

Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

Sprague, Joanna

MRN: 224-10-78-27

Douglas, Angel D, RN

Registered Nurse

Care Plan

Signed

Date of Service: 10/04/24 1719

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

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: Not Progressing

Problem: Nutrition Deficit

Goal: Adequate nutritional intake

Outcome: Progressing

Admission (Discharged) on 9/19/2024

Care Timeline

- 09/19 Admitted to MVH 4th Floor SE - Intensive Care Unit 1000
- 09/21 PERCUTANEOUS CORONARY INTERVENTION
- 09/21 IMPELLA INSERTION
- 09/27 IMPELLA LEFT VENTRICULAR PUMP REMOVAL
- 10/05 Discharged 2114

Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

Sprague, Joanna

MRN: 224-10-78-27

Boehnke, Jill L, MSW,LSWSocial Worker
ICM Social WorkProgress Notes
Addendum

Date of Service: 10/04/24 1004

Addendum

Social Work Progress Note

Discharge Plan: TBD**Discharge Planning Progress:** SW following for discharge planning .

SW reviewed chart . Patient remains on vent FI02 50% . SW will follow for discharge planning when patient is medically appropriate.


11:00am Family meeting scheduled for 5:30 pm today.

From Social Work perspective, patient's arrangements for discharge are still pending (see above). Social worker to continue to follow for discharge planning needs.**Electronically signed by: Jill L Boehnke, MSW,LSW, phone 937-208-2991, 10/4/2024 10:04 AM***Monday-Friday Office Hours: 8:30am-5:00pm**Holiday/Weekends Hours: 8:30am-5:00pm, call 937-208-2251**Urgent Needs After-Hours: 5:00pm-7:00pm every day, call 937-208-9070*

Admission (Discharged) on 9/19/2024

Note shared with patient

Care Timeline

09/19  Admitted to MVH 4th Floor SE - Intensive Care Unit 1000 PERCUTANEOUS CORONARY INTERVENTION09/21  IMPELLA INSERTION09/27  IMPELLA LEFT VENTRICULAR PUMP REMOVAL10/05  Discharged 2114

Sprague, Joanna (MRN 224-10-78-27) Printed by Hicks, Megan D [93263] at 10/7/2024 10:02 AM

Sprague, Joanna



Bulow, Robert E, DO
Physician
Cardiology

Medical Staff Progress Note
Signed



Date of Service: 10/04/24 0647

Signed



Premier Cardiovascular Institute

MIAMI VALLEY HOSPITAL
Progress Note
Inpatient Follow up

10/4/2024-

Patient: Joanna Sprague

DOB: 2/24/1954

MRN: 224-10-78-27

DOA: 9/19/2024

PCP: Herman, Parmie A
OP Cardiologist: Dr. Goyal

ASSESSMENT:

1. NSTEMI complicated by cardiogenic shock 9/19/2024
2. Emergent PTCA LM 99% lesion reduced to 50% narrowing 9/19/2024
3. Impella supported PTCA/DES LM/LAD, PTCA LCx 9/22/2024 following surgical turndown
4. Impella removal 9/27/2024
5. LVEF 20 - 25% TTE 9/25/2024
6. Acute systolic heart failure ACC stage D NYHA class IV
7. PAF—currently sinus rhythm
8. Respiratory failure requiring intubation and continue mechanical ventilatory support
9. Encephalopathy
10. Diabetes mellitus
11. C. difficile—hypokalemia
12. History of bipolar disorder

PLAN:

1. Patient scheduled for MRI this a.m. Await findings to dictate continuation of Primacor
2. Continuation of amiodarone to maintain sinus rhythm
3. Dual antiplatelet therapy with aspirin 81 mg daily and ticagrelor 90 mg twice daily
4. Heart failure therapy including spironolactone 12.5 mg daily—will increase to 25 mg today, dapagliflozin 10 mg daily
5. Grim prognosis

The Cardiology Service can be contacted via the cardiology consult line via the phone number listed at the top of on-call sheet in eSynergy Links/QGenda.

SUBJECTIVE:

Joanna Sprague is seen in follow up visit today. Patient seen and examined chart reviewed. Patient remains critically ill intubated on full mechanical ventilatory support. Receiving combination IV amiodarone and IV Primacor. Mild dependent edema. Telemetry sinus rhythm, positive fluid balance over previous 24 hours

Review of Systems:

Intubated on vent.

OBJECTIVE**BMI: Body mass index is 32.18 kg/m².****Vital Signs:**

Temp: 98.4 °F (36.9 °C) (10/04/24 0600)	Temp Min: 98.3 °F (36.8 °C) Min taken time: 10/03/24 0800 Max: 99 °F (37.2 °C) Max taken time: 10/03/24 2339	BP: 120/57 (10/04/24 0600)	Pulse: 104 (10/04/24 0600)	Resp: 21 (10/04/24 0600)	SpO2: 96 % (10/04/24 0600)
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I/O last 3 completed shifts:

In: 2997.4 [I.V.:1376.4; Blood:326; Other:210; Enteral:1085]

Out: 1790 [Urine:640; Stool:1150]

Baseline Weight: 74.4 kg (164 lb 0.4 oz) (09/19/24 1035)

Most recent Weight: 81.1 kg (178 lb 12.7 oz) (10/04/24 0600)

EXAM:

GENERAL APPEARANCE: Appears critically ill intubated on full mechanical ventilatory support.

RESPIRATORY: Rhonchi/crackles bilateral endotracheal tube in place.

CARDIOVASCULAR: regular rate and rhythm no thrill heave or rub.

ABDOMEN: Hypoactive bowel sounds.

PSYCH: Obtunded on vent.

SKIN (Exposed): Warm, dry, intact skin. Color and texture normal

MUSCULAR SKELETAL./EXT: Mild dependent edema.

MEDS CURRENT:

potassium chloride 20mEq/50ml SW IVPB 20 mEq Intravenous Once; dapagliflozin propanediol (FARXIGA) tablet 10 mg 10 mg OG/NG Tube Daily; levothyroxine (SYNTHROID) tablet 50 mcg 50 mcg OG/NG Tube Daily; sertraline (ZOLOFT) tablet 50 mg 50 mg OG/NG Tube Daily; midodrine (PROAMATINE) tablet 5 mg 5 mg OG/NG Tube TID; spironolactone (ALDACTONE) tablet 12.5 mg 12.5 mg OG/NG Tube Daily; insulin glargine (LANTUS) Subcutaneous INJ 38 Units 38 Units Subcutaneous Daily; insulin lispro (HumaLOG) injection 0-9 Units 0-9 Units Subcutaneous Q4H; ticagrelor (BRILINTA) tablet 90 mg 90 mg OG/NG Tube BID; aspirin chewable tablet 81 mg 81 mg OG/NG Tube Daily; enoxaparin (LOVENOX) syringe 40 mg 40 mg Subcutaneous Daily; pantoprazole (PROTONIX) IV push 40 mg 40 mg IV Push Daily; chlorhexidine (PERIDEX) oral rinse 15 mL 15 mL Mucous Membrane BID; ezetimibe (ZETIA) tablet 10 mg 10 mg OG/NG Tube Daily; polyvinyl alcohol-povidone (REFRESH) eye drops 2 Drop 2 Drop Each Eye BID

Continuous infusions:

milrinone (PRIMACOR) in 20 mg in D5W 100 ml (STD) IV infusion Last Rate: 0.375 mcg/kg/min (10/04/24 0620);

amiodarone (CORDARONE) 900 mg in D5W 500 mL IV SOLN Last Rate: 0.5 mg/min (10/04/24 0622); NaCl 0.9%

500 mL Last Rate: Stopped (09/23/24 1715); NaCl 0.9% 1,000 mL Last Rate: 10 mL/hr at 10/04/24 0600

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

Labs reviewed:**Lab Results**

Component	Value	Date
NA	141	10/04/2024
POTASSIUM	3.6	10/04/2024

Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

POTASSIUM	3.4	09/22/2024
CL	108	10/04/2024
CO2	18 (L)	10/04/2024
GLUCOSE	212 (H)	10/04/2024
GLUCOSE	215 (H)	10/04/2024
GLUCOSE	165 (A)	09/29/2024
BUN	62 (H)	10/04/2024
CREATININE	1.4 (H)	10/04/2024
CA	8.8	10/04/2024
TP	6.7	10/04/2024
ALB	3.2 (L)	10/04/2024
ALKP	439 (H)	10/04/2024
AST	95 (H)	10/04/2024
ALT	35	10/04/2024
TBIL	2.2 (H)	10/04/2024

Lab Results

Component	Value	Date
WBC	17.2 (H)	10/04/2024
HEMOGLOBIN	9.0 (L)	10/04/2024
HEMATOCRIT	28.5 (L)	10/04/2024
PLATELETS	477 (H)	10/04/2024
MCV	92.8	10/04/2024
MCH	29.3	10/04/2024
MCHC	31.6	10/04/2024
RDW	18.9 (H)	10/04/2024
MPV	11.2	10/04/2024

Lab Results

Component	Value	Date
INR	1.2 (H)	10/01/2024



No results for input(s): "TROP" in the last 72 hours.

I personally spent at least 31 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 on the medical unit. This patient requires complex, high-level decision-making to prevent deterioration or morbid sequelae of ongoing disease.

Electronically signed by: Robert E Bulow, DO, 10/4/2024 6:47 AM

Admission (Discharged) on 9/19/2024 *Note shared with patient*

Care Timeline

- 09/19  Admitted to MVH 4th Floor SE - Intensive Care Unit 1000
- 09/21  PERCUTANEOUS CORONARY INTERVENTION
- 09/21  IMPELLA INSERTION
- 09/27  IMPELLA LEFT VENTRICULAR PUMP REMOVAL
- 10/05  Discharged 2114

Sprague, Joanna (MRN 224-10-78-27) Printed by Hicks, Megan D [93263] at 10/7/2024 10:02 AM

Sprague, Joanna

MRN: 224-10-78-27

Gollamudi, Murthy Venkat L N, MDPhysician
Critical CareMedical Staff Progress Note
Addendum

Date of Service: 10/04/24 0618

Addendum



Pulmonary & Critical Care

CONSULTANTS, INC.

Critical Care Progress Note

MIAMI VALLEY HOSPITAL

Date of Service: 10/4/2024

Joanna Sprague

DOB: 2/24/1954

Assessment:

70 yo F with PMH CAD with MI in 4/2024 s/p multiple PCI who presented to Wilson ER for jaw pain, found to have NSTEMI, cardiac workup significant for multivessel CAD s/p IABP placement, transferred to MVH for CTS evaluation and ultimately underwent high risk PCI 9/21 with stent to LAD. Hospital course complicated by worsening cardiogenic shock, subsequent PCI and impella placement 9/22, removed 9/27. Extubated 9/28 and re-intubated same day for airway protection due to poor secretion management. Secretions have since improved. Subsequently noted fevers and leukocytosis concerning for infection without a known source. No organism isolated on current cultures. MRSA PCR negative. Candida in the urine likely contaminant. Patient intermittently following commands, but still very weak. She was able to give a thumbs up on the left but unable to do the same on the right. CT head without acute intracranial pathology. Pending MRI to further evaluate. Has been failing daily SBT's due to high RR and HR. Continuing discussion of goals of care with daughter Amy, tentatively at 1700 today. Prognosis remains guarded at this time.

Problem list:

- Fever
- Leukocytosis
- Diarrhea
- Cardiogenic shock status post Impella as well as intra-aortic balloon pump placement, now removed 9/27
- Status post shockwave lithotripsy and DES (LAD to ostium of the LCA and status post balloon angioplasty of the circumflex)
- Non-STEMI
- Ischemic cardiomyopathy with LVEF of 35 to 40%
- Mechanical ventilation
- Normocytic anemia requiring blood transfusion, improving
- Hemoptysis, resolved
- Pressure injury to coccyx present on admission
- History of: type 1 DM, HTN, Bipolar disorder, depression, GERD, migraine headaches, chronic anticoagulation with apixaban, chronic low back pain, history of C. difficile, IBS

Plan:

Sprague, Joanna (MRN 224-10-78-27) Printed by Hicks, Megan D [93263] at 10/7/2024 10:02 AM

Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

- Goals of care discussion at 1700 today
- Continue mechanical ventilation to maintain SpO2 >90%
- Vasopressors for MAP > 60, wean as tolerated
- Cardiology following, appreciate recommendations
 - Patient scheduled for MRI this a.m. Await findings to dictate continuation of Primacor
 - Continuation of amiodarone to maintain sinus rhythm
 - Dual antiplatelet therapy with aspirin 81 mg daily and ticagrelor 90 mg twice daily
 - Heart failure therapy including spironolactone 12.5 mg daily—will increase to 25 mg today, dapagliflozin 10 mg daily
 - Grim prognosis
- Completed Zosyn 5d course
 - NGTD for blood cultures
 - Increase leukocytosis to 17.2 without fever or change in cultures
- Sent c.diff testing for large volume diarrhea
 - Negative
- Continue tube feeds
- Continue Lantus + SSI, added lispro 4q4hr
- Replace electrolytes as needed
- Hold bowel regimen in the setting of diarrhea on 9/30
- Thromboprophylaxis: Enoxaparin 40 mg daily
- Alimentary prophylaxis: PPI
- CODE STATUS changed to LTM (no shocks, no chest compressions, no re-intubation if extubated)

Chief Complaint/Reason for Admission: Cardiogenic shock**Pertinent interval/overnight events:**

Patient unable to obtain MRI last night due to desaturations when laying supine. Was able to tolerate the transport vent this AM so will be able to reattempt.

Physical Examination:

BP 106/52 | Pulse 107 | Temp 98.5 °F (36.9 °C) | Resp 21 | Ht 1.588 m (5' 2.5") | Wt 81.1 kg (178 lb 12.7 oz) | SpO2 99% | BMI 32.18 kg/m²

General: intubated. Intermittently follows commands, more responsive on the left side.

Neurologic: opens eyes to verbal stimuli, follows some commands on the left more than right. Grimaces to pain, + cough/gag

Respiratory: clear to auscultation b/l, no increased work of breathing

Cardiovascular: tachycardic, regular rhythm, no murmur

Abdominal: Soft, non-distended, bowel sounds active

Extremities/Integument: skin warm dry and intact, non-pitting BLE, b/l groin ecchymosis (L > R)

Body mass index is 32.18 kg/m².

Laboratory Results reviewed and notable for:

Potassium 3.7 (3.6)

Creatinine 1.4 (1.5)

Improving alkaline phosphatase

Hyperbilirubinemia resolved

Leukocytosis 17.2 (10.7)

Radiography [personally reviewed, along with the Radiologist's reports (if available)] notable for:

Chest x-ray of bilateral pleural effusions

Intake/Output Summary (Last 24 hours) at 10/4/2024 1136

Last data filed at 10/4/2024 1003

	Gross per 24 hour
Intake	2767.87 ml
Output	3690 ml
Net	-922.13 ml

Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

This patient is currently on the primary ICU service:

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: Matthew D Holmes, MD, 10/4/2024 11:36 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

Remains weak. Follows simple commands. On milrinone. Remains on mechanical ventilation. Did not tolerate spontaneous breathing trials today. Renal function is stable at 1.4. MRI of the brain did not show any acute ischemic changes. EF is 20 to 25%. Patient failed extubation once. Further family discussions later today regarding goals of care.

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, 10/4/2024 1:31 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

Admission (Discharged) on 9/19/2024

Note shared with patient

Care Timeline

- 09/19  Admitted to MVH 4th Floor SE - Intensive Care Unit 1000
- 09/21  PERCUTANEOUS CORONARY INTERVENTION
- 09/27  IMPELLA INSERTION
- 10/05  IMPELLA LEFT VENTRICULAR PUMP REMOVAL
- 10/05  Discharged 2114

Sprague, Joanna (MRN 224-10-78-27) Printed by Hicks, Megan D [93263] at 10/7/2024 10:02 AM

Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

Sprague, Joanna

MRN: 224-10-78-27

Slusher, Brianna A, RN

Registered Nurse
Nursing

Nursing Note

Signed



Date of Service: 10/04/24 0025






Signed

During the critical care teams rounding at this time, I asked them how they would like to continue with the MRI. They ask that I lay the patient supine for an hour to see how she tolerates and to let them know and they would make a decision from there.

Admission (Discharged) on 9/19/2024

Note shared with patient

Care Timeline



- 09/19  Admitted to MVH 4th Floor SE - Intensive Care Unit 1000
- 09/21  **PERCUTANEOUS CORONARY INTERVENTION**
- 09/27  **IMPELLA INSERTION**
- 10/05  **IMPELLA LEFT VENTRICULAR PUMP REMOVAL**
- 10/05  Discharged 2114

Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

Sprague, Joanna

MRN: 224-10-78-27

Simon, Douglas R Sr., RT(R)
Radiology Technologist

Progress Notes  
Signed

Date of Service: 10/03/24 1931

Signed

Per RN-Brianna, MRI on hold; patient began to desat when laying flat.

Admission (Discharged) on 9/19/2024 *Note shared with patient*

Care Timeline

- 09/19  Admitted to MVH 4th Floor SE - Intensive Care Unit 1000
PERCUTANEOUS CORONARY INTERVENTION
- 09/21  **IMPELLA INSERTION**
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- 10/05  Discharged 2114

Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

Sprague, Joanna

MRN: 224-10-78-27

Slusher, Brianna A, RN

Registered Nurse
Nursing

Nursing Note



Signed

Date of Service: 10/03/24 1931

Signed

Discussed with MRI tech, Douglas, about whether patient was stable for MRI. Let him know that per dayshift RN that her O2 would desaturate in the 80s when laid flat and had been producing a lot of secretions. He stated that he would hold at this time. I reached out to the critical care team to ask them how they would like to continue with the MRI at this time.

Admission (Discharged) on 9/19/2024 *Note shared with patient*

Care Timeline

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- 09/21 PERCUTANEOUS CORONARY INTERVENTION
- 09/27 IMPELLA INSERTION
- 10/05 IMPELLA LEFT VENTRICULAR PUMP REMOVAL
- 10/05 Discharged 2114

Sprague, Joanna

MRN: 224-10-78-27

Gollamudi, Murthy Venkat L N, MDPhysician
Critical CareMedical Staff Progress Note
Addendum

Date of Service: 10/03/24 1036

Addendum



Pulmonary & Critical Care

CONSULTANTS, INC.

Critical Care Progress Note

MIAMI VALLEY HOSPITAL

Date of Service: 10/3/2024

Joanna Sprague

DOB: 2/24/1954

Assessment:

70 yo F with PMH CAD with MI in 4/2024 s/p multiple PCI who presented to Wilson ER for jaw pain, found to have NSTEMI, cardiac workup significant for multivessel CAD s/p IABP placement, transferred to MVH for CTS evaluation and ultimately underwent high risk PCI 9/21 with stent to LAD. Hospital course complicated by worsening cardiogenic shock, subsequent PCI and impella placement 9/22, removed 9/27. Extubated 9/28 and re-intubated same day for airway protection due to poor secretion management. Secretions have since improved. Subsequently noted fevers and leukocytosis concerning for infection without a known source. No organism isolated on current cultures. MRSA PCR negative. Candida in the urine likely contaminant. Patient intermittently following commands, but still very weak. She was able to give a thumbs up on the left but unable to do the same on the right. CT head without acute intracranial pathology. Pending MRI to further evaluate. Has been failing daily SBT's due to high RR and HR. Continuing discussion of goals of care with daughter Amy. Prognosis remains guarded at this time.

Problem list:

- Fever
- Leukocytosis
- Diarrhea
- Cardiogenic shock status post Impella as well as intra-aortic balloon pump placement, now removed 9/27
- Status post shockwave lithotripsy and DES (LAD to ostium of the LCA and status post balloon angioplasty of the circumflex)
- Non-STEMI
- Ischemic cardiomyopathy with LVEF of 35 to 40%
- Mechanical ventilation
- Normocytic anemia requiring blood transfusion, improving
- Hemoptysis, resolved
- Pressure injury to coccyx present on admission
- History of: type 1 DM, HTN, Bipolar disorder, depression, GERD, migraine headaches, chronic anticoagulation with apixaban, chronic low back pain, history of C. difficile, IBS

Plan:

Sprague, Joanna (MRN 224-10-78-27) Printed by Hicks, Megan D [93263] at 10/7/2024 10:02 AM

Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

- Continue mechanical ventilation to maintain SpO2 >90%
- Vasopressors for MAP > 60, wean as tolerated
- Added midodrine
- Cardiology following, on milrinone, amiodarone
- Continue Zosyn pending cultures
- Sent c.diff testing for large volume diarrhea
- Continue tube feeds
- Continue Lantus + SSI
- Replace electrolytes as needed
- Hold bowel regimen in the setting of diarrhea on 9/30
- Thromboprophylaxis: Enoxaparin 40 mg daily
- Alimentary prophylaxis: PPI
- CODE STATUS changed to LTM (no shocks, no chest compressions, no re-intubation if extubated)

Chief Complaint/Reason for Admission: Cardiogenic shock**Pertinent interval/overnight events:**

Patient unable to obtain MRI last night due to desaturations when laying supine.

Physical Examination:BP 126/60 | Pulse 102 | Temp 98.3 °F (36.8 °C) | Resp 22 | Ht 1.588 m (5' 2.5") | Wt 78.9 kg (173 lb 15.1 oz) | SpO2 90% | BMI 31.31 kg/m²

General: intubated. Intermittently follows commands, more responsive on the left side.

Neurologic: opens eyes to verbal stimuli, follows some commands on the left more than right. Grimaces to pain, + cough/gag

Respiratory: clear to auscultation b/l, no increased work of breathing

Cardiovascular: tachycardic, regular rhythm, no murmur

Abdominal: Soft, non-distended, bowel sounds active

Extremities/Integument: skin warm dry and intact, non-pitting BLE, b/l groin ecchymosis (L > R)

Body mass index is 31.31 kg/m².**Laboratory Results** reviewed and notable for:

Mild hypokalemia

Stable renal function

Improving alkaline phosphatase

Hyperbilirubinemia resolved

Radiography [personally reviewed, along with the Radiologist's reports (if available)] notable for:

Chest x-ray of bilateral pleural effusions

Intake/Output Summary (Last 24 hours) at 10/3/2024 1036

Last data filed at 10/3/2024 1000

	Gross per 24 hour
Intake	2574.7 ml
Output	735 ml
Net	1839.7 ml

Net IO Since Admission: 5,215.91 mL [09/25/24 0824]

This patient is currently on the primary ICU service:

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: Artem Tkachenko, DO, 10/3/2024 10:36 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



Is on mechanical ventilation. In sinus rhythm. On 30% FiO2. Insulin drip for blood sugar control. On milrinone for augmentation of cardiac output. On IV amiodarone for A-fib. Diuresing well. Remains profoundly weak. Will attempt SAT SBT. Cultures are negative. She is completing a 5-day course of antibiotics. Overall prognosis is poor. Transfuse a unit of packed cells to keep hemoglobin greater than 8 in the setting of cardiac disease. Awaiting MRI of the brain to evaluate right upper extremity weakness.

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, 10/3/2024 11:37 AM

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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Admission (Discharged) on 9/19/2024

Note shared with patient

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- 10/05  Discharged 2114

Sprague, Joanna

**Bulow, Robert E, DO**Physician
CardiologyMedical Staff Progress Note
Addendum

Date of Service: 10/03/24 0614

Addendum

Premier Cardiovascular Institute

MIAMI VALLEY HOSPITAL**Progress Note****Inpatient Follow up****10/3/2024-****Patient: Joanna Sprague**

DOB: 2/24/1954

MRN: 224-10-78-27

DOA: 9/19/2024

PCP: Herman, Parmie A

OP Cardiologist: Dr. Goyal

ASSESSMENT:

1. NSTEMI complicated by cardiogenic shock 9/19/2024
2. Emergent PTCA LM 99% lesion reduced to 50% narrowing 9/19/2024
3. Impella supported PTCA/DES LM/LAD, PTCA LCx 9/22/2024 following surgical turndown
4. Impella removal 9/27/2024
5. LVEF 20 - 25% TTE 9/25/2024
6. Acute systolic heart failure ACC stage D NYHA class IV
7. PAF—currently sinus rhythm
8. Respiratory failure requiring intubation and continue mechanical ventilatory support
9. Diabetes mellitus
7. C. difficile—hypokalemia
8. History of bipolar disorder

PLAN:

1. Patient maintaining sinus rhythm—will continue IV amiodarone drip anticipating transition to oral amiodarone in 24 to 48 hours.
2. Continues on Primacor drip
3. IV vasopressors weaned off, remains on midodrine 5 mg 3 times daily
4. Dual antiplatelet therapy with aspirin 81 mg daily and ticagrelor 90 mg twice daily
5. Zetia 10 mg daily, statin intolerance documented
6. Will attempt trial of low-dose spironolactone 12.5 mg daily
7. Grim prognosis

The Cardiology Service can be contacted via the cardiology consult line via the phone number listed at the top of on-call sheet in eSynergy Links/QGenda.

SUBJECTIVE:

Joanna Sprague is seen in follow up visit today. Patient seen and examined chart reviewed. Patient remains intubated full mechanical ventilatory support. Patient response to tactile stimuli. Remains on IV Primacor and

Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

amiodarone drip.

Review of Systems:

Intubated on vent.

OBJECTIVE**BMI: Body mass index is 30.75 kg/m².****Vital Signs:**

Temp: 98.7 °F (37.1 °C) (10/03/24 0400)	Temp Min: 98 °F (36.7 °C) Min taken time: 10/02/24 2000 Max: 99.8 °F (37.7 °C) Max taken time: 10/02/24 0800	BP: 94/50 (10/03/24 0600)	Pulse: 93 (10/03/24 0600)	Resp: 20 (10/03/24 0600)	SpO2: 99 % (10/03/24 0600)
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I/O last 3 completed shifts:

In: 3454 [I.V.:2739; Other:120; Enteral:595]

Out: 730 [Urine:730]

Baseline Weight: 74.4 kg (164 lb 0.4 oz) (09/19/24 1035)

Most recent Weight: 77.5 kg (170 lb 13.7 oz) (10/02/24 0447)

EXAM:

GENERAL APPEARANCE: Appears critically ill.

RESPIRATORY: Endotracheal tube present. Rhonchi bilateral.

CARDIOVASCULAR: regular rate and rhythm no thrill heave or rub.

ABDOMEN: Normoactive bowel sounds, soft, non-tender

PSYCH: Intubated on vent.

SKIN (Exposed): Warm, dry, intact skin. Color and texture normal

MUSCULAR SKELETAL./EXT: Mild dependent edema.

MEDS CURRENT:

insulin glargine (LANTUS) Subcutaneous INJ 34 Units 34 Units Subcutaneous Daily; midodrine (PROAMATINE) tablet 5 mg 5 mg Oral TID; midazolam (VERSED) 1 mg/ml injection solution Pyxis Override ; fentaNYL (PF) 0.05 mg/ml injection solution Pyxis Override ; levothyroxine (SYNTHROID) tablet 50 mcg 50 mcg Oral Daily; sertraline (ZOLOFT) tablet 50 mg 50 mg Oral Daily; ticagrelor (BRILINTA) tablet 90 mg 90 mg OG/NG Tube BID; aspirin chewable tablet 81 mg 81 mg OG/NG Tube Daily; [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; enoxaparin (LOVENOX) syringe 40 mg 40 mg Subcutaneous Daily; pantoprazole (PROTONIX) IV push 40 mg 40 mg IV Push Daily; chlorhexidine (PERIDEX) oral rinse 15 mL 15 mL Mucous Membrane BID; ezetimibe (ZETIA) tablet 10 mg 10 mg OG/NG Tube Daily; polyvinyl alcohol-povidone (REFRESH) eye drops 2 Drop 2 Drop Each Eye BID

Continuous infusions:

insulin REG human (HumuLIN-R) 100 Units in NaCl 0.9% 100 mL IVPB Last Rate: 1 Units/hr (10/03/24 0600); milrinone (PRIMACOR) in 20 mg in D5W 100 mL (STD) IV infusion Last Rate: 0.375 mcg/kg/min (10/03/24 0600); amiodarone (CORDARONE) 900 mg in D5W 500 mL IV SOLN Last Rate: 0.5 mg/min (10/03/24 0600); phenylephrine (NEO-SYNEPHRINE) 50 mg in NaCl 0.9% 250 mL (Standard Concentration) IV infusion Last Rate: Stopped (10/03/24 0418); NaCl 0.9% 500 mL Last Rate: Stopped (09/23/24 1715); NaCl 0.9% 1,000 mL Last Rate: 10 mL/hr at 10/03/24 0600

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

Labs reviewed:

Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

Lab Results

Component	Value	Date
NA	141	10/03/2024
POTASSIUM	3.3 (L)	10/03/2024
POTASSIUM	3.4	09/22/2024
CL	106	10/03/2024
CO2	21	10/03/2024
GLUCOSE	175 (H)	10/03/2024
GLUCOSE	168 (H)	10/03/2024
GLUCOSE	165 (A)	09/29/2024
BUN	53 (H)	10/03/2024
CREATININE	1.3 (H)	10/03/2024
CA	8.7	10/03/2024
TP	6.6	10/03/2024
ALB	3.2 (L)	10/03/2024
ALKP	422 (H)	10/03/2024
AST	64 (H)	10/03/2024
ALT	21	10/03/2024
TBIL	0.9	10/03/2024

Lab Results

Component	Value	Date
WBC	10.7	10/03/2024
HEMOGLOBIN	7.4 (L)	10/03/2024
HEMATOCRIT	24.1 (L)	10/03/2024
PLATELETS	402 (H)	10/03/2024
MCV	94.5	10/03/2024
MCH	29.0	10/03/2024
MCHC	30.7	10/03/2024
RDW	17.8 (H)	10/03/2024
MPV	10.9	10/03/2024

Lab Results

Component	Value	Date
INR	1.2 (H)	10/01/2024

No results for input(s): "TROP" in the last 72 hours.

I personally spent at least 31 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 on the medical unit. This patient requires complex, high-level decision-making to prevent deterioration or morbid sequelae of ongoing disease.

Electronically signed by: Robert E Bulow, DO, 10/3/2024 6:14 AM

Admission (Discharged) on 9/19/2024

Note shared with patient

Care Timeline

- 09/19  Admitted to MVH 4th Floor SE - Intensive Care Unit 1000
- 09/21  PERCUTANEOUS CORONARY INTERVENTION
- 09/27  IMPELLA LEFT VENTRICULAR PUMP REMOVAL
- 10/05  Discharged 2114

Sprague, Joanna

MRN: 224-10-78-27

Schmitt, Jenna R, RN Care Plan Date of Service: 10/03/24 0555
Registered Nurse Signed

Signed

- Problem: Skin Integrity - Impaired
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: Cardiac Output - Decreased
Goal: Cardiac output within specified parameters
Outcome: Progressing
Note: Neo weaned off overnight
- Problem: Nutrition Deficit
Goal: Adequate nutritional intake
Outcome: Progressing
- Problem: Injury - Risk of, Physical Restraints
Goal: Absence of injury
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: Injury - Risk of, Physical Restraints
Goal: Absence of physical restraint indications
Outcome: Not Progressing
- Problem: Activity Intolerance
Goal: Improved activity tolerance
Outcome: Not Progressing
Note: Pt unable to tolerate laying flat
- Problem: Mobility - Impaired
Goal: Able to ambulate independently
Outcome: Not Progressing

Admission (Discharged) on 9/19/2024

Care Timeline

09/19  Admitted to MVH 4th Floor SE - Intensive Care Unit 1000

Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

	 PERCUTANEOUS CORONARY INTERVENTION
09/21	 IMPELLA INSERTION
09/27	 IMPELLA LEFT VENTRICULAR PUMP REMOVAL
10/05	 Discharged 2114

Sprague, Joanna (MRN 224-10-78-27) Printed by Hicks, Megan D [93263] at 10/7/2024 10:02 AM

Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

Sprague, Joanna

MRN: 224-10-78-27

Bennett, Maria Angela, RNIntegrated Care Manager
ICM Case Management

Progress Notes

Signed



Date of Service: 10/02/24 1635

Signed**ICM Progress Note**

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

Barriers to discharge: Intubated/vent. Continues to fail daily SBT's due to high reps rate and heart rate. Critical Care continuing discussion of goals of care with daughter Amy. MRI of the brain pending. IV drips: Insulin, Milrinone, Neo-synephrine and Amiodarone. Started on midodrine 5mg tid. MRI of the brain pending. On IV Abx: Zosyn 4.5g every 8 hours.

DC disposition: (PENDING, treatment plan, clinical course and confirmation of goals of care.)

Estimated DC Date: TBD

Electronically signed by: Maria Angela Bennett, RN, Case Manager, 10/2/2024 4:35 PM

Weekday Office Hours: 8:30-5:00. 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.

Admission (Discharged) on 9/19/2024

Note shared with patient

Care Timeline

- 09/19 Admitted to MVH 4th Floor SE - Intensive Care Unit 1000
- 09/21 PERCUTANEOUS CORONARY INTERVENTION
- 09/27 IMPELLA INSERTION
- 10/05 IMPELLA LEFT VENTRICULAR PUMP REMOVAL
- 10/05 Discharged 2114

Sprague, Joanna (MRN 224-10-78-27) Printed by Hicks, Megan D [93263] at 10/7/2024 10:02 AM

Sprague, Joanna



Bulow, Robert E, DO
Physician
Cardiology

Medical Staff Progress Note
Signed



Date of Service: 10/02/24 1156

Signed



Premier Cardiovascular Institute

MIAMI VALLEY HOSPITAL
Progress Note
Inpatient Follow up

10/2/2024-

Patient: Joanna Sprague

DOB: 2/24/1954

MRN: 224-10-78-27

DOA: 9/19/2024

PCP: Herman, Parmie A
OP Cardiologist: Dr. Goyal

ASSESSMENT:

1. NSTEMI complicated by cardiogenic shock 9/19/2024
2. Emergent PTCA LM 99% lesion reduced to 50% narrowing 9/19/2024
3. Impella supported PTCA/DES LM/LAD, PTCA LCx 9/22/2024 following surgical turndown
4. Impella removal 9/27/2024
5. LVEF 20 - 25% TTE 9/25/2024
6. Acute systolic heart failure ACC stage D NYHA class IV
7. PAF—currently sinus rhythm
8. Respiratory failure requiring intubation and continue mechanical ventilatory support
9. Diabetes mellitus
7. C. difficile—hypokalemia
8. History of bipolar disorder

PLAN:

1. Continue Primacor
2. Levophed transition to Neo-Syneprine to reduce provoking agents for atrial fibrillation. Midodrine also on board to assist in pressure support
3. Amiodarone initiated to maintain sinus rhythm with recurrence of atrial fibrillation
4. Dual antiplatelet therapy with aspirin 81 mg daily and ticagrelor 90 mg twice daily
5. Zetia 10 mg daily—documented allergy to statins
6. Patient continues to struggle with cardiogenic shock and continued requirement for vasopressor support. Day #12 in hospital. Poor prognosis.

The Cardiology Service can be contacted via the cardiology consult line via the phone number listed at the top of on-call sheet in eSynergy Links/QGenda.

SUBJECTIVE:

Joanna Sprague is seen in follow up visit today. Patient seen and examined chart reviewed. Patient with episode of atrial fibrillation with subsequent transition from Levophed to Neo-Syneprine. Amiodarone drip commenced. Patient remains intubated on full ventilatory support.

Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

Review of Systems:

Intubated full ventilatory support.

OBJECTIVE**BMI: Body mass index is 30.75 kg/m².****Vital Signs:**

Temp: 99.8 °F (37.7 °C) (10/02/24 0800)	Temp Min: 97.6 °F (36.4 °C) Min taken time: 10/01/24 2000 Max: 99.8 °F (37.7 °C) Max taken time: 10/02/24 0800	BP: 113/55 (10/02/24 1000)	Pulse: 116 (10/02/24 1100)	Resp: (!) 32 (10/02/24 1100)	SpO2: 92 % (10/02/24 1100)
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I/O last 3 completed shifts:

In: 2400.9 [I.V.:1635.9; Other:105; Enteral:660]

Out: 965 [Urine:965]

Baseline Weight: 74.4 kg (164 lb 0.4 oz) (09/19/24 1035)

Most recent Weight: 77.5 kg (170 lb 13.7 oz) (10/02/24 0447)

EXAM:

GENERAL APPEARANCE: Appears critically ill intubated receiving IV vasopressors.

RESPIRATORY: Endotracheal tube in place bilateral crackles.

CARDIOVASCULAR: Rapid rate regular rhythm.

ABDOMEN: Hypoactive bowel sounds.

PSYCH: Intubated ventilatory support unresponsive.

SKIN (Exposed): Warm, dry, intact skin. Color and texture normal

MUSCULAR SKELETAL./EXT: Mild dependent edema.

MEDS CURRENT:

insulin glargine (LANTUS) Subcutaneous INJ 34 Units 34 Units Subcutaneous Daily; midodrine (PROAMATINE) tablet 5 mg 5 mg Oral TID; levothyroxine (SYNTHROID) tablet 50 mcg 50 mcg Oral Daily; sertraline (ZOLOFT) tablet 50 mg 50 mg Oral Daily; ticagrelor (BRILINTA) tablet 90 mg 90 mg OG/NG Tube BID; aspirin chewable tablet 81 mg 81 mg OG/NG Tube Daily; [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; enoxaparin (LOVENOX) syringe 40 mg 40 mg Subcutaneous Daily; pantoprazole (PROTONIX) IV push 40 mg 40 mg IV Push Daily; chlorhexidine (PERIDEX) oral rinse 15 mL 15 mL Mucous Membrane BID; ezetimibe (ZETIA) tablet 10 mg 10 mg OG/NG Tube Daily; polyvinyl alcohol-povidone (REFRESH) eye drops 2 Drop 2 Drop Each Eye BID

Continuous infusions:

insulin REG human (HumuLIN-R) 100 Units in NaCl 0.9% 100 mL IVPB Last Rate: 3.5 Units/hr (10/02/24 1100); milrinone (PRIMACOR) in 20 mg in D5W 100 mL (STD) IV infusion Last Rate: 0.375 mcg/kg/min (10/02/24 1119); amiodarone (CORDARONE) 900 mg in D5W 500 mL IV SOLN Last Rate: Stopped (10/02/24 1059); amiodarone (CORDARONE) 900 mg in D5W 500 mL IV SOLN; phenylephrine (NEO-SYNEPHRINE) 50 mg in NaCl 0.9% 250 mL (Standard Concentration) IV infusion Last Rate: 2 mcg/kg/min (10/02/24 1100); NaCl 0.9% 500 mL Last Rate: Stopped (09/23/24 1715); NaCl 0.9% 1,000 mL Last Rate: 10 mL/hr at 10/02/24 1100
(Meds that have been ordered and completed are not included above)

Labs reviewed:**Lab Results**

Component	Value	Date
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Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

NA	141	10/02/2024
POTASSIUM	3.8	10/02/2024
POTASSIUM	3.4	09/22/2024
CL	104	10/02/2024
CO2	20	10/02/2024
GLUCOSE	196 (H)	10/02/2024
GLUCOSE	295 (H)	10/02/2024
GLUCOSE	165 (A)	09/29/2024
BUN	50 (H)	10/02/2024
CREATININE	1.4 (H)	10/02/2024
CA	8.8	10/02/2024
TP	6.7	10/02/2024
ALB	3.4 (L)	10/02/2024
ALKP	486 (H)	10/02/2024
AST	63 (H)	10/02/2024
ALT	21	10/02/2024
TBIL	1.4 (H)	10/02/2024

Lab Results

Component	Value	Date
WBC	12.2 (H)	10/02/2024
HEMOGLOBIN	7.7 (L)	10/02/2024
HEMATOCRIT	23.9 (L)	10/02/2024
PLATELETS	405 (H)	10/02/2024
MCV	92.3	10/02/2024
MCH	29.7	10/02/2024
MCHC	32.2	10/02/2024
RDW	17.4 (H)	10/02/2024
MPV	11.0	10/02/2024

Lab Results

Component	Value	Date
INR	1.2 (H)	10/01/2024

No results for input(s): "TROP" in the last 72 hours.

I personally spent at least 31 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 on the medical unit. This patient requires complex, high-level decision-making to prevent deterioration or morbid sequelae of ongoing disease.

Electronically signed by: Robert E Bulow, DO, 10/2/2024 11:56 AM

Admission (Discharged) on 9/19/2024 *Note shared with patient*

Care Timeline

- 09/19  Admitted to MVH 4th Floor SE - Intensive Care Unit 1000
- 09/21  PERCUTANEOUS CORONARY INTERVENTION
- 09/27  IMPELLA INSERTION
- 09/27  IMPELLA LEFT VENTRICULAR PUMP REMOVAL
- 10/05  Discharged 2114

Sprague, Joanna (MRN 224-10-78-27) Printed by Hicks, Megan D [93263] at 10/7/2024 10:02 AM

Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

Sprague, Joanna

MRN: 224-10-78-27

Bogenschutz, Jill C, RN

Care Plan
Signed

Date of Service: 10/02/24 1151

Registered Nurse
Length of Stay

Signed

Problem: Skin Integrity - Impaired

Goal: Decrease in wound size

Outcome: Not Progressing

Goal: Skin integrity intact

Outcome: Not Progressing

Problem: Pressure Ulcer

Goal: Absence of infection signs and symptoms

Outcome: Not Progressing

Goal: Pressure ulcer healing

Outcome: Not 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: Cardiac Output - Decreased

Goal: Cardiac output within specified parameters

Outcome: Not Progressing

Admission (Discharged) on 9/19/2024

Care Timeline

- 09/19  Admitted to MVH 4th Floor SE - Intensive Care Unit 1000
- 09/21  PERCUTANEOUS CORONARY INTERVENTION
- 09/27  IMPELLA INSERTION
- 10/05  IMPELLA LEFT VENTRICULAR PUMP REMOVAL
- 10/05  Discharged 2114

Sprague, Joanna

MRN: 224-10-78-27

Gollamudi, Murthy Venkat L N, MDPhysician
Critical CareMedical Staff Progress Note
Addendum

Date of Service: 10/02/24 1144

Addendum



Pulmonary & Critical Care

CONSULTANTS, INC.

Critical Care Progress Note

MIAMI VALLEY HOSPITAL

Date of Service: 10/2/2024

Joanna Sprague

DOB: 2/24/1954

Assessment:

70 yo F with PMH CAD with MI in 4/2024 s/p multiple PCI who presented to Wilson ER for jaw pain, found to have NSTEMI, cardiac workup significant for multivessel CAD s/p IABP placement, transferred to MVH for CTS evaluation and ultimately underwent high risk PCI 9/21 with stent to LAD. Hospital course complicated by worsening cardiogenic shock, subsequent PCI and impella placement 9/22, removed 9/27. Extubated 9/28 and re-intubated same day for airway protection due to poor secretion management. Secretions have since improved. Subsequently noted fevers and leukocytosis concerning for infection without a known source. No organism isolated on current cultures. MRSA PCR negative. Candida in the urine likely contaminant. Patient intermittently following commands, but still very weak. She was able to give a thumbs up on the left but unable to do the same on the right. CT head without acute intracranial pathology. Pending MRI to further evaluate. Continues to fail daily SBT's due to high RR and HR. Continuing discussion of goals of care with daughter Amy.

Problem list:

- Fever
- Leukocytosis
- Diarrhea
- Cardiogenic shock status post Impella as well as intra-aortic balloon pump placement, now removed 9/27
- Status post shockwave lithotripsy and DES (LAD to ostium of the LCA and status post balloon angioplasty of the circumflex)
- Non-STEMI
- Ischemic cardiomyopathy with LVEF of 35 to 40%
- Mechanical ventilation
- Normocytic anemia requiring blood transfusion, improving
- Hemoptysis, resolved
- Pressure injury to coccyx present on admission
- History of: type 1 DM, HTN, Bipolar disorder, depression, GERD, migraine headaches, chronic anticoagulation with apixaban, chronic low back pain, history of C. difficile, IBS

Plan:

Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

- Continue mechanical ventilation to maintain SpO2 >90%
- Vasopressors for MAP > 60, wean as tolerated
- Added midodrine
- Cardiology following, on milrinone, amiodarone and phenylephrine
- Continue Zosyn pending cultures
- Sent c.diff testing for large volume diarrhea
- Bolus LR 500 cc
- Continue tube feeds
- Continue Lantus + SSI, increased dose
- Added insulin gtt overnight for BG >200
- Replace electrolytes as needed
- Hold bowel regimen in the setting of diarrhea on 9/30
- Thromboprophylaxis: Enoxaparin 40 mg daily
- Alimentary prophylaxis: PPI
- CODE STATUS changed to DNR arrest

Chief Complaint/Reason for Admission: Cardiogenic shock**Pertinent interval/overnight events:**

Overnight OG tube was clogged, exchanged. Later at the new OG tube was removed apparently by the patient due to loose wrist restraint. Overnight went into A-fib RVR with associated hypotension started on amiodarone by cardiology and switched from Levophed to norepinephrine. This morning rate is controlled.

Physical Examination:

BP 113/55 | Pulse 116 | Temp 99.8 °F (37.7 °C) | Resp (!) 32 | Ht 1.588 m (5' 2.5") | Wt 77.5 kg (170 lb 13.7 oz) | SpO2 92% | BMI 30.75 kg/m²

General: intubated. Intermittently follows commands, more responsive on the left side.

Neurologic: opens eyes to verbal stimuli, follows some commands on the left more than right. Grimaces to pain, + cough/gag

Respiratory: clear to auscultation b/l, no increased work of breathing

Cardiovascular: tachycardic, regular rhythm, no murmur

Abdominal: Soft, non-distended, bowel sounds active

Extremities/Integument: skin warm dry and intact, non-pitting BLE, b/l groin ecchymosis (L > R)

Body mass index is 30.75 kg/m².

Laboratory Results reviewed and notable for:

Leukocytosis improving

Hemoglobin 7.7 down from 9.4

Mild thrombocytosis

Creatinine slightly worse at 1.4 from 1.3

Mild hyperbilirubinemia with elevated alkaline phosphatase and mild AST elevation

Hyperglycemia

Radiography [personally reviewed, along with the Radiologist's reports (if available)] notable for:

Chest x-ray to confirm ET tube placement in place. Small bilateral pleural effusions.

Intake/Output Summary (Last 24 hours) at 10/2/2024 1144

Last data filed at 10/2/2024 1100

	Gross per 24 hour
Intake	2442.76 ml
Output	925 ml
Net	1517.76 ml

Net IO Since Admission: 5,215.91 mL [09/25/24 0824]

This patient is currently on the primary ICU service:

APP phone numbers (for hospital personnel only):

Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

- 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: Artem Tkachenko, DO, 10/2/2024 11:44 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

Remains lethargic. Overnight had issues with A-fib and was started on amiodarone. Remains on milrinone and norepinephrine drips. On mechanical ventilation. Diuresing well. Off Lasix drip since last night. Mild bump in creatinine. Will bolus with fluid. Cultures are negative so far. De-escalate antibiotics and complete 5-day course. Tolerating tube feeds. Blood sugars controlled. Patient is LTM. Prognosis is poor.

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, 10/2/2024 1:16 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

Admission (Discharged) on 9/19/2024

Note shared with patient

Care Timeline

- 09/19  Admitted to MVH 4th Floor SE - Intensive Care Unit 1000
- 09/21  PERCUTANEOUS CORONARY INTERVENTION
- 09/27  IMPELLA INSERTION
- 10/05  IMPELLA LEFT VENTRICULAR PUMP REMOVAL
- 10/05  Discharged 2114

Sprague, Joanna (MRN 224-10-78-27) Printed by Hicks, Megan D [93263] at 10/7/2024 10:02 AM



Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

Sprague, Joanna

MRN: 224-10-78-27

Bayer, Emily R, RCP

Respiratory Therapist
Respiratory Therapy

Progress Notes  
Signed





Date of Service: 10/02/24 0907

Signed

Patient taken off SBT due to high RR and HR. Will continue to monitor. Electronically signed by: Emily R Bayer, RCP, 10/2/2024 9:08 AM

Admission (Discharged) on 9/19/2024 *Note shared with patient*

Care Timeline

- 09/19  Admitted to MVH 4th Floor SE - Intensive Care Unit 1000
- 09/21  PERCUTANEOUS CORONARY INTERVENTION
- 09/27  IMPELLA INSERTION
- 10/05  IMPELLA LEFT VENTRICULAR PUMP REMOVAL
- 10/05  Discharged 2114

Sprague, Joanna (MRN 224-10-78-27) Printed by Hicks, Megan D [93263] at 10/7/2024 10:02 AM



Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

Sprague, Joanna

MRN: 224-10-78-27

Bayer, Emily R, RCP

Respiratory Therapist
Respiratory Therapy

Progress Notes  
Signed

Date of Service: 10/02/24 0832






Signed

Respiratory Vitals

	10/02/24 0820
Respiratory Vitals	
\$RESP VITALS	COMPLETED
Tidal Volume	315 ML
Spontaneous Resp. Rate	27
Shallow Breathing Index	85.71 Breaths/Min/Liter
Minute Ventilation	7.55 LITERS
Patient Effort	Optimal

Admission (Discharged) on 9/19/2024 Note shared with patient

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Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

Sprague, Joanna

MRN: 224-10-78-27

Sweet, Brenda K, RN
Registered Nurse

Care Plan
Signed

Date of Service: 10/02/24 0652

Signed

- Problem: Pain - Acute
Goal: Communication of presence of pain
Outcome: Progressing
- Problem: Discharge Planning
Goal: Knowledge of discharge instructions
Outcome: Not Progressing
- Goal: Knowledge of medication management
Outcome: Not Progressing
- Problem: Discharge Planning
Goal: Participation in care planning
Outcome: Not Progressing
- Goal: Knowledge of medication management
Outcome: Not Progressing
- Goal: Knowledge of discharge instructions
Outcome: Not Progressing

Admission (Discharged) on 9/19/2024

Care Timeline

- 09/19 Admitted to MVH 4th Floor SE - Intensive Care Unit 1000
PERCUTANEOUS CORONARY INTERVENTION
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Sprague, Joanna



Evers, David L, APRN
Nurse Practitioner
Cardiology

Medical Staff Progress Note
Signed



Date of Service: 10/01/24 2219

Signed

Called to bedside for A-fib with RVR HR 204.
SBP 70-100s per ART line

Pt limited code, no compressions, defibrillations.

Pt given 150mg IV amio bolus, 0.5mg IV digoxin.
Pt changed from levo to neo gtt
Pt converted to sinus tach 119 bpm
BP 116/51 per ART line

Plan:

Will give 2.5mg IV lopressor
Levophed off
Cont to wean neo as able.
Amio gtt

Will continue to follow

Electronically signed by: David L Evers, APRN, 10/1/2024 10:21 PM

Admission (Discharged) on 9/19/2024 *Note shared with patient*

Care Timeline

- 09/19 Admitted to MVH 4th Floor SE - Intensive Care Unit 1000
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Sprague, Joanna

MRN: 224-10-78-27

Gollamudi, Murthy Venkat L N, MDPhysician
Critical CareMedical Staff Progress Note
Addendum

Date of Service: 10/01/24 1317

Addendum



Pulmonary & Critical Care

CONSULTANTS, INC.

Critical Care Progress Note

MIAMI VALLEY HOSPITAL

Date of Service: 10/1/2024

Joanna Sprague

DOB: 2/24/1954

Assessment:

70 yo F with PMH CAD with MI in 4/2024 s/p multiple PCI who presented to Wilson ER for jaw pain, found to have NSTEMI, cardiac workup significant for multivessel CAD s/p IABP placement, transferred to MVH for CTS evaluation and ultimately underwent high risk PCI 9/21 with stent to LAD. Hospital course complicated by worsening cardiogenic shock, subsequent PCI and impella placement 9/22, removed 9/27. Extubated 9/28 and re-intubated same day for airway protection due to poor secretion management. Secretions have since improved. Cardiogenic shock appears to be improving supported by decreased PA pressures and good diuresis. She has however developed new fevers and leukocytosis now concerning for sepsis without a known source. No organism isolated on current cultures. MRSA PCR negative. Patient intermittently following commands. She was able to give a thumbs up on the left but unable to do the same on the right. CT head without acute intracranial pathology. Pending MRI to further evaluate. Continuing discussion of goals of care with daughter Amy.

Problem list:

- Fever
- Leukocytosis
- Cardiogenic shock status post Impella as well as intra-aortic balloon pump placement, now removed 9/27
- Status post shockwave lithotripsy and DES (LAD to ostium of the LCA and status post balloon angioplasty of the circumflex)
- Non-STEMI
- Ischemic cardiomyopathy with LVEF of 35 to 40%
- Mechanical ventilation
- Normocytic anemia requiring blood transfusion, improving
- Hemoptysis, resolved
- Pressure injury to coccyx present on admission
- History of: type 1 DM, HTN, Bipolar disorder, depression, GERD, migraine headaches, chronic anticoagulation with apixaban, chronic low back pain, history of C. difficile, IBS

Plan:

- Continue mechanical ventilation to maintain SpO2 >90%

Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

- Propofol for RASS 0 to -1
- Vasopressors for MAP > 60
- Cardiology following, restarted milrinone to augment EF
- Continue Lasix 10mg/kg
- Continue Zosyn pending cultures
- Continue tube feeds
- Continue Lantus + SSI
- Replace electrolytes as needed
- Hold bowel regimen in the setting of diarrhea on 9/30
- Thromboprophylaxis: Enoxaparin 40 mg daily
- Alimentary prophylaxis: PPI
- CODE STATUS changed to DNR arrest

Chief Complaint/Reason for Admission: Cardiogenic shock**Pertinent interval/overnight events:**

No acute events overnight. Patient is intubated and sedated with Precedex. Shakes her head no when asked if she is in pain. Discussed goals of care with patient's NOK daughter Amy at bedside. States that patient would not want CPR or reintubation.

Physical Examination:

BP 107/54 | Pulse 106 | Temp 97.8 °F (36.6 °C) | Resp 29 | Ht 1.588 m (5' 2.5") | Wt 76.8 kg (169 lb 5 oz) | SpO2 97% | BMI 30.47 kg/m²

General: intubated. Intermittently follows commands, more responsive on the left side.

Neurologic: opens eyes to verbal stimuli, follows some commands on the left more than right. Grimaces to pain, + cough/gag

Respiratory: clear to auscultation b/l, no increased work of breathing

Cardiovascular: tachycardic, regular rhythm, no murmur

Abdominal: Soft, non-distended, bowel sounds active

Extremities/Integument: skin warm dry and intact, non-pitting BLE, b/l groin ecchymosis (L > R)

Body mass index is 30.47 kg/m².

Laboratory Results reviewed and notable for:

Worsening leukocytosis

Stable normocytic anemia

Mild metabolic alkalosis

Creatinine 1.3 up from 1.2 prior

Increased hyperbilirubinemia 1.5 from 1.3

Alk phos worse 523 from 428

Radiography [personally reviewed, along with the Radiologist's reports (if available)] notable for:

Carotid ultrasound without acute pathology

CT head non-acute

Chest x-ray with left pleural effusion

Intake/Output Summary (Last 24 hours) at 10/1/2024 1317

Last data filed at 10/1/2024 1136

	Gross per 24 hour
Intake	3065.62 ml
Output	2180 ml
Net	885.62 ml

Net IO Since Admission: 5,215.91 mL [09/25/24 0824]

This patient is currently on the primary ICU service:

APP phone numbers (for hospital personnel only):

- Primary: 937-789-8098

Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

- 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: Artem Tkachenko, DO, 10/1/2024 1:17 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



Patient remains lethargic, occasionally wakes up and follows some simple commands. Right arm continues to be weak. CT of the head was negative. Hemodynamically stable. Still on low-dose norepinephrine. Being diuresed with Lasix. Was restarted on milrinone this morning by cardiology. Diuresing well. AKI is stable. Cultures are negative so far. On empiric antibiotics for presumptive sepsis syndrome. Can de-escalate once cultures finalize. Family has decided to make her at DNR arrest. Overall 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, 10/1/2024 2:38 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

Admission (Discharged) on 9/19/2024

Note shared with patient

Care Timeline

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Sprague, Joanna (MRN 224-10-78-27) Printed by Hicks, Megan D [93263] at 10/7/2024 10:02 AM

Sprague, Joanna

MRN: 224-10-78-27

Bennett, Maria Angela, RN

Integrated Care Manager
ICM Case Management

Progress Notes



Signed

Date of Service: 10/01/24 1143

Signed

ICM Progress Notes for 10/1/24:

10/1/24 Discussed patient with the bedside RN. Reasons for continued hospital stay: Remains intubated/ vent. FiO2@ 30%. IV drips: Lasix, Levophed and Milrinone. Off Precedex this AM. 9/27 Impella removed. 9/30/24 Swan Ganz catheter and Cordis removed. For MRI brain with and without contrast today. Family meeting today @ 12 noon for discussion r/t goals of care. **Current anticipated discharge disposition:** PENDING, treatment plan, clinical course and confirmation of goal of care. Unit CM/dc planner to continue to follow.

Electronically signed by: Maria Angela Bennett, RN, Case Manager, 10/1/2024 11:46 AM

Weekday Office Hours: 8:30-5:00. 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.

Admission (Discharged) on 9/19/2024 *Note shared with patient*

Care Timeline

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- 10/05 Discharged 2114

Sprague, Joanna



Bulow, Robert E, DO
Physician
Cardiology

Medical Staff Progress Note
Signed



Date of Service: 10/01/24 0723

Signed



Premier Cardiovascular Institute

MIAMI VALLEY HOSPITAL
Progress Note
Inpatient Follow up

10/1/2024-

Patient: Joanna Sprague

DOB: 2/24/1954

MRN: 224-10-78-27

DOA: 9/19/2024

PCP: Herman, Parmie A
OP Cardiologist: Dr. Goyal

ASSESSMENT:

1. NSTEMI complicated by cardiogenic shock 9/19/2024
2. Emergent PTCA LM 99% lesion reduced to 50% narrowing 9/19/2024
3. Impella supported PTCA/DES LM/LAD, PTCA LCx 9/22/2024 following surgical turndown
4. Impella removal 9/27/2024
5. LVEF 20 to 25% TTE 9/25/2024
6. Acute systolic heart failure ACC stage D NYHA class IV improving
7. PAF—currently sinus rhythm
8. Respiratory failure requiring intubation and continue mechanical ventilatory support
9. Diabetes mellitus
7. C. difficile—hypokalemia
8. History of bipolar disorder

PLAN:

1. Will add Primacor and attempt to improve ejection fraction to facilitate management of acute systolic heart failure/pulmonary edema—mechanical ventilatory requirement.
2. Levophed continues for pressure support
3. Receiving IV furosemide to assist with volume management
4. Continue on combination ticagrelor 90 mg twice daily and aspirin 81 mg daily for recent stent placement
5. Zetia 10 mg daily
6. Low molecular weight heparin for DVT prophylaxis

The Cardiology Service can be contacted via the cardiology consult line via the phone number listed at the top of on-call sheet in eSynergy Links/QGenda.

SUBJECTIVE:

Joanna Sprague is seen in follow up visit today. Patient seen and examined chart reviewed. Patient remains critically ill current rhythm is sinus with occasional premature atrial contraction and premature ventricular contraction. Remains intubated on ventilator with IV Lasix and furosemide drips.

Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

Review of Systems:

Intubated on vent.

OBJECTIVE**BMI: Body mass index is 30.47 kg/m².****Vital Signs:**

Temp: 97.6 °F (36.4 °C) (10/01/24 0400)	Temp Min: 97.6 °F (36.4 °C) Min taken time: 10/01/24 0400 Max: 99.9 °F (37.7 °C) Max taken time: 09/30/24 1100	BP: 107/53 (10/01/24 0700)	Pulse: 93 (10/01/24 0700)	Resp: 16 (10/01/24 0700)	SpO2: 96 % (10/01/24 0700)
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I/O last 3 completed shifts:

In: 3578.9 [I.V.:2298.9; Other:90; Enteral:1190]

Out: 2690 [Urine:2690]

Baseline Weight: 74.4 kg (164 lb 0.4 oz) (09/19/24 1035)

Most recent Weight: 76.8 kg (169 lb 5 oz) (10/01/24 0400)

EXAM:

GENERAL APPEARANCE: Appears critically ill intubated full mechanical ventilatory support receiving IV vasopressors.

RESPIRATORY: Rhonchi bilateral.

CARDIOVASCULAR: irregularly irregular rhythm representing sinus rhythm with frequent premature atrial contractions.

ABDOMEN: Normoactive bowel sounds, soft, non-tender

PSYCH: Intubated on vent

SKIN (Exposed): Warm, dry, intact skin. Color and texture normal

MUSCULAR SKELETAL./EXT: Mild dependent edema.

MEDS CURRENT:

potassium chloride (K-DUR, KLOR-CON M) SR-tablet 40 mEq 40 mEq Oral BID; ticagrelor (BRILINTA) tablet 90 mg 90 mg OG/NG Tube BID; aspirin chewable tablet 81 mg 81 mg OG/NG Tube Daily; [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; enoxaparin (LOVENOX) syringe 40 mg 40 mg Subcutaneous Daily; insulin lispro (HumaLOG) injection 0-9 Units 0-9 Units Subcutaneous Q4H; pantoprazole (PROTONIX) IV push 40 mg 40 mg IV Push Daily; chlorhexidine (PERIDEX) oral rinse 15 mL 15 mL Mucous Membrane BID; insulin glargine (LANTUS) Subcutaneous INJ 30 Units 30 Units Subcutaneous Daily; ezetimibe (ZETIA) tablet 10 mg 10 mg OG/NG Tube Daily; polyvinyl alcohol-povidone (REFRESH) eye drops 2 Drop 2 Drop Each Eye BID

Continuous infusions:

dexmedetomidine (PRECEDEX) 400 mcg in 0.9% NaCl 0.9% 100 mL Last Rate: 0.3 mcg/kg/hr (10/01/24 0701); norepinephrine 8 mg in NaCl 0.9% 250 mL (Standard Concentration) IV infusion Last Rate: 0.1 mcg/kg/min (10/01/24 0701); furosemide (LASIX) 200 mg in NaCl 0.9% 50 mL infusion Last Rate: 10 mg/hr (10/01/24 0701); NaCl 0.9% 500 mL Last Rate: Stopped (09/23/24 1715); NaCl 0.9% 1,000 mL Last Rate: 10 mL/hr at 09/30/24 1900

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

Labs reviewed:**Lab Results**

Component	Value	Date
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Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

NA	141	10/01/2024
POTASSIUM	3.4	10/01/2024
POTASSIUM	3.4	09/22/2024
CL	100	10/01/2024
CO2	25	10/01/2024
GLUCOSE	269 (H)	10/01/2024
GLUCOSE	259 (H)	10/01/2024
GLUCOSE	165 (A)	09/29/2024
BUN	36 (H)	10/01/2024
CREATININE	1.3 (H)	10/01/2024
CA	9.1	10/01/2024
TP	7.4	10/01/2024
ALB	3.6	10/01/2024
ALKP	523 (H)	10/01/2024
AST	50	10/01/2024
ALT	19	10/01/2024
TBIL	1.5 (H)	10/01/2024

Lab Results

Component	Value	Date
WBC	15.0 (H)	10/01/2024
HEMOGLOBIN	9.4 (L)	10/01/2024
HEMATOCRIT	29.5 (L)	10/01/2024
PLATELETS	377	10/01/2024
MCV	92.5	10/01/2024
MCH	29.5	10/01/2024
MCHC	31.9	10/01/2024
RDW	17.6 (H)	10/01/2024
MPV	10.7	10/01/2024

Lab Results

Component	Value	Date
INR	1.2 (H)	10/01/2024

No results for input(s): "TROP" in the last 72 hours.

I personally spent at least 31 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 on the medical unit. This patient requires complex, high-level decision-making to prevent deterioration or morbid sequelae of ongoing disease.

Electronically signed by: Robert E Bulow, DO, 10/1/2024 7:23 AM

Admission (Discharged) on 9/19/2024 *Note shared with patient*

Care Timeline

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- 10/05  Discharged 2114

Sprague, Joanna (MRN 224-10-78-27) Printed by Hicks, Megan D [93263] at 10/7/2024 10:02 AM

Sprague, Joanna

MRN: 224-10-78-27

Sweet, Brenda K, RN Care Plan Date of Service: 10/01/24 0212
Registered Nurse Signed

Signed

Problem: Pressure Ulcer
Goal: Absence of infection signs and symptoms
10/1/2024 0212 by Sweet, Brenda K, RN
Outcome: Progressing

10/1/2024 0209 by Sweet, Brenda K, RN
Outcome: Not Progressing

Goal: Pressure ulcer healing
10/1/2024 0212 by Sweet, Brenda K, RN
Outcome: Progressing
10/1/2024 0209 by Sweet, Brenda K, RN
Outcome: Not Progressing

Problem: Pain - Acute
Goal: Communication of presence of pain
10/1/2024 0212 by Sweet, Brenda K, RN
Outcome: Progressing
10/1/2024 0209 by Sweet, Brenda K, RN
Outcome: Progressing

Problem: Pressure Ulcer - Risk of
Goal: Absence of pressure ulcer
Outcome: Not 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: Not Progressing
Goal: Knowledge of fall prevention
Outcome: Not Progressing

Problem: Injury - Risk of, Physical Restraints
Goal: Absence of injury
Outcome: Progressing
Goal: Absence of physical restraint indications
Outcome: Progressing

Problem: Nutrition Deficit
Goal: Adequate nutritional intake
10/1/2024 0212 by Sweet, Brenda K, RN
Outcome: Progressing
10/1/2024 0209 by Sweet, Brenda K, RN
Outcome: Not Progressing

Admission (Discharged) on 9/19/2024

Care Timeline

09/19  Admitted to MVH 4th Floor SE - Intensive Care Unit 1000
 PERCUTANEOUS CORONARY INTERVENTION

Sprague, Joanna (MRN 224-10-78-27) Encounter Date: 09/19/2024

09/21  IMPELLA INSERTION
09/27  IMPELLA LEFT VENTRICULAR PUMP REMOVAL
10/05  Discharged 2114

Sprague, Joanna (MRN 224-10-78-27) Printed by Hicks, Megan D [93263] at 10/7/2024 10:02 AM

Sprague, Joanna

MRN: 224-10-78-27

Sweet, Brenda K, RN

Registered Nurse

Care Plan

Deleted

Date of Service: 10/01/24 0210

Deleted by Sweet, Brenda K, RN 10/01/24 0211 [View without strikethrough](#)

=

~~Problem: Pressure Ulcer~~

~~Goal: Absence of infection signs and symptoms~~

~~Outcome: Not Progressing~~

~~Goal: Pressure ulcer healing~~

~~Outcome: Not Progressing~~

=

~~Problem: Pain—Acute~~

~~Goal: Communication of presence of pain~~

~~Outcome: Progressing~~

=

~~Problem: Pressure Ulcer—Risk of~~

~~Goal: Absence of pressure ulcer~~

~~Outcome: Not 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: Not Progressing~~

~~Goal: Knowledge of fall prevention~~

~~Outcome: Not Progressing~~

=

~~Problem: Nutrition Deficit~~

~~Goal: Adequate nutritional intake~~

~~Outcome: Not Progressing~~

=

~~Problem: Activity Intolerance~~

~~Goal: Improved activity tolerance~~

~~Outcome: Not Progressing~~

=

~~Problem: Discharge Planning~~

~~Goal: Knowledge of discharge instructions~~

~~Outcome: Not Progressing~~

~~Goal: Knowledge of medication management~~


~~Outcome: Not Progressing~~

=

Deleted by: Sweet, Brenda K, RN at 10/01/24 0211

Admission (Discharged) on 9/19/2024

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