy perihilar and basilar parenchymal opacities suspicious for pulmonary edema with superimposed atelectasis or pneumonia not definitively excluded. 2. Small to moderate-sized pleural effusions bilaterally. DICTATED BY: ANDREW T. MARTIN, M.D. Workstation ID:APACSRR1

XR ABDOMEN SINGLE VIEW

Result Date: 2/21/2025

XR ABDOMEN SINGLE VIEW, 2/21/2025 2:52 PM CLINICAL INFORMATION: See Epic

for more information: NG placement, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified COMPARISON: 2/18/2025.

FINDINGS/IMPRESSION: Single limited view of the abdomen for tube placement exhibits a gastric drainage tube with sidehole terminating in the stomach. Dictated by Omar Khan, MDWorkstation ID:DESKTOP-BLA1H26

XR CHEST PA OR AP 1 VIEW (PORTABLE)

Result Date: 2/20/2025

EXAM: XR CHEST PA OR AP 1 VIEW (PORTABLE) **INDICATION:** See Epic for more information: eval for PNA, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified COMPARISON: 2/17/2025

FINDINGS: Endotracheal tube tip is 2.6 cm above the carina. Right IJ approach CVC tip overlies the SVC. Enteric drainage tube courses inferiorly outside the field-of-view. No evidence of acute osseous abnormality. Cardiomedastinal silhouette is within normal limits. Mild left basilar consolidation appears similar the prior exam.

IMPRESSION: Unchanged mild left basilar consolidation consistent with atelectasis or pneumonia. **DICTATED BY:** ANDREW T. MARTIN, M.D. Workstation ID:APACSRR1

ECHO TRANSTHORACIC (TTE) COMPLETE

Result Date: 2/18/2025

- Left Ventricle: Left ventricle size is normal. Normal wall thickness. No wall motion abnormalities noted. Normal systolic function with a visually estimated EF of 60 - 65%. Grade I diastolic dysfunction.
- Left Atrium: Left atrium is mildly dilated.
- Pericardium: Trivial pericardial effusion present. No indication of cardiac tamponade.
- Tricuspid Valve: Mild transvalvular regurgitation. RVSP is 30 mmHg.
- Mitral Valve: Trace transvalvular regurgitation.

XR ABDOMEN SINGLE VIEW

Result Date: 2/18/2025

XR ABDOMEN SINGLE VIEW INDICATION: See Epic for more information: OG placement, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified COMPARISON: None. **TECHNIQUE:** A single frontal view of the abdomen was obtained.

FINDINGS/IMPRESSION: Satisfactory enteric tube placement. **DICTATED BY KALPESH DESAI, D.O.** Workstation ID:G51157

XR CHEST PA OR AP 1 VIEW (PORTABLE)

Result Date: 2/17/2025

2/17/2025 5:17 PM **TECHNIQUE:** XR CHEST PA OR AP 1 VIEW (PORTABLE).

INDICATION: See Epic for more information: line placement, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure

type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecific. COMPARISON: 2/17/2025. FINDINGS: Interval placement of endotracheal tube, enteric tube, and right internal jugular central venous catheter (all of which appear to be appropriately positioned). Hyperinflated/hyperlucent lungs suggesting underlying COPD. Nonspecific bandlike parenchymal opacity retrocardiac left lower lobe. Remaining lung fields are clear. Unremarkable bones and surrounding soft tissues.

IMPRESSION: 1. Appropriately positioned and recently placed tubes and lines. 2. Left lower lobe consolidative opacity may represent pneumonia. Lawrence J. Ashker, D.O. Workstation ID:DESKTOP-MUG57L3

US VENOUS DOPPLER BILATERAL LOWER

Result Date: 2/17/2025

Exam: US VENOUS DOPPLER BILATERAL LOWER: 2/17/2025 Clinical History: See Epic for more information: Localized edema, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified Comparison: None available at time of dictation. Technique: Gray scale compression, Color Flow, and Doppler evaluation of the bilateral common femoral, femoral popliteal, posterior tibial and peroneal veins was performed. In addition, the origin of the greater saphenous and profunda femoral veins was evaluated. If this is a unilateral exam, the contralateral common femoral vein was evaluated as above. Exam limitations: None Findings: Visualized deep and superficial veins in bilateral lower extremities are patent. Normal compression and augmentation. No intraluminal clots. There is no evidence of deep vein thrombosis in the visualized veins of bilateral lower extremities on the basis of this exam.

IMPRESSION: 1. No evidence of deep vein thrombosis. Workstation ID:SYED

CT ABDOMEN AND CT PELVIS WITHOUT IV CONTRAST

Result Date: 2/17/2025

EXAM: CT ABDOMEN AND CT PELVIS WITHOUT IV CONTRAST dated 2/17/2025 11:44 AM CLINICAL HISTORY: abdominal pain, hx of GI bleed, COMPARISON: 12/7/2023 TECHNIQUE: Helically acquired CT images were obtained from the lung bases through the pelvis without administration of intravenous contrast. Coronal and sagittal reconstructions were performed. All CT scans at this location are performed using dose optimization techniques as appropriate to a performed exam including the following: ? Automated exposure control ? Adjustment of the mA and/or kV according to patient size (this includes techniques or standardized protocols for targeted exams where dose is matched to indication / reason for exam, i.e., extremities or head) ? Use of iterative reconstruction technique FIELD OF VIEW: 30.1 cm FINDINGS: Lower chest: Patchy consolidation in the left lung base. Liver: Normal. Biliary tree: Stones/sludge in the gallbladder with no gallbladder wall thickening or pericholecystic fluid. Spleen: Normal. Pancreas: Normal. Adrenal glands: Normal. Kidneys/ureters/bladder: Normal. Gastrointestinal tract: The small and large bowel are normal in caliber. The appendix is normal. There is a moderate amount of stool in the rectum. Lymphatics: No lymphadenopathy. Vasculature: There are atherosclerotic calcifications of the arterial

structures without evidence of aneurysm. Peritoneum/retroperitoneum: Normal. Abdominal wall/soft tissues: Normal. Pelvic organs: Normal. Osseous structures: No acute osseous abnormalities or suspicious osseous lesions.

IMPRESSION: No acute abnormality in the abdomen or pelvis. Patchy consolidation in the left lung base concerning for pneumonia/aspiration. Follow-up to resolution is recommended to exclude the presence of an underlying lung nodule. Moderate rectal stool burden. Stones/sludge in the gallbladder with no findings to suggest acute cholecystitis. Dictated by: Joshua Tarrence, DOWorkstation ID:APACSRR3

CT HEAD WITHOUT CONTRAST

Result Date: 2/17/2025

EXAM: CT HEAD WITHOUT CONTRAST **INDICATION:** AMS, hx of stroke **TECHNIQUE:** Axial thin section CT images of the head were obtained without contrast. Sagittal and coronal 2-D multiplanar reconstructions were performed at the scanner. **Dose Reduction:** mA and/or kV are/were adjusted by automated exposure control software based upon the patient's height and weight. **COMPARISON:** CT head 12/7/2023 and prior **FINDINGS:** The diagnostic quality of the examination is adequate. Extracranial soft tissues: Unremarkable. Calvarium and skull base: No acute abnormality. Orbita, paranasal sinuses, mastoids, vascular structures: Unremarkable. Brain: No acute intraparenchymal blood products, acute territorial infarcts or mass effect is present. Multifocal encephalomalacia and gliosis within the bilateral corona radiata and medial left occipital lobe, similar to prior. Gray-white matter differentiation is preserved. Ventricles/Extraaxial spaces: Mild proportional enlargement without midline shift. No extra-axial fluid collections.

IMPRESSION: 1. No acute intracranial abnormality. 2. Multifocal encephalomalacia and gliosis, not significantly changed from 2023. Additional findings detailed above. Dictated by: Jessica Blaza, MD Workstation ID:G0102738

XR KNEE RIGHT 3 VIEWS

Result Date: 2/17/2025

EXAM: XR KNEE RIGHT 3 VIEWS **HISTORY:** DECREASED BLOOD SUGAR-SYMPOMATIC, HYPOXIA, **COMPARISON:** 5/16/2018 and prior studies **FINDINGS:** Severe osteopenia is present as well as severe osteoarthritis in the right knee. A small effusion is present. Motion artifact is present as well as vascular calcifications. There are no gross focal bony abnormalities.

IMPRESSION: Severe osteoarthritis and osteopenia with small suprapatellar effusion
Interpreted by Dr. Karen Jobalia, MD Workstation ID:RADOFFICE

XR CHEST PA OR AP 1 VIEW (PORTABLE)

Result Date: 2/17/2025

Examination: XR CHEST PA OR AP 1 VIEW (PORTABLE) **Comparison:** 10/24/2013
Findings: Heart size is normal. Lungs are clear of infiltrate. There are no pleural effusions currently identified.

IMPRESSION: No distinct acute cardiopulmonary disease. Dictated by: Robert L. Tyrrell
M.D
Workstation ID:APACSRR11

Signature

Electronically signed by: Nurul Haque, MD, 2/24/2025 8:21 PM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Chambers, Steven Lawrence, MD

Physician

Medical ICU

Date of Service: 02/24/25 0815

Medical Staff Progress Note  

Addendum

Addendum**Pulmonary & Critical Care Medicine****Pulmonary & Critical Care**

CONSULTANTS, INC.

MIAMI VALLEY HOSPITAL

Patient Name: Diane Crisp

65-year-old female admitted for severe encephalopathy and acute renal failure and with hyperkalemia. Patient has been on CRRT. Remains off mechanical ventilation. Patient is lethargic, somnolent.

Date: 2/24/2025**IMPRESSION:**

Acute metabolic encephalopathy

Acute kidney injury with chronic kidney disease stage III on CRRT and improving

Sepsis with probable urinary source

Atrial fibrillation with controlled ventricular rate

Thrombocytopenia

CKD stage III due to hypertension

Anemia of chronic disease likely due to the chronic kidney disease.

History of CVA

Hypoglycemia with confusion on admission

Hypertensive renal disease.

Body mass index is 25.76 kg/m².

DISCUSSION & PLAN:

Vomited at 0500, now on significant oxygen requirement. Is been on heated high flow on facemask with worsening arterial blood gas with pH now 7.218. Patient is limited code cannot intubate patient. Did not tolerate nasal heated high flow and has been on facemask heated high flow which loses some of its benefit. Will attempt BiPAP for now although it is concerning after she had significant vomiting this morning. Chest x-ray appears to show more atelectasis possible infiltrate from the vomiting.

Hemodynamically unstable now with low blood pressure had to decrease volume removal from CRRT and giving fluid bolus. Again according to her CODE STATUS cannot be placed on pressors.

Will make sure family is contacted as her prognosis is poor at best

F/U For: See above

SUBJECTIVE:

Noncommunicative

OBJECTIVE:**Vitals-**

Temp: 97.5 °F (36.4 °C) (02/24/25 0330)	Temp Avg: 97.6 °F (36.4 °C) Min: 97.4 °F (36.3 °C) Max: 97.8 °F (36.6 °C)	BP: (!) 157/95 (02/23/25 1900)	Pulse: 81 (02/24/25 0800)	Resp: 16 (02/24/25 0800)	SpO2: 90 % (02/24/25 0800)
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Exam-

GENERAL -well-developed, well-nourished ill-appearing somnolent/lethargic female appearing older than her stated age

HEENT -normocephalic, atraumatic, mucous membranes moist, extraocular movement intact, anicteric

CHEST/RESPIRATORY -diffuse rhonchi

CARDIAC - Regular rate and rhythm/rate controlled

ABDOMEN - Soft, non-tender, + BS

SKIN -warm and dry, no rash

EXTREMITIES - No clubbing, cyanosis, trace to 1+ pedal edema

NEUROLOGICAL - alert, moves all extremities

DIAGNOSTIC EVAL / INTERVENTIONS:**LABS REVIEWED:**

COVID-19

SARS COV2 RNA, QL REAL TIME RT PCR (no units)

Date	Value	Status
02/17/2025	Not Detected	Final

CBC W/Diff

Recent Labs

	02/24/25 0313
WBC	21.5*
HEMOGLOBIN	12.9
HEMATOCRIT	37.6
PLATELETS	40*
MCV	97.2
MCH	33.3
MCHC	34.3
RDW	19.3*
NRBC	1*
MPV	13.6*

CMP

Recent Labs

	02/24/25 0310	02/24/25 0049
NA	--	138
POTASSIUM	--	3.5
CL	--	100
CO2	--	24
GLUCOSE	153*	164*
BUN	--	39*
CREATININE	--	2.2*
CA	--	7.8*

ABG

Recent Labs

	02/24/25 0416
PH	7.316*
PCO2	48.8*
PO2	73.6*
O2SAT	94.6*
BE	-1.8
HCO3	24.8

CARDIAC ENZYMES No results for input(s): "CK1", "CKMB", "INDINT", "MBI", "TROP" in the last 36 hours. MB ADD ON No results for input(s): "MBI" in the last 36 hours.

PT/APTT No results for input(s): "PROA", "PT", "PTTA", "PTT" in the last 36 hours.

CULTURES, BLOOD No results found for this or any previous visit (from the past 36 hours).

CULTURES, SPUTUM No results found for this or any previous visit (from the past 36 hours).

CULTURES, URINE No results found for this or any previous visit (from the past 36 hours).

INR No results for input(s): "INR" in the last 36 hours.

LACTIC ACID, SERUM No results for input(s): "LACT" in the last 36 hours.

IMAGING STUDIES; ACTUAL FILMS REVIEWED:

Chest x-ray reviewed both films report with smaller lung volumes than her baseline, atelectasis or infiltrate right lower lung. Could represent aspiration. Reviewed both films and report agree with

findings.

OTHER STUDIES:

albuterol, 2.5 mg, Q4H (RT)
sodium chloride, 4 mL, BID
vitamin D, B, iron and minerals, 1 Tab, Daily
fludrocortisone, 0.1 mg, Daily
insulin lispro, 1-9 Units, Q4H
midodrine, 10 mg, Q8H
levothyroxine, 50 mcg, Daily
saline flush, 10 mL, Q12H
polyethylene glycol, 1 Packet, Daily
folic acid, 1 mg, Daily

INTAKE/OUTPUT:

I/O last 3 completed shifts:
In: 1852.9 [I.V.:248.9; Blood:698; Enteral:906]
Out: 1566 [Urine:275; Other:991; Enteric:300]

Critical Care time: 32 min

Reviewed Chart
Reviewed Medications
Reviewed Labs and Studies
Reviewed other Physicians notes
Discussed with nursing, RT

Signature: Steven L. Chambers, MD
Pager: 635-0514

For ICU NP please call 937-789-8098 / 937-789-8411

For Pulmonary consult NP please call 937-475-8469

For urgent consultations & after 6 pm on weekdays and weekends, please page on call physician
- 937-334-5999

ED to Hosp-Accident (Discharged) on 2/17/2025

Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Walsh, Nicholas T, PA-C

Physician Assistant
Critical CareMedical Staff Progress Note  
Signed

Date of Service: 02/24/25 0647

Signed



Pulmonary & Critical Care

CONSULTANTS, INC.

CC Brief Update Note

I was called to the bedside multiple times over the course the night for worsening tachypnea, tachycardia and hypoxemia. Patient x-ray appears more volume overloaded, more pulmonary vascular congestion and bibasilar effusions/pulmonary edema. Minimal urinary output despite IV furosemide. Reached out to nephrology team overnight who agreed to place the patient back on continuous renal replacement therapy and pull fluid as tolerated. Patient continued to have hypoxemia and tachydysrhythmia, started on diltiazem infusion by critical care resident as documented in prior notation. Patient remains with aggressive pulmonary toilet and respiratory measures, IPV, CoughAssist, hypertonic nebulizers, NT suctioning. Due to the patient's worsening status we had long conversations with her at the bedside, while she is weak unable and unable to have full conversations she is able to mouth small words and shake her head appropriately to yes or no questions. Discussed with her at length about what she would want in an emergency situation or worsening respiratory status. She was very adamant that she would not want the breathing to or ACLS medications/measures in the event of an emergency or especially cardiac arrest. Critical care team also reached out to the patient's designated point of contact however this was in fact not assisted by the sister-in-law. Patient does appear to have capacity and so we will go by her decisions which were once again to forego things such as intubation, chest compressions, defibrillation, ACLS measures. Her CODE STATUS was changed to update this LTM reflection, will continue to monitor closely in the ICU.

Patient seen and discussed with ICU attending Dr. Kang.

Note Completed By:

Nicholas T. Walsh, MMS, PA-C
Pulmonary & Critical Care Medicine
Phone: 937-789-8098

Electronically signed by: Nicholas T Walsh, PA-C, 2/24/2025 6:52 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

- 02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Wenn, Jared I, DO
Resident
Critical Care

Medical Staff Progress Note  
Signed

Date of Service: 02/24/25 0602

Signed

Called to bedside due to concerns of SVT with heart rate around 160s–170s. The monitor appeared to have irregular rhythm and varying times and given her history of atrial fibrillation recently, I felt it was more atrial fibrillation with RVR in nature. We obtained a twelve-lead EKG which showed sinus tachycardia with a rate of 134 but patient was promptly become more tachycardic in the 160s–170s. She remained more on the hypertensive side, awake and alert and interactive. She was given diltiazem 15 mg push and responded well bring her heart rate down to 90s–100s with blood pressure remaining normotensive. Within a couple minutes her heart rate went back to the 160s–170s. She was then started on diltiazem drip.

Patient was on CRRT but had rhonchorous breath sounds with some dyspnea. Patient was able to follow commands and would try to whisper words but communicated by nodding or shaking her head. Patient did indicate to me and confirmed her name, that she was at the hospital, and that she was having a hard time breathing. She shook her head no when I asked her if she was okay with chest compressions and/or intubation. Patient was on 15 L nasal cannula with SpO2 in the mid 90s.

I called the person listed in the chart as the sister (Shirley) to discuss the patient's clinical status but Shirley indicated that she was the sister-in-law and that the patient had a brother and sister that live out of state. Her brother's name is Kendall and I updated her chart with his phone number. Shirley indicated that Kendall has very minimal interactions with the patient. Shirley was also unsure on how to get a hold of the patient's other sister who has no contact with the patient.

After discussion with the remainder of the ICU team, they got similar exams with same response by the patient at different times with transfer confirming that the patient would not want to be intubated and would not want chest compressions, defibrillation, no ACLS medications. CODE STATUS was changed in the chart to LTM.

ED to Hosp-Admission (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:32 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70



Obryan, Kirstyn N, RN
Registered Nurse

Care Plan
Signed

Date of Service: 02/23/25 2200

Signed

Problem: Pressure Ulcer

Goal: Absence of infection signs and symptoms

Outcome: Progressing

Goal: Pressure ulcer healing

Outcome: Progressing

Problem: Injury - Risk of, Physical Restraints

Goal: Absence of injury

Outcome: Progressing

Problem: Infection Risk, Urinary Catheter-Associated

Goal: Absence of urinary tract infection signs and symptoms

Outcome: Progressing

Problem: Injury - Risk of, Physical Restraints

Goal: Absence of physical restraint indications

Outcome: Not Progressing

ED to Hosp-Admission (Discharged) on 2/17/2025

Care Timeline

02/17 Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603

03/02 Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:32 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Haque, Nurul, MD
Physician
Hospitalist

Medical Staff Progress Note ⚠️ Heart
Signed

Date of Service: 02/23/25 1420

Signed



Miami Valley Hospitalist Group
Miami Valley Hospital

Internal Medicine Hospitalist Progress Note

Hospitalist: Nurul Haque MD

Patient Identifier/Hospitalist

Patient Name: Diane Crisp **DOB:** 9/1/1959

Room / Bed : 4512/4512-A

Facility : MIAMI VALLEY HOSPITAL

Date of Service: 2/23/2025

CSN: 164122416

Admit Date: 2/17/2025 9:40 AM

Attending Physician: Haque, Nurul, MD

Primary Care Physician: Nonstaff, Mvh

Please contact using secure chat for urgent/ immediate response please use cell number mentioned in secure chat

Disposition: Home/ECF in 24-72 hrs,pending clinical improvement

Reason for continued hospitalization

	IVF
	IV Abx
	Heparin gtt

	Protonix gtt
	Cardizem/Amiodarone gtt
	Pressors gtt
	Intubated
X	Pending Clinical recovery
	Pending Procedures
	Pending Consult eval
	Pending MRI/Imaging
	IV Lasix/Bumex
	Requiring BIPAP
	Awaiting Cultures
	Adjusting medications
X	" Of nutrition, PRBC transfusion, antibiotics

Assessment and Plan

Diane Crisp is a 65 year old female

Hospital day# 6

Admitted for:

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Narrative :

Diane Crisp is an 65 year old female who has a history of hyperlipidemia, GERD, hypertension, presented at MVH ER with concern of lethargy was brought in by EMS with blood glucose of 31, was started on D10 and Isolyte, was also reportedly hypotensive with blood pressure of 88/51 per report, was requiring oxygen at around 6 L/min via nasal cannula saturating around 100% on arrival, unclear whether she was hypoxic on field, was cold on arrival with hypothermia.

Lab work is concerning for creatinine of 5.2, prior baseline is 1.2, 1 years prior.

Potassium was 7.3. Treated per hyperkalemia protocol. TSH of 4.82 white blood cell of 21.4. Hemoglobin of 8.5. Troponin of 60, 54.

Chest x-ray is negative for any acute cardiopulmonary process, CT abdomen pelvis is concerning for possible left lung base infiltrate with differential of possible pneumonia/aspiration. Negative for any acute abdominal or pelvic process

Altered mental status: Secondary to metabolic encephalopathy likely from infection possibly from pneumonia, need to rule out other infective etiology, follow-up on blood culture, urine reflex to culture, also could have altered mental status from significant

electrolyte derangement, dehydration. Monitor mentation, anticipate improvement

Assessment and plan

Acute hypoxia with hypoxic respiratory failure: Could be secondary to aspiration pneumonia although infiltrates are not impressive on lung cuts of CT abdomen pelvis, oxygen supplementation, treat underlying etiology. Patient was eventually intubated given poor mentation and severe metabolic acidosis with hypoxia. Extubated on 2/21/2025. Transition to oxygen via nasal cannula

Severe sepsis with septic shock: Present on admission: Has organ dysfunction in form of metabolic acidosis, acute hypoxic respiratory failure, AKI, likely secondary to UTI, initially pneumonia felt less likely but patient likely has pneumonia given polymicrobial growth noted for multiple pathogen on respiratory culture from 2/19/2025 is growing Klebsiella, Pseudomonas, Achromobacter, Ecoli other rare bacteria noted, ID consulted, hydration therapy, , **antibiotic tailored to Zosyn by ID, differential is colonization versus pneumonia, more likely felt to be colonization.** Initially was hypertensive with subsequent improvement in blood pressure but later on become hypotensive again requiring initiation of Levophed, critical care service consulted. On hydrocortisone for severe sepsis. Off pressor support.

Anemia: Chronic, acute component is secondary to sepsis, also has anemia of chronic disease, monitor hemoglobin, transfuse as required. Monitor for any clinical bleeding

Dysphagia: ST evaluation to determine nutrition

Abnormal UA suggestive of UTI: Was initially started on broad-spectrum antibiotic, antibiotic tailored as above, urine culture growing group D Enterococcus, Proteus species, requested microbiology to run complete culture sensitivity, ID consulted

elevated troponin: Likely nonspecific secondary to demand ischemia in troponin leak from renal dysfunction, EKG negative for dynamic ST-T changes, will obtain echocardiogram mostly to evaluate cardiac function given severe sepsis

Hyperkalemia: Treated per protocol, nephrology consulted, may need dialysis if does not improve, repeat potassium

Hypothyroidism: Has elevated TSH, awaiting T3-T4, possibility of myxedema considered as differential, felt less likely at this time given TSH of only 4.82, quite unlikely

AKI with metabolic acidosis: Severe, likely prerenal, was initially managed with bicarb drip, nephrology consulted. CRRT initiated

GERD: PPI

Hyperlipidemia: Statin

History of hypertension: Antihypertensive on hold, resume when deemed appropriate

Bilateral lower extremity swelling: Negative for DVT,

No data recorded,

Incision Left Anterior Incision (Active)

Appearance Date/Appearance Time: 07/10/18 1328 Patient came in with: No Wound Side: Left Wound Location: Knee Wound Orientation: Anterior Type: Incision

Assessments	7/10/2018 2:25 PM	7/11/2018 9:12 AM
Dressing Status / Change	Dry & Intact	Dry & Intact
Surgical Site / Incision	—	Other (Comment)
Periwound (surrounding) tissue	Dry;Intact	Dry;Intact
Drain Type	Not applicable	Not applicable
Drainage Amount	None	None
Odor	None	None
Primary Dressing	—	Antimicrobial

No associated orders.

Wound Coccyx (Active)

Appearance Date/Appearance Time: 12/11/23 1600 Wound Location: Coccyx

Assessments	12/11/2023 4:08 PM	1/1/2024 10:00 PM
Dressing Status / Change	Open to air	Dry & Intact
Wound Bed Appearance	Pink	—
Drainage Amount	None	—
Odor	None	—
Wound cleanser	Body wash / periwash	—
Periwound (surrounding) tissue	Blanchable erythema	—
Topical Agents	Zinc oxide	—

No associated orders.

Pressure Injury Coccyx (Active)

Identification Date/Identification Time: 02/22/25 (c) 1400 Location: Coccyx

Assessments	2/22/2025 2:00 PM	2/23/2025 8:00 PM
Dressing Status / Change	Changed	Dry & Intact
Injury Stage	Stage 2	—

Appearance	Pink;Red;Partial thickness	—
Drainage Amount	Scant	—
Drainage Appearance	Serosanguineous	—
Wound cleanser	Body wash / periwash	—
Undermining / Tunneling	No	—
Periwound (surrounding) tissue	Dry;Intact	—
Primary Dressing	Foam Dressing-Silicone Border	Foam Dressing-Silicone Border

No associated orders.

Pressure Injury Sacrum (Active)

Identification Date/Identification Time: 02/22/25 (c) 1400 Location: Sacrum

Assessments	2/22/2025 2:00 PM	2/23/2025 8:00 PM
Dressing Status / Change	Changed	Dry & Intact
Injury Stage	Stage 2	—
Appearance	Pink;Red;Partial thickness	—
Drainage Amount	Scant	—
Drainage Appearance	Serosanguineous	—
Wound cleanser	Body wash / periwash	—
Undermining / Tunneling	No	—
Periwound (surrounding) tissue	Dry;Intact	—
Primary Dressing	Foam Dressing-Silicone Border	Foam Dressing-Silicone Border

No associated orders.

DVT Prophylaxis: Lovenox/Heparin & SCD

Code Status: Orders Placed This Encounter
Total Support

Subjective

The patient is lying in bed, alert oriented to self, voice is very soft and difficult to understand, follows simple commands

ROS : negative except for above

Home Medications

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• albuterol (PROVENTIL) 2.5 mg /3 mL (0.083 %) inhalation solution 2.5 mg	2.5 mg	Inhalation	Q4H (RT)	Gandhi, Dharmesh V, MD	2.5 mg at 02/23/25	1702
• sodium chloride 7% for nebulization 4 mL	4 mL	Inhalation	BID	Gandhi, Dharmesh V, MD	4 mL at 02/23/25	1319
• vitamin D, B, iron and minerals (PRORENAL) tab 1 Tab	1 Tab	Oral	Daily	Kaufhold, Jeffrey J, MD	1 Tab at 02/23/25	1306
• fludrocortisone (FLORINEF) tablet 0.1 mg	0.1 mg	Oral	Daily	Kaufhold, Jeffrey J, MD	0.1 mg at 02/23/25	1435
• piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9% NaCl 100 ml addEASE	4.5 g	Intravenous	Q12H	Huesman, Kelli K, PA-C	25 mL/hr at 02/23/25	0829
• NaCl 0.9 % 300 mL	300 mL	Intravenous	To Dialysis-PRN	Kaufhold, Jeffrey J, MD		
• saline flush	10 mL	IV Push	To Dialysis-PRN	Kaufhold, Jeffrey J, MD		
• heparin injection 5,000 Units	5,000 Units	Instill	To Dialysis-PRN	Kaufhold, Jeffrey J, MD	13,500 Units at 02/22/25	1733
• albumin, human 25 % IV soln 25 g	25 g	Intravenous	To Dialysis-PRN	Kaufhold, Jeffrey J, MD	60 mL/hr at 02/22/25	1712

1712

• dextrose (GLUTOSE) gel 15 g Carb 15 g Carb	15 g Carb	Oral	PRN	Walsh, Nicholas T, PA-C	
• dextrose 50 % in water (D50W) intravenous syringe 5-12.5 g	5-12.5 g	IV Push	PRN	Walsh, Nicholas T, PA-C	
• glucagon injection 1 mg	1 mg	Subcutaneous	PRN	Walsh, Nicholas T, PA-C	
• insulin lispro (HumaLOG) injection 1-9 Units	1-9 Units	Subcutaneous	Q4H	Walsh, Nicholas T, PA-C	1 Units at 02/23/ 25 1619
• midodrine (PROAMATINE) tablet 10 mg	10 mg	Oral	Q8H	Davis, Deanna Kay, APRN	10 mg at 02/23/ 25 1435
• levothyroxine (SYNTHROID) tablet 50 mcg	50 mcg	Oral	Daily	Davis, Deanna Kay, APRN	50 mcg at 02/23/ 25 0550
• saline flush	10 mL	IV Push	PRN	Haque, Nurul, MD	
• saline flush	10 mL	IV Push	Q12H	Haque, Nurul, MD	1 Syringe at 02/23/ 25 0821
• NaCl 0.9% 1,000 mL	1,000 mL	Intravenous	Continuo s PRN	Haque, Nurul, MD	10 mL/hr at 02/21/ 25 1502 1502
• acetaminophen (TYLENOL) tablet 650 mg	650 mg	Oral	Q4H PRN	Haque, Nurul, MD	650 mg at 02/21/ 25 0909
Or					
• acetaminophen	650	Rectal	Q4H PRN	Haque, Nurul,	

(TYLENOL) suppository 650 mg			MD		
• polyethylene glycol (MIRALAX) packet 17 g	1 Packet	Oral	Daily	Haque, Nurul, MD	17 g at 02/22/ 25 0859
• folic acid (FOLATE) tablet 1 mg	1 mg	Oral	Daily	Haque, Nurul, MD	1 mg at 02/23/ 25 0820
• lidocaine (PF) 1 % (10 mg/mL) injection 5 mL	5 mL	Infiltration	Once PRN	Haque, Nurul, MD	
• ondansetron (ZOFTRAN ODT) RAPID DISSOLVING tablet 4 mg Or	4 mg	Oral	Q6H PRN	Davis, Deanna Kay, APRN	
• ondansetron (ZOFTRAN) injection 4 mg	4 mg	IV Push	Q6H PRN	Davis, Deanna Kay, APRN	4 mg at 02/20/ 25 1639

Objective

Vital Signs:

Temp: 97.8 °F (36.6 °C) (02/23/25 1940)	Temp Min: 97.4 °F (36.3 °C) Min taken time: 02/23/25 1308 Max: 98 °F (36.7 °C) Max taken time: 02/23/25 0000	BP: (!) 157/95 (02/23/25 1900)	Pulse: 107 (02/23/25 2000)	Resp: 29 (02/23/25 2000)	SpO2: 97 % (02/23/25 2000)
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PHYSICAL EXAMINATION:

GENERAL APPEARANCE: NAD, A&O X1
HEENT: PERRL, MMM,
Neck: Supple, no LAD, no thyromegaly.
CV: RRR, no added sounds heard
Pulm: CTA B
Abd: +BS, NT, ND.
GU: WNL
Extr: Bilateral upper extremity edema more soft and bilaterally
MS: 5/5 strength all groups.
Neuro: Soft voice, difficult to understand
Skin: No Rashes

Diagnostic Data

Recent Results (from the past 24 hours)

POC GLUCOSE

Collection Time: 02/22/25 11:42 PM

Result	Value	Ref Range
POC GLUCOSE	139 (A)	70 - 99 mg/dl

POC GLUCOSE

Collection Time: 02/23/25 3:56 AM

Result	Value	Ref Range
POC GLUCOSE	175 (A)	70 - 99 mg/dl

PHOSPHORUS

Collection Time: 02/23/25 5:53 AM

Result	Value	Ref Range
Phosphorus	2.6	2.1 - 4.3 mg/dL

BASIC METABOLIC PANEL

Collection Time: 02/23/25 5:53 AM

Result	Value	Ref Range
Sodium	137	135 - 148 mEq/L
Potassium	3.5	3.4 - 5.3 mEq/L
Chloride	101	96 - 110 mEq/L
Carbon Dioxide	24	19 - 32 mEq/L
BUN	30 (H)	3 - 29 mg/dL
Creatinine	1.9 (H)	0.5 - 1.2 mg/dL

Glucose	188 (H)	70 - 99 mg/dL
Calcium	7.5 (L)	8.5 - 10.5 mg/dL
Anion Gap	12	5 - 15
BUN/CREAT Ratio	16	7 - 25
Estimated GFR	29 (L)	>=60 mL/min/1.7 3m ²

MAGNESIUM, SERUM

Collection Time: 02/23/25 5:53 AM

Result	Value	Ref Range
Magnesium	2.2	1.4 - 2.5 mg/dL

POC GLUCOSE

Collection Time: 02/23/25 6:00 AM

Result	Value	Ref Range
POC GLUCOSE	174 (A)	70 - 99 mg/dl

COMPLETE BLOOD COUNT

Collection Time: 02/23/25 6:46 AM

Result	Value	Ref Range
WBC Count	23.5 (H)	3.5 - 10.9 K/uL
RBC	2.02 (L)	3.95 - 5.26 M/uL
Hemoglobin	6.7 (L)	11.2 - 15.7 g/dL
Hematocrit	20.5 (L)	34.0 - 49.0 %
MCV	101.5 (H)	80.0 - 100.0 fL
MCH	33.2	26.0 - 34.0 pg
MCHC	32.7	30.7 - 35.5 g/dL
RDW	23.8 (H)	<=15.0 %
Platelet Count	60 (L)	140 - 400 K/uL
MPV	13.3 (H)	7.2 - 11.7 fL
nRBC	1 (H)	<=0 /100 WBCs

Scan Result

POC GLUCOSE

Collection Time: 02/23/25 8:01 AM

Result	Value	Ref Range
POC GLUCOSE	179 (A)	70 - 99

mg/dl

PREPARE RED BLOOD CELLS

Collection Time: 02/23/25 10:00 AM

Result	Value	Ref Range
UNIT PRODUCT	E0336V00	
CODE		
UNIT ID	W03542500 8485-P	
UNIT ABO	O	
UNIT RH	POSITIVE	
UNIT	Compatible	
INTERPRETATION		
N		
UNIT DISPENSE	ISSUED	
STATUS		
UNIT	202503252	
EXPIRATION	359	
DATE		
UNIT BLOOD	5100	
TYPE		
BLOOD CODING	ISBT 128	
SYS		

HEPARIN INDUCED PLATELET ANTIBODY

Collection Time: 02/23/25 10:20 AM

Result	Value	Ref Range
HEPARIN	NEGATIVE	NEGATIVE
INDUCED		
PLATELET		
ANTIBODY		
PATIENT OD	0.093	
REFERENCE OD	0.432	

POC GLUCOSE

Collection Time: 02/23/25 10:20 AM

Result	Value	Ref Range
POC Glucose	168 (H)	70 - 99 mg/dL

Scan Result

POC GLUCOSE

Collection Time: 02/23/25 10:21 AM

Result	Value	Ref Range
POC GLUCOSE	164 (A)	70 - 99 mg/dL

TYPE AND SCREEN

Collection Time: 02/23/25 10:21 AM

Result	Value	Ref Range
ABO Grouping	O	
Rh Type	Positive	

Antibody Screen Negative
 Specimen 202502262
 Expiration 35959
 Date/Time

POC GLUCOSE

Collection Time: 02/23/25 12:39 PM
 Result Value Ref Range
 POC GLUCOSE 187 (A) 70 - 99
 mg/dl

PREPARE RED BLOOD CELLS

Collection Time: 02/23/25 2:55 PM
 Result Value Ref Range
 UNIT PRODUCT E0336V00
 CODE
 UNIT ID W03542501
 2440-4
 UNIT ABO O
 UNIT RH POSITIVE
 UNIT Compatible
 INTERPRETATIO
 N
 UNIT DISPENSE ISSUED
 STATUS
 UNIT 202503252
 EXPIRATION 359
 DATE
 UNIT BLOOD 5100
 TYPE
 BLOOD CODING ISBT 128
 SYS

POC GLUCOSE

Collection Time: 02/23/25 4:18 PM
 Result Value Ref Range
 POC GLUCOSE 173 (A) 70 - 99
 mg/dl

HEMOGLOBIN AND HEMATOCRIT

Collection Time: 02/23/25 5:50 PM
 Result Value Ref Range
 Hemoglobin 12.7 11.2 - 15.7
 g/dL
 Hematocrit 36.8 34.0 - 49.0
 %

Scan Result

POC GLUCOSE

Collection Time: 02/23/25 8:00 PM
 Result Value Ref Range
 POC Glucose 134 (H) 70 - 99

mg/dL

Scan Result

Imaging**XR ABDOMEN SINGLE VIEW**

Result Date: 2/21/2025

XR ABDOMEN SINGLE VIEW, 2/21/2025 2:52 PM CLINICAL INFORMATION: See Epic for more information: NG placement, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified COMPARISON: 2/18/2025.

FINDINGS/IMPRESSION: Single limited view of the abdomen for tube placement exhibits a gastric drainage tube with sidehole terminating in the stomach. Dictated by Omar Khan, MD Workstation ID:DESKTOP-BLA1H26

XR CHEST PA OR AP 1 VIEW (PORTABLE)

Result Date: 2/20/2025

EXAM: XR CHEST PA OR AP 1 VIEW (PORTABLE) INDICATION: See Epic for more information: eval for PNA, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified COMPARISON: 2/17/2025

FINDINGS: Endotracheal tube tip is 2.6 cm above the carina. Right IJ approach CVC tip overlies the SVC. Enteric drainage tube courses inferiorly outside the field-of-view. No evidence of acute osseous abnormality. Cardiomedastinal silhouette is within normal limits. Mild left basilar consolidation appears similar the prior exam.

IMPRESSION: Unchanged mild left basilar consolidation consistent with atelectasis or pneumonia. DICTATED BY: ANDREW T. MARTIN, M.D. Workstation ID:APACSRR1

ECHO TRANSTHORACIC (TTE) COMPLETE

Result Date: 2/18/2025

- Left Ventricle: Left ventricle size is normal. Normal wall thickness. No wall motion abnormalities noted. Normal systolic function with a visually estimated EF of 60 - 65%. Grade I diastolic dysfunction.
- Left Atrium: Left atrium is mildly dilated.
- Pericardium: Trivial pericardial effusion present. No indication of cardiac tamponade.
- Tricuspid Valve: Mild transvalvular regurgitation. RVSP is 30 mmHg.
- Mitral Valve: Trace transvalvular regurgitation.

XR ABDOMEN SINGLE VIEW

Result Date: 2/18/2025

XR ABDOMEN SINGLE VIEW INDICATION: See Epic for more information: OG placement, Sepsis with acute renal failure without septic shock, due to unspecified

organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified COMPARISON: None. TECHNIQUE: A single frontal view of the abdomen was obtained.

FINDINGS/IMPRESSION: Satisfactory enteric tube placement. DICTATED BY KALPESH DESAI, D.O. Workstation ID:G51157

XR CHEST PA OR AP 1 VIEW (PORTABLE)

Result Date: 2/17/2025

2/17/2025 5:17 PM TECHNIQUE: XR CHEST PA OR AP 1 VIEW (PORTABLE).

INDICATION: See Epic for more information: line placement, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified. COMPARISON: 2/17/2025. FINDINGS: Interval placement of endotracheal tube, enteric tube, and right internal jugular central venous catheter (all of which appear to be appropriately positioned). Hyperinflated/hyperlucent lungs suggesting underlying COPD. Nonspecific bandlike parenchymal opacity retrocardiac left lower lobe. Remaining lung fields are clear. Unremarkable bones and surrounding soft tissues.

IMPRESSION: 1. Appropriately positioned and recently placed tubes and lines. 2. Left lower lobe consolidative opacity may represent pneumonia. Lawrence J. Ashker, D.O. Workstation ID:DESKTOP-MUG57L3

US VENOUS DOPPLER BILATERAL LOWER

Result Date: 2/17/2025

Exam: US VENOUS DOPPLER BILATERAL LOWER: 2/17/2025 Clinical History: See Epic for more information: Localized edema, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified Comparison: None available at time of dictation. Technique: Gray scale compression, Color Flow, and Doppler evaluation of the bilateral common femoral, femoral popliteal, posterior tibial and peroneal veins was performed. In addition, the origin of the greater saphenous and profunda femoral veins was evaluated. If this is a unilateral exam, the contralateral common femoral vein was evaluated as above. Exam limitations: None Findings: Visualized deep and superficial veins in bilateral lower extremities are patent. Normal compression and augmentation. No intraluminal clots. There is no evidence of deep vein thrombosis in the visualized veins of bilateral lower extremities on the basis of this exam.

IMPRESSION: 1. No evidence of deep vein thrombosis. Workstation ID:SYED

CT ABDOMEN AND CT PELVIS WITHOUT IV CONTRAST

Result Date: 2/17/2025

EXAM: CT ABDOMEN AND CT PELVIS WITHOUT IV CONTRAST dated 2/17/2025

11:44 AM CLINICAL HISTORY: abdominal pain, hx of GI bleed, COMPARISON:

12/7/2023 TECHNIQUE: Helically acquired CT images were obtained from the lung bases through the pelvis without administration of intravenous contrast. Coronal and sagittal

reconstructions were performed. All CT scans at this location are performed using dose optimization techniques as appropriate to a performed exam including the following: ? Automated exposure control ? Adjustment of the mA and/or kV according to patient size (this includes techniques or standardized protocols for targeted exams where dose is matched to indication / reason for exam, i.e., extremities or head) ? Use of iterative reconstruction technique FIELD OF VIEW: 30.1 cm FINDINGS: Lower chest: Patchy consolidation in the left lung base. Liver: Normal. Biliary tree: Stones/sludge in the gallbladder with no gallbladder wall thickening or pericholecystic fluid. Spleen: Normal. Pancreas: Normal. Adrenal glands: Normal. Kidneys/ureters/bladder: Normal. Gastrointestinal tract: The small and large bowel are normal in caliber. The appendix is normal. There is a moderate amount of stool in the rectum. Lymphatics: No lymphadenopathy. Vasculature: There are atherosclerotic calcifications of the arterial structures without evidence of aneurysm. Peritoneum/retroperitoneum: Normal. Abdominal wall/soft tissues: Normal. Pelvic organs: Normal. Osseous structures: No acute osseous abnormalities or suspicious osseous lesions.

IMPRESSION: No acute abnormality in the abdomen or pelvis. Patchy consolidation in the left lung base concerning for pneumonia/aspiration. Follow-up to resolution is recommended to exclude the presence of an underlying lung nodule. Moderate rectal stool burden. Stones/sludge in the gallbladder with no findings to suggest acute cholecystitis. Dictated by: Joshua Tarrence, DOWorkstation ID:APACSR3

CT HEAD WITHOUT CONTRAST

Result Date: 2/17/2025

EXAM: CT HEAD WITHOUT CONTRAST INDICATION: AMS, hx of stroke TECHNIQUE: Axial thin section CT images of the head were obtained without contrast. Sagittal and coronal 2-D multiplanar reconstructions were performed at the scanner. Dose Reduction: mA and/or kV are/were adjusted by automated exposure control software based upon the patient's height and weight. COMPARISON: CT head 12/7/2023 and prior FINDINGS: The diagnostic quality of the examination is adequate. Extracranial soft tissues: Unremarkable. Calvarium and skull base: No acute abnormality. Orbita, paranasal sinuses, mastoids, vascular structures: Unremarkable. Brain: No acute intraparenchymal blood products, acute territorial infarcts or mass effect is present. Multifocal encephalomalacia and gliosis within the bilateral corona radiata and medial left occipital lobe, similar to prior. Gray-white matter differentiation is preserved. Ventricles/Extraaxial spaces: Mild proportional enlargement without midline shift. No extra-axial fluid collections.

IMPRESSION: 1. No acute intracranial abnormality. 2. Multifocal encephalomalacia and gliosis, not significantly changed from 2023. Additional findings detailed above. Dictated by: Jessica Blaza, MD Workstation ID:G0102738

XR KNEE RIGHT 3 VIEWS

Result Date: 2/17/2025

EXAM: XR KNEE RIGHT 3 VIEWS HISTORY: DECREASED BLOOD SUGAR-SYMPOMATIC, HYPOXIA, COMPARISON: 5/16/2018 and prior studies FINDINGS: Severe osteopenia is present as well as severe osteoarthritis in the right knee. A small

effusion is present. Motion artifact is present as well as vascular calcifications. There are no gross focal bony abnormalities.

IMPRESSION: Severe osteoarthritis and osteopenia with small suprapatellar effusion
Interpreted by Dr. Karen Jobalia, MD Workstation ID:RADOFFICE

XR CHEST PA OR AP 1 VIEW (PORTABLE)

Result Date: 2/17/2025

Examination: XR CHEST PA OR AP 1 VIEW (PORTABLE) Comparison: 10/24/2013

Findings: Heart size is normal. Lungs are clear of infiltrate. There are no pleural effusions currently identified.

IMPRESSION: No distinct acute cardiopulmonary disease. Dictated by: Robert L. Tyrrell
M.D Workstation ID:APACSRR11

Signature

Electronically signed by: Nurul Haque, MD, 2/23/2025 8:34 PM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Richardson, Lynn Amy, DO
Physician
Wound

Consults  
Signed

Date of Service: 02/23/25 1232

Consult Orders

Consult To: [761710172] ordered by Haque, Nurul, MD at 02/22/25 1721

Signed

MIAMI VALLEY HOSPITAL

Wound Care & Hyperbaric Oxygen Therapy Medicine

Inpatient Note

Consult

Medical Staff Progress Note

2/23/2025

Patient Name: Diane Crisp

DOB: 9/1/1959 AGE: 65 year old

GENDER: Female

Medical Record Number: 096-67-27-70

Admit Date: 2/17/2025

Referring Provider: Haque, Nurul, MD

Reason for Consultation: Wound care

History of Present Illness

Diane Crisp is a 65 year old female with past medical history of Guillain-Barré syndrome, stroke, chronic kidney disease. She was admitted to Miami Valley Hospital on 2/17/2025 diagnosed with sepsis secondary to urinary tract infection, acute renal failure with hyperkalemia requiring dialysis, acute encephalopathy, acute respiratory failure requiring mechanical ventilation and dysphagia.

Wound service requested to make recommendations for sacral and buttock wound. Is unclear if these wounds were present on admission. Patient admitted on 2/17/2025 and initial pictures documented on 2/20/2025 with stage II superficial wounds.

Review of Systems or Subjective:

- 10 systems reviewed and neg except per HPI
- Unable to be done or limited due to patient status or poor historian
- No new wound care issues

Medical Co-morbidities

Urosepsis

Acute renal failure requiring dialysis

Metabolic encephalopathy

Acute respiratory failure requiring mechanical ventilation

Oropharyngeal dysphagia

Anemia

Thrombocytopenia

Hypotension requiring midodrine
Remote history of hemorrhagic stroke
History of Guillain-Barré syndrome

CODE STATUS: Total, next of kin is sister-in-law. Patient not married, has no children and brother is deceased.

Assessment:

- Sacral dermal pressure injury, stage 2
- Right Buttock dermal pressure injury, stage 2
- Present on admission but larger during hospital stay

2/23/25: Discussed with bedside nurse regarding wounds and ongoing bowel incontinence.

Plan:

See orders under nursing for more specific wound care plan.

Direct wound care provided requiring removal of dressing, cleansing, and application of new dressing was done: Yes No

Currently on ICU specialty mattress.

- Wound Care orders placed to include:
 - Vigilant hygiene
 - Sacrum/buttock
 - Clean with wound cleanser
 - Apply alginate
 - Secure with border foam
 - Change daily and as needed
- Circulation
 - Arterial Duplex/ABI dopplers
 - CTA
 - Venous reflux studies as outpatient
 - Vascular service consult recommended
 - Vascular service following
 - NA or without any acute ischemic changes
 - Vascular follow up as outpatient
- Infection
 - Per primary team
 - Wound(s) not acutely infected
 - Wound culture
 - Imaging ordered or recommended
 - ID service consult recommended
 - ID service following
- Nutritional support
 - Per primary team
 - Protein shakes/supplements
 - Tight glycemic control, Last Hgb a1c
 - Low sodium intake
 - Enteral feeds

- Avoid pressure and trauma/friction injury to all wounds. Elevate affected limbs.
 - Complete lateral turns on sides Q2hr. Ok to be supine for meals when applicable. Any pillows or devices to assist should never be placed against the wounds but rather against non-wound areas to float wounds
 - Pressure relief mattress and/or bed
 - Float affected areas on lower extremity to relieve pressure on wounds
 - Pressure relief to help with skin perfusion
- Weight bearing
 - NA
 - Per podiatry
 - Reece shoe, Darco shoe, or offloading boot
 - NWB
 - WBAT
 - Heel touch for transfers
 - Forefoot for transfers
 - Walker
 - Knee walker
 - Bedbound

Objective:**Vitals Signs:**

Temp: 97.5 °F (36.4 °C) (02/23/25 0800)	Temp Avg: 97.5 °F (36.4 °C) Min: 96.4 °F (35.8 °C) Max: 98 °F (36.7 °C)	BP: (I) 86/61 (02/23/25 1100)	Pulse: 110 (02/23/25 1100)	Resp: 17 (02/23/25 1100)	SpO2: 94 % (02/23/25 1100)
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GENERAL:

- NAD
- awake
- Oriented x3
- Chronically ill-appearing
- Confused
- Sedated or medicated

ENT:

- Anicteric
- Unremarkable
- NG
- Mucous membranes dry
- Intubated or Trached, on vent

RESP:

- Clear anteriorly
- Diminished breath sounds
- Oxygen per NC
- Room air
- Even and unlabored respirations

CARDIO:

- Regular rhythm
- No signs of acute cardiac distress
- Telemetry
- Not assessed/NA

GI:

soft and benign, Obese

EXT:

- No cyanosis
- Cyanotic
- Mottled
- Nontender calves
- Edema present
- Edema not present
- Gangrene
- Vascular ischemia

PULSES

- Palpable
- Weakly palpable
- Dopplerable
- Unable to assess due to edema or bulky dressing
- Per vascular service
- NA

Medications: MAR reviewed

Past Medical History:

Diagnosis

- Acute blood loss anemia Date 07/11/2018
- Fall 12/20/2023
- Folic acid deficiency
- History of hemorrhagic cerebrovascular accident (CVA) without residual deficits 06/2001
Hemorrhagic CVA x2: Rt Frontoparietal Hemorrhagic Stroke 6/2001 followed by Rt Parietal Hemorrhagic Stroke 7/2006. Both were thought to be due to uncontrolled Htn...No residual deficits
- History of hemorrhagic cerebrovascular accident (CVA) without residual deficits 07/2006
Hemorrhagic CVA x2: Rt Frontoparietal Hemorrhagic Stroke 6/2001 followed by Rt Parietal Hemorrhagic Stroke 7/2006. Both were thought to be due to uncontrolled Htn...No residual deficits
- History of ischemic stroke without residual deficits 10/2013
Left Corona Radiata Ischemic CVA 10/2013. Thought to be due to uncontrolled Htn
- Hypercholesterolemia
Cardiologist: Ahmad Abdul-Karim, MD
- Hyperpotassemia 08/11/2020
- Hypertension
Cardiologist: Ahmad Abdul-Karim, MD
- Iron deficiency anemia
pt said last IV iron infusion was approx in 2016. Heme-Onc: Satheesh Kathula, MD
- LVH (left ventricular hypertrophy) due to hypertensive disease
Cardiologist: Ahmad Abdul-Karim, MD
- Postmenopausal
- Preop exam for internal medicine 06/19/2018
- PUD (peptic ulcer disease)
Admitted 6/19-6/21/18 for Acute on Chronic Iron Deficiency Anemia due to Upper GI Bleed from PUD (presumed to be NSAID induced). EGD 6/20/18 showed pyloric stenosis from PUD with gastric outlet obstruction. GI: Michael Gorsky, MD
- Thrombocytosis (Chronic)
Thought to be related to Iron def (improves with IV Iron). Heme-Onc: Satheesh Kathula, MD

Past Surgical History:

Procedure	Laterality	Date
• Carpal Tunnel Release <i>bilateral</i>		
• Colonoscopy <i>COLONOSCOPY performed by Musleh, Mustafa N, MD at MVH ENDOSCOPY</i>	N/A	12/27/2023
• CUBITAL TUNNEL RELEASE <i>right ulnar nerve sx</i>		
• Esophagogastroduodenoscopy <i>ESOPHAGOGASTRODUODENOSCOPY performed by Sandhir, Sanjay, MD at MVS ENDOSCOPY</i>	N/A	06/20/2018
• Esophagogastroduodenoscopy With Biopsy <i>ESOPHAGOGASTRODUODENOSCOPY WITH BIOPSY performed by Sharma, Kanan, MD at MVH ENDOSCOPY</i>	N/A	01/06/2024
• PACU OFFSITE RECOVERY <i>PACU OFFSITE RECOVERY performed by Generic, Periopsvcs at MVH MAIN OR</i>	N/A	10/25/2013
• TOTAL KNEE ARTHROPLASTY <i>TOTAL KNEE ARTHROPLASTY performed by Lawless, Matthew W, MD at MVS SOUTH OR</i>	Left	07/10/2018

Family History

Problem	Relation	Age of Onset
• Heart Disease <i>CAD</i>	Father	
• COPD <i>smoker</i>	Father	
• Hypertension	Mother	
• Diabetes	Mother	
• Stroke	Mother	
• Breast Cancer	Paternal Aunt	
• No Known Problems	Sister	
• Cancer <i>esophageal</i>	Brother	
• No Known Problems	Sister	
• Cerebral Palsy	Brother	
• No Known Problems	Brother	
• Anesthesia Problems	Neg Hx	

Social History

Socioeconomic History

- Marital status: Single
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use: No
- Alcohol/week: 0.0 standard drinks of alcohol

- Drug use: No
 - Sexual activity: Not Currently Concern
- Other Topics
- Not on file
- Social History Narrative
- Not on file

Social Drivers of Health

Financial Resource Strain: Not on file

Food Insecurity: No Food Insecurity (1/6/2024)

Hunger Vital Sign

- Worried About Running Out of Food in the Last Year: Never true
- Ran Out of Food in the Last Year: Never true

Transportation Needs: No Transportation Needs (1/6/2024)

PRAPARE - Transportation

- Lack of Transportation (Medical): No
- Lack of Transportation (Non-Medical): No

Physical Activity: Inactive (1/6/2024)

Exercise Vital Sign

- Days of Exercise per Week: 0 days
- Minutes of Exercise per Session: 0 min

Stress: Not on file

Social Connections: Not on file

Intimate Partner Violence: Not At Risk (1/6/2024)

Humiliation, Afraid, Rape, and Kick questionnaire

- Fear of Current or Ex-Partner: No
- Emotionally Abused: No
- Physically Abused: No
- Sexually Abused: No

Recent Concern: Intimate Partner Violence - At Risk (12/18/2023)

Humiliation, Afraid, Rape, and Kick questionnaire

- Fear of Current or Ex-Partner: Yes
- Emotionally Abused: Yes
- Physically Abused: Yes
- Sexually Abused: Yes

Housing Stability: Low Risk (1/6/2024)

Housing Stability Vital Sign

- Unable to Pay for Housing in the Last Year: No
- Number of Places Lived in the Last Year: 1
- Unstable Housing in the Last Year: No

No outpatient medications have been marked as taking for the 2/17/25 encounter (Hospital Encounter).

No Known Allergies

Wound Data: As noted per nursing but may not reflect my assessment today entirely. But this was reviewed.

Wound Coccyx (Active)

Pressure Ulcer Data:.

Pressure Injury Coccyx (Active)

Dressing Status / Change	Dry & Intact	02/23/25 0800
Injury Stage	Stage 2	02/22/25 2200
Appearance	Red;Partial thickness;Pink	02/22/25 2200
Drainage Amount	Scant	02/22/25 2200
Drainage Appearance	Serosanguineous	02/22/25 2200
Wound cleanser	Body wash / periwash	02/22/25 2200
Undermining / Tunneling	No	02/22/25 2200
Periwound (surrounding) tissue	Dry;Intact;Edematous	02/22/25 2200
Primary Dressing	Foam Dressing-Silicone Border	02/22/25 2200

Pressure Injury Sacrum (Active)

Dressing Status / Change	Dry & Intact	02/23/25 0800
Injury Stage	Stage 2	02/22/25 2200
Appearance	Pink;Red;Partial thickness	02/22/25 2200
Drainage Amount	Scant	02/22/25 2200
Drainage Appearance	Serosanguineous	02/22/25 2200
Wound cleanser	Body wash / periwash	02/22/25 2200
Undermining / Tunneling	No	02/22/25 2200
Periwound (surrounding) tissue	Dry;Intact;Edematous	02/22/25 2200
Primary Dressing	Foam Dressing-Silicone Border	02/22/25 2200

LABS:

CMP:

Lab Results

Component	Value	Date
NA	137	02/23/2025
NA	141	08/21/2023
NA	138	07/11/2018
CL	101	02/23/2025
CL	110	08/21/2023
CO2	24	02/23/2025
CO2	15	08/21/2023
BUN	30	02/23/2025
BUN	18	08/21/2023
CREATININE	1.9	02/23/2025
CREATININE	1.3	08/21/2023
GLUCOSE	164	02/23/2025
GLUCOSE	168	02/23/2025
GLUCOSE	188	02/23/2025
GLUCOSE	79	08/21/2023
AST	63	02/18/2025
AST	29	11/22/2016
ALT	61	02/18/2025
ALT	30	11/22/2016

Prealbumin: No results found for: "PALB"

PT/INR:

Lab Results

Component	Value	Date
INR	1.3	02/17/2025

INR

1.0

06/20/2018

HgBA1c:

Lab Results

Component

HA1CC

Value

5.0

Date

02/20/2025

COMPLETE BLOOD COUNT WITH DIFFERENTIAL

Recent Labs

	02/23/25 0646
WBC	23.5*
HEMOGLOBIN	6.7*
HEMATOCRIT	20.5*
MCV	101.5*
MCH	33.2
MCHC	32.7
RDW	23.8*
NRBC	1*
MPV	13.3*

CULTURES, WOUND No results found for this or any previous visit (from the past 36 hours).
 ESR No results found for: "ESR"

Other diagnostics: XR ABDOMEN SINGLE VIEW

Result Date: 2/21/2025

XR ABDOMEN SINGLE VIEW, 2/21/2025 2:52 PM CLINICAL INFORMATION: See Epic for more information: NG placement, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified COMPARISON: 2/18/2025.

FINDINGS/IMPRESSION: Single limited view of the abdomen for tube placement exhibits a gastric drainage tube with sidehole terminating in the stomach. Dictated by Omar Khan, MD Workstation ID:DESKTOP-BLA1H26

XR CHEST PA OR AP 1 VIEW (PORTABLE)

Result Date: 2/20/2025

EXAM: XR CHEST PA OR AP 1 VIEW (PORTABLE) INDICATION: See Epic for more information: eval for PNA, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified COMPARISON: 2/17/2025 FINDINGS: Endotracheal tube tip is 2.6 cm above the carina. Right IJ approach CVC tip overlies the SVC. Enteric drainage tube courses inferiorly outside the field-of-view. No evidence of acute osseous abnormality. Cardiomedastinal silhouette is within normal limits. Mild left basilar consolidation appears similar the prior exam.

IMPRESSION: Unchanged mild left basilar consolidation consistent with atelectasis or pneumonia. DICTATED BY: ANDREW T. MARTIN, M.D. Workstation ID:APACSRR1

ECHO TRANSTHORACIC (TTE) COMPLETE

Result Date: 2/18/2025

- Left Ventricle: Left ventricle size is normal. Normal wall thickness. No wall motion abnormalities noted. Normal systolic function with a visually estimated EF of 60 - 65%. Grade I diastolic dysfunction.
- Left Atrium: Left atrium is mildly dilated.
- Pericardium: Trivial pericardial effusion

present. No indication of cardiac tamponade. • Tricuspid Valve: Mild transvalvular regurgitation. RVSP is 30 mmHg. • Mitral Valve: Trace transvalvular regurgitation.

XR ABDOMEN SINGLE VIEW

Result Date: 2/18/2025

XR ABDOMEN SINGLE VIEW INDICATION: See Epic for more information: OG placement, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified COMPARISON: None. TECHNIQUE: A single frontal view of the abdomen was obtained.

FINDINGS/IMPRESSION: Satisfactory enteric tube placement. DICTATED BY KALPESH DESAI, D.O. Workstation ID:G51157

XR CHEST PA OR AP 1 VIEW (PORTABLE)

Result Date: 2/17/2025

2/17/2025 5:17 PM TECHNIQUE: XR CHEST PA OR AP 1 VIEW (PORTABLE). INDICATION: See Epic for more information: line placement, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified. COMPARISON: 2/17/2025. FINDINGS: Interval placement of endotracheal tube, enteric tube, and right internal jugular central venous catheter (all of which appear to be appropriately positioned). Hyperinflated/hyperlucent lungs suggesting underlying COPD. Nonspecific bandlike parenchymal opacity retrocardiac left lower lobe. Remaining lung fields are clear. Unremarkable bones and surrounding soft tissues.

IMPRESSION: 1. Appropriately positioned and recently placed tubes and lines. 2. Left lower lobe consolidative opacity may represent pneumonia. Lawrence J. Ashker, D.O. Workstation ID:DESKTOP-MUG57L3

US VENOUS DOPPLER BILATERAL LOWER

Result Date: 2/17/2025

Exam: US VENOUS DOPPLER BILATERAL LOWER: 2/17/2025 Clinical History: See Epic for more information: Localized edema, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified Comparison: None available at time of dictation. Technique: Gray scale compression, Color Flow, and Doppler evaluation of the bilateral common femoral , femoral popliteal, posterior tibial and peroneal veins was performed. In addition, the origin of the greater saphenous and profunda femoral veins was evaluated. If this is a unilateral exam, the contralateral common femoral vein was evaluated as above. Exam limitations: None Findings: Visualized deep and superficial veins in bilateral lower extremities are patent. Normal compression and augmentation. No intraluminal clots. There is no evidence of deep vein thrombosis in the visualized veins of bilateral lower extremities on the basis of this exam.

IMPRESSION: 1. No evidence of deep vein thrombosis. Workstation ID:SYED

CT ABDOMEN AND CT PELVIS WITHOUT IV CONTRAST

Result Date: 2/17/2025

EXAM: CT ABDOMEN AND CT PELVIS WITHOUT IV CONTRAST dated 2/17/2025 11:44 AM CLINICAL HISTORY: abdominal pain, hx of GI bleed, COMPARISON: 12/7/2023 TECHNIQUE: Helically acquired CT images were obtained from the lung bases through the pelvis without administration of intravenous contrast. Coronal and sagittal reconstructions were performed. All CT scans at this location are performed using dose optimization techniques as appropriate to a performed exam including the following: ? Automated exposure control ? Adjustment of the mA

and/or kV according to patient size (this includes techniques or standardized protocols for targeted exams where dose is matched to indication / reason for exam, i.e., extremities or head) ? Use of iterative reconstruction technique FIELD OF VIEW: 30.1 cm FINDINGS: Lower chest: Patchy consolidation in the left lung base. Liver: Normal. Biliary tree: Stones/sludge in the gallbladder with no gallbladder wall thickening or pericholecystic fluid. Spleen: Normal. Pancreas: Normal. Adrenal glands: Normal. Kidneys/ureters/bladder: Normal. Gastrointestinal tract: The small and large bowel are normal in caliber. The appendix is normal. There is a moderate amount of stool in the rectum. Lymphatics: No lymphadenopathy. Vasculation: There are atherosclerotic calcifications of the arterial structures without evidence of aneurysm. Peritoneum/retroperitoneum: Normal. Abdominal wall/soft tissues: Normal. Pelvic organs: Normal. Osseous structures: No acute osseous abnormalities or suspicious osseous lesions.

IMPRESSION: No acute abnormality in the abdomen or pelvis. Patchy consolidation in the left lung base concerning for pneumonia/aspiration. Follow-up to resolution is recommended to exclude the presence of an underlying lung nodule. Moderate rectal stool burden. Stones/sludge in the gallbladder with no findings to suggest acute cholecystitis. Dictated by: Joshua Tarrence, DOWorkstation ID:APACSR3

CT HEAD WITHOUT CONTRAST

Result Date: 2/17/2025

EXAM: CT HEAD WITHOUT CONTRAST INDICATION: AMS, hx of stroke TECHNIQUE: Axial thin section CT images of the head were obtained without contrast. Sagittal and coronal 2-D multiplanar reconstructions were performed at the scanner. Dose Reduction: mA and/or kV are/were adjusted by automated exposure control software based upon the patient's height and weight. COMPARISON: CT head 12/7/2023 and prior FINDINGS: The diagnostic quality of the examination is adequate. Extracranial soft tissues: Unremarkable. Calvarium and skull base: No acute abnormality. Orbita, paranasal sinuses, mastoids, vascular structures: Unremarkable. Brain: No acute intraparenchymal blood products, acute territorial infarcts or mass effect is present. Multifocal encephalomalacia and gliosis within the bilateral corona radiata and medial left occipital lobe, similar to prior. Gray-white matter differentiation is preserved. Ventricles/Extraaxial spaces: Mild proportional enlargement without midline shift. No extra-axial fluid collections.

IMPRESSION: 1. No acute intracranial abnormality. 2. Multifocal encephalomalacia and gliosis, not significantly changed from 2023. Additional findings detailed above. Dictated by: Jessica Blaza, MD Workstation ID:G0102738

XR KNEE RIGHT 3 VIEWS

Result Date: 2/17/2025

EXAM: XR KNEE RIGHT 3 VIEWS HISTORY: DECREASED BLOOD SUGAR-SYMPOMATIC, HYPOXIA, COMPARISON: 5/16/2018 and prior studies FINDINGS: Severe osteopenia is present as well as severe osteoarthritis in the right knee. A small effusion is present. Motion artifact is present as well as vascular calcifications. There are no gross focal bony abnormalities.

IMPRESSION: Severe osteoarthritis and osteopenia with small suprapatellar effusion Interpreted by Dr. Karen Jobalia, MD Workstation ID:RADOFFICE

XR CHEST PA OR AP 1 VIEW (PORTABLE)

Result Date: 2/17/2025

Examination: XR CHEST PA OR AP 1 VIEW (PORTABLE) Comparison: 10/24/2013 Findings: Heart size is normal. Lungs are clear of infiltrate. There are no pleural effusions currently identified.

IMPRESSION: No distinct acute cardiopulmonary disease. Dictated by: Robert L. Tyrrell

M.DWorkstation ID:APACSRR11

Electronically signed by: Lynn Amy Richardson, DO, 2/23/2025 12:33 PM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

- 02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:32 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70



Burdette, Steven D, MD
Physician
Infectious Disease

Medical Staff Progress Note
Addendum

Date of Service: 02/23/25 1220

Addendum**Infectious Diseases**

Steve Burdette, MD, Kelli Huesman, PA-C Kristin Vanbockel, PA-C Nicole Fiore, APRN

MIAMI VALLEY HOSPITAL

2/23/2025 Adm: 2/17/2025
Diane Crisp DOB: 9/1/1959

Impression:

- Sepsis likely due to UTI
 - Doubt PNA, CXR today is really not impressive (my read)
 - Urine culture with 4 pathogens, this is contaminated, but all should be covered by zosyn
- Renal failure, improving
- Acute Respiratory failure requiring vent
 - Respiratory culture with 4 different pathogens, consistent with colonization and not infection
 - MRSA negative
 - Extubated 2/21
- Encephalopathy
 - Pt more alert today

Plan:

- D/c zosyn today, this completes 5 days of abx with resolution of fevers
- No further MRSA therapy needed
- Trend wbc, was elevating, but expected since on steroids
- ID will sign off, please contact if new ID issues/concerns arise

History: events noted from past 24 hours, extubated, no side effects from the antibiotics still on pressors. Has been afebrile for several days now, wbc stable but elevated, but on steroids

Vital Signs:

Temp Avg: 97.5 °F (36.4 °C)	Min: 96.4 °F (35.8 °C)	Max: 98 °F (36.7 °C)
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Pulse: 110 (02/23/25 1100)

BP: (!) 86/61 (02/23/25 1100)

SpO2: 94 % (02/23/25 1100) FiO2: 30 % (02/21/25 1200)

Oxygen Liters Per Minute: 3 LITERS PER MINUTE (02/23/25 1100)

Exam

Gen: NAD

HEENT: Atraumatic

NECK: Supple

CHEST: course BS

EXT: No cyanosis

NEURO: non focal

SKIN: No rashes noted

Lines: Reviewed

Labs:

WBC COUNT

Date	Value	Ref Range	Status
10/23/2023	8.1	3.5 - 10.9 K/uL	Final
07/05/2023	9.9	3.5 - 10.9 K/uL	Final
07/11/2018	9.6	3.8 - 10.8 K/MM3	

WBC Count

Date	Value	Ref Range	Status
02/23/2025	23.5	3.5 - 10.9 K/uL	Final
02/22/2025	23.3	3.5 - 10.9 K/uL	Final
02/20/2025	13.6	3.5 - 10.9 K/uL	Final

CREATININE

Date	Value	Ref Range	Status
08/21/2023	1.3	0.5 - 1.2 MG/DL	Final
07/14/2023	1.5	0.5 - 1.2 MG/DL	Final
06/21/2022	1.6	0.5 - 1.2 MG/DL	Final

Creatinine

Date	Value	Ref Range	Status
02/23/2025	1.9	0.5 - 1.2 mg/dL	Final
02/22/2025	2.2	0.5 - 1.2 mg/dL	Final
02/21/2025	1.9	0.5 - 1.2 mg/dL	Final

PLATELET COUNT

Date	Value	Ref Range	Status
10/23/2023	323	140 - 400 K/uL	Final
07/05/2023	343	140 - 400 K/uL	Final
07/11/2018	238	130 - 400 K/MM3	

Platelet Count

Date	Value	Ref Range	Status
02/23/2025	60	140 - 400 K/uL	Final
02/22/2025	63	140 - 400 K/uL	Final

Comment:

Confirmed by slide review.

02/20/2025

102

140 - 400 K/uL

Final

Cultures: reviewed**Imaging Studies:** reviewed

Electronically signed by: Kelli K Huesman, PA-C, 2/23/2025
Epic Secure Chat is preferred for any hospital communication

Attending Addendum: I have discussed this case with PA Huesman. I have adjusted the above note as necessary. I have reviewed vital signs (temp, HR, RR, O₂ sats and O₂ requirements), labs (including Cr, WBC and if available, antibiotic levels), microbiology results (including cultures and appropriate antigen testing), fever trend, WBC trend, creatinine trend, antibiotics administered since admission, ID related imaging reports since prior evaluation, medications and medical history / interval history. I have reviewed available physician documentation since the prior ID evaluation.

Impression / Plan

- As above
- DC antibiotics
- ID will not follow. Please call or send secure chat text with any ID-related questions or concerns.
-

Electronically signed by: Steven D Burdette, MD, 2/23/2025 8:47 PM

ED to Hosp-Admission (Discharged) on 2/17/2025

*Note shared with patient***Care Timeline**02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 160303/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Kaufhold, Jeffrey J, MD
 Physician
 Nephrology

Medical Staff Progress Note  
 Signed

Date of Service: 02/23/25 1039

Signed
 Nephrology

Lab from day of first hemodialysis - note she was treated with CRRT prior to this

	02/22/25 05:14	02/22/25 12:24
PH	7.416	
PCO2	31.4 (L)	
PO2	113.0 (H)	
O2 SATURATION	99.0 (H)	
BASE EXCESS	-3.7 (L)	
BICARBONATE	20.2 (L)	
SODIUM	133 (L)	
POTASSIUM	4.1	
CHLORIDE	98	
CARBON DIOXIDE	18 (L)	
ANION GAP	17 (H)	
GLUCOSE	106 (H)	
BUN	33 (H)	
CREATININE	2.2 (H)	
BUN/CREAT RATIO	15	
CALCIUM	7.5 (L)	
ALBUMIN	1.9 (L)	
IRON		37
IRON BINDING CAPACITY		80 (L)
IRON SATURATION		46
CHOLESTEROL, TOTAL		86
TRIGLYCERIDE		133

HDL		29 (L)
LDL (CALCULATED)		30
VLDL		27
PARATHYROID HORMONE, INTACT		148 (H)
PHOSPHORUS	3.5 3.5	
ESTIMATED GFR	24 (L)	
POC GLUCOSE		

	Latest Reference Range & Units	02/22/25 05:13
WBC COUNT	3.5 - 10.9 K/uL	23.3 (H)
RBC COUNT	3.95 - 5.26 M/uL	2.88 (L)
HEMOGLOBIN	11.2 - 15.7 g/dL	9.7 (L)
HEMATOCRIT	34.0 - 49.0 %	28.4 (L)
PLATELET COUNT	140 - 400 K/uL	63 (L)
MCV	80.0 - 100.0 fL	98.6
MCH	26.0 - 34.0 pg	33.7
MCHC	30.7 - 35.5 g/dL	34.2
RDW	<=15.0 %	23.7 (H)
MPV	7.2 - 11.7 fL	12.4 (H)
NUCLEATED RBCS	<=0 /100 WBCs	1 (H)

(

ED to Hosp-Admission (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:32 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Kaufhold, Jeffrey J, MD
 Physician
 Nephrology

Medical Staff Progress Note  
 Signed

Date of Service: 02/23/25 1035

Signed

*Mark D. Oxman, D.O. FACP
 Jeffrey J. Kaufhold, M.D., FACP
 Jennifer L. Jackson, D.O., FACP
 Chukwuma E. Eze, M.D., FASN, FASDIN
 Ashok K. Ammula, M.D.
 Shashikant R. Patel, M.D.*



*Swe Zin Mar Winhtut Oo, M.D.
 Jamie E. Long, MS, RN, APRN
 Vanessa Ratcliff MS, RN, APRN
 Esther Bassaw MS, RN, APRN
 Chloe Hammond, MS, RN, APRN
 Kimberly Wallace, MS, RN, APRN*

MIAMI VALLEY HOSPITAL

Renal Progress Note

2/23/2025

Patient Name: Diane Crisp DOB: 9/1/1959

Subjective

Patient seen and examined, she is a 65 yo female with AKI on CKD complicating admission for sepsis with hypoglycemia . The patient is intubated and is sedated. We stopped CRRT Wednesday around noon. She was extubated Friday feb 21. We did Hemodialysis first treatment Feb 22 but she could not tolerate any ultrafiltration - became very tachycardic. No problems overnight.

Assessment

Orders for Labs and Medications reviewed.

Acute renal failure with peak creat 5.2

Volume repleted

Lytes Hyponatremia

Acidosis severe (bicarb of 5) resolved.

GFR estimate indeterminate -

Required CRRT Feb 17 PM through Feb 19 around noon

First HD Feb 22.

CKD 3 due to HTN with baseline creat 1.5- 1.7

Saw Dr Oo in past

Anemia of CKD and history of GI bleed

History of stroke

Hypoglycemia with confusion - reason for admission

Sepsis from urinary source most likely

Acute resp failure due to sepsis extubated Feb 21.

Hypertensive renal disease

Plan

Continue midodrine

Tolerated standard HD Saturday but no UF. (first treatment)
 Will try again Monday
 Check hep panel, PTH, A1c
 Maintain the dialysis cath for time being.
 We will be following closely with you

Current Meds:

albuterol (PROVENTIL) 2.5 mg /3 mL (0.083 %) inhalation solution 2.5 mg 2.5 mg Inhalation Q4H (RT); sodium chloride 7% for nebulization 4 mL 4 mL Inhalation BID; [COMPLETED] piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9% NaCl 100 ml addEASE 4.5 g Intravenous Once **AND** piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9% NaCl 100 ml addEASE 4.5 g Intravenous Q12H; insulin lispro (Humalog) injection 1-9 Units 1-9 Units Subcutaneous Q4H; furosemide (LASIX) injection 80 mg 80 mg IV Push BID; midodrine (PROAMATINE) tablet 10 mg 10 mg Oral Q8H; levothyroxine (SYNTHROID) tablet 50 mcg 50 mcg Oral Daily; saline flush 10 mL IV Push Q12H; polyethylene glycol (MIRALAX) packet 17 g 1 Packet Oral Daily; folic acid (FOLATE) tablet 1 mg 1 mg Oral Daily

Infusions:

NaCl 0.9% 1,000 mL Last Rate: 1,000 mL (02/21/25 1502)

PRN Meds:

- NaCl 0.9 % 300 mL
- saline flush
- heparin injection 5,000 Units
- albumin, human 25 % IV soln 25 g
- dextrose (GLUTOSE) gel 15 g Carb
- dextrose 50 % in water (D50W) intravenous syringe 5-12.5 g
- glucagon injection 1 mg
- saline flush
- NaCl 0.9% 1,000 mL
- acetaminophen (TYLENOL) tablet 650 mg **OR** acetaminophen (TYLENOL) suppository 650 mg
- lidocaine (PF) 1 % (10 mg/mL) injection 5 mL
- ondansetron (ZOFTRAN ODT) RAPID DISSOLVING tablet 4 mg **OR** ondansetron (ZOFTRAN) injection 4 mg

Objective

Vital Signs:

Temp: 97.5 °F (36.4 °C) (02/23/25 0800)	Temp Avg: 97.5 °F (36.4 °C) Min: 96.4 °F (35.8 °C) Max: 98 °F (36.7 °C)	BP: 109/65 (02/23/25 1000)	Pulse: 109 (02/23/25 1000)	Resp: 15 (02/23/25 1000)	SpO2: 99 % (02/23/25 1000)
---	--	-------------------------------	-------------------------------	-----------------------------	-------------------------------

I/O last 3 completed shifts:

In: 2527.7 [I.V.:1656.7; Other:240; Enteral:631]

Out: 269 [Urine:161; Dialysis UF:108]

Admission: Weight: 62.1 kg (136 lb 14.5 oz) (02/17/25 1604)

Most recent: Weight: 63.5 kg (140 lb) (02/23/25 0600)

Base/Dry Weight: (N/A. New acute)

Exam

General: Frail female in NAD. Voice is soft

CV: regular rate and rhythm

Lung: lungs clear to auscultation
 Abd: soft BS present
 Extremity: Generalized 2+
 Access: RIJ quinton, art line
 Trachea midline, no adenopathy or thyromegally, No rash or petecchiaie.
 MMM, PERRL, Nonicteric

Labs:**Recent Labs**

	02/17/25 1009	02/17/25 1120	02/17/25 1715	02/17/25 1736	02/17/25 2130	02/18/25 0030	02/18/25 0400	02/18/25 0802
WBC	21.4*	--	--	--	--	--	7.6	--
HEMOGLOBIN	8.5*	--	--	--	--	--	7.4*	--
HEMATOCRIT	27.0*	--	--	--	--	--	21.0*	--
PLATELETS	363	--	--	--	--	--	256	--
NA	134*	--	141	--	--	141	138	--
POTASSIUM	7.3*	< >	5.4*	5.3	--	4.1	3.6	--
CL	108	--	113*	--	--	108	104	--
CO2	5*	--	8*	--	--	15*	18*	--
BUN	80*	--	73*	--	--	48*	38*	--
CREATININE	5.2*	--	4.2*	--	--	2.7*	2.1*	--
GLUCOSE	166*	< >	151*	--	< >	148*	157*	151*
CA	8.8	--	7.4*	--	--	7.5*	7.3*	--
INR	1.3*	--	--	--	--	--	--	--
MG	2.3	--	2.0	--	--	--	--	--
PHOS	--	--	4.6* 4.6*	--	--	3.0	--	--

< > = values in this interval not displayed.

Recent Labs

	02/23/25 0646
WBC	23.5*
HEMOGLOBIN	6.7*
HEMATOCRIT	20.5*
PLATELETS	60*

Recent Labs

	02/23/25 1021	02/23/25 1020	02/23/25 0801	02/23/25 0600	02/23/25 0553
NA	--	--	--	--	137
POTASSIUM	--	--	--	--	3.5
CL	--	--	--	--	101
CO2	--	--	--	--	24
BUN	--	--	--	--	30*
CREATININE	--	--	--	--	1.9*
GLUCOSE	164*	168*	179*	< >	188*

CA	--	--	--	--	7.5*
MG	--	--	--	--	2.2
PHOS	--	--	--	--	2.6

< > = values in this interval not displayed.

Imaging Studies: reviewed

Hospital Problems

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Electronically signed by: Jeffrey J Kaufhold, MD, 2/23/2025 10:35 AM

Page via Match MD or Epic secure chat.

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
 03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:32 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Oetzel, Alyssa R, RN
Registered Nurse

Nursing Note  
Signed

Date of Service: 02/23/25 1021

Signed

CGM Validation:

10:21 AM - POC blood sugar- 168 and CGM reading- 164. Within protocol parameters of <20% difference from the POC when the glucose is >100 mg/dL..

Electronically signed by: Alyssa R Oetzel, RN, 2/23/2025 10:21 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:32 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Gandhi, Dharmesh V, MD
Physician
Pulmonology

Medical Staff Progress Note  
Signed

Date of Service: 02/23/25 1019

Signed



Pulmonary & Critical Care
CONSULTANTS, INC.

Critical Care Progress Note
MIAMI VALLEY HOSPITAL
Date of Service: 2/23/2025

Diane Crisp
DOB: 9/1/1959

Assessment:

This is a 65-year-old female admitted for severe encephalopathy and acute renal failure with hyperkalemia. For airway protection requiring CRRT. Patient remains off vent at this time.

Problem list:

- Acute metabolic encephalopathy
- AKI on CKD stage III CRRT-improving
- Sepsis likely due to UTI.
- A-fib with controlled VR
- Thrombocytopenia with downtrending platelets.
- CKD stage III due to hypertension with baseline creatinine of 1.5-1.7
- Anemia of CKD and history of GI bleed hemoglobin was 6.7 noted.
- History of stroke
- Hypoglycemia with confusion - reason for admission
- Hypertensive renal disease

Plan:

- Oxygen to keep SpO₂ greater than 92
- Recommend transfusion for hemoglobin of 6.7.
- Recommend stopping heparin and checking HIT panel.

- She is off pressors.
 - Nephrology following
 - Holding CRRT for time being, maintain HD catheter
 - Continue midodrine
 - Glycemic control per primary service
 - Remains mildly encephalopathic despite being off sedation. Protecting airway so far. Will continue to watch closely.
 - MRSA PCR negative, discontinued linezolid
 - Continue levothyroxine 50 mcg daily
 - Bowel regimen: polyethylene glycol daily
 - Thromboprophylaxis: heparin 5000u every 8 hours
 - Alimentary prophylaxis: PPI daily
-

Chief Complaint/Reason for Admission:

Acute metabolic encephalopathy and renal failure

Pertinent interval/overnight events:

No acute events overnight,

Physical Examination:

BP 106/64 | Pulse 95 | Temp 97.5 °F (36.4 °C) | Resp 20 | Ht 1.575 m (5' 2.01") | Wt 63.5 kg (140 lb) | SpO2 100% | BMI 25.60 kg/m²

Neurologic: Does not respond to verbal commands but does withdraw to pain in all 4 extremities

Respiratory: Clear to auscultation bilaterally

Cardiovascular: Irregular rate and rhythm, no murmurs rubs or gallops

Abdominal: Soft, nondistended

Extremities/Integument: Bilateral lower extremity pitting edema

Other pertinent exam findings:

Body mass index is 25.6 kg/m².

Laboratory Results reviewed

Respiratory culture growing Klebsiella pneumonia, E. coli, Pseudomonas and Achromobacter

- Urine culture growing group D Enterococcus, Proteus, E. coli and Klebsiella pneumonia (resistant to tetracycline)

Radiography [personally reviewed, along with the Radiologist's reports (if available)] notable for:
N/A

Other Pertinent Data/Diagnostics reviewed and notable for:

- Echo 2/18: LVEF 60 to 65% with grade 1 diastolic dysfunction, trace mitral regurgitation, mild tricuspid regurgitation with RVSP 30 mmHg

Intake/Output Summary (Last 24 hours) at 2/23/2025 1019

Last data filed at 2/23/2025 0900

Gross per 24 hour	
Intake	2467.72 ml
Output	244 ml
Net	2223.72 ml

This patient is currently on the 3 rd ICU service.

MAR, Labs, CXR (actual films), other notes and chart reviewed.
I have discussed with nursing.
I can be reached on Epic Chat (Preferred)

For ICU NP please call 937-789-8098 / 937-789-8411

For Pulmonary consult NP please call 937-475-8469

For urgent consultations & after 6 pm on weekdays and weekends, please page on call physician
- 937-334-5999

Signature: Dharmesh Gandhi V, MD, 2/23/2025 10:19 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70



Obryan, Kirstyn N, RN
Registered Nurse

Nursing Note
Signed

Date of Service: 02/22/25 2037

Signed

CGM Validation:

8:37 PM - POC blood sugar- 109 and CGM reading- 123. Within protocol parameters of <20% difference from the POC when the glucose is >100 mg/dL..

Electronically signed by: Kirstyn N Obryan, RN, 2/22/2025 8:37 PM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

- 02/17 Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02 Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:32 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Widjaja, Catherine W, RN
Registered Nurse

Procedures  
Signed

Date of Service: 02/22/25 1839

Procedure Orders

Hemodialysis [761704912] ordered by Kaufhold, Jeffrey J, MD at 02/22/25 1547

Signed

MIAMI VALLEY HOSPITAL

Patient Information:

2/22/2025

Patient Name: Diane Crisp
096-67-27-70
DOB: 9/1/1959

Admitting diagnosis: AMS (altered mental status) [R41.82]

Hemodialysis Access Type: Right-IJ temporary HDC. Working well on BFR 200 with lines being reversed and pt's HOB at the lowest as allowed and tolerated.

Last dressing change date of CVC (N/A if no CVC): 02/21/2025.

Dialysis Settings

Dialyzer Type: F160NRre (02/22/25 1500)
QB (Blood Flow): 200 MILLILITERS/MINUTE (02/22/25 1730)
QD (Dialysate Flow): 610 MILLILITERS/MINUTE (02/22/25 1730)
Ultrafiltration Program: 0 (02/22/25 1730)
Bath Bicarb: 35 (02/22/25 1500)
Bath Potassium (K+): 3 (02/22/25 1500)
Bath Sodium: 140 (02/22/25 1500)
Bath Calcium (Ca+): 2.5 (02/22/25 1500)

Last Blood Pressure: BP: (!) 84/61 (02/22/25 1800)

Last Temperature: Temp: 97.5 °F (36.4 °C) (02/22/25 1745)

Predialysis Weight: Weight: 58.5 kg (129 lb) (02/22/25 1740)

Postdialysis Weight: Post Weight: 58.5 kg (129 lb) (02/22/25 1745)

Number of hours dialyzed: 2.0.

Ultrafiltrated Amount:

Gross U.F. (mL): Gross U.F. (mL): 408 mL (02/22/25 1745)

Net U.F. (mL): Net U.F. (mL): 108 mL (02/22/25 1745)

Patient Tolerated Procedure: poorly.

Base\Dry Weight: Base/Dry Weight: (N/A. New acute) (02/22/25 1500)

Latest Values:

Temp: 97.5 °F (36.4 °C) (02/22/25 1745)	Temp Avg: 97.3 °F (36.3 °C) 96.4 °F (35.8 °C) Max: 97.5 °F (36.4 °C)	BP: (!) 84/61 Min: (02/22/25 1800)	Pulse: 97 (02/22/25 1800)	Resp: 16 (02/22/25 1800)	SpO2: 96 % (02/22/25 1800)
--	---	--	---------------------------------	--------------------------------	-------------------------------

Oxygen Requirement: Oxygen Liters Per Minute: 0 LITERS PER MINUTE (02/22/25 0520)

Pain:

Numeric/FACES Pain Level: 0 (02/22/25 1530)	Pain Location: Generalized (02/21/25 1000)
--	---

Anemia Therapy Drug given: No

Name of Medication and Dose: N/A.

Last Hemoglobin and date drawn: Hg 9.7 today 02/22/2025.

Report Called to Floor Post Treatment: Yes. Verbal report given at bedside to Kylee, RN

ADDITIONAL NOTES: Approximately 15 min after this first IHD started, her HR significantly elevated from her trend NSR 80s up to ST 120s but BP is maintained by levophed gtt. Placed on minimal UF for 10 min, HR improved to ST on low 100s. Turned UF back up for just a few minutes, HR went up again to ST 123s. Dr. Kaufhold was notified. Ordered for no fluid removal. With no fluid removal, HR was still on ST low 100s with BP started down which required levophed gtt to go up. Responding quite well w/25 gm albumin bolus in combination w/increasing levophed gtt. After albumin bolus completed, HR significantly improved back to NSR on 90s. Pt awakes most the time during treatment with very slow non-verbal responses.

Electronically signed by: Catherine W Widjaja, RN, 2/22/2025 6:39 PM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

- 02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:32 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Haque, Nurul, MD
Physician
Hospitalist

Medical Staff Progress Note  
Signed

Date of Service: 02/22/25 1713

Signed



Internal Medicine Hospitalist Progress Note

Hospitalist: Nurul Haque MD

Patient Identifier/Hospitalist

Patient Name: Diane Crisp DOB: 9/1/1959

Room / Bed : 4512/4512-A

Facility : MIAMI VALLEY HOSPITAL

Date of Service: 2/22/2025

CSN: 164122416

Admit Date: 2/17/2025 9:40 AM

Attending Physician: Haque, Nurul, MD

Primary Care Physician: Nonstaff, Mvh

Please contact using secure chat for urgent/ immediate response please use cell number mentioned in secure chat

I saw and examined the patient at 5:13 PM on 2/22/2025

Disposition

Disposition: Home/ECF in 24-72 hrs,pending clinical improvement

Reason for continued hospitalization

	IVF
	IV Abx
	Heparin gtt
	Protonix gtt
	Cardizem/Amiodarone gtt
	Pressors gtt
	Intubated
X	Pending Clinical recovery
	Pending Procedures
	Pending Consult eval
	Pending MRI/Imaging
	IV Lasix/Bumex
	Requiring BIPAP
	Awaiting Cultures
	Adjusting medications
X	Ongoing close clinical monitoring, ST evaluation, determine nutrition, antibiotics

Assessment and Plan

Diane Crisp is a 65 year old female

Hospital day# 5

Admitted for:

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Narrative :

Diane Crisp is an 65 year old female who has a history of hyperlipidemia, GERD, hypertension, presented at MVH ER with concern of lethargy was brought in by EMS with blood glucose of 31, was started on D10 and Isolyte, was also reportedly hypotensive with blood pressure of 88/51 per report, was requiring oxygen at around 6 L/min via nasal cannula saturating around 100% on arrival, unclear whether she was hypoxic on field, was cold on arrival with hypothermia.

Lab work is concerning for creatinine of 5.2, prior baseline is 1.2, 1 years prior.

Potassium was 7.3. Treated per hyperkalemia protocol. TSH of 4.82 white blood cell of 21.4. Hemoglobin of 8.5. Troponin of 60, 54.

Chest x-ray is negative for any acute cardiopulmonary process, CT abdomen pelvis is

concerning for possible left lung base infiltrate with differential of possible pneumonia/aspiration. Negative for any acute abdominal or pelvic process
Altered mental status: Secondary to metabolic encephalopathy likely from infection possibly from pneumonia, need to rule out other infective etiology, follow-up on blood culture, urine reflex to culture, also could have altered mental status from significant electrolyte derangement, dehydration. Monitor mentation, anticipate improvement

Assessment and plan

Acute hypoxia with hypoxic respiratory failure: Could be secondary to aspiration pneumonia although infiltrates are not impressive on lung cuts of CT abdomen pelvis, oxygen supplementation, treat underlying etiology. Patient was eventually intubated given poor mentation and severe metabolic acidosis with hypoxia. Extubated on 2/21/2025.

Severe sepsis with septic shock: Present on admission: Has organ dysfunction in form of metabolic acidosis, acute hypoxic respiratory failure, AKI, likely secondary to UTI, initially pneumonia felt less likely but patient likely has pneumonia given polymicrobial growth noted for multiple pathogen on respiratory culture from 2/19/2025 is growing Klebsiella, Pseudomonas, Achromobacter, Ecoli other rare bacteria noted, ID consulted, hydration therapy, , **antibiotic tailored to Zosyn by ID, differential is colonization versus pneumonia, more likely felt to be colonization.** Initially was hypertensive with subsequent improvement in blood pressure but later on become hypotensive again requiring initiation of Levophed, critical care service consulted. On hydrocortisone for severe sepsis. **Continues to require pressor support**

Dysphagia: ST evaluation to determine nutrition

Abnormal UA suggestive of UTI: Was initially started on broad-spectrum antibiotic, antibiotic tailored as above, urine culture growing group D Enterococcus, Proteus species, requested microbiology to run complete culture sensitivity, ID consulted

elevated troponin: Likely nonspecific secondary to demand ischemia in troponin leak from renal dysfunction, EKG negative for dynamic ST-T changes, will obtain echocardiogram mostly to evaluate cardiac function given severe sepsis

Hyperkalemia: Treated per protocol, nephrology consulted, may need dialysis if does not improve, repeat potassium

Hypothyroidism: Has elevated TSH, awaiting T3-T4, possibility of myxedema considered as differential, felt less likely at this time given TSH of only 4.82, quite unlikely

AKI with metabolic acidosis: Severe, likely prerenal, was initially managed with bicarb drip, nephrology consulted. CRRT initiated

GERD: PPI

Hyperlipidemia: Statin

History of hypertension: Antihypertensive on hold, resume when deemed appropriate

Bilateral lower extremity swelling: Negative for DVT,

Anemia: Has acute on chronic anemia, acute component could be secondary to severe sepsis, monitor hemoglobin transfuse as required

No data recorded,

Incision Left Anterior Incision (Active)

Appearance Date/Appearance Time: 07/10/18 1328 Patient came in with: No Wound Side: Left Wound Location: Knee Wound Orientation: Anterior Type: Incision

Assessments	7/10/2018 2:25 PM	7/11/2018 9:12 AM
Dressing Status / Change	Dry & Intact	Dry & Intact
Surgical Site / Incision	—	Other (Comment)
Periwound (surrounding) tissue	Dry;Intact	Dry;Intact
Drain Type	Not applicable	Not applicable
Drainage Amount	None	None
Odor	None	None
Primary Dressing	—	Antimicrobial

No associated orders.

Wound Coccyx (Active)

Appearance Date/Appearance Time: 12/11/23 1600 Wound Location: Coccyx

Assessments	12/11/2023 4:08 PM	1/1/2024 10:00 PM
Dressing Status / Change	Open to air	Dry & Intact
Wound Bed Appearance	Pink	—
Drainage Amount	None	—
Odor	None	—
Wound cleanser	Body wash / periwash	—
Periwound (surrounding) tissue	Blanchable erythema	—
Topical Agents	Zinc oxide	—

No associated orders.

Wound Right Buttocks Skin tear (Active)

Appearance Date/Appearance Time: 02/20/25 0800 Wound Side: Right Wound

Location: Buttocks Wound Type - Traumatic: Skin tear

Assessments	2/20/2025 8:00 AM	2/22/2025 5:00 AM
Dressing Status / Change	Changed	Dry & Intact
Wound Bed Appearance	Pink;Red;Partial thickness	—
Drainage Amount	Small	—
Drainage Appearance	Bloody	—
Advanced Wound	Photos	—
Intervention		
Undermining / Tunneling	No	—
Primary Dressing	Foam Dressing-Silicone Border	—

No associated orders.

Wound Sacrum Skin tear (Active)

Appearance Date/Appearance Time: 02/20/25 0800 Wound Location: Sacrum Wound Type - Traumatic: Skin tear

Assessments	2/20/2025 8:00 AM	2/21/2025 9:00 PM
Dressing Status / Change	Changed	Dry & Intact
Wound Bed Appearance	Red;Pink;Partial thickness	Pink;Red
Drainage Amount	Small	—
Drainage Appearance	Bloody	—
Advanced Wound	Photos	—
Intervention		
Undermining / Tunneling	No	—
Primary Dressing	Foam Dressing-Silicone Border	Foam Dressing-Silicone Border

No associated orders.

DVT Prophylaxis: Lovenox/Heparin & SCD

**Code Status: Orders Placed This Encounter
Total Support**

Subjective

The patient is lying in bed, was extubated successfully on 2/21/2025, does not participate much in history, responds to her name, intermittently follows commands

ROS : negative except for above

Home Medications

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9% NaCl 100 ml addEASE	4.5 g	Intravenous	Q12H	Arthur, John A, DO		
• NaCl 0.9 % 300 mL	300 mL	Intravenous	To Dialysis-PRN	Kaufhold, Jeffrey J, MD		
• saline flush	10 mL	IV Push	To Dialysis-PRN	Kaufhold, Jeffrey J, MD		
• heparin injection 5,000 Units	5,000 Units	Instill	To Dialysis-PRN	Kaufhold, Jeffrey J, MD		
• lactated ringers parenteral solution		Intravenous	Continuous	Kaufhold, Jeffrey J, MD	50 mL/hr at 02/22/ 25 1600	Rate Verify at 02/22/ 25 1600
• albumin, human 25 % IV soln 25 g	25 g	Intravenous	To Dialysis-PRN	Kaufhold, Jeffrey J, MD	60 mL/hr at 02/22/ 25 1712	25 g at 02/22/ 25 1712
• dextrose (GLUTOSE) gel 15 g Carb	15 g Carb	Oral	PRN	Walsh, Nicholas T, PA-C		
• dextrose 50 % in water (D50W) intravenous syringe 5-12.5 g	5-12.5 g	IV Push	PRN	Walsh, Nicholas T, PA-C		
• glucagon injection 1 mg	1 mg	Subcutaneous	PRN	Walsh, Nicholas T, PA-C		
• insulin lispro (Humalog) injection 1-9 Units	1-9 Units	Subcutaneous	Q4H	Walsh, Nicholas T, PA-C		1 Units at 02/21/ 25

• furosemide (LASIX) injection 80 mg	80 mg	IV Push	BID	Kaufhold, Jeffrey J, MD	1522 80 mg at 02/22/ 25 0859
• midodrine (PROAMATINE) tablet 10 mg	10 mg	Oral	Q8H	Davis, Deanna Kay, APRN	10 mg at 02/22/ 25 1341
• levothyroxine (SYNTHROID) tablet 50 mcg	50 mcg	Oral	Daily	Davis, Deanna Kay, APRN	50 mcg at 02/22/ 25 0508
• saline flush	10 mL	IV Push	PRN	Haque, Nurul, MD	
• saline flush	10 mL	IV Push	Q12H	Haque, Nurul, MD	1 Syringe at 02/22/ 25 0851
• NaCl 0.9% 1,000 mL	1,000 mL	Intravenous	Continuo s PRN	Haque, Nurul, MD	10 mL/hr at 02/21/ 02/21/ 25 1502 1502
• acetaminophen (TYLENOL) tablet 650 mg	650 mg	Oral	Q4H PRN	Haque, Nurul, MD	650 mg at 02/21/ 25 0909
Or					
• acetaminophen (TYLENOL) suppository 650 mg	650 mg	Rectal	Q4H PRN	Haque, Nurul, MD	
• polyethylene glycol (MIRALAX) packet 17 g	1 Packet	Oral	Daily	Haque, Nurul, MD	17 g at 02/22/ 25 0859
• heparin injection 5,000 Units	5,000 Units	Subcutaneous	Q8H	Haque, Nurul, MD	5,000 Units at

						02/22/ 25 1341
• folic acid (FOLATE) tablet 1 mg 1 mg	1 mg	Oral	Daily	Haque, Nurul, MD	1 mg at 02/22/ 25 0859	
• lidocaine (PF) 1 % (10 mg/mL) injection 5 mL	5 mL	Infiltration	Once PRN	Haque, Nurul, MD		
• norepinephrine 8 mg in NaCl 0.9% 250 mL (Standard Concentration) IV infusion	0-0.5 mcg/k g/min (Order - Specifi c)	Intravenous	Continuou s	Haque, Nurul, MD	10.63 mL/hr at 02/22/ 25 1707	0.09 mcg/k g/min at 02/22/ 25 1707
• ondansetron (ZOFTRAN ODT) RAPID DISSOLVING tablet 4 mg Or	4 mg	Oral	Q6H PRN	Davis, Deanna Kay, APRN		
• ondansetron (ZOFTRAN) injection 4 mg	4 mg	IV Push	Q6H PRN	Davis, Deanna Kay, APRN	4 mg at 02/20/ 25 1639	

Objective

Vital Signs:

Temp: 96.4 °F (35.8 °C) (denies feeling cold) (02/22/25 1500)	Temp Min: 96.4 °F (35.8 °C) Min taken time: 02/22/25 1500 Max: 97.5 °F (36.4 °C) Max taken time: 02/22/25 1200	BP: (!) 83/53 (02/22/25 1700)	Pulse: 116 (02/22/25 1707)	Resp: 14 (02/22/25 1707)	SpO2: 98 % (02/22/25 1707)
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PHYSICAL EXAMINATION:

GENERAL APPEARANCE: NAD, alert, soft voice, did not answer orientation questions appropriately
HEENT: PERRL, MMM,
Neck: Supple, no LAD, no thyromegaly.
CV: RRR, no added sounds heard
Pulm: CTA B
Abd: +BS, NT, ND.
GU: WNL
Extr: Mild lower extremity edema
Neuro: CN II-XII intact, reflexes symmetric,
Skin: No Rashes

Diagnostic Data**Recent Results (from the past 24 hours)****POC GLUCOSE**

Collection Time: 02/21/25 8:55 PM

Result	Value	Ref Range
POC GLUCOSE	115 (A)	70 - 99 mg/dL

POC GLUCOSE

Collection Time: 02/21/25 8:58 PM

Result	Value	Ref Range
POC Glucose	102 (H)	70 - 99 mg/dL

Scan Result

POC GLUCOSE

Collection Time: 02/22/25 12:15 AM

Result	Value	Ref Range
POC GLUCOSE	130 (A)	70 - 99 mg/dL

POC GLUCOSE

Collection Time: 02/22/25 4:50 AM

Result	Value	Ref Range
POC GLUCOSE	117 (A)	70 - 99 mg/dL

COMPLETE BLOOD COUNT

Collection Time: 02/22/25 5:13 AM

Result	Value	Ref Range
WBC Count	23.3 (H)	3.5 - 10.9 K/uL
RBC	2.88 (L)	3.95 - 5.26

Hemoglobin	9.7 (L)	M/uL 11.2 - 15.7
Hematocrit	28.4 (L)	g/dL 34.0 - 49.0
MCV	98.6	% 80.0 - 100.0
MCH	33.7	fL 26.0 - 34.0
MCHC	34.2	pg 30.7 - 35.5
RDW	23.7 (H)	g/dL =<15.0 %
Platelet Count	63 (L)	K/uL 140 - 400
MPV	12.4 (H)	7.2 - 11.7 fL
nRBC	1 (H)	<=0 /100 WBCs

Scan Result**BLOOD GAS**

Collection Time: 02/22/25 5:14 AM

Result	Value	Ref Range
pH	7.416	7.350 - 7.450
PCO2	31.4 (L)	35.0 - 45.0 mmHg
PO2	113.0 (H)	80.0 - 100.0 mmHg
O2 Saturation	99.0 (H)	95.0 - 98.0 %
Base Excess	-3.7 (L)	-2.0 - 3.0 mmol/L
Bicarbonate	20.2 (L)	22.0 - 26.0 mmol/L

PHOSPHORUS

Collection Time: 02/22/25 5:14 AM

Result	Value	Ref Range
Phosphorus	3.5	2.1 - 4.3 mg/dL

RENAL FUNCTION PANEL

Collection Time: 02/22/25 5:14 AM

Result	Value	Ref Range
Sodium	133 (L)	135 - 148 mEq/L
Potassium	4.1	3.4 - 5.3 mEq/L
Chloride	98	96 - 110 mEq/L

Carbon Dioxide	18 (L)	19 - 32 mEq/L
BUN	33 (H)	3 - 29 mg/dL
Creatinine	2.2 (H)	0.5 - 1.2 mg/dL
Glucose	106 (H)	70 - 99 mg/dL
Calcium	7.5 (L)	8.5 - 10.5 mg/dL
Albumin	1.9 (L)	3.5 - 5.2 g/dL
Phosphorus	3.5	2.1 - 4.3 mg/dL
Anion Gap	17 (H)	5 - 15
BUN/CREAT Ratio	15	7 - 25
Estimated GFR	24 (L)	>=60 mL/min/1.7 3m ^{*2}

POC GLUCOSE

Collection Time: 02/22/25 8:00 AM

Result	Value	Ref Range
POC GLUCOSE	119 (A)	70 - 99 mg/dl

POC GLUCOSE

Collection Time: 02/22/25 12:00 PM

Result	Value	Ref Range
POC GLUCOSE	122 (A)	70 - 99 mg/dl

POC GLUCOSE

Collection Time: 02/22/25 12:22 PM

Result	Value	Ref Range
POC Glucose	102 (H)	70 - 99 mg/dL

Scan Result

POC GLUCOSE

Collection Time: 02/22/25 4:00 PM

Result	Value	Ref Range
POC GLUCOSE	110 (A)	70 - 99 mg/dl

Imaging

XR ABDOMEN SINGLE VIEW**Result Date:** 2/21/2025

XR ABDOMEN SINGLE VIEW, 2/21/2025 2:52 PM CLINICAL INFORMATION: See Epic for more information: NG placement, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified **COMPARISON:** 2/18/2025.

FINDINGS/IMPRESSION: Single limited view of the abdomen for tube placement exhibits a gastric drainage tube with sidehole terminating in the stomach. Dictated by Omar Khan, MDWorkstation ID:DESKTOP-BLA1H26

XR CHEST PA OR AP 1 VIEW (PORTABLE)**Result Date:** 2/20/2025

EXAM: XR CHEST PA OR AP 1 VIEW (PORTABLE) INDICATION: See Epic for more information: eval for PNA, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified **COMPARISON:** 2/17/2025

FINDINGS: Endotracheal tube tip is 2.6 cm above the carina. Right IJ approach CVC tip overlies the SVC. Enteric drainage tube courses inferiorly outside the field-of-view. No evidence of acute osseous abnormality. Cardiomedastinal silhouette is within normal limits. Mild left basilar consolidation appears similar the prior exam.

IMPRESSION: Unchanged mild left basilar consolidation consistent with atelectasis or pneumonia. **DICTATED BY:** ANDREW T. MARTIN, M.D. Workstation ID:APACSRR1

ECHO TRANSTHORACIC (TTE) COMPLETE**Result Date:** 2/18/2025

- **Left Ventricle:** Left ventricle size is normal. Normal wall thickness. No wall motion abnormalities noted. Normal systolic function with a visually estimated EF of 60 - 65%. Grade I diastolic dysfunction.
- **Left Atrium:** Left atrium is mildly dilated.
- **Pericardium:** Trivial pericardial effusion present. No indication of cardiac tamponade.
- **Tricuspid Valve:** Mild transvalvular regurgitation. RVSP is 30 mmHg.
- **Mitral Valve:** Trace transvalvular regurgitation.

XR ABDOMEN SINGLE VIEW**Result Date:** 2/18/2025

XR ABDOMEN SINGLE VIEW INDICATION: See Epic for more information: OG placement, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified **COMPARISON:** None. **TECHNIQUE:** A single frontal view of the abdomen was obtained.

FINDINGS/IMPRESSION: Satisfactory enteric tube placement. **DICTATED BY KALPESH DESAI, D.O.** Workstation ID:G51157

XR CHEST PA OR AP 1 VIEW (PORTABLE)**Result Date:** 2/17/2025

2/17/2025 5:17 PM TECHNIQUE: XR CHEST PA OR AP 1 VIEW (PORTABLE).

INDICATION: See Epic for more information: line placement, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecifie.

COMPARISON: 2/17/2025. FINDINGS: Interval placement of endotracheal tube, enteric tube, and right internal jugular central venous catheter (all of which appear to be appropriately positioned). Hyperinflated/hyperlucent lungs suggesting underlying COPD. Nonspecific bandlike parenchymal opacity retrocardiac left lower lobe. Remaining lung fields are clear. Unremarkable bones and surrounding soft tissues.

IMPRESSION: 1. Appropriately positioned and recently placed tubes and lines. 2. Left lower lobe consolidative opacity may represent pneumonia. Lawrence J. Ashker, D.O. Workstation ID:DESKTOP-MUG57L3

US VENOUS DOPPLER BILATERAL LOWER

Result Date: 2/17/2025

Exam: US VENOUS DOPPLER BILATERAL LOWER: 2/17/2025 Clinical History: See Epic for more information: Localized edema, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecifi Comparison: None available at time of dictation. Technique: Gray scale compression, Color Flow, and Doppler evaluation of the bilateral common femoral , femoral popliteal, posterior tibial and peroneal veins was performed. In addition, the origin of the greater saphenous and profunda femoral veins was evaluated. If this is a unilateral exam, the contralateral common femoral vein was evaluated as above. Exam limitations: None Findings: Visualized deep and superficial veins veins in bilateral lower extremities are patent. Normal compression and augmentation. No intraluminal clots. There is no evidence of deep vein thrombosis in the visualized veins of bilateral lower extremities on the basis of this exam.

IMPRESSION: 1. No evidence of deep vein thrombosis. Workstation ID:SYED

CT ABDOMEN AND CT PELVIS WITHOUT IV CONTRAST

Result Date: 2/17/2025

EXAM: CT ABDOMEN AND CT PELVIS WITHOUT IV CONTRAST dated 2/17/2025

11:44 AM CLINICAL HISTORY: abdominal pain, hx of GI bleed, COMPARISON:

12/7/2023 TECHNIQUE: Helically acquired CT images were obtained from the lung bases through the pelvis without administration of intravenous contrast. Coronal and sagittal reconstructions were performed. All CT scans at this location are performed using dose optimization techniques as appropriate to a performed exam including the following: ? Automated exposure control ? Adjustment of the mA and/or kV according to patient size (this includes techniques or standardized protocols for targeted exams where dose is matched to indication / reason for exam, i.e., extremities or head) ? Use of iterative reconstruction technique FIELD OF VIEW: 30.1 cm FINDINGS: Lower chest: Patchy consolidation in the left lung base. Liver: Normal. Biliary tree: Stones/sludge in the gallbladder with no gallbladder wall thickening or pericholecystic fluid. Spleen: Normal. Pancreas: Normal. Adrenal glands: Normal. Kidneys/ureters/bladder: Normal.

Gastrointestinal tract: The small and large bowel are normal in caliber. The appendix is normal. There is a moderate amount of stool in the rectum. Lymphatics: No lymphadenopathy. Vasculature: There are atherosclerotic calcifications of the arterial structures without evidence of aneurysm. Peritoneum/retroperitoneum: Normal. Abdominal wall/soft tissues: Normal. Pelvic organs: Normal. Osseous structures: No acute osseous abnormalities or suspicious osseous lesions.

IMPRESSION: No acute abnormality in the abdomen or pelvis. Patchy consolidation in the left lung base concerning for pneumonia/aspiration. Follow-up to resolution is recommended to exclude the presence of an underlying lung nodule. Moderate rectal stool burden. Stones/sludge in the gallbladder with no findings to suggest acute cholecystitis. Dictated by: Joshua Tarrence, DOWorkstation ID:APACSRR3

CT HEAD WITHOUT CONTRAST

Result Date: 2/17/2025

EXAM: CT HEAD WITHOUT CONTRAST INDICATION: AMS, hx of stroke TECHNIQUE: Axial thin section CT images of the head were obtained without contrast. Sagittal and coronal 2-D multiplanar reconstructions were performed at the scanner. Dose Reduction: mA and/or kV are/were adjusted by automated exposure control software based upon the patient's height and weight. COMPARISON: CT head 12/7/2023 and prior FINDINGS: The diagnostic quality of the examination is adequate. Extracranial soft tissues: Unremarkable. Calvarium and skull base: No acute abnormality. Orbita, paranasal sinuses, mastoids, vascular structures: Unremarkable. Brain: No acute intraparenchymal blood products, acute territorial infarcts or mass effect is present. Multifocal encephalomalacia and gliosis within the bilateral corona radiata and medial left occipital lobe, similar to prior. Gray-white matter differentiation is preserved. Ventricles/Extraaxial spaces: Mild proportional enlargement without midline shift. No extra-axial fluid collections.

IMPRESSION: 1. No acute intracranial abnormality. 2. Multifocal encephalomalacia and gliosis, not significantly changed from 2023. Additional findings detailed above. Dictated by: Jessica Blaza, MD Workstation ID:G0102738

XR KNEE RIGHT 3 VIEWS

Result Date: 2/17/2025

EXAM: XR KNEE RIGHT 3 VIEWS HISTORY: DECREASED BLOOD SUGAR-SYMPOMATIC, HYPOXIA, COMPARISON: 5/16/2018 and prior studies FINDINGS: Severe osteopenia is present as well as severe osteoarthritis in the right knee. A small effusion is present. Motion artifact is present as well as vascular calcifications. There are no gross focal bony abnormalities.

IMPRESSION: Severe osteoarthritis and osteopenia with small suprapatellar effusion
Interpreted by Dr. Karen Jobalia, MD Workstation ID:RADOFFICE

XR CHEST PA OR AP 1 VIEW (PORTABLE)

Result Date: 2/17/2025

Examination: XR CHEST PA OR AP 1 VIEW (PORTABLE) Comparison: 10/24/2013

Findings: Heart size is normal. Lungs are clear of infiltrate. There are no pleural effusions currently identified.

IMPRESSION: No distinct acute cardiopulmonary disease. Dictated by: Robert L. Tyrrell
M.D
Workstation ID:APACSRR11

Signature

Electronically signed by: Nurul Haque, MD, 2/22/2025 5:13 PM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70



Burdette, Steven D, MD
Physician
Infectious Disease

Medical Staff Progress Note
Addendum

Date of Service: 02/22/25 1522

Addendum

Infectious Diseases

Steve Burdette, MD, Kelli Huesman, PA-C Kristin Vanbockel, PA-C Nicole Fiore, APRN

MIAMI VALLEY HOSPITAL

2/22/2025 Adm: 2/17/2025
Diane Crisp DOB: 9/1/1959

Impression:

- Sepsis likely due to UTI
 - Doubt PNA, CXR today is really not impressive (my read)
 - Urine culture with 4 pathogens, this is contaminated, but all should be covered by zosyn
- Renal failure on CRT
- Acute Respiratory failure requiring vent
 - Respiratory culture with 4 different pathogens, consistent with colonization and not infection
 - MRSA negative
 - Extubated 2/21
- Encephalopathy
 - Pt more alert today

Plan:

- Continue zosyn
 - Plan 5 days based on clinical improvement
 - Today is day 4
 - D/c abx tomorrow
- No further MRSA therapy needed
- Trend wbc, was elevating, but expected since on steroids
- Trend fevers
 - Has been afebrile ~ 72 hours

History: events noted from past 24 hours, extubated, no side effects from the antibiotics still on pressors. Has been afebrile for about 72 hours, wbc elevated, but on steroids

Vital Signs:

Temp Avg: 97.5 °F (36.4 °C)	Min: 97.4 °F (36.3 °C)	Max: 97.5 °F (36.4 °C)
Pulse: 87 (02/22/25 1500)		
BP: (!) 85/55 (02/22/25 1300)		
SpO2: 97 % (02/22/25 1500)	FiO2: 30 % (02/21/25 1200)	Oxygen Liters Per Minute: 0 LITERS PER MINUTE (02/22/25 0520)

Exam**Gen:** NAD**HEENT:** Atraumatic, extubated, now on RA**NECK:** Supple**CHEST:** course BS**EXT:** No cyanosis**NEURO:** Sedated**SKIN:** No rashes noted**Lines:** Reviewed**Labs:****WBC COUNT**

Date	Value	Ref Range	Status
10/23/2023	8.1	3.5 - 10.9 K/uL	Final
07/05/2023	9.9	3.5 - 10.9 K/uL	Final
07/11/2018	9.6	3.8 - 10.8 K/MM3	

WBC Count

Date	Value	Ref Range	Status
02/22/2025	23.3	3.5 - 10.9 K/uL	Final
02/20/2025	13.6	3.5 - 10.9 K/uL	Final
02/19/2025	8.7	3.5 - 10.9 K/uL	Final

CREATININE

Date	Value	Ref Range	Status
08/21/2023	1.3	0.5 - 1.2 MG/DL	Final
07/14/2023	1.5	0.5 - 1.2 MG/DL	Final
06/21/2022	1.6	0.5 - 1.2 MG/DL	Final

Creatinine

Date	Value	Ref Range	Status
02/22/2025	2.2	0.5 - 1.2 mg/dL	Final
02/21/2025	1.9	0.5 - 1.2 mg/dL	Final
02/21/2025	1.8	0.5 - 1.2 mg/dL	Final

PLATELET COUNT

Date	Value	Ref Range	Status
10/23/2023	323	140 - 400 K/uL	Final
07/05/2023	343	140 - 400 K/uL	Final
07/11/2018	238	130 - 400 K/MM3	

Platelet Count

Date	Value	Ref Range	Status
02/22/2025	63	140 - 400 K/uL	Final

Comment:
Confirmed by slide review.

02/20/2025	102	140 - 400 K/uL	Final
02/19/2025	157	140 - 400 K/uL	Final

Cultures: reviewed

Imaging Studies: reviewed

Electronically signed by: Kelli K Huesman, PA-C, 2/22/2025
Epic Secure Chat is preferred for any hospital communication

Attending Addendum: I have discussed this case with PA Huesman. I have adjusted the above note as necessary. I have reviewed vital signs (temp, HR, RR, O2 sats and O2 requirements), labs (including Cr, WBC and if available, antibiotic levels), microbiology results (including cultures and appropriate antigen testing), fever trend, WBC trend, creatinine trend, antibiotics administered since admission, ID related imaging reports since prior evaluation, medications and medical history / interval history. I have reviewed available physician documentation since the prior ID evaluation.

Impression / Plan

- As above
- DC antibiotics on Sunday

Electronically signed by: Steven D Burdette, MD, 2/22/2025 8:15 PM

ED to Hosp-Admission (Discharged) on 2/17/2025

Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Kleinfelder, Kylee R, RN
Registered Nurse

Nursing Note  
Signed

Date of Service: 02/22/25 1200

Signed

CGM Validation:

POC blood sugar- 102 and CGM reading- 122. Within protocol parameters of <20% difference from the POC when the glucose is >100 mg/dL..

Electronically signed by: Kylee R Kleinfelder, RN, 2/22/2025 12:27 PM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:32 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Kaufhold, Jeffrey J, MD
 Physician
 Nephrology

Medical Staff Progress Note  
 Signed

Date of Service: 02/22/25 0923

Signed

*Mark D. Oxman, D.O. FACP
 Jeffrey J. Kaufhold, M.D., FACP
 Jennifer L. Jackson, D.O., FACP
 Chukwuma E. Eze, M.D., FASN, FASDIN
 Ashok K. Ammula, M.D.
 Shashikant R. Patel, M.D.*



*Swe Zin Mar Winhtut Oo, M.D.
 Jamie E. Long, MS, RN, APRN
 Vanessa Ratcliff MS, RN, APRN
 Esther Bassaw MS, RN, APRN
 Chloe Hammond, MS, RN, APRN
 Kimberly Wallace, MS, RN, APRN*

MIAMI VALLEY HOSPITAL**Renal Progress Note**

2/22/2025

Patient Name: Diane Crisp DOB: 9/1/1959

Subjective

Patient seen and examined, she is a 65 yo female with AKI on CKD complicating admission for sepsis with hypoglycemia . The patient is intubated and is sedated. We stopped CRRT Wednesday around noon. Poor UOP overnight but she was extubated Friday feb 21. No problems overnight.

Assessment

Orders for Labs and Medications reviewed.

Acute renal failure with peak creat 5.2

Volume repleted

Lytes Hyponatremia

Acidosis severe (bicarb of 5) resolved.

GFR estimate indeterminate -

Required CRRT Feb 17 PM through Feb 19 around noon

CKD 3 due to HTN with baseline creat 1.5- 1.7

Saw Dr Oo in past

Anemia of CKD and history of GI bleed

History of stroke

Hypoglycemia with confusion - reason for admission

Sepsis from urinary source most likely

Acute resp failure due to sepsis extubated Feb 21.

Hypertensive renal disease

Plan

Can remove Foley

Continue midodrine

Poor response to lasix.

Plan for standard HD Saturday. (This will be first treatment)
 Check hep panel, PTH, A1c
 Target 1.5 Liter fluid removal
 Maintain the dialysis cath for time being.
 We will be following closely with you

Current Meds:

[COMPLETED] piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9% NaCl 100 ml addEASE 4.5 g
 Intravenous Once **AND** piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9% NaCl 100 ml addEASE 4.5 g
 Intravenous Q12H; insulin lispro (Humalog) injection 1-9 Units 1-9 Units Subcutaneous Q4H; furosemide (LASIX) injection 80 mg 80 mg IV Push BID; midodrine (PROAMATINE) tablet 10 mg 10 mg Oral Q8H; levothyroxine (SYNTHROID) tablet 50 mcg 50 mcg Oral Daily; saline flush 10 mL IV Push Q12H; polyethylene glycol (MIRALAX) packet 17 g 1 Packet Oral Daily; heparin injection 5,000 Units 5,000 Units Subcutaneous Q8H; folic acid (FOLATE) tablet 1 mg 1 mg Oral Daily

Infusions:

lactated ringers parenteral solution Last Rate: 150 mL/hr at 02/22/25 0727; NaCl 0.9% 1,000 mL
 Last Rate: 1,000 mL (02/21/25 1502); norepinephrine 8 mg in NaCl 0.9% 250 mL (Standard Concentration) IV infusion Last Rate: 0.02 mcg/kg/min (02/22/25 0400)

PRN Meds:

- dextrose (GLUTOSE) gel 15 g Carb
- dextrose 50 % in water (D50W) intravenous syringe 5-12.5 g
- glucagon injection 1 mg
- saline flush
- NaCl 0.9% 1,000 mL
- acetaminophen (TYLENOL) tablet 650 mg **OR** acetaminophen (TYLENOL) suppository 650 mg
- lidocaine (PF) 1 % (10 mg/mL) injection 5 mL
- ondansetron (ZOFTRAN ODT) RAPID DISSOLVING tablet 4 mg **OR** ondansetron (ZOFTRAN) injection 4 mg
- NaCl 0.9 % 2,000 mL
- heparin catheter solution 5,000-20,000 Units
- magnesium sulfate 2 g/50 ml SW IVPB
- magnesium sulfate 4 g/100 ml SW IVPB
- sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB
- sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB

Objective**Vital Signs:**

Temp: 97.5 °F (36.4 °C) (02/22/25 0800)	Temp Avg: 97.4 °F (36.3 °C) Min: 97.3 °F (36.3 °C) Max: 97.5 °F (36.4 °C)	BP: (!) 89/57 (02/22/25 0900)	Pulse: 83 (02/22/25 0900)	Resp: 14 (02/22/25 0900)	SpO2: 98 % (02/22/25 0908)
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I/O last 3 completed shifts:

In: 3268.8 [I.V.:2910.8; Other:290; Enteral:68]

Out: 350 [Urine:350]

Admission: Weight: 62.1 kg (136 lb 14.5 oz) (02/17/25 1604)

Most recent: Weight: 50.7 kg (111 lb 12.4 oz) (02/21/25 0600)

Exam

General: Frail female in NAD. Voice is soft
 CV: regular rate and rhythm
 Lung: lungs clear to auscultation
 Abd: soft BS present
 Extremity: Generalized 2+
 Access: RIJ quinton, foley art line
 Trachea midline, no adenopathy or thyromegally, No rash or petecchiai.
 MMM, PERRL, Nonicteric

Labs:**Recent Labs**

	02/17/25 1009	02/17/25 1120	02/17/25 1715	02/17/25 1736	02/17/25 2130	02/18/25 0030	02/18/25 0400	02/18/25 0802
WBC	21.4*	--	--	--	--	--	7.6	--
HEMOGLOBIN	8.5*	--	--	--	--	--	7.4*	--
HEMATOCRIT	27.0*	--	--	--	--	--	21.0*	--
PLATELETS	363	--	--	--	--	--	256	--
NA	134*	--	141	--	--	141	138	--
POTASSIUM	7.3*	< >	5.4*	5.3	--	4.1	3.6	--
CL	108	--	113*	--	--	108	104	--
CO2	5*	--	8*	--	--	15*	18*	--
BUN	80*	--	73*	--	--	48*	38*	--
CREATININE	5.2*	--	4.2*	--	--	2.7*	2.1*	--
GLUCOSE	166*	< >	151*	--	< >	148*	157*	151*
CA	8.8	--	7.4*	--	--	7.5*	7.3*	--
INR	1.3*	--	--	--	--	--	--	--
MG	2.3	--	2.0	--	--	--	--	--
PHOS	--	--	4.6* 4.6*	--	--	3.0	--	--

< > = values in this interval not displayed.

Recent Labs

	02/22/25 0513
WBC	23.3*
HEMOGLOBIN	9.7*
HEMATOCRIT	28.4*
PLATELETS	63*

Recent Labs

	02/22/25 0514	02/22/25 0450	02/22/25 0015
NA	133*	--	--
POTASSIUM	4.1	--	--
CL	98	--	--
CO2	18*	--	--
BUN	33*	--	--

CREATININE	2.2*	--	--
GLUCOSE	106*	117*	130*
CA	7.5*	--	--
PHOS	3.5 3.5	--	--

Imaging Studies: reviewed

Hospital Problems

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Electronically signed by: Jeffrey J Kaufhold, MD, 2/22/2025 9:23 AM

Page via Match MD or Epic secure chat.

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
 03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:32 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Gandhi, Dharmesh V, MD
Physician
Pulmonology

Medical Staff Progress Note  
Signed

Date of Service: 02/22/25 0824

Signed



Pulmonary & Critical Care
CONSULTANTS, INC.

Critical Care Progress Note
MIAMI VALLEY HOSPITAL
Date of Service: 2/22/2025

Diane Crisp
DOB: 9/1/1959

Assessment:

This is a 65-year-old female admitted for severe encephalopathy and acute renal failure with hyperkalemia. For airway protection requiring CRRT. Patient remains off vent at this time.

Problem list:

- Acute metabolic encephalopathy
- AKI on CKD stage III CRRT-improving
- Sepsis likely due to UTI.
- A-fib with controlled VR
- CKD stage III due to hypertension with baseline creatinine of 1.5-1.7
- Anemia of CKD and history of GI bleed
- History of stroke
- Hypoglycemia with confusion - reason for admission
- Hypertensive renal disease

Plan:

- Oxygen if need be to keep SpO₂ greater than 92
- On vasopressor support, MAP goal greater than 65
- Nephrology following
 - Holding CRRT for time being, maintain HD catheter

- Continue fludrocortisone and hydrocortisone
 - Hydrocortisone 50 mg every 8 hours
 - Glycemic control per primary service
 - Remains mildly encephalopathic despite being off sedation. Protecting airway so far. Will continue to watch closely.
 - MRSA PCR negative, discontinued linezolid
 - Continue levothyroxine 50 mcg daily
 - Bowel regimen: polyethylene glycol daily
 - Thromboprophylaxis: heparin 5000u every 8 hours
 - Alimentary prophylaxis: PPI daily
-

Chief Complaint/Reason for Admission:

Acute metabolic encephalopathy and renal failure

Pertinent interval/overnight events:

No acute events overnight, Remains on ventilator. On pressors however.

Physical Examination:

BP 144/53 | Pulse 93 | Temp 97.5 °F (36.4 °C) | Resp 14 | Ht 1.575 m (5' 2.01") | Wt 50.7 kg (111 lb 12.4 oz) | SpO2 100% | BMI 20.44 kg/m²

Neurologic: Does not respond to verbal commands but does withdraw to pain in all 4 extremities

Respiratory: Clear to auscultation bilaterally

Cardiovascular: Irregular rate and rhythm, no murmurs rubs or gallops

Abdominal: Soft, nondistended

Extremities/Integument: Bilateral lower extremity pitting edema

Other pertinent exam findings:

Body mass index is 20.44 kg/m².

Laboratory Results reviewed

Respiratory culture growing Klebsiella pneumonia, E. coli, Pseudomonas and Achromobacter

- Urine culture growing group D Enterococcus, Proteus, E. coli and Klebsiella pneumonia (resistant to tetracycline)

Radiography [personally reviewed, along with the Radiologist's reports (if available)] notable for:
N/A

Other Pertinent Data/Diagnostics reviewed and notable for:

- Echo 2/18: LVEF 60 to 65% with grade 1 diastolic dysfunction, trace mitral regurgitation, mild tricuspid regurgitation with RVSP 30 mmHg

Intake/Output Summary (Last 24 hours) at 2/22/2025 1150

Last data filed at 2/22/2025 1000

	Gross per 24 hour
Intake	3012.57 ml
Output	270 ml
Net	2742.57 ml

This patient is currently on the 3 rd ICU service.

MAR, Labs, CXR (actual films), other notes and chart reviewed.

I have discussed with nursing.
I can be reached on Epic Chat (Preferred)
31+ mins CCT.
For ICU NP please call 937-789-8098 / 937-789-8411
For Pulmonary consult NP please call 937-475-8469
For urgent consultations & after 6 pm on weekdays and weekends, please page on call physician - 937-334-5999
Signature: Dharmesh Gandhi V, MD, 2/22/2025 7:27 PM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

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Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Gill, Adeel S, RPH
Pharmacist
Pharmacy

Progress Notes  
Signed

Date of Service: 02/22/25 0802

Signed

MIAMI VALLEY HOSPITAL

Pharmacy Renal Dosing Note

Current medication orders were reviewed for medications requiring renal dose adjustment. Per Premier Health policy, the dose of piperacillin-tazobactam will be changed from 4.5 g every 8 hours to 4.5 g every 12 hours.

Renal status: Acute renal insufficiency

Lab Results

Component	Value	Date/Time
CREATININE	2.2 (H)	02/22/2025 05:14 AM
CREATININE	1.3 (H)	08/21/2023 09:58 AM

Creatinine clearance cannot be reliably calculated in patients with changing renal function

Rationale for Adjustment: Renal function declining after stopping CRRT. Current CrCl ~20 ml/min

Pharmacy will continue to follow and make further adjustments as needed.

Electronically signed by: Adeel S Gill, RPH, 2/22/2025 8:02 AM

ED to Hosp-Admission (Discharged) on 2/17/2025

*Note shared with patient***Care Timeline**

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Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Graeter, Anna S, RN
Registered Nurse
Nursing

Care Plan
Signed

Date of Service: 02/21/25 2338

Signed

Problem: Skin Integrity - Impaired

Goal: Decrease in wound size

Outcome: Progressing

Goal: Skin integrity intact

Outcome: Progressing

Problem: Pressure Ulcer

Goal: Absence of infection signs and symptoms

Outcome: Progressing

Note: Q2 hour turns

Goal: Pressure ulcer healing

Outcome: Progressing

Problem: Pain - Acute

Goal: Communication of presence of pain

Outcome: Progressing

Problem: Falls - Risk of

Goal: Absence of falls

Description: Avoid the routine use of bedrails or physical restraints as a fall-prevention intervention.

Outcome: Progressing

Goal: Knowledge of fall prevention

Outcome: Progressing

Problem: Injury - Risk of, Physical Restraints

Goal: Absence of injury

Outcome: Progressing

Goal: Absence of physical restraint indications

Outcome: Progressing

ED to Hosp-Admission (Discharged) on 2/17/2025

Care Timeline



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Crisp, Diane

MRN: 096-67-27-70

Graeter, Anna S, RN
Registered Nurse
Nursing

Nursing Note  
Signed

Date of Service: 02/21/25 2105

Signed

CGM Validation:

12:50 AM - POC blood sugar- 102 and CGM reading- 115. Within protocol parameters of <20% difference from the POC when the glucose is >100 mg/dL..

Electronically signed by: Anna S Graeter, RN, 2/22/2025 12:50 AM 3

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

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Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Smart, Hannah M, RN
Registered Nurse
Nursing

Nursing Note  
Signed

Date of Service: 02/21/25 1524

Signed

CGM Validation:

3:27 PM - POC blood sugar- 120 and CGM reading- 143. Within protocol parameters of <20% difference from the POC when the glucose is >100 mg/dL..

Electronically signed by: Hannah M Smart, RN, 2/21/2025 3:27 PM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

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Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Gollamudi, Murthy Venkat L N, MD
Physician
Pulmonology

Medical Staff Progress Note  
Signed

Date of Service: 02/21/25 1458

Signed

Much more awake and following commands. Tolerating spontaneous breathing trials. Will proceed with extubating patient. Off norepinephrine. Urinary output still low. Receiving Lasix. Off CRRT. Creatinine is at stable at 1.9. On Zosyn for UTI. Blood sugars are controlled. Check swallow evaluation.

I personally spent 35 minutes of time attending to this patient's critical care needs separate from teaching or billable procedures. This time includes bedside evaluation and management, review of labs and imaging, review of the chart for written updates and recommendations, documentation, and, if available, communication with other services on the case. All of this time occurred either at the bedside or directly in the ICU. This patient requires complex, high-level decision-making to prevent deterioration or morbid sequelae of ongoing disease as documented in the note.

Electronically signed by: Murthy Venkat L N Gollamudi, MD, 2/21/2025 7:36 PM

I can be reached on Epic Chat (Preferred)

Pager 937-334-0502

For ICU NP please call 937-789-8098 / 937-789-8411

For Pulmonary consult NP please call 937-475-8469

For urgent consultations & after 6 pm on weekdays and weekends, please page on call physician - 937-334-5999

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Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70



Burdette, Steven D, MD
Physician
Infectious Disease

Medical Staff Progress Note
Addendum

Date of Service: 02/21/25 1456

Addendum

Infectious Diseases

Steve Burdette, MD, Kelli Huesman, PA-C Kristin Vanbockel, PA-C Nicole Fiore, APRN

MIAMI VALLEY HOSPITAL

2/21/2025 Adm: 2/17/2025
Diane Crisp DOB: 9/1/1959

Impression:

- Sepsis likely due to UTI
 - Doubt PNA, CXR today is really not impressive (my read)
 - Urine culture with 4 pathogens, this is contaminated, but all should be covered by zosyn
- Renal failure on CRT
- Acute Respiratory failure requiring vent
 - Respiratory culture with 4 different pathogens, consistent with colonization and not infection
 - MRSA negative
 - Extubated today
- Encephalopathy
 - Pt more alert today

Plan:

- Continue zosyn
 - Plan 5-7 days based on clinical improvement
 - Today is day 3
- No further MRSA therapy needed
- Trend wbc, was elevating, but expected since on steroids
- Trend fevers
 - Has been afebrile ~ 48 hours

DC antibiotics on Sunday

History: events noted from past 24 hours, extubated, no side effects from the antibiotics still on pressors. Has been afebrile for about 48 hours

Vital Signs:

Temp Avg: 97.5 °F (36.4 °C)	Min: 97.3 °F (36.3 °C)	Max: 97.9 °F (36.6 °C)
Pulse: 67 (02/21/25 1400)		
BP: 95/58 (02/21/25 1400)		
SpO2: 94 % (02/21/25 1400)	FiO2: 30 % (02/21/25 1200)	Oxygen Liters Per Minute: 2 LITERS PER MINUTE (02/21/25 1300)

Exam**Gen:** NAD**HEENT:** Atraumatic, extubated on 2L NC now**NECK:** Supple**CHEST:** course BS**EXT:** No cyanosis**NEURO:** Sedated**SKIN:** No rashes noted**Lines:** Reviewed**Labs:****WBC COUNT**

Date	Value	Ref Range	Status
10/23/2023	8.1	3.5 - 10.9 K/uL	Final
07/05/2023	9.9	3.5 - 10.9 K/uL	Final
07/11/2018	9.6	3.8 - 10.8 K/MM3	

WBC Count

Date	Value	Ref Range	Status
02/20/2025	13.6	3.5 - 10.9 K/uL	Final
02/19/2025	8.7	3.5 - 10.9 K/uL	Final
02/18/2025	7.6	3.5 - 10.9 K/uL	Final

CREATININE

Date	Value	Ref Range	Status
08/21/2023	1.3	0.5 - 1.2 MG/DL	Final
07/14/2023	1.5	0.5 - 1.2 MG/DL	Final
06/21/2022	1.6	0.5 - 1.2 MG/DL	Final

Creatinine

Date	Value	Ref Range	Status
02/21/2025	1.9	0.5 - 1.2 mg/dL	Final
02/21/2025	1.8	0.5 - 1.2 mg/dL	Final
02/20/2025	1.6	0.5 - 1.2 mg/dL	Final

PLATELET COUNT

Date	Value	Ref Range	Status
10/23/2023	323	140 - 400 K/uL	Final
07/05/2023	343	140 - 400 K/uL	Final
07/11/2018	238	130 - 400 K/MM3	

Platelet Count

Date	Value	Ref Range	Status
02/20/2025	102	140 - 400 K/uL	Final

02/19/2025	157	140 - 400 K/uL	Final
02/18/2025	256	140 - 400 K/uL	Final
Comment: <i>Results were rechecked.</i>			

Cultures: reviewed

Imaging Studies: reviewed

Electronically signed by: Kelli K Huesman, PA-C, 2/21/2025
Epic Secure Chat is preferred for any hospital communication

Attending Addendum: I have discussed this case with PA Huesman. I have adjusted the above note as necessary. I have reviewed vital signs (temp, HR, RR, O2 sats and O2 requirements), labs (including Cr, WBC and if available, antibiotic levels), microbiology results (including cultures and appropriate antigen testing), fever trend, WBC trend, creatinine trend, antibiotics administered since admission, ID related imaging reports since prior evaluation, medications and medical history / interval history. I have reviewed available physician documentation since the prior ID evaluation.

Impression / Plan

- As above
- DC antibiotics on Sunday

Electronically signed by: Steven D Burdette, MD, 2/21/2025 9:11 PM

ED to Hosp-Admission (Discharged) on 2/17/2025

Note shared with patient

Care Timeline

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03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Bair, Mariah E, OTR/L
Occupational Therapist
Occupational Therapy

Care Plan
Signed

Date of Service: 02/21/25 1251

Signed**Recommendations:**

Considering pt's current functional status, encourage patient to participate in grooming activities. Alternate position in bed and place in chair position as appropriate

Current Level of Function:

General Transfers/Mobility: Bed, Chair, Wheelchair Transfer Current Status: Total assist

Please see the OT documentation for detailed information regarding patient's functional performance.

ED to Hosp-Admission (Discharged) on 2/17/2025

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Crisp, Diane

MRN: 096-67-27-70

Bair, Mariah E, OTR/L
Occupational Therapist
Occupational Therapy

Initial Assessments  
Signed

Date of Service: 02/21/25 1249

Signed

ACUTE OCCUPATIONAL THERAPY EVALUATION

Patient Information:

Patients Name: Diane Crisp
Date of Birth: 9/1/1959
MRN: 096-67-27-70
Acct#: 164122416
Admitting Diagnosis: AMS (altered mental status) [R41.82]
4512/4512-A

OT ASSESSMENT and DISCHARGE RECOMMENDATIONS:

Self Care AMPAC Daily Activity Inpatient Raw Score (calculated): 8 /24 indicating Significant decline from baseline.

Prior to hospitalization, patient was Modified Independent for all ADLs and mobility using unknown DME .

Patient now currently requires Max assist for all ADL completion and is grossly Total assist for Sitting tasks and is most significantly limited by functional mobility, oral intubation, and medical complexities/stability.

Patient put forth great effort during the session and highly motivated to participate therapies. Good Rehab Potential- Expected to make good progress following a coordinated, interdisciplinary therapy treatment program.

OT Discharge Recommendations: Skilled nursing facility placement

Equipment Recommended: To be determined

Other Consultations Recommended at this Time: None

Therapy Session Information:

Referral Date/Order:

Last order of OT EVALUATION + TREATMENT was found on 2/18/2025 from Hospital Encounter on 2/17/2025

Start Time: 0841

Stop Time: 0904

Total Time Calculation (min): 23 min

Total time-based code treatment time: Total time minus 8 minutes for evaluation

Patient accompanied by: No Visitors

Bed/Chair Alarm: yes

Precautions:

Medical: Fall Risk, Maintain O2 saturation
Nursing Moving Safely Total Score: 30

PATIENT HISTORY:**Present Admission:**

Diane Crisp is a 65 year old female admitted to MVH on 2/17/2025 for severe lethargy due to hypoglycemia and hypotension. Found with sepsis due to UTI

Required CRRT Feb 17 PM through Feb 19 due to Acute renal failure

Past Medical History:

has a past medical history of Acute blood loss anemia (07/11/2018), Fall (12/20/2023), Folic acid deficiency, History of hemorrhagic cerebrovascular accident (CVA) without residual deficits (06/2001), History of hemorrhagic cerebrovascular accident (CVA) without residual deficits (07/2006), History of ischemic stroke without residual deficits (10/2013), Hypercholesterolemia, Hyperpotassemia (08/11/2020), Hypertension, Iron deficiency anemia, LVH (left ventricular hypertrophy) due to hypertensive disease, Postmenopausal, Preop exam for internal medicine (06/19/2018), PUD (peptic ulcer disease), and Thrombocytosis (Chronic).

has a past surgical history that includes carpal tunnel release; cubital tunnel release; pacu offsite recovery (N/A, 10/25/2013); esophagogastroduodenoscopy (N/A, 06/20/2018); total knee arthroplasty (Left, 07/10/2018); colonoscopy (N/A, 12/27/2023); and esophagogastroduodenoscopy with biopsy (N/A, 01/06/2024).

OCCUPATIONAL PROFILE:

Grossly, this patient's PLOF status for basic mobility was: Modified independent
Living Arrangements: Alone. Pt has Intermittent supervision and physical assistance available from HHA 5x/ week for 4 hours each day

Basic ADLs and mobility: Independent using unknown DME

IADLs: Minimally Assistedfrom aids

Fall history: unknown

Home environment:

Type of Residence: Private residence

Housing Type: 1 floor;Ramp accessible

Pre-Admit Equipment in Home: Elevated toilet seat;Front wheeled walker;Shower chair;Wheelchair

SUBJECTIVE:

Patient States: Orally intubated. Nods yes/no and gestures

Patient Goals: Return to PLOF

Pain Rating/Location: Patient reports no pain and no obvious signs/symptoms of pain

OBJECTIVE:**Performance Skills & Client Factors:**

Motor & Praxis Skills:

UE ROM: BUE WFL for ADLs

UE MMT: Grossly 4 / 5 Complete ROM against gravity with moderate resistance

Coordination/Dexterity: Gross grasp/release and serial opposition WFL

Sitting Balance: Poor: Pt requires physical assist to maintain balance.

Sensory Perceptual Skills:

Sensation: requires further assessment

Vision: WFL- Conjugate gaze and able to track across midline and focus on therapist in bilateral visual fields.

Hearing: WFL

Cognitive Skills:

Level of consciousness:Drowsy

Orientation:Unable to determine, responds to name

Command following:Delayed processing and Follows 1-step commands with 75% accuracy

Behavior: Restless, poor attention to task

Safety awareness:Impulsive and Decreased insight into injury / illness

Communication & Social Skills:

Orally intubated: gestures, able to give thumbs up, nods yes/no

Hemodynamics:

Vitals WNL according to monitor and no apparent signs of distress throughout session.

Activities of Daily Living (ADLs):

ACTIVITY: CURRENT ASSIST LEVEL	SKILLED ADL TREATMENT PROVIDED DURING EVALUATION
Grooming Current Status: Moderate assist (assist around ET tube for safety) Wash face/hands	Edge of bed Cuing for optimal hygiene and thoroughness Facilitation provided using hand under hand technique Assist to maintain balance during task
Upper Body Dressing Current Status: Moderate assist Gown Management	Assist to manage fasteners and clothing manipulations

Supine<>Sit: Total A EOB balance: Max A for 5 minutes	Facilitated functional transfers in prep for ADL tasks Assist and emphasis for weight shift/direction change, hand placement and posture
--	---

Additional Skilled Treatment Provided During Evaluation:

Patient found in bed with alarm on. Patient left in bed with alarm on

Facilitated participation in above-mentioned ADLs with emphasis on promoting increased activity tolerance, functional independence, functional strength, and safety. Provided the appropriate level of graded cues/assist as described above to maximize independence and safety in ADLs.

Treatment with focus on safety, energy conservation, pacing, and compensation of function.

Education provided regarding: role of Occupational Therapy, plan of care, discharge recommendations, importance of participation in ADL tasks as independently as able to maintain/improve functional independence, and importance of participation in therapy treatment sessions. Patient expresses understanding.

**Boston University AM-PAC '6 clicks' V.2
Daily Activity Inpatient Short Form**

How much help from another person do you currently need... (If the patient hasn't done an activity recently, how much help from another person do you think he/she would need if he/she tried?)	Scores: Total - 1 A Lot - 2 A Little - 3 None - 4
1. Putting on and taking off regular lower body clothing?	Lower body dressing: Total
2. Bathing (including washing, rinsing, drying)?	Bathing: Total
3. Toileting, which includes using toilet, bedpan or urinal?	Toileting: Total
4. Putting on and taking off regular upper body clothing?	Upper body dressing: A Lot
5. Taking care of personal grooming such as brushing teeth?	Grooming: A Lot
6. Eating Meals?	Eating: Total

Daily Activity Inpatient Raw Score (calculated): 8

PLAN:

Therapy Comment: Eval Fri 2/21-- to 3/5; MRB

OT Frequency: 6 sessions

Treatment Interventions: ADL retraining;Visual perceptual retraining;Functional transfer training;Endurance training;UE strengthening/ROM;Cognitive reorientation;Patient/family training;Equipment evaluation/education;Neuromuscular reeducation;Fine motor coordination activities;Compensatory technique education;Continued evaluation

Communication of OT Plan:

The risks and benefits of OT were discussed, and the OT plan of care was agreed upon by:
Patient

SHORT/LONG TERM GOALS (to be achieved by time of discharge):

STG Eating: Pt to complete feeding;with independence (once diet upgraded)

STG Grooming: Pt to complete grooming;with set up

STG Upper Body Dressing: Pt to complete upper body dressing;with minimal assist

STG Lower Body Dressing: Pt to complete lower body dressing;with moderate assist

STG Toileting: Pt to complete toileting;with moderate assist

STG Toilet Transfer: Pt to complete toilet transfer;with moderate assist

STG Bed, Chair, Wheelchar Transfers: Pt to complete bed, chair, wheelchair transfer;with minimal assist

All of the above goals are written to increase functional independence to allow for safe return to prior living situation.

This information is representative of Diane Crisp's current therapy status. If Diane Crisp discharges prior to further therapy intervention, this information is to serve as the discharge summary from occupational therapy.

Thank you for allowing me to participate in the care of Diane Crisp. Please contact me with *via secure chat* any questions.

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

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Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Haque, Nurul, MD
Physician
Hospitalist

Medical Staff Progress Note  
Signed

Date of Service: 02/21/25 0922

Signed



Internal Medicine Hospitalist Progress Note

Hospitalist: Nurul Haque MD

Patient Identifier/Hospitalist

Patient Name: Diane Crisp DOB: 9/1/1959

Room / Bed : 4512/4512-A

Facility : MIAMI VALLEY HOSPITAL

Date of Service: 2/21/2025

CSN: 164122416

Admit Date: 2/17/2025 9:40 AM

Attending Physician: Haque, Nurul, MD

Primary Care Physician: Nonstaff, Mvh

Please contact using secure chat for urgent/ immediate response please use cell number mentioned in secure chat

Disposition

Disposition: Home/ECF in 24-72 hrs,pending clinical improvement

Reason for continued hospitalization

	IVF
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	IV Abx
	Heparin gtt
	Protonix gtt
	Cardizem/Amiodarone gtt
	Pressors gtt
	Intubated
X	Pending Clinical recovery
	Pending Procedures
	Pending Consult eval
	Pending MRI/Imaging
	IV Lasix/Bumex
	Requiring BIPAP
	Awaiting Cultures
	Adjusting medications
X	Intubated on mechanical ventilation

Assessment and Plan

Diane Crisp is a 65 year old female

Hospital day# 4

Admitted for:

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Narrative :

Diane Crisp is an 65 year old female who has a history of hyperlipidemia, GERD, hypertension, presented at MVH ER with concern of lethargy was brought in by EMS with blood glucose of 31, was started on D10 and Isolyte, was also reportedly hypotensive with blood pressure of 88/51 per report, was requiring oxygen at around 6 L/min via nasal cannula saturating around 100% on arrival, unclear whether she was hypoxic on field, was cold on arrival with hypothermia.

Lab work is concerning for creatinine of 5.2, prior baseline is 1.2, 1 years prior.

Potassium was 7.3. Treated per hyperkalemia protocol. TSH of 4.82 white blood cell of 21.4. Hemoglobin of 8.5. Troponin of 60, 54.

Chest x-ray is negative for any acute cardiopulmonary process, CT abdomen pelvis is concerning for possible left lung base infiltrate with differential of possible pneumonia/aspiration. Negative for any acute abdominal or pelvic process

Altered mental status: Secondary to metabolic encephalopathy likely from infection possibly from pneumonia, need to rule out other infective etiology, follow-up on blood culture, urine reflex to culture, also could have altered mental status from significant electrolyte derangement, dehydration. Monitor mentation, anticipate improvement

Assessment and plan

Acute hypoxia with hypoxic respiratory failure: Could be secondary to aspiration pneumonia although infiltrates are not impressive on lung cuts of CT abdomen pelvis, oxygen supplementation, treat underlying etiology. Patient was eventually intubated given poor mentation and severe metabolic acidosis with hypoxia. Undergoing SBT.

Severe sepsis with septic shock: Present on admission: Has organ dysfunction in form of metabolic acidosis, acute hypoxic respiratory failure, AKI, likely secondary to UTI, initially pneumonia felt less likely but patient likely has pneumonia given polymicrobial growth noted for multiple pathogen on respiratory culture from 2/19/2025 is growing Klebsiella, Pseudomonas, Achromobacter, Ecoli other rare bacteria noted, ID consulted, hydration therapy, , **antibiotic tailored to Zosyn by ID, differential is colonization versus pneumonia, more likely felt to be colonization.** Initially was hypertensive with subsequent improvement in blood pressure but later on become hypotensive again requiring initiation of Levophed, critical care service consulted. On hydrocortisone for severe sepsis.

Abnormal UA suggestive of UTI: Was initially started on broad-spectrum antibiotic, antibiotic tailored as above, urine culture growing group D Enterococcus, Proteus species, requested microbiology to run complete culture sensitivity, ID consulted

elevated troponin: Likely nonspecific secondary to demand ischemia in troponin leak from renal dysfunction, EKG negative for dynamic ST-T changes, will obtain echocardiogram mostly to evaluate cardiac function given severe sepsis

Hyperkalemia: Treated per protocol, nephrology consulted, may need dialysis if does not improve, repeat potassium

Hypothyroidism: Has elevated TSH, awaiting T3-T4, possibility of myxedema considered as differential, felt less likely at this time given TSH of only 4.82, quite unlikely

AKI with metabolic acidosis: Severe, likely prerenal, was initially managed with bicarb drip, nephrology consulted. CRRT initiated

GERD: PPI

Hyperlipidemia: Statin

History of hypertension: Antihypertensive on hold, resume when deemed appropriate

Bilateral lower extremity swelling: Negative for DVT,

Anemia: Has acute on chronic anemia, acute component could be secondary to severe sepsis, monitor hemoglobin transfuse as required

Incision Left Anterior Incision (Active)

Appearance Date/Appearance Time: 07/10/18 1328 Patient came in with: No Wound Side: Left Wound Location: Knee Wound Orientation: Anterior Type: Incision

Assessments	7/10/2018 2:25 PM	7/11/2018 9:12 AM
Dressing Status / Change	Dry & Intact	Dry & Intact
Surgical Site / Incision	—	Other (Comment)
Periwound (surrounding) tissue	Dry;Intact	Dry;Intact
Drain Type	Not applicable	Not applicable
Drainage Amount	None	None
Odor	None	None
Primary Dressing	—	Antimicrobial

No associated orders.

Wound Coccyx (Active)

Appearance Date/Appearance Time: 12/11/23 1600 Wound Location: Coccyx

Assessments	12/11/2023 4:08 PM	1/1/2024 10:00 PM
Dressing Status / Change	Open to air	Dry & Intact
Wound Bed Appearance	Pink	—
Drainage Amount	None	—
Odor	None	—
Wound cleanser	Body wash / periwash	—
Periwound (surrounding) tissue	Blanchable erythema	—
Topical Agents	Zinc oxide	—

No associated orders.

Wound Right Buttocks Skin tear (Active)

Appearance Date/Appearance Time: 02/20/25 0800 Wound Side: Right Wound Location: Buttocks Wound Type - Traumatic: Skin tear

Assessments	2/20/2025 8:00 AM	2/21/2025 6:00 PM
Dressing Status / Change	Changed	Changed
Wound Bed Appearance	Pink;Red;Partial thickness	Pink;Red
Drainage Amount	Small	Small
Drainage Appearance	Bloody	Bloody
Advanced Wound	Photos	—

Intervention		—
Undermining / Tunneling	No	
Primary Dressing	Foam Dressing-Silicone Border	Foam Dressing-Silicone Border

No associated orders.

Wound Sacrum Skin tear (Active)

Appearance Date/Appearance Time: 02/20/25 0800 Wound Location: Sacrum Wound Type - Traumatic: Skin tear

Assessments	2/20/2025 8:00 AM	2/21/2025 6:00 PM
Dressing Status / Change	Changed	Changed
Wound Bed Appearance	Red;Pink;Partial thickness	Pink;Red
Drainage Amount	Small	Small
Drainage Appearance	Bloody	Bloody
Advanced Wound Intervention	Photos	—
Undermining / Tunneling	No	—
Primary Dressing	Foam Dressing-Silicone Border	Foam Dressing-Silicone Border

No associated orders.

DVT Prophylaxis: Lovenox/Heparin & SCD

Code Status: Orders Placed This Encounter
Total Support

Subjective

The patient is off sedation, able to squeeze hand when asked to do so, intubated on mechanical ventilation

ROS : negative except for above

Home Medications

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• hydrocortisone sod succ (PF) (SOLU)	50 mg	IV Push	Q8H	Smith, Taylor M, APRN	50 mg at 02/21/	

CORTEF) injection 50 mg					25 1506
• lactated ringers parenteral solution	Intravenous	Continuo s	Smith, Taylor M, APRN	150 mL/hr at 02/21/ 02/21/ 25 25	New Bag at 02/21/ 25 1852 1852
• dextrose (GLUTOSE) gel 15 g Carb	15 g Carb	Oral	PRN	Walsh, Nicholas T, PA- C	
• dextrose 50 % in water (D50W) g intravenous syringe 5-12.5 g	5-12.5	IV Push	PRN	Walsh, Nicholas T, PA- C	
• glucagon injection 1 mg	1 mg	Subcutaneous	PRN	Walsh, Nicholas T, PA- C	
• insulin lispro (HumaLOG) injection 1-9 Units	1-9 Units	Subcutaneous	Q4H	Walsh, Nicholas T, PA- C	1 Units at 02/21/ 25 1522
• piperacillin- tazobactam (ZOSYN) 4.5 g in 0.9% NaCl 100 ml addEASE	4.5 g	Intravenous	Q8H	Arthur, John A, DO	25 mL/hr at 02/21/ 02/21/ 25 25 1503 1503
• furosemide (LASIX) injection 80 mg	80 mg	IV Push	BID	Kaufhold, Jeffrey J, MD	80 mg at 02/21/ 25 1744
• midodrine (PROAMATINE) tablet 10 mg	10 mg	Oral	Q8H	Davis, Deanna Kay, APRN	10 mg at 02/21/ 25 1542
• levothyroxine (SYNTHROID) tablet 50 mcg	50 mcg	Oral	Daily	Davis, Deanna Kay, APRN	50 mcg at 02/21/ 25 0619
• saline flush	10 mL	IV Push	PRN	Haque, Nurul, MD	
• saline flush	10 mL	IV Push	Q12H	Haque, Nurul,	1

				MD		Syringe at 02/21/ 25 0913
• NaCl 0.9% 1,000 mL	1,000 mL	Intravenous	Continuous PRN	Haque, Nurul, MD	10 mL/hr at 02/21/ 25 1502	1,000 mL at 02/21/ 25 1502
• acetaminophen (TYLENOL) tablet 650 mg	650 mg	Oral	Q4H PRN	Haque, Nurul, MD		650 mg at 02/21/ 25 0909
Or						
• acetaminophen (TYLENOL) suppository 650 mg	650 mg	Rectal	Q4H PRN	Haque, Nurul, MD		
• polyethylene glycol (MIRALAX) packet 17 g	1 Packet	Oral	Daily	Haque, Nurul, MD		17 g at 02/21/ 25 0913
• heparin injection 5,000 Units	5,000 Units	Subcutaneous	Q8H	Haque, Nurul, MD		5,000 Units at 02/21/ 25 1506
• folic acid (FOLATE) tablet 1 mg	1 mg	Oral	Daily	Haque, Nurul, MD		1 mg at 02/21/ 25 0911
• lidocaine (PF) 1 % (10 mg/mL) injection 5 mL	5 mL	Infiltration	Once PRN	Haque, Nurul, MD		
• norepinephrine 8 mg in NaCl 0.9% 250 mL (Standard Concentration) IV infusion	0-0.5 mcg/k g/min (Order - Specifi c)	Intravenous	Continuous	Haque, Nurul, MD	5.91 mL/hr at 02/21/ 25 1854	0.05 mcg/k g/min at 02/21/ 25 1854
• mupirocin	Nasal	BID		Davis, Deanna		Given

(BACTROBAN) 2 % topical ointment			Kay, APRN	at 02/21/ 25 0911
• ondansetron (ZOFTRAN ODT) RAPID DISSOLVING tablet 4 mg Or	4 mg	Oral	Q6H PRN	Davis, Deanna Kay, APRN
• ondansetron (ZOFTRAN) injection 4 mg	4 mg	IV Push	Q6H PRN	Davis, Deanna Kay, APRN
				4 mg at 02/20/ 25 1639
• NaCl 0.9 % 2,000 mL	2,000 mL	Dialysis	PRN	Kaufhold, Jeffrey J, MD
• heparin catheter solution 5,000- 20,000 Units	5,000- 20,000 Units	Dialysis	To Critical Care-PRN	Kaufhold, Jeffrey J, MD
				15,000 Units at 02/19/ 25 1254
• magnesium sulfate 2 g/50 ml SW IVPB	2 g	Intravenous	PRN	Kaufhold, Jeffrey J, MD
• magnesium sulfate 4 g/100 ml SW IVPB	4 g	Intravenous	PRN	Kaufhold, Jeffrey J, MD
				50 mL/hr at 02/19/ 25 1200 Rate Verify at 02/19/ 25 1200
• sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB	10 mmol	Intravenous	PRN	Kaufhold, Jeffrey J, MD
				50 mL/hr at 02/19/ 25 1200 Rate Verify at 02/19/ 25 1200
• sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB	20 mmol	Intravenous	PRN	Kaufhold, Jeffrey J, MD

Objective

Vital Signs:

Temp: 97.5 °F (36.4 °C) (02/21/25 1630)	Temp Min: 97.3 °F (36.3 °C) Min taken time: 02/21/25 1230 Max: 97.5 °F (36.4 °C) Max taken time: 02/21/25 1630	BP: 103/75 (02/21/25 1803)	Pulse: 66 (02/21/25 1803)	Resp: 21 (02/21/25 1803)	SpO2: 98 % (02/21/25 1803)
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PHYSICAL EXAMINATION:

GENERAL APPEARANCE: NAD, is in mild effect of sedation, opens her eyes, squeezes hands

HEENT: PERRL, MMM,

Neck: Supple, no LAD, no thyromegaly.

CV: RRR, no added sounds heard

Pulm: CTA B

Abd: +BS, NT, ND.

GU: WNL

Extr: No edema.

Neuro: Squeezes hands

Skin: No Rashes

Diagnostic Data**Recent Results (from the past 24 hours)****POC GLUCOSE**

Collection Time: 02/20/25 7:58 PM

Result	Value	Ref Range
POC Glucose	105 (H)	70 - 99 mg/dL

Scan Result

POC GLUCOSE

Collection Time: 02/20/25 7:59 PM

Result	Value	Ref Range
POC GLUCOSE	115 (A)	70 - 99 mg/dl

POC GLUCOSE

Collection Time: 02/20/25 10:42 PM

Result	Value	Ref Range
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POC GLUCOSE 153 (A) 70 - 99
mg/dl

HEMOGLOBIN A1C W/ EST AVG GLUCOSE

Collection Time: 02/20/25 11:15 PM

Result	Value	Ref Range
HEMOGLOBIN A1C	5.0	<5.7 %
ESTIMATED AVERAGE GLUCOSE	97	MG/DL

RENAL FUNCTION PANEL

Collection Time: 02/21/25 1:07 AM

Result	Value	Ref Range
Sodium	131 (L)	135 - 148 mEq/L
Potassium	4.0	3.4 - 5.3 mEq/L
Chloride	100	96 - 110 mEq/L
Carbon Dioxide	20	19 - 32 mEq/L
BUN	23	3 - 29 mg/dL
Creatinine	1.8 (H)	0.5 - 1.2 mg/dL
Glucose	140 (H)	70 - 99 mg/dL
Calcium	7.1 (L)	8.5 - 10.5 mg/dL
Albumin	1.8 (L)	3.5 - 5.2 g/dL
Phosphorus	2.4	2.1 - 4.3 mg/dL
Anion Gap	11	5 - 15
BUN/CREAT Ratio	13	7 - 25
Estimated GFR	31 (L)	>=60 mL/min/1.73m ²

POC GLUCOSE

Collection Time: 02/21/25 4:15 AM

Result	Value	Ref Range
POC GLUCOSE	157 (A)	70 - 99 mg/dl

BLOOD GAS

Collection Time: 02/21/25 4:20 AM

Result	Value	Ref Range
pH	7.438	7.350 -

PCO2	32.4 (L)	7.450 35.0 - 45.0 mmHg
PO2	165.0 (H)	80.0 - 100.0 mmHg
O2 Saturation	100.0 (H)	95.0 - 98.0 %
Base Excess	-1.8	-2.0 - 3.0 mmol/L
Bicarbonate	21.9 (L)	22.0 - 26.0 mmol/L

MAGNESIUM, SERUM

Collection Time: 02/21/25 4:20 AM

Result	Value	Ref Range
Magnesium	2.6 (H)	1.4 - 2.5 mg/dL

RENAL FUNCTION PANEL

Collection Time: 02/21/25 4:20 AM

Result	Value	Ref Range
Sodium	133 (L)	135 - 148 mEq/L
Potassium	4.1	3.4 - 5.3 mEq/L
Chloride	100	96 - 110 mEq/L
Carbon Dioxide	20	19 - 32 mEq/L
BUN	24	3 - 29 mg/dL
Creatinine	1.9 (H)	0.5 - 1.2 mg/dL
Glucose	146 (H)	70 - 99 mg/dL
Calcium	7.2 (L)	8.5 - 10.5 mg/dL
Albumin	2.0 (L)	3.5 - 5.2 g/dL
Phosphorus	2.6	2.1 - 4.3 mg/dL
Anion Gap	13	5 - 15
BUN/CREAT Ratio	13	7 - 25
Estimated GFR	29 (L)	>=60 mL/min/1.7 3m ^{*2}

POC GLUCOSE

Collection Time: 02/21/25 8:00 AM

Result	Value	Ref Range

POC GLUCOSE	125 (A)	70 - 99 mg/dl
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POC GLUCOSE

Collection Time: 02/21/25 11:15 AM

Result	Value	Ref Range
POC GLUCOSE	121 (A)	70 - 99 mg/dl

POC GLUCOSE

Collection Time: 02/21/25 12:41 PM

Result	Value	Ref Range
POC Glucose	102 (H)	70 - 99 mg/dL

Scan Result

POC GLUCOSE

Collection Time: 02/21/25 3:18 PM

Result	Value	Ref Range
POC Glucose	120 (H)	70 - 99 mg/dL

Scan Result

POC GLUCOSE

Collection Time: 02/21/25 3:27 PM

Result	Value	Ref Range
POC GLUCOSE	143 (A)	70 - 99 mg/dl

Imaging**XR ABDOMEN SINGLE VIEW**

Result Date: 2/21/2025

XR ABDOMEN SINGLE VIEW, 2/21/2025 2:52 PM CLINICAL INFORMATION: See Epic for more information: NG placement, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified COMPARISON: 2/18/2025.

FINDINGS/IMPRESSION: Single limited view of the abdomen for tube placement exhibits a gastric drainage tube with sidehole terminating in the stomach. Dictated by Omar Khan, MD Workstation ID:DESKTOP-BLA1H26

XR CHEST PA OR AP 1 VIEW (PORTABLE)

Result Date: 2/20/2025

EXAM: XR CHEST PA OR AP 1 VIEW (PORTABLE) INDICATION: See Epic for more information: eval for PNA, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute

renal failure without septic shock, due to unspecified COMPARISON: 2/17/2025
FINDINGS: Endotracheal tube tip is 2.6 cm above the carina. Right IJ approach CVC tip overlies the SVC. Enteric drainage tube courses inferiorly outside the field-of-view. No evidence of acute osseous abnormality. Cardiomediastinal silhouette is within normal limits. Mild left basilar consolidation appears similar the prior exam.

IMPRESSION: Unchanged mild left basilar consolidation consistent with atelectasis or pneumonia. DICTATED BY: ANDREW T. MARTIN, M.D. Workstation ID:APACSRR1

ECHO TRANSTHORACIC (TTE) COMPLETE

Result Date: 2/18/2025

- Left Ventricle: Left ventricle size is normal. Normal wall thickness. No wall motion abnormalities noted. Normal systolic function with a visually estimated EF of 60 - 65%. Grade I diastolic dysfunction.
- Left Atrium: Left atrium is mildly dilated.
- Pericardium: Trivial pericardial effusion present. No indication of cardiac tamponade.
- Tricuspid Valve: Mild transvalvular regurgitation. RVSP is 30 mmHg.
- Mitral Valve: Trace transvalvular regurgitation.

XR ABDOMEN SINGLE VIEW

Result Date: 2/18/2025

XR ABDOMEN SINGLE VIEW INDICATION: See Epic for more information: OG placement, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified COMPARISON: None. TECHNIQUE: A single frontal view of the abdomen was obtained.

FINDINGS/IMPRESSION: Satisfactory enteric tube placement. DICTATED BY KALPESH DESAI, D.O. Workstation ID:G51157

XR CHEST PA OR AP 1 VIEW (PORTABLE)

Result Date: 2/17/2025

2/17/2025 5:17 PM TECHNIQUE: XR CHEST PA OR AP 1 VIEW (PORTABLE). INDICATION: See Epic for more information: line placement, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified COMPARISON: 2/17/2025. FINDINGS: Interval placement of endotracheal tube, enteric tube, and right internal jugular central venous catheter (all of which appear to be appropriately positioned). Hyperinflated/hyperlucent lungs suggesting underlying COPD. Nonspecific bandlike parenchymal opacity retrocardiac left lower lobe. Remaining lung fields are clear. Unremarkable bones and surrounding soft tissues.

IMPRESSION: 1. Appropriately positioned and recently placed tubes and lines. 2. Left lower lobe consolidative opacity may represent pneumonia. Lawrence J. Ashker, D.O. Workstation ID:DESKTOP-MUG57L3

US VENOUS DOPPLER BILATERAL LOWER

Result Date: 2/17/2025

Exam: US VENOUS DOPPLER BILATERAL LOWER: 2/17/2025 Clinical History: See Epic for more information: Localized edema, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspesifi Comparison: None available at time of dictation. Technique: Gray scale compression, Color Flow, and Doppler evaluation of the bilateral common femoral , femoral popliteal, posterior tibial and peroneal veins was performed. In addition, the origin of the greater saphenous and profunda femoral veins was evaluated. If this is a unilateral exam, the contralateral common femoral vein was evaluated as above. Exam limitations: None Findings: Visualized deep and superficial veins veins in bilateral lower extremities are patent. Normal compression and augmentation. No intraluminal clots. There is no evidence of deep vein thrombosis in the visualized veins of bilateral lower extremities on the basis of this exam.

IMPRESSION: 1. No evidence of deep vein thrombosis. Workstation ID:SYED

CT ABDOMEN AND CT PELVIS WITHOUT IV CONTRAST

Result Date: 2/17/2025

EXAM: CT ABDOMEN AND CT PELVIS WITHOUT IV CONTRAST dated 2/17/2025

11:44 AM CLINICAL HISTORY: abdominal pain, hx of GI bleed, COMPARISON:

12/7/2023 TECHNIQUE: Helically acquired CT images were obtained from the lung bases through the pelvis without administration of intravenous contrast. Coronal and sagittal reconstructions were performed. All CT scans at this location are performed using dose optimization techniques as appropriate to a performed exam including the following: ? Automated exposure control ? Adjustment of the mA and/or kV according to patient size (this includes techniques or standardized protocols for targeted exams where dose is matched to indication / reason for exam, i.e., extremities or head) ? Use of iterative reconstruction technique FIELD OF VIEW: 30.1 cm FINDINGS: Lower chest: Patchy consolidation in the left lung base. Liver: Normal. Biliary tree: Stones/sludge in the gallbladder with no gallbladder wall thickening or pericholecystic fluid. Spleen: Normal. Pancreas: Normal. Adrenal glands: Normal. Kidneys/ureters/bladder: Normal. Gastrointestinal tract: The small and large bowel are normal in caliber. The appendix is normal. There is a moderate amount of stool in the rectum. Lymphatics: No lymphadenopathy. Vasculature: There are atherosclerotic calcifications of the arterial structures without evidence of aneurysm. Peritoneum/retroperitoneum: Normal. Abdominal wall/soft tissues: Normal. Pelvic organs: Normal. Osseous structures: No acute osseous abnormalities or suspicious osseous lesions.

IMPRESSION: No acute abnormality in the abdomen or pelvis. Patchy consolidation in the left lung base concerning for pneumonia/aspiration. Follow-up to resolution is recommended to exclude the presence of an underlying lung nodule. Moderate rectal stool burden. Stones/sludge in the gallbladder with no findings to suggest acute cholecystitis. Dictated by: Joshua Tarrence, DO Workstation ID:APACSRR3

CT HEAD WITHOUT CONTRAST

Result Date: 2/17/2025

EXAM: CT HEAD WITHOUT CONTRAST INDICATION: AMS, hx of stroke TECHNIQUE:

Axial thin section CT images of the head were obtained without contrast. Sagittal and coronal 2-D multiplanar reconstructions were performed at the scanner. Dose Reduction: mA and/or kV are/were adjusted by automated exposure control software based upon the patient's height and weight. COMPARISON: CT head 12/7/2023 and prior FINDINGS: The diagnostic quality of the examination is adequate. Extracranial soft tissues: Unremarkable. Calvarium and skull base: No acute abnormality. Orbita, paranasal sinuses, mastoids, vascular structures: Unremarkable. Brain: No acute intraparenchymal blood products, acute territorial infarcts or mass effect is present. Multifocal encephalomalacia and gliosis within the bilateral corona radiata and medial left occipital lobe, similar to prior. Gray-white matter differentiation is preserved. Ventricles/Extraaxial spaces: Mild proportional enlargement without midline shift. No extra-axial fluid collections.

IMPRESSION: 1. No acute intracranial abnormality. 2. Multifocal encephalomalacia and gliosis, not significantly changed from 2023. Additional findings detailed above. Dictated by: Jessica Blaza, MD Workstation ID:G0102738

XR KNEE RIGHT 3 VIEWS

Result Date: 2/17/2025

EXAM: XR KNEE RIGHT 3 VIEWS HISTORY: DECREASED BLOOD SUGAR-SYMPOMATIC, HYPOXIA, COMPARISON: 5/16/2018 and prior studies FINDINGS: Severe osteopenia is present as well as severe osteoarthritis in the right knee. A small effusion is present. Motion artifact is present as well as vascular calcifications. There are no gross focal bony abnormalities.

IMPRESSION: Severe osteoarthritis and osteopenia with small suprapatellar effusion
Interpreted by Dr. Karen Jobalia, MD Workstation ID:RADOFFICE

XR CHEST PA OR AP 1 VIEW (PORTABLE)

Result Date: 2/17/2025

Examination: XR CHEST PA OR AP 1 VIEW (PORTABLE) Comparison: 10/24/2013
Findings: Heart size is normal. Lungs are clear of infiltrate. There are no pleural effusions currently identified.

IMPRESSION: No distinct acute cardiopulmonary disease. Dictated by: Robert L. Tyrrell
M.D Workstation ID:APACSRR11

Signature

Electronically signed by: Nurul Haque, MD, 2/21/2025 7:02 PM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

- 02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:32 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Fenton, Allison, PT
Physical Therapist
Physical Therapy

Care Plan
Signed

Date of Service: 02/21/25 0841

Signed

Problem: Falls - Risk of
Goal: Knowledge of fall prevention
Outcome: Progressing

Current Level of Function:

Rolling Assistance: Total assist
Supine <> Sit Assistance: Total assist; Head of bed elevated
Ambulation Assistance: Not assessed

Safety:

Requires cues
Impaired

Recommendations: Use gait belt for all mobility. Considering patient's current level of function listed above, please encourage patient to roll/reposition in bed with 2 person assist.

Please see the PT documentation for detailed information regarding patient's functional performance.

ED to Hosp-Admission (Discharged) on 2/17/2025

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:32 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Fenton, Allison, PT
Physical Therapist
Physical Therapy

Initial Assessments  
Signed

Date of Service: 02/21/25 0841

Signed

PHYSICAL THERAPY EVALUATION 2/21/2025 Treatment Plan Certification

Patient Information:

Patient Name: Diane Crisp
Date of Birth: 9/1/1959
MRN: 096-67-27-70
Acct#: 164122416
Admitting Diagnosis: AMS (altered mental status) [R41.82]

Total Time: 23 minutes

Time Based Code Treatment Time: 13 minutes

PT ASSESSMENT & DISCHARGE RECOMMENDATIONS:**AM-PAC Mobility Raw Score: 6/24****Prognosis to achieve goals: Fair**

ASSESSMENT: Patient presenting below their functional baseline. They required cues and physical assistance for their functional mobility this session. They are limited by decreased safety awareness, decreased functional strength and balance. They are at increased risk for falls. Patient will continue to benefit from acute skilled PT intervention to prevent further hospital acquired deconditioning, address balance, functional strength and mobility deficits.

PT recommended upon Discharge: Ongoing skilled therapy in a post-acute facility to address mobility deficits.

Recommended Supervision level: close and frequent supervision due to fall risk

Recommended Physical assist level: Rolling Assistance: Total assist

Supine <> Sit Assistance: Total assist; Head of bed elevated

Ambulation Assistance: Not assessed

Availability of assist recommended at discharge: Patient reports that recommended level of assist at discharge is NOT available.

Equipment Recommended: To be determined

Other Consults Recommended: None

Therapy Session Information:

Last order of PT EVALUATION + TREATMENT was found on 2/18/2025 from Hospital Encounter on 2/17/2025

Order: PT evaluate and treat

Activity Order: No change since evaluation
 Patient accompanied by: No visitors
 RN, informed of treatment session this date.
 Occupational Therapist present throughout session 2/2 the distinct need for two skilled therapist's handling/teaching techniques simultaneously.

Precautions:

Medical: Fall Risk; Maintain O₂ saturation
Bed/Chair Alarm activated after session: yes

PATIENT HISTORY:

Present Admission:

Diane Crisp is a 65 year old female admitted to MVH on 2/17/2025.

Per H&P: "Diane Crisp is an 65 year old female who has a history of hyperlipidemia, GERD, hypertension, presented at MVH ER with concern of lethargy was brought in by EMS with blood glucose of 31, was started on D10 and Isolyte, was also reportedly hypotensive with blood pressure of 88/51 per report, was requiring oxygen at around 6 L/min via nasal cannula saturating around 100% on arrival, unclear whether she was hypoxic on field, was cold on arrival with hypothermia."

All imaging reviewed as pertinent to admitting diagnoses.

Past Medical History:

Past Medical History:

Diagnosis	Date
• Acute blood loss anemia	07/11/2018
• Fall	12/20/2023
• Folic acid deficiency	
• History of hemorrhagic cerebrovascular accident (CVA) without residual deficits	06/2001
<i>Hemorrhagic CVA x2: Rt Frontoparietal Hemorrhagic Stroke 6/2001 followed by Rt Parietal Hemorrhagic Stroke 7/2006. Both were thought to be due to uncontrolled Htn...No residual deficits</i>	
• History of hemorrhagic cerebrovascular accident (CVA) without residual deficits	07/2006
<i>Hemorrhagic CVA x2: Rt Frontoparietal Hemorrhagic Stroke 6/2001 followed by Rt Parietal Hemorrhagic Stroke 7/2006. Both were thought to be due to uncontrolled Htn...No residual deficits</i>	
• History of ischemic stroke without residual deficits	10/2013
<i>Left Corona Radiata Ischemic CVA 10/2013. Thought to be due to uncontrolled Htn</i>	
• Hypercholesterolemia	
<i>Cardiologist: Ahmad Abdul-Karim, MD</i>	
• Hyperpotassemia	08/11/2020
• Hypertension	
<i>Cardiologist: Ahmad Abdul-Karim, MD</i>	
• Iron deficiency anemia	
<i>pt said last IV iron infusion was approx in 2016. Heme-Onc: Satheesh Kathula, MD</i>	
• LVH (left ventricular hypertrophy) due to hypertensive disease	
<i>Cardiologist: Ahmad Abdul-Karim, MD</i>	
• Postmenopausal	

- Preop exam for internal medicine 06/19/2018
- PUD (peptic ulcer disease)

Admitted 6/19-6/21/18 for Acute on Chronic Iron Deficiency Anemia due to Upper GI Bleed from PUD (presumed to be NSAID induced). EGD 6/20/18 showed pyloric stenosis from PUD with gastric outlet obstruction. GI: Michael Gorsky, MD
- Thrombocytosis (Chronic)

Thought to be related to Iron def (improves with IV Iron). Heme-Onc: Satheesh Kathula, MD

Past Surgical History:

Procedure	Laterality	Date
• Carpal Tunnel Release <i>bilateral</i>		
• Colonoscopy <i>COLONOSCOPY performed by Musleh, Mustafa N, MD at MVH ENDOSCOPY</i>	N/A	12/27/2023
• CUBITAL TUNNEL RELEASE <i>right ulnar nerve sx</i>		
• Esophagogastroduodenoscopy <i>ESOPHAGOGASTRODUODENOSCOPY performed by Sandhir, Sanjay, MD at MVS ENDOSCOPY</i>	N/A	06/20/2018
• Esophagogastroduodenoscopy With Biopsy <i>ESOPHAGOGASTRODUODENOSCOPY WITH BIOPSY performed by Sharma, Kanan, MD at MVH ENDOSCOPY</i>	N/A	01/06/2024
• PACU OFFSITE RECOVERY <i>PACU OFFSITE RECOVERY performed by Generic, Periopsvcs at MVH MAIN OR</i>	N/A	10/25/2013
• TOTAL KNEE ARTHROPLASTY <i>TOTAL KNEE ARTHROPLASTY performed by Lawless, Matthew W, MD at MVS SOUTH OR</i>	Left	07/10/2018

Personal factors and/or comorbidities impacting PT Plan of Care: Hearing is Impaired
 Medical Comorbidities
 Decreased Endurance

PRIOR LEVEL OF FUNCTION:

Grossly, this patient's PLOF status for basic mobility was: Modified independent

Interview Conducted With: Per chart

Living Arrangements: Alone. supervision and assist available.

Prior Level of Function: Independent (unclear if using device).

Fall history: unknown.

Pre-Admit Self Care: Who Assists (comment);Assisted (HHA 5x/ week for 4 hours each day)

Type of Residence: Private residence

Housing Type: 1 floor;Ramp accessible

Pre-Admit Equipment in Home: Elevated toilet seat;Front wheeled walker;Shower chair;Wheelchair

SUBJECTIVE:

Patient and/or Caregiver States: Patient agreeable to skilled PT session.

Patient Goals: to go home

Pain Rating & Location: Patient does not state pain score when questioned, pt indicated generalized discomfort

Action Taken to Address Pain: Repositioned and Diversion

OBJECTIVE EXAMINATION:**Participation, Interaction, & Awareness:**

Level of Consciousness: Drowsy

Orientation: Person

Command Following: Delayed

Behavior: Restless

Safety Awareness: Impaired

Ability to attend: Needs redirection to task

Memory: Impaired

Range of Motion:

No deficits noted during functional tasks, WFL

Strength:

B LE Grossly 3/5 as demonstrated through functional mobility and strength screening.

Sensation:

Grossly intact to light touch

No reports of numbness/tingling

Coordination:

WFL during functional mobility

Balance:

Sitting Balance Current Status: Poor: Pt requires physical assist to maintain balance.

Pt required Max assist during static sitting and Max assist during dynamic sitting activities.

Functional Mobility:**Rolling Assistance: Total assist**

Rolling Technique: With bedrail

Supine <> Sit Assistance: Total assist; Head of bed elevated

Supine <> Sit Technique: Supine to/from side to/from sit.

Assistance required to scoot to edge of bed: Max assist

Therapeutic Activity was performed to include restoration of functional performance through the following progressive mobility activities:

Facilitation of and verbal cueing for rolling/bed mobility to promote increased functional independence in preparation for out of bed mobility.

Facilitation of and verbal cueing for correct hand placement, anterior trunk translation over base of support to promote increased functional independence during transfers and decreased assistance required for mobility.

Facilitation of weight shifting and trunk shortening to scoot forward / backward

Environmental modifications to reduce risk of injurious falls, enhance safety and improve performance during functional mobility.

Clinical Presentation and Hemodynamics:

Vital signs stable per monitor; No apparent distress during session

Boston University AM-PAC™ “6 Clicks”

Basic Mobility Inpatient Short Form

How much help from another person do you currently need... (If the patient hasn't done an activity recently, how much help from another person do you think he/she would need if he/she tried?)	Assistance Needed
Turning from your back to your side while in a flat bed without using bedrails?	Total
Moving from lying on your back to sitting on the side of a flat bed without using bedrails?	Total
Moving to and from a bed to a chair (including a wheelchair)?	Total
Standing up from a chair using your arms (e.g.,wheelchair, or bedside chair)?	Total
To walk in hospital room?	Total
Climbing 3 - 5 steps with a railing?	Total

Assistance Score Levels for Reference:

Total = 1 point

A Lot (Mod/Max A) = 2 points

A Little (Supervision/Min A) = 3 points

None (Independent/Modified Independent) = 4 points

AM-PAC Mobility Raw Score: 6/24

Education:

Education provided regarding Role of Physical Therapy; Benefits of gradually increasing activity level to promote improved tolerance for activity; Risks of immobility; Importance of participation in therapy treatment sessions; Safety awareness; Discharge recommendations.

Patient left in bed with HOB > 30 degrees, with all needs in reach, bed alarm on.

ASSESSMENT:

PT Examination demonstrates the following impairments:

Pain

Bed mobility is Impaired

Transfers are Impaired

Ambulation is Impaired

Balance is Impaired

Alertness is Impaired

Command Following is Impaired

Safety awareness is Impaired

ROM is Impaired

Strength is Impaired

Due to above deficits, current admission, complex PMHx, lives alone, patient's current clinical presentation is:

Stable / Uncomplicated	0 personal factors/comorbidities, 1-2 examination findings
Evolving	1-2 personal factors/comorbidities, 3 or more examination

		findings
X	Unstable / Unpredictable	3 or 4 personal factors/comorbidities, 4 or more examination findings

PT Diagnosis: Cardiovascular/pulmonary: Primary prevention / risk reduction for cardiovascular / pulmonary disorders

PLAN:

Duration, Evaluating Therapist: PT Therapy Comments 1: Eval 2/21-3/10, AF

PT Frequency: 6 sessions

Future Treatment/Interventions: Functional transfer training;LE strengthening/ROM;Patient/family training;Equipment eval/education;Bed mobility;Continued evaluation;Neuromuscular re-education

Communication of PT Plan:

Risks and Benefits of PT were discussed with: Patient

PT Plan of Care was agreed upon by: Patient

Communication of PT Plan: Nurse notified

PT Goals (to be achieved by time of discharge):

STG Rolling: Minimal assist

STG Supine <> Sit: Minimal assist

STG Sit <> Stand: Minimal assist

Therapeutic Exercise Program: For LE's;For improved activity tolerance;8-10 reps;X 2

Sitting Balance Goal: Fair: Pt is able to maintain static position without use of upper extremities.

Standing Balance Goal: Fair: Pt is able to maintain static position without use of upper extremities.

All of the above goals are written to increase functional independence to allow for safe return to prior living situation.

Thank you for allowing me to participate in the care of Diane Crisp. Please contact me with any questions.

This information is representative of Diane Crisp's current therapy status. If Diane Crisp discharges prior to further therapy intervention, this information is to serve as the discharge summary from physical therapy.

2/21/2025, 12:07 PM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Kaufhold, Jeffrey J, MD
 Physician
 Nephrology

Medical Staff Progress Note  
 Signed

Date of Service: 02/21/25 0831

Signed

*Mark D. Oxman, D.O. FACP
 Jeffrey J. Kaufhold, M.D., FACP
 Jennifer L. Jackson, D.O., FACP
 Chukwuma E. Eze, M.D., FASN, FASDIN
 Ashok K. Ammula, M.D.
 Shashikant R. Patel, M.D.*



*Swe Zin Mar Winhtut Oo, M.D.
 Jamie E. Long, MS, RN, APRN
 Vanessa Ratcliff MS, RN, APRN
 Esther Bassaw MS, RN, APRN
 Chloe Hammond, MS, RN, APRN
 Kimberly Wallace, MS, RN, APRN*

MIAMI VALLEY HOSPITAL

Renal Progress Note

2/21/2025

Patient Name: Diane Crisp DOB: 9/1/1959

Subjective

Patient seen and examined, she is a 65 yo female with AKI on CKD complicating admission for sepsis with hypoglycemia . The patient is intubated and is sedated. We stopped CRRT Wednesday around noon. Poor UOP overnight but she is waking up and on SBT.

Assessment

Orders for Labs and Medications reviewed.

Acute renal failure with peak creat 5.2

Volume repleted

Lyttes Hyponatremia

Acidosis severe (bicarb of 5) resolved.

GFR estimate indeterminate -

Required CRRT Feb 17 PM through Feb 19 around noon

CKD 3 due to HTN with baseline creat 1.5- 1.7

Saw Dr Oo in past

Anemia of CKD and history of GI bleed

History of stroke

Hypoglycemia with confusion - reason for admission

Hypertensive renal disease

Plan

Maintain Foley

Continue midodrine

Redose diuretic to see if we can recover UOP

If poor response we may try HD Saturday.

Maintain the dialysis cath for time being.

We will be following closely with you

Current Meds:

hydrocortisone sod succ (PF) (SOLU CORTEF) injection 50 mg 50 mg IV Push Q8H; insulin lispro (HumaLOG) injection 1-9 Units 1-9 Units Subcutaneous Q4H; [COMPLETED] piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9% NaCl 100 ml addEASE 4.5 g Intravenous Once **AND** piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9% NaCl 100 ml addEASE 4.5 g Intravenous Q8H; furosemide (LASIX) injection 80 mg 80 mg IV Push BID; midodrine (PROAMATINE) tablet 10 mg 10 mg Oral Q8H; levothyroxine (SYNTHROID) tablet 50 mcg 50 mcg Oral Daily; AtorvaSTATin (LIPITOR) tablet 20 mg 20 mg Oral Daily; saline flush 10 mL IV Push Q12H; polyethylene glycol (MIRALAX) packet 17 g 1 Packet Oral Daily; heparin injection 5,000 Units 5,000 Units Subcutaneous Q8H; folic acid (FOLATE) tablet 1 mg 1 mg Oral Daily; fludrocortisone (FLORINEF) tablet 0.1 mg 0.1 mg Oral Daily; mupirocin (BACTROBAN) 2 % topical ointment Nasal BID; chlorhexidine (PERIDEX) oral rinse 15 mL 15 mL Mucous Membrane BID; pantoprazole (PROTONIX) IV push 40 mg 40 mg IV Push Daily at 1000 **OR** pantoprazole (PROTONIX) enteric-coated tablet 40 mg 40 mg Oral Daily at 1000 **OR** lansoprazole (PREVACID) SOLUTAB) oral soluble tablet 30 mg 30 mg OG/NG Tube Daily at 1000; gabapentin (NEURONTIN) capsule 100 mg 100 mg Oral Daily at 1800

Infusions:

propofol (DIPRIVAN) 10 mg/mL IV infusion Last Rate: Stopped (02/21/25 0646); PrismaSOL BGK 2/3.5 Replacement Solution - Post Filter Purple Scale 5,000 mL Last Rate: 600 mL/hr at 02/19/25 1200; PrismaSOL BGK 2/3.5 Replacement Solution - Pre White Scale 5,000 mL Last Rate: 1,000 mL/hr at 02/19/25 1200; NaCl 0.9% 1,000 mL; norepinephrine 8 mg in NaCl 0.9% 250 mL (Standard Concentration) IV infusion Last Rate: 0.03 mcg/kg/min (02/21/25 0800); PrismaSOL BGK 4/2.5 Dialysate Flow Solution - Green Scale Last Rate: 600 mL/hr (02/19/25 1200)

PRN Meds:

- dextrose (GLUTOSE) gel 15 g Carb
- dextrose 50 % in water (D50W) intravenous syringe 5-12.5 g
- glucagon injection 1 mg
- saline flush
- NaCl 0.9% 1,000 mL
- acetaminophen (TYLENOL) tablet 650 mg **OR** acetaminophen (TYLENOL) suppository 650 mg
- lidocaine (PF) 1 % (10 mg/mL) injection 5 mL
- ondansetron (ZOFTRAN ODT) RAPID DISSOLVING tablet 4 mg **OR** ondansetron (ZOFTRAN) injection 4 mg
- fentaNYL (PF) (SUBLIMAZE) injection solution 25 mcg
- NaCl 0.9 % 2,000 mL
- heparin catheter solution 5,000-20,000 Units
- magnesium sulfate 2 g/50 ml SW IVPB
- magnesium sulfate 4 g/100 ml SW IVPB
- sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB
- sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB

Objective**Vital Signs:**

Temp: 97.4 °F (36.3 °C) (02/21/25 0800)	Temp Avg: 97.6 °F (36.4 °C) Min: 97.4 °F (36.3 °C) Max: 97.9 °F (36.6 °C)	BP: 111/73 (02/20/25 1600)	Pulse: 50 (02/21/25 0800)	Resp: 14 (02/21/25 0800)	SpO2: 100 % (02/21/25 0800)
---	--	-------------------------------	------------------------------	-----------------------------	--------------------------------

I/O last 3 completed shifts:

In: 1772.6 [I.V.:789.6; Other:360; Enteral:623]

Out: 418 [Urine:268; Emesis:150]

Admission: Weight: 62.1 kg (136 lb 14.5 oz) (02/17/25 1604)

Most recent: Weight: 50.7 kg (111 lb 12.4 oz) (02/21/25 0600)

Exam

General: frail female on Vent via ET, OG tube in place

CV: regular rate and rhythm

Lung: lungs clear to auscultation

Abd: soft BS present

Extremity: supple, non-tender, without cyanosis or edema

Access: RIJ quinton, foley art line

Trachea midline, no adenopathy or thyromegally, No rash or petecchiae.

MMM, PERRL, Nonicteric

Labs:**Recent Labs**

	02/17/25 1009	02/17/25 1120	02/17/25 1715	02/17/25 1736	02/17/25 2130	02/18/25 0030	02/18/25 0400	02/18/25 0802
WBC	21.4*	--	--	--	--	--	7.6	--
HEMOGLOBIN	8.5*	--	--	--	--	--	7.4*	--
HEMATOCRIT	27.0*	--	--	--	--	--	21.0*	--
PLATELETS	363	--	--	--	--	--	256	--
NA	134*	--	141	--	--	141	138	--
POTASSIUM	7.3*	< >	5.4*	5.3	--	4.1	3.6	--
CL	108	--	113*	--	--	108	104	--
CO2	5*	--	8*	--	--	15*	18*	--
BUN	80*	--	73*	--	--	48*	38*	--
CREATININE	5.2*	--	4.2*	--	--	2.7*	2.1*	--
GLUCOSE	166*	< >	151*	--	< >	148*	157*	151*
CA	8.8	--	7.4*	--	--	7.5*	7.3*	--
INR	1.3*	--	--	--	--	--	--	--
MG	2.3	--	2.0	--	--	--	--	--
PHOS	--	--	4.6* 4.6*	--	--	3.0	--	--

< > = values in this interval not displayed.

No results for input(s): "WBC", "HEMOGLOBIN", "HEMATOCRIT", "PLATELETS" in the last 24 hours.

Recent Labs

	02/21/25 0420	02/21/25 0415	02/21/25 0107	02/20/25 1700	02/20/25 1610
NA	133*	--	131*	--	132*
POTASSIUM	4.1	--	4.0	--	4.0
CL	100	--	100	--	102
CO2	20	--	20	--	19
BUN	24	--	23	--	19
CREATININE	1.9*	--	1.8*	--	1.6*

GLUCOSE	146*	157*	140*	< >	126*
CA	7.2*	--	7.1*	--	7.2*
MG	2.6*	--	--	--	--
PHOS	2.6	--	2.4	--	2.3

< > = values in this interval not displayed.

Imaging Studies: reviewed

Hospital Problems

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Electronically signed by: Jeffrey J Kaufhold, MD, 2/21/2025 8:31 AM

Page via Match MD or Epic secure chat.

ED to Hosp-Admission (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
 03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:32 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70



Kemp, Amber N, RN
Registered Nurse
Length of Stay

Nursing Note
Signed

Date of Service: 02/20/25 2000

Signed

CGM Validation:

12:06 AM - POC blood sugar- 105 and CGM reading- 115. Within protocol parameters of <20% difference from the POC when the glucose is >100 mg/dL..

Electronically signed by: Amber N Kemp, RN, 2/21/2025 12:06 AM

ED to Hosp-Acknowledgment (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17 Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02 Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:33 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70



Burdette, Steven D, MD
Physician
Infectious Disease

Medical Staff Progress Note

Date of Service: 02/20/25 1519

Addendum**Infectious Diseases**

Steve Burdette, MD, Kelli Huesman, PA-C Kristin Vanbockel, PA-C Nicole Fiore, APRN

MIAMI VALLEY HOSPITAL

2/20/2025 Adm: 2/17/2025
Diane Crisp DOB: 9/1/1959

Impression:

- Sepsis likely due to UTI
 - Doubt PNA, CXR today is really not impressive (my read)
 - Urine culture with 4 pathogens, this is contaminated, but all should be covered by zosyn
- Renal failure on CRT
- Acute Respiratory failure requiring vent
 - Respiratory culture with 4 different pathogens, consistent with colonization and not infection
 - MRSA negative
- Encephalopathy
 - Pt more alert today, but not following commands

Plan:

- Continue zosyn
 - Plan 5-7 days based on clinical improvement
- No further MRSA therapy needed
- Trend fevers
 - Has been afebrile ~ 24 hours

History: events noted from past 24 hours, intubated, mechanically ventilated, more alert today but not following commands, no side effects from the antibiotics still on pressors. Has been afebrile for about 24 hours

Vital Signs:

Temp Avg: 98.4 °F (36.9 °C)	Min: 97.6 °F (36.4 °C)	Max: 101.7 °F (38.7 °C)
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Pulse: (!) 47 (02/20/25 1200)

BP: (!) 73/52 (02/20/25 1200)

SpO2: 100 % (02/20/25 1349)	FiO2: 30 % (02/20/25 1349)
-----------------------------	----------------------------

Oxygen Liters Per Minute: 4 LITERS PER MINUTE (02/17/25 1604)

Exam**Gen:** Intubated**HEENT:** Atraumatic**NECK:** Supple**CHEST:** Mechanically ventilated**EXT:** No cyanosis

NEURO: Sedated
SKIN: No rashes noted
Lines: Reviewed

Labs:**WBC COUNT**

Date	Value	Ref Range	Status
10/23/2023	8.1	3.5 - 10.9 K/uL	Final
07/05/2023	9.9	3.5 - 10.9 K/uL	Final
07/11/2018	9.6	3.8 - 10.8 K/MM3	

WBC Count

Date	Value	Ref Range	Status
02/20/2025	13.6	3.5 - 10.9 K/uL	Final
02/19/2025	8.7	3.5 - 10.9 K/uL	Final
02/18/2025	7.6	3.5 - 10.9 K/uL	Final

CREATININE

Date	Value	Ref Range	Status
08/21/2023	1.3	0.5 - 1.2 MG/DL	Final
07/14/2023	1.5	0.5 - 1.2 MG/DL	Final
06/21/2022	1.6	0.5 - 1.2 MG/DL	Final

Creatinine

Date	Value	Ref Range	Status
02/20/2025	1.3	0.5 - 1.2 mg/dL	Final
02/20/2025	1.3	0.5 - 1.2 mg/dL	Final
02/19/2025	0.9	0.5 - 1.2 mg/dL	Final

PLATELET COUNT

Date	Value	Ref Range	Status
10/23/2023	323	140 - 400 K/uL	Final
07/05/2023	343	140 - 400 K/uL	Final
07/11/2018	238	130 - 400 K/MM3	

Platelet Count

Date	Value	Ref Range	Status
02/20/2025	102	140 - 400 K/uL	Final
02/19/2025	157	140 - 400 K/uL	Final
02/18/2025	256	140 - 400 K/uL	Final

Comment:

Results were rechecked.

Cultures: reviewed**Imaging Studies:** reviewed

Electronically signed by: Kelli K Huesman, PA-C, 2/20/2025

Epic Secure Chat is preferred for any hospital communication

Attending Addendum: I have discussed this case with PA Huesman. I have adjusted the above note as necessary. I have reviewed vital signs (temp, HR, RR, O2 sats and O2 requirements), labs (including Cr, WBC and if available, antibiotic levels), microbiology results (including cultures and appropriate antigen testing), fever trend, WBC trend, creatinine trend, antibiotics administered since admission, ID related imaging reports since prior evaluation, medications and medical history / interval history. I have reviewed available physician documentation since the prior ID evaluation.

Impression / Plan

- As above
- Wbc trending up but on steroids

Electronically signed by: Steven D Burdette, MD, 2/20/2025 8:10 PM

ED to Hosp–Admission (Discharged) on 2/17/2025

Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Haque, Nurul, MDPhysician
Hospitalist

Medical Staff Progress Note



Date of Service: 02/20/25 1143

Signed**Miami Valley Hospitalist Group**

Miami Valley Hospital

Internal Medicine Hospitalist Progress Note

Hospitalist: Nurul Haque MD**Patient Identifier/Hospitalist****Patient Name:** Diane Crisp **DOB:** 9/1/1959**Room / Bed :** 4512/4512-A**Facility :** MIAMI VALLEY HOSPITAL**Date of Service:** 2/20/2025**CSN:** 164122416**Admit Date:** 2/17/2025 9:40 AM**Attending Physician:** Haque, Nurul, MD**Primary Care Physician:** Nonstaff, Mvh**Please contact using secure chat for urgent/ immediate response please use cell number mentioned in secure chat****I saw and examined the patient at 11:43 AM on 2/20/2025****Disposition****Disposition:** Home/ECF in 24-72 hrs,pending clinical improvement**Reason for continued hospitalization**

IVF
IV Abx
Heparin gtt
Protonix gtt
Cardizem/Amiodarone gtt
Pressors gtt
Intubated

X	Pending Clinical recovery
	Pending Procedures
	Pending Consult eval
	Pending MRI/Imaging
	IV Lasix/Bumex
	Requiring BIPAP
	Awaiting Cultures
	Adjusting medications
X	Intubated on mechanical ventilation

Assessment and Plan

Diane Crisp is a 65 year old female

Hospital day# 3

Admitted for:

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Narrative :

Diane Crisp is an 65 year old female who has a history of hyperlipidemia, GERD, hypertension, presented at MVH ER with concern of lethargy was brought in by EMS with blood glucose of 31, was started on D10 and Isolyte, was also reportedly hypotensive with blood pressure of 88/51 per report, was requiring oxygen at around 6 L/min via nasal cannula saturating around 100% on arrival, unclear whether she was hypoxic on field, was cold on arrival with hypothermia.

Lab work is concerning for creatinine of 5.2, prior baseline is 1.2, 1 years prior. Potassium was 7.3. Treated per hyperkalemia protocol. TSH of 4.82 white blood cell of 21.4. Hemoglobin of 8.5. Troponin of 60, 54.

Chest x-ray is negative for any acute cardiopulmonary process, CT abdomen pelvis is concerning for possible left lung base infiltrate with differential of possible pneumonia/aspiration. Negative for any acute abdominal or pelvic process

Altered mental status: Secondary to metabolic encephalopathy likely from infection possibly from pneumonia, need to rule out other infective etiology, follow-up on blood culture, urine reflex to culture, also could have altered mental status from significant electrolyte derangement, dehydration. Monitor mentation, anticipate improvement

Assessment and plan

Acute hypoxia with hypoxic respiratory failure: Could be secondary to aspiration pneumonia although infiltrates are not impressive on lung cuts of CT abdomen pelvis, oxygen supplementation, treat underlying etiology. Patient was eventually intubated given poor mentation and severe metabolic acidosis with hypoxia

Severe sepsis with septic shock: Present on admission: Has organ dysfunction in form of metabolic acidosis, acute hypoxic respiratory failure, AKI, likely secondary to UTI, initially pneumonia felt less likely but patient likely has pneumonia given polymicrobial growth noted for multiple pathogen on respiratory

culture from 2/19/2025, is growing Klebsiella, Pseudomonas, other rare bacteria noted, ID consulted, hydration therapy, , **antibiotic tailored to Zosyn by ID**. Initially was hypertensive with subsequent improvement in blood pressure but later on become hypotensive again requiring initiation of Levophed, critical care service consulted. On hydrocortisone for severe sepsis.

Abnormal UA suggestive of UTI: Was initially started on broad-spectrum antibiotic, antibiotic tailored as above, urine culture growing group D Enterococcus, Proteus species, requested microbiology to run complete culture sensitivity, ID consulted

elevated troponin: Likely nonspecific secondary to demand ischemia in troponin leak from renal dysfunction, EKG negative for dynamic ST-T changes, will obtain echocardiogram mostly to evaluate cardiac function given severe sepsis

Hyperkalemia: Treated per protocol, nephrology consulted, may need dialysis if does not improve, repeat potassium

Hypothyroidism: Has elevated TSH, awaiting T3-T4, possibility of myxedema considered as differential, felt less likely at this time given TSH of only 4.82, quite unlikely

AKI with metabolic acidosis: Severe, likely prerenal, was initially managed with bicarb drip, nephrology consulted. CRRT initiated

GERD: PPI

Hyperlipidemia: Statin

History of hypertension: Antihypertensive on hold, resume when deemed appropriate

Bilateral lower extremity swelling: Negative for DVT,

Anemia: Has acute on chronic anemia, acute component could be secondary to severe sepsis, monitor hemoglobin transfuse as required

No data recorded,

Incision Left Anterior Incision (Active)

Appearance Date/Appearance Time: 07/10/18 1328 Patient came in with: No Wound Side: Left Wound Location: Knee Wound Orientation: Anterior Type: Incision

Assessments	7/10/2018 2:25 PM	7/11/2018 9:12 AM
Dressing Status / Change	Dry & Intact	Dry & Intact
Surgical Site / Incision	—	Other (Comment)
Periwound (surrounding) tissue	Dry;Intact	Dry;Intact
Drain Type	Not applicable	Not applicable
Drainage Amount	None	None
Odor	None	None
Primary Dressing	—	Antimicrobial

No associated orders.

Wound Coccyx (Active)

Appearance Date/Appearance Time: 12/11/23 1600 Wound Location: Coccyx

Assessments	12/11/2023 4:08 PM	1/1/2024 10:00 PM
Dressing Status / Change	Open to air	Dry & Intact
Wound Bed Appearance	Pink	—
Drainage Amount	None	—
Odor	None	—
Wound cleanser	Body wash / periwash	—
Periwound (surrounding) tissue	Blanchable erythema	—
Topical Agents	Zinc oxide	—

No associated orders.

Wound Right Buttocks Skin tear (Active)

Appearance Date/Appearance Time: 02/20/25 0800 Wound Side: Right Wound Location: Buttocks Wound Type - Traumatic: Skin tear

Assessments	2/20/2025 8:00 AM
Dressing Status / Change	Changed
Wound Bed Appearance	Pink;Red;Partial thickness
Drainage Amount	Small
Drainage Appearance	Bloody
Advanced Wound Intervention	Photos
Undermining / Tunneling	No
Primary Dressing	Foam Dressing-Silicone Border

No associated orders.

Wound Sacrum Skin tear (Active)

Appearance Date/Appearance Time: 02/20/25 0800 Wound Location: Sacrum Wound Type - Traumatic: Skin tear

Assessments	2/20/2025 8:00 AM
Dressing Status / Change	Changed
Wound Bed Appearance	Red;Pink;Partial thickness
Drainage Amount	Small
Drainage Appearance	Bloody
Advanced Wound Intervention	Photos
Undermining / Tunneling	No
Primary Dressing	Foam Dressing-Silicone Border

No associated orders.

DVT Prophylaxis: Lovenox/Heparin & SCD

Code Status: Orders Placed This Encounter
Total Support

Subjective

The patient is sedated intubated on mechanical ventilation

ROS : negative except for above

Home Medications

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• hydrocortisone sod succ (PF) (SOLU CORTEF) injection 50 mg	50 mg	IV Push	Q8H	Smith, Taylor M, APRN		
• propofol (DIPRIVAN) 10 mg/mL IV infusion	5-50 mcg/kg/min	Intravenous	Continuous	Smith, Taylor M, APRN		
• saline flush	10 mL	IV Push	Q12H	Smith, Taylor M, APRN	1	Syringe at 02/20/25 0925
• saline flush	10 mL	IV Push	PRN	Smith, Taylor M, APRN		
• NaCl 0.9% 1,000 mL	1,000 mL	Intravenous	Continuous PRN	Smith, Taylor M, APRN		
• insulin REG human (HumuLIN-R) 100 Units in NaCl 0.9% 100 mL IVPB	0-30 Units/hr	Intravenous	Continuous	Smith, Taylor M, APRN	2.63 mL/hr at 02/20/25 1100	2.625 Units/hr at 02/20/25 1100
• dextrose 50 % in water (D50W)	7.5-12.5 g	IV Push	PRN	Smith, Taylor M, APRN		
• metOLazone (ZAROXOLYN) tablet 5 mg	5 mg	OG/NG Tube	Once	Kaufhold, Jeffrey J, MD		
• amiodarone (CORDARONE) 900 mg in D5W 500 mL IV SOLN	0.5 mg/ml	Intravenous	Continuous	Eickhoff, Mackenzie T, DO	16.67 mL/hr at 02/20/25 0800	0.5 mg/ml n at 02/20/25 0800
• piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9% NaCl	4.5 g	Intravenous	Q8H	Arthur, John A, DO	Stopped at 02/20/25	

100 ml addEASE						1005
• furosemide (LASIX) injection 80 mg	80 mg	IV Push	BID	Kaufhold, Jeffrey J, MD	80 mg at 02/20/ 25 0800	
• PrismaSOL BGK 2/3.5 Replacement Solution - Post Filter Purple Scale 5,000 mL	5,000 mL	Dialysis	To Critical Care- Continuou s	Kaufhold, Jeffrey J, MD	600 mL/hr at 02/19/ 25 1200	Rate Verify at 02/19/ 25 1200
• midodrine (PROAMATINE) tablet 10 mg	10 mg	Oral	Q8H	Davis, Deanna Kay, APRN	10 mg at 02/20/ 25 0604	
• levothyroxine (SYNTHROID) tablet 50 mcg	50 mcg	Oral	Daily	Davis, Deanna Kay, APRN	50 mcg at 02/20/ 25 0604	
• PrismaSOL BGK 2/3.5 Replacement Solution - Pre White Scale 5,000 mL	5,000 mL	Dialysis	To Critical Care- Continuou s	Kaufhold, Jeffrey J, MD	1,000 mL/hr at 02/19/ 25 1200	Rate Verify at 02/19/ 25 1200
• saline flush	10 mL	IV Push	PRN	Haque, Nurul, MD		
• dextrose (GLUTOSE) gel 15 g Carb 15 g Carb	15 g Carb	Oral	PRN	Haque, Nurul, MD		
• glucagon injection 1 mg	1 mg	Subcutaneous	PRN	Haque, Nurul, MD		
• AtorvaSTATin (LIPITOR) tablet 20 mg	20 mg	Oral	Daily	Haque, Nurul, MD	20 mg at 02/20/ 25 0802	
• saline flush	10 mL	IV Push	Q12H	Haque, Nurul, MD	1 Syring e at 02/20/ 25 0802	
• NaCl 0.9% 1,000 mL	1,000 mL	Intravenous	Continuou s PRN	Haque, Nurul, MD		
• acetaminophen (TYLENOL) tablet 650 mg	650 mg	Oral	Q4H PRN	Haque, Nurul, MD	650 mg at 02/18/ 25	

2118

Or

• acetaminophen (TYLENOL) suppository 650 mg	650 mg	Rectal	Q4H PRN	Haque, Nurul, MD		
• polyethylene glycol (MIRALAX) packet 17 g	1 Packet	Oral	Daily	Haque, Nurul, MD	17 g at 02/19/ 25 0858	
• heparin injection 5,000 Units	5,000 Units	Subcutaneous	Q8H	Haque, Nurul, MD	5,000 Units at 02/20/ 25 0604	
• folic acid (FOLATE) tablet 1 mg	1 mg	Oral	Daily	Haque, Nurul, MD	1 mg at 02/20/ 25 0801	
• fludrocortisone (FLORINEF) tablet 0.1 mg	0.1 mg	Oral	Daily	Kaufhold, Jeffrey J, MD	0.1 mg at 02/20/ 25 0800	
• lidocaine (PF) 1 % (10 mg/mL) injection 5 mL	5 mL	Infiltration	Once PRN	Haque, Nurul, MD		
• norepinephrine 8 mg in NaCl 0.9% 250 mL (Standard Concentration) IV infusion	0-0.5 mcg/k g/min (Order - Specifi c)	Intravenous	Continuou s	Haque, Nurul, MD	8.27 mL/hr at 02/20/ 25 0928	0.07 mcg/k g/min at 02/20/ 25 0928
• mupirocin (BACTROBAN) 2 % topical ointment		Nasal	BID	Davis, Deanna Kay, APRN		Given at 02/20/ 25 0759
• ondansetron (ZOFTRAN ODT) RAPID DISSOLVING tablet 4 mg Or	4 mg	Oral	Q6H PRN	Davis, Deanna Kay, APRN		
• ondansetron (ZOFTRAN) injection 4 mg	4 mg	IV Push	Q6H PRN	Davis, Deanna Kay, APRN		
• albuterol per guideline		Inhalation	DO NOT DISPENS E	Davis, Deanna Kay, APRN		

• chlorhexidine (PERIDEX) oral rinse 15 mL	15 mL	Mucous Membrane	BID	Davis, Deanna Kay, APRN	15 mL at 02/20/ 25 0802	
• pantoprazole (PROTONIX) IV push 40 mg	40 mg	IV Push	Daily at 1000	Davis, Deanna Kay, APRN	40 mg at 02/18/ 25 1005	
Or						
• pantoprazole (PROTONIX) enteric-coated tablet 40 mg	40 mg	Oral	Daily at 1000	Davis, Deanna Kay, APRN		
Or						
• lansoprazole (PREVACID) SOLUTAB) oral soluble tablet 30 mg	30 mg	OG/NG Tube	Daily at 1000	Davis, Deanna Kay, APRN	30 mg at 02/20/ 25 0801	
• fentaNYL (PF) (SUBLIMAZE) injection solution 25 mcg	25 mcg	IV Push	Q1H PRN	Davis, Deanna Kay, APRN	25 mcg at 02/20/ 25 1119	
• gabapentin (NEURONTIN) capsule 100 mg	100 mg	Oral	Daily at 1800	Kaufhold, Jeffrey J, MD	100 mg at 02/19/ 25 1708	
• NaCl 0.9 % 2,000 mL	2,000 mL	Dialysis	PRN	Kaufhold, Jeffrey J, MD		
• heparin catheter solution 5,000- 20,000 Units	5,000- 20,000 Units	Dialysis	To Critical Care-PRN	Kaufhold, Jeffrey J, MD	15,000 Units at 02/19/ 25 1254	
• PrismaSOL BGK 4/2.5 Dialysate Flow Solution - Green Scale	600 mL/hr	Dialysis	To Critical Care- Continuo s	Kaufhold, Jeffrey J, MD	600 mL/hr at 02/19/ 25 1200	600 mL/hr at 02/19/ 25 1200
• magnesium sulfate 2 g/50 ml SW IVPB	2 g	Intravenous	PRN	Kaufhold, Jeffrey J, MD		
• magnesium sulfate 4 g/100 ml SW IVPB	4 g	Intravenous	PRN	Kaufhold, Jeffrey J, MD	50 mL/hr at 02/19/ 25 1200	Rate Verify at 02/19/ 25 1200

• sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB	10 mmol	Intravenous	PRN	Kaufhold, Jeffrey J, MD	50 mL/hr at 02/19/25	Rate Verify at 02/19/25
• sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB	20 mmol	Intravenous	PRN	Kaufhold, Jeffrey J, MD	1200	1200

Objective**Vital Signs:**

Temp: 97.9 °F (36.6 °C) (02/20/25 0800)	Temp Min: 97.6 °F (36.4 °C) Min taken time: 02/20/25 0000 Max: 101.7 °F (38.7 °C) Max taken time: 02/19/25 1600	BP: 109/64 (02/20/25 1100)	Pulse: 62 (02/20/25 1100)	Resp: 20 (02/20/25 1100)	SpO2: 100 % (02/20/25 1100)
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PHYSICAL EXAMINATION:

GENERAL APPEARANCE: NAD, sedated on mechanical ventilation

HEENT: PERRL, MMM,

Neck: Supple, no LAD, no thyromegaly.

CV: RRR, no added sounds heard

Pulm: CTA B

Abd: +BS, NT, ND.

GU: WNL

Extr: Bilateral lower extremity edema improved from prior

neuro: Sedated

Skin: No Rashes

Diagnostic Data**Recent Results (from the past 24 hours)****RENAL FUNCTION PANEL**

Collection Time: 02/19/25 3:57 PM

Result	Value	Ref Range
Sodium	133 (L)	135 - 148 mEq/L
Potassium	4.0	3.4 - 5.3 mEq/L
Chloride	101	96 - 110 mEq/L

Carbon Dioxide	21	19 - 32 mEq/L
BUN	9	3 - 29 mg/dL
Creatinine	0.9	0.5 - 1.2 mg/dL
Glucose	166 (H)	70 - 99 mg/dL
Calcium	7.8 (L)	8.5 - 10.5 mg/dL
Albumin	2.1 (L)	3.5 - 5.2 g/dL
Phosphorus	3.2	2.1 - 4.3 mg/dL
Anion Gap	11	5 - 15
BUN/CREAT Ratio	10	7 - 25
Estimated GFR	71	>=60 mL/min/1.7 3m*2

HEMOGLOBIN AND HEMATOCRIT

Collection Time: 02/19/25 6:20 PM

Result	Value	Ref Range
Hemoglobin	9.1 (L)	11.2 - 15.7 g/dL
Hematocrit	26.3 (L)	34.0 - 49.0 %

Scan Result**RENAL FUNCTION PANEL**

Collection Time: 02/20/25 1:16 AM

Result	Value	Ref Range
Sodium	132 (L)	135 - 148 mEq/L
Potassium	4.1	3.4 - 5.3 mEq/L
Chloride	99	96 - 110 mEq/L
Carbon Dioxide	20	19 - 32 mEq/L
BUN	13	3 - 29 mg/dL
Creatinine	1.3 (H)	0.5 - 1.2 mg/dL
Glucose	255 (H)	70 - 99 mg/dL
Calcium	7.4 (L)	8.5 - 10.5 mg/dL
Albumin	2.0 (L)	3.5 - 5.2 g/dL
Phosphorus	3.1	2.1 - 4.3 mg/dL
Anion Gap	13	5 - 15
BUN/CREAT Ratio	10	7 - 25
Estimated GFR	46 (L)	>=60 mL/min/1.7

3m*2

COMPLETE BLOOD COUNT

Collection Time: 02/20/25 3:48 AM

Result	Value	Ref Range
WBC Count	13.6 (H)	3.5 - 10.9 K/uL
RBC	2.76 (L)	3.95 - 5.26 M/uL
Hemoglobin	9.3 (L)	11.2 - 15.7 g/dL
Hematocrit	26.7 (L)	34.0 - 49.0 %
MCV	96.7	80.0 - 100.0 fL
MCH	33.7	26.0 - 34.0 pg
MCHC	34.8	30.7 - 35.5 g/dL
RDW	23.3 (H)	<=15.0 %
Platelet Count	102 (L)	140 - 400 K/uL
MPV	11.3	7.2 - 11.7 fL
nRBC	9 (H)	<=0 /100 WBCs

Scan Result

BLOOD GAS

Collection Time: 02/20/25 3:48 AM

Result	Value	Ref Range
pH	7.450	7.350 - 7.450
PCO2	31.4 (L)	35.0 - 45.0 mmHg
PO2	152.0 (H)	80.0 - 100.0 mmHg
O2 Saturation	99.6 (H)	95.0 - 98.0 %
Base Excess	-1.7	-2.0 - 3.0 mmol/L
Bicarbonate	21.8 (L)	22.0 - 26.0 mmol/L

MAGNESIUM, SERUM

Collection Time: 02/20/25 3:48 AM

Result	Value	Ref Range
Magnesium	2.7 (H)	1.4 - 2.5 mg/dL

RENAL FUNCTION PANEL

Collection Time: 02/20/25 3:48 AM

Result	Value	Ref Range
Sodium	132 (L)	135 - 148 mEq/L
Potassium	4.2	3.4 - 5.3 mEq/L
Chloride	101	96 - 110 mEq/L

Carbon Dioxide	20	19 - 32 mEq/L
BUN	14	3 - 29 mg/dL
Creatinine	1.3 (H)	0.5 - 1.2 mg/dL
Glucose	287 (H)	70 - 99 mg/dL
Calcium	7.3 (L)	8.5 - 10.5 mg/dL
Albumin	1.9 (L)	3.5 - 5.2 g/dL
Phosphorus	3.0	2.1 - 4.3 mg/dL
Anion Gap	11	5 - 15
BUN/CREAT Ratio	11	7 - 25
Estimated GFR	46 (L)	>=60 mL/min/1.7 3m*2

POC GLUCOSE

Collection Time: 02/20/25 7:47 AM

Result	Value	Ref Range
POC Glucose	270 (H)	70 - 99 mg/dL

Scan Result

POC GLUCOSE

Collection Time: 02/20/25 7:48 AM

Result	Value	Ref Range
POC Glucose	249 (H)	70 - 99 mg/dL

Scan Result

POC GLUCOSE

Collection Time: 02/20/25 9:22 AM

Result	Value	Ref Range
POC Glucose	207 (H)	70 - 99 mg/dL

Scan Result

POC GLUCOSE

Collection Time: 02/20/25 9:24 AM

Result	Value	Ref Range
POC GLUCOSE	245 (A)	70 - 99 mg/dl

POC GLUCOSE

Collection Time: 02/20/25 10:00 AM

Result	Value	Ref Range
POC GLUCOSE	217 (A)	70 - 99 mg/dl

POC GLUCOSE

Collection Time: 02/20/25 11:00 AM

Result	Value	Ref Range
POC GLUCOSE	174 (A)	70 - 99 mg/dl

Imaging**XR CHEST PA OR AP 1 VIEW (PORTABLE)**

Result Date: 2/20/2025

EXAM: XR CHEST PA OR AP 1 VIEW (PORTABLE) INDICATION: See Epic for more information: eval for PNA, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified COMPARISON: 2/17/2025 FINDINGS: Endotracheal tube tip is 2.6 cm above the carina. Right IJ approach CVC tip overlies the SVC. Enteric drainage tube courses inferiorly outside the field-of-view. No evidence of acute osseous abnormality. Cardiomedastinal silhouette is within normal limits. Mild left basilar consolidation appears similar the prior exam.

IMPRESSION: Unchanged mild left basilar consolidation consistent with atelectasis or pneumonia.

DICTATED BY: ANDREW T. MARTIN, M.D. Workstation ID:APACSSR1

ECHO TRANSTHORACIC (TTE) COMPLETE

Result Date: 2/18/2025

- Left Ventricle: Left ventricle size is normal. Normal wall thickness. No wall motion abnormalities noted. Normal systolic function with a visually estimated EF of 60 - 65%. Grade I diastolic dysfunction. • Left Atrium: Left atrium is mildly dilated. • Pericardium: Trivial pericardial effusion present. No indication of cardiac tamponade. • Tricuspid Valve: Mild transvalvular regurgitation. RVSP is 30 mmHg. • Mitral Valve: Trace transvalvular regurgitation.

XR ABDOMEN SINGLE VIEW

Result Date: 2/18/2025

XR ABDOMEN SINGLE VIEW INDICATION: See Epic for more information: OG placement, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified COMPARISON: None. TECHNIQUE: A single frontal view of the abdomen was obtained.

FINDINGS/IMPRESSION: Satisfactory enteric tube placement. DICTATED BY KALPESH DESAI, D.O. Workstation ID:G51157

XR CHEST PA OR AP 1 VIEW (PORTABLE)

Result Date: 2/17/2025

2/17/2025 5:17 PM TECHNIQUE: XR CHEST PA OR AP 1 VIEW (PORTABLE). INDICATION: See Epic for more information: line placement, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified. COMPARISON: 2/17/2025. FINDINGS: Interval placement of endotracheal tube, enteric tube, and right internal jugular central venous catheter (all of which appear to be appropriately positioned). Hyperinflated/hyperlucent lungs suggesting underlying COPD. Nonspecific bandlike parenchymal opacity retrocardiac left lower lobe. Remaining lung fields are clear. Unremarkable bones and surrounding soft tissues.

IMPRESSION: 1. Appropriately positioned and recently placed tubes and lines. 2. Left lower lobe consolidative opacity may represent pneumonia. Lawrence J. Ashker, D.O. Workstation ID:DESKTOP-MUG57L3

US VENOUS DOPPLER BILATERAL LOWER

Result Date: 2/17/2025

Exam: US VENOUS DOPPLER BILATERAL LOWER: 2/17/2025 Clinical History: See Epic for more

information: Localized edema, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecifi Comparison: None available at time of dictation. Technique: Gray scale compression, Color Flow, and Doppler evaluation of the bilateral common femoral , femoral popliteal, posterior tibial and peroneal veins was performed. In addition, the origin of the greater saphenous and profunda femoral veins was evaluated. If this is a unilateral exam, the contralateral common femoral vein was evaluated as above. Exam limitations: None Findings: Visualized deep and superficial veins veins in bilateral lower extremities are patent. Normal compression and augmentation. No intraluminal clots. There is no evidence of deep vein thrombosis in the visualized veins of bilateral lower extremities on the basis of this exam.

IMPRESSION: 1. No evidence of deep vein thrombosis. Workstation ID:SYED

CT ABDOMEN AND CT PELVIS WITHOUT IV CONTRAST

Result Date: 2/17/2025

EXAM: CT ABDOMEN AND CT PELVIS WITHOUT IV CONTRAST dated 2/17/2025 11:44 AM CLINICAL HISTORY: abdominal pain, hx of GI bleed, COMPARISON: 12/7/2023 TECHNIQUE: Helically acquired CT images were obtained from the lung bases through the pelvis without administration of intravenous contrast. Coronal and sagittal reconstructions were performed. All CT scans at this location are performed using dose optimization techniques as appropriate to a performed exam including the following: ? Automated exposure control ? Adjustment of the mA and/or kV according to patient size (this includes techniques or standardized protocols for targeted exams where dose is matched to indication / reason for exam, i.e., extremities or head) ? Use of iterative reconstruction technique FIELD OF VIEW: 30.1 cm FINDINGS: Lower chest: Patchy consolidation in the left lung base. Liver: Normal. Biliary tree: Stones/sludge in the gallbladder with no gallbladder wall thickening or pericholecystic fluid. Spleen: Normal. Pancreas: Normal. Adrenal glands: Normal. Kidneys/ureters/bladder: Normal. Gastrointestinal tract: The small and large bowel are normal in caliber. The appendix is normal. There is a moderate amount of stool in the rectum. Lymphatics: No lymphadenopathy. Vasculature: There are atherosclerotic calcifications of the arterial structures without evidence of aneurysm. Peritoneum/retroperitoneum: Normal. Abdominal wall/soft tissues: Normal. Pelvic organs: Normal. Osseous structures: No acute osseous abnormalities or suspicious osseous lesions.

IMPRESSION: No acute abnormality in the abdomen or pelvis. Patchy consolidation in the left lung base concerning for pneumonia/aspiration. Follow-up to resolution is recommended to exclude the presence of an underlying lung nodule. Moderate rectal stool burden. Stones/sludge in the gallbladder with no findings to suggest acute cholecystitis. Dictated by: Joshua Tarrence, DO Workstation ID:APACSRR3

CT HEAD WITHOUT CONTRAST

Result Date: 2/17/2025

EXAM: CT HEAD WITHOUT CONTRAST INDICATION: AMS, hx of stroke TECHNIQUE: Axial thin section CT images of the head were obtained without contrast. Sagittal and coronal 2-D multiplanar reconstructions were performed at the scanner. Dose Reduction: mA and/or kV are/were adjusted by automated exposure control software based upon the patient's height and weight. COMPARISON: CT head 12/7/2023 and prior FINDINGS: The diagnostic quality of the examination is adequate. Extracranial soft tissues: Unremarkable. Calvarium and skull base: No acute abnormality. Orbita, paranasal sinuses, mastoids, vascular structures: Unremarkable. Brain: No acute intraparenchymal blood products, acute territorial infarcts or mass effect is present. Multifocal encephalomalacia and gliosis within the bilateral corona radiata and medial left occipital lobe, similar to prior. Gray-white matter differentiation is preserved. Ventricles/Extraaxial spaces: Mild proportional enlargement without midline shift. No extra-axial fluid collections.

IMPRESSION: 1. No acute intracranial abnormality. 2. Multifocal encephalomalacia and gliosis, not significantly changed from 2023. Additional findings detailed above. Dictated by: Jessica Blaza, MD Workstation ID:G0102738

XR KNEE RIGHT 3 VIEWS

Result Date: 2/17/2025

EXAM: XR KNEE RIGHT 3 VIEWS HISTORY: DECREASED BLOOD SUGAR-SYMPOMATIC, HYPOXIA, COMPARISON: 5/16/2018 and prior studies FINDINGS: Severe osteopenia is present as well as severe osteoarthritis in the right knee. A small effusion is present. Motion artifact is present as well as vascular calcifications. There are no gross focal bony abnormalities.

IMPRESSION: Severe osteoarthritis and osteopenia with small suprapatellar effusion Interpreted by Dr. Karen Jobalia, MD Workstation ID:RADOFFICE

XR CHEST PA OR AP 1 VIEW (PORTABLE)

Result Date: 2/17/2025

Examination: XR CHEST PA OR AP 1 VIEW (PORTABLE) Comparison: 10/24/2013 Findings: Heart size is normal. Lungs are clear of infiltrate. There are no pleural effusions currently identified.

IMPRESSION: No distinct acute cardiopulmonary disease. Dictated by: Robert L. Tyrrell M.D Workstation ID:APACSRR11

Signature

Electronically signed by: Nurul Haque, MD, 2/20/2025 11:43 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

- 02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Spendlove, Emily G, RN
Registered Nurse

Care Plan
Signed

Date of Service: 02/20/25 1044

Signed

Problem: Pressure Ulcer

Goal: Absence of infection signs and symptoms

Outcome: Progressing

Problem: Falls - Risk of

Goal: Absence of falls

Description: Avoid the routine use of bedrails or physical restraints as a fall-prevention intervention.

Outcome: Progressing

Problem: Injury - Risk of, Physical Restraints

Goal: Absence of injury

Outcome: Progressing

Problem: Nutrition Deficit

Goal: Adequate nutritional intake

Outcome: Progressing

Problem: Infection Risk, Central Venous Catheter-Associated

Goal: Absence of infection signs and symptoms

Description: For patients undergoing CVC insertion (eg, adult patients at higher risk for central line-associated bloodstream infection or at increased risk for severe consequences from a central line-associated bloodstream infection), consider the use of antimicrobial-impregnated or antimicrobial-coated CVCs.

Outcome: Progressing

Problem: Infection Risk, Ventilator-Associated

Goal: Absence of pulmonary infection

Outcome: Progressing

Problem: Skin Integrity - Impaired

Goal: Decrease in wound size

Outcome: Not Progressing

Goal: Skin integrity intact

Outcome: Not Progressing

Problem: Pressure Ulcer

Goal: Pressure ulcer healing

Outcome: Not Progressing

Problem: Pain - Acute

Goal: Communication of presence of pain

Outcome: Not Progressing

Problem: Pressure Ulcer - Risk of

Goal: Absence of pressure ulcer

Outcome: Not Progressing

Problem: Falls - Risk of

Goal: Knowledge of fall prevention

Outcome: Not Progressing

Problem: Injury - Risk of, Physical Restraints
Goal: Absence of physical restraint indications
Outcome: Not Progressing

Problem: Infection Risk, Central Venous Catheter-Associated
Goal: Knowledge of infection control procedures
Outcome: Not Progressing

Problem: Infection Risk, Ventilator-Associated
Goal: Knowledge of infection control procedures
Outcome: Not Progressing

Problem: Infection Risk, Urinary Catheter-Associated
Goal: Absence of urinary tract infection signs and symptoms
Outcome: Not Progressing

ED to Hosp-Admission (Discharged) on 2/17/2025

Care Timeline

- 02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Kaufhold, Jeffrey J, MD
 Physician
 Nephrology

Medical Staff Progress Note  
 Signed

Date of Service: 02/20/25 0926

Signed

Mark D. Oxman, D.O. FACOI
 Jeffrey J. Kaufhold, M.D., FACP
 Jennifer L. Jackson, D.O., FACOI
 Chukwuma E. Eze, M.D., FASN, FASDIN
 Ashok K. Ammuia, M.D.
 Shashikant R. Patel, M.D.



Swe Zin Mar Winhtut Oo, M.D.
 Jamie E. Long, MS, RN, APRN
 Vanessa Ratcliff MS, RN, APRN
 Esther Bassav MS, RN, APRN
 Chloe Hammond, MS, RN, APRN
 Kimberly Wallace, MS, RN, APRN

MIAMI VALLEY HOSPITAL

Renal Progress Note

2/20/2025

Patient Name: Diane Crisp DOB: 9/1/1959

Subjective

Patient seen and examined, she is a 65 yo female with AKI on CKD complicating admission for sepsis with hypoglycemia . The patient is intubated and is sedated. We stopped CRRT Wednesday around noon. Poor UOP overnight

Assessment

Orders for Labs and Medications reviewed.

Acute renal failure with peak creat 5.2

Volume depleted

Lyttes Hyperkalemia due to severe acidosis

Acidosis severe (bicarb of 5)

GFR estimate indeterminate -

Required CRRT Feb 17 PM through Feb 19 around noon

CKD 3 due to HTN with baseline creat 1.5- 1.7

Saw Dr Oo in past

Anemia of CKD and history of GI bleed

History of stroke

Hypoglycemia with confusion - reason for admission

Hypertensive renal disease

Plan

Maintain Foley

Cortisol 41, note TSH is up to 5

Continue Crix protocol cortisone and florinef

Redose diuretic to see if we can recover UOP

Maintain the dialysis cath for time being.

We will be following closely with you

Current Meds;

hydrocortisone sod succ (PF) (SOLU CORTEF) injection 50 mg 50 mg IV Push Q8H; saline flush 10 mL IV Push Q12H; insulin infusion bolus from bag 0-14 Units 0-14 Units Intravenous BOLUS ONCE; [COMPLETED]
 piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9% NaCl 100 ml addEASE 4.5 g Intravenous Once **AND**
 piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9% NaCl 100 ml addEASE 4.5 g Intravenous Q8H; furosemide (LASIX) injection 80 mg 80 mg IV Push BID; midodrine (PROAMATINE) tablet 10 mg 10 mg Oral Q8H;
 levothyroxine (SYNTHROID) tablet 50 mcg 50 mcg Oral Daily; AtorvaSTATin (LIPITOR) tablet 20 mg 20 mg Oral

Daily; saline flush 10 mL IV Push Q12H; polyethylene glycol (MIRALAX) packet 17 g 1 Packet Oral Daily; heparin injection 5,000 Units 5,000 Units Subcutaneous Q8H; folic acid (FOLATE) tablet 1 mg 1 mg Oral Daily; fludrocortisone (FLORINEF) tablet 0.1 mg 0.1 mg Oral Daily; mupirocin (BACTROBAN) 2 % topical ointment Nasal BID; chlorhexidine (PERIDEX) oral rinse 15 mL 15 mL Mucous Membrane BID; pantoprazole (PROTONIX) IV push 40 mg 40 mg IV Push Daily at 1000 **OR** pantoprazole (PROTONIX) enteric-coated tablet 40 mg 40 mg Oral Daily at 1000 **OR** lansoprazole (PREVACID SOLUTAB) oral soluble tablet 30 mg 30 mg OG/NG Tube Daily at 1000; gabapentin (NEURONTIN) capsule 100 mg 100 mg Oral Daily at 1800

Infusions:

propofol (DIPRIVAN) 10 mg/mL IV infusion; NaCl 0.9% 1,000 mL; insulin REG human (Humulin-R) 100 Units in NaCl 0.9% 100 mL IVPB; amiodarone (CORDARONE) 900 mg in D5W 500 mL IV SOLN Last Rate: 0.5 mg/min (02/20/25 0419); PrismaSOL BGK 2/3.5 Replacement Solution - Post Filter Purple Scale 5,000 mL Last Rate: 600 mL/hr at 02/19/25 1200; PrismaSOL BGK 2/3.5 Replacement Solution - Pre White Scale 5,000 mL Last Rate: 1,000 mL/hr at 02/19/25 1200; NaCl 0.9% 1,000 mL; norepinephrine 8 mg in NaCl 0.9% 250 mL (Standard Concentration) IV infusion Last Rate: 0.11 mcg/kg/min (02/20/25 0600); PrismaSOL BGK 4/2.5 Dialysate Flow Solution - Green Scale Last Rate: 600 mL/hr (02/19/25 1200)

PRN Meds:

- saline flush
- NaCl 0.9% 1,000 mL
- dextrose 50 % in water (D50W) intravenous syringe 7.5-12.5 g
- saline flush
- dextrose (GLUTOSE) gel 15 g Carb
- glucagon injection 1 mg
- NaCl 0.9% 1,000 mL
- acetaminophen (TYLENOL) tablet 650 mg **OR** acetaminophen (TYLENOL) suppository 650 mg
- lidocaine (PF) 1 % (10 mg/mL) injection 5 mL
- ondansetron (ZOFTRAN ODT) RAPID DISSOLVING tablet 4 mg **OR** ondansetron (ZOFTRAN) injection 4 mg
- fentanyl (PF) (SUBLIMAZE) injection solution 25 mcg
- NaCl 0.9 % 2,000 mL
- heparin catheter solution 5,000-20,000 Units
- magnesium sulfate 2 g/50 ml SW IVPB
- magnesium sulfate 4 g/100 ml SW IVPB
- sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB
- sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB

Objective

Vital Signs:

Temp: 97.9 °F (36.6 °C) (02/20/25 0800)	Temp Avg: 98.5 °F (36.9 °C) Min: 97.6 °F (36.4 °C) Max: 101.7 °F (38.7 °C)	BP: (! 82/58) (02/20/25 0800)	Pulse: (! 45) (02/20/25 0800)	Resp: 14 (02/20/25 0800)	SpO2: 100 % (02/20/25 0800)
---	--	---	---	-----------------------------	--------------------------------

I/O last 3 completed shifts:

In: 2947.5 [I.V.:1315.5; Blood:376; Other:270; Enteral:986]

Out: 524 [Urine:30; Other:494]

Admission: Weight: 62.1 kg (136 lb 14.5 oz) (02/17/25 1604)

Most recent: Weight: 50.7 kg (111 lb 12.4 oz) (02/20/25 0600)

Exam

General: frail female on Vent via ET, OG tube in place

CV: regular rate and rhythm

Lung: lungs clear to auscultation

Abd: soft BS present

Extremity: supple, non-tender, without cyanosis or edema

Access: RIJ quinton, foley art line

Trachea midline, no adenopathy or thyromegally, No rash or petechiae.

MM, PERRL, Nonicteric

Labs:

Recent Labs

	02/17/25 1009	02/17/25 1120	02/17/25 1715	02/17/25 1736	02/17/25 2130	02/18/25 0030	02/18/25 0400	02/18/25 0802
WBC	21.4*	--	--	--	--	--	7.6	--
HEMOGLOBIN	8.5*	--	--	--	--	--	7.4*	--
HEMATOCRIT	27.0*	--	--	--	--	--	21.0*	--
PLATELETS	363	--	--	--	--	--	256	--
NA	134*	--	141	--	--	141	138	--
POTASSIUM	7.3*	< >	5.4*	5.3	--	4.1	3.6	--
CL	108	--	113*	--	--	108	104	--
CO2	5*	--	8*	--	--	15*	18*	--
BUN	80*	--	73*	--	--	48*	38*	--
CREATININE	5.2*	--	4.2*	--	--	2.7*	2.1*	--
GLUCOSE	166*	< >	151*	--	< >	148*	157*	151*
CA	8.8	--	7.4*	--	--	7.5*	7.3*	--
INR	1.3*	--	--	--	--	--	--	--
MG	2.3	--	2.0	--	--	--	--	--
PHOS	--	--	4.6* 4.6*	--	--	3.0	--	--

< > = values in this interval not displayed.

Recent Labs

	02/20/25 0348	02/19/25 1820
WBC	13.6*	--
HEMOGLOBIN	9.3*	9.1*
HEMATOCRIT	26.7*	26.3*
PLATELETS	102*	--

Recent Labs

	02/20/25 0924	02/20/25 0922	02/20/25 0748	02/20/25 0747	02/20/25 0348	02/20/25 0116	02/19/25 1557
NA	--	--	--	--	132*	132*	133*
POTASSIUM	--	--	--	--	4.2	4.1	4.0
CL	--	--	--	--	101	99	101
CO2	--	--	--	--	20	20	21
BUN	--	--	--	--	14	13	9
CREATININE	--	--	--	--	1.3*	1.3*	0.9
GLUCOSE	245*	207*	249*	< >	287*	255*	166*
CA	--	--	--	--	7.3*	7.4*	7.8*
MG	--	--	--	--	2.7*	--	--
PHOS	--	--	--	--	3.0	3.1	3.2

< > = values in this interval not displayed.

Imaging Studies: reviewed**Hospital Problems**

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Electronically signed by: Jeffrey J Kaufhold, MD, 2/20/2025 9:26 AM

Page via Match MD or Epic secure chat.

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Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:33 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Spendlove, Emily G, RN
Registered Nurse

Nursing Note  
Signed

Date of Service: 02/20/25 0924

Signed

CGM Validation:

9:24 AM - POC blood sugar- 207

and CGM reading- 245

. Within protocol parameters of <20% difference from the POC when the glucose is >100 mg/dL..

Electronically signed by: Emily G Spendlove, RN, 2/20/2025 9:24 AM

ED to Hosp-Admission (Discharged) on 2/17/2025

*Note shared with patient***Care Timeline**

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Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Johnson, Susan S, CCC-SLP
Speech Pathologist
Speech Therapy

Progress Notes  
Signed

Date of Service: 02/20/25 0848

Signed

SPEECH THERAPY SCREEN 2/20/2025

Patient Information:

Patients Name: Diane Crisp

Nursing Admission Assessment triggered ST screen.

Chart reviewed indicating no need for skilled ST intervention at this time. Should medical status change to warrant skilled therapy, or mentation not return to baseline, please order ST eval & treat at that time.

Thank you for allowing me to participate in the care of Diane Crisp. Please contact me with any questions.

2/20/2025, 8:48 AMED to Hosp-Acquisition (Discharged) on 2/17/2025 *Note shared with patient***Care Timeline**

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03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:33 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Bair, Mariah E, OTR/L
Occupational Therapist
Occupational Therapy

Progress Notes  
Signed

Date of Service: 02/20/25 0818

Signed

OCCUPATIONAL THERAPY ATTEMPT 2/20/2025

Patient Information:

Patients Name: Diane Crisp

Therapy was attempted: 2/20/2025 @ 0815

Therapy not performed secondary to: Hold per RN, not medically appropriate at this time. Therapy will continue to follow Patient, and will check back as scheduling permits and when medically stable.

Thank you for allowing me to participate in the care of Diane Crisp. Please contact me with any questions.

Signature: Mariah E Bair, OTR/L, 2/20/2025, 8:18 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 Note shared with patient

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Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:33 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Kadrovach, Claire A, PT
Physical Therapist
Physical Therapy

Progress Notes  
Signed

Date of Service: 02/20/25 0816

Signed

PHYSICAL THERAPY ATTEMPT 2/20/2025

Patient Information:

Patients Name: Diane Crisp

Therapy was attempted: 2/20/25

Therapy not performed secondary to: Hold per RN, not medically appropriate at this time. Therapy will continue to follow Patient, and will check back as scheduling permits and when medically stable.

Thank you for allowing me to participate in the care of Diane Crisp. Please contact me with any questions.

Signature: Claire K. 2/20/2025, 2:06 PM

ED to Hosp-Admission (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

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Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Gollamudi, Murthy Venkat L N, MD

Physician

Critical Care

Date of Service: 02/20/25 0635

Medical Staff Progress Note  

Addendum



Pulmonary & Critical Care

CONSULTANTS, INC.

Critical Care Progress Note

MIAMI VALLEY HOSPITAL

Date of Service: 2/20/2025

Diane Crisp

DOB: 9/1/1959

Assessment:

This is a 65-year-old female admitted for severe encephalopathy and acute renal failure with hyperkalemia. For airway protection requiring CRRT. Patient remains intubated on propofol and Levophed but off CRRT at this time.

Problem list:

- Acute metabolic encephalopathy
- Acute renal failure on CRRT-improving
- Left lower lobe pneumonia
- A-fib with RVR
- Macrocytic anemia
- Elevated transaminases
- Hypothermia-improving
- Hypothyroidism
- Urinary tract infection

Plan:

- On mechanical ventilation, SpO₂ goal greater than 92
- On vasopressor support, MAP goal greater than 65
- Nephrology following
 - Holding CRRT for time being, maintain HD catheter
 - Continue fludrocortisone and hydrocortisone
- Decrease hydrocortisone to 50 mg every 8 hours
- Start insulin drip
- SBT
- Remains mildly encephalopathic despite being off sedation, switch cefepime to Zosyn to avoid cefepime induced delirium as a contributing factor. Adjust pending culture growth/susceptibilities
- MRSA PCR negative, discontinued linezolid

- Continue levothyroxine 50 mcg daily
 - Follow up culture sensitivities
 - Continue amiodarone gtt. for A-fib RVR
 - Nutritional support: Tube feeds at full rate
 - Bowel regimen: polyethylene glycol daily
 - Thromboprophylaxis: heparin 5000u every 8 hours
 - Alimentary prophylaxis: PPI daily
-

Chief Complaint/Reason for Admission:

Acute metabolic encephalopathy and renal failure

Pertinent interval/overnight events:

No acute events overnight, patient remained endotracheally intubated on Levophed and propofol. Tolerating tube feeds.

Physical Examination:

BP 111/73 | Pulse 61 | Temp 97.9 °F (36.6 °C) | Resp 19 | Ht 1.575 m (5' 2.01") | Wt 50.7 kg (111 lb 12.4 oz) | SpO2 100% | BMI 20.44 kg/m²

Neurologic: Does not respond to verbal commands but does withdraw to pain in all 4 extremities

Respiratory: Clear to auscultation bilaterally

Cardiovascular: Irregular rate and rhythm, no murmurs rubs or gallops

Abdominal: Soft, nondistended

Extremities/Integument: Bilateral lower extremity pitting edema

Other pertinent exam findings:

Body mass index is 20.44 kg/m².

Laboratory Results reviewed and notable for:

- Stable hyponatremia 132
- Creatinine stable at 1.3
- Hyperglycemic at 287
- Increase leukocytosis to 13.6 (8.7 yesterday)
- Hemoglobin stable at 9.3
- Cytopenia 102
- Respiratory culture growing Klebsiella pneumonia, E. coli, Pseudomonas and Achromobacter
- Urine culture growing group D Enterococcus, Proteus, E. coli and Klebsiella pneumonia (resistant to tetracycline)

Radiography [personally reviewed, along with the Radiologist's reports (if available)] notable for:

N/A

Other Pertinent Data/Diagnostics reviewed and notable for:

- Echo 2/18: LVEF 60 to 65% with grade 1 diastolic dysfunction, trace mitral regurgitation, mild tricuspid regurgitation with RVSP 30 mmHg

Intake/Output Summary (Last 24 hours) at 2/20/2025 1713

Last data filed at 2/20/2025 1600

Gross per 24 hour

Intake	2083.38 ml
Output	105 ml
Net	1978.38 ml

This patient is currently on the secondary ICU service**First Call:**

Service resident phone extensions (for hospital personnel only):

- Primary: x9954
- Secondary: x4013

- Tertiary: N/A

Second Call:

APP phone numbers (for hospital personnel only):

- Primary: 937-789-8098
- Secondary: 937-789-8411
- Tertiary: 937-477-0159

- If no APP available on the tertiary service, Epic SecureChat to the note author is the preferred method of contact.

Electronically signed by: Jared Wenn I, DO, 2/20/2025 5:13 PM

Pulmonary Critical Care Medicine attending note

I have personally seen and examined this patient. I have fully participated in the care of this patient. I have reviewed and agree with all pertinent clinical information including history, physical exam, labs, radiographic studies and the plan. I have also reviewed and agree with the medications, allergies and past medical history sections for this patient.

The above note was edited to reflect my impression and plans



Remains on mechanical ventilation. Lethargic and not following commands. Continues to require pressor support. Was started on insulin drip for better blood sugar control. On amiodarone for A-fib. Attempt SAT SBT when she is more awake. Remains oliguric. On Zosyn for UTI. Tolerating tube feeds. Blood sugars controlled. Has developed thrombocytopenia. Monitor closely. Check DIC panel and HIT antibody. Off CRRT. Can decrease hydrocortisone dose. Noted to be hypothyroid.

I personally spent 45 minutes of time attending to this patient's critical care needs separate from teaching or billable procedures. This time includes bedside evaluation and management, review of labs and imaging, review of the chart for written updates and recommendations, documentation, and, if available, communication with other services on the case. All of this time occurred either at the bedside or directly in the ICU. This patient requires complex, high-level decision-making to prevent deterioration or morbid sequelae of ongoing disease as documented in the note.

Electronically signed by: Murthy Venkat L N Gollamudi, MD, 2/20/2025 5:19 PM

I can be reached on Epic Chat (Preferred)

Pager 937-334-0502

For ICU NP please call 937-789-8098 / 937-789-8411

For Pulmonary consult NP please call 937-475-8469

For urgent consultations & after 6 pm on weekdays and weekends, please page on call physician - 937-334-5999

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Note shared with patient

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Crisp, Diane

MRN: 096-67-27-70



Kemp, Amber N, RN
Registered Nurse
Length of Stay

Care Plan
Signed

Date of Service: 02/20/25 0307

Signed

Problem: Skin Integrity - Impaired

Goal: Decrease in wound size

Outcome: Progressing

Goal: Skin integrity intact

Outcome: Progressing

Problem: Pressure Ulcer

Goal: Absence of infection signs and symptoms

Outcome: Progressing

Flowsheets

Taken 2/19/2025 2200 by Olinger, Jasmine U, RN

Bathing performed:

- Linen Change
- Complete
- Bed

Taken 2/19/2025 0100 by Apapa, Jayeola G, RN

Antimicrobial Shower or Bath?: Yes

Goal: Pressure ulcer healing

Outcome: Progressing

ED to Hosp-Acknowledgment (Discharged) on 2/17/2025

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Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Spendlove, Emily G, RN
Registered Nurse

Care Plan
Signed

Date of Service: 02/19/25 1651

Signed

Problem: Skin Integrity - Impaired

Goal: Decrease in wound size

Outcome: Progressing

Goal: Skin integrity intact

Outcome: Progressing

Problem: Pressure Ulcer

Goal: Absence of infection signs and symptoms

Outcome: Progressing

Goal: Pressure ulcer healing

Outcome: Progressing

Problem: Pressure Ulcer - Risk of

Goal: Absence of pressure ulcer

Outcome: Progressing

Problem: Falls - Risk of

Goal: Absence of falls

Description: Avoid the routine use of bedrails or physical restraints as a fall-prevention intervention.

Outcome: Progressing

Problem: Injury - Risk of, Physical Restraints

Goal: Absence of injury

Outcome: Progressing

Problem: Nutrition Deficit

Goal: Adequate nutritional intake

Outcome: Progressing

Problem: Pain - Acute

Goal: Communication of presence of pain

Outcome: Not Progressing

Problem: Falls - Risk of

Goal: Knowledge of fall prevention

Outcome: Not Progressing

Problem: Injury - Risk of, Physical Restraints

Goal: Absence of physical restraint indications

Outcome: Not Progressing

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Crisp, Diane

MRN: 096-67-27-70



Burdette, Steven D, MD
Physician
Infectious Disease

Consults
Addendum

Date of Service: 02/19/25 1403

Consult Orders

Consult to Infectious Diseases [761302599] ordered by Haque, Nurul, MD at 02/19/25 1356

Addendum

Infectious Diseases

Steve Burdette, MD / Kelli Huesman, PA-C / Kristin Vanbockel, PA-C / Nicole Fiore, APRN

MIAMI VALLEY HOSPITAL

2/19/2025 Adm 2/17/2025
Diane Crisp DOB: 9/1/1959; female

Attending Addendum: I have seen and examined this patient myself. I have adjusted the above note as necessary. I have reviewed vital signs (temp, HR, RR, O₂ sats and O₂ requirements), labs (including Cr, WBC and if available, antibiotic levels), microbiology results (including cultures and appropriate antigen testing), fever trend, WBC trend, creatinine trend, antibiotics administered since admission, ID related imaging reports since prior evaluation, medications and medical history / interval history. I have reviewed available physician documentation since the prior ID evaluation.

Exam

Gen: Intubated
HEENT: Atraumatic
NECK: Supple
CHEST: Mechanically ventilated
EXT: No cyanosis
NEURO: Sedated
SKIN: No rashes noted
Lines: Reviewed

Impression / Plan

- Sepsis likely due to UTI
 - Doubt PNA, CXR today is really not impressive (my read)
 - Urine culture is contaminated, but all should be covered by zosyn
 - Respiratory culture with 4 different pathogens, consistent with colonization and not infection
- Renal failure on CRT
- Respiratory failure
- MRSA negative

Plan on 5-7 days of zosyn

No more MRSA therapy

Await pending cultures

Fever tonight noted, would observe for now

Electronically signed by: Steven D Burdette, MD, 2/19/2025 8:47 PM

Impression:

- Acute hypoxic respiratory failure requiring mechanical ventilation
- Septic shock 2/2 UTI versus PNA requiring vasopressors to maintain hemodynamics
- Acute renal failure on CRRT
- Hyperkalemia secondary to acute renal failure
- Acute metabolic encephalopathy
- Acute on chronic macrocytic anemia

Plans:

- Sepsis likely secondary to urinary tract infection will obtain updated chest x-ray
- Continue piperacillin/tazobactam
- Will continue to monitor blood cultures

ID Consult requested by: Dr.Haque

Reason for Consult: Polymicrobial urinary tract infection

History: intubated, mechanically ventilated, chemically sedated, supplemented by records

Consult Hx: The patient is a 65-year-old female with a past medical history significant for CKD, peptic ulcer disease, GI bleed, Guillain-Barré syndrome, folic acid deficiency. Patient was admitted f on 217 for severe encephalopathy and acute renal failure with hyperkalemia and was intubated for airway protection. Patient was also found to have acute renal failure and was placed on continuous renal replacement therapy. Urine culture growing group D Enterococcus, Proteus and gram-negative bacilli respiratory culture growing Klebsiella pneumonia, gram-negative bacilli, Pseudomonas aeruginosa. X-ray patchy left lung base consolidation concerning for pneumonia or aspiration

ID consulted to guide antibiotics and further evaluation.

ROS: As above. Otherwise negative/non-contributory including ocular, ENT, neck, respiratory, cardiac, GI, GU, dermatologic, neurologic, rheumatologic and vascular.

Medications: As per electronic record.

Antimicrobial Therapy

Zosyn 4.5 g

Allergies: No Known Allergies

Social History: Patient reports that she has never smoked. She has never used smokeless tobacco. She reports that she does not drink alcohol and does not use drugs.

Past Medical History:

Diagnosis	Date
• Acute blood loss anemia	07/11/2018
• Fall	12/20/2023
• Folic acid deficiency	
• History of hemorrhagic cerebrovascular accident (CVA) without residual deficits <i>Hemorrhagic CVA x2: Rt Frontoparietal Hemorrhagic Stroke 6/2001 followed by Rt Parietal Hemorrhagic Stroke 7/2006. Both were thought to be due to uncontrolled Htn...No residual deficits</i>	06/2001
• History of hemorrhagic cerebrovascular accident (CVA) without residual deficits <i>Hemorrhagic CVA x2: Rt Frontoparietal Hemorrhagic Stroke 6/2001 followed by Rt Parietal Hemorrhagic Stroke 7/2006. Both were thought to be due to uncontrolled Htn...No residual deficits</i>	07/2006

- History of ischemic stroke without residual deficits
Left Corona Radiata Ischemic CVA 10/2013. Thought to be due to uncontrolled Htn 10/2013
- Hypercholesterolemia
Cardiologist: Ahmad Abdul-Karim, MD
- Hyperpotassemia 08/11/2020
- Hypertension
Cardiologist: Ahmad Abdul-Karim, MD
- Iron deficiency anemia
pt said last IV iron infusion was approx in 2016. Heme-Onc: Satheesh Kathula, MD
- LVH (left ventricular hypertrophy) due to hypertensive disease
Cardiologist: Ahmad Abdul-Karim, MD
- Postmenopausal
- Preop exam for internal medicine 06/19/2018
- PUD (peptic ulcer disease)
Admitted 6/19-6/21/18 for Acute on Chronic Iron Deficiency Anemia due to Upper GI Bleed from PUD (presumed to be NSAID induced). EGD 6/20/18 showed pyloric stenosis from PUD with gastric outlet obstruction. GI: Michael Gorsky, MD
- Thrombocytosis (Chronic)
Thought to be related to Iron def (improves with IV Iron). Heme-Onc: Satheesh Kathula, MD

Past Surgical History:

Procedure	Laterality	Date
• Carpal Tunnel Release <i>bilateral</i>		
• Colonoscopy <i>COLONOSCOPY performed by Musleh, Mustafa N, MD at MVH ENDOSCOPY</i>	N/A	12/27/2023
• CUBITAL TUNNEL RELEASE <i>right ulnar nerve sx</i>		
• Esophagogastroduodenoscopy <i>ESOPHAGOGASTRODUODENOSCOPY performed by Sandhir, Sanjay, MD at MVS ENDOSCOPY</i>	N/A	06/20/2018
• Esophagogastroduodenoscopy With Biopsy <i>ESOPHAGOGASTRODUODENOSCOPY WITH BIOPSY performed by Sharma, Kanan, MD at MVH ENDOSCOPY</i>	N/A	01/06/2024
• PACU OFFSITE RECOVERY <i>PACU OFFSITE RECOVERY performed by Generic, Periopsvcs at MVH MAIN OR</i>	N/A	10/25/2013
• TOTAL KNEE ARTHROPLASTY <i>TOTAL KNEE ARTHROPLASTY performed by Lawless, Matthew W, MD at MVS SOUTH OR</i>	Left	07/10/2018

Family History: No history of recurrent infections, o/w non-contributory to infectious disease work-up.

Vital Signs:

Temp Avg: 96.1 °F (35.6 °C) Min: 94.1 °F (34.5 °C) Max: 98.2 °F (36.8 °C)
Pulse: 52 (02/19/25 1300)
BP: 116/67 (02/19/25 1200)
SpO2: 100 % (02/19/25 1300) FiO2: 30 % (02/19/25 1300) Oxygen Liters Per Minute: 4 LITERS PER MINUTE (02/17/25 1604)

Exam

Gen: Lying in bed, intubated and sedated, bear hugger in place

HEENT: Atraumatic, ET tube in place

NECK: Supple,

CHEST: NAD, regular rate and rhythm

EXT: No cyanosis

NEURO: Non-focal, intubated and sedate

SKIN: No rashes noted

Lines: reviewed

LABS:**WBC COUNT**

Date	Value	Ref Range	Status
10/23/2023	8.1	3.5 - 10.9 K/uL	Final
07/05/2023	9.9	3.5 - 10.9 K/uL	Final
07/11/2018	9.6	3.8 - 10.8 K/MM3	

WBC Count

Date	Value	Ref Range	Status
02/19/2025	8.7	3.5 - 10.9 K/uL	Final
02/18/2025	7.6	3.5 - 10.9 K/uL	Final
02/17/2025	21.4	3.5 - 10.9 K/uL	Final

CREATININE

Date	Value	Ref Range	Status
08/21/2023	1.3	0.5 - 1.2 MG/DL	Final
07/14/2023	1.5	0.5 - 1.2 MG/DL	Final
06/21/2022	1.6	0.5 - 1.2 MG/DL	Final

Creatinine

Date	Value	Ref Range	Status
02/19/2025	0.7	0.5 - 1.2 mg/dL	Final
02/19/2025	0.8	0.5 - 1.2 mg/dL	Final
02/19/2025	1.0	0.5 - 1.2 mg/dL	Final

CULTURES: See Imp/Plan above for details**RADIOLOGY:** XRs reviewed

I have examined this patient and available medical records, labs and imaging studies on this date and have made the above observations, conclusions and recommendations.

Electronically signed by: Hunter Fanella, DO
Epic Secure Chat is preferred for any hospital communication

ED to Hosp-Acknowledgment (Discharged) on 2/17/2025

Note shared with patient

Care Timeline

- 02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
- 03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Haque, Nurul, MD
 Physician
 Hospitalist

Medical Staff Progress Note  
 Signed

Date of Service: 02/19/25 1351

Signed

Internal Medicine Hospitalist Progress Note

Hospitalist: Nurul Haque MD**Patient Identifier/Hospitalist****Patient Name:** Diane Crisp **DOB:** 9/1/1959**Room / Bed :** 4512/4512-A**Facility :** MIAMI VALLEY HOSPITAL**Date of Service:** 2/19/2025**CSN:** 164122416**Admit Date:** 2/17/2025 9:40 AM**Attending Physician:** Haque, Nurul, MD**Primary Care Physician:** Nonstaff, Mvh

Please contact using secure chat for urgent/ immediate response please use cell number mentioned in secure chat

I saw and examined the patient at 1:51 PM on 2/19/2025

Disposition**Disposition:** Home/ECF in 24-72 hrs,pending clinical improvement**Reason for continued hospitalization**

IVF
IV Abx
Heparin gtt
Protonix gtt
Cardizem/Amiodarone gtt
Pressors gtt
Intubated

X	Pending Clinical recovery
	Pending Procedures
	Pending Consult eval
	Pending MRI/Imaging
	IV Lasix/Bumex
	Requiring BIPAP
	Awaiting Cultures
	Adjusting medications
X	Intubated on mechanical ventilation

Assessment and Plan

Diane Crisp is a 65 year old female

Hospital day# 2

Admitted for:

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Narrative :

Diane Crisp is an 65 year old female who has a history of hyperlipidemia, GERD, hypertension, presented at MVH ER with concern of lethargy was brought in by EMS with blood glucose of 31, was started on D10 and Isolyte, was also reportedly hypotensive with blood pressure of 88/51 per report, was requiring oxygen at around 6 L/min via nasal cannula saturating around 100% on arrival, unclear whether she was hypoxic on field, was cold on arrival with hypothermia.

Lab work is concerning for creatinine of 5.2, prior baseline is 1.2, 1 years prior. Potassium was 7.3. Treated per hyperkalemia protocol. TSH of 4.82 white blood cell of 21.4. Hemoglobin of 8.5. Troponin of 60, 54.

Chest x-ray is negative for any acute cardiopulmonary process, CT abdomen pelvis is concerning for possible left lung base infiltrate with differential of possible pneumonia/aspiration. Negative for any acute abdominal or pelvic process

Altered mental status: Secondary to metabolic encephalopathy likely from infection possibly from pneumonia, need to rule out other infective etiology, follow-up on blood culture, urine reflex to culture, also could have altered mental status from significant electrolyte derangement, dehydration. Monitor mentation, anticipate improvement

Assessment and plan

Acute hypoxia with hypoxic respiratory failure: Could be secondary to aspiration pneumonia although infiltrates are not impressive on lung cuts of CT abdomen pelvis, oxygen supplementation, treat underlying etiology. Patient was eventually intubated given poor mentation and severe metabolic acidosis with hypoxia

Severe sepsis with septic shock: Present on admission: Has organ dysfunction in form of metabolic acidosis, acute hypoxic respiratory failure, AKI, likely secondary to UTI, initially pneumonia felt less likely but patient likely has pneumonia given polymicrobial growth noted for multiple pathogen on respiratory

culture from 2/19/2025, is growing Klebsiella, Pseudomonas, other rare bacteria noted, ID consulted, hydration therapy, antibiotic,. Initially was hypertensive with subsequent improvement in blood pressure but later on become hypotensive again requiring initiation of Levophed, critical care service consulted

Abnormal UA suggestive of UTI: Started on broad-spectrum antibiotic, tailor antibiotic as deemed appropriate, urine culture growing group D Enterococcus, Proteus species, requested microbiology to run complete culture sensitivity, ID consulted

elevated troponin: Likely nonspecific secondary to demand ischemia in troponin leak from renal dysfunction, EKG negative for dynamic ST-T changes, will obtain echocardiogram mostly to evaluate cardiac function given severe sepsis

Hyperkalemia: Treated per protocol, nephrology consulted, may need dialysis if does not improve, repeat potassium

Hypothyroidism: Has elevated TSH, awaiting T3-T4, possibility of myxedema considered as differential, felt less likely at this time given TSH of only 4.82, quite unlikely

AKI with metabolic acidosis: Severe, likely prerenal, was initially managed with bicarb drip, nephrology consulted. CRRT initiated

GERD: PPI

Hyperlipidemia: Statin

History of hypertension: Antihypertensive on hold, resume when deemed appropriate

Bilateral lower extremity swelling: Negative for DVT,

Anemia: Has acute on chronic anemia, acute component could be secondary to severe sepsis, monitor hemoglobin transfuse as required

No data recorded,

Incision Left Anterior Incision (Active)

Appearance Date/Appearance Time: 07/10/18 1328 Patient came in with: No Wound Side: Left Wound Location: Knee Wound Orientation: Anterior Type: Incision

Assessments	7/10/2018 2:25 PM	7/11/2018 9:12 AM
Dressing Status / Change	Dry & Intact	Dry & Intact
Surgical Site / Incision	—	Other (Comment)
Periwound (surrounding tissue)	Dry;Intact	Dry;Intact
Drain Type	Not applicable	Not applicable
Drainage Amount	None	None
Odor	None	None
Primary Dressing	—	Antimicrobial

No associated orders.

Wound Coccyx (Active)

Appearance Date/Appearance Time: 12/11/23 1600 Wound Location: Coccyx

Assessments	12/11/2023 4:08 PM	1/1/2024 10:00 PM
Dressing Status / Change	Open to air	Dry & Intact
Wound Bed Appearance	Pink	—
Drainage Amount	None	—
Odor	None	—
Wound cleanser	Body wash / periwash	—
Periwound (surrounding) tissue	Blanchable erythema	—
Topical Agents	Zinc oxide	—

No associated orders.

DVT Prophylaxis: Lovenox/Heparin & SCD

Code Status: Orders Placed This Encounter Total Support

Subjective

The patient is sedated intubated on mechanical ventilation

ROS : negative except for above

Home Medications

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• amiodarone (CORDARONE) 900 mg in D5W 500 mL IV SOLN	0.5 mg/mi	Intravenous	Continuously	Eickhoff, Mackenzie T, DO	16.67 mL/hr at 02/19/25 at 02/19/25 1221	0.5 mg/mi at 02/19/25 1221
• [START ON 2/20/2025] amiodarone (CORDARONE) 900 mg in D5W 500 mL IV SOLN	0.5 mg/mi	Intravenous	Continuously	Eickhoff, Mackenzie T, DO		
• potassium phosphate 20 mmol in NaCl 0.9% 250 mL IVPB	20 mmol	Intravenous	Once	Arthur, John A, DO	41.67 mL/hr at 02/19/25 at 02/19/25 1200	Rate Verify at 02/19/25 1200
• piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9% NaCl	4.5 g	Intravenous	Once	Arthur, John A, DO		

100 ml

addEASE

And

- piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9% NaCl

100 ml

addEASE

- furosemide (LASIX) injection 80 mg

80 mg

- metOLazone (ZAROXOLYN) tablet 5 mg

- PrismaSOL BGK 2/3.5 Replacement Solution - Post Filter Purple Scale 5,000 mL

5,000 mL Dialysis

To Critical Care-Continuou
s

Kaufhold,

Jeffrey J, MD

600 mL/hr at 02/19/25 1200

Rate Verify at 02/19/25 1200

- midodrine (PROAMATINE) tablet 10 mg

10 mg Oral Q8H

Davis, Deanna Kay, APRN

10 mg at 02/19/25 0509

- levothyroxine (SYNTHROID) tablet 50 mcg

50 mcg Oral Daily

Davis, Deanna Kay, APRN

50 mcg at 02/19/25 0509

- PrismaSOL BGK 2/3.5 Replacement Solution - Pre White Scale 5,000 mL

5,000 mL Dialysis

To Critical Care-Continuou
s

Kaufhold,

Jeffrey J, MD

1,000 mL/hr at 02/19/25 1200

Rate Verify at 02/19/25 1200

- saline flush 10 mL IV Push

PRN

Haque, Nurul, MD

- dextrose (GLUTOSE) gel 15 g Carb 15 g Carb

PRN

Haque, Nurul, MD

- glucagon injection 1 mg

PRN

Haque, Nurul, MD

- AtorvaSTATin (LIPITOR) tablet 20 mg

Daily

Haque, Nurul, MD

20 mg at 02/19/25 0807

- saline flush 10 mL IV Push

Q12H

Haque, Nurul, MD

1 Syring e at 02/19/

					25 0807
• NaCl 0.9% 1,000 mL	1,000 mL	Intravenous	Continuo s PRN	Haque, Nurul, MD	
• acetaminophen (TYLENOL) tablet 650 mg	650 mg	Oral	Q4H PRN	Haque, Nurul, MD	650 mg at 02/18/ 25 2118
Or					
• acetaminophen (TYLENOL) suppository 650 mg	650 mg	Rectal	Q4H PRN	Haque, Nurul, MD	
• polyethylene glycol (MIRALAX) packet 17 g	1 Packet	Oral	Daily	Haque, Nurul, MD	17 g at 02/19/ 25 0858
• heparin injection 5,000 Units	5,000 Units	Subcutaneous	Q8H	Haque, Nurul, MD	5,000 Units at 02/19/ 25 0509
• folic acid (FOLATE) tablet 1 mg	1 mg	Oral	Daily	Haque, Nurul, MD	1 mg at 02/19/ 25 0807
• hydrocortisone sod succ (PF) (SOLU CORTEF) injection 100 mg	100 mg	IV Push	Q8H	Kaufhold, Jeffrey J, MD	100 mg at 02/19/ 25 0509
• fludrocortisone (FLORINEF) tablet 0.1 mg	0.1 mg	Oral	Daily	Kaufhold, Jeffrey J, MD	0.1 mg at 02/19/ 25 0858
• lidocaine (PF) 1 % (10 mg/mL) injection 5 mL	5 mL	Infiltration	Once PRN	Haque, Nurul, MD	
• norepinephrine 8 mg in NaCl 0.9% 250 mL (Standard Concentration) IV infusion	0-0.5 mcg/k g/min (Order - Specifi c)	Intravenous	Continuo s	Haque, Nurul, MD	16.54 mL/hr at 02/19/ 25 1208
• mupirocin (BACTROBAN) 2 % topical ointment		Nasal	BID	Davis, Deanna Kay, APRN	0.14 mcg/k g/min at 02/19/ 25 1208
					Given at 02/19/ 25 0810

• ondansetron (ZOFTRAN ODT) RAPID DISSOLVING tablet 4 mg Or	4 mg	Oral	Q6H PRN	Davis, Deanna Kay, APRN	
• ondansetron (ZOFTRAN) injection 4 mg	4 mg	IV Push	Q6H PRN	Davis, Deanna Kay, APRN	
• albuterol per guideline		Inhalation	DO NOT DISPENS E	Davis, Deanna Kay, APRN	
• chlorhexidine (PERIDEX) oral rinse 15 mL	15 mL	Mucous Membrane	BID	Davis, Deanna Kay, APRN	15 mL at 02/19/ 25 0807
• pantoprazole (PROTONIX) IV push 40 mg	40 mg	IV Push	Daily at 1000	Davis, Deanna Kay, APRN	40 mg at 02/18/ 25 1005
Or					
• pantoprazole (PROTONIX) enteric-coated tablet 40 mg Or	40 mg	Oral	Daily at 1000	Davis, Deanna Kay, APRN	
• lansoprazole (PREVACID SOLUTAB) oral soluble tablet 30 mg	30 mg	OG/NG Tube	Daily at 1000	Davis, Deanna Kay, APRN	30 mg at 02/19/ 25 0807
• fentaNYL (PF) (SUBLIMAZE) injection solution 25 mcg	25 mcg	IV Push	Q1H PRN	Davis, Deanna Kay, APRN	25 mcg at 02/19/ 25 1002
• gabapentin (NEURONTIN) capsule 100 mg	100 mg	Oral	Daily at 1800	Kaufhold, Jeffrey J, MD	100 mg at 02/18/ 25 1737
• NaCl 0.9 % 2,000 mL	2,000 mL	Dialysis	PRN	Kaufhold, Jeffrey J, MD	
• heparin catheter solution 5,000- 20,000 Units	5,000- 20,000 Units	Dialysis	To Critical Care-PRN	Kaufhold, Jeffrey J, MD	15,000 Units at 02/19/ 25 1254
• PrismaSOL BGK 4/2.5 Dialysate	600 mL/hr	Dialysis	To Critical Care-	Kaufhold, Jeffrey J, MD	600 mL/hr
					600 mL/hr

Flow Solution - Green Scale		Continous		at 02/19/ 25 1200	at 02/19/ 25 1200
• magnesium sulfate 2 g/50 ml SW IVPB	2 g	Intravenous	PRN	Kaufhold, Jeffrey J, MD	
• magnesium sulfate 4 g/100 ml SW IVPB	4 g	Intravenous	PRN	Kaufhold, Jeffrey J, MD	50 mL/hr at 02/19/ 25 1200
• sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB	10 mmol	Intravenous	PRN	Kaufhold, Jeffrey J, MD	50 mL/hr at 02/19/ 25 1200
• sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB	20 mmol	Intravenous	PRN	Kaufhold, Jeffrey J, MD	50 mL/hr at 02/19/ 25 1200
• propofol (DIPRIVAN) 10 mg/mL IV infusion	5-50 mcg/kg/min	Intravenous	Continous	Davis, Deanna Kay, APRN	7.45 mL/hr at 02/19/ 25 1200

Objective

Vital Signs:

Temp: 98.2 °F (36.8 °C) (02/19/25 1200)	Temp Min: 94.1 °F (34.5 °C) Min taken time: 02/19/25 0400 Max: 98.2 °F (36.8 °C) Max taken time: 02/19/25 1200	BP: 116/67 (02/19/25 1200)	Pulse: 52 (02/19/25 1253)	Resp: 14 (02/19/25 1253)	SpO2: 100 % (02/19/25 1253)
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PHYSICAL EXAMINATION:

GENERAL APPEARANCE: NAD, sedated, intubated on mechanical ventilation

HEENT: PERRL, MMM,

Neck: Supple, no LAD, no thyromegaly.

CV: RRR, no added sounds heard

Pulm: CTA B
 Abd: +BS, NT, ND.
 GU: WNL
 Neuro: Sedated
 Skin: No Rashes

Diagnostic Data

Recent Results (from the past 24 hours)

RENAL FUNCTION PANEL

Collection Time: 02/18/25 3:57 PM

Result	Value	Ref Range
Sodium	136	135 - 148 mEq/L
Potassium	3.5	3.4 - 5.3 mEq/L
Chloride	102	96 - 110 mEq/L
Carbon Dioxide	23	19 - 32 mEq/L
BUN	19	3 - 29 mg/dL
Creatinine	1.2	0.5 - 1.2 mg/dL
Glucose	114 (H)	70 - 99 mg/dL
Calcium	7.5 (L)	8.5 - 10.5 mg/dL
Albumin	2.2 (L)	3.5 - 5.2 g/dL
Phosphorus	1.8 (L)	2.1 - 4.3 mg/dL
Anion Gap	11	5 - 15
BUN/CREAT Ratio	16	7 - 25
Estimated GFR	50 (L)	>=60 mL/min/1.7 3m*2

BLOOD GAS

Collection Time: 02/18/25 4:16 PM

Result	Value	Ref Range
pH	7.507 (H)	7.350 - 7.450
PCO2	33.2 (L)	35.0 - 45.0 mmHg
PO2	150.0 (H)	80.0 - 100.0 mmHg
O2 Saturation	99.8 (H)	95.0 - 98.0 %
Base Excess	3.2 (H)	-2.0 - 3.0 mmol/L
Bicarbonate	26.3 (H)	22.0 - 26.0 mmol/L

RENAL FUNCTION PANEL

Collection Time: 02/19/25 12:32 AM		
Result	Value	Ref Range
Sodium	132 (L)	135 - 148 mEq/L
Potassium	4.0	3.4 - 5.3 mEq/L
Chloride	99	96 - 110 mEq/L
Carbon Dioxide	22	19 - 32 mEq/L
BUN	12	3 - 29 mg/dL
Creatinine	1.0	0.5 - 1.2 mg/dL
Glucose	138 (H)	70 - 99 mg/dL
Calcium	7.8 (L)	8.5 - 10.5 mg/dL
Albumin	2.0 (L)	3.5 - 5.2 g/dL
Phosphorus	1.7 (L)	2.1 - 4.3 mg/dL
Anion Gap	11	5 - 15
BUN/CREAT Ratio	12	7 - 25
Estimated GFR	63	>=60 mL/min/1.7 3m*2

POC GLUCOSE

Collection Time: 02/19/25 12:32 AM

Result	Value	Ref Range
POC Glucose	145 (H)	70 - 99 mg/dL

Scan Result

POC GLUCOSE

Collection Time: 02/19/25 5:23 AM

Result	Value	Ref Range
POC Glucose	153 (H)	70 - 99 mg/dL

Scan Result

BLOOD GAS

Collection Time: 02/19/25 5:25 AM

Result	Value	Ref Range
pH	7.481 (H)	7.350 - 7.450
PCO2	33.9 (L)	35.0 - 45.0 mmHg
PO2	140.0 (H)	80.0 - 100.0 mmHg
O2 Saturation	99.5 (H)	95.0 - 98.0 %
Base Excess	1.6	-2.0 - 3.0 mmol/L
Bicarbonate	25.3	22.0 - 26.0 mmol/L

COMPLETE BLOOD COUNT

Collection Time: 02/19/25 5:26 AM

Result	Value	Ref Range
WBC Count	8.7	3.5 - 10.9 K/uL
RBC	1.86 (L)	3.95 - 5.26 M/uL
Hemoglobin	6.9 (L)	11.2 - 15.7 g/dL
Hematocrit	19.5 (L)	34.0 - 49.0 %
MCV	104.8 (H)	80.0 - 100.0 fL
MCH	37.1 (H)	26.0 - 34.0 pg
MCHC	35.4	30.7 - 35.5 g/dL
RDW	15.6 (H)	<=15.0 %
Platelet Count	157	140 - 400 K/uL
MPV	10.5	7.2 - 11.7 fL
nRBC	9 (H)	<=0 /100 WBCs

Scan Result

BASIC METABOLIC PANEL

Collection Time: 02/19/25 5:26 AM

Result	Value	Ref Range
Sodium	134 (L)	135 - 148 mEq/L
Potassium	3.6	3.4 - 5.3 mEq/L
Chloride	101	96 - 110 mEq/L
Carbon Dioxide	22	19 - 32 mEq/L
BUN	9	3 - 29 mg/dL
Creatinine	0.8	0.5 - 1.2 mg/dL
Glucose	146 (H)	70 - 99 mg/dL
Calcium	7.9 (L)	8.5 - 10.5 mg/dL
Anion Gap	11	5 - 15
BUN/CREAT Ratio	11	7 - 25
Estimated GFR	82	>=60 mL/min/1.7 3m*2

MAGNESIUM, SERUM

Collection Time: 02/19/25 5:30 AM

Result	Value	Ref Range
Magnesium	1.7	1.4 - 2.5 mg/dL

PHOSPHORUS

Collection Time: 02/19/25 5:30 AM

Result	Value	Ref Range
Phosphorus	2.2	2.1 - 4.3 mg/dL

PREPARE RED BLOOD CELLS

Collection Time: 02/19/25 6:20 AM

Result	Value	Ref Range
UNIT PRODUCT	E0336V00	
CODE		
UNIT ID	W03542500	0883-E
UNIT ABO	O	
UNIT RH	POSITIVE	
UNIT	Compatible	
INTERPRETATION		
N		
UNIT DISPENSE	ISSUED	
STATUS		
UNIT	202503242	
EXPIRATION	359	
DATE		
UNIT BLOOD	5100	
TYPE		
BLOOD CODING	ISBT 128	
SYS		

RENAL FUNCTION PANEL

Collection Time: 02/19/25 8:07 AM

Result	Value	Ref Range
Sodium	132 (L)	135 - 148 mEq/L
Potassium	3.6	3.4 - 5.3 mEq/L
Chloride	99	96 - 110 mEq/L
Carbon Dioxide	21	19 - 32 mEq/L
BUN	8	3 - 29 mg/dL
Creatinine	0.7	0.5 - 1.2 mg/dL
Glucose	158 (H)	70 - 99 mg/dL
Calcium	8.0 (L)	8.5 - 10.5 mg/dL
Albumin	2.1 (L)	3.5 - 5.2 g/dL
Phosphorus	2.7	2.1 - 4.3 mg/dL
Anion Gap	12	5 - 15
BUN/CREAT Ratio	11	7 - 25
Estimated GFR	96	>=60 mL/min/1.7 3m*2

HEMOGLOBIN AND HEMATOCRIT

Collection Time: 02/19/25 8:48 AM

Result	Value	Ref Range
Hemoglobin	9.6 (L)	11.2 - 15.7 g/dL
Hematocrit	27.2 (L)	34.0 - 49.0 %

Scan Result

Imaging**ECHO TRANSTHORACIC (TTE) COMPLETE**

Result Date: 2/18/2025

- Left Ventricle: Left ventricle size is normal. Normal wall thickness. No wall motion abnormalities noted. Normal systolic function with a visually estimated EF of 60 - 65%. Grade I diastolic dysfunction.
- Left Atrium: Left atrium is mildly dilated.
- Pericardium: Trivial pericardial effusion present. No indication of cardiac tamponade.
- Tricuspid Valve: Mild transvalvular regurgitation. RVSP is 30 mmHg.
- Mitral Valve: Trace transvalvular regurgitation.

XR ABDOMEN SINGLE VIEW

Result Date: 2/18/2025

XR ABDOMEN SINGLE VIEW INDICATION: See Epic for more information: OG placement, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified **COMPARISON:** None. **TECHNIQUE:** A single frontal view of the abdomen was obtained.

FINDINGS/IMPRESSION: Satisfactory enteric tube placement. DICTATED BY KALPESH DESAI, D.O. Workstation ID:G51157

XR CHEST PA OR AP 1 VIEW (PORTABLE)

Result Date: 2/17/2025

2/17/2025 5:17 PM TECHNIQUE: XR CHEST PA OR AP 1 VIEW (PORTABLE). **INDICATION:** See Epic for more information: line placement, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified. **COMPARISON:** 2/17/2025. **FINDINGS:** Interval placement of endotracheal tube, enteric tube, and right internal jugular central venous catheter (all of which appear to be appropriately positioned). Hyperinflated/hyperlucent lungs suggesting underlying COPD. Nonspecific bandlike parenchymal opacity retrocardiac left lower lobe. Remaining lung fields are clear. Unremarkable bones and surrounding soft tissues.

IMPRESSION: 1. Appropriately positioned and recently placed tubes and lines. 2. Left lower lobe consolidative opacity may represent pneumonia. Lawrence J. Ashker, D.O. Workstation ID:DESKTOP-MUG57L3

US VENOUS DOPPLER BILATERAL LOWER

Result Date: 2/17/2025

Exam: US VENOUS DOPPLER BILATERAL LOWER: 2/17/2025 **Clinical History:** See Epic for more information: Localized edema, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified. **Comparison:** None available at time of dictation. **Technique:** Gray scale compression, Color Flow, and Doppler evaluation of the bilateral common femoral, femoral popliteal,

posterior tibial and peroneal veins was performed. In addition, the origin of the greater saphenous and profunda femoral veins was evaluated. If this is a unilateral exam, the contralateral common femoral vein was evaluated as above. Exam limitations: None Findings: Visualized deep and superficial veins veins in bilateral lower extremities are patent. Normal compression and augmentation. No intraluminal clots. There is no evidence of deep vein thrombosis in the visualized veins of bilateral lower extremities on the basis of this exam.

IMPRESSION: 1. No evidence of deep vein thrombosis. Workstation ID:SYED

CT ABDOMEN AND CT PELVIS WITHOUT IV CONTRAST

Result Date: 2/17/2025

EXAM: CT ABDOMEN AND CT PELVIS WITHOUT IV CONTRAST dated 2/17/2025 11:44 AM CLINICAL HISTORY: abdominal pain, hx of GI bleed, COMPARISON: 12/7/2023 TECHNIQUE: Helically acquired CT images were obtained from the lung bases through the pelvis without administration of intravenous contrast. Coronal and sagittal reconstructions were performed. All CT scans at this location are performed using dose optimization techniques as appropriate to a performed exam including the following: ? Automated exposure control ? Adjustment of the mA and/or kV according to patient size (this includes techniques or standardized protocols for targeted exams where dose is matched to indication / reason for exam, i.e., extremities or head) ? Use of iterative reconstruction technique FIELD OF VIEW: 30.1 cm FINDINGS: Lower chest: Patchy consolidation in the left lung base. Liver: Normal. Biliary tree: Stones/sludge in the gallbladder with no gallbladder wall thickening or pericholecystic fluid. Spleen: Normal. Pancreas: Normal. Adrenal glands: Normal. Kidneys/ureters/bladder: Normal. Gastrointestinal tract: The small and large bowel are normal in caliber. The appendix is normal. There is a moderate amount of stool in the rectum. Lymphatics: No lymphadenopathy. Vasculature: There are atherosclerotic calcifications of the arterial structures without evidence of aneurysm. Peritoneum/retroperitoneum: Normal. Abdominal wall/soft tissues: Normal. Pelvic organs: Normal. Osseous structures: No acute osseous abnormalities or suspicious osseous lesions.

IMPRESSION: No acute abnormality in the abdomen or pelvis. Patchy consolidation in the left lung base concerning for pneumonia/aspiration. Follow-up to resolution is recommended to exclude the presence of an underlying lung nodule. Moderate rectal stool burden. Stones/sludge in the gallbladder with no findings to suggest acute cholecystitis. Dictated by: Joshua Tarrence, DO Workstation ID:APACSRR3

CT HEAD WITHOUT CONTRAST

Result Date: 2/17/2025

EXAM: CT HEAD WITHOUT CONTRAST INDICATION: AMS, hx of stroke TECHNIQUE: Axial thin section CT images of the head were obtained without contrast. Sagittal and coronal 2-D multiplanar reconstructions were performed at the scanner. Dose Reduction: mA and/or kV are/were adjusted by automated exposure control software based upon the patient's height and weight. COMPARISON: CT head 12/7/2023 and prior FINDINGS: The diagnostic quality of the examination is adequate. Extracranial soft tissues: Unremarkable. Calvarium and skull base: No acute abnormality. Orbita, paranasal sinuses, mastoids, vascular structures: Unremarkable. Brain: No acute intraparenchymal blood products, acute territorial infarcts or mass effect is present. Multifocal encephalomalacia and gliosis within the bilateral corona radiata and medial left occipital lobe, similar to prior. Gray-white matter differentiation is preserved. Ventricles/Extraaxial spaces: Mild proportional enlargement without midline shift. No extra-axial fluid collections.

IMPRESSION: 1. No acute intracranial abnormality. 2. Multifocal encephalomalacia and gliosis, not significantly changed from 2023. Additional findings detailed above. Dictated by: Jessica Blaza, MD Workstation ID:G0102738

XR KNEE RIGHT 3 VIEWS

Result Date: 2/17/2025

EXAM: XR KNEE RIGHT 3 VIEWS HISTORY: DECREASED BLOOD SUGAR-SYMPOMATIC,

HYPOXIA, COMPARISON: 5/16/2018 and prior studies **FINDINGS:** Severe osteopenia is present as well as severe osteoarthritis in the right knee. A small effusion is present. Motion artifact is present as well as vascular calcifications. There are no gross focal bony abnormalities.

IMPRESSION: Severe osteoarthritis and osteopenia with small suprapatellar effusion Interpreted by Dr. Karen Jobalia, MD Workstation ID:RADOFFICE

XR CHEST PA OR AP 1 VIEW (PORTABLE)

Result Date: 2/17/2025

Examination: XR CHEST PA OR AP 1 VIEW (PORTABLE) Comparison: 10/24/2013 Findings: Heart size is normal. Lungs are clear of infiltrate. There are no pleural effusions currently identified.

IMPRESSION: No distinct acute cardiopulmonary disease. Dictated by: Robert L. Tyrrell M.D Workstation ID:APACSRR11

Signature

Electronically signed by: Nurul Haque, MD, 2/19/2025 1:51 PM

ED to Hosp–Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

- 02/17 Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02 Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Kaylor Owens, Brooklynn JDietetic Intern
NutritionCare Plan
Signed

Date of Service: 02/19/25 1221

Signed**MEDICAL NUTRITION THERAPY****MALNUTRITION:****RECOMMENDATIONS:**

Tube Feeding : Promote1L

Tube Feeding Goal Rate (ml/hr): 60 ML/HR

Tube Feeding Fluid Provided (ml) (with recommendations): 1208

Kcals Provided (with Recommendation): 1440 KCAL

Grams Protein Provided (with Recommendation): 91 GM

Labs Requested: (Monitor Lytes, glucose, TG, Renal Indice)

Additional Comments: Chart reviewed. Pt currently on pressor support. Pt receiving EN- continue to up rate to goal. Monitor for tolerance. Will continue to monitor for further nutrition intervention.

Discharge needs assessed on an ongoing basis pending clinical course.

NUTRITION DIAGNOSIS:

Nutrition Diagnosis: Swallowing difficulty related to mechanical ventilation as evidenced by NPO.

NUTRITION RISK:

Nutrition Risk: High Nutrition Risk

REASON FOR COMPLETION:

Reason for Completion: Nutrition Protocol

CURRENT DIET:

Current Diet Order: NPO;TF (cont 24 hr/d)

Current Formula (TF): Promote1L

Current Rate (ml/hr): 20 ML/HR

Current Kcal Provided/day: 480 (TF newly administered)

Current Protein Provided gm/day: 30.24

Current Fluids Provided ml/day: 403

TOTAL NUTRIENT NEEDS:

Total Calorie Needs (kcal): 1300-1500

Total Protein Needs (gms): 95-105

Assessment:

Weight Change: Loss(comment)

Amount Weight Change: 10.1 kg (22 lb 4.9 oz) (16.3% (10 months))

Usual Body Weight: (62.1 kg (4/3/24))

Edema/Fluid Status: 2Millimeters (LLE,RLE,LUE,RUE)

Additional Information: BMI: 20.96

Last Bowel Movement: (pta)

Nutrition Related Labs: Reviewed

Nutrition Related Medications: Reviewed

Brooklynn Kaylor-Owens, BSHS, Dietetic Intern

Available via Secure Chat

Office: x2318/4155

Weekends/Holidays: Please reach out via Secure Chat to MVH All Dietitians, Inpatient

*Please refer to the Medical Nutrition Therapy Evaluation/Assessment Documentation Flowsheet for full nutrition assessment

*Please note: Serum albumin and prealbumin are no longer recognized as reliable or specific biomarkers for malnutrition. Evans DC, Corkins MR, Malone A, et al. The use of visceral proteins as nutrition markers: an ASPEN position paper. Nutr Clin Pract. 2021;36(1):22-28. Soeters PB, Wolfe RR, Shenkin A. Hypoalbuminemia: pathogenesis and clinical significance. JPEN J Parenter Enteral Nutr. 2019;43(2): 181-193.

Cosigned by: Gossett, Holly J, RDN,LD at 02/19/25 1221

ED to Hosp-Admission (Discharged) on 2/17/2025

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Wene, Moriah A, OTR/L

Occupational Therapist
Occupational TherapyProgress Notes  

Date of Service: 02/19/25 0938

Signed

MIAMI VALLEY HOSPITAL
1 WYOMING ST
DAYTON OH 45409
937-208-8000

OCCUPATIONAL THERAPY

Patient Information:

Patients Name: Diane Crisp
Date of Birth: 9/1/1959
MRN: 096-67-27-70

Therapy not performed secondary to: Per chart review, patient is currently inappropriate for functional assessment at this time d/t RASS-3. Therapy will continue to follow Patient, and will check back as scheduling permits and when medically stable.

Thank you for allowing me to participate in the care of Diane Crisp. Please contact me with any questions.

Signature: Moriah A Wene, OTR/L, 2/19/2025 9:38 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

- 02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:33 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Bello, Ana C, PT
Physical Therapist
Physical Therapy

Progress Notes  
Signed

Date of Service: 02/19/25 0916

Signed

PHYSICAL THERAPY ATTEMPT 2/19/2025

Patient Information:

Patients Name: Diane Crisp

Therapy was attempted: Evaluation

Therapy not performed secondary to: Per chart review, patient is currently inappropriate for functional assessment at this time d/t RASS-3. Therapy will continue to follow Patient, and will check back as scheduling permits and when medically stable.

Thank you for allowing me to participate in the care of Diane Crisp. Please contact me with any questions.

Signature: ANA B, DPT, 2/19/2025, 9:16 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

- 02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:33 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Kaufhold, Jeffrey J, MD
 Physician
 Nephrology

Medical Staff Progress Note  
 Signed

Date of Service: 02/19/25 0856

Signed

Mark D. Oxman, D.O. FACOI
 Jeffrey J. Kaufhold, M.D., FACP
 Jennifer L. Jackson, D.O., FACOI
 Chukwuma E. Eze, M.D., FASN, FASDIN
 Ashok K. Ammuia, M.D.
 Shashikant R. Patel, M.D.



Swe Zin Mar Winhtut Oo, M.D.
 Jamie E. Long, MS, RN, APRN
 Vanessa Ratcliff MS, RN, APRN
 Esther Bassav MS, RN, APRN
 Chloe Hammond, MS, RN, APRN
 Kimberly Wallace, MS, RN, APRN

MIAMI VALLEY HOSPITAL**Renal Progress Note**

2/19/2025

Patient Name: Diane Crisp DOB: 9/1/1959

Subjective

Patient seen and examined, on CRRT dialysis . The patient is intubated and is sedated.

Assessment

Orders for Labs and Medications reviewed.

Acute renal failure with peak creat 5.2

Volume depleted

Lyttes Hyperkalemia due to severe acidosis

Acidosis severe (bicarb of 5)

GFR estimate indeterminate -

Started CRRT Feb 17 PM

CKD 3 due to HTN with baseline creat 1.5- 1.7

Saw Dr Oo in past

Anemia of CKD and history of GI bleed

History of stroke

Hypoglycemia with confusion - reason for admission

Hypertensive renal disease

Plan

Maintain Foley

Cortisol 41, note TSH is up to 5

Continue Crix protocol cortisone and florinef

Stop CRRT today, and I will give a dose of diuretic to see if we can recover UOP

Maintain the dialysis cath for time being.

We will be following closely with you

Current Meds:

potassium phosphate 20 mmol in NaCl 0.9% 250 mL IVPB 20 mmol Intravenous Once; midodrine (PROAMATINE) tablet 10 mg 10 mg Oral Q8H; levothyroxine (SYNTHROID) tablet 50 mcg 50 mcg Oral Daily; cefepime (MAXIPIME) 2 g in sterile water 20 ml syringe 2 g Intravenous Q12H; AtorvaSTATin (LIPITOR) tablet 20 mg 20 mg Oral Daily; saline flush 10 mL IV Push Q12H; polyethylene glycol (MIRALAX) packet 17 g 1 Packet Oral Daily; heparin injection 5,000 Units 5,000 Units Subcutaneous Q8H; folic acid (FOLATE) tablet 1 mg 1 mg Oral Daily; hydrocortisone sod succ (PF) (SOLU CORTEF) injection 100 mg 100 mg IV Push Q8H; fludrocortisone (FLORINEF) tablet 0.1 mg 0.1 mg Oral Daily; mupirocin (BACTROBAN) 2 % topical ointment Nasal BID; chlorhexidine (PERIDEX) oral rinse 15 mL 15 mL Mucous Membrane BID; pantoprazole (PROTONIX) IV push 40

mg 40 mg IV Push Daily at 1000 **OR** pantoprazole (PROTONIX) enteric-coated tablet 40 mg 40 mg Oral Daily at 1000 **OR** lansoprazole (PREVACID SOLUTAB) oral soluble tablet 30 mg 30 mg OG/NG Tube Daily at 1000; gabapentin (NEURONTIN) capsule 100 mg 100 mg Oral Daily at 1800

Infusions:

amiodarone (CORDARONE) 900 mg in D5W 500 mL IV SOLN Last Rate: 1 mg/min (02/19/25 0404); amiodarone (CORDARONE) 900 mg in D5W 500 mL IV SOLN; [START ON 2/20/2025] amiodarone (CORDARONE) 900 mg in D5W 500 mL IV SOLN; PrismaSOL BGK 2/3.5 Replacement Solution - Post Filter Purple Scale 5,000 mL Last Rate: 5,000 mL (02/19/25 0831); PrismaSOL BGK 2/3.5 Replacement Solution - Pre White Scale 5,000 mL Last Rate: 5,000 mL (02/19/25 0427); NaCl 0.9% 1,000 mL; norepinephrine 8 mg in NaCl 0.9% 250 mL (Standard Concentration) IV infusion Last Rate: 0.15 mcg/kg/min (02/19/25 0658); PrismaSOL BGK 4/2.5 Dialysate Flow Solution - Green Scale Last Rate: 600 mL/hr (02/19/25 0655); propofol (DIPRIVAN) 10 mg/mL IV infusion Last Rate: 10 mcg/kg/min (02/19/25 0741)

PRN Meds:

- saline flush
- dextrose (GLUTOSE) gel 15 g Carb
- glucagon injection 1 mg
- NaCl 0.9% 1,000 mL
- acetaminophen (TYLENOL) tablet 650 mg **OR** acetaminophen (TYLENOL) suppository 650 mg
- lidocaine (PF) 1 % (10 mg/mL) injection 5 mL
- ondansetron (ZOFRAN ODT) RAPID DISSOLVING tablet 4 mg **OR** ondansetron (ZOFRAN) injection 4 mg
- fentaNYL (PF) (SUBLIMAZE) injection solution 25 mcg
- NaCl 0.9 % 2,000 mL
- heparin catheter solution 5,000-20,000 Units
- magnesium sulfate 2 g/50 ml SW IVPB
- magnesium sulfate 4 g/100 ml SW IVPB
- sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB
- sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB

Objective

Vital Signs:

Temp: 96.8 °F (36 °C) (02/19/25 0800)	Temp Avg: 95.9 °F (35.5 °C) Min: 94.1 °F (34.5 °C) Max: 97 °F (36.1 °C)	BP: 116/66 (02/19/25 0816)	Pulse: (I) 48 (02/19/25 0816)	Resp: 18 (02/19/25 0816)	SpO2: 100 % (02/19/25 0816)
---------------------------------------	---	----------------------------	--	--------------------------	-----------------------------

I/O last 3 completed shifts:

In: 1813.3 [I.V.:1507.3; Other:90; Enteral:216]

Out: 1182 [Urine:15; Other:1167]

Admission: Weight: 62.1 kg (136 lb 14.5 oz) (02/17/25 1604)

Most recent: Weight: 50.7 kg (111 lb 11.2 oz) (02/19/25 0400)

Exam

General: frail female on Vent via ET, OG tube in place

CV: regular rate and rhythm

Lung: lungs clear to auscultation

Abd: soft BS present

Extremity: supple, non-tender, without cyanosis or edema

Access: RIJ quinton, foley art line

Trachea midline, no adenopathy or thyromegally, No rash or petechiae.

MMM, PERRL, Nonicteric

Labs:

Recent Labs

	02/17/25 1009	02/17/25 1120	02/17/25 1715	02/17/25 1736	02/17/25 2130	02/18/25 0030	02/18/25 0400	02/18/25 0802
WBC	21.4*	--	--	--	--	--	7.6	--
HEMOGLOBIN	8.5*	--	--	--	--	--	7.4*	--
HEMATOCRIT	27.0*	--	--	--	--	--	21.0*	--

PLATELETS	363	--	--	--	--	--	256	--
NA	134*	--	141	--	--	141	138	--
POTASSIUM	7.3*	< >	5.4*	5.3	--	4.1	3.6	--
CL	108	--	113*	--	--	108	104	--
CO2	5*	--	8*	--	--	15*	18*	--
BUN	80*	--	73*	--	--	48*	38*	--
CREATININE	5.2*	--	4.2*	--	--	2.7*	2.1*	--
GLUCOSE	166*	< >	151*	--	< >	148*	157*	151*
CA	8.8	--	7.4*	--	--	7.5*	7.3*	--
INR	1.3*	--	--	--	--	--	--	--
MG	2.3	--	2.0	--	--	--	--	--
PHOS	--	--	4.6* 4.6*	--	--	3.0	--	--

< > = values in this interval not displayed.

Recent Labs

	02/19/25 0526
WBC	8.7
HEMOGLOBIN	6.9*
HEMATOCRIT	19.5*
PLATELETS	157

Recent Labs

	02/19/25 0530	02/19/25 0526	02/19/25 0523	02/19/25 0032	02/18/25 1557
NA	--	134*	--	132*	136
POTASSIUM	--	3.6	--	4.0	3.5
CL	--	101	--	99	102
CO2	--	22	--	22	23
BUN	--	9	--	12	19
CREATININE	--	0.8	--	1.0	1.2
GLUCOSE	--	146*	153*	138* 145*	114*
CA	--	7.9*	--	7.8*	7.5*
MG	1.7	--	--	--	--
PHOS	2.2	--	--	1.7*	1.8*

Imaging Studies: reviewed

Hospital Problems

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Electronically signed by: Jeffrey J Kaufhold, MD, 2/19/2025 8:56 AM

Page via Match MD or Epic secure chat.

ED to Hosp–Admission (Discharged) on 2/17/2025

Note shared with patient

Care Timeline

- 02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:33 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Gollamudi, Murthy Venkat L N, MD

Physician
Critical CareMedical Staff Progress Note  
Addendum

Date of Service: 02/19/25 0615

Addendum



Pulmonary & Critical Care CONSULTANTS, INC.

Critical Care Progress Note
MIAMI VALLEY HOSPITAL
Date of Service: 2/19/2025

Diane Crisp
DOB: 9/1/1959

Assessment:

This is a 65-year-old female admitted for severe encephalopathy and acute renal failure with hyperkalemia. For airway protection requiring CRRT. Remains on mechanical ventilation with slowly improving renal function with CRRT.

Assessment/plan
MRSA PCR negative, discontinue linezolid
Continue cefepime
Continue levothyroxine 50 mcg
Continue CRRT

Problem list:

- Acute metabolic encephalopathy
- Acute renal failure on CRRT-improving
- Left lower lobe pneumonia
- A-fib with RVR
- Macrocytic anemia
- Elevated transaminases
- Hypothermia-improving
- Hypothyroidism

Plan:

- On mechanical ventilation, SpO₂ goal greater than 92
- On vasopressor support, MAP goal greater than 65
- Nephrology following, continue CRRT
- Remains mildly encephalopathic despite being off sedation, switch cefepime to Zosyn to avoid cefepime induced delirium as a contributing factor. Adjust pending culture growth/susceptibilities
- MRSA PCR negative, discontinue linezolid
- Continue levothyroxine 50 mcg daily

- Continue amiodarone gtt. for A-fib RVR
 - Nutritional support: Tube feeds at full rate
 - Bowel regimen: polyethylene glycol daily
 - Thromboprophylaxis: heparin 5000u every 8 hours
 - Alimentary prophylaxis: PPI daily
-

Chief Complaint/Reason for Admission:

Acute metabolic encephalopathy and renal failure

Pertinent interval/overnight events:

Overnight patient converted to A-fib with RVR started on amiodarone gtt. with resolution of tachycardia

Physical Examination:

BP 110/52 | Pulse (l) 48 | Temp 95.4 °F (35.2 °C) | Resp 8 | Ht 1.575 m (5' 2.01") | Wt 50.7 kg (111 lb 11.2 oz) | SpO2 100% | BMI 20.42 kg/m²

Neurologic: Does not respond to verbal commands nor noxious stimuli

Respiratory: Clear to auscultation bilaterally

Cardiovascular: Regular rate, irregular rhythm, no murmurs rubs or gallops

Abdominal: Soft, nondistended

Extremities/Integument: Bilateral lower extremity pitting edema

Other pertinent exam findings:

Body mass index is 20.42 kg/m².

Laboratory Results reviewed and notable for:

ABG notable for pH of 7.481, pCO2 33.9, pO2 140.0, HCO3 25.3

Hyponatremia of 134, improving creatinine of 0.8 from 1.0

Magnesium 1.7

Phos of 2.2

Macrocytic anemia of 6.9 with MCV of 104.8

No leukocytosis of 8.7

Respiratory culture growing gram-negative bacilli

Urine culture growing group D Enterococcus, Proteus, and gram-negative bacilli

Radiography [personally reviewed, along with the Radiologist's reports (if available)] notable for:

N/A

Other Pertinent Data/Diagnostics reviewed and notable for:

Intake/Output Summary (Last 24 hours) at 2/19/2025 0615

Last data filed at 2/19/2025 0600

	Gross per 24 hour
Intake	1813.3 ml
Output	1177 ml
Net	636.3 ml

This patient is currently on the secondary ICU service**First Call:**

Service resident phone extensions (for hospital personnel only):

- Primary: x9954
- Secondary: x4013
- Tertiary: N/A

Second Call:

APP phone numbers (for hospital personnel only):

- Primary: 937-789-8098
- Secondary: 937-789-8411
- Tertiary: 937-477-0159
 - If no APP available on the tertiary service, Epic SecureChat to the note author is the preferred method of contact.

Pulmonary Critical Care Medicine attending note

I have personally seen and examined this patient. I have fully participated in the care of this patient. I have reviewed and agree with all pertinent clinical information including history, physical exam, labs, radiographic studies and the plan. I have also reviewed and agree with the medications, allergies and past medical history sections for this patient.

The above note was edited to reflect my impression and plans

Remains on mechanical ventilation. Very lethargic and weak. Not tolerating spontaneous breathing trials. Remains on vasopressor. Undergoing CRRT. Developed A-fib yesterday requiring amiodarone and is now on rate control effect. Leukocytosis is improved. Cultures showing multiple organisms of the urine consistent with contamination. Sputum cultures have been Klebsiella Pseudomonas and Achromobacter which drop of the contaminant. Will switch from cefepime to Zosyn. On tube feeds. Blood sugars controlled. On stress dose steroids. Updated sister over the phone. Prognosis is guarded.

I personally spent 45 minutes of time attending to this patient's critical care needs separate from teaching or billable procedures. This time includes bedside evaluation and management, review of labs and imaging, review of the chart for written updates and recommendations, documentation, and, if available, communication with other services on the case. All of this time occurred either at the bedside or directly in the ICU. This patient requires complex, high-level decision-making to prevent deterioration or morbid sequelae of ongoing disease as documented in the note.

Electronically signed by: Murthy Venkat L N Gollamudi, MD, 2/19/2025 4:35 PM

I can be reached on Epic Chat (Preferred)

Pager 937-334-0502

For ICU NP please call 937-789-8098 / 937-789-8411

For Pulmonary consult NP please call 937-475-8469

For urgent consultations & after 6 pm on weekdays and weekends, please page on call physician - 937-334-5999

ED to Hosp-Admission (Discharged) on 2/17/2025

Note shared with patient

Care Timeline

02/17	 Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02	 Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Apapa, Jayeola G, RN
Registered Nurse
Nursing

Care Plan
Signed

Date of Service: 02/19/25 0534

Signed

Problem: Skin Integrity - Impaired

Goal: Skin integrity intact

Outcome: Progressing

Problem: Pain - Acute

Goal: Communication of presence of pain

Outcome: Progressing

Problem: Pressure Ulcer - Risk of

Goal: Absence of pressure ulcer

Outcome: Progressing

Problem: Falls - Risk of

Goal: Absence of falls

Description: Avoid the routine use of bedrails or physical restraints as a fall-prevention intervention.

Outcome: Progressing

Goal: Knowledge of fall prevention

Outcome: Progressing

Problem: Injury - Risk of, Physical Restraints

Goal: Absence of injury

Outcome: Not Progressing

Goal: Absence of physical restraint indications

Outcome: Not Progressing

ED to Hosp-Admission (Discharged) on 2/17/2025

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:33 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Kaufhold, Jeffrey J, MD
Physician
Nephrology

Medical Staff Progress Note  
Signed

Date of Service: 02/18/25 1721

Signed**Nephrology UPdate**

Seen on CRRT.
ABG looks good, noon labs also look good
May need some Kphos - will order

If circuit clots would leave her OFF dialysis and give a dose of lasix 80-100 mg IV to see if we can recover UOP
Had 5 cc today.

Electronically signed by: Jeffrey J Kaufhold, MD, 2/18/2025 5:22 PM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

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Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Haque, Nurul, MD

Physician
HospitalistMedical Staff Progress Note  

Signed

Date of Service: 02/18/25 1235

Signed



Miami Valley Hospitalist Group
Miami Valley Hospital

Internal Medicine Hospitalist Progress Note

Hospitalist: Nurul Haque MD**Patient Identifier/Hospitalist****Patient Name:** Diane Crisp **DOB:** 9/1/1959**Room / Bed :** 4512/4512-A**Facility :** MIAMI VALLEY HOSPITAL**Date of Service:** 2/18/2025**CSN:** 164122416**Admit Date:** 2/17/2025 9:40 AM**Attending Physician:** Haque, Nurul, MD**Primary Care Physician:** Nonstaff, Mvh

Please contact using secure chat for urgent/ immediate response please use cell number mentioned in secure chat

I saw and examined the patient at 12:35 PM on 2/18/2025

Disposition**Disposition:** Home/ECF in 24-72 hrs,pending clinical improvement**Reason for continued hospitalization**

IVF
IV Abx
Heparin gtt
Protonix gtt
Cardizem/Amiodarone gtt
Pressors gtt
Intubated

X	Pending Clinical recovery
	Pending Procedures
	Pending Consult eval
	Pending MRI/Imaging
	IV Lasix/Bumex
	Requiring BIPAP
	Awaiting Cultures
	Adjusting medications

Assessment and Plan

Diane Crisp is a 65 year old female

Hospital day# 1

Admitted for:

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Narrative :

Diane Crisp is an 65 year old female who has a history of hyperlipidemia, GERD, hypertension, presented at MVH ER with concern of lethargy was brought in by EMS with blood glucose of 31, was started on D10 and Isolyte, was also reportedly hypotensive with blood pressure of 88/51 per report, was requiring oxygen at around 6 L/min via nasal cannula saturating around 100% on arrival, unclear whether she was hypoxic on field, was cold on arrival with hypothermia.

Lab work is concerning for creatinine of 5.2, prior baseline is 1.2, 1 years prior. Potassium was 7.3. Treated per hyperkalemia protocol. TSH of 4.82 white blood cell of 21.4. Hemoglobin of 8.5. Troponin of 60, 54.

Chest x-ray is negative for any acute cardiopulmonary process, CT abdomen pelvis is concerning for possible left lung base infiltrate with differential of possible pneumonia/aspiration. Negative for any acute abdominal or pelvic process

Altered mental status: Secondary to metabolic encephalopathy likely from infection possibly from pneumonia, need to rule out other infective etiology, follow-up on blood culture, urine reflex to culture, also could have altered mental status from significant electrolyte derangement, dehydration. Monitor mentation, anticipate improvement

Assessment and plan

Acute hypoxia with hypoxic respiratory failure: Could be secondary to aspiration pneumonia although infiltrates are not impressive on lung cuts of CT abdomen pelvis, oxygen supplementation, treat underlying etiology. Patient was eventually intubated given poor mentation and severe metabolic acidosis with hypoxia

Severe sepsis with septic shock: Present on admission: Has organ dysfunction in form of metabolic acidosis, acute hypoxic respiratory failure, AKI, likely secondary to UTI, pneumonia felt unlikely cause of her symptoms, may have some aspiration, Hydration therapy, antibiotic, follow-up on cultures. Initially was hypertensive with subsequent improvement in blood pressure but later on become hypotensive

again requiring initiation of Levophed, critical care service consulted

Abnormal UA suggestive of UTI: Started on broad-spectrum antibiotic, tailor antibiotic as deemed appropriate, follow-up on cultures

Elevated troponin: Likely nonspecific secondary to demand ischemia in troponin leak from renal dysfunction, EKG negative for dynamic ST-T changes, will obtain echocardiogram mostly to evaluate cardiac function given severe sepsis

Hyperkalemia: Treated per protocol, nephrology consulted, may need dialysis if does not improve, repeat potassium

Hypothyroidism: Has elevated TSH, awaiting T3-T4, possibility of myxedema considered as differential, felt less likely at this time given TSH of only 4.82, quite unlikely

AKI with metabolic acidosis: Severe, likely prerenal, was initially managed with bicarb drip, nephrology consulted. CRRT initiated

GERD: PPI

Hyperlipidemia: Statin

History of hypertension: Antihypertensive on hold, resume when deemed appropriate

Bilateral lower extremity swelling: Negative for DVT,

No data recorded,

Incision Left Anterior Incision (Active)

Appearance Date/Appearance Time: 07/10/18 1328 Patient came in with: No Wound Side: Left Wound Location: Knee Wound Orientation: Anterior Type: Incision

Assessments	7/10/2018 2:25 PM	7/11/2018 9:12 AM
Dressing Status / Change	Dry & Intact	Dry & Intact
Surgical Site / Incision	—	Other (Comment)
Periwound (surrounding tissue)	Dry;Intact	Dry;Intact
Drain Type	Not applicable	Not applicable
Drainage Amount	None	None
Odor	None	None
Primary Dressing	—	Antimicrobial

No associated orders.

Wound Coccyx (Active)

Appearance Date/Appearance Time: 12/11/23 1600 Wound Location: Coccyx

Assessments	12/11/2023 4:08 PM	1/1/2024 10:00 PM
Dressing Status / Change	Open to air	Dry & Intact
Wound Bed Appearance	Pink	—
Drainage Amount	None	—
Odor	None	—
Wound cleanser	Body wash / periwash	—

Periwound (surrounding tissue)	Blanchable erythema	—
Topical Agents	Zinc oxide	—

No associated orders.

DVT Prophylaxis: Lovenox/Heparin & SCD

Code Status: Orders Placed This Encounter Total Support

Subjective

The patient is sedated intubated on mechanical ventilator

ROS : negative except for above

Home Medications

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• PrismaSOL BGK 2/3.5 Replacement Solution - Post Filter Purple Scale 5,000 mL	5,000 mL	Dialysis	To Critical Care-Continous	Kaufhold, Jeffrey J, MD	600 mL/hr at 02/18/02/18/25 25 0559 0559	5,000 mL at 02/18/25 0559
• midodrine tablet 10 mg	10 mg	Oral	Q8H	Davis, Deanna Kay, APRN		
• levothyroxine tablet 50 mcg	50 mcg	Oral	Daily	Davis, Deanna Kay, APRN		
• cefepime (MAXIPIME) 2 g in sterile water 20 ml syringe	2 g	Intravenous	Q12H	Davis, Deanna Kay, APRN		
• saline flush	10 mL	IV Push	PRN	Haque, Nurul, MD		
• dextrose (GLUTOSE) gel 15 g Carb	15 g Carb	Oral	PRN	Haque, Nurul, MD		
• glucagon injection 1 mg	1 mg	Subcutaneous	PRN	Haque, Nurul, MD		
• AtorvaSTATin (LIPITOR) tablet 20 mg	20 mg	Oral	Daily	Haque, Nurul, MD	20 mg at 02/18/25 0820	

• saline flush	10 mL	IV Push	Q12H	Haque, Nurul, MD	1 Syringe at 02/18/ 25 0812
• NaCl 0.9% 1,000 mL	1,000 mL	Intravenous	Continuous PRN	Haque, Nurul, MD	
• acetaminophen (TYLENOL) tablet 650 mg Or	650 mg	Oral	Q4H PRN	Haque, Nurul, MD	
• acetaminophen (TYLENOL) suppository 650 mg	650 mg	Rectal	Q4H PRN	Haque, Nurul, MD	
• polyethylene glycol (MIRALAX) packet 17 g	1 Packet	Oral	Daily	Haque, Nurul, MD	17 g at 02/18/ 25 0820
• heparin injection 5,000 Units	5,000 Units	Subcutaneous	Q8H	Haque, Nurul, MD	5,000 Units at 02/18/ 25 0517
• linezolid (ZYVOX) 600mg in D5W 300mL IVPB	600 mg	Intravenous	Q12H	Haque, Nurul, MD	300 mL/hr at 02/18/ 25 0840
• folic acid (FOLATE) tablet 1 mg	1 mg	Oral	Daily	Haque, Nurul, MD	1 mg at 02/18/ 25 0823
• hydrocortisone sod succ (PF) (SOLU CORTEF) injection 100 mg	100 mg	IV Push	Q8H	Kaufhold, Jeffrey J, MD	100 mg at 02/18/ 25 0517
• fludrocortisone (FLORINEF) tablet 0.1 mg	0.1 mg	Oral	Daily	Kaufhold, Jeffrey J, MD	0.1 mg at 02/18/ 25 0820
• lidocaine (PF) 1 % (10 mg/mL) injection 5 mL	5 mL	Infiltration	Once PRN	Haque, Nurul, MD	
• norepinephrine 8 mg in NaCl 0.9% 250 mL (Standard)	0-0.5 mcg/k g/min (Order)	Intravenous	Continuous	Haque, Nurul, MD	21.26 mL/hr at 02/18/ 25 0820

Concentration) IV infusion	- Specifi c)			25 1139	02/18/ 25 1139
• mupirocin (BACTROBAN) 2 % topical ointment	Nasal	BID	Davis, Deanna Kay, APRN		Given at 02/18/ 25 0820
• ondansetron (ZOFTRAN ODT) RAPID DISSOLVING tablet 4 mg Or	4 mg Oral	Q6H PRN	Davis, Deanna Kay, APRN		
• ondansetron (ZOFTRAN) injection 4 mg	4 mg IV Push	Q6H PRN	Davis, Deanna Kay, APRN		
• albuterol per guideline	Inhalation	DO NOT DISPENS E	Davis, Deanna Kay, APRN		
• chlorhexidine (PERIDEX) oral rinse 15 mL	15 mL Mucous Membrane	BID	Davis, Deanna Kay, APRN		15 mL at 02/18/ 25 0812
• pantoprazole (PROTONIX) IV push 40 mg Or	40 mg IV Push	Daily at 1000	Davis, Deanna Kay, APRN		40 mg at 02/18/ 25 1005
• pantoprazole (PROTONIX) enteric-coated tablet 40 mg Or	40 mg Oral	Daily at 1000	Davis, Deanna Kay, APRN		
• lansoprazole (PREVACID SOLUTAB) oral soluble tablet 30 mg	30 mg OG/NG Tube	Daily at 1000	Davis, Deanna Kay, APRN		
• fentaNYL (PF) (SUBLIMAZE) injection solution 25 mcg	25 mcg IV Push	Q1H PRN	Davis, Deanna Kay, APRN		25 mcg at 02/17/ 25 2319
• gabapentin (NEURONTIN) capsule 100 mg	100 mg Oral	Daily at 1800	Kaufhold, Jeffrey J, MD		
• NaCl 0.9 % 2,000 mL	2,000 mL Dialysis	PRN	Kaufhold, Jeffrey J, MD		
• heparin catheter solution 5,000- 5,000-	5,000- 20,000 Dialysis	To Critical Care-PRN	Kaufhold, Jeffrey J, MD		

20,000 Units	Units							
• PrismaSOL BGK 4/2.5 Dialysate Flow Solution - Green Scale	600 mL/hr	Dialysis	To Critical Care-Continous	Kaufhold, Jeffrey J, MD	600 mL/hr	600 mL/hr		
					at 02/18/25 0414	at 02/18/25 0414		
• PrismaSOL BGK 0/2.5 Replacement Solution - Pre White Scale		Dialysis	To Critical Care-Continous	Kaufhold, Jeffrey J, MD	1,000 mL/hr	New Bag at 02/18/25 1117		
					at 02/18/25 1117			
• magnesium sulfate 2 g/50 ml SW IVPB	2 g	Intravenous	PRN	Kaufhold, Jeffrey J, MD				
• magnesium sulfate 4 g/100 ml SW IVPB	4 g	Intravenous	PRN	Kaufhold, Jeffrey J, MD				
• sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB	10 mmol	Intravenous	PRN	Kaufhold, Jeffrey J, MD				
• sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB	20 mmol	Intravenous	PRN	Kaufhold, Jeffrey J, MD				
• propofol (DIPRIVAN) 10 mg/mL IV infusion	5-50 mcg/kg/min	Intravenous	Continuous	Davis, Deanna Kay, APRN	5.59 mL/hr	15 mcg/kg/min		
					at 02/18/25 0800	at 02/18/25 0800		

Objective

Vital Signs:

Temp: 94.8 °F (34.9 °C) (02/18/25 1100)	Temp Min: 89.8 °F (32.1 °C) Min taken time: 02/18/25 0000 Max: 97.4 °F (36.3 °C) Max taken time: 02/17/25 1604	BP: 91/61 (02/18/25 1200)	Pulse: 83 (02/18/25 1200)	Resp: 15 (02/18/25 1200)	SpO2: 95 % (02/18/25 1200)
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PHYSICAL EXAMINATION:

GENERAL APPEARANCE: NAD, sedated on mechanical ventilation
 HEENT: PERRL, MMM,
 Neck: Supple, no LAD, no thyromegaly.
 CV: RRR, no added sounds heard
 Pulm: CTA B
 Abd: +BS, NT, ND.
 GU: WNL
 Extr: Major joints grossly normal
 MS: Bilateral lower extremity edema, power could not be tested
 neuro: sedated
 Skin: No Rashes

Diagnostic Data

Recent Results (from the past 24 hours)

VENOUS BLOOD GAS

Collection Time: 02/17/25 1:26 PM

Result	Value	Ref Range
PH VENOUS	7.183 (L)	7.320 - 7.420
pCO2, Venous	19.8 (L)	41.0 - 51.0 mmHg
pO2, Venous	112.0 (H)	25.0 - 40.0 mmHg
O2 SAT, Venous	98.6 (H)	40.0 - 70.0 %
HCO3, Venous	7.4 (L)	24.0 - 28.0 mmol/L
Base Excess	-19.1 (L)	-2.0 - 3.0 mmol/L

Scan Result

CORTISOL, TOTAL

Collection Time: 02/17/25 1:26 PM

Result	Value	Ref Range
CORTISOL	41.8	MCG/DL

POTASSIUM, SERUM

Collection Time: 02/17/25 2:23 PM

Result	Value	Ref Range
Potassium	7.2 (HH)	3.4 - 5.3 mEq/L

POC GLUCOSE

Collection Time: 02/17/25 2:37 PM

Result	Value	Ref Range
POC Glucose	107 (H)	70 - 99 mg/dL

Scan Result

POC GLUCOSE

Collection Time: 02/17/25 4:02 PM

Result	Value	Ref Range
POC Glucose	271 (H)	70 - 99 mg/dL

Scan Result

RENAL FUNCTION PANEL

Collection Time: 02/17/25 5:15 PM		
Result	Value	Ref Range
Sodium	141	135 - 148 mEq/L
Potassium	5.4 (H)	3.4 - 5.3 mEq/L
Chloride	113 (H)	96 - 110 mEq/L
Carbon Dioxide	8 (L)	19 - 32 mEq/L
BUN	73 (H)	3 - 29 mg/dL
Creatinine	4.2 (H)	0.5 - 1.2 mg/dL
Glucose	151 (H)	70 - 99 mg/dL
Calcium	7.4 (L)	8.5 - 10.5 mg/dL
Albumin	2.2 (L)	3.5 - 5.2 g/dL
Phosphorus	4.6 (H)	2.1 - 4.3 mg/dL
Anion Gap	20 (H)	5 - 15
BUN/CREAT Ratio	17	7 - 25
Estimated GFR	11 (L)	>=60 mL/min/1.7 3m*2

MAGNESIUM, SERUM

Collection Time: 02/17/25 5:15 PM		
Result	Value	Ref Range
Magnesium	2.0	1.4 - 2.5 mg/dL

PHOSPHORUS

Collection Time: 02/17/25 5:15 PM		
Result	Value	Ref Range
Phosphorus	4.6 (H)	2.1 - 4.3 mg/dL

CK (CPK), TOTAL

Collection Time: 02/17/25 5:15 PM		
Result	Value	Ref Range
CK	83	0 - 200 U/L

CULTURE, RESPIRATORY W/ GRAM STAIN

Collection Time: 02/17/25 5:25 PM		
Result	Value	Ref Range
Culture	NOTE	
Stain	Rare	
	Epithelial cells	
Stain	Few	
	Polymorpho nuclear	

Stain Cells
 (PMN'S)
 Rare Gram-
 Positive
 Cocci

BLOOD GAS

Collection Time: 02/17/25 5:25 PM		
Result	Value	Ref Range
pH	7.133 (LL)	7.350 - 7.450
PCO2	23.8 (L)	35.0 - 45.0 mmHg
PO2	>488.0 (H)	80.0 - 100.0 mmHg
O2 Saturation	>100.0 (H)	95.0 - 98.0 %
Base Excess	-19.4 (L)	-2.0 - 3.0 mmol/L
Bicarbonate	8.0 (L)	22.0 - 26.0 mmol/L

URINALYSIS REFLEX TO CULTURE

Collection Time: 02/17/25 5:35 PM		
Specimen: Clean Catch Midstream.; Urine.		
Result	Value	Ref Range
Color, Urine	Yellow	Yellow, Colorless
Clarity Urine	Excessively Turbid (A)	Clear
pH, UA	5.5	5.0 - 8.0 pH Units
Specific Gravity	1.027	1.005 - 1.030 Units
Protein	200 (A)	Negative, 10 mg/dl
Glucose, UA	30 (A)	Negative mg/dl
Ketones, UA	Negative	Negative mg/dl
Bilirubin UA	Negative	Negative mg/dL
Blood, UA	Large (A)	Negative
Urobilinogen, UA	<2	<2 mg/dl
Nitrite, UA	Negative	Negative
Leukocyte Esterase	Large (A)	Negative
WBC's	>100 (A)	None Seen, 1-5 /HPF
RBC's, UA	TNTC (A)	None Seen, 0-2 /HPF
Squamous Epithelial Cells	1-5	None Seen, 1-5 /HPF
Bacteria, UA	Many (A)	None Seen
Mucus, UA	Present	None Seen
WBC CLUMPS	>10 (A)	0 - 1 /HPF

Urine Culture Yes (A) No
Ordered?

POTASSIUM, SERUM

Collection Time: 02/17/25 5:36 PM

Result	Value	Ref Range
Potassium	5.3	3.4 - 5.3 mEq/L

RAPID COVID/FLU/RSV BY PCR

Collection Time: 02/17/25 5:36 PM

Result	Value	Ref Range
SOURCE, COVID	Nasopharyn x.	
SARS COV2 RNA,	Not	Not
QL REAL TIME RT	Detected	Detected, Invalid
PCR		
INFLUENZA A	Not	Not
PCR	Detected	Detected
INFLUENZA B	Not	Not
PCR	Detected	Detected
RSV, PCR	Not Detected	Not Detected

CANDIDA AURIS PCR

Collection Time: 02/17/25 5:36 PM

Specimen: Bilateral Axilla/Bilateral Groin.;
Swab.

Result	Value	Ref Range
SOURCE,	AX/GROIN	
CANDIDA AURIS		
PCR		
CANDIDA AURIS	NOT	
DNA	DETECTED	

POC GLUCOSE

Collection Time: 02/17/25 9:30 PM

Result	Value	Ref Range
POC Glucose	141 (H)	70 - 99 mg/dL

Scan Result

BLOOD GAS

Collection Time: 02/17/25 9:33 PM

Result	Value	Ref Range
pH	7.350	7.350 - 7.450
PCO2	23.8 (L)	35.0 - 45.0 mmHg
PO2	198.0 (H)	80.0 - 100.0 mmHg
O2 Saturation	100.0 (H)	95.0 - 98.0 %
Base Excess	-11.2 (L)	-2.0 - 3.0 mmol/L
Bicarbonate	13.1 (L)	22.0 - 26.0 mmol/L

POC GLUCOSE

Collection Time: 02/18/25 12:29 AM

Result	Value	Ref Range
POC Glucose	144 (H)	70 - 99 mg/dL

Scan Result**RENAL FUNCTION PANEL**

Collection Time: 02/18/25 12:30 AM

Result	Value	Ref Range
Sodium	141	135 - 148 mEq/L
Potassium	4.1	3.4 - 5.3 mEq/L
Chloride	108	96 - 110 mEq/L
Carbon Dioxide	15 (L)	19 - 32 mEq/L
BUN	48 (H)	3 - 29 mg/dL
Creatinine	2.7 (H)	0.5 - 1.2 mg/dL
Glucose	148 (H)	70 - 99 mg/dL
Calcium	7.5 (L)	8.5 - 10.5 mg/dL
Albumin	2.2 (L)	3.5 - 5.2 g/dL
Phosphorus	3.0	2.1 - 4.3 mg/dL
Anion Gap	18 (H)	5 - 15
BUN/CREAT Ratio	18	7 - 25
Estimated GFR	19 (L)	>=60 mL/min/1.73m ²

COMPLETE BLOOD COUNT

Collection Time: 02/18/25 4:00 AM

Result	Value	Ref Range
WBC Count	7.6	3.5 - 10.9 K/uL
RBC	1.99 (L)	3.95 - 5.26 M/uL
Hemoglobin	7.4 (L)	11.2 - 15.7 g/dL
Hematocrit	21.0 (L)	34.0 - 49.0 %
MCV	105.5 (H)	80.0 - 100.0 fL
MCH	37.2 (H)	26.0 - 34.0 pg
MCHC	35.2	30.7 - 35.5 g/dL
RDW	14.8	<=15.0 %
Platelet Count	256	140 - 400 K/uL
MPV	10.5	7.2 - 11.7 fL
nRBC	2 (H)	<=0 /100

WBCs

Scan Result

BASIC METABOLIC PANEL

Collection Time: 02/18/25 4:00 AM

Result	Value	Ref Range
Sodium	138	135 - 148 mEq/L
Potassium	3.6	3.4 - 5.3 mEq/L
Chloride	104	96 - 110 mEq/L
Carbon Dioxide	18 (L)	19 - 32 mEq/L
BUN	38 (H)	3 - 29 mg/dL
Creatinine	2.1 (H)	0.5 - 1.2 mg/dL
Glucose	157 (H)	70 - 99 mg/dL
Calcium	7.3 (L)	8.5 - 10.5 mg/dL
Anion Gap	16 (H)	5 - 15
BUN/CREAT Ratio	18	7 - 25
Estimated GFR	26 (L)	>=60 mL/min/1.7 3m ^{*2}

BLOOD GAS

Collection Time: 02/18/25 4:00 AM

Result	Value	Ref Range
pH	7.498 (H)	7.350 - 7.450
PCO ₂	26.8 (L)	35.0 - 45.0 mmHg
PO ₂	205.0 (H)	80.0 - 100.0 mmHg
O ₂ Saturation	>100.0 (H)	95.0 - 98.0 %
Base Excess	-2.0	-2.0 - 3.0 mmol/L
Bicarbonate	20.8 (L)	22.0 - 26.0 mmol/L

POC GLUCOSE

Collection Time: 02/18/25 8:02 AM

Result	Value	Ref Range
POC Glucose	151 (H)	70 - 99 mg/dL

Scan Result

RENAL FUNCTION PANEL

Collection Time: 02/18/25 8:11 AM

Result	Value	Ref Range
Sodium	137	135 - 148 mEq/L
Potassium	3.8	3.4 - 5.3 mEq/L

Chloride	102	96 - 110 mEq/L
Carbon Dioxide	22	19 - 32 mEq/L
BUN	29	3 - 29 mg/dL
Creatinine	1.7 (H)	0.5 - 1.2 mg/dL
Glucose	150 (H)	70 - 99 mg/dL
Calcium	7.4 (L)	8.5 - 10.5 mg/dL
Albumin	2.1 (L)	3.5 - 5.2 g/dL
Phosphorus	2.1	2.1 - 4.3 mg/dL
Anion Gap	13	5 - 15
BUN/CREAT Ratio	17	7 - 25
Estimated GFR	33 (L)	>=60 mL/min/1.7 3m*2

HEPATIC FUNCTION PANEL

Collection Time: 02/18/25 8:11 AM

Result	Value	Ref Range
Bilirubin, Total	0.4	0.0 - 1.2 mg/dL
Bilirubin, Direct	0.3	0.0 - 0.4 mg/dL
Bilirubin, Indirect	0.1	0.0 - 1.2 mg/dL
Total Protein	4.4 (L)	6.0 - 8.3 g/dL
Albumin	2.1 (L)	3.5 - 5.2 g/dL
Globulin	2.3	1.9 - 3.6 g/dL
A/G Ratio	0.9	0.8 - 2.6
AST	63 (H)	0 - 55 U/L
ALT	61 (H)	0 - 60 U/L
Alkaline Phosphatase	250 (H)	23 - 144 U/L

BLOOD GAS

Collection Time: 02/18/25 10:31 AM

Result	Value	Ref Range
pH	7.517 (H)	7.350 - 7.450
PCO ₂	29.8 (L)	35.0 - 45.0 mmHg
PO ₂	151.0 (H)	80.0 - 100.0 mmHg
O ₂ Saturation	100.0 (H)	95.0 - 98.0 %
Base Excess	1.4	-2.0 - 3.0 mmol/L

Bicarbonate 24.2 22.0 - 26.0
mmol/L

ECHO TRANSTHORACIC (TTE) COMPLETE

Collection Time: 02/18/25 10:45 AM

Result	Value	Ref Range
EF biplane	69.0	%
EF A2C	70.4	%
EF A4C	69.5	%
EF - 2D	20.10	%
LVOT SV	51.80	cm3
LV ESV A2C	16.5	mL
LV EDV A2C	55.8	mL
LV EDV A4C	49.8	mL
LV ESV A/L A4C	15.2	mL
IVSd	0.50	0.6 - 1.1 cm
LVPWD	0.5	cm
LVIDd	3.4	3.5 - 6.0 cm
LVIDs	3.10	2.1 - 4.0 cm
LV ESV 2D	37.9	mL
teichholz		
LV EDV 2D	47.4	mL
teichholz		
LVOT diameter	2.0	cm
LVOT area	3.10	cm ²
MV pk E vel	67.3	cm/s
MV E/A ratio	0.8	
MV pk A vel	84.8	cm/sec
MV e' lateral	6.1	cm/s
MV e' septal	5.6	cm/s
MV deceleration time	0.26	sec
MV E/e' septal	12.1	
MV E/e' lateral	11.1	
Tricuspid valve peak regurgitation velocity	235	cm/sec
Lat A' vel	10.8	cm/sec
Med Peak A' Vel	9.5	cm/sec
MV E/e average	11.6	
LVOT pk vel	91	cm/sec
LVOT MG	2	mmHg
LV max PG	3	mmHg
LA size	2.6	cm
LA to aorta ratio	0.87	
LA Length (A2C)	2.5	cm
LA Length (A4C)	3.40	cm
LA Area (A2C)	5.60	cm ²
LA Area (A4C)	7.20	cm ²
LA Vol (A2C)	10.2	ml
LA Vol (A4C)	12.1	ml
RV dimension diastole basal	3.0	cm
RV dimension length	4.7	cm

TAPSE	1.26	cm
RV pk systolic pressure (RVSP)	30	mmHg
RV S Vel_phl	10.9	cm/sec
RAP systole	8.0	mmHg
RA A4Cs_phl	9.40	cm2
AV MG	3.0	mmHg
AV peak gradient	5.0	mmHg
Aortic valve mean velocity	73	cm/sec
AV pk vel	112	cm/sec
AV VTI	18.2	cm
LVOT PG	64.2	cm/sec
LVOT VTI	16.5	cm
AV area	2.80	cm2
AV area index	1.9	
AV area continuity by pk velocity	2.50	cm2
AV VR_phl	0.81	
MV mean PG	2	mmHg
MV PG	3.2	mmHg
MV mean vel	59.6	cm/sec
MV pk vel	89.6	cm/s
MV area continuity equation	2.90	cm2
MV VTI	18.1	cm
MV deceleration slope	257.0	cm/sec2
TR Max PG	22	mmHg
PV pk D vel	133.0	cm/sec
PV MG	2	mmHg
PV max vel	94.7	cm/s
PV PG	4	mmHg
PV VTI	17.9	cm
PV mean vel	71.2	cm/s
PI END Diast PG	7	mmHg
Aortic root diameter	3.0	cm
IVC Diam Exp_phl	1.7	cm
IVC Diam Ins_phl	1.2	cm
EF (MOD)	69.0	%
MV MG	59.6	cm/sec
AV area continuity by VTI	2.800	cm2

Imaging

ECHO TRANSTHORACIC (TTE) COMPLETE

Result Date: 2/18/2025

- Left Ventricle: Left ventricle size is normal. Normal wall thickness. No wall motion abnormalities noted.

Normal systolic function with a visually estimated EF of 60 - 65%. Grade I diastolic dysfunction. • Left Atrium: Left atrium is mildly dilated. • Pericardium: Trivial pericardial effusion present. No indication of cardiac tamponade. • Tricuspid Valve: Mild transvalvular regurgitation. RVSP is 30 mmHg. • Mitral Valve: Trace transvalvular regurgitation.

XR ABDOMEN SINGLE VIEW

Result Date: 2/18/2025

XR ABDOMEN SINGLE VIEW INDICATION: See Epic for more information: OG placement, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified COMPARISON: None. TECHNIQUE: A single frontal view of the abdomen was obtained.

FINDINGS/IMPRESSION: Satisfactory enteric tube placement. DICTATED BY KALPESH DESAI, D.O.Workstation ID:G51157

XR CHEST PA OR AP 1 VIEW (PORTABLE)

Result Date: 2/17/2025

2/17/2025 5:17 PM TECHNIQUE: XR CHEST PA OR AP 1 VIEW (PORTABLE). INDICATION: See Epic for more information: line placement, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified. COMPARISON: 2/17/2025. FINDINGS: Interval placement of endotracheal tube, enteric tube, and right internal jugular central venous catheter (all of which appear to be appropriately positioned). Hyperinflated/hyperlucent lungs suggesting underlying COPD. Nonspecific bandlike parenchymal opacity retrocardiac left lower lobe. Remaining lung fields are clear. Unremarkable bones and surrounding soft tissues.

IMPRESSION: 1. Appropriately positioned and recently placed tubes and lines. 2. Left lower lobe consolidative opacity may represent pneumonia. Lawrence J. Ashker, D.O.Workstation ID:DESKTOP-MUG57L3

US VENOUS DOPPLER BILATERAL LOWER

Result Date: 2/17/2025

Exam: US VENOUS DOPPLER BILATERAL LOWER: 2/17/2025 Clinical History: See Epic for more information: Localized edema, Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE), Sepsis with acute renal failure without septic shock, due to unspecified Comparison: None available at time of dictation. Technique: Gray scale compression, Color Flow, and Doppler evaluation of the bilateral common femoral , femoral popliteal, posterior tibial and peroneal veins was performed. In addition, the origin of the greater saphenous and profunda femoral veins was evaluated. If this is a unilateral exam, the contralateral common femoral vein was evaluated as above. Exam limitations: None Findings: Visualized deep and superficial veins veins in bilateral lower extremities are patent. Normal compression and augmentation. No intraluminal clots. There is no evidence of deep vein thrombosis in the visualized veins of bilateral lower extremities on the basis of this exam.

IMPRESSION: 1. No evidence of deep vein thrombosis. Workstation ID:SYED

CT ABDOMEN AND CT PELVIS WITHOUT IV CONTRAST

Result Date: 2/17/2025

EXAM: CT ABDOMEN AND CT PELVIS WITHOUT IV CONTRAST dated 2/17/2025 11:44 AM CLINICAL HISTORY: abdominal pain, hx of GI bleed, COMPARISON: 12/7/2023 TECHNIQUE: Helically acquired CT images were obtained from the lung bases through the pelvis without administration of intravenous contrast. Coronal and sagittal reconstructions were performed. All CT scans at this location are performed using dose optimization techniques as appropriate to a performed exam including the following: ? Automated exposure control ? Adjustment of the mA and/or kV according to patient size (this

includes techniques or standardized protocols for targeted exams where dose is matched to indication / reason for exam, i.e., extremities or head) ? Use of iterative reconstruction technique FIELD OF VIEW: 30.1 cm FINDINGS: Lower chest: Patchy consolidation in the left lung base. Liver: Normal. Biliary tree: Stones/sludge in the gallbladder with no gallbladder wall thickening or pericholecystic fluid. Spleen: Normal. Pancreas: Normal. Adrenal glands: Normal. Kidneys/ureters/bladder: Normal. Gastrointestinal tract: The small and large bowel are normal in caliber. The appendix is normal. There is a moderate amount of stool in the rectum. Lymphatics: No lymphadenopathy. Vasculature: There are atherosclerotic calcifications of the arterial structures without evidence of aneurysm. Peritoneum/retroperitoneum: Normal. Abdominal wall/soft tissues: Normal. Pelvic organs: Normal. Osseous structures: No acute osseous abnormalities or suspicious osseous lesions.

IMPRESSION: No acute abnormality in the abdomen or pelvis. Patchy consolidation in the left lung base concerning for pneumonia/aspiration. Follow-up to resolution is recommended to exclude the presence of an underlying lung nodule. Moderate rectal stool burden. Stones/sludge in the gallbladder with no findings to suggest acute cholecystitis. Dictated by: Joshua Tarrence, DOWorkstation ID:APACSRR3

CT HEAD WITHOUT CONTRAST

Result Date: 2/17/2025

EXAM: CT HEAD WITHOUT CONTRAST INDICATION: AMS, hx of stroke TECHNIQUE: Axial thin section CT images of the head were obtained without contrast. Sagittal and coronal 2-D multiplanar reconstructions were performed at the scanner. Dose Reduction: mA and/or kV are/were adjusted by automated exposure control software based upon the patient's height and weight. COMPARISON: CT head 12/7/2023 and prior FINDINGS: The diagnostic quality of the examination is adequate. Extracranial soft tissues: Unremarkable. Calvarium and skull base: No acute abnormality. Orbita, paranasal sinuses, mastoids, vascular structures: Unremarkable. Brain: No acute intraparenchymal blood products, acute territorial infarcts or mass effect is present. Multifocal encephalomalacia and gliosis within the bilateral corona radiata and medial left occipital lobe, similar to prior. Gray-white matter differentiation is preserved. Ventricles/Extraaxial spaces: Mild proportional enlargement without midline shift. No extra-axial fluid collections.

IMPRESSION: 1. No acute intracranial abnormality. 2. Multifocal encephalomalacia and gliosis, not significantly changed from 2023. Additional findings detailed above. Dictated by: Jessica Blaza, MD Workstation ID:G0102738

XR KNEE RIGHT 3 VIEWS

Result Date: 2/17/2025

EXAM: XR KNEE RIGHT 3 VIEWS HISTORY: DECREASED BLOOD SUGAR-SYMPOMATIC, HYPOXIA, COMPARISON: 5/16/2018 and prior studies FINDINGS: Severe osteopenia is present as well as severe osteoarthritis in the right knee. A small effusion is present. Motion artifact is present as well as vascular calcifications. There are no gross focal bony abnormalities.

IMPRESSION: Severe osteoarthritis and osteopenia with small suprapatellar effusion Interpreted by Dr. Karen Jobalia, MD Workstation ID:RADOFFICE

XR CHEST PA OR AP 1 VIEW (PORTABLE)

Result Date: 2/17/2025

Examination: XR CHEST PA OR AP 1 VIEW (PORTABLE) Comparison: 10/24/2013 Findings: Heart size is normal. Lungs are clear of infiltrate. There are no pleural effusions currently identified.

IMPRESSION: No distinct acute cardiopulmonary disease. Dictated by: Robert L. Tyrrell M.D Workstation ID:APACSRR11

Signature

Electronically signed by: Nurul Haque, MD, 2/18/2025 12:35 PM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

- 02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
- 03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:33 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Cooper, Heather R, LPN

Home Care
Home CareProgress Notes  
Signed

Date of Service: 02/18/25 1141

SignedPatient Diane Crisp identified/referral received from **in basket**

Patient referral for: Currently involved with a home health agency

Sister believes Aide is through Arcadia - patient will need PT/OT as well

Patient to be assessed by Home Care Liaison for potential home care needs. Liaison will then meet with patient/caregiver to discuss home care services. Liaison will confirm if patient/caregiver is agreeable to home care services and verify agency preference. Once the home care agency has accepted the referral, the agency will be added to patient's follow-up provider list.

Electronically signed by: Heather R Cooper, LPN, 2/18/2025 11:41 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient***Care Timeline**

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:33 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Lingg, Theresa L, RN
 Integrated Care Manager
 ICM Case Management

Progress Notes  
 Signed

Date of Service: 02/18/25 1058

Signed**ICM Case Manager Opening Interview Progress Note**

Presents for evaluation/treatment of AMS (altered mental status) [R41.82].

Patient has a past medical history of Acute blood loss anemia (07/11/2018), Fall (12/20/2023), Folic acid deficiency, History of hemorrhagic cerebrovascular accident (CVA) without residual deficits (06/2001), History of hemorrhagic cerebrovascular accident (CVA) without residual deficits (07/2006), History of ischemic stroke without residual deficits (10/2013), Hypercholesterolemia, Hyperpotassemia (08/11/2020), Hypertension, Iron deficiency anemia, LVH (left ventricular hypertrophy) due to hypertensive disease, Postmenopausal, Preop exam for internal medicine (06/19/2018), PUD (peptic ulcer disease), and Thrombocytosis (Chronic).

Spoke with patient's sister via phone. Introduced self and role of case manager; asked for and received permission to discuss discharge planning with visitors present in room.

Discussed current living situation/dc plans. Patient lives with Alone in a Private residence, with 1 floor, Ramp accessible. If in an apartment, do you have elevator: Not applicable.

Baseline Activity: Assisted, Who Assists (comment) (has Aide to assist 5 days/wk for 4hrs)

Current DME Equipment:DME: Elevated toilet seat, Front wheeled walker, Shower chair, Wheelchair

Current home oxygen needs (Frequency, Liters, supplier): n/a

Passport/Waiver Services: yes If yes, case manager name/number:unsure

Transportation needs at discharge: **Ambulette**

Agreeable to home care follow-up at discharge.

PCP Name : Nonstaff, Mvh 208-8000

Patient to have prescriptions filled at MVH Outpt Pharmacy at dc: No

If no, what pharmacy do you currently use: Wellness One

DC plans:

EDD: Feb 19, 2025

Discharge disposition: ECF, Home with Home Health

Transportation needs at discharge: Ambulette

Primary support person name/ relationship: sister

Barriers to D/C : vent w/30% FiO2; Levo/Propofol gtt's; foley; CRRT; IV abx; IV PPI; Nephrology following;

PT/OT evals pending; cx's pending;

Additional Needs: ?placement? Has been at Legacy before

Patient and family expresses agreement in discharge plan.

MOON/IM

Document Type	Received On	Received By	Description
CMS IM Copy of Signed	02/18/25	Lingg, Theresa L, RN	
CMS IM Copy of Signed	12/09/23	Madigan, Deborah K, RN	

Will monitor patient's progress and readiness for discharge.

Electronically signed by: Theresa L; BSN, RN, CM, Phone 208-8510, 2/18/2025 11:06 AM

Weekday Office Hours: 8:30a-5:00p. Holiday/Weekends x2251. For urgent needs between 5p-7p, please call x9070. If after 7pm, please call MVH AO at 5745/5746 or MVHS AO at 438-5785.

ED to Hosp-Admission (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

- 02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:33 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Eastabrooks, Scott D
Diagnostic Sonographer

Progress Notes  
Signed

Date of Service: 02/18/25 1045

Signed

ECHO NOTE

Patient name: Diane Crisp Age: 65 year old

Medical Record Number: 096-67-27-70

Diagnosis:

		ICD-10-CM	ICD-9-CM	
1.	Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE)	A41.9	038.9	TRANSFER PATIENT
		R65.20 N17.9	995.92 584.9	TRANSFER PATIENT
2.	Aspiration pneumonia of both lower lobes, unspecified aspiration pneumonia type (HC CODE)	J69.0	507.0	
3.	Myxedema coma (HC CODE)	E03.5	780.01 244.9	
4.	Acute renal failure, unspecified acute renal failure type (HC CODE)	N17.9	584.9	
5.	Hyperkalemia	E87.5	276.7	
6.	Elevated troponin	R79.89	790.6	
7.	Anemia, unspecified type	D64.9	285.9	
8.	Elevated LFTs	R79.89	790.6	

Procedure performed: Echocardiogram

Exam performed at bedside.

Patient is comatose.

Results complete and routine during normal hours.

Cardiac indications/history: chest pain/left ventricular function.

General indications: cholesterol and hypertension

Assigned to Dr. Sadhu

Scott D Eastabrooks

ED to Hosp-Acknowledgment (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

- 02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:33 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Moultrie, Ashley G, RN

Registered Nurse

Length of Stay

Care Plan

Signed

Date of Service: 02/18/25 0930

Signed

Problem: Skin Integrity - Impaired

Goal: Decrease in wound size

Outcome: Progressing

Goal: Skin integrity intact

Outcome: Progressing

Problem: Pressure Ulcer

Goal: Absence of infection signs and symptoms

Outcome: Progressing

Problem: Pain - Acute

Goal: Communication of presence of pain

Outcome: Progressing

Problem: Pressure Ulcer - Risk of

Goal: Absence of pressure ulcer

Outcome: Progressing

Problem: Falls - Risk of

Goal: Absence of falls

Description: Avoid the routine use of bedrails or physical restraints as a fall-prevention intervention.

Outcome: Progressing

Goal: Knowledge of fall prevention

Outcome: Progressing

Problem: Injury - Risk of, Physical Restraints

Goal: Absence of injury

Outcome: Progressing

Goal: Absence of physical restraint indications

Outcome: Progressing

ED to Hosp-Admission (Discharged) on 2/17/2025

Care Timeline

02/17 Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02 Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:33 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Kaufhold, Jeffrey J, MD
 Physician
 Nephrology

Medical Staff Progress Note  
 Signed

Date of Service: 02/18/25 0825

Signed

Mark D. Oxman, D.O. FACP
 Jeffrey J. Kaufhold, M.D., FACP
 Jennifer L. Jackson, D.O., FACP
 Chukwuma E. Eze, M.D., FASN, FASDIN
 Ashok K. Ammula, M.D.
 Shashikant R. Patel, M.D.



Swe Zin Mar Winhtut Oo, M.D.
 Jamie E. Long, MS, RN, APRN
 Vanessa Ratcliff MS, RN, APRN
 Esther Bassav MS, RN, APRN
 Chloe Hammond, MS, RN, APRN
 Kimberly Wallace, MS, RN, APRN

MIAMI VALLEY HOSPITAL

Renal Progress Note

2/18/2025

Patient Name: Diane Crisp DOB: 9/1/1959

Subjective

Patient seen and examined, on CRRT dialysis . The patient is intubated and is sedated.

Assessment

Orders for Labs and Medications reviewed.

Acute renal failure with peak creat 5.2

Volume depleted

Lyttes Hyperkalemia due to severe acidosis

Acidosis severe (bicarb of 5)

GFR estimate indeterminate -

Started CRRT Feb 17 PM

CKD 3 due to HTN with baseline creat 1.5- 1.7

Saw Dr Oo in past

Anemia of CKD and history of GI bleed

History of stroke

Hypoglycemia with confusion - reason for admission

Hypertensive renal disease

Plan

IV with Bicarb

Maintain Foley

Cortisol 41, note TSH is up to 5

Started Crix protocol cortisone and florinef

Continue CRRT, may stop later today if circuit clots

We will be following closely with you

Current Meds:

AtorvaSTATin (LIPITOR) tablet 20 mg 20 mg Oral Daily; saline flush 10 mL IV Push Q12H; polyethylene glycol (MIRALAX) packet 17 g 1 Packet Oral Daily; heparin injection 5,000 Units 5,000 Units Subcutaneous Q8H; cefepime (MAXIPIME) 1 g in sterile water 10 ml syringe 1 g Intravenous Q12H; linezolid (ZYVOX) 600mg in D5W

300mL IVPB 600 mg Intravenous Q12H; folic acid (FOLATE) tablet 1 mg 1 mg Oral Daily; hydrocortisone sod succ (PF) (SOLU CORTEF) injection 100 mg 100 mg IV Push Q8H; fludrocortisone (FLORINEF) tablet 0.1 mg 0.1 mg Oral Daily; midodrine (PROAMATINE) tablet 10 mg 10 mg Oral TID; mupirocin (BACTROBAN) 2 % topical ointment Nasal BID; chlorhexidine (PERIDEX) oral rinse 15 mL 15 mL Mucous Membrane BID; pantoprazole (PROTONIX) IV push 40 mg 40 mg IV Push Daily at 1000 **OR** pantoprazole (PROTONIX) enteric-coated tablet 40 mg 40 mg Oral Daily at 1000 **OR** lansoprazole (PREVACID SOLUTAB) oral soluble tablet 30 mg 30 mg OG/NG Tube Daily at 1000; gabapentin (NEURONTIN) capsule 100 mg 100 mg Oral Daily at 1800; midazolam (VERSED) 1 mg/ml injection solution Pyxis Override

Infusions:

PrismaSOL BGK 2/3.5 Replacement Solution - Post Filter Purple Scale 5,000 mL Last Rate: 5,000 mL (02/18/25 0559); sodium bicarb 150 mEq in D5W 1,150 mL IV solution Last Rate: 100 mL/hr at 02/18/25 0600; NaCl 0.9% 1,000 mL; norepinephrine 8 mg in NaCl 0.9% 250 mL (Standard Concentration) IV infusion Last Rate: 0.18 mcg/kg/min (02/18/25 0742); PrismaSOL BGK 4/2.5 Dialysate Flow Solution - Green Scale Last Rate: 600 mL/hr (02/18/25 0414); PrismaSOL BGK 0/2.5 Replacement Solution - Pre White Scale Last Rate: 1,000 mL/hr at 02/18/25 0603; propofol (DIPRIVAN) 10 mg/mL IV infusion Last Rate: 15 mcg/kg/min (02/18/25 0618)

PRN Meds:

- saline flush
- dextrose (GLUTOSE) gel 15 g Carb
- glucagon injection 1 mg
- NaCl 0.9% 1,000 mL
- acetaminophen (TYLENOL) tablet 650 mg **OR** acetaminophen (TYLENOL) suppository 650 mg
- lidocaine (PF) 1 % (10 mg/mL) injection 5 mL
- ondansetron (ZOFRAN ODT) RAPID DISSOLVING tablet 4 mg **OR** ondansetron (ZOFRAN) injection 4 mg
- fentanyl (PF) (SUBLIMAZE) injection solution 25 mcg
- NaCl 0.9 % 2,000 mL
- heparin catheter solution 5,000-20,000 Units
- magnesium sulfate 2 g/50 mL SW IVPB
- magnesium sulfate 4 g/100 mL SW IVPB
- sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB
- sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB
- midazolam (VERSED) 1 mg/ml injection solution Pyxis Override

Objective

Vital Signs:

Temp: 93.7 °F (34.3 °C) (02/18/25 0800)	Temp Avg: 93.5 °F (34.2 °C) Min: 89.8 °F (32.1 °C) Max: 97.4 °F (36.3 °C)	BP: 91/56 (02/18/25 0800)	Pulse: 76 (02/18/25 0800)	Resp: 18 (02/18/25 0800)	SpO2: 100 % (02/18/25 0800)
---	---	---------------------------	---------------------------	--------------------------	-----------------------------

I/O last 3 completed shifts:

In: 1826.3 [I.V.:1826.3]

Out: 697 [Urine:46; Other:651]

Admission: Weight: 62.1 kg (136 lb 14.5 oz) (02/17/25 1604)

Most recent: Weight: 52 kg (114 lb 9.6 oz) (02/18/25 0600)

Exam

General: frail female on Vent via ET, OG tube in place

CV: regular rate and rhythm

Lung: lungs clear to auscultation

Abd: soft BS present

Extremity: Bilateral lower extremity edema 2+

Access: RIJ quinton, foley art line

Trachea midline, no adenopathy or thyromegally, No rash or petechiae.

MMM, PERRL, Nonicteric

Labs:

Recent Labs

02/17/25	02/17/25	02/17/25	02/17/25	02/17/25	02/18/25	02/18/25	02/18/25
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	1009	1120	1715	1736	2130	0030	0400	0802
WBC	21.4*	--	--	--	--	--	7.6	--
HEMOGLOBIN	8.5*	--	--	--	--	--	7.4*	--
HEMATOCRIT	27.0*	--	--	--	--	--	21.0*	--
PLATELETS	363	--	--	--	--	--	256	--
NA	134*	--	141	--	--	141	138	--
POTASSIUM	7.3*	< >	5.4*	5.3	--	4.1	3.6	--
CL	108	--	113*	--	--	108	104	--
CO2	5*	--	8*	--	--	15*	18*	--
BUN	80*	--	73*	--	--	48*	38*	--
CREATININE	5.2*	--	4.2*	--	--	2.7*	2.1*	--
GLUCOSE	166*	< >	151*	--	< >	148*	157*	151*
CA	8.8	--	7.4*	--	--	7.5*	7.3*	--
INR	1.3*	--	--	--	--	--	--	--
MG	2.3	--	2.0	--	--	--	--	--
PHOS	--	--	4.6* 4.6*	--	--	3.0	--	--

< > = values in this interval not displayed.

Recent Labs

	02/18/25 0400	02/17/25 1009
WBC	7.6	21.4*
HEMOGLOBIN	7.4*	8.5*
HEMATOCRIT	21.0*	27.0*
PLATELETS	256	363

Recent Labs

	02/18/25 0802	02/18/25 0400	02/18/25 0030	02/17/25 2130	02/17/25 1736	02/17/25 1715	02/17/25 1120	02/17/25 1009
NA	--	138	141	--	--	141	--	134*
POTASSIUM	--	3.6	4.1	--	5.3	5.4*	< >	7.3*
CL	--	104	108	--	--	113*	--	108
CO2	--	18*	15*	--	--	8*	--	5*
BUN	--	38*	48*	--	--	73*	--	80*
CREATININE	--	2.1*	2.7*	--	--	4.2*	--	5.2*
GLUCOSE	151*	157*	148*	< >	--	151*	< >	166*
CA	--	7.3*	7.5*	--	--	7.4*	--	8.8
INR	--	--	--	--	--	--	--	1.3*
MG	--	--	--	--	--	2.0	--	2.3
PHOS	--	--	3.0	--	--	4.6* 4.6*	--	--

< > = values in this interval not displayed.

Imaging Studies: reviewed

Hospital Problems

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Electronically signed by: Jeffrey J Kaufhold, MD, 2/18/2025 8:25 AM

Page via Match MD or Epic secure chat.

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

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Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Gollamudi, Murthy Venkat L N, MDPhysician
Critical Care

Date of Service: 02/18/25 0800

Medical Staff Progress Note  

Addendum



Pulmonary & Critical Care

CONSULTANTS, INC.

Critical Care Progress Note**MIAMI VALLEY HOSPITAL****Date of Service: 2/18/2025****Diane Crisp****DOB: 9/1/1959****Assessment:**

This is a 65-year-old female admitted for severe encephalopathy and acute renal failure with hyperkalemia. For airway protection requiring CRRT. Remains on mechanical ventilation with slowly improving renal function with CRRT.

Problem list:

- Acute metabolic encephalopathy
- Acute renal failure on CRRT-improving
- Left lower lobe pneumonia
- Elevated transaminases
- Hypothermia-improving
- Hypothyroidism

Plan:

- On mechanical ventilation, SpO₂ goal greater than 92
- On vasopressor support, MAP goal greater than 65
- Nephrology following, continue CRRT
- Continue cefepime/linezolid. Adjust pending culture growth/susceptibilities and MRSA by PCR
- Add levothyroxine 50 mcg daily
- Discontinue bicarb
- Nutritional support: Tube feeds at full rate
- Bowel regimen: polyethylene glycol daily
- Thromboprophylaxis: heparin 5000u every 8 hours
- Alimentary prophylaxis: PPI daily

Chief Complaint/Reason for Admission:
Acute metabolic encephalopathy and renal failure

Pertinent interval/overnight events:
No acute overnight changes.

Physical Examination:
BP 93/63 | Pulse 77 | Temp 93 °F (33.9 °C) | Resp 16 | Ht 1.575 m (5' 2.01") | Wt 52 kg (114 lb 9.6 oz) | SpO2 100% | BMI 20.96 kg/m²
Neurologic: Does not respond to verbal commands nor noxious stimuli
Respiratory: Clear to auscultation bilaterally
Cardiovascular: Regular rate and rhythm
Abdominal: Soft, nondistended
Extremities/Integument: Bilateral lower extremity pitting edema
Other pertinent exam findings:
Body mass index is 20.96 kg/m².

Laboratory Results reviewed and notable for:

ABG notable for pH 7.498, pCO2 26.8, pO2 205.0
Improving creatinine function 2.1 from 2.7 yesterday
macrocytic anemia of 7.4
TSH of 4.820, FT4 0.51 and T3 of 1.0

Radiography [personally reviewed, along with the Radiologist's reports (if available)] notable for:
N/A

Other Pertinent Data/Diagnostics reviewed and notable for:

Intake/Output Summary (Last 24 hours) at 2/18/2025 0800
Last data filed at 2/18/2025 0700

	Gross per 24 hour
Intake	1826.31 ml
Output	803 ml
Net	1023.31 ml

This patient is currently on the secondary ICU service

First Call:

Service resident phone extensions (for hospital personnel only):

- Primary: x9954
- Secondary: x4013
- Tertiary: N/A

Second Call:

APP phone numbers (for hospital personnel only):

- Primary: 937-789-8098
- Secondary: 937-789-8411
- Tertiary: 937-477-0159
 - If no APP available on the tertiary service, Epic SecureChat to the note author is the preferred method of contact.

Electronically signed by: John A Arthur, DO, 2/18/2025 8:00 AM

Pulmonary Critical Care Medicine attending note

I have personally seen and examined this patient. I have fully participated in the care of this patient. I have reviewed and agree with all pertinent clinical information including history, physical exam, labs, radiographic studies and the plan. I have also reviewed and agree with the medications, allergies and past medical history sections for this patient.

The above note was edited to reflect my impression and plans

65 years old female with a history of hypertension, CKD 3, hyperlipidemia, chronic anemia, history of CVA 2003 in 2013 with residual dysarthria, mild pulmonary hypertension, paroxysmal SVT, grade 1 diastolic dysfunction is admitted to the ICU with acute hypoxic respiratory failure requiring mechanical ventilation, AKI with hyperkalemia requiring renal replacement therapy and anion gap metabolic acidosis associated with shock requiring vasopressors.

This morning she is on mechanical ventilation at 30% FiO₂. On norepinephrine infusion. Undergoing CRRT. Somewhat hypothermic. Blood sugars are controlled. Can discontinue bicarb drip as metabolic acidosis has been corrected with CRRT. Anemia stable. Mild elevation in LFTs noted. Also noted to be hypothyroid-will start on Synthroid. Culture data are pending. On broad-spectrum antibiotics. Will start tube feeds. On GI and DVT prophylaxis. Follow-up on cortisol levels. On stress dose steroids and fludrocortisone. Will obtain echocardiogram. Prognosis is guarded.

I personally spent 45 minutes of time attending to this patient's critical care needs separate from teaching or billable procedures. This time includes bedside evaluation and management, review of labs and imaging, review of the chart for written updates and recommendations, documentation, and, if available, communication with other services on the case. All of this time occurred either at the bedside or directly in the ICU. This patient requires complex, high-level decision-making to prevent deterioration or morbid sequelae of ongoing disease as documented in the note.

Electronically signed by: Murthy Venkat L N Gollamudi, MD, 2/18/2025 1:51 PM

I can be reached on Epic Chat (Preferred)

Pager 937-334-0502

For ICU NP please call 937-789-8098 / 937-789-8411

For Pulmonary consult NP please call 937-475-8469

For urgent consultations & after 6 pm on weekdays and weekends, please page on call physician - 937-334-5999

ED to Hosp-Admission (Discharged) on 2/17/2025

Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Pruitt, Jessie N, RN
Registered Nurse
Nursing

Care Plan
Signed

Date of Service: 02/18/25 0609

Signed

Problem: Skin Integrity - Impaired

Goal: Decrease in wound size

Outcome: Progressing

Goal: Skin integrity intact

Outcome: Progressing

Problem: Pressure Ulcer

Goal: Absence of infection signs and symptoms

Outcome: Progressing

Goal: Pressure ulcer healing

Outcome: Progressing

Problem: Pain - Acute

Goal: Communication of presence of pain

Outcome: Progressing

Problem: Pressure Ulcer - Risk of

Goal: Absence of pressure ulcer

Outcome: Progressing

Problem: Falls - Risk of

Goal: Absence of falls

Description: Avoid the routine use of bedrails or physical restraints as a fall-prevention intervention.

Outcome: Progressing

Goal: Knowledge of fall prevention

Outcome: Progressing

Problem: Injury - Risk of, Physical Restraints

Goal: Absence of injury

Outcome: Progressing

Goal: Absence of physical restraint indications

Outcome: Progressing

ED to Hosp-Acknowledgment (Discharged) on 2/17/2025

Care Timeline

02/17 Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02 Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Michel, Mary Theresa, CNP

Nurse Practitioner
Critical CareProcedures  

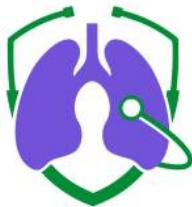
Attested

Date of Service: 02/17/25 2315

Attested

Attestation signed by Berglund, Andrew, MD at 02/18/25 0710

I was directly present to supervise the procedure.

Andrew Berglund, MD
PCCM Attending

Pulmonary & Critical Care CONSULTANTS, INC.

Patient Name: Diane Crisp**Date of Birth:** 9/1/1959**Med Rec #:** 096-67-27-70**Type of Procedure:** Central Venous Catheterization, Non-Tunneled**Date of Procedure:** 2/18/2025**Type of Catheter:** Quadruple lumen central venous catheter**Indication:** Centrally administered medications and Inadequate/Unable to obtain peripheral venous access**Anatomic Site:** Left femoral vein**Performed by:** Self**Consent:** Not obtained due to the patient's clinical condition and emergent/urgent need

Technique: A time out was preformed identifying the correct procedure. The selected site was prepped with 2% chlorhexidine and draped in the usual standard fashion. 1% lidocaine without epinephrine was administered subcutaneously for local anesthesia. The vein was cannulated (using the assistance of ultrasound to directly visualize the appropriate vessel) with a finder needle. Immediately upon entering the vein dark, non-pulsatile blood did return. Subsequently the wire was fed through the needle and the needle was then removed.

Ultrasound was then used to confirm the presence of the wire within the vein; images demonstrating vessel patency and wire presence within the vein have been uploaded to the "Media" tab within Epic. A small skin incision was made to allow passage of the dilator and catheter. After dilation, the catheter was then inserted over the guidewire and the guidewire was removed completely. The catheter was sutured in place and a sterile dressing was applied over the site after a final cleansing with 2% chlorhexidine.

Sterile barriers: Sterile drape, cap, mask, sterile gown, sterile gloves and sterile ultrasound probe cover were used.

Number of attempts: 1

Complications: None

Catheter Tip Location: Inferior vena cava (femoral access site)

Under direct supervision of Dr Berglund

Electronically signed by:

Mary Theresa Michel, CNP 2/18/2025 2:07 AM

Cosigned by: Berglund, Andrew, MD at 02/18/25 0710

ED to Hosp-Admission (Discharged) on 2/17/2025

Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Gaines, Lisa P, RCP
Respiratory Therapist
Respiratory Therapy

Progress Notes
Signed

Date of Service: 02/17/25 1755

Signed

Sputum specimen ordered. Specimen obtained via Lukens Trap and sterile technique. Sample sent to Lab.

ED to Hosp-Accident (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

02/17 Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02 Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:34 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Gollamudi, Murthy Venkat L N, MD

Physician
Critical CareProcedures
Addendum

Date of Service: 02/17/25 1714

Addendum



Pulmonary & Critical Care CONSULTANTS, INC.

Patient Name: Diane Crisp**Date of Birth:** 9/1/1959**Med Rec #:** 096-67-27-70**Type of Procedure:** Ultrasound-Guided Arterial Line Placement**Date of Procedure:** 2/17/2025**Indication:** Hemodynamic monitoring and Frequent blood gas analysis**Anatomic Site:** Left radial artery**Performed By:** Self**Consent:** Not obtained due to clinical condition and emergent/urgent need

Technique: A time out was preformed identifying the correct procedure. The identified location was prepped with 2% chlorhexidine and draped in the usual standard fashion. 1% lidocaine was administered subcutaneously for local anesthesia. The artery was cannulated (using the assistance of ultrasound to directly visualize the appropriate vessel) with a finder needle. Immediately upon entering the artery, bright red blood did return. Subsequently a wire was fed through the needle. The catheter was then placed over the guidewire and the guidewire was removed completely. The catheter was sutured in place, cleaned again with chlorhexidine, and a sterile dressing was applied over the site prior to removal of drapes.

The patient tolerated the procedure well.

Sterile barriers: Sterile drape, cap, mask, sterile gown, sterile gloves and sterile ultrasound probe cover were used.

Number of attempts: 2

Complications: Hematoma formation

Electronically signed by:

Jared Wenn I, DO 2/17/2025 5:14 PM

I was present through out the procedure and supervised the procedure.

Electronically signed by: Murthy Venkat L N Gollamudi, MD, 2/17/2025 5:34 PM

I can be reached on Epic Chat (Preferred)

Pager 937-334-0502

For ICU NP please call 937-789-8098 / 937-789-8411

For Pulmonary consult NP please call 937-475-8469

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ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

- 02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:34 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Gollamudi, Murthy Venkat L N, MD

Physician
Critical CareProcedures
Addendum

Date of Service: 02/17/25 1712

Addendum



Pulmonary & Critical Care CONSULTANTS, INC.

Patient Name: Diane Crisp**Date of Birth:** 9/1/1959**Med Rec #:** 096-67-27-70**Type of Procedure:** Central Venous Catheterization, Non-Tunneled**Date of Procedure:** 2/17/2025**Type of Catheter:** High volume (dialysis-type) catheter with pigtail port**Indication:** Renal replacement therapy**Anatomic Site:** Right internal jugular vein**Performed by:** Self**Consent:** Not obtained due to the patient's clinical condition and emergent/urgent need

Technique: A time out was preformed identifying the correct procedure. The selected site was prepped with 2% chlorhexidine and draped in the usual standard fashion. 1% lidocaine without epinephrine was administered subcutaneously for local anesthesia. The vein was cannulated (using the assistance of ultrasound to directly visualize the appropriate vessel) with a finder needle. Immediately upon entering the vein dark, non-pulsatile blood did return. Subsequently the wire was fed through the needle and the needle was then removed.

Ultrasound was then used to confirm the presence of the wire within the vein; images demonstrating vessel patency and wire presence within the vein have been uploaded to the "Media" tab within Epic. A small skin incision was made to allow passage of the dilator and catheter. After dilation, the catheter was then inserted over the guidewire and the guidewire was removed completely. The catheter was sutured in place and a sterile dressing was applied over the site after a final cleansing with 2% chlorhexidine.

Sterile barriers: Sterile drape, cap, mask, sterile gown, sterile gloves and sterile ultrasound probe cover were used.

Number of attempts: 1

Complications: None

Catheter Tip Location: Cavo-atrial junction

Electronically signed by:

Jared Wenn I, DO 2/17/2025 5:13 PM

I was present through out the procedure and supervised the procedure.

Electronically signed by: Murthy Venkat L N Gollamudi, MD, 2/17/2025 5:34 PM

I can be reached on Epic Chat (Preferred)

Pager 937-334-0502

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For Pulmonary consult NP please call 937-475-8469

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ED to Hosp-Admission (Discharged) on 2/17/2025

Note shared with patient

Care Timeline

- 02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Gollamudi, Murthy Venkat L N, MD

Physician
Critical Care

Procedures



Date of Service: 02/17/25 1710

Addendum



Pulmonary & Critical Care CONSULTANTS, INC.

Patient Name: Diane Crisp**Date of Birth:** 9/1/1959**Med Rec #:** 096-67-27-70**Type of Procedure:** Endotracheal Intubation**Date of Procedure:** 2/17/2025**Indication:** airway protection**Performed by:** Self**Consent:** Not obtained due to emergency and the patient's clinical condition**Positioning:** Flat**Oxygen support:** Bag-valve mask ventilation and Nasal cannula in place**Ease of Ventilation:** Easy**Sedation:** Ketamine**Neuromuscular blockade:** Rocuronium**Laryngoscopy:** Video**Blade style:** Hyperangulated**Blade size:** 4**Endotracheal tube size:** 7.5**Cormack-Lehane View Grade:** 1**Number of Attempts:** 1**Adjuncts needed:** None

Confirmation by auscultation of breath sounds bilaterally, absence of breath sounds over the stomach, condensation in the tube, colorimetric CO₂ detector, and direct visualization.

Difficult airway? No**Complications:** None**Electronically signed by:**

Jared Wenn I, DO 2/17/2025 5:12 PM

I was present through out the procedure and supervised the procedure.

Electronically signed by: Murthy Venkat L N Gollamudi, MD, 2/17/2025 5:35 PM

I can be reached on Epic Chat (Preferred)

Pager 937-334-0502

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For Pulmonary consult NP please call 937-475-8469

For urgent consultations & after 6 pm on weekdays and weekends, please page on call physician - 937-334-5999

ED to Hosp-Admission (Discharged) on 2/17/2025

Note shared with patient

Care Timeline

- 02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Gollamudi, Murthy Venkat L N, MD

Physician
Critical CareH&P  Addendum

Date of Service: 02/17/25 1710

Addendum



Pulmonary & Critical Care CONSULTANTS, INC.

Pulmonary/Critical Care Initial Assessment MIAMI VALLEY HOSPITAL

Diane Crisp

9/1/1959

Date of Service: 2/17/2025

Assessment:

Patient is a 65-year-old female with a history of CKD, peptic ulcer disease with GI bleed, Guillain-Barré syndrome, CVA, folic acid deficiency, hypertension and hyperlipidemia who was admitted with severe encephalopathy and acute renal failure with hyperkalemia and was intubated for airway protection and started on CRRT.

Problem list:

- Acute encephalopathy, likely metabolic
- Acute renal failure with hyperkalemia
- Anion gap metabolic acidosis
- Left lower lobe pneumonia
- Transaminitis
- Chronic anemia
- Coagulopathy
- Hypoglycemia - Resolved
- Hypothermia - Resolved
- Chronic comorbidities: CKD stage II, peptic ulcer disease with GI bleed (2024), Guillain-Barré syndrome (2023), CVA (2001 and 2006), folic acid deficiency, hypertension, HLD

Plan:

- Acute encephalopathy with intubation for airway protection
 - Mechanical ventilation, SpO₂ goals >92%
 - Follow-up blood culture
 - Follow-up respiratory culture
 - Follow-up urinalysis
 - Follow-up CK
- Acute renal failure on CKD with hyperkalemia
 - Nephrology consulted
 - Starting CRRT
 - Avoid nephrotoxic drugs

- Cefepime, linezolid
- Bilateral lower extremity ultrasound to evaluate for DVT
- Transaminitis
 - Monitor
- Chronic anemia
 - Baseline, continue to monitor
- Coagulopathy
 - Monitor
- Hypoglycemia - Resolved
 - Continue to monitor

Risk Adjustment Diagnoses:

- * Chronic anemia Present on Admission (POA)
- * Sepsis Induced Coagulopathy Present on Admission (POA)
- * Hyperkalemia Present on Admission (POA)
- * Metabolic Acidosis Present on Admission (POA)
- * Acute Kidney Injury Present on Admission (POA)

These risk adjustment diagnoses involve the treatment plan noted above and increase need for diagnostics (labs/imaging), nursing demands, and length of stay

Reason for ICU admission/consultation:

Severe encephalopathy with AKI requiring CRRT

History of Present Illness:

Patient is a 65-year-old female with a history of CKD, peptic ulcer disease with GI bleed, Guillain-Barré syndrome, CVA, folic acid deficiency, hypertension and hyperlipidemia who presented to the emergency department on 2/17 with encephalopathy after being found in her apartment by a home health care provider. EMS reported initial blood glucose of 31 and was given glucose. Repeat in the ED was 157. She was initially noted to be hypoxic by EMS and was placed on 6 L nasal cannula. On arrival to the emergency department they were unable to obtain oral temperature but rectal temperature was 93.3 °F. Emergency department was able to talk to the patient's sister-in-law and to her knowledge there is no living will or healthcare power of attorney. Patient is not married and has no children. The sister-in-law's husband is also deceased.

Medical & Surgical History:

- CKD stage II
- Peptic ulcer disease with GI bleed (2024)
- Guillain-Barré syndrome (2023)
- CVA (2001 and 2006)
- Hypertension
- Hyperlipidemia
- Folic acid deficiency
- Left total knee arthroplasty

Family & Social History:

Family History

Problem	Relation	Name	Age of Onset
• Heart Disease <i>CAD</i>	Father		
• COPD <i>smoker</i>	Father		
• Hypertension	Mother		
• Diabetes	Mother		
• Stroke	Mother		
• Breast Cancer	Paternal Aunt		
• No Known Problems	Sister		
• Cancer <i>esophageal</i>	Brother		
• No Known Problems	Sister		
• Cerebral Palsy	Brother		
• No Known Problems	Brother		

- Anesthesia Problems Neg Hx

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: No
- Alcohol/week: 0.0 standard drinks of alcohol
- Drug use: No

Medications:

Current medications reviewed in chart

Allergies:

No Known Allergies

Examination:

BP 126/68 | Pulse 112 | Temp 97.4 °F (36.3 °C) | Resp 20 | Wt 62.1 kg (136 lb 14.5 oz) | SpO2 100% | BMI 25.04 kg/m²

General: Ill-appearing and minimally responsive

HEENT: Dry oral mucosa, nares patent, normocephalic

Neurologic: Moving all 4 extremities

Respiratory: Clear to auscultation bilaterally

Cardiovascular: Regular rate and rhythm

Abdominal: Soft, nontender, nondistended

Extremities: Bilateral lower extremity pitting edema

Integument: No rashes

Other pertinent findings:

Body mass index is 25.04 kg/m².

Objective Data:

I personally reviewed the recent pertinent laboratory results; they are notable for:

- Elevated troponin is 60 which is her baseline, repeat 54
- Anion gap metabolic acidosis with a pH initially of 6.95, bicarb 4.9, pCO2 22.6
- Acute renal failure with creatinine of 5.2, GFR 9
- Hyperkalemia 7.3
- Initial hypoglycemia 30
- TSH 4.82, free T4 0.51, T3 1
- Coagulopathy with INR 1.3, PTT 36.8, PT 15.6
- Leukocytosis 21.4
- Stable anemia of 8.5

I personally reviewed recent pertinent imaging studies and the Radiologist's reports (if available); they are notable for:

- X-ray right knee: Osteoarthritis and osteopenia with small suprapatellar effusion
- Chest x-ray: Unremarkable
- CT head: multifocal encephalomalacia and gliosis with no acute bleed, ischemia
- CT abdomen/pelvis: patchy consolidation in the left lung base concerning for pneumonia/aspiration, moderate rectal stool burden

Other pertinent data points include:

- EKG 2/17: Sinus tachycardia with a rate of 101 bpm, left axis deviation, incomplete right bundle branch block with no evidence of acute ischemia

Intake/Output Summary (Last 24 hours) at 2/17/2025 1822

Last data filed at 2/17/2025 1800

	Gross per 24 hour
Intake	—
Output	10 ml
Net	-10 ml

Net IO Since Admission: -10 mL [02/17/25 1710]

Electronically signed by: Jared Wenn I, DO, 2/17/2025 6:22 PM

Pulmonary Critical Care Medicine attending note

I have personally seen and examined this patient. I have fully participated in the care of this patient. I have reviewed and agree with all pertinent clinical information including history, physical exam, labs, radiographic studies and the plan. I have also reviewed and agree with the medications, allergies and past medical history sections for this patient.

The above note was edited to reflect my impression and plans



Impression-

Acute hypoxic respiratory failure requiring mechanical ventilation

AKI with hyperkalemia

Anion gap metabolic acidosis

Shock-hypovolemic +/- sepsis

Hypoglycemia on presentation

Hx hypertension, CKD 3, hyperlipidemia, chronic anemia, Hx CVA 2003, 2013 with residual dysarthria, mild pulmonary hypertension, paroxysmal SVT, grade 1 diastolic dysfunction

Recommend-

Patient intubated on arrival to the ICU as she is obtunded and is unable to compensate for metabolic acidosis

IV fluid resuscitation

IV bicarb

Pressor support to maintain maps greater than 65

HD catheter placed to start CRRT

Surveillance cultures and empiric antibiotics for presumptive sepsis-source to be determined

CT abdomen no acute findings

Chest x-ray without acute infiltrates CT head with encephalomalacia from a prior stroke

POC cardiac ultrasound shows good RV and left ventricular contractility, no pericardial effusions, partially collapsible IVC.

I personally spent 45 minutes of time attending to this patient's critical care needs separate from teaching or billable procedures. This time includes bedside evaluation and management, review of labs and imaging, review of the chart for written updates and recommendations, documentation, and, if available, communication with other services on the case. All of this time occurred either at the bedside or directly in the ICU. This patient requires complex, high-level decision-making to prevent deterioration or morbid sequelae of ongoing disease as documented in the note.

Electronically signed by: Murthy Venkat L N Gollamudi, MD, 2/18/2025 12:45 PM

I can be reached on Epic Chat (Preferred)

Pager 937-334-0502

For ICU NP please call 937-789-8098 / 937-789-8411

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ED to Hosp-Admission (Discharged) on 2/17/2025

Note shared with patient

Care Timeline

- 02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Kaufhold, Jeffrey J, MD
Physician
Nephrology

Medical Staff Progress Note  
Signed

Date of Service: 02/17/25 1621

Signed

Nephrology follow up

Foley placed but low UOP
Repeat potassium up to 7 despite bicarb and other medical treatment.
She remains hypotensive/ septic

I recommend placement of central access and trial of CRRT
She is critically ill
Moved to ICU
We will be in contact with the Crit care staff.

Jeffrey J Kaufhold
4:22 PM
02/17/25

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:34 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Fife, Taylor G, RN
Registered Nurse

ED Notes  
Signed

Date of Service: 02/17/25 1458

Signed

BP 77/51. MD notified, started 1000mL NS Bolus per order. Temp rectal probe placed for continuous monitoring at this time/

ED to Hosp-Acknowledgment (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:34 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Fife, Taylor G, RN
Registered Nurse

ED Notes  
Signed

Date of Service: 02/17/25 1437

Signed
BG bedside 107

ED to Hosp-Acute (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:34 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Kozee, Alyssa D, RN
Registered Nurse
Emergency Medicine

ED Notes  
Signed

Date of Service: 02/17/25 1340

Signed

Urinary catheterization with 16 Fr Foley inserted using sterile technique. Patient tolerated procedure well. Balloon inflated with 10cc sterile water. 2 cc of urine initially returned. Urine was Cloudy, Yellow, and With Particulate Matter in appearance.

Procedure done by: Alyssa Kozee and Nicole Sparks

ED to Hosp-Acknowledgment (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Haque, Nurul, MD
Physician
Hospitalist

H&P  
Addendum

Date of Service: 02/17/25 1311

Addendum



MIAMI VALLEY HOSPITAL-- HOSPITALIST GROUP

Cell phone: 9374792302

History & Physical

2/17/2025

Patient Identifier/Hospitalist

Patient Name: Diane Crisp DOB: 9/1/1959

I saw and examined the patient at 1:11 PM on 2/17/2025

Hospitalist: Nurul Haque, MD

Please contact using secure chat for urgent/ immediate response please use cell number mentioned in secure chat

Disposition/Assessment and Plan

Disposition: Home in 1 to 2 days

Assessment and Plan:

Principal Problem:

Hypoglycemia

Active Problems:

Hypertensive kidney disease with chronic kidney disease stage III (HC CODE)

History of stroke with residual deficit

AKI (acute kidney injury) (HC CODE)

AMS (altered mental status)

Altered mental status: Secondary to metabolic encephalopathy likely from infection possibly from pneumonia, need to rule out other infective etiology, follow-up on blood culture, urine reflex to culture, also could have altered mental status from significant electrolyte derangement, dehydration. Monitor mentation, anticipate improvement

Acute hypoxia with hypoxic respiratory failure: Could be secondary to aspiration pneumonia although infiltrates are not impressive on lung cuts of CT abdomen pelvis, oxygen supplementation, treat underlying etiology. Patient was eventually intubated given poor mentation and severe metabolic acidosis with hypoxia

Severe sepsis with septic shock: Present on admission: Has organ dysfunction in form of metabolic acidosis, acute hypoxic respiratory failure, AKI, likely secondary to UTI, pneumonia felt unlikely cause of her symptoms, may have some aspiration, Hydration therapy, antibiotic, follow-up on cultures. Initially was hypertensive with subsequent improvement in blood pressure but later on become hypotensive again requiring initiation of Levophed, critical care service consulted

Abnormal UA suggestive of UTI: Started on broad-spectrum antibiotic, tailor antibiotic as deemed appropriate, follow-up on cultures

Elevated troponin: Likely nonspecific secondary to demand ischemia in troponin leak from renal dysfunction, EKG negative for dynamic ST-T changes, will obtain echocardiogram mostly to evaluate cardiac function given severe sepsis

Hyperkalemia: Treated per protocol, nephrology consulted, may need dialysis if does not improve, repeat potassium

Hypothyroidism: Has elevated TSH, awaiting T3-T4, possibility of myxedema considered as differential, felt less likely at this time given TSH of only 4.82, quite unlikely

AKI with metabolic acidosis: Severe, likely prerenal, on bicarb drip, nephrology consulted. CRRT initiated

GERD: PPI

Hyperlipidemia: Statin

History of hypertension: Antihypertensive on hold, resume when deemed appropriate

Bilateral lower extremity swelling: Negative for DVT,

DVT Prophylaxis: Heparin

Code Status: Orders Placed This Encounter
Total Support

Subjective

Chief Complaint: Lethargic,

History of Present Illness: Diane Crisp is an 65 year old female who has a history of hyperlipidemia, GERD, hypertension, presented at MVH ER with concern of lethargy was brought in by EMS with blood glucose of 31, was started on D10 and Isolyte, was also reportedly hypotensive with blood pressure of 88/51 per report, was requiring oxygen at around 6 L/min via nasal cannula saturating around 100% on arrival, unclear whether she was hypoxic on field, was cold on arrival with hypothermia.

Lab work is concerning for creatinine of 5.2, prior baseline is 1.2, 1 years prior. Potassium was 7.3. Treated per hyperkalemia protocol. TSH of 4.82 white blood cell of 21.4. Hemoglobin of 8.5. Troponin of 60, 54.

Chest x-ray is negative for any acute cardiopulmonary process, CT abdomen pelvis is concerning for possible left lung base infiltrate with differential of possible pneumonia/aspiration. Negative for any acute abdominal or pelvic process

Review of Systems: A detailed 10 point ROS was obtained and is negative except for above

Past Medical History:

Diagnosis	Date
• Acute blood loss anemia	07/11/2018
• Fall	12/20/2023
• Folic acid deficiency	
• History of hemorrhagic cerebrovascular accident (CVA) without residual deficits <i>Hemorrhagic CVA x2: Rt Frontoparietal Hemorrhagic Stroke 6/2001 followed by Rt Parietal Hemorrhagic Stroke 7/2006. Both were thought to be due to uncontrolled Htn...No residual deficits</i>	06/2001
• History of hemorrhagic cerebrovascular accident (CVA) without residual deficits <i>Hemorrhagic CVA x2: Rt Frontoparietal Hemorrhagic Stroke 6/2001 followed by Rt Parietal</i>	07/2006

- Hemorrhagic Stroke 7/2006. Both were thought to be due to uncontrolled Htn...No residual deficits*
- History of ischemic stroke without residual deficits 10/2013
Left Corona Radiata Ischemic CVA 10/2013. Thought to be due to uncontrolled Htn
 - Hypercholesterolemia
 - Hyperpotassemia
 - Hypertension 08/11/2020
Cardiologist: Ahmad Abdul-Karim, MD
 - Iron deficiency anemia
 - LVH (left ventricular hypertrophy) due to hypertensive disease
 - Postmenopausal
 - Preop exam for internal medicine 06/19/2018
 - PUD (peptic ulcer disease)
- Admitted 6/19-6/21/18 for Acute on Chronic Iron Deficiency Anemia due to Upper GI Bleed from PUD (presumed to be NSAID induced). EGD 6/20/18 showed pyloric stenosis from PUD with gastric outlet obstruction. GI: Michael Gorsky, MD*
- Thrombocytosis (Chronic)
Thought to be related to Iron def (improves with IV Iron). Heme-Onc: Satheesh Kathula, MD

Past Surgical History:

Procedure	Laterality	Date
• Carpal Tunnel Release <i>bilateral</i>		
• Colonoscopy <i>COLONOSCOPY performed by Musleh, Mustafa N, MD at MVH ENDOSCOPY</i>	N/A	12/27/2023
• CUBITAL TUNNEL RELEASE <i>right ulnar nerve sx</i>		
• Esophagogastroduodenoscopy <i>ESOPHAGOGASTRODUODENOSCOPY performed by Sandhir, Sanjay, MD at MVS ENDOSCOPY</i>	N/A	6/20/2018
• Esophagogastroduodenoscopy With Biopsy <i>ESOPHAGOGASTRODUODENOSCOPY WITH BIOPSY performed by Sharma, Kanan, MD at MVH ENDOSCOPY</i>	N/A	1/6/2024
• PACU OFFSITE RECOVERY <i>PACU OFFSITE RECOVERY performed by Generic, Periopsvcs at MVH MAIN OR</i>	N/A	10/25/2013
• TOTAL KNEE ARTHROPLASTY <i>TOTAL KNEE ARTHROPLASTY performed by Lawless, Matthew W, MD at MVS SOUTH OR</i>	Left	7/10/2018

Social History

Socioeconomic History

- Marital status: Single
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use: No
- Alcohol/week: 0.0 standard drinks of alcohol
- Drug use: No
- Sexual activity: Not Currently

Other Topics

- Not on file

Social History Narrative

- Not on file

Social Drivers of Health

Financial Resource Strain: Not on file

Food Insecurity: No Food Insecurity (1/6/2024)

Hunger Vital Sign

- Worried About Running Out of Food in the Last Year: Never true
- Ran Out of Food in the Last Year: Never true

Transportation Needs: No Transportation Needs (1/6/2024)

PRAPARE - Transportation

- Lack of Transportation (Medical): No
- Lack of Transportation (Non-Medical): No

Physical Activity: Inactive (1/6/2024)

Exercise Vital Sign

- Days of Exercise per Week: 0 days
- Minutes of Exercise per Session: 0 min

Stress: Not on file

Social Connections: Not on file

Intimate Partner Violence: Not At Risk (1/6/2024)

Humiliation, Afraid, Rape, and Kick questionnaire

- Fear of Current or Ex-Partner: No
- Emotionally Abused: No
- Physically Abused: No
- Sexually Abused: No

Recent Concern: Intimate Partner Violence - At Risk (12/18/2023)

Humiliation, Afraid, Rape, and Kick questionnaire

- Fear of Current or Ex-Partner: Yes
- Emotionally Abused: Yes
- Physically Abused: Yes
- Sexually Abused: Yes

Housing Stability: Low Risk (1/6/2024)

Housing Stability Vital Sign

- Unable to Pay for Housing in the Last Year: No
- Number of Places Lived in the Last Year: 1
- Unstable Housing in the Last Year: No

Family History

Problem	Relation	Age of Onset
• Heart Disease <i>CAD</i>	Father	
• COPD <i>smoker</i>	Father	
• Hypertension	Mother	
• Diabetes	Mother	
• Stroke	Mother	
• Breast Cancer	Paternal Aunt	
• No Known Problems	Sister	
• Cancer <i>esophageal</i>	Brother	
• No Known Problems	Sister	
• Cerebral Palsy	Brother	
• No Known Problems	Brother	
• Anesthesia Problems	Neg Hx	

Allergies: No Known Allergies

Home Medications:

No outpatient medications have been marked as taking for the 2/17/25 encounter (Hospital Encounter).

Scheduled:

vancomycin (VANCOCIN) infusion, 25 mg/kg/dose (Order-Specific), Now
 sodium zirconium cyclosilicate, 10 g, Now
 insulin lispro, 10 Units, Now
 dextrose 50 % in water (D50W), 50 g, Now
 AtorvaSTATin, 20 mg, Daily
 gabapentin, 100 mg, TID
 pantoprazole, 40 mg, Daily
 folic acid, 400 mcg, Daily
 saline flush, 10 mL, Q12H
 polyethylene glycol, 1 Packet, Daily
 heparin, 5,000 Units, Q8H
 cefepime (MAXIPIME) IV orderable, 1 g, Q12H
 linezolid in dextrose 5%, 600 mg, Q12H

PRN:

saline flush, 10 mL, PRN
 dextrose, 15 g Carb, PRN
 glucagon, 1 mg, PRN
 dextrose 50 % in water (D50W), 5-12.5 g, PRN
 saline flush, 10 mL, PRN
 NaCl 0.9%, 1,000 mL, Continuous PRN
 acetaminophen, 650 mg, Q4H PRN
 Or
 acetaminophen, 650 mg, Q4H PRN
 HYDROcodone-acetaminophen, 1 Tab, Q4H PRN
 Or
 HYDROcodone-acetaminophen, 2 Tab, Q4H PRN
 ondansetron, 4 mg, Q6H PRN
 Or
 ondansetron, 4 mg, Q6H PRN

Objective**Exam:****Vital Signs:**

Temp: 93.3 °F (34.1 °C) (02/17/25 0945)	Temp Min: 93.3 °F (34.1 °C) taken time: 02/17/25 0945 Max: 93.3 °F (34.1 °C) Max taken time: 02/17/25 0945	BP: 115/68 (02/17/25 1131)	Pulse: 98 (02/17/25 1131)	Resp: 20 (02/17/25 1131)	SpO2: 100 % (02/17/25 1131)
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General: Sedated intubated on mechanical ventilation

HEENT: PERRLA, oropharynx pink, moist, without lesion

Neck: Supple, no thyromegaly,

CV: Regular rate and rhythm, no added sounds

Pulm: Clear to auscultation

Abd: Soft, nontender, nondistended, normal bowel sounds. No mass or organomegaly

Neuro: Sedated

Psych: Calm

Extremities: Bilateral lower extremity edema noted
 skin: No rashes. Color, turgor normal
 Musculoskeletal: Major joints grossly normal

Diagnostic Data:**Recent Results (from the past week)****POC GLUCOSE**

Collection Time: 02/17/25 9:45 AM

Result	Value	Ref Range
POC Glucose	94	70 - 99 mg/dL

Scan Result

BASIC METABOLIC PANEL

Collection Time: 02/17/25 10:09 AM

Result	Value	Ref Range
Sodium	134 (L)	135 - 148 mEq/L
Potassium	7.3 (HH)	3.4 - 5.3 mEq/L
Chloride	108	96 - 110 mEq/L
Carbon Dioxide	5 (L)	19 - 32 mEq/L
BUN	80 (H)	3 - 29 mg/dL
Creatinine	5.2 (H)	0.5 - 1.2 mg/dL
Glucose	166 (H)	70 - 99 mg/dL
Calcium	8.8	8.5 - 10.5 mg/dL
Anion Gap	21 (H)	5 - 15
BUN/CREAT Ratio	15	7 - 25
Estimated GFR	9 (L)	>=60 mL/min/1.73 m ^{*2}

TROPONIN T (BASELINE)

Collection Time: 02/17/25 10:09 AM

Result	Value	Ref Range
Troponin T, Baseline	60 (H)	<=14 ng/L

SEPSIS LACTATE W/ REFLEX

Collection Time: 02/17/25 10:09 AM

Result	Value	Ref Range
Lactic Acid	1.2	0.5 - 2.2 mmol/L

MAGNESIUM, SERUM

Collection Time: 02/17/25 10:09 AM

Result	Value	Ref Range
Magnesium	2.3	1.4 - 2.5 mg/dL

PROTHROMBIN TIME

Collection Time: 02/17/25 10:09 AM

Result	Value	Ref Range
Prothrombin Time	15.6 (H)	11.7 - 13.9 Sec
INR	1.3 (H)	0.9 - 1.1

ACTIVATED PARTIAL THROMBOPLASTIN TIME

Collection Time: 02/17/25 10:09 AM

Result	Value	Ref Range
APTT	36.8 (H)	24.5 - 35.2 Sec

HEPATIC FUNCTION PANEL

Collection Time: 02/17/25 10:09 AM

Result	Value	Ref Range
Bilirubin, Total	0.2	0.0 - 1.2 mg/dL
Bilirubin, Direct	<0.2	0.0 - 0.4 mg/dL
Bilirubin, Indirect		
Total Protein	5.4 (L)	6.0 - 8.3 g/dL
Albumin	2.8 (L)	3.5 - 5.2 g/dL
Globulin	2.6	1.9 - 3.6 g/dL
A/G Ratio	1.1	0.8 - 2.6
AST	74 (H)	0 - 55 U/L
ALT	76 (H)	0 - 60 U/L
Alkaline Phosphatase	257 (H)	23 - 144 U/L

VENOUS BLOOD GAS

Collection Time: 02/17/25 10:09 AM

Result	Value	Ref Range
PH VENOUS	6.946 (L)	7.320 - 7.420
pCO2, Venous	22.6 (L)	41.0 - 51.0 mmHg
pO2, Venous	33.9	25.0 - 40.0 mmHg
O2 SAT, Venous	54.6	40.0 - 70.0 %
HCO3, Venous	4.9 (L)	24.0 - 28.0 mmol/L
Base Excess	-25.5 (L)	-2.0 - 3.0 mmol/L

Scan Result

TSH, ETC

Collection Time: 02/17/25 10:09 AM

Result	Value	Ref Range
TSH	4.820 (H)	0.400 - 4.500 uIU/mL

TYPE AND SCREEN

Collection Time: 02/17/25 10:09 AM

Result	Value	Ref Range
ABO Grouping	O	
Rh Type	Positive	
Antibody Screen	Negative	
Specimen Expiration	2025022023	
Date/Time	5959	

COMPLETE BLOOD COUNT WITH DIFFERENTIAL

Collection Time: 02/17/25 10:09 AM

Result	Value	Ref Range
WBC Count	21.4 (H)	3.5 - 10.9 K/uL
RBC	2.24 (L)	3.95 - 5.26 M/uL
Hemoglobin	8.5 (L)	11.2 - 15.7 g/dL
Hematocrit	27.0 (L)	34.0 - 49.0 %
MCV	120.5 (H)	80.0 - 100.0 fL
MCH	37.9 (H)	26.0 - 34.0 pg
MCHC	31.5	30.7 - 35.5 g/dL

RDW	15.6 (H)	<=15.0 %
Platelet Count	363	140 - 400 K/uL
MPV	10.0	7.2 - 11.7 fL

DIFFERENTIAL, CELLAVISION

Collection Time: 02/17/25 10:09 AM

Result	Value	Ref Range
Segmented	96 (H)	42 - 80 %
Neutrophils %		
Lymphocytes % (CV)	3 (L)	14 - 51 %
Monocytes % (CV)	2 (L)	4 - 12 %
nRBC %	1 (H)	0 - 0 /100 WBCs
ABSOLUTE	20.5 (H)	1.8 - 7.5
NEUTROPHILS (CV)		K/uL
Absolute Lymphocytes (CV)	0.6 (L)	0.9 - 4.1 K/uL
Absolutes	0.4	0.2 - 1.0 K/uL
Monocytes (CV)		
Platelet Morphology (CV)	Normal	Normal
Toxic Granulation	Present	
Acanthocytes	1 +	
Basophilic Stippling	Present	
Burr Cells	2 +	
Macrocytes	Present	
Ovalocytes	1 +	
Pappenheimer Bodies	Present	
Polychromasia	1 +	
Scan Result		

POC GLUCOSE

Collection Time: 02/17/25 11:20 AM

Result	Value	Ref Range
POC Glucose	157 (H)	70 - 99 mg/dL

Scan Result

TROPONIN T (1 HOUR)

Collection Time: 02/17/25 11:48 AM

Result	Value	Ref Range
Troponin, 1 HOUR	54 (H)	<=14 ng/L
Delta % Troponin T (1hr)	-10	<20% change from Baseline

EKG: Sinus rhythm with premature ventricular complexes, has nonspecific T wave changes.

Imaging--Reviewed:

CT ABDOMEN AND CT PELVIS WITHOUT IV CONTRAST

Result Date: 2/17/2025

EXAM: CT ABDOMEN AND CT PELVIS WITHOUT IV CONTRAST dated 2/17/2025 11:44 AM

CLINICAL HISTORY: abdominal pain, hx of GI bleed,

COMPARISON: 12/7/2023

TECHNIQUE: Helically acquired CT images were obtained from the lung bases through the pelvis without administration of intravenous contrast. Coronal and sagittal reconstructions were performed.

All CT scans at this location are performed using dose optimization techniques as appropriate to a performed exam including the following:
? Automated exposure control
? Adjustment of the mA and/or kV according to patient size (this includes techniques or standardized protocols for targeted exams where dose is matched to indication / reason for exam, i.e., extremities or head)
? Use of iterative reconstruction technique

FIELD OF VIEW: 30.1 cm

FINDINGS:

Lower chest: Patchy consolidation in the left lung base.

Liver: Normal.

Biliary tree: Stones/sludge in the gallbladder with no gallbladder wall thickening or pericholecystic fluid.

Spleen: Normal.

Pancreas: Normal.

Adrenal glands: Normal.

Kidneys/ureters/bladder: Normal.

Gastrointestinal tract: The small and large bowel are normal in caliber. The appendix is normal. There is a moderate amount of stool in the rectum.

Lymphatics: No lymphadenopathy.

Vasculation: There are atherosclerotic calcifications of the arterial structures without evidence of aneurysm.

Peritoneum/retroperitoneum: Normal.

Abdominal wall/soft tissues: Normal.

Pelvic organs: Normal.

Osseous structures: No acute osseous abnormalities or suspicious osseous lesions.

IMPRESSION:

No acute abnormality in the abdomen or pelvis.

Patchy consolidation in the left lung base concerning for pneumonia/aspiration. Follow-up to resolution is recommended to exclude the presence of an underlying lung nodule.

Moderate rectal stool burden.

Stones/sludge in the gallbladder with no findings to suggest acute cholecystitis.

Dictated by: Joshua Tarrence, DOWorkstation ID:APACSRR3

CT HEAD WITHOUT CONTRAST

Result Date: 2/17/2025

EXAM: CT HEAD WITHOUT CONTRAST

INDICATION: AMS, hx of stroke

TECHNIQUE: Axial thin section CT images of the head were obtained without contrast. Sagittal and coronal 2-D multiplanar reconstructions were performed at the scanner.

Dose Reduction: mA and/or kV are/were adjusted by automated exposure control software based upon the patient's height and weight.

COMPARISON: CT head 12/7/2023 and prior

FINDINGS:

The diagnostic quality of the examination is adequate.

Extracranial soft tissues: Unremarkable.

Calvarium and skull base: No acute abnormality.

Orbits, paranasal sinuses, mastoids, vascular structures: Unremarkable.

Brain: No acute intraparenchymal blood products, acute territorial infarcts or mass effect is present. Multifocal encephalomalacia and gliosis within the bilateral corona radiata and medial left occipital lobe, similar to prior. Gray-white matter differentiation is preserved.

Ventricles/Extraaxial spaces: Mild proportional enlargement without midline shift. No extra-axial fluid collections.

IMPRESSION:

1. No acute intracranial abnormality.
2. Multifocal encephalomalacia and gliosis, not significantly changed from 2023.

Additional findings detailed above.

Dictated by: Jessica Blaza, MD
Workstation ID:G0102738

XR KNEE RIGHT 3 VIEWS

Result Date: 2/17/2025

EXAM: XR KNEE RIGHT 3 VIEWS

HISTORY: DECREASED BLOOD SUGAR-SYMPOMATIC, HYPOXIA,

COMPARISON: 5/16/2018 and prior studies

FINDINGS: Severe osteopenia is present as well as severe osteoarthritis in the right knee. A small effusion is present. Motion artifact is present as well as vascular calcifications. There are no gross focal bony abnormalities.

IMPRESSION: Severe osteoarthritis and osteopenia with small suprapatellar effusion

Interpreted by Dr. Karen Jobalia, MD

Workstation ID:RADOFFICE

XR CHEST PA OR AP 1 VIEW (PORTABLE)

Result Date: 2/17/2025

Examination: XR CHEST PA OR AP 1 VIEW (PORTABLE)

Comparison: 10/24/2013

Findings: Heart size is normal. Lungs are clear of infiltrate. There are no pleural effusions currently identified.

IMPRESSION: No distinct acute cardiopulmonary disease.

Dictated by: Robert L. Tyrrell M.D Workstation ID:APACSRR11

Signature

Electronically signed by: Nurul Haque, MD, 2/17/2025 1:11 PM

ED to Hosp-Admission (Discharged) on 2/17/2025

Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Kaufhold, Jeffrey J, MD
 Physician
 Nephrology

Consults  
 Signed

Date of Service: 02/17/25 1244

Signed

Nephrology
 Associates of Dayton
 Inc.

Mark D. Oxman, D.O. FACOI
 Jeffrey J. Kaufhold, M.D., FACP
 Jennifer L. Jackson, D.O., FACOI
 Chukwuma E. Eze, M.D., FASN, FASDIN
 Ashok K. Ammuia, M.D.
 Shashikant R. Patel, M.D.



Swe Zin Mar Winhtut Oo, M.D.
 Jamie E. Long, MS, RN, APRN
 Vanessa Ratcliff MS, RN, APRN
 Esther Bassaw MS, RN, APRN
 Chloe Hammond, MS, RN, APRN
 Kimberly Wallace, MS, RN, APRN

Nephrology Consult Note

Patient Name: Diane Crisp DOB: 9/1/1959
MIAMI VALLEY HOSPITAL

HPI: Diane Crisp is a 65 year old female seen at the request of Dr Haque for acute renal failure and hyperkalemia. She is seen in ER. Has history of CKD due to HTN with prior stroke a few years ago. She was found poorly responsive at home and glucose 32. Squad administered glucose and she became responsive. In ER found to be hypothermic and acidotic. Creat baseline 1.6 and up to 5.2. She remains poorly responsive in the ER

Review of Systems:

Const: unobtainable

Past Medical History:**Past Medical History:**

Diagnosis	Date
• Acute blood loss anemia	07/11/2018
• Fall	12/20/2023
• Folic acid deficiency	
• History of hemorrhagic cerebrovascular accident (CVA) without residual deficits <i>Hemorrhagic CVA x2: Rt Frontoparietal Hemorrhagic Stroke 6/2001 followed by Rt Parietal Hemorrhagic Stroke 7/2006. Both were thought to be due to uncontrolled Htn...No residual deficits</i>	06/2001
• History of hemorrhagic cerebrovascular accident (CVA) without residual deficits <i>Hemorrhagic CVA x2: Rt Frontoparietal Hemorrhagic Stroke 6/2001 followed by Rt Parietal Hemorrhagic Stroke 7/2006. Both were thought to be due to uncontrolled Htn...No residual deficits</i>	07/2006
• History of ischemic stroke without residual deficits <i>Left Corona Radiata Ischemic CVA 10/2013. Thought to be due to uncontrolled Htn</i>	10/2013
• Hypercholesterolemia <i>Cardiologist: Ahmad Abdul-Karim, MD</i>	
• Hyperpotassemia	08/11/2020
• Hypertension <i>Cardiologist: Ahmad Abdul-Karim, MD</i>	
• Iron deficiency anemia <i>pt said last IV iron infusion was approx in 2016. Heme-Onc: Satheesh Kathula, MD</i>	
• LVH (left ventricular hypertrophy) due to hypertensive disease	

- Cardiologist: Ahmad Abdul-Karim, MD**
- Postmenopausal
 - Preop exam for internal medicine
 - PUD (peptic ulcer disease)
- 06/19/2018
- Admitted 6/19-6/21/18 for Acute on Chronic Iron Deficiency Anemia due to Upper GI Bleed from PUD (presumed to be NSAID induced). EGD 6/20/18 showed pyloric stenosis from PUD with gastric outlet obstruction. GI: Michael Gorsky, MD*
- Thrombocytosis (Chronic)
- Thought to be related to Iron def (improves with IV Iron). Heme-Onc: Satheesh Kathula, MD*

Past Surgical History:

Past Surgical History:

Procedure	Laterality	Date
• Carpal Tunnel Release <i>bilateral</i>		
• Colonoscopy <i>COLONOSCOPY performed by Musleh, Mustafa N, MD at MVH ENDOSCOPY</i>	N/A	12/27/2023
• CUBITAL TUNNEL RELEASE <i>right ulnar nerve sx</i>		
• Esophagogastroduodenoscopy <i>ESOPHAGOGASTRODUODENOSCOPY performed by Sandhir, Sanjay, MD at MVS ENDOSCOPY</i>	N/A	6/20/2018
• Esophagogastroduodenoscopy With Biopsy <i>ESOPHAGOGASTRODUODENOSCOPY WITH BIOPSY performed by Sharma, Kanan, MD at MVH ENDOSCOPY</i>	N/A	1/6/2024
• PACU OFFSITE RECOVERY <i>PACU OFFSITE RECOVERY performed by Generic, Periopsvcs at MVH MAIN OR</i>	N/A	10/25/2013
• TOTAL KNEE ARTHROPLASTY <i>TOTAL KNEE ARTHROPLASTY performed by Lawless, Matthew W, MD at MVS SOUTH OR</i>	Left	7/10/2018

Social History:

Social History

Socioeconomic History

- Marital status: Single
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use: No
- Alcohol/week: 0.0 standard drinks of alcohol
- Drug use: No
- Sexual activity: Not Currently

Other Topics

- Not on file

Social History Narrative

- Not on file

Social Drivers of Health

Financial Resource Strain: Not on file

Food Insecurity: No Food Insecurity (1/6/2024)

Hunger Vital Sign

- Worried About Running Out of Food in the Last Year: Never true
- Ran Out of Food in the Last Year: Never true

Transportation Needs: No Transportation Needs (1/6/2024)

PRAPARE - Transportation

- Lack of Transportation (Medical): No

- Lack of Transportation (Non-Medical): No

Physical Activity: Inactive (1/6/2024)

Exercise Vital Sign

- Days of Exercise per Week: 0 days
- Minutes of Exercise per Session: 0 min

Stress: Not on file

Social Connections: Not on file

Intimate Partner Violence: Not At Risk (1/6/2024)

Humiliation, Afraid, Rape, and Kick questionnaire

- Fear of Current or Ex-Partner: No
- Emotionally Abused: No
- Physically Abused: No
- Sexually Abused: No

Recent Concern: Intimate Partner Violence - At Risk (12/18/2023)

Humiliation, Afraid, Rape, and Kick questionnaire

- Fear of Current or Ex-Partner: Yes
- Emotionally Abused: Yes
- Physically Abused: Yes
- Sexually Abused: Yes

Housing Stability: Low Risk (1/6/2024)

Housing Stability Vital Sign

- Unable to Pay for Housing in the Last Year: No
- Number of Places Lived in the Last Year: 1
- Unstable Housing in the Last Year: No

No Known Allergies

Meds:

[COMPLETED] cefepime (MAXIPIME) 2 g in sterile water 20 ml syringe 2 g Intravenous Now **AND** vancomycin (VANCOCIN) 1,500 mg in NaCl 0.9% 250 mL IVPB 25 mg/kg/dose (Order-Specific) Intravenous Now; sodium zirconium cyclosilicate (LOKELMA) oral powder packet 10 g 10 g Oral Now; insulin lispro (HumaLOG) injection 10 Units 10 Units IV Push Now; dextrose 50 % in water (D50W) intravenous syringe 50 g 50 g IV Push Now sodium bicarb 150 mEq in D5W 1,150 mL IV solution Last Rate: 100 mL/hr at 02/17/25 1214

- saline flush
- dextrose (GLUTOSE) gel 15 g Carb
- glucagon injection 1 mg
- dextrose 50 % in water (D50W) intravenous syringe 5-12.5 g

Family Hx:

Family History

Problem	Relation	Name	Age of Onset
• Heart Disease <i>CAD</i>	Father		
• COPD <i>smoker</i>	Father		
• Hypertension	Mother		
• Diabetes	Mother		
• Stroke	Mother		
• Breast Cancer	Paternal Aunt		
• No Known Problems	Sister		
• Cancer <i>esophageal</i>	Brother		
• No Known Problems	Sister		
• Cerebral Palsy	Brother		
• No Known Problems	Brother		
• Anesthesia Problems	Neg Hx		

EXAM:

Temp: 93.3 °F (34.1 °C)	Temp Avg: 93.3 °F (34.1 °C)	BP: 115/68 Min: (02/17/25 1131)	Pulse: 98 (02/17/25 1131)	Resp: 20 (02/17/25 1131)	SpO2: 100 % (02/17/25 1131)
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(02/17/25 0945)	93.3 °F (34.1 °C) Max: 93.3 °F (34.1 °C)			
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No intake or output data in the 24 hours ending 02/17/25 1244

GEN: obtunded in fetal position, bair Hugger in place.

HEENT: Oropharynx pink, dry, and without lesion or exudate,

CV: regular rate and rhythm and S1, S2 normal, no murmur, click, rub or gallop,

PUL: lungs clear to auscultation bilaterally, no respiratory distress

ABD: Abdomen soft, No masses or organomegaly

NEURO:fetal position, no rigidity

EXT: supple, non-tender, without cyanosis 2+ leg edema edema

SKIN: Skin color, texture, turgor normal. No rashes or lesions.

Access: PIV

Labs:

Recent Labs

	02/17/25 0945	02/17/25 1009	02/17/25 1120	02/17/25 1148
WBC	--	21.4*	--	--
HEMOGLOBIN	--	8.5*	--	--
HEMATOCRIT	--	27.0*	--	--
PLATELETS	--	363	--	--
NA	--	134*	--	--
POTASSIUM	--	7.3*	--	--
CL	--	108	--	--
CO2	--	5*	--	--
BUN	--	80*	--	--
CREATININE	--	5.2*	--	--
GLUCOSE	94	166*	157*	--
CA	--	8.8	--	--
ALB	--	2.8*	--	--
MG	--	2.3	--	--
AST	--	74*	--	--
ALT	--	76*	--	--
INR	--	1.3*	--	--
TROP	--	60*	--	54*

Radiology:

Reviewed CT head - encephalomalacia worse right temporal region, mild ventriculomegally no shift or acute stroke seen

CT abd normal kidneys no hydronephrosis

Bladder empty

No ischemic bowel or bowel obstruction

No pleural effusions

Assessment

Acute renal failure with peak creat 5.2

Volume depleted

Lyttes Hyperkalemia

Acidosis severe (bicarb of 5)

GFR estimate indeterminate - possibly 15 ml/min

Depends on Urine output

CKD 3 due to HTN with baseline creat 1.5- 1.7

Saw Dr Oo in past

Anemia of CKD and history of GI bleed

History of stroke

Hypoglycemia with confusion - reason for admission

Hypertensive renal disease

Plan

IV with Bicarb

Foley stat

Lokelma etc for potassium

Check cortisol, note TSH is up to 5

Recheck lab after initial medical treatment, may need dialysis if she does not rapidly turn around.

We will be following closely with you

thank you so much for allowing me to participate in your patient's care.

Electronically signed by: Jeffrey J Kaufhold, MD, 2/17/2025 12:44 PM

Page via Match MD or Epic Secure Chat

ED to Hosp-Admission (Discharged) on 2/17/2025

Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Fife, Taylor G, RN
Registered Nurse

ED Notes  
Signed

Date of Service: 02/17/25 1139

Signed
Bedside BG 171

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:34 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Holmes, Beverly AED Notes  

Date of Service: 02/17/25 1129

Patient Care Tech
Emergency Medicine

Signed

Signed

12 lead EKG performed and handed to Ballester, John M, MD Electronically signed by: Beverly A Holmes, 2/17/2025 11:29 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient***Care Timeline**

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:34 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Crafton, Jennifer A, RN
Registered Nurse

ED Notes  
Signed

Date of Service: 02/17/25 1056

Signed

Pharm to send abx to tube 711

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

- 02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:34 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Holmes, Beverly AED Notes  

Date of Service: 02/17/25 1027

Patient Care Tech
Emergency Medicine

Signed

Signed

12 lead EKG performed and handed to Ballester, John M, MD Electronically signed by: Beverly A Holmes, 2/17/2025 10:27 AM

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient***Care Timeline**

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:34 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Ballester, John M, MD
Physician
Emergency Medicine

ED Provider Notes  
Signed

Date of Service: 02/17/25 1007

Signed

ATTENDING NOTE

I have seen and discussed the care of Diane Crisp with the resident physician. I personally performed the service and managed the patient's care as documented by the resident. Please see the resident's note for full H&P and final disposition/management.

No procedures were performed during this patient encounter.

HPI: Patient presented with severe obtundation and hypoglycemia. She apparently lives by herself, came in very disheveled and had been found by visiting nurse to be obtunded. Her blood sugar was 30 on arrival by the visiting nurse, EMS gave her an amp of glucose and by the time she arrived she was awake answering simple questions obtunded.

Vital Signs: Visit Vitals

BP	110/63
Pulse	97
Temp	93.3 °F (34.1 °C)
Resp	20
SpO2	100%
OB Status	Postmenopausal
Smoking Status	Never

General: Patient appears very disheveled, thin able to answer simple questions

HENT: Atraumatic, normocephalic, oral mucosa very dry

Lungs: Clear to auscultation bilaterally

Heart: Regular rate and rhythm

Abdomen: Non-distended, soft, non-tender

Extremities: No edema

Neuro: She appears very obtunded but able to answer simple questions

ED COURSE / MEDICAL DECISION MAKING:

Patient appears very ill. She was initially started with IV fluids, and was found to be very thermic. Her core temperature was around 90. She received IV fluids, was found to have a white count of 21.4, hemoglobin 8.5 and hematocrit 27. She was very acidotic with a pH of 6.95, pCO₂ 22 bicarb of 4.9. Lefty show what appear to be a shock liver with AST and ALT around 75, alk phos 257. His sodium is 134, potassium 7.3, chloride 108, CO₂ 5, BUN 80, creatinine 5.2, glucose is 166 with an anion gap of 21. Patient's TSH was high at 4.8 T3 and T4 were both very low.

At this time sepsis labs have been ordered as well and the UA is pending. She continues to receive IV fluids, and is now improving from her acidosis as well as her hypothermia. She is profoundly hypothyroid and received stress dose steroids.

Medications Administered in the Emergency Dept:

Medications

saline flush (has no administration in time range)
cefepime (MAXIPIME) 2 g in sterile water 20 ml syringe (has no administration in time range)
And
vancomycin (VANCOCIN) 1,500 mg in NaCl 0.9% 250 mL IVPB (has no administration in time range)

Medications to be Initiated at Time of Discharge:**New Prescriptions**

No medications on file

DECISION to ADMIT / DISCHARGE:

10:07 AM

Diagnosis

Hypoglycemia
Myxedema coma
Hypothermia
Hyperkalemia

Electronically signed by: John M Ballester, MD, 2/17/2025 10:07 AM

ED to Hosp–Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Neikirk, Joanna G, RN
Registered Nurse

ED Notes  
Signed

Date of Service: 02/17/25 1003

Signed

Pt's brief soiled with urine and stool. Brief changed and linens changed. Bair hugger placed on patient.

ED to Hosp-Accident & Emergency (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:34 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Kelly, Haley A, DO
 Resident
 Emergency Medicine

ED Provider Notes  
 Signed

Date of Service: 02/17/25 0945

Signed**Name:** Diane Crisp**DOB:** 9/1/1959**Room/Bed:** GRN30/GRN30**PCP:** Nonstaff, Mvh**Date/Time:** 2/17/2025 9:40 AM**TRIAGE CHIEF COMPLAINT:****Chief Complaint**

Patient presents with

- Decreased Blood Sugar-Symptomatic
- Hypoxia

HPI: Diane Crisp is a 65 year old female who presents via EMS after home health aide called 911 because the patient was lethargic and minimally responsive. Per medics, patient was found to have a blood sugar of 31 on EMS arrival for which she was given glucose. Repeat on arrival was 157. Patient was placed on a D10 drip. On arrival, she is A&O x 2 to person and place, but is unable to provide much additional history. Per EMS, patient was hypotensive to 88/51 and hypoxic requiring 6 L nasal cannula. Blood pressure on arrival was 123/78. Patient was very cold we are unable to obtain an oral temperature, however rectal temperature was 93.3 °F. Patient is grossly unable to provide any meaningful history at this time.

Patient case was also discussed with her sister-in-law. To her knowledge, she does not have a living will or healthcare power of attorney. Patient is not married and has no children. The sister-in-law's husband is deceased

Review Of Symptoms

Otherwise Negative

PAST MEDICAL HISTORY:**Past Medical History:**

Diagnosis	Date
• Acute blood loss anemia	07/11/2018
• Fall	12/20/2023
• Folic acid deficiency	
• History of hemorrhagic cerebrovascular accident (CVA) without residual deficits <i>Hemorrhagic CVA x2: Rt Frontoparietal Hemorrhagic Stroke 6/2001 followed by Rt Parietal Hemorrhagic Stroke 7/2006. Both were thought to be due to uncontrolled Htn...No residual deficits</i>	06/2001
• History of hemorrhagic cerebrovascular accident (CVA) without residual deficits <i>Hemorrhagic CVA x2: Rt Frontoparietal Hemorrhagic Stroke 6/2001 followed by Rt Parietal Hemorrhagic Stroke 7/2006. Both were thought to be due to uncontrolled Htn...No residual deficits</i>	07/2006
• History of ischemic stroke without residual deficits <i>Left Corona Radiata Ischemic CVA 10/2013. Thought to be due to uncontrolled Htn</i>	10/2013
• Hypercholesterolemia <i>Cardiologist: Ahmad Abdul-Karim, MD</i>	
• Hyperpotassemia	08/11/2020
• Hypertension <i>Cardiologist: Ahmad Abdul-Karim, MD</i>	
• Iron deficiency anemia <i>pt said last IV iron infusion was approx in 2016. Heme-Onc: Satheesh Kathula, MD</i>	
• LVH (left ventricular hypertrophy) due to hypertensive disease <i>Cardiologist: Ahmad Abdul-Karim, MD</i>	
• Postmenopausal	
• Preop exam for internal medicine	06/19/2018
•	

PUD (peptic ulcer disease)

Admitted 6/19-6/21/18 for Acute on Chronic Iron Deficiency Anemia due to Upper GI Bleed from PUD (presumed to be NSAID induced). EGD 6/20/18 showed pyloric stenosis from PUD with gastric outlet obstruction. GI: Michael Gorsky, MD

- Thrombocytosis (Chronic)

Thought to be related to Iron def (improves with IV Iron). Heme-Onc: Satheesh Kathula, MD

FAMILY HISTORY:**Family History**

Problem	Relation	Age of Onset
• Heart Disease <i>CAD</i>	Father	
• COPD <i>smoker</i>	Father	
• Hypertension	Mother	
• Diabetes	Mother	
• Stroke	Mother	
• Breast Cancer	Paternal Aunt	
• No Known Problems	Sister	
• Cancer <i>esophageal</i>	Brother	
• No Known Problems	Sister	
• Cerebral Palsy	Brother	
• No Known Problems	Brother	
• Anesthesia Problems	Neg Hx	

SOCIAL HISTORY:**Social History****Socioeconomic History**

- Marital status:
Spouse name:
- Number of children:
- Years of education:
- Highest education level:

Single
Not on file
Not on file
Not on file
Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status:
- Smokeless tobacco:

Never
Never

Substance and Sexual Activity

- Alcohol use:
Alcohol/week:
- Drug use:
- Sexual activity:

No
0.0 standard drinks of alcohol
No
Not Currently

Other Topics

- Not on file

Concern

Social History Narrative

- Not on file

Social Drivers of Health

Financial Resource Strain: Not on file

Food Insecurity: No Food Insecurity (1/6/2024)

Hunger Vital Sign

- Worried About Running Out of Food in the Last Year: Never true
- Ran Out of Food in the Last Year: Never true

Transportation Needs: No Transportation Needs (1/6/2024)

PRAPARE - Transportation

- Lack of Transportation (Medical): No

- Lack of Transportation (Non-Medical): No

Physical Activity: Inactive (1/6/2024)

Exercise Vital Sign

- Days of Exercise per Week: 0 days
- Minutes of Exercise per Session: 0 min

Stress: Not on file

Social Connections: Not on file

Intimate Partner Violence: Not At Risk (1/6/2024)

Humiliation, Afraid, Rape, and Kick questionnaire

- Fear of Current or Ex-Partner: No
- Emotionally Abused: No
- Physically Abused: No
- Sexually Abused: No

Recent Concern: Intimate Partner Violence - At Risk (12/18/2023)

Humiliation, Afraid, Rape, and Kick questionnaire

- Fear of Current or Ex-Partner: Yes
- Emotionally Abused: Yes
- Physically Abused: Yes
- Sexually Abused: Yes

Housing Stability: Low Risk (1/6/2024)

Housing Stability Vital Sign

- Unable to Pay for Housing in the Last Year: No
- Number of Places Lived in the Last Year: 1
- Unstable Housing in the Last Year: No

SURGICAL HISTORY:

Past Surgical History:

Procedure	Laterality	Date
• Carpal Tunnel Release <i>bilateral</i>		
• Colonoscopy <i>COLONOSCOPY performed by Musleh, Mustafa N, MD at MVH ENDOSCOPY</i>	N/A	12/27/2023
• CUBITAL TUNNEL RELEASE <i>right ulnar nerve sx</i>		
• Esophagogastroduodenoscopy <i>ESOPHAGOGASTRODUODENOSCOPY performed by Sandhir, Sanjay, MD at MVS ENDOSCOPY</i>	N/A	6/20/2018
• Esophagogastroduodenoscopy With Biopsy <i>ESOPHAGOGASTRODUODENOSCOPY WITH BIOPSY performed by Sharma, Kanan, MD at MVH ENDOSCOPY</i>	N/A	1/6/2024
• PACU OFFSITE RECOVERY <i>PACU OFFSITE RECOVERY performed by Generic, Periopsvcs at MVH MAIN OR</i>	N/A	10/25/2013
• TOTAL KNEE ARTHROPLASTY <i>TOTAL KNEE ARTHROPLASTY performed by Lawless, Matthew W, MD at MVS SOUTH OR</i>	Left	7/10/2018

CURRENT MEDICATIONS:

Home medications reviewed.

ALLERGIES: Patient has no known allergies.

PHYSICAL EXAM:

VITAL SIGNS:

Vitals:

	02/17/25 1445	02/17/25 1500	02/17/25 1530	02/17/25 1545
BP:	(!) 77/51	(!) 68/42	98/51	98/51
Pulse:	91	105	103	101
Resp:			20	20
Temp:	96.6 °F (35.9 °C)			
SpO2:	100%	100%	100%	100%

CONSTITUTIONAL: Lethargic, oriented to person and place, ill-appearing

HENT: Atraumatic, normocephalic, oral mucosa pink and moist, airway patent

EYES: Conjunctiva clear

NECK: Trachea midline, non-tender, supple

CARDIOVASCULAR: Normal heart rate, Normal rhythm, No murmurs, rubs, gallops

PULMONARY/CHEST: Clear to auscultation, no rhonchi, wheezes, or rales. Symmetrical breath sounds. Non-tender.

ABDOMINAL: Non-distended, soft, but with generalized tenderness to palpation. No rebound or guarding. Nonperitoneal.

NEUROLOGIC: Non-focal

EXTREMITIES: 2+ pitting edema to the thighs.

SKIN: cold, Dry, No erythema, No rash

Radiology / Procedures:

CT HEAD WITHOUT CONTRAST

Final Result

IMPRESSION:

1. No acute intracranial abnormality.
2. Multifocal encephalomalacia and gliosis, not significantly changed from 2023.

Additional findings detailed above.

Dictated by: Jessica Blaza, MD

Workstation ID:G0102738

CT ABDOMEN AND CT PELVIS WITHOUT IV CONTRAST

Final Result

IMPRESSION:

No acute abnormality in the abdomen or pelvis.

Patchy consolidation in the left lung base concerning for pneumonia/aspiration. Follow-up to resolution is recommended to exclude the presence of an underlying lung nodule.

Moderate rectal stool burden.

Stones/sludge in the gallbladder with no findings to suggest acute cholecystitis.

Dictated by: Joshua Tarrence, DO

Workstation ID:APACSRR3

XR KNEE RIGHT 3 VIEWS

Final Result

IMPRESSION: Severe osteoarthritis and osteopenia with small suprapatellar effusion

Interpreted by Dr. Karen Jobalia, MD

Workstation ID:RADOFFICE

XR CHEST PA OR AP 1 VIEW (PORTABLE)

Final Result

IMPRESSION: No distinct acute cardiopulmonary disease.

Dictated by: Robert L. Tyrrell M.D Workstation
ID:APACSRR11

ECHO TRANSTHORACIC (TTE) COMPLETE (Results Pending)

Labs:

Labs Reviewed

BASIC METABOLIC PANEL - Abnormal; Notable for the following components:

Result	Value
Sodium	134 (*)
Potassium	7.3 (*)
Carbon Dioxide	5 (*)
BUN	80 (*)
Creatinine	5.2 (*)
Glucose	166 (*)
Anion Gap	21 (*)
Estimated GFR	9 (*)

All other components within normal limits

TROPONIN T (BASELINE) - Abnormal; Notable for the following components:

Troponin T, Baseline 60 (*)

All other components within normal limits

Narrative:

Patients who present with symptoms suggestive of acute coronary syndrome should have Gen 5 Troponin T assay (high sensitivity Troponin T Assay) interpreted in conjunction with clinical presentation, signs and symptoms, risk stratification with HEART score, ECG testing, imaging, etc. Baseline and serial troponin testing (when clinically indicated), to assess for significant delta (rise and/or fall), will assist the clinician in differentiating between ischemic and non-ischemic causes of myocardial injury.

PROTHROMBIN TIME - Abnormal; Notable for the following components:

Prothrombin Time	15.6 (*)
INR	1.3 (*)

All other components within normal limits

Narrative:

*Conventional anticoagulation: 2.0 - 3.0
Intensive anticoagulation: 2.5 - 3.5*

ACTIVATED PARTIAL THROMBOPLASTIN TIME -

Abnormal; Notable for the following components:

APTT	36.8 (*)
------	----------

All other components within normal limits

HEPATIC FUNCTION PANEL - Abnormal; Notable for the following components:

Total Protein	5.4 (*)
Albumin	2.8 (*)
AST	74 (*)
ALT	76 (*)
Alkaline Phosphatase	257 (*)

All other components within normal limits

VENOUS BLOOD GAS - Abnormal; Notable for the following components:

PH VENOUS	6.946 (*)
pCO ₂ , Venous	22.6 (*)
HCO ₃ , Venous	4.9 (*)
Base Excess	-25.5 (*)

All other components within normal limits

TSH, ETC - Abnormal; Notable for the following components:

TSH 4.820 (*)

All other components within normal limits

FREE T3/FREE T4 - Abnormal; Notable for the following components:

TRIIODOTHYRONINE 1.0 (*)

, FREE

T4, FREE 0.51 (*)

All other components within normal limits

COMPLETE BLOOD COUNT WITH DIFFERENTIAL -

Abnormal; Notable for the following components:

WBC Count 21.4 (*)

RBC 2.24 (*)

Hemoglobin 8.5 (*)

Hematocrit 27.0 (*)

MCV 120.5 (*)

MCH 37.9 (*)

RDW 15.6 (*)

All other components within normal limits

Narrative:

This is an appended report. These results have been appended to a previously verified report.

DIFFERENTIAL, CELLAVISION - Abnormal; Notable for

the following components:

Segmented 96 (*)

Neutrophils %

Lymphocytes % (CV) 3 (*)

Monocytes % (CV) 2 (*)

nRBC % 1 (*)

ABSOLUTE 20.5 (*)

NEUTROPHILS (CV)

Absolute Lymphocytes 0.6 (*)
(CV)

All other components within normal limits

TROPONIN T (1 HOUR) - Abnormal; Notable for the following components:

Troponin, 1 HOUR 54 (*)

All other components within normal limits

Narrative:

Patients who present with symptoms suggestive of acute coronary syndrome should have Gen 5 Troponin T assay (high sensitivity Troponin T Assay) interpreted in conjunction with clinical presentation, signs and symptoms, risk stratification with HEART score, ECG testing, imaging, etc. Baseline and serial troponin testing (when clinically indicated), to assess for significant delta (rise and/or fall), will assist the clinician in differentiating between ischemic and non-ischemic causes of myocardial injury.

VENOUS BLOOD GAS - Abnormal; Notable for the following components:

PH VENOUS 7.183 (*)

pCO₂, Venous 19.8 (*)

pO₂, Venous 112.0 (*)

O₂ SAT, Venous 98.6 (*)

HCO₃, Venous 7.4 (*)

Base Excess -19.1 (*)

All other components within normal limits

POTASSIUM, SERUM - Abnormal; Notable for the following components:

Potassium 7.2 (*)

All other components within normal limits
POC GLUCOSE - Abnormal; Notable for the following components:
POC Glucose 157 (*)
All other components within normal limits
POC GLUCOSE - Abnormal; Notable for the following components:
POC Glucose 107 (*)
All other components within normal limits
SEPSIS LACTATE W/ REFLEX - Normal
Narrative:
If ruling out sepsis:
Result >2.0 meets criteria for severe sepsis,
recommend repeat testing to rule out sepsis.
Result >=4.0 meets criteria for septic shock.
MAGNESIUM, SERUM - Normal
URINALYSIS REFLEX TO CULTURE
CULTURE, BLOOD
CULTURE, BLOOD
CORTISOL, TOTAL
TYPE AND SCREEN
POC GLUCOSE
POC GLUCOSE

ED COURSE / MEDICAL DECISION MAKING:

Diane Crisp is a 65 year old female who presents to the emergency department with lethargy, hypoglycemia. The patient arrives with a clinical presentation as described above. The differentials, vitals, patient risk factors, and HPI were considered, and the above exam and work-up was performed. Initial vital signs were concerning for tachycardia to 105, hypothermia with a temperature of 93.3 °F. Bair hugger applied on arrival. Temperature improved to 96.6 °F.

Initial labs reveal leukocytosis of 21.4 with a hemoglobin of 8.5. Hemoglobin appears stable from baseline. BMP with mild hyponatremia of 134, potassium elevated at 7.3, carbon dioxide 5 and creatinine of 5.2 with GFR of 9. Anion gap elevated at 21. INR 1.3, APTT 36.8. Hepatic function panel with elevated LFTs and an AST of 74, ALT 76, alk phos of 257. Lactic acid within normal notes at 1.2. Initial VBG with a pH of 6.9 and bicarb of 4.9. Repeat with a pH of 7.18 and bicarb of 7.4 after 2 A of bicarb followed by a bicarb drip. Patient treated per hyperkalemia protocol and nephrology consulted for possible dialysis. Repeat potassium after intervention was still 7.2. Initial troponin 60 with a repeat of 54. TSH elevated at 4.82 with free T3 and T4 of 1 and 0.51 that are both low respectively.

EKG read and reviewed by me as sinus tachycardia with rate of 101 bpm. Left axis deviation. Incomplete right bundle branch block and left anterior fascicular block. Intervals otherwise within normal limits. No ST or T wave abnormalities. This is grossly similar to EKG obtained on 23 December 2023. X-ray read and reviewed by me as no acute cardiopulmonary disease including consolidation or infiltrate CT head shows multifocal encephalomalacia and gliosis not significantly changed from 2023. Otherwise no acute intracranial abnormality. CT abdomen pelvis shows patchy consolidation in the left lung base concerning for pneumonia/aspiration. There is moderate rectal stool burden and stone/sludge in the gallbladder with no findings to suggest acute cholecystitis.

Patient presents with sepsis likely secondary to aspiration pneumonia with possible myxedema coma. Patient was treated with IV fluids and broad-spectrum antibiotics. She would likely benefit from T3 and T4 replacement in addition to steroids. She would also likely benefit from dialysis given her renal failure and acute hyperkalemia. Patient case discussed with nephrology who will see the patient. Patient case also discussed with the hospitalist who has accepted for admission. She is otherwise appropriate for transfer to the admitting team.

ED Course as of 02/17/25 1601**Mon Feb 17, 2025****1019 HCO3, VENOUS(!): 4.9****1019 Venous pH(!): 6.946****1022 WBC COUNT(!): 21.4****1022 HEMOGLOBIN(!): 8.5**

Baseline

1047 AST(SGOT)(!): 74**1047 ALT(SGPT)(!): 76****1047 ALKALINE PHOSPHATASE(!): 257****1057 POTASSIUM(!): 7.3****1057 CREATININE(!): 5.2****1058 ANION GAP(!): 21****1058 CARBON DIOXIDE(!): 5****1139 TSH(!): 4.820****1227 TROPONIN T(!): 54****1228 CT Head without Contrast****IMPRESSION:**

1. No acute intracranial abnormality.
2. Multifocal encephalomalacia and gliosis, not significantly changed from 2023.

1234 CT Abdomen And CT Pelvis Without IV Contrast**IMPRESSION:**

No acute abnormality in the abdomen or pelvis.

Patchy consolidation in the left lung base concerning for pneumonia/aspiration. Follow-up to resolution is recommended to exclude the presence of an underlying lung nodule.

Moderate rectal stool burden.

Stones/sludge in the gallbladder with no findings to suggest acute cholecystitis

Significant PMH: Hypertension, folic acid deficiency, hypercholesterolemia, CVA, IDA, PUD, thrombocytosis, LVH, HTN, hyperkalemia, acute blood loss anemia, GBS

DDx: Sepsis, septic shock, hypothermia, myxedema coma, hypothyroidism, acute renal failure, hyperkalemia, other electrolyte abnormalities

Escalation/De-Escalation of Care: Admitted

Condition at Disposition: III

Billable Critical Care Time:

Medications Administered in the Emergency Dept:

Medications

saline flush (has no administration in time range)

dextrose (GLUTOSE) gel 15 g Carb (has no administration in time range)

glucagon injection 1 mg (has no administration in time range)

sodium bicarb 150 mEq in D5W 1,150 mL IV solution (

Intravenous New Bag 2/17/25 1214)

sodium zirconium cyclosilicate (LOKELMA) oral powder

packet 10 g (10 g Oral Not Given 2/17/25 1349)
dextrose 50 % in water (D50W) intravenous syringe 5-12.5 g
(has no administration in time range)
AtorvaSTATin (LIPITOR) tablet 20 mg (has no administration
in time range)
gabapentin (NEURONTIN) capsule 100 mg (has no
administration in time range)
pantoprazole (PROTONIX) enteric-coated tablet 40 mg (has
no administration in time range)
saline flush (has no administration in time range)
saline flush (has no administration in time range)
NaCl 0.9% 1,000 mL (has no administration in time range)
acetaminophen (TYLENOL) tablet 650 mg (has no
administration in time range)
Or
acetaminophen (TYLENOL) suppository 650 mg (has no
administration in time range)
HYDROcodone-acetaminophen (NORCO) 5-325 mg tablet 1
Tab (has no administration in time range)
Or
HYDROcodone-acetaminophen (NORCO) 5-325 mg tablet 2
Tab (has no administration in time range)
polyethylene glycol (MIRALAX) packet 17 g (has no
administration in time range)
heparin injection 5,000 Units (5,000 Units Subcutaneous
Given 2/17/25 1439)
cefepime (MAXIPIME) 1 g in sterile water 10 ml syringe (has
no administration in time range)
linezolid (ZYVOX) 600mg in D5W 300mL IVPB (has no
administration in time range)
folic acid (FOLATE) tablet 1 mg (has no administration in time
range)
hydrocortisone sod succ (PF) (SOLU CORTEF) injection 100
mg (100 mg IV Push Given 2/17/25 1439)
fludrocortisone (FLORINEF) tablet 0.1 mg (has no
administration in time range)
midodrine (PROAMATINE) tablet 10 mg (has no
administration in time range)
lidocaine (PF) 1 % (10 mg/mL) injection 5 mL (has no
administration in time range)
insulin lispro (HumaLOG) injection 10 Units (has no
administration in time range)
dextrose 50 % in water (D50W) intravenous syringe 50 g (has
no administration in time range)
dextrose 50 % in water (D50W) intravenous syringe 5-12.5 g
(has no administration in time range)
calcium gluconate 1 g in NACL ISO-OSM 50 ml (has no
administration in time range)
norepinephrine 8 mg in NaCl 0.9% 250 mL (Standard
Concentration) IV infusion (has no administration in time
range)
metoclopramide HCl (REGLAN) oral soln 10 mg (has no
administration in time range)
Or
metoclopramide HCl (REGLAN) tablet 10 mg (has no
administration in time range)
Or
metoclopramide HCl (REGLAN) injection 10 mg (has no
administration in time range)
cefepime (MAXIPIME) 2 g in sterile water 20 ml syringe (0 g
Intravenous Stopped 2/17/25 1350)
And
vancomycin (VANCOCIN) 1,500 mg in NaCl 0.9% 250 mL IVPB
(0 mg Intravenous Stopped 2/17/25 1351)
sodium bicarb (ADULT) injection vial 100 mEq (100 mEq IV
Push Given 2/17/25 1045)
calcium gluconate 1 g in NACL ISO-OSM 50 ml (0 g
Intravenous Stopped 2/17/25 1350)
insulin lispro (HumaLOG) injection 10 Units (10 Units IV Push
Given 2/17/25 1439)

dextrose 50 % in water (D50W) intravenous syringe 50 g (50 g
IV Push Given 2/17/25 1439)
NaCl 0.9% 1,000 mL (1,000 mL Intravenous New Bag 2/17/25
1440)
albuterol (PROVENTIL) nebulizer solution 10 mg (10 mg
Inhalation Given 2/17/25 1540)

Medications to be Initiated at Time of Discharge:**New Prescriptions**

No medications on file

DECISION to ADMIT / DISCHARGE:

4:01 PM

Diagnosis

		ICD-10-CM	ICD-9-CM	
1.	Sepsis with acute renal failure without septic shock, due to unspecified organism, unspecified acute renal failure type (HC CODE)	A41.9	038.9	TRANSFER PATIENT
		R65.20 N17.9	995.92 584.9	TRANSFER PATIENT
2.	Aspiration pneumonia of both lower lobes, unspecified aspiration pneumonia type (HC CODE)	J69.0	507.0	
3.	Myxedema coma (HC CODE)	E03.5	780.01 244.9	
4.	Acute renal failure, unspecified acute renal failure type (HC CODE)	N17.9	584.9	
5.	Hyperkalemia	E87.5	276.7	
6.	Elevated troponin	R79.89	790.6	
7.	Anemia, unspecified type	D64.9	285.9	
8.	Elevated LFTs	R79.89	790.6	

Haley A. Kelly, DO
Emergency Medicine Resident, PGY-3
02/17/25, 4:01 PM

S/d/w Attending Physician, Dr. Ballester

ED to Hosp-Admission (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

- 02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:34 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Neikirk, Joanna G, RN
Registered Nurse

ED Triage  
Signed

Date of Service: 02/17/25 0941

Signed

Patient arrives via medics from home after aid called 911 for lethargy. Medics found on scene BG 31. Medics started D10 and isolyte enroute for low BG and for hypotension, pt had BP 88/51 for medics. Patient alert to self and place, confused to the year. Pt arrives on 6 lpm O2, satting 100%. BG on arrival 94. BP on arrival 123/78. Patient cold, oral temp not reading.

ED to Hosp-Acknowledgment (Discharged) on 2/17/2025 Note shared with patient

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:34 AM

Crisp, Diane (MRN 096-67-27-70) Encounter Date: 02/17/2025

Crisp, Diane

MRN: 096-67-27-70

Reiber, Annette N, RN
Registered Nurse

ED Notes  
Signed

Date of Service: 02/17/25 0940

Signed

Bed: GRN30
Expected date:
Expected time:
Means of arrival:
Comments:
Dayton

ED to Hosp-Admission (Discharged) on 2/17/2025 *Note shared with patient*

Care Timeline

02/17  Admitted to MVH SouthWest - Medical Surgical ICU from ED 1603
03/02  Discharged 1804

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:34 AM

Attending Provider:
Dange, Sulabha R, MD
Allergies: No Known
Allergies

Isolation: (one)
Code Status: Prior

Ht: 1.575 m (5' 2.01")
Wt: 54.5 kg (120 lb 2.4 oz)

Admission Dx: AMS
(altered mental status)

Continuous Medications

for Crisp, Diane as of 03/03/25 0934

» Legend:

Medications	02/21	02/22	02/23	02/24	02/25	02/26	02/27	02/28	03/01	03/02
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Discontinued Medications

diltiazem (CARDIZEM) 125 mg in 0.9% NaCl 125 mL add EASE Rate: 2.5-15 mL/hr Dose: 2.5-15 mg/hr Freq: CONTINUOUS Route: Intravenous Start: 02/24/25 0315 End: 03/02/25 1302 Admin Instructions: Cardiac Monitor Required. START infusion at 10 mg/hr. Titrate dose by up to 5 mg/hr as rapidly as one time every 15 minutes up to 15 mg/hr to maintain heart rate < 100. Hold for HR < 60 or SBP < 90 and contact provider for further orders. If 15 mg/hr is reached without meeting ordered hemodynamic parameters, contact provider for further orders. Infusion may be discontinued without weaning. If hemodynamic parameters are not maintained within 2 hours post-weaning, may restart at previous lowest dose. ** Activate Prior to Hanging ** Room Temperature **				<u>0324-New Bag</u>	<u>0000-Rate/Dose Verify</u>	<u>0000-Rate/Dose Verify</u>	<u>0001-Rate/Dose Change</u>	<u>0350-Canceled Entry</u>	<u>0801-New Bag</u>	
				<u>0340-Rate/Dose Change</u>	<u>0400-Rate/Dose Change</u>	<u>0112-New Bag</u>	<u>0100-Stopped</u>	<u>1712-New Bag</u>	<u>0829-Rate/Dose Change</u>	
				<u>0800-Rate/Dose Verify</u>	<u>0800-Rate/Dose Verify</u>	<u>0408-Rate/Dose Verify</u>		<u>1800-Rate/Dose Change</u>	<u>0926-Rate/Dose Change</u>	
				<u>1050-New Bag</u>	<u>1156-New Bag</u>	<u>0525-Rate/Dose Change</u>		<u>1900-Rate/Dose Change</u>	<u>1100-Rate/Dose Change</u>	
				<u>1200-Rate/Dose Verify</u>	<u>1600-Rate/Dose Verify</u>	<u>1600-Rate/Dose Verify</u>		<u>2357-New Bag</u>	<u>1201-Rate/Dose Change</u>	
				<u>1325-Rate/Dose Change [C]</u>	<u>2000-Rate/Dose Verify</u>	<u>2000-Rate/Dose Change</u>			<u>1400-Rate/Dose Change</u>	
				<u>1600-Rate/Dose Verify</u>		<u>2051-New Bag</u>			<u>1600-Rate/Dose Change</u>	
				<u>2004-Rate/Dose Verify</u>					<u>1700-Stopped</u>	
				<u>2252-New Bag</u>						
EPINEPHrine 10 mg in NaCl 0.9% 250 mL (Maximum Concentration) IV Infusion Rate: 0-75.2 mL/hr Dose: 0-1 mcg/kg/min Weight Dosing Info: 50.1 kg (Ideal) Freq: CONTINUOUS Route: Intravenous Start: 03/02/25 1205									<u>1416-Canceled Entry</u>	

End: 03/02/25 1909 🕒 Admin Instructions: START infusion at 0.05 mcg/kg/min. Increase dose by up to 0.05 mcg/kg/min as rapidly as one time every 3 minutes up to ordered max to maintain SBP > 90 mmHg or MAP > 65 mmHg. If ordered max is reached without meeting ordered hemodynamic parameters, contact provider for further orders. Weaning: decrease dose by up to 0.05 mcg/kg/min as rapidly as one time every 3 minutes until the ordered titration goal is achieved or drip is weaned off Central line preferred * VESICANT * Protect from Light * Refrigerate *								<u>0856-New Bag</u>
EPINEPHrine 5 mg in NaCl 0.9% 250 mL (Standard Concentration) IV infusion Rate: 0-150.3 mL/hr Dose: 0-1 mcg/kg/min Weight Dosing Info: 50.1 kg (Ideal) Freq: CONTINUOUS Route: Intravenous Start: 03/02/25 0850 End: 03/02/25 1909 🕒 Admin Instructions: START infusion at 0.05 mcg/kg/min. Increase dose by up to 0.05 mcg/kg/min as rapidly as one time every 3 minutes up to ordered max to maintain SBP > 90 mmHg or MAP > 65 mmHg. If ordered max is reached without meeting ordered hemodynamic parameters, contact provider for further orders. Weaning: decrease dose by up to 0.05 mcg/kg/min as rapidly as one time every 3 minutes until the ordered titration goal is achieved or drip is weaned off Central line preferred * VESICANT * Protect from Light *								<u>0858-Rate/Dose Change</u>
								<u>0901-Rate/Dose Change</u>
								<u>0907-Rate/Dose Change</u>
								<u>0909-Rate/Dose Change</u>
								<u>0911-Rate/Dose Verify</u>
								<u>0913-Rate/Dose Change</u>
								<u>0916-Rate/Dose Change</u>
								<u>0920-Rate/Dose Change</u>
								<u>1016-Rate/Dose Change</u>
								<u>1029-Rate/Dose</u>

Refrigerate Central Line Preferred								Change
								1032- Rate/Dose Verify
								1034- Rate/Dose Change
								1039- Rate/Dose Change
								1043- Rate/Dose Verify
								1044- Rate/Dose Change
								1046- Rate/Dose Change
								1048- Rate/Dose Verify
								1049- Rate/Dose Change
								1050- Rate/Dose Change
								1148-New Bag
								1204- Rate/Dose Verify
								1416-Canceled Entry
NaCl 0.9% 1,000 mL Rate: 10 mL/hr Dose: 1000 mL Freq: CONTINUOUS PRN Route: Intravenous PRN Reason: other Start: 02/17/25 1308 End: 03/02/25 1909 Admin Instructions: Use if infusion rate is less than 10 mL/hr or the infusion is a vesicant, and a continuous IV solution is not infusing, a carrier fluid of 0.9% NaCl at 10 mL/hr must be initiated during infusion. DC carrier	1502-New Bag							

fluid when infusion complete. May also be used a primary to infuse a secondary medication.						
norepinephrine (LEVOPHED) 32 mg in NaCl 0.9% 250 mL (Maximum Concentration) IV Infusion						1416- Cancelled Entry
Rate: 0-23.48 mL/hr Dose: 0-1 mcg/kg/min Weight Dosing Info: 50.1 kg (Ideal) Freq: CONTINUOUS Route: Intravenous Start: 03/02/25 1210 End: 03/02/25 1909						
Admin Instructions: START infusion at 0.05 mcg/kg/min. Increase dose by up to 0.1 mcg/kg/min as rapidly as one time every 3 minutes up to ordered max to maintain SBP > 90 mmHg, MAP > 65. If ordered max is reached without meeting ordered hemodynamic parameters, contact provider for further orders. Weaning: Decrease dose by up to 0.1 mcg/kg/min as rapidly as one time every 3 minutes until the ordered titration goal is achieved or drip is weaned off. * CENTRAL LINE PREFERRED * VESICANT * Protect from light * Room Temp *						
norepinephrine 8 mg in NaCl 0.9% 250 mL (Standard Concentration) IV infusion						0609- New Bag
Rate: 0-93.94 mL/hr Dose: 0-1 mcg/kg/min Weight Dosing Info: 50.1 kg (Ideal) Freq: CONTINUOUS Route: Intravenous Start: 03/02/25 0615 End: 03/02/25 1909						0633- Rate/Dose Change
Admin Instructions: Continue infusion at the current rate. Increase dose by up to 0.1 mcg/kg/min as rapidly as one time every 3 minutes up to ordered max to						0638- Rate/Dose Change
						0649- Rate/Dose Change
						0700- Rate/Dose Change
						0703- Rate/Dose Change

<p>maintain SBP > 90 mmHg, MAP > 65. If ordered max is reached without meeting ordered hemodynamic parameters, contact provider for further orders.</p> <p>Weaning: Decrease dose by up to 0.1 mcg/kg/min as rapidly as one time every 3 minutes until the ordered titration goal is achieved or drip is weaned off.</p> <p>* CENTRAL LINE PREFERRED *</p> <p>VESICANT * Protect from light * Room Temp *</p>						<p>0752-New Bag</p> <p>0909-Rate/Dose Verify</p> <p>1016-New Bag</p> <p>1204-Rate/Dose Verify</p> <p>1241-New Bag</p>
<p>norepinephrine 8 mg in NaCl 0.9% 250 mL (Standard Concentration) IV infusion</p> <p>Rate: 0-46.97 mL/hr</p> <p>Dose: 0-0.5 mcg/kg/min</p> <p>Weight Dosing Info: 50.1 kg (Ideal)</p> <p>Freq: CONTINUOUS</p> <p>Route: Intravenous</p> <p>Start: 03/02/25 0025</p> <p>End: 03/02/25 0606</p> <p>Admin Instructions:</p> <p>START infusion at 0.05 mcg/kg/min. Increase dose by up to 0.1 mcg/kg/min as rapidly as one time every 3 minutes up to ordered max to maintain SBP > 90 mmHg, MAP > 65. If ordered max is reached without meeting ordered hemodynamic parameters, contact provider for further orders.</p> <p>Weaning: Decrease dose by up to 0.1 mcg/kg/min as rapidly as one time every 3 minutes until the ordered titration goal is achieved or drip is weaned off.</p> <p>* CENTRAL LINE PREFERRED *</p> <p>VESICANT * Protect from light * Room Temp *</p>						<p>0021-New Bag</p> <p>0025-Rate/Dose Change</p> <p>0047-Canceled Entry [C]</p> <p>0227-Rate/Dose Change</p> <p>0420-Rate/Dose Change</p> <p>0425-Rate/Dose Change</p> <p>0454-Rate/Dose Change</p> <p>0459-Rate/Dose Change</p> <p>0527-Rate/Dose Change</p> <p>0540-Rate/Dose Change</p> <p>0546-Rate/Dose Change</p> <p>0549-Rate/Dose Change</p> <p>0552-Rate/Dose</p>

								Change
<p>phenylephrine (NEO-SYNEPHRINE) 100 mg in NaCl 0.9% 250 mL (Maximum Concentration) IV Infusion</p> <p>Rate: 0-45.09 mL/hr Dose: 0-6 mcg/kg/min Weight Dosing Info: 50.1 kg (Ideal) Freq: CONTINUOUS Route: Intravenous Start: 03/02/25 1110 End: 03/02/25 1909</p> <p>▼ Admin Instructions:</p> <p>START infusion at 0.5 mcg/kg/min. Increase dose by up to 0.5 mcg/kg/min as rapidly as one time every 3 minutes up to ordered max to maintain SBP > 90 mmHg, MAP >65 mmHg. If ordered max is reached without meeting ordered hemodynamic parameters, contact provider for further orders.</p> <p>Weaning: decrease dose by up to 0.5 mcg/kg/min as rapidly as one time every 3 minutes until the ordered titration goal is achieved or drip is weaned off.</p> <p>Room Temperature; Central Line preferred; Vesicant;</p>							1139-New Bag 1140-Rate/Dose Verify 1143-Rate/Dose Change 1147-Rate/Dose Change 1150-Rate/Dose Change 1201-Rate/Dose Change 1204-Rate/Dose Verify 1206-Rate/Dose Change 1207-Rate/Dose Change 1211-Rate/Dose Change	
<p>vasopressin (VASOSTRICT) 20 Units in NaCl 0.9% 100 mL IV infusion SEPSIS NON-TITRABLE</p> <p>Rate: 9 mL/hr Dose: 0.03 Units/min Freq: CONTINUOUS Route: Intravenous Start: 03/02/25 0735 End: 03/02/25 1909</p> <p>▼ Admin Instructions:</p> <p>Sepsis parameters: START infusion at 0.03 units/min. In Alaris select "vasopressin", and use the "Sepsis" therapy." Do NOT titrate.</p> <p>Room Temperature; Central Line preferred; Vesicant;</p>								0822-New Bag 0909-Rate/Dose Verify 1204-Rate/Dose Verify

Medications	02/21	02/22	02/23	02/24	02/25	02/26	02/27	02/28	03/01	03/02
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Scheduled Medications

for Crisp, Diane as of 03/03/25 0934

Legend: <table border="1"> <thead> <tr> <th>Medications</th><th>02/21</th><th>02/22</th><th>02/23</th><th>02/24</th><th>02/25</th><th>02/26</th><th>02/27</th><th>02/28</th><th>03/01</th><th>03/02</th></tr> </thead> </table>											Medications	02/21	02/22	02/23	02/24	02/25	02/26	02/27	02/28	03/01	03/02
Medications	02/21	02/22	02/23	02/24	02/25	02/26	02/27	02/28	03/01	03/02											
Completed Medications																					
furosemide (LASIX) injection 80 mg									0934-Given												
Dose: 80 mg Freq: TWO TIMES A DAY Route: IV Push Start: 02/28/25 0925 End: 02/28/25 1649 Admin Instructions: IV Push 20 mg/min ** Room Temperature ** Protect from Light **									1649-Given												
isotated ringers parenteral solution 250 mL										0936-New Bag											
Dose: 250 mL Freq: ONCE Route: Intravenous Start: 03/02/25 0945 End: 03/02/25 1003										1003-Stopped											
Discontinued Medications																					
Medications	02/21	02/22	02/23	02/24	02/25	02/26	02/27	02/28	03/01	03/02											
hydrocortisone (FLORINEF) tablet 0.1 mg			1435-Given	(0930)-Not Given	1056-Given	0906-Given	0818-Given	0804-Given	0921-Given	0916-Given											
Dose: 0.1 mg Freq: DAILY Route: Oral Start: 02/23/25 1425 End: 03/02/25 1909																					
folie acid (FOLATE) tablet 1 mg	0911-Given	0859-Given	0820-Given	(0930)-Not Given	0914-Given	0906-Given	0818-Given	0804-Given	0922-Given	0915-Given											
Dose: 1 mg Freq: DAILY Route: Oral Start: 02/18/25 0900 End: 03/02/25 1909																					
insulin lispro (Humalog) injection 1-9 Units	0450-Given	(0052)-Not Given	0358-Given	0322-Given	(0046)-Not Given	(0319)-Not Given	0012-Given	(0005)-Not Given	(0347)-Not Given	(0013)-Not Given											
Dose: 1-9 Units Freq: EVERY 4 HOURS Route: Subcutaneous Start: 02/20/25 2205 End: 03/02/25 1909 Admin Instructions: Should not be held if patient is NPO MEDIUM DOSE ALGORITHM: BS 140-189 1 unit BS 190-239 3 units BS 240-289 5 units BS 290-339 7 units BS 340-389 9 units Greater than 389 call physician Warning: Sound-alike/Look-alike Medication Waste: BKC.	(0949)-Not Given [C]	(0450)-Not Given [C]	0819-Given [C]	0934-Given [C]	(1105)-Not Given [C]	(0309)-Not Given [C]	(0737)-Not Given	(0423)-Not Given	(0400)-Not Given	(0831)-Not Given											
	(1115)-Not Given [C]	(0850)-Not Given [C]	1241-Given [C]	(1522)-Not Given [C]	(0927)-Not Given [C]	(1125)-Not Given [C]	(0807)-Not Given	(0807)-Not Given	(0914)-Not Given	(1133)-Not Given											
	1522-Given	(1229)-Not Given [C]	1619-Given [C]	(1955)-Not Given [C]	(1239)-Not Given [C]	(1653)-Not Given	1730-Given	(1208)-Not Given	(1158)-Not Given	(1527)-Not Given											
	(2113)-Not Given [C]	(1622)-Not Given [C]	(2357)-Not Given		(1616)-Not Given	(2010)-Not Given	(2005)-Not Given	(1543)-Not Given	(2038)-Not Given	1600											
					(2040)-																

		(2037)- Not Given			Not Given [C]			[C]	(2346)- Not Given [C]		
levothyroxine (SYNTHROID) tablet 50 mcg Dose: 50 mcg Freq: DAILY Route: Oral Start: 02/18/25 1135 End: 03/02/25 1909	0619-Given	0508-Given	0550-Given	0609-Given [C]	0510-Given	0509-Given	0612-Given	0556-Given	0541-Given	0634-Given	
miodrine (PROAMATINE) tablet 10 mg Dose: 10 mg Freq: EVERY 8 HOURS Route: Oral Start: 02/18/25 1600 End: 03/02/25 1101	0618-Given 1542-Given 2106-Given	0508-Given 1341-Given 2140-Given	0550-Given 1435-Given (2148)- Not Given 2034-Given	(0546)- Not Given 1425-Given	0510-Given 1503-Given 2040-Given	0509-Given 1717-Given 2050-Given	0612-Given 1306-Given (2200)- Not Given	(0556)- Not Given (1323)- Not Given [C] (2134)- Not Given [C]	(0541)- Not Given [C] 1417-Given 2124-Given	0633-Given	
polyethylene glycol (MIRALAX) packet 17 g Dose: 1 Packet Freq: DAILY Route: Oral Start: 02/18/25 0900 End: 03/02/25 1909 Admin Instructions: Dissolve in 240 mL (8 ounces) of fluid prior to administration. Hold for diarrhea.	0913-Given	0859-Given	(0800)- Not Given [C]	(0930)- Not Given	0914-Given	0906-Given	0819-Given	0804-Given	0921-Given	(0755)- Not Given	
saline flush Dose: 10 mL Freq: EVERY 12 HOURS Route: IV Push Start: 02/17/25 1315 End: 03/02/25 1909	0913-Given 2105-Given	0851-Given 2140-Given	0821-Given 2049-Given	0935-Given 2034-Given	0928-Given 2040-Given	0906-Given 2050-Given	0819-Given 2000-Given	0804-Given 2133-Given	0922-Given 2124-Given	0733-Given	
vitamin D, B, iron and minerals (PRORENAL) tab 1 Tab Dose: 1 Tab Freq: DAILY Route: Oral Start: 02/23/25 1300 End: 03/02/25 1909 Admin Instructions: Waste: BKC.			1306-Given	(0931)- Not Given	0915-Given	0906-Given	0819-Given	0804-Given	0922-Given	0915-Given	
Medications	02/21	02/22	02/23	02/24	02/25	02/26	02/27	02/28	03/01	03/02	

PRN Medications

for Crisp, Diane as of 03/03/25 0934

» Legend:

Medications	02/21	02/22	02/23	02/24	02/25	02/26	02/27	02/28	03/01	03/02
Discontinued Medications										
acetaminophen (TYLENOL)	0909-									

<u>tablet 650 mg</u> Dose: 650 mg Freq: EVERY 4 HOURS PRN Route: Oral PRN Reason: other PRN Comment: for mild pain or temp of 101.5 F or 100.5 F for immunocompromised patients Start: 02/17/25 1308 End: 03/02/25 1909 ▼ Admin Instructions: Give suppository if unable to tolerate PO ** Limit acetaminophen to no more than 4 grams per day. **	<u>Given</u>					
Or ▼ <u>acetaminophen (TYLENOL)</u> <u>suppository 650 mg</u> Dose: 650 mg Freq: EVERY 4 HOURS PRN Route: Rectal PRN Reason: other PRN Comment: for mild pain or temp of 101.5 F or 100.5 F for immunocompromised patients Start: 02/17/25 1308 End: 03/02/25 1909 ▼ Admin Instructions: Give if unable to tolerate PO ** Limit acetaminophen to no more than 4 grams per day. **	0909- <u>See</u> <u>Alt</u>					
<u>albumin, human 25 % IV soln 25 g</u> Dose: 25 g Freq: TO DIALYSIS-PRN Route: Intravenous PRN Reason: other PRN Comment: for hypotensive episode during dialysis with low albumin Indications of Use: Intradialytic Hypotension Start: 02/22/25 1707 End: 03/02/25 1909 ▼ Admin Instructions: Do not infuse with medications or TPN. Room Temperature *DO NOT SHAKE OR TUBE*	<u>1712-</u> <u>New</u> <u>Bag</u>					
<u>dextrose (GLUCOSE) gel 15 g Carb</u> Dose: 15 g Carb Freq: PRN-AS NEEDED Route: Oral PRN Reason: other PRN Comment: hypoglycemia Start: 02/20/25 2154 End: 03/02/25 1909 ▼ Admin Instructions: PRN blood glucose less than 70 if patient conscious and not NPO. Administer treatment and recheck blood glucose in 15 minutes. Repeat treatment and recheck blood glucose every 15 minutes until 70 mg/dL or greater. Continue to check blood glucose every 15 minutes until 2 consecutive readings are 70 mg/dL or greater, then recheck after one hour to confirm blood glucose is stable. Provide patient with a small snack if it will be more than 60 minutes before next meal if diet is ordered.						
<u>dextrose 50 % in water (D50W)</u>		<u>1518-</u> <u>Given</u>		<u>0314-</u> <u>Given</u>		

<p>intravenous syringe 5-12.5 g</p> <p>Dose: 5-12.5 g Freq: PRN-AS NEEDED Route: IV Push PRN Reason: other PRN Comment: hypoglycemia Start: 02/20/25 2154 End: 03/02/25 1909</p> <p>✓ <u>Admin Instructions:</u></p> <p>PRN blood glucose less than 70 mg/dL if unconscious or NPO with IV access.</p> <p>If Blood Glucose then give 50% Dextrose 60 - 69 mg/dL 5 g (10 mL) 50 - 59 mg/dL 7.5 g (15 mL) 30 - 49 mg/dL 10 g (20 mL) < 30 mg/dL 12.5 g (25 mL)</p> <p>Administer treatment and recheck blood glucose in 15 minutes. Repeat treatment and recheck glucose every 15 minutes until 70 mg/dL or greater. Continue to check blood glucose every 15 minutes until 2 consecutive readings are 70 mg/dL or greater, then recheck after 1 hour to confirm blood glucose is stable. Provide patient with a small snack if it will be more than 60 minutes before next meal if diet is ordered. **VESICANT** Recommended IV push rate 25 grams over 2 minutes</p>							
<p>glucagon injection 1 mg</p> <p>Dose: 1 mg Freq: PRN-AS NEEDED Route: Subcutaneous PRN Comment: hypoglycemia Start: 02/20/25 2154 End: 03/02/25 1909</p> <p>✓ <u>Admin Instructions:</u></p> <p>PRN blood glucose less than 70 if patient unconscious or NPO with no IV access.</p> <p>If no response after 1 dose, obtain IV access and treat with Dextrose 50%. May repeat glucagon every 15 minutes until IV access is obtained or blood glucose 70 mg/dL or greater. Continue to check blood glucose every 15 minutes until 2 consecutive readings are 70 mg/dL or greater, then recheck after one hour to confirm blood glucose is stable. Provide patient with a small snack if it will be more than 60 minutes before next meal if diet is ordered. ** Room Temperature ** *DO NOT SHAKE OR TUBE* If ordered IV push - recommended 1 mg over 1 minute</p>							
<p>heparin catheter solution 5,000-20,000 Units</p> <p>Dose: 5,000-20,000 Units Freq: TO CRITICAL CARE-PRN Route: DIALYSIS PRN Reason: other PRN Comment: to lock HD catheter when CRRT has stopped Start: 02/25/25 0752 End: 03/02/25 1909</p> <p>✓ <u>Admin Instructions:</u></p> <p>Use 5,000 units / mL solution to lock HD catheter when CRRT has stopped. Reference catheter for volume to instill. Indwelling soln for dialysis catheters. Rx: send 50,000 unit/10ml vial.</p>				2239-Given			

heparin catheter solution 5,000-20,000 Units Dose: 5,000-20,000 Units Freq: TO CRITICAL CARE-PRN Route: DIALYSIS PRN Reason: other PRN Comment: to lock HD catheter when CRRT has stopped Start: 02/24/25 0022 End: 03/02/25 1909 Admin Instructions: Use 5,000 units / mL solution to lock HD catheter when CRRT has stopped. Reference catheter for volume to instill. Indwelling soln for dialysis catheters. Rx: send 50,000 unit/10ml vial.						1855-Given [C]		
heparin injection 5,000 Units Dose: 5,000 Units Freq: TO DIALYSIS-PRN Route: INSTILL PRN Reason: other PRN Comment: prevention of line clotting Start: 02/22/25 1128 End: 03/02/25 1909 Admin Instructions: To each port of dialysis catheter (after NS flush). Instill the amount indicated (in mls) on each lumen of the catheter.		1733-Given [C]		2302-Canceled Entry [C]		1904-Canceled Entry [C]		1434-Given
lidocaine (PF) 1% (10 mg/mL) injection 5 mL Dose: 5 mL Freq: ONCE PRN Route: Infiltration PRN Comment: For PICC Line Insertion Start: 02/17/25 1518 End: 03/02/25 1909 Admin Instructions: **Supplied From Kit**								
magnesium sulfate 2 g/50 mL SW IVPB Dose: 2 g Freq: PRN-AS NEEDED Route: Intravenous PRN Reason: other PRN Comment: if Magnesium level 1.8 - 2 mg/dl Start: 02/24/25 0024 End: 03/02/25 1909 Admin Instructions: Room Temperature				0800-Stopped [C]				
morphine injection syringe 2 mg Dose: 2 mg Freq: EVERY 4 HOURS PRN Route: IV Push PRN Comment: cpat, TACHYPNEA Start: 03/02/25 0016 End: 03/02/25 1909 Admin Instructions: If ordered IV push - recommended rate of 2 mg over 1 minute (may be further diluted in NS or SWFI) Waste: DEA.								0541-Given
NaCl 0.9% 2,000 mL Dose: 2,000 mL Freq: PRN-AS NEEDED Route: DIALYSIS PRN Comment: for priming CRRT machine Start: 02/25/25 0752 End: 03/02/25 1909 Admin Instructions: Prime with the volume required by the filter (i.e. ST set requires 2L)								
NaCl 0.9% 2,000 mL Dose: 2,000 mL Freq: PRN-AS NEEDED Route: DIALYSIS				0051-Given				

PRN Comment: for priming CRRT machine Start: 02/24/25 0022 End: 03/02/25 1909 ✓ <u>Admin Instructions:</u> Prime with the volume required by the filter (i.e. ST set requires 2L)							
NaCl 0.9% 300 mL Dose: 300 mL Freq: TO DIALYSIS-PRN Route: Intravenous PRN Comment: hypotension or cramping Start: 03/01/25 1018 End: 03/02/25 1909 ✓ <u>Admin Instructions:</u> To be infused via dialysis machine. For symptomatic hypotension of SBP less than 90 or cramping.							
NaCl 0.9% 300 mL Dose: 300 mL Freq: TO DIALYSIS-PRN Route: Intravenous PRN Comment: hypotension or cramping Start: 02/22/25 1111 End: 03/02/25 1909 ✓ <u>Admin Instructions:</u> To be infused via dialysis machine. For symptomatic hypotension of SBP less than 90 or cramping.							
or endansetron (ZOFTRAN ODT) RAPID DISSOLVING tablet 4 mg Dose: 4 mg Freq: EVERY 6 HOURS PRN Route: Oral PRN Reason: Nausea/Vomiting Start: 02/17/25 1615 End: 03/02/25 1909 ✓ <u>Admin Instructions:</u> If tolerating PO							
or endansetron (ZOFTRAN) injection 4 mg Dose: 4 mg Freq: EVERY 6 HOURS PRN Route: IV Push PRN Reason: Nausea/Vomiting Start: 02/17/25 1615 End: 03/02/25 1909 ✓ <u>Admin Instructions:</u> If NOT tolerating PO If ordered IV push - recommended rate of 2mg over 1 minute							
saline flush Dose: 10 mL Freq: TO DIALYSIS-PRN Route: IV Push PRN Reason: other Start: 02/22/25 1128 End: 03/02/25 1909 ✓ <u>Admin Instructions:</u> Instill 10 ml of NS in each lumen.							
saline flush Dose: 10 mL Freq: PRN-AS NEEDED Route: IV Push PRN Reason: other PRN Comment: flush saline lock Start: 02/17/25 1003 End: 03/02/25 1909							
sodium phosphate 10 mmol in NaCl 0.9% 100 mL IVPB Dose: 10 mmol						0615- New Bag	

Freq: PRN-AS NEEDED Route: Intravenous PRN Reason: other PRN Comment: if Phosphorus level 1.7 - 2.2 mg/dl Start: 02/24/25 0024 End: 03/02/25 1909 Admin Instructions: In Alaris infuse under intermittent sodium PHOSphate. **ROOM TEMPERATURE** Administer using a 0.22 micron in-line filter.								<u>0815- Stopped</u>		
sodium phosphate 20 mmol in NaCl 0.9% 100 mL IVPB Dose: 20 mmol Freq: PRN-AS NEEDED Route: Intravenous PRN Reason: other PRN Comment: if Phosphorus level 0.8 - 1.6 mg/dl Start: 02/24/25 0024 End: 03/02/25 1909 Admin Instructions: In Alaris infuse under intermittent sodium PHOSphate. **ROOM TEMPERATURE** Administer using a 0.22 micron in-line filter.						<u>0614- New Bag</u>		<u>1014- Stopped</u>		
Medications	02/21	02/22	02/23	02/24	02/25	02/26	02/27	02/28	03/01	03/02

Respiratory Medications

for Crisp, Diane as of 03/03/25 0934

Legend:										
Medications	02/21	02/22	02/23	02/24	02/25	02/26	02/27	02/28	03/01	03/02
Discontinued Medications										
albuterol (PROVENTIL) 2.5 mg /3 mL (0.083 %) inhalation solution 2.5 mg Dose: 2.5 mg Freq: EVERY 4 HOURS (RT) Route: Inhalation Start: 02/23/25 0912 End: 03/02/25 1909 Admin Instructions: This medication is administered by RESPIRATORY THERAPY or LPN				<u>1319-Given</u>	<u>0114-Given</u>	<u>0406-Given</u>	<u>0037-Given</u>	<u>0349-Given</u>	<u>0525-Given</u>	<u>0009-Given</u>
				<u>1702-Given</u>	<u>1226-Given</u>	<u>0803-Given</u>	<u>0454-Given</u>	<u>1023-Given</u>	<u>0849-Given</u>	<u>0347-Given</u>
				<u>2155-Given</u>	<u>1610-Given</u>	<u>1224-Given</u>	<u>0856-Given</u>	<u>1355-Given</u>	<u>1254-Given</u>	<u>0905-Given</u>
					<u>1944-Given</u>	<u>2044-Given</u>	<u>1158-Given</u>	<u>1732-Given</u>	<u>1647-Given</u>	<u>1604-Given</u>
					<u>2358-Given</u>	<u>1709-Given</u>	<u>2041-Given</u>	<u>2014-Given</u>	<u>1935-Given</u>	
						<u>1914-Given</u>	<u>2355-Given</u>		<u>2323-Given</u>	
						<u>2354-Given</u>				
sodium chloride 7% for nebulization 4 mL Dose: 4 mL Freq: *TWO TIMES A DAY Route: Inhalation Start: 02/23/25 1015 End: 03/02/25 1909 Admin Instructions: This medication is administered by RESPIRATORY THERAPY or LPN				<u>1319-Given</u>	<u>(0822)-Not Given</u>	<u>0803-Given</u>	<u>0856-Given</u>	<u>1023-Given</u>	<u>0849-Given</u>	<u>0905-Given</u>
				<u>2155-Given</u>	<u>1944-Given</u>	<u>2044-Given</u>	<u>1914-Given</u>	<u>2041-Given</u>	<u>2014-Given</u>	<u>1935-Given</u>

Vaccine Medications

for Crisp, Diane as of 03/03/25 0934

› Legend:

Medications	02/21	02/22	02/23	02/24	02/25	02/26	02/27	02/28	03/01	03/02
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Procedure Area Medications

for Crisp, Diane as of 03/03/25 0934

› Legend:

Medications	02/21	02/22	02/23	02/24	02/25	02/26	02/27	02/28	03/01	03/02
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Discontinued Medications

heparin catheter solution 5,000-20,000 Units Dose: 5,000-20,000 Units Freq: TO CRITICAL CARE-PRN Route: DIALYSIS PRN Reason: other PRN Comment: to lock HD catheter when CRRT has stopped Start: 02/25/25 0752 End: 03/02/25 1909 Admin Instructions: Use 5,000 units / mL solution to lock HD catheter when CRRT has stopped. Reference catheter for volume to instill. Indwelling soln for dialysis catheters. Rx: send 50,000 unit/10ml vial.	2239-Given									
heparin catheter solution 5,000-20,000 Units Dose: 5,000-20,000 Units Freq: TO CRITICAL CARE-PRN Route: DIALYSIS PRN Reason: other PRN Comment: to lock HD catheter when CRRT has stopped Start: 02/24/25 0022 End: 03/02/25 1909 Admin Instructions: Use 5,000 units / mL solution to lock HD catheter when CRRT has stopped. Reference catheter for volume to instill. Indwelling soln for dialysis catheters. Rx: send 50,000 unit/10ml vial.	1855-Given [C]									

Printed by CITRO, PETER J [15586]

Crisp, Diane (MR # 096-67-27-70) DOB: 09/01/1959

BKR CULTURE, BLOOD

Order: 760965597 

Status: Final result

Test Result Released: No

Specimen Information: Venous.; Blood.

0 Result Notes

Specimen Collected: 02/17/25 11:48 AM

Last Resulted: 02/22/25 10:22 AM

[Order Details](#)[View Encounter](#)[Lab and Collection Details](#)[Routing](#)[Result History](#)[View All Conversations on this Encounter](#)

Result Care Coordination

[Patient Communication](#)

Not Released



Not seen

[Back to Top](#)

CULTURE, BLOOD

Order: 760965631 - Part of Panel Order 760965597 

Status: Final result

Test Result Released: No (inaccessible in MyChart)

Specimen Information: Venous.; Blood.

0 Result Notes

(i) Newer results are available.

Culture

NOTE

NO GROWTH 5 DAYS

SDES: BLOOD-<10 ML OF BLOOD WAS COLLECTED FOR CULTURE. AN OPTIMAL BLOOD CULTURE CONSISTS OF 16-20 ML. RECOVERY OF ORGANISMS MAY HAVE BEEN COMPROMISED.

SREQ: VENOUS

Resulting Agency: CCL SAND SQ

Specimen Collected: 02/17/25 11:48 AM

Last Resulted: 02/22/25 10:18 AM

[Order Details](#)[View Encounter](#)[Lab and Collection Details](#)[Routing](#)[Result History](#)[View All Conversations on this Encounter](#)

Result Care Coordination

[Patient Communication](#)

Released



Not seen

[Back to Top](#)

SmartLink Help Text

BKR CULTURE, BLOOD (Order #760965597) on 2/17/25

Specimen Information

Specimen #	Collected By	Source	Type
25CLS-048M0169 M1526151	GUSEYNOVA, NAZAN M	Venous.	Blood.
Procedure	Expected Collection	Resulted Date	Resulted Time
CULTURE, BLOOD	Mon Feb 17, 2025 10:20 AM	Feb 22, 2025	10:18 AM

Patient Release Status:

This result is not viewable by the patient.

Patient Communication

BKR CULTURE, BLOOD

Not Released

Not seen

CULTURE, BLOOD

Released

Not seen

Order History

Inpatient

Date/Time	Action Taken	User	Additional Information
02/17/25 1006	Release	Kelly, Haley A, DO (auto-released)	From Order: 760965550
02/22/25 1022	Edit Result	Php Lab Background User	Final

Other Results from 2/17/2025

POC GLUCOSE	Final result	3/2/2025
POC GLUCOSE	Final result	3/2/2025
BLOOD GAS	Final result	3/2/2025
COMPLETE BLOOD COUNT	Final result	3/2/2025
RENAL FUNCTION PANEL	Final result	3/2/2025
MAGNESIUM, SERUM	Final result	3/2/2025
POC GLUCOSE	Final result	3/2/2025
COMPLETE BLOOD COUNT	Final result	3/2/2025
POC GLUCOSE	Final result	3/2/2025
POC GLUCOSE	Final result	3/1/2025
RENAL FUNCTION PANEL	Final result	3/1/2025
POC GLUCOSE	Final result	3/1/2025
POC GLUCOSE	Final result	3/1/2025
COMPLETE BLOOD COUNT	Final result	3/1/2025
POC GLUCOSE	Final result	3/1/2025

POC GLUCOSE	Final result	3/1/2025
COMPLETE BLOOD COUNT	Final result	3/1/2025
RENAL FUNCTION PANEL	Final result	3/1/2025
MAGNESIUM, SERUM	Final result	3/1/2025
POC GLUCOSE	Final result	3/1/2025

(i) Warning: Additional results from 2/17/2025 are available but are not displayed in this report.

Crisp, Diane (MRN 096-67-27-70) Printed by Citro, Peter J [15586] at 3/3/2025 9:36 AM

Crisp, Diane (MR # 096-67-27-70) DOB: 09/01/1959

BKR CULTURE, BLOOD

Order: 760965596 

Status: Final result

Test Result Released: No

Specimen Information: Venous.; Blood.

0 Result Notes

Specimen Collected: 02/17/25 10:27 AM

Last Resulted: 02/22/25 10:22 AM

 Order Details View Encounter

Lab and Collection Details



Routing



Result History

[View All Conversations on this Encounter](#)

Result Care Coordination

 Patient Communication Not Released Not seen[Back to Top](#)

CULTURE, BLOOD

Order: 760965629 - Part of Panel Order 760965596 

Status: Final result

Test Result Released: No (inaccessible in MyChart)

Specimen Information: Venous.; Blood.

0 Result Notes

(i) Newer results are available.

Culture

NOTE

NO GROWTH 5 DAYS

SDES: BLOOD

SREQ: VENOUS

Resulting Agency: CCL SAND SQ

Specimen Collected: 02/17/25 10:27 AM

Last Resulted: 02/22/25 10:18 AM

 Order Details View Encounter

Lab and Collection Details



Routing



Result History

[View All Conversations on this Encounter](#)

Result Care Coordination

 Patient Communication Released Not seen[Back to Top](#)

SmartLink Help Text

BKR CULTURE, BLOOD (Order #760965596) on 2/17/25

Specimen Information

Specimen #	Collected By	Source	Type
25CLS-048M0127 M1525379	AYDIN, GULLAR T	Venous.	Blood.
Procedure	Expected Collection	Resulted Date	Resulted Time
CULTURE, BLOOD	Mon Feb 17, 2025 10:05 AM	Feb 22, 2025	10:18 AM

Patient Release Status:

This result is not viewable by the patient.

Patient Communication

BKR CULTURE, BLOOD

Not Released

Not seen

CULTURE, BLOOD

Released

Not seen

Order History

Inpatient

Date/Time	Action Taken	User	Additional Information
02/17/25 1006	Release	Kelly, Haley A, DO (auto-released)	From Order: 760965550
02/22/25 1022	Edit Result	Php Lab Background User	Final

Other Results from 2/17/2025

 POC GLUCOSE	Final result	3/2/2025
 POC GLUCOSE	Final result	3/2/2025
 BLOOD GAS	Final result	3/2/2025
 COMPLETE BLOOD COUNT	Final result	3/2/2025
 RENAL FUNCTION PANEL	Final result	3/2/2025
 MAGNESIUM, SERUM	Final result	3/2/2025
 POC GLUCOSE	Final result	3/2/2025
 COMPLETE BLOOD COUNT	Final result	3/2/2025
 POC GLUCOSE	Final result	3/2/2025
 POC GLUCOSE	Final result	3/1/2025
 RENAL FUNCTION PANEL	Final result	3/1/2025
 POC GLUCOSE	Final result	3/1/2025
 POC GLUCOSE	Final result	3/1/2025
 COMPLETE BLOOD COUNT	Final result	3/1/2025
 POC GLUCOSE	Final result	3/1/2025
 POC GLUCOSE	Final result	3/1/2025

COMPLETE BLOOD COUNT	Final result	3/1/2025
RENAL FUNCTION PANEL	Final result	3/1/2025
MAGNESIUM, SERUM	Final result	3/1/2025
POC GLUCOSE	Final result	3/1/2025

(i) Warning: Additional results from 2/17/2025 are available but are not displayed in this report.

NAME: Crisp, Diane / MR#: 096-67-27-70 / ACCT#: 110703777 / ADMIT DATE: 02/17/25

Blood Prod Admin Report

1 hr: ◀	00-01	01-02	02-03	03-04	04-05	03/03	05-06	06-07	07-08	08-09	09-10	10-11	All
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Blood Product Administration History

	Date	Volume	Status
Transfuse Red Blood Cells	02/23/2025	343 mL	Completed 02/23/25 1639
	02/23/2025	355 mL	Completed 02/23/25 1434
Transfuse Red Blood Cells	02/19/2025	376 mL	Completed 02/19/25 1223
Transfuse Red Blood Cells	01/06/2024	321.33 mL	Completed 01/06/24 0344
Transfuse Red Blood Cells	12/27/2023	415 mL	Completed 12/27/23 0850
Transfuse Red Blood Cells	12/18/2023	417 mL	Completed 12/18/23 1417
Transfuse Red Blood Cells	06/20/2018	397 mL	Completed 06/20/18 0819
Transfuse Red Blood Cells	06/19/2018	315 mL	Completed 06/19/18 2018
	06/19/2018	315 mL	Completed 06/20/18 0820

None

None

Blood Transfusion Record

Product	Unit	Status	Volume	Start	End
Transfuse Red Blood Cells	W0354 25 012440 4- E0336V00	Completed 02/23/25 1639	343 mL	02/23/25 1500	02/23/25 1637
	W0354 25 008485 P- E0336V00	Completed 02/23/25 1434	355 mL	02/23/25 1253	02/23/25 1433
	W0354 25 000883 E- E0336V00	Completed 02/19/25 1223	376 mL	02/19/25 0644	02/19/25 0830

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