

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

# Cochran, Jeffrey

MRN: 982477266

**Jarmin S Mikhael, MD**

Resident

NEPHROLOGY - Notes Only

Progress Notes



Attested

Date of Service: 10/1/2024 8:43 AM

Attestation signed by Percy K Adonteng-Boateng, MD at 10/1/2024 2:29 PM

**NEPHROLOGY ATTENDING ATTESTATION**

I have seen and examined the patient on 10/1/2024 independently of the Resident Physician, Jarmin S Mikhael, MD and discussed with them all pertinent findings. I have personally reviewed all available clinical data related to today's encounter. I have been fully involved in formulation of the assessment and plan and agree with the Resident's findings and plan of care as documented with any changes set forth below.

Jeffrey Cochran is a 59 y.o. male with known hx of COPD,, neck ca, right empyema sp RLL lobectomy and decortication on 9/17/24, tobacco use disorder, right middle lobe consolidation s/p bronch with large mucus plug on this admission.

#Hyponatremia due to siadh complicated by hypovolemia

Labs reviewed: serum sodium down from 130 to 125

-Continue UreNa

-Resume fluid hydration

-Monitor BMP, input/output

Percy K Adonteng-Boateng, MD

10/1/2024 2:26 PM

a

**Nephrology Consult Note****Patient:** Jeffrey Cochran, 8/27/1965, 982477266**Physician:** Jarmin S Mikhael, MD**Length of Stay:** 15**Encounter Date/Time:** 10/01/24 10:55 AM**Referring MD:** Abdul-Rheem Ghanem, MD**Primary Care Provider:** No primary care provider on file.**Reason for Consult:** Hyponatremia**Chief Complaint:** No chief complaint on file.**History of Present Illness:**

Jeffrey Cochran is a 59 y.o. male with a significant past medical history of has a past medical history of Emphysema lung, Head and neck cancer (2019), and Smoking. Jeffrey Cochran presented to the ED on 9/16/2024

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

Upon physical exam Jeffrey Cochran is A&Ox3 and able to follow commands. Denies edema, dyspnea, or orthopnea. Reports chest soreness at site of chest tube, that has been removed. Denies palpitations, or syncope. Denies nausea, vomiting, or diarrhea. Denies abdominal pain or discomfort. Said his up is less, and he is feeling thirsty. Denies urinary frequency or hesitancy. Denies dysuria or foul odor from urine. Denies fever or chills.

**Past Medical History:**

Diagnosis	Date
• Emphysema lung	
• Head and neck cancer	2019
• Smoking	

**Past Surgical History:**

Procedure	Laterality	Date
• DECORTICATION PULMONARY W/ PARIETAL PLEURECTOMY	Right	9/17/2024
<i>Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR</i>		
• LOBECTOMY LUNG OPEN	Right	9/17/2024
<i>Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR</i>		
• BRONCHOSCOPY W/ TRACHEOBRONCHIAL TREE ASPIRATION INITIAL	N/A	9/17/2024
<i>Laterality: N/A; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR</i>		
• LYMPHADENECTOMY BY THORACOTOMY THORACIC MEDIASTINAL REGIONAL ADD-ON PX	Right	9/17/2024
<i>Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR</i>		

**Scheduled Meds:**

• ceFEPIme	2 g	Intravenous	Q8H
• cyanocobalamin	1,000 mcg	Oral	Daily
• dibucaine	1 Application	Topical	TID
• dronABinol	5 mg	Oral	BID
• faMOTIdine	20 mg	Oral	Q12H
• [START ON 10/2/2024] ferrous sulfate	325 mg	Oral	Once per day on Monday Wednesday Friday
• Gabapentin	300 mg	Oral	TID
• Heparin	5,000 Units	Subcutaneous	Q12H
• hydrocortisone-pramoxine	1 applicator	Rectal	Q12HNS
• Ipratropium-albuterol	3 mL	Nebulization	Q6HNS
• Lactulose	10 g	Oral	BID
• Levothyroxine	50 mcg	Oral	Before BKF
• Lisinopril	10 mg	Oral	Daily
• metroNIDAZOLE	500 mg	Oral	Q8H
• Polyethylene glycol	17 g	Oral	Q12H
• potassium & sodium phosphates	1 packet	Oral	TID w/meals
• senna-docusate	1 tablet	Oral	Daily
• Sodium chloride	1 g	Oral	TID w/meals
• vancomycin	1,250 mg	Intravenous	Q12HNS

**IV Infusions:**

- Sodium chloride 0.9%

**No Known Allergies****Family History**

Problem	Relation	Age of Onset
• Ovarian Cancer	Mother	
• Diabetes	Sister	

## 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: Former
- Types: Cigarettes
- Smokeless tobacco: Never

### Vaping Use

- Vaping status: Every Day

### Substance and Sexual Activity

- Alcohol use: Not Currently
- Comment: occasionally*
- Drug use: Yes
- Types: Marijuana
- Comment: daily x2-3*
- Sexual activity: Not on file

### Other Topics

- Not on file

### Social History Narrative

- Not on file

## Social Determinants of Health

Financial Resource Strain: Not on file

Food Insecurity: No Food Insecurity (9/16/2024)

### 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 (9/16/2024)

### PRAPARE - Transportation

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

Physical Activity: Not on file

Stress: Not on file

Social Connections: Not on file

Intimate Partner Violence: Not At Risk (9/16/2024)

### Humiliation, Afraid, Rape, and Kick questionnaire

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

Housing Stability: Unknown (9/16/2024)

### Housing Stability Vital Sign

- Unable to Pay for Housing in the Last Year: No
- Number of Times Moved in the Last Year: Not on file
- Homeless in the Last Year: No

## Objective:

Temp: [97.4 °F (36.3 °C)-98.4 °F (36.9 °C)] 97.4 °F (36.3 °C)

Pulse (Heart Rate): [83-104] 93

Resp Rate: [15-18] 18

BP: (83-127)/(60-76) 127/76

O2 Sat (%): [93 %-97 %] 96 %

Oxygen Therapy

O2 Sat (%): 96 %

O2 Device: room air

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

I/O last 3 completed shifts:

In: 700 [P.O.:700]

Out: 1000 [Urine:1000]

**PHYSICAL EXAM**

Gen: No acute distress, slightly dehydrated

Neck: No jvd

Lungs: Coarse breath sounds bilaterally, no signs of infection at site of prior chest tube

Cardio: Regular rate and rhythm

Abdomen: Soft, nontender, nondistended

Extremities: Warm, well perfused. DP pulses 2+ b/l. No edema

Skin: warm, dry, no rashes or bruises

Neuro: Awake, fully oriented. No focal deficits.

Dialysis access: None

**Data Review:**

WBC/Hgb/Hct/Plts: 18.9/9.6/29.5/346 (10/01 0323)

Bun/Creat/Cl/CO2/Glucose: 17/0.39/87/33/122 (10/01 0834)

**LINES/DRAINS/AIRWAY/WOUNDS:****Patient Lines/Drains/Airways Status**

## Active Lines, Drains, Airways, &amp; Wound Overview

Name	Placement date	Placement time	Site	Days
PICC Line - Single Lumen 09/30/24 1326 blue basilic vein (medial side of arm), left 4 Fr	09/30/24	1326	—	less than 1
Peripheral IV Line - Single Lumen 09/17/24 1255 green forearm, anterior, right 18 gauge; 1 in length	09/17/24	1255	—	13
Wound Surgical 09/17/24 1333 Right;Upper Flank	09/17/24	1333	Flank	13

**Assessment/Plan:**

Jeffrey Cochran is a 59 y.o. male w/ PMHx metastatic tonsil squamous cell carcinoma, HTN, hypothyroidism secondary to thyroid cancer/thyroidectomy, emphysema, chronic constipation, who p/w RLQ abdominal pain, constipation, and recent weight loss, found to have sepsis 2/2 RLL pneumonia and empyema on chest CT at admission. Vancomycin/Zosyn, IV fluids given at outside hospital. By time of presentation to ARMC, patient no longer met sepsis criteria. MRSA nares negative. Vanc/zosyn discontinued. Started Unasyn. CT surgery performed Bronchoscopy w/aspiration, right thoracotomy, pleurectomy, right lower lobectomy, and lymphadenectomy on 9/18. Chest tubes were placed due to small pneumothorax, and has been removed. Nephrology consulted for hyponatremia.

**Acute Hypo-Osmolar Hyponatremia.****SIADH:**

Likely multifactorial: SIADH and hypovolemia with poor oral intake

Sodium level on admission noted to be 130, trended down, today 125 dropped from 130

Slightly hypovolemic on exam.

Not causing encephalopathy.

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

TSH wnl, cortisol 17, uric acid 2.4, initial serum and calculated osmolality 269 with calculated 263.

Urine osmolality 371 and urine sodium 90.1

Hx of malignancy

Plan:

Give IV fluids, NaCl at rate of 75 ml/hr

Continue Sodium Chloride tab 1 g TID

Follow repeated Urine lytes and urine osmolality

liberalize salt in diet

Strict I&O's, daily weights

#### **Normocytic Anemia:**

Hb of 9.6 today , Hct 29.5, MCV 98.0

B12 292, folate wnl, Ferritin 343, Iron with low saturation 10.

Start Iron and B12 supplements

- Transfuse per primary

#### **RLL Empyema:**

#### **Pneumonia:**

S/p pleurectomy, right lower lobectomy, lymphadenectomy performed along with chest tube placement.

- Management per primary, ID and CT surgery

#### **Severe Protein-Calorie Malnutrition:**

-Continue Ensure, recommend high protein diet

The above A&P will be discussed and reviewed with covering physician and changes will be made as appropriate.  
Thank you for the consult. Adena Kidney Specialists will continue to follow.

**Jarmin S Mikhael, MD**

**IM Resident-PGY3**

Cosigned by: Percy K Adonteng-Boateng, MD at 10/1/2024 2:29 PM

Admission (Discharged) on 9/16/2024

*Note shared with patient*

#### **Care Timeline**

- 09/16 ○ Admitted (Observation) 0954
- 09/16 ○ Admitted 1201
- 09/17 ○ **BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY**
- 09/18 ○ Transferred to Adena 2B Inpatient Unit 1624
- 09/18 ○ Transferred out of Adena 2B Inpatient Unit 1634
- 10/03 ○ **RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION**
- 10/15 ○ Discharged 0131

Printed by [HICK27] at 10/15/2024 12:11 PM

# Cochran, Jeffrey

MRN: 982477266

**Jennifer Howard, RN**

Care Manager RN

CARE MANAGEMENT - Notes Only

Plan of Care



Date of Service: 10/1/2024 7:44 AM

Signed

Patient was accepted at Abbyshire Place, HENS completed Document ID : 217374176.

Admission (Discharged) on 9/16/2024

*Note shared with patient*

## Care Timeline

- 09/16 Admitted (Observation) 0954
- 09/16 Admitted 1201
- 09/17 **BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTION**
- 09/18 Transferred to Adena 2B Inpatient Unit 1624
- 09/18 Transferred out of Adena 2B Inpatient Unit 1634
- 10/03 **RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION**
- 10/15 Discharged 0131

Printed by [HICK27] at 10/15/2024 12:11 PM

# Cochran, Jeffrey

MRN: 982477266

**Cody Horn, DO**

Physician

INFECT DIS - Notes Only

Progress Notes    
Signed

Date of Service: 9/30/2024 2:56 PM

**Infectious Disease - progress Note****Reason for consult:**

Empyema

**Antimicrobials:**

Cefepime

Metronidazole

Vancomycin

**Pertinent Micro:**

9/26 BAL culture in process

9/16 pleural fluid culture normal resp flora

9/17 operative culture GPC from Gram stain, culture in progress

**SUBJECTIVE:**

No fever or events overnight. No n/v. Feels well today. Family at bedside.

**PHYSICAL EXAM:****Vitals:**

09/30/24 1200

BP:

Pulse: 104

Resp:

Temp:

SpO2:

General: No distress, room air, sitting up in chair

Eyes: Anicteric

HENT: NC/AT

CV: Heart regular, no murmurs

Respiratory: Clear breath sounds posteriorly

GI: Soft, nontender

Skin: No rashes, no ecchymosis

Psych: Coherent, cooperative with exam

Neuro: No seizure activity, alert and oriented ×3

**LABS:****Lab Results**

Component	Value	Date
WBC	18.5 (H)	09/30/2024
HGB	8.8 (L)	09/30/2024
HCT	26.9 (L)	09/30/2024
PLATELET	404 (H)	09/30/2024
MCV	99.3	09/30/2024

**Lab Results**

Component	Value	Date
CREATSERUM	0.46 (L)	09/30/2024
CREATURINE	31	09/26/2024

No results found for: "CRP"

No results found for: "SEDRATE"

Serum creatinine: 0.46 mg/dL (L) 09/30/24 0426

Estimated creatinine clearance: 130 mL/min (A)

**Recent RADIOLOGY:**

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

Personally reviewed radiographic images

CT abdomen/pelvis, chest x-ray

**ASSESSMENT:**

- Sepsis (hr wbc source)
- Empyema s/p right thoracotomy decortication pleurectomy and right lower lobectomy by Cardiothoracic surgery 9/17
  - RT lung s/p thoracentesis 9/16
- Hyponatremia
- Leukocytosis
- Anemia
- Thrombocytosis
- Tobacco dependence to cigarettes

**PLAN:**

- Continue with cefepime, metronidazole
- Continue with IV vancomycin, goal trough 15-20.
- Leukocytosis continues to fluctuate
- Stop vanco 10/18
- Stop cefepime 10/12
- Weekly CBC, BUN, Cr, ESR, CRP and vanco trough
- Midline to be exchanged to PICC
- OPAT addended previously
- CT surgery note appreciated
- If worsening signs of infection will escalate cefepime to meropenem, no hypoxia or fevers, or clinical signs of pneumonia
- Discussed case with primary team, nursing
- Personally reviewed chest x-ray, CT chest from today
- I discussed the above plan of care with patient's family in person. All questions answered to their satisfaction.
- Personally reviewed culture data and lab data, summarized above.

**Cody Horn, DO**

Infectious Disease Attending

Ph# 740.656.7221

Please call before paging or using Vocera

9/30/2024

2:56 PM

Admission (Discharged) on 9/16/2024

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

09/16	Admitted (Observation) 0954
	Admitted 1201
09/17	<b>BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY</b>
	Transferred to Adena 2B Inpatient Unit 1624
09/18	Transferred out of Adena 2B Inpatient Unit 1634
10/03	<b>RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION</b>
10/15	Discharged 0131

Printed by [HICK27] at 10/15/2024 12:11 PM

# Cochran, Jeffrey

MRN: 982477266

**Marshall Wilburn, RN**Registered Nurse  
NURSING - Notes OnlyProcedures    
Signed

Date of Service: 9/30/2024 1:28 PM

**Procedure Orders**

GENERAL PROCEDURE [832905645] ordered by Marshall Wilburn, RN at 09/30/24 1332

**Report of PICC Consultation and Evaluation:**

Patient seen and evaluated for PICC insertion under ultrasound guidance. ID band present, allergies and limb precautions verified with patient/nurse. Skin integrity within normal limits at time of insertion. No evidence of ecchymosis, infiltration, hematoma, edema, or any condition that would prevent safe insertion of a PICC with ultrasound guidance.

I have reviewed pertinent laboratory results.

**Lab Results**

Component	Value	Date
WBC	18.5 (H)	09/30/2024
HGB	8.8 (L)	09/30/2024
HCT	26.9 (L)	09/30/2024
PLATELET	404 (H)	09/30/2024
MCV	99.3	09/30/2024

**eGFR, CKD-EPI, Male**

Date	Value	Ref Range	Status
09/30/2024	>90	>=60 mL/min/1.73m2	Final

## Comment:

*Reported eGFR is based on the CKD-EPI 2021 equation using creatinine, age, and sex.*

**Lab Results**

Component	Value	Date
INR	1.3	09/21/2024
INR	1.3	09/17/2024
PT	14.6 (H)	09/21/2024
PT	13.7 (H)	09/17/2024

No results found for: "PTT"

**Temp Readings from Last 1 Encounters:**

09/30/24 97.6 °F (36.4 °C) (Axillary)

Blood cultures have been reviewed.

Patient is alert, cooperative, no distress, appears stated age

Patient/Family/Guardian teaching completed or attempted: Yes

Consent obtained and Procedure explained to patient

If family or guardian unavailable-was consent obtained from 2 attending clinicians for emergent placement? Yes

Is there contraindication to interfere with placement such as pacer, mastectomy, potential for dialysis graft etc.: no known restriction

Arm used for venous access: Left Arm

Patient/Family/Guardian (If available) informed to notify staff of any complication including pain, redness, swelling, or bleeding post insertion.

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

**Central Venous Catheter Insertion Checklist**

Was the PICC/CVC placed emergently?no

If family or guardian unavailable-was consent obtained from 2 attending clinicians for emergent placement?not applicable

**Before the procedure**

1. Perform timeout. Yes
2. Verify informed consent with patient, guardian or HPOA. yes
3. Assistant: If assisting with sterile field, use sterile gloves, and mask. Yes
4. Prep site with ChloraPrep for 30 sec minimum. Yes
5. Sterile technique to drape patient from head to toe. Yes

**During the procedure, did the clinician**

1. Maintain sterile field. Yes
2. Account for the guidewire at all times. Yes
3. Obtain a qualified second operator IF 2 unsuccessful sticks. (except if emergent); document the number of attempts. N/A

**After the procedure, did the clinician**

1. Apply sterile dressing and chg disk immediately after insertion. Yes
2. Document date and time on the dressing. Yes
3. Perform hand hygiene before and after. Yes
4. All staff wore a mask until sterile dressing placed. Yes
5. Dispose of sharps immediately/appropriately after the procedure. Yes
6. Primary RN is notified for PICC clearance/use or that pt will require stat. Portable chest xray with reading indicating tip within the SVC per radiologist prior to use. Yes

**Lot number:** rejo**Expiration Date:** 07/30/2025**Internal length:**41**External length:**0**Arm circumference:**20**Inserted by:**kbenson**Assisted by:**wwilburn**Extra insertion note if applicable:**

CXR ordered for PICC tip confirmation if unable to verify placement with tip verification or EKG

**PROCEDURE DETAILS**

Using sterile technique and ultrasound guidance, access was obtained. Acceptable blood return was noted from the catheter and catheter flushed easily with 10 mls 0.9 NS PER lumen. Statlock device/securement device was used to secure PICC.

Sterile dressing was applied. Disinfectant caps were placed

Patient tolerated procedure well without any complications

Call light in reach.

Bed low and locked.

Tray table within reach

Admission (Discharged) on 9/16/2024

Note shared with patient

**Care Timeline**

- 09/16  Admitted (Observation) 0954
- 09/16  Admitted 1201
- 09/17  BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY
- 09/18  Transferred to Adena 2B Inpatient Unit 1624
- 09/18  Transferred out of Adena 2B Inpatient Unit 1634
- 10/03  RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION
- 10/15  Discharged 0131



# Cochran, Jeffrey

MRN: 982477266

**Percy K Adonteng-Boateng, MD**

Physician

NEPHROLOGY - Notes Only

Progress Notes    
Signed

Date of Service: 9/30/2024 1:17 PM

**NEPHROLOGY PROGRESS NOTE****Encounter Date/Time:** 09/30/24 1:17 PM**Referring MD:** Abdul-Rheem Ghanem, MD

I saw Jeffrey Cochran at the Adena Regional Medical Center on 9/30/2024.

**Subjective:**

Patient seen and examined.

Feels better today

No new complaints

**Physical Examination:**

Temp: [97.1 °F (36.2 °C)-97.8 °F (36.6 °C)] 97.6 °F (36.4 °C)

Pulse (Heart Rate): [86-112] 104

Resp Rate: [15-19] 15

BP: (89-138)/(56-82) 104/66

O2 Sat (%): [92 %-98 %] 93 %

Weight: [53.3 kg (117 lb 8.1 oz)] 53.3 kg (117 lb 8.1 oz)

I/O last 3 completed shifts:

In: 1575 [IV Piggyback:1575]

Out: 1125 [Urine:1125]

I/O this shift:

In: 300 [P.O.:300]

Out: -

**BP 104/66 | Pulse 104 | Temp 97.6 °F (36.4 °C) (Axillary) | Resp 15 | Ht 1.828 m (5' 11.97") | Wt 53.3 kg (117 lb 8.1 oz) | SpO2 93% | BMI 15.95 kg/m<sup>2</sup> | Smoking Status Former**

GENERAL: NAD, good eye contact, relatively well appearing

SKIN: warm, dry, no rashes or bruises

CHEST: reduced air entry

CARDIO: tachycardia

ABDOMEN: Soft, nontender, nondistended

EXTREMITIES: Warm, well perfused

NEURO: Awake. Alert. No focal deficits.

PSYCH: appropriate affect

**Relevant Data:****MEDICATIONS:**

• ceFEPIme	2 g	Intravenous	Q8H
• dibucaine	1 Application	Topical	TID
• droNABinol	5 mg	Oral	BID
• faMOTIdine	20 mg	Oral	Q12H
• Gabapentin	300 mg	Oral	TID

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

• Heparin	5,000 Units	Subcutaneous	Q12H
• hydrocortisone-pramoxine	1 applicator	Rectal	Q12HNS
• Ipratropium-albuterol	3 mL	Nebulization	Q6HNS
• Lactulose	10 g	Oral	BID
• Levothyroxine	50 mcg	Oral	Before BKF
• Lisinopril	10 mg	Oral	Daily
• metroNIDAZOLE	500 mg	Oral	Q8H
• Polyethylene glycol	17 g	Oral	Q12H
• potassium & sodium phosphates	1 packet	Oral	TID w/meals
• senna-docusate	1 tablet	Oral	Daily
• Sodium chloride	1 g	Oral	TID w/meals
• vancomycin	1,250 mg	Intravenous	Q12HNS

**Lab Results**

Component	Value	Date
WBC	18.5 (H)	09/30/2024
HGB	8.8 (L)	09/30/2024
HCT	26.9 (L)	09/30/2024
PLATELET	404 (H)	09/30/2024
MCV	99.3	09/30/2024

**Lab Results**

Component	Value	Date
SODIUM	130 (L)	09/30/2024
POTASSIUM	3.6	09/30/2024
CHLORIDE	89 (L)	09/30/2024
CO2	36 (H)	09/30/2024
BUN	18	09/30/2024
CREATSERUM	0.46 (L)	09/30/2024
GLUCOSE	112 (H)	09/30/2024

**Lab Results**

Component	Value	Date
CALCIUM	8.4 (L)	09/30/2024
PHOSPHORUS	2.7	09/25/2024

**Lab Results**

Component	Value	Date
CREATSERUM	0.46 (L)	09/30/2024
CREATSERUM	0.43 (L)	09/29/2024
CREATSERUM	0.49 (L)	09/28/2024

**Lab Results**

Component	Value	Date
SPGRVTYUR	1.012	09/26/2024
GLUCOSEURINE	Normal	09/26/2024
KETONESURINE	Negative	09/26/2024
BLOODURINE	Negative	09/26/2024
NITRITESURIN	Negative	09/26/2024
LEUKOCESTUR	Negative	09/26/2024

**ASSESSMENT:**

Jeffrey Cochran is a 59 y.o. male with known hx of COPD,, neck ca, right empyema sp RLL lobectomy and

Printed by [HICK27] at 10/15/2024 12:11 PM

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

decortication on 9/17/24, tobacco use disorder, right middle lobe consolidation s/p bronch with large mucus plug on this admission.

#Hyponatremia due to siadhs  
Patient clinically appear euvolemic  
Labs reviewed: serum sodium stable 130  
-Add UreNa  
-Monitor BMP, input/output

Thank you for allowing us to participate in the care of Jeffrey Cochran, please reach out with questions or concerns

**Percy Adonteng-Baoteng MD MPH**  
**Nephrologist**

**Adena Kidney Specialists**  
**4437 State Route 159, PVG35**  
**Adena Health Pavilion**  
**Chillicothe, OH 45601**  
**740-779-8728**  
**Fax: 740-779-8729**

Admission (Discharged) on 9/16/2024      *Note shared with patient*

### Care Timeline

- 09/16    ○ Admitted (Observation) 0954
- 09/16    ○ Admitted 1201
- 09/17    ○ **BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY**
- 09/18    ○ Transferred to Adena 2B Inpatient Unit 1624
- 09/18    ○ Transferred out of Adena 2B Inpatient Unit 1634
- 10/03    ○ **RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION**
- 10/15    ○ Discharged 0131

Printed by [HICK27] at 10/15/2024 12:11 PM

# Cochran, Jeffrey

MRN: 982477266

**Jennifer Howard, RN**

Care Manager RN

CARE MANAGEMENT - Notes Only

Nursing Notes    
Signed

Date of Service: 9/30/2024 11:58 AM

Per chart review patient is medically stable for DC at this time. Patient is pending acceptance at Abby Shire Nursing and Rehab and will need insurance authorization. Abby Shire could not accept patient until chest tubes were removed, new referral sent now that this has happened. Care management will continue to follow and update team accordingly.

09/30/24 1155	
<b>Barriers to Discharge</b>	
Barriers to Discharge	Physician Decision
Explanation of Barriers	Patient is medically stable for DC per Primary MD.
<b>Medical Milestone</b>	
Medical Milestones Remaining	Awaiting acceptance at SNF, patient will also need insurance authorization.
<b>Discharge Planning</b>	
Expected Discharge Disposition	SNF
Anticipated Services at Discharge	Skilled Nursing;Occupational Therapy;Physical Therapy;Outpatient follow up

Admission (Discharged) on 9/16/2024      *Note shared with patient*

## Care Timeline

- 09/16  Admitted (Observation) 0954
- 09/16  Admitted 1201
- 09/17  **BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY**
- 09/17  Transferred to Adena 2B Inpatient Unit 1624
- 09/18  Transferred out of Adena 2B Inpatient Unit 1634
- 10/03  **RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION**
- 10/15  Discharged 0131

Printed by [HICK27] at 10/15/2024 12:11 PM

# Cochran, Jeffrey

MRN: 982477266

**Kevin M Radecki, MD**

Physician

THORACIC SURGERY - Notes Only

Progress Notes    
Signed

Date of Service: 9/30/2024 9:37 AM

**THORACIC PROGRES NOTE****COMPLAINT:**

No complaints. Very appreciative of surgical care. Patient denies fever, chills, sweats, cough, nausea, vomiting. Slight loose bowel movements with stool softeners

**OBJECTIVE FINDINGS:**

Vital Signs (24hrs):

Temp: [97.1 °F (36.2 °C)-97.8 °F (36.6 °C)] 97.8 °F (36.6 °C)

Pulse (Heart Rate): [84-107] 93

Resp Rate: [16-19] 17

BP: (89-162)/(56-102) 114/81

O2 Sat (%): [94 %-98 %] 98 %

Weight: [53.3 kg (117 lb 8.1 oz)] 53.3 kg (117 lb 8.1 oz)

Fluid Management (24hrs):

-Intake/Output this shift:

No intake/output data recorded.

Last Bowel Movement: 09/29/24

**PHYSICAL EXAM:**

Sitting up in bed. Ate all of his breakfast. Alert orientated 3. Neurologic 2 through 12 intact. Clear to auscultation. Incisions well healed. Regular.

**DIAGNOSTIC RESULTS/PROCEDURES:**Labs-ABGsLabs-CBC

WBC/Hgb/Hct/Plts: 18.5/8.8/26.9/404 (09/30 0426)

Labs-Chem 7(PMC)

Bun/Creat/Cl/CO2/Glucose: 18/0.46/89/36/112 (09/30 0426)

Na/K+/Phos/Mg/Ca: 130/3.6/---/8.4 (09/30 0426)

Imaging/Radiological Studies:

@IMAGES@

**ASSESSMENT:**

## Patient Active Problem List

Diagnosis	Date Noted	POA
• Sepsis [A41.9]	09/16/2024	Yes
• Severe protein-energy malnutrition [E43]	09/18/2024	Yes
• Abscess of lower lobe of right lung with pneumonia [J85.1]	09/17/2024	Yes
• Empyema lung [J86.9]	09/17/2024	Yes
• Head and neck cancer [C76.0]	09/17/2024	Yes
• Essential hypertension [I10]	09/17/2024	Yes
• Other specified hypothyroidism [E03.8]	09/17/2024	Yes

**PLAN:**

Plans for discharge home per primary service. Hopefully patient will able to do oral antibiotics versus IV antibiotics at home.

Admission (Discharged) on 9/16/2024      *Note shared with patient*

### Care Timeline

- 09/16 Admitted (Observation) 0954
- 09/16 Admitted 1201
- 09/17 BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY
- 09/18 Transferred to Adena 2B Inpatient Unit 1624
- 09/18 Transferred out of Adena 2B Inpatient Unit 1634
- 10/03 RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION
- 10/15 Discharged 0131

Printed by [HICK27] at 10/15/2024 12:11 PM

# Cochran, Jeffrey

MRN: 982477266

**Namra Shafi, DO**

Physician

HOSPITALIST - Notes Only

Progress Notes    
Attested

Date of Service: 9/30/2024 7:07 AM

Attestation signed by Abdul-Rheem Ghanem, MD at 10/1/2024 4:27 PM

**ATTENDING ATTESTATION**

I have seen and examined the patient independently of the Resident Physician, Namra Shafi, DO and discussed with them all pertinent findings. I have personally reviewed all available clinical data related to today's encounter. I have been fully involved in formulation of the assessment and plan and agree with the Resident's findings and plan of care as documented with any changes set forth below.

Abdul-Rheem Ghanem, MD

Date of encounter 9/30/24 .

**Hospital Medicine Daily Progress Note****Patient:** Jeffrey Cochran, 8/27/1965, 982477266**Physician:** Namra Shafi, DO**Length of Stay:** 14**Subjective/Interval History:**

Pt examined while sitting up in chair during breathing treatment. This is post op day 9. He is breathing well and pain is well controlled on current regimen. He has had more regular bowel movements and has not had blood in recent stools. He is eating his meals fully and is abiding by the fluid restriction.

**Objective:**

Temp: [97.1 °F (36.2 °C)-97.8 °F (36.6 °C)] 97.6 °F (36.4 °C)

Pulse (Heart Rate): [84-107] 98

Resp Rate: [16-19] 19

BP: (89-162)/(56-102) 111/72

O2 Sat (%): [94 %-97 %] 94 %

Weight: [53.3 kg (117 lb 8.1 oz)] 53.3 kg (117 lb 8.1 oz)

Oxygen Therapy

O2 Sat (%): 94 %

O2 Device: room air

Flow (L/min): 2

I/O last 3 completed shifts:

In: 1575 [IV Piggyback:1575]

Out: 1125 [Urine:1125]

General: NAD, good eye contact, cachectic, tolerating room air

Thoracic: Chest rise symmetric, normal work of breathing, scattered wheezing, remaining chest tube draining serosanguinous fluid

Cardio: Regular rate and rhythm, no murmurs

Abdomen: Soft, tender in RUQ+LUQ, nondistended

Extremities: Warm, well perfused. DP pulses 2+ b/l. No edema

Skin: warm, dry, no rashes or bruises

Neuro: Awake, fully oriented. Good memory and concentration. Speech fluent. No focal deficits.

**Data Review:**

Na/K+/Phos/Mg/Ca: 130/3.6/--/--/8.4 (09/30 0426)

Bun/Creat/Cl/CO2/Glucose: 18/0.46/89/36/112 (09/30 0426)

WBC/Hgb/Hct/Plts: 18.5/8.8/26.9/404 (09/30 0426)

**Additional Labs:**

None

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

Cultures/Microbiology:  
Scant candida on Aspirate

Imaging/Radiological Studies:

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**  
Right chest tube removed, no significant

Right pleural effusion right basilar opacity persists

New left lower lobe opacity could represent pneumonia

D/T: 9/29/2024 09:09:42 / Michael S. Levey, MD  
Michael S. Levey, MD

Interpreting Provider: Michael S. Levey, MD  
Electronically signed by Michael S. Levey, MD on  
9/29/2024 09:10:46

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**  
Stable right-sided pleural effusion and lower lobe consolidation.

D/T: 9/27/2024 07:41:04 / Rishi Maheshwary Rishi  
Maheshwary

Interpreting Provider: Rishi Maheshwary  
Electronically signed by Rishi Maheshwary on  
9/27/2024 07:42:37

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**  
1. Slightly improved right basilar opacities which may represent a combination of airspace disease and pleural effusion.  
2. No appreciable pneumothorax.

D/T: 9/26/2024 09:22:46 / Carol Congeni Carol  
Congeni

Interpreting Provider: Carol Congeni  
Electronically signed by Carol Congeni on 9/26/2024  
09:25:00

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**  
Small right pneumothorax laterally

Persistent right basilar opacity persists at the right lung base

D/T: 9/24/2024 11:01:01 / Michael S. Levey, MD  
Michael S. Levey, MD

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

Interpreting Provider: Michael S. Levey, MD  
Electronically signed by Michael S. Levey, MD on  
9/24/2024 11:02:16

XR FLUORO MODIFIED BARIUM SWALLOW WITH  
SPEECH  
**Final Result**

CT CHEST WITH CONTRAST

**Final Result**

**IMPRESSION:**

1. Postsurgical changes related to right lower lobectomy.
2. Small right pleural pneumothorax in the apex and moderate pneumothorax in the lower chest. Right chest tube remains in place with the tip in the apex.
3. Extensive interstitial and consolidative opacities with air bronchograms in the right middle lobe and right lower lobe, concerning for pneumonia.
4. Advanced emphysema with bullous changes in the upper lungs.
5. Scarring, pleural thickening and bronchiectatic changes in the lung bases, greater on the right.
6. Trace right pleural effusion.

D/T: 9/22/2024 18:37:09 / Seyedeh Aleali Seyedeh Aleali

Interpreting Provider: Seyedeh Aleali  
Electronically signed by Seyedeh Aleali on 9/22/2024 18:52:56

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

No interval change. No pneumothorax. Stable right lower lobe consolidation

D/T: 9/22/2024 08:41:00 / Rishi Maheshwary Rishi Maheshwary

Interpreting Provider: Rishi Maheshwary  
Electronically signed by Rishi Maheshwary on 9/22/2024 08:41:55

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

1. 2 right-sided large-bore chest tubes are unchanged in position.
2. Small amount of extrapleural air remains with subcutaneous emphysema right axilla and over the right upper lung field.
3. Developing opacity at the right lung base may be related to developing airspace disease, or infection. Some air bubbles are noted at the right base likely related to empyema.

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

D/T: 9/21/2024 08:20:51 / Mary Wall, MD Mary Wall,  
MD

Interpreting Provider: Mary Wall, MD  
Electronically signed by Mary Wall, MD on 9/21/2024  
08:22:29

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

Interval removal of the right chest wall surgical drain.

Small right basilar pneumothorax decreased in size  
since prior examination.

Stable small partially loculated right pleural fluid  
collection.

D/T: 9/20/2024 07:14:29 / Vikram Krishnasetty, MD  
Vikram Krishnasetty, MD

Interpreting Provider: Vikram Krishnasetty, MD  
Electronically signed by Vikram Krishnasetty, MD on  
9/20/2024 07:16:54

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

Persistent small to moderate right basilar  
pneumothorax with 2 right-sided  
chest tubes in place.

Extensive right chest wall subcutaneous emphysema  
again demonstrated.

D/T: 9/19/2024 09:57:06 / Vikram Krishnasetty, MD  
Vikram Krishnasetty, MD

Interpreting Provider: Vikram Krishnasetty, MD  
Electronically signed by Vikram Krishnasetty, MD on  
9/19/2024 09:57:54

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

2 right large bore chest tubes in place with small right  
basilar pneumothorax.

D/T: 9/18/2024 07:40:36 / Adam Young Adam Young

Interpreting Provider: Adam Young  
Electronically signed by Adam Young on 9/18/2024  
07:44:48

US THORACENTESIS RIGHT

**Final Result**

**IMPRESSION:**

Successful ultrasound guided diagnostic  
thoracentesis. Given the consistency  
and presence of debris aspirated from the trace  
pleural effusion, only a  
minimal amount of fluid was able to be aspirated.

D/T: 9/16/2024 15:04:35 / Mamdouh Khayat  
Mamdouh Khayat

Interpreting Provider: Mamdouh Khayat  
Electronically signed by Mamdouh Khayat on  
9/16/2024 15:06:13

#### **Assessment/Plan:**

Jeffrey Cochran is a 59 y.o. male w PMHx metastatic tonsil squamous cell carcinoma, HTN, hypothyroidism secondary to thyroid cancer/thyroidectomy, emphysema, chronic constipation, who p/w RLQ abdominal pain, constipation, and recent weight loss. He was found to have sepsis 2/2 RLL PNA and empyema on chest CT at admission. He received Vancomycin/Zosyn and IV fluids at outside hospital. He did not meet sepsis criteria on admission to ARMC. MRSA nares was negative. Vancomycin/zosyn discontinued and transitioned to Unasyn. CT surgery performed bronchoscopy with aspiration, right thoracotomy, pleurectomy, right lower lobectomy and lymphadenectomy on 09/18. Chest tubes were placed due to small pneumothorax and drain high output serosanguineous fluid. WBC rose post surgery, concern for worsening empyema which was discussed with CT surgery and advised repeat chest CT and considered that hemorrhoids were contributing. Surgery consulted and evaluated grade 3 internal hemorrhoids that are manually reducible without infection or thrombosis. Proctofoam was applied to hemorrhoids. Repeat CT shows interstitial and consolidative opacities in right middle and lower lobe concerning for PNA along with advanced emphysema with bullous changes in upper lungs. WBC down trending at this time. Bronchoscopy revealed mucus plugging airway in right mainstem bronchus and mucopurulent secretions in right middle lobe. He was restarted on Vancomycin for MSSA PNA concern. Pt was consistently hyponatremic and placed on a fluid restriction. He will continue IV antibiotics for 3 weeks post discharge and transition to PO antibiotics for 3 weeks.

**RLL empyema with PNA:** Suspected metastatic vs infectious origin. S/p bronchoscopy with aspiration, right thoracotomy, pleurectomy, right lower lobectomy, lymphadenectomy performed. He has 1 chest tube remaining for small pneumothorax and minimal drainage. He completed antibiotic courses Unasyn 09/16-09/20, ceftriaxone 09/20-09/21, Vancomycin 09/22-09/23.

09/23 Chest CT shows interstitial and consolidative opacities in right middle and lower lobe concerning for PNA along with advanced emphysema with bullous changes in upper lungs. Candidal growth on aspirate, likely chronic colonization.

09/24- Barium swallow noted aspiration, SLP saw patient and went through exercises to reduce risk of aspiration.

09/25- CXR shows small right sided pneumothorax

09/26- Bronchoscopy revealed mucus plugging airway in right mainstem bronchus and mucopurulent secretions in right middle lobe

09/27- Post bronch and removal of mucus plug, pt' lung expands more and he is able to cough and clear secretion/PNA. Will continue current flagyl+cefepime+vanc regimen due to concern for MSSA or enterococcus source.

09/30- Repeat CXR no definitive pneumothorax and R pleural effusion with new left opacity.

WBC 18.5, up-trending

- ID consulted, he will require IV antibiotics for 3 weeks post discharge and transition to PO antibiotics for 3 weeks

- Duonebs q 6 hrs

- Flagyl 9/20-, cefepime 09/21-10/12, vanc 09/26-10/18

- Norco q 4hrs, dilaudid q 4hrs PRN

- Encourage incentive spirometry use and deep cough

- Pulm+CT surgery following

- Tb test

**Normocytic anemia:** Suspected 2/2 acute blood loss from RLL, chest tubes were draining bloody fluid until recently. Ferritin elevated, B13 normal, folate normal.

Hgb baseline 11.3, currently 8.2

- Transfuse 1 unit PRBCs if Hgb<7

**SIADH/Hypotonic Hyponatremia:** Serum osmolality 269, Urine osmolality 371 , Urine sodium 90.1. Cortisol level 17 and TSH 3.82 ruling out hypercortisolism and hypothyroidism.

**Acute on Chronic hyponatremia:** On admission Na 130>123 today. Serum Osm 265 (L) on salt tabs and regular diet. Pt admits to increased PO water intake. Post surgical SIADH vs metastatic squamous cell carcinoma may be contributing. Previous urine studies.

Na level 130, b/l.

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

- Salt tablets w/ meals TID
- Water restriction 1500 mL/day
- Nephro following

**Dysuria:** Pt complains of burning on urination with some hesitancy. He also endorses pain that felt as though he were passing a stone.

- UA
- CT abdomen/pelvis

**Chronic Constipation:** Requires lactulose at home. Hx of Chronic Hemorrhoids, denies pain and discomfort but is passing gas. Grade 3 internal hemorrhoids that are manually reducible without infection or thrombosis per surgery's evaluation.

- 9/25- bowel movement with some blood on wiping.
- Senna/docusate daily, Miralax BID, lactulose PRN
  - Proctofoam BID to hemorrhoids

**Severe protein caloric malnutrition:** Cachectic appearing, subcutaneous fat and muscle mass loss severe, likely secondary to metastatic disease

- Nutrition following
- Marinol for appetite stimulation
- Oral nutrition supplement (Ensure+high protein) daily with meals
- PT/OT

#### Chronic Conditions:

**Metastatic squamous cell carcinoma (tonsil primary):** s/p resection and radiation at Holzer Clinic 5 years prior

**Emphysema:** Duonebs q6hrs, albuterol q4hrs PRN

**HTN:** Lisinopril 10 mg

**Hypothyroidism:** levothyroxine 50 mcg

FEN/GI: Regular diet. No MIVF.

PPx: subQ heparin 5000u bid

Code Status: FULL CODE

Dispo: Needs inpatient eval and management, anticipate 2-3 more days, will be going to.

Namra Shafi, DO , PGY- 1

Internal Medicine Resident

Cosigned by: Abdul-Rheem Ghanem, MD at 10/1/2024 4:27 PM

Admission (Discharged) on 9/16/2024

*Note shared with patient*

#### Care Timeline

- |       |   |
|-------|---|
| 09/16 | Admitted (Observation) 0954   |
|       | Admitted 1201   |
| 09/17 | <b>BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY</b> |
|       | Transferred to Adena 2B Inpatient Unit 1624   |
| 09/18 | Transferred out of Adena 2B Inpatient Unit 1634   |
| 10/03 | <b>RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION</b>   |
| 10/15 | Discharged 0131   |

Printed by [HICK27] at 10/15/2024 12:11 PM

# Cochran, Jeffrey

MRN: 982477266

**Audra Gibson, RN**  
Registered Nurse

Plan of Care    
Signed

Date of Service: 9/30/2024 12:53 AM

Problem: Adult Inpatient Plan of Care

Goal: Plan of Care Review

    Outcome: Progressing

Goal: Patient-Specific Goal (Individualized)

    Outcome: Progressing

Goal: Absence of Hospital-Acquired Illness or Injury

    Outcome: Progressing

Goal: Optimal Comfort and Wellbeing

    Outcome: Progressing

Goal: Readiness for Transition of Care

    Outcome: Progressing

Problem: Pneumonia

Goal: Fluid Balance

    Outcome: Progressing

Goal: Resolution of Infection Signs and Symptoms

    Outcome: Progressing

Goal: Effective Oxygenation and Ventilation

    Outcome: Progressing

Problem: OT - ADLs

Goal: Lower Body Dressing - Patient will complete lower body dressing tasks with minimal assistance using adaptive equipment/compensatory strategies as needed for improved ability to complete self-care activities.

    Outcome: Progressing

Goal: Bathing - Patient will perform full body bathing routine with minimal assistance while seated for improved ability to complete self-care activities

    Outcome: Progressing

Problem: OT - Transfers

Goal: Transfers Toilet/ Bedside Commode - Patient will transfer to/from toilet/bedside commode with standby assistance for improved ability to safely complete ADLs.

    Outcome: Progressing

Problem: OT - Endurance

Goal: Endurance Functional Mobility - Patient will complete distance needed to access restroom with no greater than 2 rest breaks for improved tolerance to safely complete I/ADL's

    Outcome: Progressing

Problem: OT - Strength/ROM

Goal: Strength/ROM ADL Participation - Patient will participate in UE exercise program with supervision to prevent deconditioning while in hospital and to max UE ROM/Coordination/strength for ADLs.

    Outcome: Progressing

Problem: OT - Other

Goal: Energy Conservation with ADL's - Patient will independently utilize at least 3 energy conservation/pacing strategies during ADL completion to promote success and safety during daily routine.

    Outcome: Progressing

Problem: PT - General Goals

Goal: Supine <-> Sit Transfers - Patient will perform supine to/from sit transfers with supervision assistance and assistive device as needed use of hospital bed features in order to improve functional mobility and safety.

    Outcome: Progressing

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

Goal: Sit <-> Stand Transfers - Patient will perform sit to/from stand transfers with standby assistance and assistive device as needed in order to improve functional mobility and safety.

Outcome: Progressing

Goal: Ambulation - Patient will ambulate 75 feet with standby assistance and assistive device as needed to improve ability to safely navigate home and community.

Outcome: Progressing

Goal: Strength - Patient will demonstrate understanding of exercise program.

Outcome: Progressing

Problem: Dysphagia

Goal: Swallow Strategy - Patient will utilize trained swallow strategies: upright sitting, small bites / drink - one at a time, head turn right, 2 swallows per bolus during PO intake w/no cues to facilitate improved independence with oral intake

Outcome: Progressing

Goal: Lingual Exercise: Patient will perform lingual strength exercises 2 sets/ 10 reps with min cues to improve oral control/coordination/clearance

Outcome: Progressing

Goal: Effortful Swallow Goal - Patient will complete repetitions of effortful swallow until reaching a self-reported level of fatigue (7/10 rating) to improve pharyngeal clearance and airway protection during the swallow

Outcome: Progressing

Goal: Masako - Patient will complete Masako Maneuver until reaching a self-reported level of fatigue (7/10 rating) with minimal cues to improve posterior lingual propulsion and recruitment of pharyngeal constrictor muscles for improved swallow efficiency

Outcome: Progressing

Goal: Mendelsohn Goal - Patient will complete Mendelsohn Maneuver until achieving self-reported fatigue as 7/10 with minimal cues to improve laryngeal elevation for improved laryngeal vestibule closure

Outcome: Progressing

Goal: Shaker/CTAR - Patient will complete 30 reps x 3 sets, 60 sec rest break between sets followed by 60 second hold x3 sets, 60 sec rest break between sets of CTAR or Shaker exercise for improved hyoid excursion given minimal cues

Outcome: Progressing

Admission (Discharged) on 9/16/2024      Note shared with patient

## Care Timeline

09/16	Admitted (Observation) 0954
	Admitted 1201
09/17	BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY
	Transferred to Adena 2B Inpatient Unit 1624
09/18	Transferred out of Adena 2B Inpatient Unit 1634
10/03	RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION
10/15	Discharged 0131

# Cochran, Jeffrey

MRN: 982477266

**Cody Horn, DO**

Physician

INFECT DIS - Notes Only

Progress Notes    
Signed

Date of Service: 9/29/2024 10:24 PM

**Infectious Disease - progress Note****Reason for consult:**

Empyema

**Antimicrobials:**

Cefepime

Metronidazole

Vancomycin

**Pertinent Micro:**

9/26 BAL culture in process

9/16 pleural fluid culture normal resp flora

9/17 operative culture GPC from Gram stain, culture in progress

**SUBJECTIVE:**

No fever or events overnight. No n/v. Feels well today. Family at bedside.

**PHYSICAL EXAM:****Vitals:**

09/29/24 2136

BP:

Pulse:

Resp: 18

Temp:

SpO2: 97%

General: No distress, room air, sitting up in chair

Eyes: Anicteric

HENT: NC/AT

CV: Heart regular, no murmurs

Respiratory: Clear breath sounds posteriorly

GI: Soft, nontender

Skin: No rashes, no ecchymosis

Psych: Coherent, cooperative with exam

Neuro: No seizure activity, alert and oriented ×3

**LABS:****Lab Results**

Component	Value	Date
WBC	15.2 (H)	09/29/2024
HGB	8.5 (L)	09/29/2024
HCT	26.1 (L)	09/29/2024
PLATELET	525 (H)	09/29/2024
MCV	97.4	09/29/2024

**Lab Results**

Component	Value	Date
CREATSERUM	0.43 (L)	09/29/2024
CREATURINE	31	09/26/2024

No results found for: "CRP"

No results found for: "SEDRATE"

Serum creatinine: 0.43 mg/dL (L) 09/29/24 0347

Estimated creatinine clearance: 139 mL/min (A)

**Recent RADIOLOGY:**

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

Personally reviewed radiographic images

Chest x-ray

**ASSESSMENT:**

- Sepsis (hr wbc source)
- Empyema s/p right thoracotomy decortication pleurectomy and right lower lobectomy by Cardiothoracic surgery 9/17
  - RT lung s/p thoracentesis 9/16
- Hyponatremia
- Leukocytosis
- Anemia
- Thrombocytosis
- Tobacco dependence to cigarettes

**PLAN:**

- Continue with cefepime, metronidazole
- Continue with IV vancomycin, goal trough 15-20.
- Leukocytosis decreased today, was significantly increased yesterday
- Stop vanco 10/18
- Stop cefepime 10/12
- Weekly CBC, BUN, Cr, ESR, CRP and vanco trough
- Midline to be exchanged to PICC
- OPAT addended
- Discussed case with primary team, nursing
- Personally reviewed chest x-ray from today
- I discussed the above plan of care with patient's family in person. All questions answered to their satisfaction.
- Personally reviewed culture data and lab data, summarized above.

**Cody Horn, DO**

Infectious Disease Attending

Ph# 740.656.7221

Please call before paging or using Vocera

9/29/2024

10:24 PM

Admission (Discharged) on 9/16/2024      *Note shared with patient*

**Care Timeline**

09/16	Admitted (Observation) 0954
	Admitted 1201
09/17	<b>BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY</b>
	Transferred to Adena 2B Inpatient Unit 1624
09/18	Transferred out of Adena 2B Inpatient Unit 1634
10/03	<b>RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION</b>
10/15	Discharged 0131

Printed by [HICK27] at 10/15/2024 12:11 PM

# Cochran, Jeffrey

MRN: 982477266

**Cody Horn, DO**

Physician

INFECT DIS - Notes Only

Progress Notes    
Signed

Date of Service: 9/29/2024 10:12 PM

**Infectious Disease - progress Note****Reason for consult:**

Empyema

**Antimicrobials:**

Cefepime

Metronidazole

Vancomycin

**Pertinent Micro:**

9/26 BAL culture in process 9/16 pleural fluid culture normal resp flora

9/17 operative culture GPC from Gram stain, culture in progress

**SUBJECTIVE:**

No fever or events overnight. No n/v. Feels well today. Family at bedside.

**PHYSICAL EXAM:****Vitals:**

09/29/24 2136

BP:

Pulse:

Resp: 18

Temp:

SpO2: 97%

General: No distress, room air, sitting up in chair

Eyes: Anicteric

HENT: NC/AT

CV: Heart regular, no murmurs

Respiratory: Clear breath sounds posteriorly

GI: Soft, nontender

Skin: No rashes, no ecchymosis

Psych: Coherent, cooperative with exam

Neuro: No seizure activity, alert and oriented ×3

**LABS:****Lab Results**

Component	Value	Date
WBC	15.2 (H)	09/29/2024
HGB	8.5 (L)	09/29/2024
HCT	26.1 (L)	09/29/2024
PLATELET	525 (H)	09/29/2024
MCV	97.4	09/29/2024

**Lab Results**

Component	Value	Date
CREATSERUM	0.43 (L)	09/29/2024
CREATURINE	31	09/26/2024

No results found for: "CRP"

No results found for: "SEDRATE"

Serum creatinine: 0.43 mg/dL (L) 09/29/24 0347

Estimated creatinine clearance: 139 mL/min (A)

**Recent RADIOLOGY:**

Personally reviewed radiographic images

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

Chest x-ray

**ASSESSMENT:**

- Sepsis (hr wbc source)
- Empyema s/p right thoracotomy decortication pleurectomy and right lower lobectomy by Cardiothoracic surgery 9/17
  - RT lung s/p thoracentesis 9/16
- Hyponatremia
- Leukocytosis
- Anemia
- Thrombocytosis
- Tobacco dependence to cigarettes

**PLAN:**

- Continue with cefepime, metronidazole
- Continue with IV vancomycin, goal trough 15-20.
- Leukocytosis decreased today, was significantly increased yesterday
- Stop vanco 10/18
- Stop cefepime 10/12
- Weekly CBC, BUN, Cr, ESR, CRP and vanco trough
- Midline to be exchanged to PICC
- OPAT addended
- Discussed case with primary team, nursing
- Personally reviewed chest x-ray from today
- I discussed the above plan of care with patient's family in person. All questions answered to their satisfaction.
- Personally reviewed culture data and lab data, summarized above.

**Cody Horn, DO**

Infectious Disease Attending

Ph# 740.656.7221

Please call before paging or using Vocera

9/29/2024

10:12 PM

Admission (Discharged) on 9/16/2024      *Note shared with patient***Care Timeline**

09/16	Admitted (Observation) 0954
	Admitted 1201
09/17	<b>BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY</b>
	Transferred to Adena 2B Inpatient Unit 1624
09/18	Transferred out of Adena 2B Inpatient Unit 1634
10/03	<b>RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION</b>
10/15	Discharged 0131

Printed by [HICK27] at 10/15/2024 12:11 PM

# Cochran, Jeffrey

MRN: 982477266

**Percy K Adonteng-Boateng, MD**

Physician

NEPHROLOGY - Notes Only

Progress Notes    
Signed

Date of Service: 9/29/2024 11:15 AM

**NEPHROLOGY PROGRESS NOTE****Encounter Date/Time:** 09/29/24 11:16 AM**Referring MD:** Abdul-Rheem Ghanem, MD

I saw Jeffrey Cochran at the Adena Regional Medical Center on 9/29/2024.

**Subjective:**

Patient seen and examined.

Feels better today

Chest tubes removed.

**Physical Examination:**

Temp: [97.1 °F (36.2 °C)-98.6 °F (37 °C)] 97.1 °F (36.2 °C)

Pulse (Heart Rate): [84-106] 106

Resp Rate: [16-18] 16

BP: (128-162)/(85-102) 162/102

O2 Sat (%): [92 %-100 %] 96 %

Weight: [53 kg (116 lb 13.5 oz)-55.1 kg (121 lb 7.6 oz)] 53 kg (116 lb 13.5 oz)

I/O last 3 completed shifts:

In: -

Out: 3025 [Urine:3025]

I/O this shift:

In: 1575

Out: 300 [Urine:300]

**BP (!) 162/102 (BP Location: Right arm, BP Position: Sitting) | Pulse 106 | Temp 97.1 °F (36.2 °C) (Temporal) | Resp 16 | Ht 1.828 m (5' 11.97") | Wt 53 kg (116 lb 13.5 oz) | SpO2 96% | BMI 15.86 kg/m<sup>2</sup> | Smoking Status Former**

GENERAL: NAD, good eye contact, relatively well appearing

SKIN: warm, dry, no rashes or bruises

CHEST: reduced air entry

CARDIO: tachycardia

ABDOMEN: Soft, nontender, nondistended

EXTREMITIES: Warm, well perfused

NEURO: Awake. Alert. No focal deficits.

PSYCH:appropriate affect

**Relevant Data:****MEDICATIONS:**

• ceFEPIme	2 g	Intravenous	Q8H
• dibucaine	1 Application	Topical	TID
• droNABinol	5 mg	Oral	BID
• faMOTIdine	20 mg	Oral	Q12H

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

• Gabapentin	300 mg	Oral	TID
• Heparin	5,000 Units	Subcutaneous	Q12H
• hydrocortisone-pramoxine	1 applicator	Rectal	Q12HNS
• Ipratropium-albuterol	3 mL	Nebulization	Q6HNS
• Lactulose	10 g	Oral	BID
• Levothyroxine	50 mcg	Oral	Before BKF
• Lisinopril	10 mg	Oral	Daily
• metroNIDAZOLE	500 mg	Oral	Q8H
• Polyethylene glycol	17 g	Oral	Q12H
• potassium & sodium phosphates	1 packet	Oral	TID w/meals
• senna-docusate	1 tablet	Oral	Daily
• Sodium chloride	1 g	Oral	TID w/meals
• vancomycin	1,250 mg	Intravenous	Q12HNS

**Lab Results**

Component	Value	Date
WBC	15.2 (H)	09/29/2024
HGB	8.5 (L)	09/29/2024
HCT	26.1 (L)	09/29/2024
PLATELET	525 (H)	09/29/2024
MCV	97.4	09/29/2024

**Lab Results**

Component	Value	Date
SODIUM	130 (L)	09/29/2024
POTASSIUM	4.2	09/29/2024
CHLORIDE	92 (L)	09/29/2024
CO2	33 (H)	09/29/2024
BUN	19	09/29/2024
CREATSERUM	0.43 (L)	09/29/2024
GLUCOSE	106 (H)	09/29/2024

**Lab Results**

Component	Value	Date
CALCIUM	8.3 (L)	09/29/2024
PHOSPHORUS	2.7	09/25/2024

**Lab Results**

Component	Value	Date
CREATSERUM	0.43 (L)	09/29/2024
CREATSERUM	0.49 (L)	09/28/2024
CREATSERUM	0.49 (L)	09/27/2024

**Lab Results**

Component	Value	Date
SPGRVTYUR	1.012	09/26/2024
GLUCOSEURINE	Normal	09/26/2024
KETONESURINE	Negative	09/26/2024
BLOODURINE	Negative	09/26/2024
NITRITESURIN	Negative	09/26/2024
LEUKOCESTUR	Negative	09/26/2024

**ASSESSMENT:**

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

Jeffrey Cochran is a 59 y.o. male with known hx of COPD,, neck ca, right empyema sp RLL lobectomy and decortication on 9/17/24, tobacco use disorder, right middle lobe consolidation s/p bronch with large mucus plug on this admission.

#Hyponatremia due to siadhi with possible component of volume depletion  
Labs reviewed: serum sodium up from 126 to 130

- Resume NS for total of 1L
- Continue salt tablet and repeat torsemide
- Monitor BMP, input/output

Thank you for allowing us to participate in the care of Jeffrey Cochran, please reach out with questions or concerns

**Percy Adonteng-Baoteng MD MPH**  
**Nephrologist**

**Adena Kidney Specialists**  
**4437 State Route 159, PVG35**  
**Adena Health Pavilion**  
**Chillicothe, OH 45601**  
**740-779-8728**  
**Fax: 740-779-8729**

Admission (Discharged) on 9/16/2024      *Note shared with patient*

### Care Timeline

09/16	Admitted (Observation) 0954
	Admitted 1201
09/17	<b>BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY</b>
	Transferred to Adena 2B Inpatient Unit 1624
09/18	Transferred out of Adena 2B Inpatient Unit 1634
10/03	<b>RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION</b>
10/15	Discharged 0131

Printed by [HICK27] at 10/15/2024 12:11 PM

# Cochran, Jeffrey

MRN: 982477266

**Abdul-Rheem Ghanem, MD**

Physician

HOSPITALIST - Notes Only

Progress Notes    
Addendum

Date of Service: 9/29/2024 8:32 AM

**Hospital Medicine Daily Progress Note****Patient:** Jeffrey Cochran, 8/27/1965, 982477266**Physician:** Abdul-Rheem Ghanem, MD**Length of Stay:** 13**Subjective/Interval History:**

Patient breathing continues to improve. Denies chest pain, fevers/chills. Shortness of breath is at baseline.

**Objective:**

Temp: [97.3 °F (36.3 °C)-98.6 °F (37 °C)] 97.3 °F (36.3 °C)

Pulse (Heart Rate): [90-104] 92

Resp Rate: [16-18] 18

BP: (99-160)/(69-100) 149/88

O2 Sat (%): [92 %-100 %] 97 %

Weight: [53 kg (116 lb 13.5 oz)-55.1 kg (121 lb 7.6 oz)] 53 kg (116 lb 13.5 oz)

Oxygen Therapy

O2 Sat (%): 97 %

O2 Device: room air

I/O last 3 completed shifts:

In: -

Out: 3025 [Urine:3025]

General: NAD

Thoracic: Normal work of breathing, faint end expiratory wheezing, fair air exchange.

Cardio: RRR

Abdomen: Soft, nontender, nondistended

Extremities: Warm, well perfused. DP pulses 2+ b/l. No edema

Skin: warm, dry

Neuro: No focal deficits.

**Data Review:**

Na/K+/Phos/Mg/Ca: 130/4.2/-/-/8.3 (09/29 0347)

Bun/Creat/Ci/CO2/Glucose: 19/0.43/92/33/106 (09/29 0347)

WBC/Hgb/Hct/Plts: 15.2/8.5/26.1/525 (09/29 0347)

**Additional Labs:**

None

**Cultures/Microbiology:**

Scant candida on Aspirate

**Imaging/Radiological Studies:****Assessment/Plan:**

Jeffrey Cochran is a 59 y.o. male w PMhx metastatic tonsil squamous cell carcinoma, HTN, hypothyroidism secondary to thyroid cancer/thyroidectomy, emphysema, chronic constipation, who p/w RLQ abdominal pain, constipation, and recent weight loss. He was found to have sepsis 2/2 RLL PNA and empyema on chest CT at admission. CT surgery performed bronchoscopy with aspiration, right thoracotomy, pleurectomy, right lower lobectomy and lymphadenectomy on 09/18. Chest tubes were placed due to small pneumothorax and drain high output serosanguineous fluid. WBC rose post surgery, concern for worsening empyema. Repeat CT shows interstitial and consolidative opacities in right middle and lower lobe concerning for PNA along with advanced emphysema with bullous changes in upper lungs. WBC down trending at this time. Bronchoscopy revealed mucus

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

plugging airway in right mainstem bronchus and mucopurulent secretions in right middle lobe. He was restarted on Vancomycin for MSSA PNA concern. Pt was consistently hyponatremic and placed on a fluid restriction. He will continue IV antibiotics for 3 weeks post discharge and transition to PO antibiotics for 3 weeks.

Hospitalization complicated by brief episode of LGIB deemed most likely due to 3 internal hemorrhoids, improved with Proctofoam.

### Sepsis

**RLL empyema with PNA:** Suspected metastatic vs infectious origin. S/p bronchoscopy with aspiration, right thoracotomy, pleurectomy, right lower lobectomy, lymphadenectomy performed. He completed antibiotic courses Unasyn 09/16-09/20, ceftriaxone 09/20-09/21, Vancomycin 09/22-09/23. 09/23 Chest CT shows interstitial and consolidative opacities in right middle and lower lobe concerning for PNA along with advanced emphysema with bullous changes in upper lungs. 09/24- Barium swallow noted aspiration, SLP saw patient and went through exercises to reduce risk of aspiration. Had concerns for worsening respiratory and infection status and so Pulmonology was consulted. Had bronchoscopy on 9/26 showing mucus plugging in right mainstem bronchus and mucopurulent secretions in right middle lobe. ID was consulted during hospitalization, he will require IV antibiotics for 3 weeks post discharge and transition to PO antibiotics for 3 weeks. - Flagyl 9/20-, ceftazidime 09/21-, vanc 09/26. Chest tube removed and patient tolerated without issue.

### Normocytic anemia:

Clinically unable to determine etiology. Possible due to abrupt hemorrhoid bleeding or 2/2 acute blood loss from RLL, chest tubes were draining bloody fluid until recently. Ferritin elevated, B12 normal, folate normal. Transfuse 1 unit PRBCs and hemoglobin now stable.

### SIADH

Improved with fluid restriction and sodium tablets.

### Chronic Constipation:

- Senna/docosate daily, Miralax BID, lactulose PRN

**Severe protein caloric malnutrition:** Cachectic appearing, subcutaneous fat and muscle mass loss severe, likely secondary to metastatic disease

- Nutrition following

### Chronic Conditions:

**Metastatic squamous cell carcinoma (tonsil primary):** s/p resection and radiation at Holzer Clinic 5 years prior

**Emphysema:** Duonebs q6hrs, albuterol q4hrs PRN

**HTN:** Lisinopril 10 mg

**Hypothyroidism:** levothyroxine 50 mcg

FEN/GI: Regular diet. No MIVF.

PPx: subQ heparin 5000u bid

Code Status: FULL CODE

Dispo: Medically stable for discharge. Pending placement.

Abdul-Rheem Ghanem, MD

Admission (Discharged) on 9/16/2024

*Note shared with patient*

### Care Timeline

- 09/16 ○ Admitted (Observation) 0954
- 09/16 ○ Admitted 1201
- 09/17 ○ BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY
- 09/18 ○ Transferred to Adena 2B Inpatient Unit 1624
- 09/18 ○ Transferred out of Adena 2B Inpatient Unit 1634
- 10/03 ○ RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION
- 10/15 ○ Discharged 0131



# Cochran, Jeffrey

MRN: 982477266

**Melissa R Conner, PA-C**

Physician Assistant

CARDIAC SURGERY - Notes Only

Progress Notes    
Addendum

Date of Service: 9/29/2024 8:01 AM

**Cardiothoracic surgery daily progress note****CHIEF COMPLAINT:**

Jeffrey Cochran is a 59 y.o. male that has been admitted to Adena Regional Medical Center for lung abscess.

**HISTORY OF PRESENT ILLNESS:**

Patient reports doing better this morning with the chest tube removed. Still feels fatigued, not back to his baseline. Has not walked in the hallways this weekend. Afebrile over night. WBC decreasing again.

**CURRENT HOSPITALIZATION/ICU LOS:**

Admit Date: 9/16/2024

ARMC Hospital LOS: 13 days

**PROBLEM LIST:****Patient Active Problem List**

## Diagnosis

- Sepsis
- Abscess of lower lobe of right lung with pneumonia
- Empyema lung
- Head and neck cancer
- Essential hypertension
- Other specified hypothyroidism
- Severe protein-energy malnutrition

**MEDICAL HISTORY:****Past Medical History:**

## Diagnosis

Date

- Emphysema lung
- Head and neck cancer
- Smoking

2019

**SURGICAL HISTORY:****Past Surgical History:**

## Procedure

Laterality

Date

- DECORTICATION PULMONARY W/ PARIETAL  
PLEURECTOMY

Right

9/17/2024

*Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR*

- LOBECTOMY LUNG OPEN

Right

9/17/2024

*Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR*

- BRONCHOSCOPY W/ TRACHEOBRONCHIAL TREE

N/A

9/17/2024

*ASPIRATION INITIAL*

*Laterality: N/A; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR*

- LYMPHADENECTOMY BY THORACOTOMY THORACIC

Right

9/17/2024

*MEDIASTINAL REGIONAL ADD-ON PX*

*Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR*

**ALLERGIES:**

No Known Allergies

**PRIOR TO ARRIVAL MEDS:****Medications Prior to Admission**

Medication	Sig	Dispense	Refill	Last Dose
• [EXPIRED] Lactulose 10 GM/15ML Solution oral solution	Take 15 mL by mouth 3 times daily as needed.			
• [EXPIRED] levoFLOXacin 500 MG tablet	Take 1 tablet by mouth daily.			

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

• Levothyroxine 50 MCG tablet	Take 1 tablet by mouth every morning before breakfast.
• Lisinopril 10 MG tablet	Take 1 tablet by mouth daily.
• Vitamin E 90 MG (200 UNIT) capsule	Take 2 capsules by mouth daily.

**REVIEW OF SYSTEMS:**

Review of Systems

Constitutional: Positive for **fatigue**. Negative for chills and fever.

HENT: Negative.

Eyes: Negative.

Respiratory: Negative.

**On room air**

Cardiovascular: Negative.

Musculoskeletal: Negative.

Neurological: Negative.

Psychiatric/Behavioral: Negative.

All other systems reviewed and are negative.

**OBJECTIVE FINDINGS:****Vital Signs (24hrs):**

Temp: [97.3 °F (36.3 °C)-98.6 °F (37 °C)] 97.3 °F (36.3 °C)

Pulse (Heart Rate): [90-104] 92

Resp Rate: [16-18] 18

BP: (99-160)/(69-100) 149/88

O2 Sat (%): [92 %-100 %] 97 %

Weight: [53 kg (116 lb 13.5 oz)-55.1 kg (121 lb 7.6 oz)] 53 kg (116 lb 13.5 oz)

**Hemodynamic/Invasive Device Data (24 hrs):****Pulmonary/Cardiac Hemodynamics**

Pulse (Heart Rate): 92

Neuro ICP/CPP Monitoring

MAP (mmHg): 105 mmHg

Neuro ICP/CPP Monitoring 2

MAP (mmHg): 105 mmHg

**Ventilation/Oxygen Therapy (24hrs):**

Oxygen Therapy

O2 Sat (%): 97 %

O2 Device: room air

**Neuro-Cognitive Assessment/Scores**

Level Of Consciousness: return to WDL

Orientation: return to WDL

Glasgow Coma Scale Score: 15

**Lines/Drains/Airways/Wounds:****Patient Lines/Drains/Airways Status**

Active Lines, Drains, Airways, &amp; Wound Overview

Name	Placement date	Placement time	Site	Days
Midline Catheter - Single Lumen Traditional MST 09/25/24 0052 purple left basilic vein (medial side of arm) open-ended catheter 20	09/25/24	0052	—	4

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

gauge				—	11
Peripheral IV Line - Single Lumen 09/17/24 1255 green	09/17/24	1255			
forearm, anterior, right 18 gauge;1 in length					
Wound Surgical 09/17/24 1333 Right;Upper Flank	09/17/24	1333	Flank		11

**Fluid Management (24hrs):**

-Intake/Output this shift:

No intake/output data recorded.

Last Bowel Movement: 09/27/24

**PHYSICAL EXAM:****Physical Exam**

Vitals and nursing note reviewed.

**HENT:**

Head: Normocephalic and atraumatic.

Mouth/Throat:

Mouth: Mucous membranes are moist.

**Eyes:**

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

**Cardiovascular:**

Rate and Rhythm: Normal rate and regular rhythm.

**Pulmonary:**

Effort: Pulmonary effort is normal.

**Musculoskeletal:**

Cervical back: Neck supple.

**Skin:**

General: Skin is warm.

**Neurological:**

General: No focal deficit present.

Mental Status: He is alert and oriented to person, place, and time.

**DIAGNOSTIC RESULTS/PROCEDURES:**

No results found for: "LIPASE", "AMYLASE", "AST", "ALT", "ALBUMIN", "PREALBUMIN", "TOTALBILIR", "ALKPHOSLIVER", "ABGO2", "CBC", "COMPETAPNL", "COAGFACTAG"

**Imaging/Radiological Studies:**

CXR reviewed. Report pending

**ASSESSMENT:****Patient Active Problem List**

Diagnosis	Date Noted	POA
• Sepsis [A41.9]	09/16/2024	Yes
• Severe protein-energy malnutrition [E43]	09/18/2024	Yes
• Abscess of lower lobe of right lung with pneumonia [J85.1]	09/17/2024	Yes
• Empyema lung [J86.9]	09/17/2024	Yes
• Head and neck cancer [C76.0]	09/17/2024	Yes
• Essential hypertension [I10]	09/17/2024	Yes
• Other specified hypothyroidism [E03.8]	09/17/2024	Yes

**PLAN:**

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

Dr. Tawil and I were in to see the patient this morning. The patient's chest tube was removed yesterday. CXR reviewed. Report pending. Afebrile over night. WBC improving. ID following. Patient encouraged to use the IS as previously instructed. We have asked that his nurse ambulates him today as he has not been out of bed much this weekend as PT/OT not in over the weekend.

Patient seen and evaluated in conjunction with supervising physician.

I saw this patient this morning and evaluated him. I encouraged him to continue to ambulate and use incentive spirometer. Of interest his white count did drop quite a bit overnight and he continues to be on IV antibiotics. It is possible that Infectious Disease we will switch him to p.o. antibiotics at some point and send him home

Cosigned by: Mark T Tawil, MD at 9/30/2024 9:02 AM

Admission (Discharged) on 9/16/2024

*Note shared with patient*

### Care Timeline

- 09/16 ● Admitted (Observation) 0954
- 09/16 ● Admitted 1201
- 09/17 ● BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY
- 09/18 ● Transferred to Adena 2B Inpatient Unit 1624
- 09/18 ● Transferred out of Adena 2B Inpatient Unit 1634
- 10/03 ● RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION
- 10/15 ● Discharged 0131

Printed by [HICK27] at 10/15/2024 12:11 PM

# Cochran, Jeffrey

MRN: 982477266

**Percy K Adonteng-Boateng, MD**

Physician

NEPHROLOGY - Notes Only

Progress Notes    
Signed

Date of Service: 9/28/2024 2:37 PM

**NEPHROLOGY PROGRESS NOTE****Encounter Date/Time:** 09/28/24 2:38 PM**Referring MD:** Abdul-Rheem Ghanem, MD

I saw Jeffrey Cochran at the Adena Regional Medical Center on 9/28/2024.

**Subjective:**

Patient seen and examined.

Feels better today

No new complaints

**Physical Examination:**

Temp: [97.3 °F (36.3 °C)-98.7 °F (37.1 °C)] 97.3 °F (36.3 °C)

Pulse (Heart Rate): [85-110] 99

Resp Rate: [16-20] 18

BP: (94-135)/(61-87) 99/69

O2 Sat (%): [90 %-98 %] 97 %

Weight: [55.1 kg (121 lb 7.6 oz)] 55.1 kg (121 lb 7.6 oz)

I/O last 3 completed shifts:

In: 430 [P.O.:430]

Out: 1485 [Urine:1450; Other:35]

I/O this shift:

In: -

Out: 725 [Urine:725]

**BP 99/69 (BP Location: Right arm, BP Position: Lying) | Pulse 99 | Temp 97.3 °F (36.3 °C) (Temporal) | Resp 18 | Ht 1.828 m (5' 11.97") | Wt 55.1 kg (121 lb 7.6 oz) | SpO2 97% | BMI 16.49 kg/m<sup>2</sup> | Smoking Status Former**

GENERAL: NAD, good eye contact, relatively well appearing

SKIN: warm, dry, no rashes or bruises

CHEST: reduced air entry

CARDIO: tachycardia

ABDOMEN: Soft, nontender, nondistended

EXTREMITIES: Warm, well perfused

NEURO: Awake. Alert. No focal deficits.

PSYCH:appropriate affect

**Relevant Data:****MEDICATIONS:**

• ceFEPIme	2 g	Intravenous	Q8H
• dibucaine	1 Application	Topical	TID
• droNABinol	5 mg	Oral	BID
• faMOTIdine	20 mg	Oral	Q12H

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

• Gabapentin	300 mg	Oral	TID
• Heparin	5,000 Units	Subcutaneous	Q12H
• hydrocortisone-pramoxine	1 applicator	Rectal	Q12HNS
• Ipratropium-albuterol	3 mL	Nebulization	Q6HNS
• Lactulose	10 g	Oral	BID
• Levothyroxine	50 mcg	Oral	Before BKF
• Lisinopril	10 mg	Oral	Daily
• metroNIDAZOLE	500 mg	Oral	Q8H
• Polyethylene glycol	17 g	Oral	Q12H
• potassium & sodium phosphates	1 packet	Oral	TID w/meals
• senna-docusate	1 tablet	Oral	Daily
• Sodium chloride	1 g	Oral	TID w/meals
• vancomycin	1,250 mg	Intravenous	Q12HNS
• Sodium chloride 0.9%			100 mL/hr at 09/28/24 0904

**Lab Results**

Component	Value	Date
WBC	26.2 (H)	09/28/2024
WBC	26.20	09/28/2024
HGB	9.2 (L)	09/28/2024
HCT	27.2 (L)	09/28/2024
PLATELET	551 (H)	09/28/2024
MCV	95.1	09/28/2024

**Lab Results**

Component	Value	Date
SODIUM	128 (L)	09/28/2024
POTASSIUM	3.9	09/28/2024
CHLORIDE	91 (L)	09/28/2024
CO2	31 (H)	09/28/2024
BUN	17	09/28/2024
CREATSERUM	0.49 (L)	09/28/2024
GLUCOSE	116 (H)	09/28/2024

**Lab Results**

Component	Value	Date
CALCIUM	8.0 (L)	09/28/2024
PHOSPHORUS	2.7	09/25/2024

**Lab Results**

Component	Value	Date
CREATSERUM	0.49 (L)	09/28/2024
CREATSERUM	0.49 (L)	09/27/2024
CREATSERUM	0.46 (L)	09/26/2024

**Lab Results**

Component	Value	Date
SPGRVTYUR	1.012	09/26/2024
GLUCOSEURINE	Normal	09/26/2024
KETONESURINE	Negative	09/26/2024
BLOODURINE	Negative	09/26/2024
NITRITESURIN	Negative	09/26/2024
LEUKOCESTUR	Negative	09/26/2024

**ASSESSMENT:**

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

Jeffrey Cochran is a 59 y.o. male with known hx of COPD,, neck ca, right empyema sp RLL lobectomy and decortication on 9/17/24, tobacco use disorder, right middle lobe consolidation s/p bronch with large mucus plug on this admission.

#Hyponatremia due to siadhi with possible component of volume depletion  
Labs reviewed: serum sodium up from 126 to 128

- Continue NS at 100ml/hr
- Continue salt tablet and torsemide
- Monitor BMP, input/output

Thank you for allowing us to participate in the care of Jeffrey Cochran, please reach out with questions or concerns

**Percy Adonteng-Baoteng MD MPH**  
**Nephrologist**

**Adena Kidney Specialists**  
**4437 State Route 159, PVG35**  
**Adena Health Pavilion**  
**Chillicothe, OH 45601**  
**740-779-8728**  
**Fax: 740-779-8729**

Admission (Discharged) on 9/16/2024      *Note shared with patient*

### Care Timeline

- 09/16    Admitted (Observation) 0954
- 09/16    Admitted 1201
- 09/17    BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY
- 09/18    Transferred to Adena 2B Inpatient Unit 1624
- 09/18    Transferred out of Adena 2B Inpatient Unit 1634
- 10/03    RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION
- 10/15    Discharged 0131

Printed by [HICK27] at 10/15/2024 12:11 PM

# Cochran, Jeffrey

MRN: 982477266

**Abdul-Rheem Ghanem, MD**

Physician

HOSPITALIST - Notes Only

Progress Notes    
Signed

Date of Service: 9/28/2024 8:57 AM

**Hospital Medicine Daily Progress Note****Patient:** Jeffrey Cochran, 8/27/1965, 982477266**Physician:** Abdul-Rheem Ghanem, MD**Length of Stay:** 12**Subjective/Interval History:**

No complaints, states he is feeling good. Denies fevers/chills, chest pain, shortness of breath. Does have some loose stools.

**Objective:**

Temp: [97.3 °F (36.3 °C)-98.7 °F (37.1 °C)] 97.3 °F (36.3 °C)

Pulse (Heart Rate): [85-111] 97

Resp Rate: [18-20] 18

BP: (94-121)/(61-87) 121/86

O2 Sat (%): [90 %-98 %] 94 %

Weight: [55.1 kg (121 lb 7.6 oz)] 55.1 kg (121 lb 7.6 oz)

Oxygen Therapy

O2 Sat (%): 94 %

O2 Device: room air

I/O last 3 completed shifts:

In: 430 [P.O.:430]

Out: 1485 [Urine:1450; Other:35]

General: NAD, good eye contact, cachectic, tolerating room air

Thoracic: Chest rise symmetric, normal work of breathing, scattered wheezing, remaining chest tube draining serosanguinous fluid

Cardio: Regular rate and rhythm, no murmurs

Abdomen: Soft, nontender, nondistended

Extremities: Warm, well perfused. DP pulses 2+ b/l. No edema

Skin: warm, dry, no rashes or bruises

Neuro: Awake, fully oriented. Good memory and concentration. Speech fluent. No focal deficits.

**Data Review:**

Na/K+/Phos/Mg/Ca: 128/3.9/-/-/8.0 (09/28 0221)

Bun/Creat/Cl/CO2/Glucose: 17/0.49/91/31/116 (09/28 0221)

WBC/Hgb/Hct/Plts: 26.20, 26.2/9.2/27.2/551 (09/28 0221)

**Additional Labs:**

None

**Cultures/Microbiology:**

Scant candida on Aspirate

**Imaging/Radiological Studies:**

XR CHEST 1 VIEW PORTABLE

**Final Result****IMPRESSION:**

Stable right-sided pleural effusion and lower lobe consolidation.

D/T: 9/27/2024 07:41:04 / Rishi Maheshwary Rishi  
Maheshwary

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

Interpreting Provider: Rishi Maheshwary  
Electronically signed by Rishi Maheshwary on  
9/27/2024 07:42:37

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

1. Slightly improved right basilar opacities which may represent a combination of airspace disease and pleural effusion.
2. No appreciable pneumothorax.

D/T: 9/26/2024 09:22:46 / Carol Congeni Carol Congeni

Interpreting Provider: Carol Congeni  
Electronically signed by Carol Congeni on 9/26/2024 09:25:00

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

Small right pneumothorax laterally

Persistent right basilar opacity persists at the right lung base

D/T: 9/24/2024 11:01:01 / Michael S. Levey, MD  
Michael S. Levey, MD

Interpreting Provider: Michael S. Levey, MD  
Electronically signed by Michael S. Levey, MD on 9/24/2024 11:02:16

XR FLUORO MODIFIED BARIUM SWALLOW WITH SPEECH

**Final Result**

CT CHEST WITH CONTRAST

**Final Result**

**IMPRESSION:**

1. Postsurgical changes related to right lower lobectomy.
2. Small right pleural pneumothorax in the apex and moderate pneumothorax in the lower chest. Right chest tube remains in place with the tip in the apex.
3. Extensive interstitial and consolidative opacities with air bronchograms in the right middle lobe and right lower lobe, concerning for pneumonia.
4. Advanced emphysema with bullous changes in the upper lungs.
5. Scarring, pleural thickening and bronchiectatic changes in the lung bases, greater on the right.
6. Trace right pleural effusion.

D/T: 9/22/2024 18:37:09 / Seyedeh Aleali Seyedeh Aleali

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

Interpreting Provider: Seyedeh Aleali

Electronically signed by Seyedeh Aleali on 9/22/2024

18:52:56

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

No interval change. No pneumothorax. Stable right lower lobe consolidation

D/T: 9/22/2024 08:41:00 / Rishi Maheshwary Rishi Maheshwary

Interpreting Provider: Rishi Maheshwary

Electronically signed by Rishi Maheshwary on 9/22/2024 08:41:55

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

1. 2 right-sided large-bore chest tubes are unchanged in position.  
2. Small amount of extrapleural air remains with subcutaneous emphysema right axilla and over the right upper lung field.  
3. Developing opacity at the right lung base may be related to developing airspace disease, or infection. Some air bubbles are noted at the right base likely related to empyema.

D/T: 9/21/2024 08:20:51 / Mary Wall, MD Mary Wall, MD

Interpreting Provider: Mary Wall, MD

Electronically signed by Mary Wall, MD on 9/21/2024 08:22:29

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

Interval removal of the right chest wall surgical drain.

Small right basilar pneumothorax decreased in size since prior examination.

Stable small partially loculated right pleural fluid collection.

D/T: 9/20/2024 07:14:29 / Vikram Krishnasetty, MD  
Vikram Krishnasetty, MD

Interpreting Provider: Vikram Krishnasetty, MD

Electronically signed by Vikram Krishnasetty, MD on 9/20/2024 07:16:54

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

Persistent small to moderate right basilar pneumothorax with 2 right-sided chest tubes in place.

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

Extensive right chest wall subcutaneous emphysema again demonstrated.

D/T: 9/19/2024 09:57:06 / Vikram Krishnasetty, MD  
Vikram Krishnasetty, MD

Interpreting Provider: Vikram Krishnasetty, MD  
Electronically signed by Vikram Krishnasetty, MD on  
9/19/2024 09:57:54

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

2 right large bore chest tubes in place with small right basilar pneumothorax.

D/T: 9/18/2024 07:40:36 / Adam Young Adam Young

Interpreting Provider: Adam Young  
Electronically signed by Adam Young on 9/18/2024  
07:44:48

US THORACENTESIS RIGHT

**Final Result**

**IMPRESSION:**

Successful ultrasound guided diagnostic thoracentesis. Given the consistency and presence of debris aspirated from the trace pleural effusion, only a minimal amount of fluid was able to be aspirated.

D/T: 9/16/2024 15:04:35 / Mamdouh Khayat  
Mamdouh Khayat

Interpreting Provider: Mamdouh Khayat  
Electronically signed by Mamdouh Khayat on  
9/16/2024 15:06:13

**Assessment/Plan:**

Jeffrey Cochran is a 59 y.o. male w PMhx metastatic tonsil squamous cell carcinoma, HTN, hypothyroidism secondary to thyroid cancer/thyroidectomy, emphysema, chronic constipation, who p/w RLQ abdominal pain, constipation, and recent weight loss. He was found to have sepsis 2/2 RLL PNA and empyema on chest CT at admission. He received Vancomycin/Zosyn and IV fluids at outside hospital. He did not meet sepsis criteria on admission to ARMC. MRSA nares was negative. Vancomycin/zosyn discontinued and transitioned to Unasyn. CT surgery performed bronchoscopy with aspiration, right thoracotomy, pleurectomy, right lower lobectomy and lymphadenectomy on 09/18. Chest tubes were placed due to small pneumothorax and drain high output serosanguineous fluid. WBC rose post surgery, concern for worsening empyema which was discussed with CT surgery and advised repeat chest CT and considered that hemorrhoids were contributing. Surgery consulted and evaluated grade 3 internal hemorrhoids that are manually reducible without infection or thrombosis. Proctofoam was applied to hemorrhoids. Repeat CT shows interstitial and consolidative opacities in right middle and lower lobe concerning for PNA along with advanced emphysema with bullous changes in upper lungs. WBC down trending at this time. Bronchoscopy revealed mucus plugging airway in right mainstem bronchus and mucopurulent secretions in right middle lobe. He was restarted on Vancomycin for MSSA PNA concern. Pt was consistently hyponatremic and placed on a fluid restriction. He will continue IV antibiotics for 3 weeks post discharge and transition to PO antibiotics for 3 weeks.

**Sepsis**

**RLL empyema with PNA:** Suspected metastatic vs infectious origin. S/p bronchoscopy with aspiration, right

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

thoracotomy, pleurectomy, right lower lobectomy, lymphadenectomy performed. He has 1 chest tube remaining for small pneumothorax and minimal drainage. He completed antibiotic courses Unasyn 09/16-09/20, ceftriaxone 09/20-09/21, Vancomycin 09/22-09/23.

09/23 Chest CT shows interstitial and consolidative opacities in right middle and lower lobe concerning for PNA along with advanced emphysema with bullous changes in upper lungs. Candidal growth on aspirate, likely chronic colonization.

09/24- Barium swallow noted aspiration, SLP saw patient and went through exercises to reduce risk of aspiration.

09/26- Bronchoscopy revealed mucus plugging airway in right mainstem bronchus and mucopurulent secretions in right middle lobe

09/27- Post bronch and removal of mucus plug, pt's lung expands more and he is able to cough and clear secretion/PNA.

- ID consulted, he will require IV antibiotics for 3 weeks post discharge and transition to PO antibiotics for 3 weeks
- Flagyl 9/20-, cefepime 09/21-, vanc 09/26-

- WBC worsening to 26k today but clinically feels well

- Chest tube out, follow-up chest x-ray today

- Cardiothoracic, Pulmonology, Infectious Disease following, recommendations appreciated.

**Normocytic anemia:** Suspected 2/2 acute blood loss from RLL, chest tubes were draining bloody fluid until recently. Ferritin elevated, B13 normal, folate normal.

Hgb baseline 11.3, currently 8.2

- Transfuse 1 unit PRBCs if Hgb<7

**SIADH/Hypotonic Hyponatremia:** Serum osmolality 269, Urine osmolality 371, Urine sodium 90.1. Cortisol level 17 and TSH 3.82 ruling out hypercortisolism and hypothyroidism.

**Acute on Chronic hyponatremia:** On admission Na 130>123 today. Serum Osm 265 (L) on salt tabs and regular diet. Pt admits to increased PO water intake. Post surgical SIADH vs metastatic squamous cell carcinoma may be contributing. Previous urine studies.

Na level 126.

- Salt tablets w/ meals TID
- Water restriction 1500 mL/day
- Consult Nephro

**Chronic Constipation:** Requires lactulose at home. Hx of Chronic Hemorrhoids, denies pain and discomfort but is passing gas. Grade 3 internal hemorrhoids that are manually reducible without infection or thrombosis per surgery's evaluation.

9/25- bowel movement with some blood on wiping.

- Senna/docuase daily, Miralax BID, lactulose PRN

- Proctofoam BID to hemorrhoids

**Severe protein caloric malnutrition:** Cachectic appearing, subcutaneous fat and muscle mass loss severe, likely secondary to metastatic disease

- Nutrition following
- Marinol for appetite stimulation
- Oral nutrition supplement (Ensure+high protein) daily with meals
- PT/OT

#### Chronic Conditions:

**Metastatic squamous cell carcinoma (tonsil primary):** s/p resection and radiation at Holzer Clinic 5 years prior

**Emphysema:** Duonebs q6hrs, albuterol q4hrs PRN

**HTN:** Lisinopril 10 mg

**Hypothyroidism:** levothyroxine 50 mcg

FEN/GI: Regular diet. No MIVF.

PPx: subQ heparin 5000u bid

Code Status: FULL CODE

Dispo: Needs inpatient eval and management, anticipate 2-3 more days, will be going to.

Dispo: Expected DC to SNF. Chest tube is now out, nursing facilities now willing to work on placement process. WBC did increase today will monitor over the weekend since placement cannot start until Monday.

Abdul-Rheem Ghanem, MD  
Internal Medicine Resident

Admission (Discharged) on 9/16/2024      *Note shared with patient***Care Timeline**

- 09/16 Admitted (Observation) 0954  
09/16 Admitted 1201  
09/17 **BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY**  
09/18 Transferred to Adena 2B Inpatient Unit 1624  
09/18 Transferred out of Adena 2B Inpatient Unit 1634  
10/03 **RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION**  
10/15 Discharged 0131

Printed by [HICK27] at 10/15/2024 12:11 PM



Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

- Levothyroxine 50 MCG tablet Take 1 tablet by mouth every morning before breakfast.
- Lisinopril 10 MG tablet Take 1 tablet by mouth daily.
- Vitamin E 90 MG (200 UNIT) capsule Take 2 capsules by mouth daily.

**REVIEW OF SYSTEMS:**

Review of Systems

All other systems reviewed and are negative.

**OBJECTIVE FINDINGS:**Vital Signs (24hrs):

Temp: [97.3 °F (36.3 °C)-98.7 °F (37.1 °C)] 97.3 °F (36.3 °C)

Pulse (Heart Rate): [85-111] 97

Resp Rate: [18-20] 18

BP: (94-142)/(61-87) 121/86

O2 Sat (%): [90 %-98 %] 94 %

Weight: [55.1 kg (121 lb 7.6 oz)] 55.1 kg (121 lb 7.6 oz)

Hemodynamic/Invasive Device Data (24 hrs):

Pulmonary/Cardiac Hemodynamics

Pulse (Heart Rate): 97

Neuro ICP/CPP Monitoring

MAP (mmHg): 96 mmHg

Neuro ICP/CPP Monitoring 2

MAP (mmHg): 96 mmHg

Ventilation/Oxygen Therapy (24hrs):

Oxygen Therapy

O2 Sat (%): 94 %

O2 Device: room air

Neuro-Cognitive Assessment/Scores

Level Of Consciousness: return to WDL

Orientation: return to WDL

Glasgow Coma Scale Score: 15

Lines/Drains/Airways/Wounds:**Patient Lines/Drains/Airways Status**

Active Lines, Drains, Airways, &amp; Wound Overview

Name	Placement date	Placement time	Site	Days
Midline Catheter - Single Lumen Traditional MST 09/25/24 0052 purple left basilic vein (medial side of arm) open-ended catheter 20 gauge	09/25/24	0052	—	3
Peripheral IV Line - Single Lumen 09/17/24 1255 green forearm, anterior, right 18 gauge;1 in length	09/17/24	1255	—	10
Wound Surgical 09/17/24 1333 Right;Upper Flank	09/17/24	1333	Flank	10

**Fluid Management** (24hrs):

-Intake/Output this shift:

No intake/output data recorded.

Last Bowel Movement: 09/27/24

**PHYSICAL EXAM:****Physical Exam****Constitutional:**

Appearance: Normal appearance.

**HENT:**

Head: Normocephalic and atraumatic.

Mouth/Throat:

Mouth: Mucous membranes are moist.

**Eyes:**

Conjunctiva/sclera: Conjunctivae normal.

**Cardiovascular:**

Rate and Rhythm: Normal rate and regular rhythm.

**Pulmonary:**

Effort: Pulmonary effort is normal.

**Skin:**

General: Skin is warm and dry.

**Neurological:**

General: No focal deficit present.

**DIAGNOSTIC RESULTS/PROCEDURES:**

No results found for: "LIPASE", "AMYLASE", "AST", "ALT", "ALBUMIN", "PREALBUMIN", "TOTALBILIR", "ALKPHOSLIVER", "ABGO2", "CBC", "COMPMETAPNL", "COAGFACTAG"

**Imaging/Radiological Studies:****ASSESSMENT:****Patient Active Problem List**

Diagnosis	Date Noted	POA
• Sepsis [A41.9]	09/16/2024	Yes
• Severe protein-energy malnutrition [E43]	09/18/2024	Yes
• Abscess of lower lobe of right lung with pneumonia [J85.1]	09/17/2024	Yes
• Empyema lung [J86.9]	09/17/2024	Yes
• Head and neck cancer [C76.0]	09/17/2024	Yes
• Essential hypertension [I10]	09/17/2024	Yes
• Other specified hypothyroidism [E03.8]	09/17/2024	Yes

**PLAN:**

Dr. Tawil and I wee in to see the patient this morning. The patient's chest tube was removed yesterday. He was resting comfortably this morning on room air. A cxr will be obtained in the morning. Cultures pending from the Bronch. WBC increased again this morning to 26.2. Afebrile over night. ID following. Currently on cefepime, Vanc and Flagyl. Patient encouraged to continue using the IS 10x/hour while awake, cough and deep breath.

Patient seen and evaluated in conjunction with supervising physician.

I saw this patient this am . He appeared comfortable. WBC is still elevated. We are still encouraging him to cough and deep breath. CXR tomorrow

Cosigned by: Mark T Tawil, MD at 9/28/2024 6:50 PM

Admission (Discharged) on 9/16/2024

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

- 09/16  Admitted (Observation) 0954
- 09/17  Admitted 1201
- 09/17  BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY
- 09/18  Transferred to Adena 2B Inpatient Unit 1624
- 09/18  Transferred out of Adena 2B Inpatient Unit 1634
- 10/03  RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION
- 10/15  Discharged 0131

Printed by [HICK27] at 10/15/2024 12:11 PM

# Cochran, Jeffrey

MRN: 982477266

**Namra Shafi, DO**

Physician

HOSPITALIST - Notes Only

Progress Notes  

Date of Service: 9/27/2024 2:43 PM

Attestation signed by Abdul-Rheem Ghanem, MD at 9/27/2024 4:31 PM

**ATTENDING ATTESTATION**

I have seen and examined the patient independently of the Resident Physician, Namra Shafi, DO and discussed with them all pertinent findings. I have personally reviewed all available clinical data related to today's encounter. I have been fully involved in formulation of the assessment and plan and agree with the Resident's findings and plan of care as documented with any changes set forth below.

Abdul-Rheem Ghanem, MD

**Hospital Medicine Daily Progress Note****Patient:** Jeffrey Cochran, 8/27/1965, 982477266**Physician:** Namra Shafi, DO**Length of Stay:** 11**Subjective/Interval History:**

Pt examined while sitting up in chair during breathing treatment. This is post op day 9. He is breathing well and pain is well controlled on current regimen. He has had more regular bowel movements and has not had blood in recent stools. He is eating his meals fully and is abiding by the fluid restriction.

**Objective:**

Temp: [98.3 °F (36.8 °C)-98.8 °F (37.1 °C)] 98.3 °F (36.8 °C)

Pulse (Heart Rate): [80-111] 110

Resp Rate: [16-20] 20

BP: (102-142)/(55-100) 116/87

O2 Sat (%): [94 %-99 %] 94 %

Oxygen Therapy

O2 Sat (%): 94 %

O2 Device: room air

Flow (L/min): 6

I/O last 3 completed shifts:

In: 660 [P.O.:260; I.V.:400]

Out: 1740 [Urine:1690; Other:50]

General: NAD, good eye contact, cachectic, tolerating room air

Thoracic: Chest rise symmetric, normal work of breathing, scattered wheezing, remaining chest tube draining serosanguinous fluid

Cardio: Regular rate and rhythm, no murmurs

Abdomen: Soft, nontender, nondistended

Extremities: Warm, well perfused. DP pulses 2+ b/l. No edema

Skin: warm, dry, no rashes or bruises

Neuro: Awake, fully oriented. Good memory and concentration. Speech fluent. No focal deficits.

**Data Review:**

Na/K+/Phos/Mg/Ca: 126/4.6/--/--/8.6 (09/27 0249)

Bun/Creat/Cl/CO2/Glucose: 13/0.49/89/32/111 (09/27 0249-09/27 1032)

WBC/Hgb/Hct/Plts: 17.1/9.2/28.4/631 (09/27 0250)

**Additional Labs:**

None

**Cultures/Microbiology:**

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

Scant candida on Aspirate

Imaging/Radiological Studies:

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

Stable right-sided pleural effusion and lower lobe consolidation.

D/T: 9/27/2024 07:41:04 / Rishi Maheshwary Rishi  
Maheshwary

Interpreting Provider: Rishi Maheshwary

Electronically signed by Rishi Maheshwary on  
9/27/2024 07:42:37

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

1. Slightly improved right basilar opacities which may represent a combination of airspace disease and pleural effusion.

2. No appreciable pneumothorax.

D/T: 9/26/2024 09:22:46 / Carol Congeni Carol  
Congeni

Interpreting Provider: Carol Congeni

Electronically signed by Carol Congeni on 9/26/2024  
09:25:00

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

Small right pneumothorax laterally

Persistent right basilar opacity persists at the right lung base

D/T: 9/24/2024 11:01:01 / Michael S. Levey, MD  
Michael S. Levey, MD

Interpreting Provider: Michael S. Levey, MD

Electronically signed by Michael S. Levey, MD on  
9/24/2024 11:02:16

XR FLUORO MODIFIED BARIUM SWALLOW WITH  
SPEECH

**Final Result**

CT CHEST WITH CONTRAST

**Final Result**

**IMPRESSION:**

1. Postsurgical changes related to right lower lobectomy.
2. Small right pleural pneumothorax in the apex and moderate pneumothorax in the lower chest. Right chest tube remains in place with the tip in the apex.
3. Extensive interstitial and consolidative opacities with air bronchograms

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

- in the right middle lobe and right lower lobe,  
concerning for pneumonia.
4. Advanced emphysema with bullous changes in the upper lungs.
  5. Scarring, pleural thickening and bronchiectatic changes in the lung bases, greater on the right.
  6. Trace right pleural effusion.

D/T: 9/22/2024 18:37:09 / Seyedeh Aleali Seyedeh Aleali

Interpreting Provider: Seyedeh Aleali  
Electronically signed by Seyedeh Aleali on 9/22/2024 18:52:56

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

No interval change. No pneumothorax. Stable right lower lobe consolidation

D/T: 9/22/2024 08:41:00 / Rishi Maheshwary Rishi Maheshwary

Interpreting Provider: Rishi Maheshwary  
Electronically signed by Rishi Maheshwary on 9/22/2024 08:41:55

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

1. 2 right-sided large-bore chest tubes are unchanged in position.
2. Small amount of extrapleural air remains with subcutaneous emphysema right axilla and over the right upper lung field.
3. Developing opacity at the right lung base may be related to developing airspace disease, or infection. Some air bubbles are noted at the right base likely related to empyema.

D/T: 9/21/2024 08:20:51 / Mary Wall, MD Mary Wall, MD

Interpreting Provider: Mary Wall, MD  
Electronically signed by Mary Wall, MD on 9/21/2024 08:22:29

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

Interval removal of the right chest wall surgical drain.

Small right basilar pneumothorax decreased in size since prior examination.

Stable small partially loculated right pleural fluid collection.

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

D/T: 9/20/2024 07:14:29 / Vikram Krishnasetty, MD

Vikram Krishnasetty, MD

Interpreting Provider: Vikram Krishnasetty, MD  
Electronically signed by Vikram Krishnasetty, MD on  
9/20/2024 07:16:54

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

Persistent small to moderate right basilar pneumothorax with 2 right-sided chest tubes in place.

Extensive right chest wall subcutaneous emphysema again demonstrated.

D/T: 9/19/2024 09:57:06 / Vikram Krishnasetty, MD  
Vikram Krishnasetty, MD

Interpreting Provider: Vikram Krishnasetty, MD  
Electronically signed by Vikram Krishnasetty, MD on  
9/19/2024 09:57:54

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

2 right large bore chest tubes in place with small right basilar pneumothorax.

D/T: 9/18/2024 07:40:36 / Adam Young Adam Young

Interpreting Provider: Adam Young  
Electronically signed by Adam Young on 9/18/2024  
07:44:48

US THORACENTESIS RIGHT

**Final Result**

**IMPRESSION:**

Successful ultrasound guided diagnostic thoracentesis. Given the consistency and presence of debris aspirated from the trace pleural effusion, only a minimal amount of fluid was able to be aspirated.

D/T: 9/16/2024 15:04:35 / Mamdouh Khayat  
Mamdouh Khayat

Interpreting Provider: Mamdouh Khayat  
Electronically signed by Mamdouh Khayat on  
9/16/2024 15:06:13

**Assessment/Plan:**

Jeffrey Cochran is a 59 y.o. male w PMHx metastatic tonsil squamous cell carcinoma, HTN, hypothyroidism secondary to thyroid cancer/thyroidectomy, emphysema, chronic constipation, who p/w RLQ abdominal pain, constipation, and recent weight loss. He was found to have sepsis 2/2 RLL PNA and empyema on chest CT at admission. He received Vancomycin/Zosyn and IV fluids at outside hospital. He did not meet sepsis criteria on admission to ARMC. MRSA nares was negative. Vancomycin/zosyn discontinued and transitioned to Unasyn. CT surgery performed bronchoscopy with aspiration, right thoracotomy, pleurectomy, right lower lobectomy and

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

lymphadenectomy on 09/18. Chest tubes were placed due to small pneumothorax and drain high output serosanguineous fluid. WBC rose post surgery, concern for worsening empyema which was discussed with CT surgery and advised repeat chest CT and considered that hemorrhoids were contributing. Surgery consulted and evaluated grade 3 internal hemorrhoids that are manually reducible without infection or thrombosis. Proctofoam was applied to hemorrhoids. Repeat CT shows interstitia and consolidative opacities in right middle and lower lobe concerning for PNA along with advanced emphysema with bullous changes in upper lungs. WBC down trending at this time. Bronchoscopy revealed mucus plugging airway in right mainstem bronchus and mucopurulent secretions in right middle lobe. He was restarted on Vancomycin for MSSA PNA concern. Pt was consistently hyponatremic and placed on a fluid restriction. He will continue IV antibiotics for 3 weeks post discharge and transition to PO antibiotics for 3 weeks.

**RLL empyema with PNA:** Suspected metastatic vs infectious origin. S/p bronchoscopy with aspiration, right thoracotomy, pleurectomy, right lower lobectomy, lymphadenectomy performed. He has 1 chest tube remaining for small pneumothorax and minimal drainage. He completed antibiotic courses Unasyn 09/16-09/20, ceftriaxone 09/20-09/21, Vancomycin 09/22-09/23.

09/23 Chest CT shows interstitia and consolidative opacities in right middle and lower lobe concerning for PNA along with advanced emphysema with bullous changes in upper lungs. Candidal growth on aspirate, likely chronic colonization.

09/24- Barium swallow noted aspiration, SLP saw patient and went through exercises to reduce risk of aspiration.  
09/25- CXR shows small right sided pneumothorax

09/26- Bronchoscopy revealed mucus plugging airway in right mainstem bronchus and mucopurulent secretions in right middle lobe

09/27- Post bronch and removal of mucus plug, pt' lung expands more and he is able to cough and clear secretion/PNA. Will continue current flagyl+cefepime+vanc regimen due to concern for MSSA or enterococcus source.

WBC 17.1, down trending

- ID consulted, he will require IV antibiotics for 3 weeks post discharge and transition to PO antibiotics for 3 weeks
- Duonebs q 6 hrs
- Flagyl 9/20-, cefepime 09/21-, vanc 09/26-
- Norco q 4hrs, dilaudid q 4hrs PRN
- Continue chest tube management per CT surgery
- Encourage incentive spirometry use and deep cough
- Pulm following

**Normocytic anemia:** Suspected 2/2 acute blood loss from RLL, chest tubes were draining bloody fluid until recently. Ferritin elevated, B13 normal, folate normal.

Hgb baseline 11.3, currently 8.2

- Transfuse 1 unit PRBCs if Hgb<7

**SIADH/Hypotonic Hyponatremia:** Serum osmolality 269, Urine osmolality 371 , Urine sodium 90.1. Cortisol level 17 and TSH 3.82 ruling out hypercortisolism and hypothyroidism.

**Acute on Chronic hyponatremia:** On admission Na 130>123 today. Serum Osm 265 (L) on salt tabs and regular diet. Pt admits to increased PO water intake. Post surgical SIADH vs metastatic squamous cell carcinoma may be contributing. Previous urine studies.

Na level 126.

- Salt tablets w/ meals TID
- Water restriction 1500 mL/day
- Consult Nephro

**Chronic Constipation:** Requires lactulose at home. Hx of Chronic Hemorrhoids, denies pain and discomfort but is passing gas. Grade 3 internal hemorrhoids that are manually reducible without infection or thrombosis per surgery's evaluation.

9/25- bowel movement with some blood on wiping.

- Senna/docuase daily, Miralax BID, lactulose PRN
- Proctofoam BID to hemorrhoids

**Severe protein caloric malnutrition:** Cachectic appearing, subcutaneous fat and muscle mass loss severe, likely secondary to metastatic disease

- Nutrition following
- Marinol for appetite stimulation
- Oral nutrition supplement (Ensure+high protein) daily with meals
- PT/OT

#### Chronic Conditions:

**Metastatic squamous cell carcinoma (tonsil primary):** s/p resection and radiation at Holzer Clinic 5 years prior

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

**Emphysema:** Duonebs q6hrs, albuterol q4hrs PRN

**HTN:** Lisinopril 10 mg

**Hypothyroidism:** levothyroxine 50 mcg

FEN/GI: Regular diet. No MIVF.

PPx: subQ heparin 5000u bid

Code Status: FULL CODE

Dispo: Needs inpatient eval and management, anticipate 2-3 more days, will be going to.

Namra Shafi, DO , PGY- 1

Internal Medicine Resident

Cosigned by: Abdul-Rheem Ghanem, MD at 9/27/2024 4:31 PM

Admission (Discharged) on 9/16/2024

*Note shared with patient*

### Care Timeline

- 09/16 ● Admitted (Observation) 0954
- 09/16 ● Admitted 1201
- 09/17 ● **BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY**
- 09/18 ● Transferred to Adena 2B Inpatient Unit 1624
- 09/18 ● Transferred out of Adena 2B Inpatient Unit 1634
- 10/03 ● **RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION**
- 10/15 ● Discharged 0131

Printed by [HICK27] at 10/15/2024 12:11 PM

# Cochran, Jeffrey

MRN: 982477266

**Jennifer Howard, RN**

Care Manager RN

CARE MANAGEMENT - Notes Only

Nursing Notes    
Signed

Date of Service: 9/27/2024 2:34 PM

Patient is not medically stable for DC at this time and has multiple specialties following. Provider states patient is expected to be here through the weekend. Patient has not been accepted by a skilled nursing facility, they cannot accept until his chest tube is removed. Once he's accepted he will need insurance authorization. Provider and floor nursing aware. Care management will continue to follow and update team accordingly.

09/27/24 1433	
<b>Barriers to Discharge</b>	
Explanation of Barriers	Patient is not medically stable for DC at this time.
<b>Medical Milestone</b>	
Medical Milestones Remaining	Cardiothoracic team, infectious disease, and nephrology are noted to be following.
<b>Discharge Planning</b>	
Expected Discharge Disposition	SNF
Anticipated Services at Discharge	Skilled Nursing;Occupational Therapy;Physical Therapy

Admission (Discharged) on 9/16/2024      *Note shared with patient***Care Timeline**

- 09/16  Admitted (Observation) 0954
- 09/16  Admitted 1201
- 09/17  **BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY**
- 09/18  Transferred to Adena 2B Inpatient Unit 1624
- 09/18  Transferred out of Adena 2B Inpatient Unit 1634
- 10/03  **RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION**
- 10/15  Discharged 0131

Printed by [HICK27] at 10/15/2024 12:11 PM

# Cochran, Jeffrey

MRN: 982477266

**Cody Horn, DO**

Physician

INFECT DIS - Notes Only

Progress Notes    
Signed

Date of Service: 9/27/2024 12:56 PM

**Infectious Disease - progress Note****Reason for consult:**

Empyema

**Antimicrobials:**

Cefepime

Metronidazole

Vancomycin

**Pertinent Micro:**

9/26 BAL culture in process 9/16 pleural fluid culture normal resp flora

9/17 operative culture GPC from Gram stain, culture in progress

**SUBJECTIVE:**

No fever or events overnight. No n/v. It was well today she says. Had a little bit of hemoptysis earlier.

**PHYSICAL EXAM:****Vitals:**

09/27/24 1008

BP:

Pulse: 110

Resp: 20

Temp:

SpO2: 94%

General: No distress, room air, sitting up in chair

Eyes: Anicteric

HENT: NC/AT

CV: Heart regular, no murmurs

Respiratory: Clear breath sounds posteriorly

GI: Soft, nontender

Skin: No rashes, no ecchymosis

Psych: Coherent, cooperative with exam

Neuro: No seizure activity, alert and oriented ×3

**LABS:****Lab Results**

Component	Value	Date
WBC	17.1 (H)	09/27/2024
HGB	9.2 (L)	09/27/2024
HCT	28.4 (L)	09/27/2024
PLATELET	631 (H)	09/27/2024
MCV	97.3	09/27/2024

**Lab Results**

Component	Value	Date
CREATSERUM	0.49 (L)	09/27/2024
CREATURINE	31	09/26/2024

No results found for: "CRP"

No results found for: "SEDRATE"

Serum creatinine: 0.49 mg/dL (L) 09/27/24 0249

Estimated creatinine clearance: 123 mL/min (A)

**Recent RADIOLOGY:**

Personally reviewed radiographic images

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

Chest x-ray

**ASSESSMENT:**

- Sepsis (hr wbc source)
- Empyema s/p right thoracotomy decortication pleurectomy and right lower lobectomy by Cardiothoracic surgery 9/17
  - RT lung s/p thoracentesis 9/16
- Hyponatremia
- Leukocytosis
- Anemia
- Thrombocytosis
- Tobacco dependence to cigarettes

**PLAN:**

- Continue with cefepime, metronidazole
- Continue with IV vancomycin, goal trough 15-20.
- Leukocytosis decreased today
- Discussed case with primary team, pharmacy
- Personally reviewed chest x-ray from today
- Personally reviewed culture data and lab data, summarized above.

**Cody Horn, DO**

Infectious Disease Attending

Ph# 740.656.7221

Please call before paging or using Vocera

9/27/2024

12:56 PM

Admission (Discharged) on 9/16/2024      *Note shared with patient***Care Timeline**

09/16	Admitted (Observation) 0954
	Admitted 1201
09/17	<b>BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY</b>
	Transferred to Adena 2B Inpatient Unit 1624
09/18	Transferred out of Adena 2B Inpatient Unit 1634
10/03	<b>RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION</b>
10/15	Discharged 0131

Printed by [HICK27] at 10/15/2024 12:11 PM

# Cochran, Jeffrey

MRN: 982477266

**David J Dennis, MD**

Physician

PULMONARY - Notes Only

Consults  
Signed

Date of Service: 9/27/2024 12:23 PM



## Pulmonary and Critical Care Medicine \*Consult Note\*

**MICU | CVICU CRITICAL CARE CONSULT****Patient: Jeffrey Cochran, 8/27/1965, 982477266****Physician: David J Dennis, MD, Attending Physician****Date of face to face patient encounter: 9/27/2024****Consulting Physician: Abdul-Rheem Ghanem, MD****IMPRESSION/PLAN**

Active problems:

Right empyema s/p RLL lobectomy and decortication 9/17/24

Right middle lobe consolidation

Pneumothorax

Nicotine dependence

- Bronchoscopy performed 9/27/24 with large mucus plug within the right mainstem bronchus and mucopurulent secretions from the right middle lobe
- Follow-up BAL cultures
- Continue antibiotics per infectious disease
- Discussed with ID and thoracic surgery
- Pulmonary medicine will sign off. Please do not hesitate to contact us with any additional questions or concerns

Code status is Full Code

Thank you for the consult.

Please page with questions.

**Overnight events**

Patient underwent bronchoscopy yesterday. Vancomycin was added by infectious disease. WBC decreased to 17 today.

**HISTORY OF PRESENT ILLNESS**

Jeffrey Cochran is a 59 y.o. male that has been admitted to Adena Regional Medical Center

Patient presented initially on that has a 16/24 with complaints of right lower quadrant pain and shortness of breath. CXR was concerning for empyema. He was evaluated by thoracic surgery and underwent right thoracotomy with decortication and right lower lobectomy. CT chest was obtained 9/22/24 that showed persistent right pneumothorax and consolidative opacities in right middle lobe. Cultures have grown candida but no bacterial species. Patient has been treated with cefepime and flagyl with plans for 3 weeks of IV antibiotics followed by 3 weeks of oral antibiotics. Patient notes that his shortness of breath has improved significant since admission. Pulmonary was consulted to evaluate for bronchoscopy.

**MEDICAL HISTORY****Past Medical History:**

Diagnosis

- Emphysema lung

Date

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

- Head and neck cancer
- Smoking

2019

**Past Surgical History:**

Procedure	Laterality	Date
DECORTICATION PULMONARY W/ PARIETAL PLEURECTOMY	Right	9/17/2024
<i>Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR</i>		
LOBECTOMY LUNG OPEN	Right	9/17/2024
<i>Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR</i>		
BRONCHOSCOPY W/ TRACHEOBRONCHIAL TREE ASPIRATION INITIAL	N/A	9/17/2024
<i>Laterality: N/A; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR</i>		
LYMPHADENECTOMY BY THORACOTOMY THORACIC MEDIASTINAL REGIONAL ADD-ON PX	Right	9/17/2024
<i>Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR</i>		

**SOCIAL HISTORY****Social History**

## Tobacco Use

- Smoking status: Former
- Types: Cigarettes
- Smokeless tobacco: Never

## Substance Use Topics

- Alcohol use: Not Currently
- Comment: occasionally*

**Social History**

## Substance and Sexual Activity

- Drug Use                          Yes
- Types: Marijuana
- Comment: daily x2-3*

**FAMILY HISTORY**

family history includes Diabetes in his sister; Ovarian Cancer in his mother.

**MEDICATIONS**

## Prior to Admission Medications

Prescriptions	Last Dose	Informant	Patient Reported?	Taking?
<b>Lactulose 10 GM/15ML Solution oral solution</b> Sig: Take 15 mL by mouth 3 times daily as needed.			Yes	Yes
<b>Levothyroxine 50 MCG tablet</b> Sig: Take 1 tablet by mouth every morning before breakfast.			Yes	Yes
<b>Lisinopril 10 MG tablet</b> Sig: Take 1 tablet by mouth daily.			Yes	Yes
<b>Vitamin E 90 MG (200 UNIT) capsule</b> Sig: Take 2 capsules by mouth daily.			Yes	Yes
<b>IevoFLOXacin 500 MG tablet</b> Sig: Take 1 tablet by mouth daily.			Yes	Yes
<b>Facility-Administered Medications: None</b>				

**ALLERGIES**

No Known Allergies

**PHYSICAL EXAM**

Gen: Alert and oriented. Sitting up in chair

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

Eyes: EOMI, no scleral icterus

ENT: Nares patent, throat without erythema

Resp: Right lung with some rhonchi and wheezing. Left lung clear to auscultation

Cardio: RRR without murmurs or gallops. No S3/S4/JVD

GI: Abdomen soft, nontender

Extremities: Warm, no LE edema

#### DATA REVIEW

WBC/Hgb/Hct/Plts: 17.1/9.2/28.4/631 (09/27 0250)

Na/K+/Phos/Mg/Ca: 126/4.6/--/8.6 (09/27 0249)

Bun/Creat/Cl/CO2/Glucose: 13/0.49/89/32/111 (09/27 0249-09/27 1032)

Body mass index is 16.04 kg/m<sup>2</sup>.

#### Imaging:

I have personally reviewed the CT chest 9/22/24, CXR 9/18, 9/20, 9/24, 9/26

Signed,

David Jameson Dennis, MD  
Adena Pulmonology, Critical Care & Sleep Associates

Admission (Discharged) on 9/16/2024      Note shared with patient

#### Care Timeline

- 09/16 Admitted (Observation) 0954
- 09/16 Admitted 1201
- 09/17 BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY
- 09/18 Transferred to Adena 2B Inpatient Unit 1624
- 09/18 Transferred out of Adena 2B Inpatient Unit 1634
- 10/03 RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION
- 10/15 Discharged 0131

Printed by [HICK27] at 10/15/2024 12:11 PM

# Cochran, Jeffrey

MRN: 982477266

**Brian Duncan, PTA**

Physical Therapy Assistant  
Specialty: Physical Therapy Assistant

Progress Notes    
Signed

Date of Service: 9/27/2024 11:20 AM

**Adena Inpatient Acute****Physical Therapy Treatment**

Jeffrey Cochran DOB: 8/27/1965  
Provider: Abdul-Rheem Ghanem, MD  
Hospital Admission: 9/16/2024  
Sepsis

**Principal Problem:****Sepsis****Active Problems:**

**Abscess of lower lobe of right lung with pneumonia**  
**Empyema lung**  
**Head and neck cancer**  
**Essential hypertension**  
**Other specified hypothyroidism**  
**Severe protein-energy malnutrition**

**SOCIAL SERVICES ATTENTION:**

Anticipated Equipment Needs at Discharge (PT Eval): to be determined. Recommend Short Term Rehab for medium intensity, can tolerate 1-3 hours of therapy per day with goal to return home.

**Precautions and Weight bearing Status:**

Lines/Tubes/Drains (Rehab Status): Telemetry, Chest tube  
(READ-ONLY/RETIRED) Respiratory Status  
O2 Device: room air

**Subjective:**

Patient supine in bed reports being a little more tired from just working with OT services. Patient is agreeable to treatment.

**Objective:**

	09/27/24 0930
<b>Time In/Out</b>	
Time In	0930
Time Out	1004
Total Visit Time	34 minutes
Total Treatment Time (skilled, billable minutes)	25 minutes
PT Therapy Completed	Yes
<b>PT Evaluation and Treatment Time</b>	
Therapeutic Exercise Time Entry	16
Gait Training Time Entry	9
<b>Supine to Sit Mobility</b>	
Independence Level: Supine->Sit	supervision
Bed Features/Set-up: Supine->Sit	Head of bed elevated;Use of bed rail
Skilled Rationale	Positioning;Sequencing;Hand placement
<b>Sit to Stand Transfer</b>	
Independence Level: Sit->Stand	supervision
Assistive Device: Sit->Stand	hand held assist
Skilled Rationale	Positioning;Sequencing;Hand placement;Technique of activity
<b>Stand to Sit Transfer</b>	
Independence Level: Stand->Sit	supervision

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

Assistive Device: Stand->Sit	hand held assist
Skilled Rationale	Positioning;Sequencing;Hand placement;Technique of activity
<b>Gait Assessment</b>	
Independence Level: Gait	stand-by assist
Ambulation Distance (Feet)	250
Gait Deviations Identified	decreased gait speed
Gait Skilled Rationale	increase step length;verbal
Skilled Intervention/Details - Gait	Patient ambulated 250 ft x 2. Two sets performed secondary to his physician coming to see him.

Patient completed 2 sets x 15 reps of (B) LE sitting and supine AROM therapeutic exercises improving strength, range of motion, energy and functional endurance.

Supine Ankle INV/EV/PF/ DF  
 Supine Quad Sets  
 Supine Glut Sets  
 Supine Straight Leg Raise  
 Supine Hip Abduction  
 Supine Heel Slides  
 Seated Long Arc Quad  
 Seated Hip Flexion  
 Seated Hip Abduction  
 Seated Hip Adduction

Patient also ambulated into bathroom to have a bowel movement. Patient was able to perform all peri care (I).

**Patient Education includes:** Educated patient in deep nasal intake and pursed lip breathing when he gets SOB in effort to recover more quickly.

#### **Assessment:**

Patient tolerated treatment well with improved pace and cadence with gait. Patient did display increased SOB with activity, but relates it to him having a busy morning already. SpO2 stayed between 90%-92%.

#### **Plan:**

Continue to progress per POC

#### **Additional Details:**

Patient location at end of session: chair  
 Alarms on at end of session: RN aware  
 Needs in reach.

PT Evaluation and Treatment Time

Therapeutic Exercise Time Entry: 16

Gait Training Time Entry: 9

#### **Treating Therapist: Brian Duncan, PTA**

Upon discontinuation of Physical Therapy services or discharge from Adena, the last note completed will represent current status and discharge summary.

Cosigned by: Amanda Maynard, PT at 9/27/2024 1:09 PM

Admission (Discharged) on 9/16/2024

*Note shared with patient*

#### **Care Timeline**

09/16	Admitted (Observation) 0954
	Admitted 1201
09/17	BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

- |       |  |
|-------|--|
| 09/18 | <input checked="" type="radio"/> Transferred to Adena 2B Inpatient Unit 1624         |
| 10/03 | <input checked="" type="radio"/> Transferred out of Adena 2B Inpatient Unit 1634     |
| 10/15 | <input checked="" type="radio"/> <b>RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION</b> |
|       | <input checked="" type="radio"/> Discharged 0131                                     |

Printed by [HICK27] at 10/15/2024 12:11 PM

# Cochran, Jeffrey

MRN: 982477266

**Jarmin S Mikhael, MD**

Resident

NEPHROLOGY - Notes Only

Consults    
Attested

Date of Service: 9/27/2024 9:21 AM

**Consult Orders**

IP CONSULT TO NEPHROLOGY [831880828] ordered by Gaven M Harper, DO at 09/26/24 1051

Attestation signed by Percy K Adonteng-Boateng, MD at 9/27/2024 5:55 PM

**NEPHROLOGY ATTENDING ATTESTATION**

I have seen and examined the patient on 9/27/2024 independently of the Resident Physician, Jarmin S Mikhael, MD and discussed with them all pertinent findings. I have personally reviewed all available clinical data related to today's encounter. I have been fully involved in formulation of the assessment and plan and agree with the Resident's findings and plan of care as documented with any changes set forth below.

Jeffrey Cochran is a 59 y.o. male with known hx of COPD,, neck ca, right empyema sp RLL lobectomy and decortication on 9/17/24, tobacco use disorder, right middle lobe consolidation s/p bronch with large mucus plug on this admission.

Nephrology consulted for hyponatremia. Patient shared he's had nausea and vomiting, poor oral intake

He appear chronically ill, chest tube in place

Hemodynamically stable, and euvolemic

Patient on salt tablet

Labs reviewed:

Hyponatremia due to siadh with possible component of volume depletion

-add NS at 100ml/hr

-Continue salt table.

-Add dose of torsemide 10mg

-Monitor BMP, input/output

Percy K Adonteng-Boateng, MD

9/27/2024 5:47 PM

**Nephrology Consult Note**

**Patient:** Jeffrey Cochran, 8/27/1965, 982477266

**Physician:** Jarmin S Mikhael, MD

**Length of Stay:** 11

**Encounter Date/Time:** 09/27/24 1:51 PM

**Referring MD:** Abdul-Rheem Ghanem, MD

**Primary Care Provider:** No primary care provider on file.

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

**Reason for Consult:** Hyponatremia**Chief Complaint:** No chief complaint on file.**History of Present Illness:**

Jeffrey Cochran is a 59 y.o. male with a significant past medical history of has a past medical history of Emphysema lung, Head and neck cancer (2019), and Smoking. Jeffrey Cochran presented to the ED on 9/16/2024 Adena Kidney Specialists were consulted to manage ESRD on HD.

Jeffrey Cochran is former smoker. Denies ETOH or illicit drug use. Does not affirm any family history of renal disease. Denies chronic NSAID.

Upon physical exam Jeffrey Cochran is A&Ox3 and able to follow commands. Denies edema, d and orthopnea, but reported dyspnea especially with exertion. Denies palpitations, or syncope, but reported intermittent pleuritic chest pain. Denies nausea, vomiting, or diarrhea. Denies abdominal pain or discomfort. Denies urinary frequency or hesitancy. Denies dysuria or foul odor from urine. Denies fever or chills.

**Past Medical History:**

Diagnosis	Date
• Emphysema lung	
• Head and neck cancer	2019
• Smoking	

**Past Surgical History:**

Procedure	Laterality	Date
• DECORTICATION PULMONARY W/ PARIETAL PLEURECTOMY	Right	9/17/2024
<i>Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR</i>		
• LOBECTOMY LUNG OPEN	Right	9/17/2024
<i>Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR</i>		
• BRONCHOSCOPY W/ TRACHEOBRONCHIAL TREE ASPIRATION INITIAL	N/A	9/17/2024
<i>Laterality: N/A; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR</i>		
• LYMPHADENECTOMY BY THORACOTOMY THORACIC MEDIASTINAL REGIONAL ADD-ON PX	Right	9/17/2024
<i>Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR</i>		

**Scheduled Meds:**

• ceFEPIme	2 g	Intravenous	Q8H
• dibucaine	1 Application	Topical	TID
• dronABinol	5 mg	Oral	BID
• faMOTIdine	20 mg	Oral	Q12H
• Gabapentin	300 mg	Oral	TID
• Heparin	5,000 Units	Subcutaneous	Q12H
• hydrocortisone-pramoxine	1 applicator	Rectal	Q12HNS
• Ipratropium-albuterol	3 mL	Nebulization	Q6HNS
• Lactulose	10 g	Oral	BID
• Levothyroxine	50 mcg	Oral	Before BKF
• Lisinopril	10 mg	Oral	Daily
• metroNIDAZOLE	500 mg	Oral	Q8H
• Polyethylene glycol	17 g	Oral	Q12H
• potassium & sodium phosphates	1 packet	Oral	TID w/meals
• senna-docusate	1 tablet	Oral	Daily
• Sodium chloride	1 g	Oral	TID w/meals
• vancomycin	1,250 mg	Intravenous	Q12HNS

**IV Infusions:****No Known Allergies**

Printed by [HICK27] at 10/15/2024 12:11 PM

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

**Family History**

Problem	Relation	Age of Onset
• Ovarian Cancer	Mother	
• Diabetes	Sister	

**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: Former
- Types: Cigarettes
- Smokeless tobacco: Never

## Vaping Use

- Vaping status: Every Day

## Substance and Sexual Activity

- Alcohol use: Not Currently
- Comment: occasionally*
- Drug use: Yes
- Types: Marijuana
- Comment: daily x2-3*
- Sexual activity: Not on file

## Other Topics

- Not on file

## Social History Narrative

- Not on file

**Social Determinants of Health**

Financial Resource Strain: Not on file

Food Insecurity: No Food Insecurity (9/16/2024)

## 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 (9/16/2024)

## PRAPARE - Transportation

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

Physical Activity: Not on file

Stress: Not on file

Social Connections: Not on file

Intimate Partner Violence: Not At Risk (9/16/2024)

## Humiliation, Afraid, Rape, and Kick questionnaire

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

Housing Stability: Unknown (9/16/2024)

## Housing Stability Vital Sign

- Unable to Pay for Housing in the Last Year: No
- Number of Times Moved in the Last Year: Not on file
- Homeless in the Last Year: No

**Review Of Systems (Positives In Bold):****Constitutional:** Reports fatigue, weight loss, or weakness

Printed by [HICK27] at 10/15/2024 12:11 PM

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

**Skin:** Denies rash or changing lesions**Lymphatic/Heme:** Denies bruising or bleeding gums**HEENT:** Denies yellowing of eyes, decreased hearing, but reported throat pain and difficulty swallowing**Cardiac:** Denies palpitations, reports intermittent chest pain**Respiratory:** reports SOB, denies cough or wheezing**GI:** Denies abdominal pain.**GU:** Denies urinary burning or urgency**Musculoskeletal:** reports generalized weakness**Endocrine:** Denies frequent urination or excessive thirst**Objective:**

Temp: [98.3 °F (36.8 °C)-98.8 °F (37.1 °C)] 98.3 °F (36.8 °C)

Pulse (Heart Rate): [80-111] 110

Resp Rate: [16-20] 20

BP: (102-142)/(55-100) 116/87

O2 Sat (%): [94 %-99 %] 94 %

Oxygen Therapy

O2 Sat (%): 94 %

O2 Device: room air

Flow (L/min): 6

I/O last 3 completed shifts:

In: 660 [P.O.:260; I.V.:400]

Out: 1740 [Urine:1690; Other:50]

**PHYSICAL EXAM****Gen:** No acute distress**Neck:** No jvd**Lungs:** Coarse breath sounds bilaterally, chest tube in place draining serosanguinous fluids, scattered wheezes**Cardio:** Regular rate and rhythm**Abdomen:** Soft, nontender, nondistended**Extremities:** Warm, well perfused. DP pulses 2+ b/l. No edema**Skin:** warm, dry, no rashes or bruises**Neuro:** Awake, fully oriented. No focal deficits.**Dialysis access:** None**Data Review:**

WBC/Hgb/Hct/Plts: 17.1/9.2/28.4/631 (09/27 0250)

Bun/Creat/Ci/CO2/Glucose: 13/0.49/89/32/111 (09/27 0249-09/27 1032)

**LINES/DRAINS/AIRWAY/WOUNDS:****Patient Lines/Drains/Airways Status**

## Active Lines, Drains, Airways, &amp; Wound Overview

Name	Placement date	Placement time	Site	Days
Midline Catheter - Single Lumen Traditional MST 09/25/24 0052 purple left basilic vein (medial side of arm) open-ended catheter 20 gauge	09/25/24	0052	—	2
Peripheral IV Line - Single Lumen 09/17/24 1255 green forearm, anterior, right 18 gauge;1 in length	09/17/24	1255	—	10
Chest Tube Site(1) 09/17/24 1453 Right posterior other (see comments)	09/17/24	1453	—	9
Wound Surgical 09/17/24 1333 Right;Upper Flank	09/17/24	1333	Flank	10

**Assessment/Plan:**

Jeffrey Cochran is a 59 y.o. male w/ PMHx metastatic tonsil squamous cell carcinoma, HTN, hypothyroidism secondary to thyroid cancer/thyroidectomy, emphysema, chronic constipation, who p/w RLQ abdominal pain, constipation, and recent weight loss, found to have sepsis 2/2 RLL pneumonia and empyema on chest CT at admission. Vancomycin/Zosyn, IV fluids given at outside hospital. By time of presentation to ARMC, patient no longer met sepsis criteria. MRSA nares negative. Vanc/zosyn discontinued. Started Unasyn. CT surgery performed Bronchoscopy w/aspiration, right thoracotomy, pleurectomy, right lower lobectomy, and lymphadenectomy on 9/18. Chest tubes were placed due to small pneumothorax and have subsequently drained high output serosanguineous fluid. Nephrology consulted for hyponatremia.

**Acute Hypo-Osmolar Hyponatremia:**

Sodium level on admission noted to be 130, trended down, today 126

Euvolemic/hypovolemic.on exam.

Not causing encephalopathy.

Etiology possibly SIADH

TSH wnl, cortisol 17, uric acid 2.4, serum and calculated osmolality 269 with calculated 263.

Urine osmolality 371 and urine sodium 90.1

Hx of malignancy

Plan:

Start NaCl IV fluids at rate of 100 ml/hr. Goal correction of 6-8 meq in 24 hours.

Continue salt tab 1 g TID

Can stop water restriction

liberalize salt in diet

Strict I&O's, daily weights

**Normocytic Anemia:**

Hb of 9.2 today , Hct 28.4, MCV 97.3

B12 292, folate wnl, Ferritin 343, Iron panel pending

- Transfuse per primary

**RLL Empyema:****Pneumonia:**

S/p pleurectomy, right lower lobectomy, lymphadenectomy performed along with chest tube placement.

- Management per primary and CT surgery

**Severe Protein-Calorie Malnutrition:**

-Add Ensure, recommend high protein diet

The above A&P will be discussed and reviewed with covering physician and changes will be made as appropriate  
Thank you for the consult. Adena Kidney Specialists will continue to follow.

**Jarmin S Mikhael, MD**

**IM Resident-PGY3**

Cosigned by: Percy K Adonteng-Boateng, MD at 9/27/2024 5:55 PM

Admission (Discharged) on 9/16/2024

*Note shared with patient*

**Care Timeline**

09/16  Admitted (Observation) 0954  
 Admitted 1201

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

- 09/17 **BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY**
- 09/18 Transferred to Adena 2B Inpatient Unit 1624
- 09/18 Transferred out of Adena 2B Inpatient Unit 1634
- 10/03 **RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION**
- 10/15 Discharged 0131

Printed by [HICK27] at 10/15/2024 12:11 PM

# Cochran, Jeffrey

MRN: 982477266

**Melissa R Conner, PA-C**

Physician Assistant

CARDIAC SURGERY - Notes Only

Progress Notes    
Addendum

Date of Service: 9/27/2024 7:17 AM

**Cardiothoracic surgery daily progress note****CHIEF COMPLAINT:**

Jeffrey Cochran is a 59 y.o. male that has been admitted to Adena Regional Medical Center for right lung abscess.

**HISTORY OF PRESENT ILLNESS:**

Patient underwent bronchoscopy yesterday removing mucous plug. Afebrile over night. ID added Vanc. WBC decreased slightly this morning. Patient doing better with IS.

**CURRENT HOSPITALIZATION/ICU LOS:**

Admit Date: 9/16/2024

ARMC Hospital LOS: 11 days

**PROBLEM LIST:****Patient Active Problem List**

## Diagnosis

- Sepsis
- Abscess of lower lobe of right lung with pneumonia
- Empyema lung
- Head and neck cancer
- Essential hypertension
- Other specified hypothyroidism
- Severe protein-energy malnutrition

**MEDICAL HISTORY:****Past Medical History:**

## Diagnosis

Date

- Emphysema lung
- Head and neck cancer
- Smoking

2019

**SURGICAL HISTORY:****Past Surgical History:**

## Procedure

Laterality

Date

- DECORTICATION PULMONARY W/ PARIETAL PLEURECTOMY Right 9/17/2024

*Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR*

- LOBECTOMY LUNG OPEN Right 9/17/2024

*Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR*

- BRONCHOSCOPY W/ TRACHEOBRONCHIAL TREE N/A 9/17/2024

*ASPIRATION INITIAL*

*Laterality: N/A; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR*

- LYMPHADENECTOMY BY THORACOTOMY THORACIC Right 9/17/2024

*MEDIASTINAL REGIONAL ADD-ON PX*

*Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR*

**ALLERGIES:**

No Known Allergies

**PRIOR TO ARRIVAL MEDS:****Medications Prior to Admission**

Medication	Sig	Dispense	Refill	Last Dose
• [EXPIRED] Lactulose 10 GM/15ML Solution oral solution	Take 15 mL by mouth 3 times daily as needed.			
• [EXPIRED] levoFLOXacin 500 MG tablet	Take 1 tablet by mouth daily.			

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

- Levothyroxine 50 MCG tablet Take 1 tablet by mouth every morning before breakfast.
- Lisinopril 10 MG tablet Take 1 tablet by mouth daily.
- Vitamin E 90 MG (200 UNIT) capsule Take 2 capsules by mouth daily.

**REVIEW OF SYSTEMS:**

Review of Systems

Constitutional: Negative. Negative for fever.

Respiratory: Negative.

Cardiovascular: Negative.

Neurological: Negative.

Psychiatric/Behavioral: Negative.

All other systems reviewed and are negative.

**OBJECTIVE FINDINGS:**Vital Signs (24hrs):

Temp: [98.2 °F (36.8 °C)-98.8 °F (37.1 °C)] 98.7 °F (37.1 °C)

Pulse (Heart Rate): [80-94] 86

Resp Rate: [13-16] 16

BP: (93-141)/(55-100) 141/100

O2 Sat (%): [94 %-100 %] 95 %

Hemodynamic/Invasive Device Data (24 hrs):

## Pulmonary/Cardiac Hemodynamics

Pulse (Heart Rate): 86

Neuro ICP/CPP Monitoring

MAP (mmHg): 107 mmHg

Neuro ICP/CPP Monitoring 2

MAP (mmHg): 107 mmHg

Ventilation/Oxygen Therapy (24hrs):

Oxygen Therapy

O2 Sat (%): 95 %

O2 Device: room air

Flow (L/min): 6

Neuro-Cognitive Assessment/Scores

Level Of Consciousness: return to WDL

Orientation: return to WDL

Glasgow Coma Scale Score: 15

Lines/Drains/Airways/Wounds:Patient Lines/Drains/Airways Status

## Active Lines, Drains, Airways, &amp; Wound Overview

Name	Placement date	Placement time	Site	Days
Midline Catheter - Single Lumen Traditional MST 09/25/24 0052 purple left basilic vein (medial side of arm) open-ended catheter 20 gauge	09/25/24	0052	—	2
Peripheral IV Line - Single Lumen 09/17/24 1255 green forearm, anterior, right 18	09/17/24	1255	—	9

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

gauge;1 in length				—	9
Chest Tube Site(1) 09/17/24	09/17/24	1453			
1453 Right posterior other (see comments)					
Wound Surgical 09/17/24	09/17/24	1333	Flank		9
1333 Right;Upper Flank					

**Fluid Management (24hrs):**

-Intake/Output this shift:

No intake/output data recorded.

Last Bowel Movement: 09/25/24

**PHYSICAL EXAM:****Physical Exam****Constitutional:**

Appearance: Normal appearance.

**HENT:**

Head: Normocephalic and atraumatic.

Mouth/Throat:

Mouth: Mucous membranes are moist.

**Eyes:**

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

**Cardiovascular:**

Rate and Rhythm: Normal rate and regular rhythm.

**Pulmonary:**

Effort: Pulmonary effort is normal.

Comments: **Chest tube output 50 cc over last 8 hours . No air leak****Musculoskeletal:**

Cervical back: Normal range of motion.

**Neurological:**

General: No focal deficit present.

Mental Status: He is alert and oriented to person, place, and time.

**Psychiatric:**

Mood and Affect: Mood normal.

Behavior: Behavior normal.

**DIAGNOSTIC RESULTS/PROCEDURES:**

No results found for: "LIPASE", "AMYLASE", "AST", "ALT", "ALBUMIN", "PREALBUMIN", "TOTALBILIR", "ALKPHOSLIVER", "ABGO2", "CBC", "COMPETAPNL", "COAGFACTAG"

**Imaging/Radiological Studies:**

CXR reviewed

**ASSESSMENT:****Patient Active Problem List**

Diagnosis	Date Noted	POA
• Sepsis [A41.9]	09/16/2024	Yes
• Severe protein-energy malnutrition [E43]	09/18/2024	Yes
• Abscess of lower lobe of right lung with pneumonia [J85.1]	09/17/2024	Yes
• Empyema lung [J86.9]	09/17/2024	Yes
• Head and neck cancer [C76.0]	09/17/2024	Yes
• Essential hypertension [I10]	09/17/2024	Yes
• Other specified hypothyroidism [E03.8]	09/17/2024	Yes

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

**PLAN:**

Dr. Tawil and I were in to see the patient this morning. Patient underwent bronchoscopy yesterday with removal of mucous plug. ID added Vanc. WBC slightly decreased this morning. We will monitor the chest tube and possibly remove later today depending on output. Patient doing better with the IS, encouraged to continue 10x every half hour.

Patient seen and evaluated in conjunction with supervising physician.

I have seen this patient this morning and evaluated him for possible chest tube removal. By mid afternoon, he had only a small amount of drainage. Hence, the chest tube was removed. He has been doing much better with his incentive spirometry.

Cosigned by: Mark T Tawil, MD at 9/27/2024 7:29 PM

Admission (Discharged) on 9/16/2024

*Note shared with patient*

**Care Timeline**

- 09/16 ○ Admitted (Observation) 0954
- 09/16 ○ Admitted 1201
- 09/17 ○ **BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY**
- 09/18 ○ Transferred to Adena 2B Inpatient Unit 1624
- 09/18 ○ Transferred out of Adena 2B Inpatient Unit 1634
- 10/03 ○ **RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION**
- 10/15 ○ Discharged 0131

Printed by [HICK27] at 10/15/2024 12:11 PM

# Cochran, Jeffrey

MRN: 982477266

**Cody Horn, DO**

Physician

INFECT DIS - Notes Only

Progress Notes    
Signed

Date of Service: 9/26/2024 4:12 PM

**Infectious Disease - progress Note****Reason for consult:**

Empyema

**Antimicrobials:**

Cefepime

Metronidazole

**Pertinent Micro:**

9/26 BAL culture in process 9/16 pleural fluid culture normal resp flora

9/17 operative culture GPC from Gram stain, culture in progress

**SUBJECTIVE:**

No fever or events overnight. No n/v. Had bronchoscopy today, tolerated procedure and feels a little bit better afterwards he says.

**PHYSICAL EXAM:****Vitals:**

09/26/24 1520

BP: 102/55

Pulse: 93

Resp: 16

Temp: 98.8 °F (37.1 °C)

SpO2: 99%

General: No distress, room air, sitting up in chair

Eyes: Anicteric

HENT: NC/AT

CV: Heart regular, no murmurs

Respiratory: Decreased breath sounds right lower lobe

GI: Soft, nontender

Skin: No rashes, no ecchymosis

Psych: Coherent, cooperative with exam

Neuro: No seizure activity, alert and oriented ×3

**LABS:****Lab Results**

Component	Value	Date
WBC	21.3 (H)	09/26/2024
HGB	8.8 (L)	09/26/2024
HCT	26.2 (L)	09/26/2024
PLATELET	499 (H)	09/26/2024
MCV	93.2	09/26/2024

**Lab Results**

Component	Value	Date
CREATSERUM	0.46 (L)	09/26/2024
CREATURINE	31	09/26/2024

No results found for: "CRP"

No results found for: "SEDRATE"

Serum creatinine: 0.46 mg/dL (L) 09/26/24 0535

Estimated creatinine clearance: 131 mL/min (A)

**Recent RADIOLOGY:**

Personally reviewed radiographic images

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

Chest x-ray

**ASSESSMENT:**

- Sepsis (hr wbc source)
- Empyema s/p right thoracotomy decortication pleurectomy and right lower lobectomy by Cardiothoracic surgery 9/17
  - RT lung s/p thoracentesis 9/16
- Hyponatremia
- Leukocytosis
- Anemia
- Thrombocytosis
- Tobacco dependence to cigarettes

**PLAN:**

- Continue with cefepime, metronidazole
- Leukocytosis again increased, bronchoscopy completed today and had notable purulent secretions
- Vancomycin added for this reason, possible *Enterococcus* or MSSA present that may require vancomycin
- Discussed case with primary team, pulmonology
- Personally reviewed chest x-ray from today
- Discussed with patient regarding risks and benefits of vancomycin. Risks discussed included hearing loss, tinnitus and renal failure as well as hypersensitivity reactions.
- Personally reviewed culture data and lab data, summarized above.

**Cody Horn, DO**

Infectious Disease Attending

Ph# 740.656.7221

Please call before paging or using Vocera

9/26/2024

4:12 PM

Admission (Discharged) on 9/16/2024      *Note shared with patient***Care Timeline**

09/16	Admitted (Observation) 0954
	Admitted 1201
09/17	BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY
	Transferred to Adena 2B Inpatient Unit 1624
09/18	Transferred out of Adena 2B Inpatient Unit 1634
10/03	RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION
10/15	Discharged 0131

Printed by [HICK27] at 10/15/2024 12:11 PM

# Cochran, Jeffrey

MRN: 982477266

**Namra Shafi, DO**

Physician

HOSPITALIST - Notes Only

Progress Notes    
Attested Addendum

Date of Service: 9/26/2024 2:49 PM

Attestation signed by Abdul-Rheem Ghanem, MD at 9/26/2024 9:09 PM

**ATTENDING ATTESTATION**

I have seen and examined the patient independently of the Resident Physician, Namra Shafi, DO and discussed with them all pertinent findings. I have personally reviewed all available clinical data related to today's encounter. I have been fully involved in formulation of the assessment and plan and agree with the Resident's findings and plan of care as documented with any changes set forth below.

Abdul-Rheem Ghanem, MD

Date of encounter 9/26/24 .

**Hospital Medicine Daily Progress Note****Patient:** Jeffrey Cochran, 8/27/1965, 982477266**Physician:** Namra Shafi, DO**Length of Stay:** 10**Subjective/Interval History:**

Pt examined while sitting up in chair during breathing treatment. This is post op day 8. He was seen after his bronchoscopy. He doing well and his been eating all his meals, he admits to increased water intake, drinking several jugs a day. He had 2 more bowel movements with blood in the stool and blood on wiping, but denies pain.

**Objective:**

Temp: [97.3 °F (36.3 °C)-98.3 °F (36.8 °C)] 98.3 °F (36.8 °C)

Pulse (Heart Rate): [86-101] 87

Resp Rate: [13-16] 13

BP: (93-133)/(60-74) 108/71

O2 Sat (%): [95 %-100 %] 95 %

Weight: [53.6 kg (118 lb 2.7 oz)] 53.6 kg (118 lb 2.7 oz)

Oxygen Therapy

O2 Sat (%): 95 %

O2 Device: room air

Flow (L/min): 6

I/O last 3 completed shifts:

In: 240 [P.O.:240]

Out: 455 [Urine:250; Other:205]

General: NAD, good eye contact, cachectic, tolerating room air

Thoracic: Chest rise symmetric, normal work of breathing, scattered wheezing, remaining chest tube draining serosanguinous fluid

Cardio: Regular rate and rhythm, no murmurs

Abdomen: Soft, nontender, nondistended

Extremities: Warm, well perfused. DP pulses 2+ b/l. No edema

Skin: warm, dry, no rashes or bruises

Neuro: Awake, fully oriented. Good memory and concentration. Speech fluent. No focal deficits.

**Data Review:**

Na/K+/Phos/Mg/Ca: 123/4.3/--/--/8.1 (09/26 0535)

Bun/Creat/Cl/CO2/Glucose: 11/0.46/88/30/109 (09/26 0535-09/26 1105)

WBC/Hgb/Hct/Plts: 21.3/8.8/26.2/499 (09/26 0535)

**Additional Labs:**

None

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

**Cultures/Microbiology:**  
Scant candida on Aspirate

**Imaging/Radiological Studies:**

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

1. Slightly improved right basilar opacities which may represent a combination of airspace disease and pleural effusion.
2. No appreciable pneumothorax.

D/T: 9/26/2024 09:22:46 / Carol Congeni Carol Congeni

Interpreting Provider: Carol Congeni

Electronically signed by Carol Congeni on 9/26/2024 09:25:00

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

Small right pneumothorax laterally

Persistent right basilar opacity persists at the right lung base

D/T: 9/24/2024 11:01:01 / Michael S. Levey, MD  
Michael S. Levey, MD

Interpreting Provider: Michael S. Levey, MD

Electronically signed by Michael S. Levey, MD on 9/24/2024 11:02:16

XR FLUORO MODIFIED BARIUM SWALLOW WITH SPEECH

**Final Result**

CT CHEST WITH CONTRAST

**Final Result**

**IMPRESSION:**

1. Postsurgical changes related to right lower lobectomy.
2. Small right pleural pneumothorax in the apex and moderate pneumothorax in the lower chest. Right chest tube remains in place with the tip in the apex.
3. Extensive interstitial and consolidative opacities with air bronchograms in the right middle lobe and right lower lobe, concerning for pneumonia.
4. Advanced emphysema with bullous changes in the upper lungs.
5. Scarring, pleural thickening and bronchiectatic changes in the lung bases, greater on the right.
6. Trace right pleural effusion.

D/T: 9/22/2024 18:37:09 / Seyedeh Aleali Seyedeh Aleali

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

Interpreting Provider: Seyedeh Aleali

Electronically signed by Seyedeh Aleali on 9/22/2024

18:52:56

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

No interval change. No pneumothorax. Stable right lower lobe consolidation

D/T: 9/22/2024 08:41:00 / Rishi Maheshwary Rishi Maheshwary

Interpreting Provider: Rishi Maheshwary

Electronically signed by Rishi Maheshwary on 9/22/2024 08:41:55

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

1. 2 right-sided large-bore chest tubes are unchanged in position.  
2. Small amount of extrapleural air remains with subcutaneous emphysema right axilla and over the right upper lung field.  
3. Developing opacity at the right lung base may be related to developing airspace disease, or infection. Some air bubbles are noted at the right base likely related to empyema.

D/T: 9/21/2024 08:20:51 / Mary Wall, MD Mary Wall, MD

Interpreting Provider: Mary Wall, MD

Electronically signed by Mary Wall, MD on 9/21/2024 08:22:29

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

Interval removal of the right chest wall surgical drain.

Small right basilar pneumothorax decreased in size since prior examination.

Stable small partially loculated right pleural fluid collection.

D/T: 9/20/2024 07:14:29 / Vikram Krishnasetty, MD  
Vikram Krishnasetty, MD

Interpreting Provider: Vikram Krishnasetty, MD

Electronically signed by Vikram Krishnasetty, MD on 9/20/2024 07:16:54

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

Persistent small to moderate right basilar pneumothorax with 2 right-sided chest tubes in place.

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

Extensive right chest wall subcutaneous emphysema again demonstrated.

D/T: 9/19/2024 09:57:06 / Vikram Krishnasetty, MD  
Vikram Krishnasetty, MD

Interpreting Provider: Vikram Krishnasetty, MD  
Electronically signed by Vikram Krishnasetty, MD on  
9/19/2024 09:57:54

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

2 right large bore chest tubes in place with small right basilar pneumothorax.

D/T: 9/18/2024 07:40:36 / Adam Young Adam Young

Interpreting Provider: Adam Young  
Electronically signed by Adam Young on 9/18/2024  
07:44:48

US THORACENTESIS RIGHT

**Final Result**

**IMPRESSION:**

Successful ultrasound guided diagnostic thoracentesis. Given the consistency and presence of debris aspirated from the trace pleural effusion, only a minimal amount of fluid was able to be aspirated.

D/T: 9/16/2024 15:04:35 / Mamdouh Khayat  
Mamdouh Khayat

Interpreting Provider: Mamdouh Khayat  
Electronically signed by Mamdouh Khayat on  
9/16/2024 15:06:13

**Assessment/Plan:**

Jeffrey Cochran is a 59 y.o. male w PMHx metastatic tonsil squamous cell carcinoma, HTN, hypothyroidism secondary to thyroid cancer/thyroidectomy, emphysema, chronic constipation, who p/w RLQ abdominal pain, constipation, and recent weight loss. He was found to have sepsis 2/2 RLL PNA and empyema on chest CT at admission. He received Vancomycin/Zosyn and IV fluids at outside hospital. He did not meet sepsis criteria on admission to ARMC. MRSA nares was negative. Vancomycin/zosyn discontinued and transitioned to Unasyn. CT surgery performed bronchoscopy with aspiration, right thoracotomy, pleurectomy, right lower lobectomy and lymphadenectomy on 09/18. Chest tubes were placed due to small pneumothorax and drain high output serosanguineous fluid. WBC rose post surgery, concern for worsening empyema which was discussed with CT surgery and advised repeat chest CT and considered that hemorrhoids were contributing. Surgery consulted and evaluated grade 3 internal hemorrhoids that are manually reducible without infection or thrombosis. Proctofoam was applied to hemorrhoids. Repeat CT shows interstitial and consolidative opacities in right middle and lower lobe concerning for PNA along with advanced emphysema with bullous changes in upper lungs. WBC up trending at this time. Bronchoscopy revealed mucus plugging airway in right mainstem bronchus and mucopurulent secretions in right middle lobe. He was restarted on Vancomycin for MRSA PNA concern. Pt was consistently hyponatremic and placed on a fluid restriction. He will continue IV antibiotics for 3 weeks post discharge and transition to PO antibiotics for 3 weeks.

**RLL empyema with PNA:** Suspected metastatic vs infectious origin. S/p bronchoscopy with aspiration, right thoracotomy, pleurectomy, right lower lobectomy, lymphadenectomy performed. He has 1 chest tube remaining for

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

small pneumothorax and minimal drainage. He completed antibiotic courses Unasyn 09/16-09/20, ceftriaxone 09/20-09/21, Vancomycin 09/22-09/23.

09/23 Chest CT shows interstitial and consolidative opacities in right middle and lower lobe concerning for PNA along with advanced emphysema with bullous changes in upper lungs. Candidal growth on aspirate, likely chronic colonization.

09/24- Barium swallow noted aspiration, SLP saw patient and went through exercises to reduce risk of aspiration.

09/25- CXR shows small right sided pneumothorax

09/26- Bronchoscopy revealed mucus plugging airway in right mainstem bronchus and mucopurulent secretions in right middle lobe

WBC 21.3, spiked up again

- ID consulted, he will require IV antibiotics for 3 weeks post discharge and transition to PO antibiotics for 3 weeks

- Mucomyst+Duonebs

- Flagyl 9/20-, cefepime 09/21-, will restart vanc 09/26-

- Norco q 4hrs, dilaudid q 4hrs PRN

- Continue chest tube management per CT surgery

- Encourage incentive spirometry use and deep cough

- Pulm following

**Normocytic anemia:** Suspected 2/2 acute blood loss from RLL, chest tubes were draining bloody fluid until recently. Ferritin elevated, B13 normal, folate normal.

Hgb baseline 11.3, currently 8.2

- Transfuse 1 unit PRBCs if Hgb<7

**SIADH/Hypotonic Hyponatremia:** Serum osmolality 269, Urine osmolality 371 , Urine sodium 90.1. Cortisol level 17 and TSH 3.82 ruling out hypercortisolism and hypothyroidism.

**Acute on Chronic hyponatremia:** On admission Na 130>123 today. Serum Osm 265 (L) on salt tabs and regular diet. Pt admits to increased PO water intake. Post surgical SIADH vs metastatic squamous cell carcinoma may be contributing. Previous urine studies.

- Salt tablets w/ meals TID

- Water restriction 1500 mL/day

- Consult Nephro

**Chronic Constipation:** Requires lactulose at home. Hx of Chronic Hemorrhoids, denies pain and discomfort but is passing gas. Grade 3 internal hemorrhoids that are manually reducible without infection or thrombosis per surgery's evaluation.

9/25- bowel movement with some blood on wiping.

- Senna/docuase daily, Miralax BID, lactulose PRN

- Proctofoam BID to hemorrhoids

**Severe protein caloric malnutrition:** Cachectic appearing, subcutaneous fat and muscle mass loss severe, likely secondary to metastatic disease

- Nutrition following

- Marinol for appetite stimulation

- Oral nutrition supplement (Ensure+high protein) daily with meals

- PT/OT

#### Chronic Conditions:

**Metastatic squamous cell carcinoma (tonsil primary):**s/p resection and radiation at Holzer Clinic 5 years prior

**Emphysema:** Duonebs q6hrs, albuterol q4hrs PRN

**HTN:** Lisinopril 10 mg

**Hypothyroidism:** levothyroxine 50 mcg

FEN/GI: Regular diet. No MIVF.

PPx: subQ heparin 5000u bid

Code Status: FULL CODE

Dispo: Needs inpatient eval and management, anticipate 2-3 more days, will be going to.

Namra Shafi, DO , PGY- 1

Internal Medicine Resident

Cosigned by: Abdul-Rheem Ghanem, MD at 9/26/2024 9:09 PM

Admission (Discharged) on 9/16/2024

Note shared with patient

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

**Care Timeline**

- 09/16 Admitted (Observation) 0954
- 09/16 Admitted 1201
- 09/17 **BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY**
- 09/18 Transferred to Adena 2B Inpatient Unit 1624
- 09/18 Transferred out of Adena 2B Inpatient Unit 1634
- 10/03 **RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION**
- 10/15 Discharged 0131

Printed by [HICK27] at 10/15/2024 12:11 PM

# Cochran, Jeffrey

MRN: 982477266

**Emily McCutcheon, SLP**

Speech and Language Pathologist  
Specialty: Speech and Language Pathologist

Progress Notes   
Signed

Date of Service: 9/26/2024 2:25 PM

**Adena Inpatient Acute****Speech and Language Therapy Treatment**

Jeffrey Cochran DOB: 8/27/1965  
Provider: Abdul-Rheem Ghanem, MD  
Hospital Admission: 9/16/2024  
Sepsis

**Principal Problem:****Sepsis****Active Problems:**

**Abscess of lower lobe of right lung with pneumonia**  
**Empyema lung**  
**Head and neck cancer**  
**Essential hypertension**  
**Other specified hypothyroidism**  
**Severe protein-energy malnutrition**

**SOCIAL SERVICES ATTENTION:**

Acute Discharge Dispositions: Recommend short term rehab for medium intensity, can tolerate 1-3 hours of therapy per day with goal to return to home.

**Precautions and Weight bearing Status:**

SLP Existing Precautions/Restrictions: supplemental oxygen  
Lines/Tubes/Drains (Rehab Status): Telemetry, Chest tube  
(READ-ONLY/RETIRED) Respiratory Status  
O2 Device: room air  
Flow (L/min): 6

**Subjective:**

	<b>09/26/24 1425</b>
<b>Time In/Out</b>	
Time In	1425
Time Out	1450
Total Visit Time	25 minutes
Total Treatment Time (skilled, billable minutes)	25 minutes
SLP Swallow Therapy Completed	Yes
<b>SLP Evaluation and Treatment Time</b>	
Swallowing Dysfunction	
Treatment 92526	25
<b>Subjective</b>	
Subjective information	The patient was seen in his room, he reports the physician updated his diet to regular solids. Soft and bite sized trials completed on this date.
<b>General Information</b>	
Patient Safety Communication Prior to Visit	Nursing
<b>General Pain Documentation (Adult, OB, Peds)</b>	
Presence of Pain	denies pain/discomfort
Presence of Pain Score (Auto-calculated)	0

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

**Objective:****SLP Type of Treatment Administered**

Swallow Treatment	Yes
-------------------	-----

**Therapeutic Trial 1**

Consistency 1	thin liquid
Administration 1	straw
Outcome Trial 1	swallows without difficulty <i>(with R-head turn)</i>

**Therapeutic Trial 2**

Consistency 2	dysphagia- soft and bite sized (IDDSI 6)
Administration 2	self feed
Outcome Trial 2	swallows without difficulty <i>(Mastication is functional and stats remain stable across 10 trials.)</i>

**Exercise 1**

Swallow Exercise 1	Effortful Swallow
Set/Reps/Duration	5
SLP Assist Level 1	Minimal Assist

**Acute SLP Outcomes Tracking**

Communicate basic wants and needs?	yes
Demo insight/appreciation of deficits?	yes
Complete basic problem solving?	yes

**Patient Education/Instruction**

Learners	Patient
Education provided	Compensatory strategies for dysphagia
Teaching method	Verbal Education/Instruction
Learner response	States/Identifies/Teaches back
Learning preferences	Auditory
Learning considerations	No barriers/ready to learn
Patient Instruction/Education comments	The patient reports concerns that he will not get enough nutrition on minced and moist solids due to him not liking the texture. Education provided on aspiration and risks involved. The patient reports that he understands and feels more comfortable with modified diet with this information. Patient has been on regular solids today after physician upgraded diet. Speech recommendation after MBS was IDDSI 5 *Minced and moist). Downgrade diet to soft and bite sized on this date based on current level of function with PO trials.

**Assessment:**

Addressed pharyngeal constriction via 5 reps of Effortful Swallow stimulated by thin liquids. Patient instructed to use a lingual focus of compressing the entire tongue body firmly against the hard palate while swallowing hard in order to achieve improved oral and pharyngeal pressures. Able to return demonstration today given min verbal cues to increase effort to maximize benefit of exercise.

SLP assessed safety of advanced textures of soft and bite sized solids. Pt self-presenting all PO trials. Bilabial seal appears to be functional as evidenced by no anterior loss/spillage. Pt with presumed functional oral prep, bolus formation and A-P transit time as evidenced by clear oral cavity post initial swallows and adequate swallow initiation time. Across 10 trials pt exhibiting no overt signs/symptoms of penetration/aspiration. Despite limited signs/symptoms, pt remains at risk for silent aspiration given significance of overall presentation. Pt able to apply strategies including small bolus volume, multiple swallows, liquid wash, slow feeding rate, R-head turn and sitting upright for all PO with minA

**Plan:****Recommendations**

Recommended Method of Nutrition	PO
---------------------------------	----

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

Recommended Diet Grade	dysphagia- soft and bite sized (IDDSI 6)
Recommended Liquid Consistency	liquid- thin (IDDSI 0)
Recommended Medication Administration (as appropriate per MD)	Per patient preference
Swallow Strategies	Head turn R;Multiple swallows;Effortful swallow <i>(sitting upright for all PO intake, slow feeding rate)</i>
Type of Cues/Supervision	intermittent supervision
Assistance	nurse/aide;speech;family
Recommended Rehab Activities	lingual strengthening;tongue base retraction/Masako;pharyngeal contraction/effortful swallow;Mendelsohn
Swallow Diagnosis and Severity	oropharyngeal dysphagia
Continue swallowing care plan	yes
Swallow Therapy Frequency	4 times a week

## Acute SLP Goals

Plan of Care by Emily McCutcheon, SLP at 9/26/2024 4:09 PM

Version 1 of 1

Problem: Dysphagia

Goal: Swallow Strategy - Patient will utilize trained swallow strategies: upright sitting, small bites / drink - one at a time, head turn right, 2 swallows per bolus during PO intake w/no cues to facilitate improved independence with oral intake

Outcome: Ongoing

Goal: Lingual Exercise: Patient will perform lingual strength exercises 2 sets/ 10 reps with min cues to improve oral control/coordination/clearance

Outcome: Ongoing

Goal: Effortful Swallow Goal - Patient will complete repetitions of effortful swallow until reaching a self-reported level of fatigue (7/10 rating) to improve pharyngeal clearance and airway protection during the swallow

Outcome: Ongoing

Goal: Masako - Patient will complete Masako Maneuver until reaching a self-reported level of fatigue (7/10 rating) with minimal cues to improve posterior lingual propulsion and recruitment of pharyngeal constrictor muscles for improved swallow efficiency

Outcome: Ongoing

Goal: Mendelsohn Goal - Patient will complete Mendelsohn Maneuver until achieving self-reported fatigue as 7/10 with minimal cues to improve laryngeal elevation for improved laryngeal vestibule closure

Outcome: Ongoing

Goal: Shaker/CTAR - Patient will complete 30 reps x 3 sets, 60 sec rest break between sets followed by 60 second hold x3 sets, 60 sec rest break between sets of CTAR or Shaker exercise for improved hyoid excursion given minimal cues

Outcome: Ongoing

## Additional Details:

Patient location at end of session: chair

Alarms on at end of session: chair alarm

Needs in reach.

SLP Evaluation and Treatment Time

Swallowing Dysfunction Treatment 92526: 25

Printed by [HICK27] at 10/15/2024 12:11 PM

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

**Treating Therapist: Emily McCutcheon, SLP**

Emily McCutcheon M.S., CCC-SLP  
Speech Pathology  
740-779-7690

Upon discontinuation of Speech Therapy services or discharge from Adena, the last note completed will represent current status and discharge summary.

Admission (Discharged) on 9/16/2024      *Note shared with patient***Care Timeline**

- 09/16 ● Admitted (Observation) 0954
- 09/16 ● Admitted 1201
- 09/17 ● **BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY**
- 09/17 ● Transferred to Adena 2B Inpatient Unit 1624
- 09/18 ● Transferred out of Adena 2B Inpatient Unit 1634
- 10/03 ● **RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION**
- 10/15 ● Discharged 0131

Printed by [HICK27] at 10/15/2024 12:11 PM

# Cochran, Jeffrey

MRN: 982477266

**David J Dennis, MD**

Physician

PULMONARY - Notes Only

Consults  
Signed

Date of Service: 9/26/2024 11:54 AM



## Pulmonary and Critical Care Medicine \*Consult Note\*

**MICU | CVICU CRITICAL CARE CONSULT****Patient: Jeffrey Cochran, 8/27/1965, 982477266****Physician: David J Dennis, MD, Attending Physician****Date of face to face patient encounter: 9/26/2024****Consulting Physician: Abdul-Rheem Ghanem, MD****IMPRESSION/PLAN**

Active problems:

Right empyema s/p RLL lobectomy and decortication 9/17/24

Right middle lobe consolidation

Pneumothorax

Nicotine dependence

-Bronchoscopy performed this morning with large mucus plug within the right mainstem bronchus and mucopurulent secretions from the right middle lobe

-Follow-up BAL cultures

-Continue antibiotics per infectious disease

-Discussed with ID and thoracic surgery

Code status is Full Code

Thank you for the consult.

Please page with questions.

**Overnight events**

No acute events overnight. Patient underwent bronchoscopy with BAL this morning. WBC increased to 21 this morning.

**HISTORY OF PRESENT ILLNESS**

Jeffrey Cochran is a 59 y.o. male that has been admitted to Adena Regional Medical Center

Patient presented initially on that has a 16/24 with complaints of right lower quadrant pain and shortness of breath. CXR was concerning for empyema. He was evaluated by thoracic surgery and underwent right thoracotomy with decortication and right lower lobectomy. CT chest was obtained 9/22/24 that showed persistent right pneumothorax and consolidative opacities in right middle lobe. Cultures have grown candida but no bacterial species. Patient has been treated with cefepime and flagyl with plans for 3 weeks of IV antibiotics followed by 3 weeks of oral antibiotics. Patient notes that his shortness of breath has improved significant since admission. Pulmonary was consulted to evaluate for bronchoscopy.

**MEDICAL HISTORY****Past Medical History:**

Diagnosis

- Emphysema lung
- Head and neck cancer

Date

2019

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

- Smoking

**Past Surgical History:**

Procedure	Laterality	Date
DECORTICATION PULMONARY W/ PARIETAL PLEURECTOMY <i>Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR</i>	Right	9/17/2024
LOBECTOMY LUNG OPEN <i>Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR</i>	Right	9/17/2024
BRONCHOSCOPY W/ TRACHEOBRONCHIAL TREE ASPIRATION INITIAL <i>Laterality: N/A; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR</i>	N/A	9/17/2024
LYMPHADENECTOMY BY THORACOTOMY THORACIC MEDIASTINAL REGIONAL ADD-ON PX <i>Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR</i>	Right	9/17/2024

**SOCIAL HISTORY****Social History**

## Tobacco Use

- Smoking status: Former
- Types: Cigarettes
- Smokeless tobacco: Never

## Substance Use Topics

- Alcohol use: Not Currently
- Comment: occasionally*

**Social History**

## Substance and Sexual Activity

- Drug Use                          Yes
- Types: Marijuana
- Comment: daily x2-3*

**FAMILY HISTORY**

family history includes Diabetes in his sister; Ovarian Cancer in his mother.

**MEDICATIONS**

## Prior to Admission Medications

Prescriptions	Last Dose	Informant	Patient Reported?	Taking?
<b>Lactulose 10 GM/15ML Solution oral solution</b> Sig: Take 15 mL by mouth 3 times daily as needed.			Yes	Yes
<b>Levothyroxine 50 MCG tablet</b> Sig: Take 1 tablet by mouth every morning before breakfast.			Yes	Yes
<b>Lisinopril 10 MG tablet</b> Sig: Take 1 tablet by mouth daily.			Yes	Yes
<b>Vitamin E 90 MG (200 UNIT) capsule</b> Sig: Take 2 capsules by mouth daily.			Yes	Yes
<b>levоФLOXacin 500 MG tablet</b> Sig: Take 1 tablet by mouth daily.			Yes	Yes
<b>Facility-Administered Medications: None</b>				

**ALLERGIES**

No Known Allergies

**PHYSICAL EXAM**

Gen: Alert and oriented. Sitting up in chair

Eyes: EOMI, no scleral icterus

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/16/2024

ENT: Nares patent, throat without erythema

Resp: Right lung with some rhonchi and wheezing. Left lung clear to auscultation

Cardio: RRR without murmurs or gallops. No S3/S4/JVD

GI: Abdomen soft, nontender

Extremities: Warm, no LE edema

#### DATA REVIEW

WBC/Hgb/Hct/Plts: 21.3/8.8/26.2/499 (09/26 0535)

Na/K+/Phos/Mg/Ca: 123/4.3/---/8.1 (09/26 0535)

Bun/Creat/Cl/CO2/Glucose: 11/0.46/88/30/109 (09/26 0535-09/26 1105)

Body mass index is 16.04 kg/m<sup>2</sup>.

#### Imaging:

I have personally reviewed the CT chest 9/22/24, CXR 9/18, 9/20, 9/24, 9/26

Signed,

David Jameson Dennis, MD  
Adena Pulmonology, Critical Care & Sleep Associates

Admission (Discharged) on 9/16/2024      Note shared with patient

#### Care Timeline

- 09/16    Admitted (Observation) 0954
- 09/16    Admitted 1201
- 09/17    BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY
- 09/18    Transferred to Adena 2B Inpatient Unit 1624
- 09/18    Transferred out of Adena 2B Inpatient Unit 1634
- 10/03    RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION
- 10/15    Discharged 0131

Printed by [HICK27] at 10/15/2024 12:11 PM

# Cochran, Jeffrey

MRN: 982477266

**Thomas M Brady, DO**

Anesthesiologist

Specialty: Anesthesiology

Anesthesia Postprocedure Evaluation



Date of Service: 9/26/2024 9:57 AM

Signed

**Postanesthesia Evaluation****Patient:** Jeffrey Cochran**Procedure(s) Performed:** \* *No procedures listed* \***Last vitals:**

Vitals	Value	Taken Time
BP	93/69	09/26/24 0950
Temp	36.8 °C	09/26/24 0950
Pulse	87	09/26/24 0957
Resp	14	09/26/24 0950
SpO2	98 %	09/26/24 0950

Vitals shown include unfiled device data.

**Aldrete Score:** 9 (09/26/24 0950)**Anesthesia Type:** General**No notable events documented.****Post Op Note**

Pain score: 1

Awareness Assessment: The Modified Brice Interview was completed to assess for the risk of intraoperative awareness in this patient.

Level of Consciousness: Awake

Orientation: Oriented

Respiratory Function: Spontaneous Respiration

Hydration Status: Adequate.

Temperature on arrival to PACU was: Greater than/Equal to 36° C (96.8° F)

Nausea: No

Vomiting: No

**Notes:**Anesthesia Event on 9/26/2024      *Note shared with patient*

# Cochran, Jeffrey

MRN: 982477266

**Melissa Flemming, CRNA**

Nurse Anesthetist

Specialty: Certified Registered Nurse Anesthetist

Date of Service: 9/26/2024 9:08 AM

Anesthesia Procedure Notes    
Signed**Procedure Orders**

Intubation [831820845] ordered by Melissa Flemming, CRNA

**Intubation**

Date/Time: 9/26/2024 8:48 AM

Airway not difficult

**General Information and Staff**

Patient location: GI pulm.

**Indications and Patient Condition**

Indications for airway management: general anesthesia

Spontaneous Ventilation: absent

Sedation level: general anesthesia

Preoxygenated: yes

Patient position: sniffing and supine

Manual Inline Stabilization not maintained throughout

Mask difficulty assessment: 1 - vent by mask

**Final Airway Details**

Final airway type: endotracheal airway

Successful airway: ETT

ETT size: 8.0 mm

Cuffed: yes

Endotracheal tube insertion site: oral

Successful intubation technique: video laryngoscopy

Video Laryngoscope: glidescope

Blade type: D blade.

Facilitating devices/methods: intubating stylet

Cormack-Lehane Classification: grade I - full view of glottis

Placement verified by: auscultation, CO<sub>2</sub> detection and visualization through the cords

Tube secured: 22 CM at the lips

Tube Secured with: tape

Cuff volume (mL): 10

Number of attempts at approach: 1

Number of other approaches attempted: 0

**Additional Comments**

Atraumatic airway. Dentition unchanged.

Anesthesia Event on 9/26/2024      Note shared with patient