Triplett, Gregory L

MRN: 980121017

Sarah E Sprauer, MD
Fellow
HOSPITALIST - Notes Only

Progress Notes
Attested

Date of Service: 9/16/2024 12:54 PM

Attestation signed by Jaimie E Patel, MD at 9/16/2024 1:54 PM

Attending Attestation:
I have personally seen and examined this patient with Dr. Sprauer and discussed all pertinent findings on the same date of their evaluation. I have personally reviewed all available clinical data related to today's encounter, including but not limited to laboratory studies, radiology images and reports, cardiovascular and/or pulmonary diagnostic procedures, and EKG/telemetry tracings. I have been fully involved in formulation of the above-documented assessment and plan and it has been thoroughly discussed with Dr. Sprauer. I have addended the above note where needed to accurately reflect the physical exam and the current plan of care.

Briefly, Gregory L Triplett is a 64 y.o. male with HFmrEF, ETOH abuse who presents with new diagnosis of cirrhosis with decompensation. He is volume overloaded and receive paracentesis with PVAT. He will need ongoing diuresis. Will also start lactulose for mild HE. GI consulted. MAT consulted. Neph following for assistance with hyponatremia (likely hypervolemic), so will likely get better with diuresis. Does not appear to have true cellulitis, so will stop antibiotics.

Jaimie E Patel, MD
Attending Physician
Division of Hospital Medicine
09/16/24
Pg 0700

Hospital Medicine Progress Note
Patient: Gregory L Triplett, DOB: 7/25/1960, MRN: 980121017

Impression / Plan

Gregory L Triplett is a 64 y.o. male with history of HFmrEF (41%), HTN, COPD, anemia, EtOH and tobacco abuse who presents with the following problems:

Acutely Decompensated Alcoholic Cirrhosis of the Liver
Complicated by ascites, MELD 27 on admission. Asterixis on exam, concern for HE. Chronic EtOH use.
- MELD 3.0: **26** at 9/16/2024 11:33 AM
MELD-Na: **27** at 9/16/2024 11:33 AM
Calculated from:
Serum Creatinine: 0.85 mg/dL (Using min of 1 mg/dL) at 9/16/2024 3:12 AM
Serum Sodium: 123 mmol/L (Using min of 125 mmol/L) at 9/16/2024 11:33 AM
Total Bilirubin: 3.4 mg/dL at 9/16/2024 3:12 AM
Serum Albumin: 2.4 g/dL at 9/16/2024 3:12 AM
INR(ratio): 1.9 at 9/15/2024 1:46 PM
Age at listing (hypothetical): 64 years
Sex: Male at 9/16/2024 11:33 AM
- Trend MELD labs
- Ascites: will perform diagnostic and therapeutic paracentesis

- Hepatic Encephalopathy: lactulose
- Esophageal Varices: GI consulted for EGD
- Diuresis: will need
- SBP: no history of SBP
- HCC: AFP ordered

Alcohol use disorder with risk for severe withdrawal
Drinks 1.5 cases of beer weekly for at least 15 years, last drink 3d ago and reports visual hallucinations. Previously has done well with prn ativan but low threshold to escalate to phenobarb taper
- CIWA, ativan prn
- MV, thiamine, folic acid
- Addiction med consulted- pt states he's willing to quit now that he has liver disease

Acute on chronic macrocytic anemia
Hgb 8.5 on admission (previously 12.6 Jan 2023), no overt signs of GI bleeding. No prior EGD/colonoscopy per pt. CT angio without active GI contrast extravasation. Likely component of chronic disease and malnutrition.
- Monitor Hgb, transfuse if <7
- GI consulted for screening EGD
- Folic acid as above

Hypervolemic hypotonic hyponatremia
Na 117 on admission likely due to beer potomania and volume overload
- Trend Na q4h (goal 6-8mEq in 24h), urine lytes pending
- Fluid restriction 1.5L, neph following
- Will likely need IV diuresis

Watery diarrhea, resolved
Reports >20 episodes daily for 1 week, no abdominal pain
- Monitor stool output

Chronic HFmrEF 41%
Stopped taking all meds earlier this year
- Will fluid restrict as above, but will likely need large volume therapeutic paracentesis and then additional IV diuresis
- GDMT: will need to restart carvedilol, losartan as able

Bilateral lower extremity erythema and edema
Pt states erythema has been present for >2 years. Suspect more chronic in nature- venous stasis, lymphedema. Lower suspicion for bilateral cellulitis.
- Fluid restriction and volume management as above
- Discontinue vanc/cefepime as unlikely cellulitis

Weakness, debility with recurrent falls
CTH nonacute
- Fall precautions, PT/OT evaluation

Tobacco use disorder
- NRT, advised cessation

COPD
Doesn't use inhalers at home. CTPE with emphysematous changes
- Dulera, duonebs prn

Cholesteatoma
Seen on CTH in right middle ear. Could be contributing to falls
- Outpatient follow up

HTN: restart carvedilol. Eventually restart additional GDMT as above.

Complexity

Hyponatremia - Secondary to fluid shifts. Monitor.
Hypocalcemia - Continue to monitor and replete.
Hypophosphatemia - Continue to monitor and replete.
Thrombocytopenia - Continue to monitor.
Obesity Body mass index is 32.54 kg/m². **-** Follow with PCP for dietary and lifestyle modifications.

Any conditions listed below are present on admission unless otherwise specified.

Medical Readiness For Discharge:

DVT prophylaxis with SCD given bleed
Anticipated Disposition: SNF vs home w/ home health
Code status is Full Code

Interval History / Subjective

Admitted overnight. No significant events. He tolerated paracentesis this AM. Does report he has been feeling more confused in the last several months and in particular over the last few days has worsened. Reports not having any food intake in the last 3 weeks. Reports he lives by himself. Does have a son in Zanesville and daughter in Virginia. He is not married.

Objective

Temp: [97.4 °F (36.3 °C)-97.9 °F (36.6 °C)] 97.6 °F (36.4 °C)
Pulse (Heart Rate): [92-113] 92
Resp Rate: [16-28] 20
BP: (136-188)/(62-93) 136/62
O2 Sat (%): [95 %-100 %] 100 %
Weight: [91.4 kg (201 lb 9.6 oz)] 91.4 kg (201 lb 9.6 oz)

Physical Exam
Gen: A, A, NAD; spider angiomata appreciated on chest; ecchymoses on abdomen; slight jaundice
ENT: MMM
Resp: On RA, CTA bilat, normal effort
Cardio: RRR, normal S1, S2; bilateral lower extremity edema to at least below the knees
GI: Distended, slight firmness, mild fluid wave, NABS
Psych: Ox3, appropriate affect and cognition
Skin: Erythema in bilateral legs below knees with areas of skin sloughed off most consistent with chronic venous stasis

Data Review

WBC/Hgb/Hct/Plts: 13.18/8.1/22.2/98 (09/16 0312)
Na/K+/Phos/Mg/Ca: 123/5.3/1.7/2.0/8.3 (09/15 1346-09/16 1133)
Bun/Creat/Cl/CO2/Glucose: 18/0.85/90/24/151 (09/16 0312)
Ptt/Pt/Inr: 30.9/21.8/1.9 (09/15 1346)

Paracentesis Procedure 9/16/2024

CTPE 9/15/2024
IMPRESSION:
1. Somewhat limited study because of overall poor contrast bolus, but no visible pulmonary embolism.
2. Emphysema without findings of superimposed acute cardiopulmonary disease.

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CT Angio Abdomen/Pelvis 9/15/2024
IMPRESSION:
1. No convincing evidence of active gastrointestinal contrast extravasation.
2. Morphologic changes of the liver suggestive of cirrhosis, recommend correlation with history and liver function tests. No suspicious hepatic lesions are identified. Small to moderate volume of ascites and diffuse mesenteric edema.
3. Cholelithiasis without evidence of acute cholecystitis.
4. Colonic diverticulosis.
5. Ancillary findings as above.

CT Head w/o Contrast 9/15/2024
IMPRESSION:
-No acute intracranial hemorrhage or skull fractures.
-Abnormal soft tissue density in the right middle ear extending into the external auditory canal and mastoid air cells. Appearance has progressed from the comparison exam in 2013 where the ossicles were still visible. Finding could represent a cholesteatoma. Visual inspection is recommended.

CXR 9/15/2024
IMPRESSION:
Normal chest radiograph.
Cosigned by: Jaimie E Patel, MD at 9/16/2024 1:54 PM

ED to Hosp-Admission (Discharged) on 9/15/2024 *Note shared with patient*

Care Timeline

09/15 Admitted from ED 2051
09/16 PARACENTESIS ABDOMINAL W/ IMAGING GUIDANCE
09/18 Rapid Response
Transferred to C11F 0524
09/28 Discharged 2017

Printed by [HICK27] at 9/29/2024 7:48 PM

Triplett, Gregory L (MRN 980121017) DOB: 07/25/1960 Encounter Date: 09/15/2024

Triplett, Gregory L

MRN: 980121017

Taryn M Keller, APRN-CNP
Nurse Practitioner
ADDICTION MEDICINE - Notes Only

Consults Signed

Date of Service: 9/16/2024 12:47 PM

Consult Orders
IP CONSULT TO ADDICTION MEDICINE [828393058] ordered by Eric J James, MD at 09/15/24 1430

The Mohamed A. Kandeh Addiction Medicine Consult Service
INITIAL CONSULT
Patient: Gregory L Triplett, 7/25/1960, 980121017
Physician: Taryn M Keller, APRN-CNP, **Pager #11569,** **Addiction Consult - Scroll to Bottom**
Encounter date: 9/16/2024

Reason for Consult:
Assessment of Substance Use Disorder

Consulting Provider: **Jaimie E Patel, MD**

IMPRESSION/PLAN

64 y.o. male with history of HFmrEF (41%), HTN, COPD, anemia, EtOH and tobacco abuse who presents with a fall 2d ago. He is seen today in consultation for evaluation of Alcohol Use Disorder.

Alcohol Use Disorder
- drinking 6-7 beer daily
I counseled the patient on FDA approved medications
- Outpatient MAT:
- Current inpatient MAT:
- he is open to MAT as he feels better

Withdrawal medications
- I have reviewed all relevant clinical data including vital signs, clinical withdrawal assessments, labs, and medications
- Continue MVI, thiamine, folate, CIWA protocol-ativan
- Continue other management per primary team, which was reviewed and appears appropriate
- CIWA Score Avg: 1 Min: 0 Max: 2, Most Recent: 0

Harm Reduction
- Please offer Hepatitis A vaccination if patient at increased risk and no prior vaccine documented.
- Please offer Hepatitis B vaccination if patient non-immune or at increased risk and no prior vaccine documented.
- Please offer Tetanus vaccination if no documentation of prior vaccine within last 10 years.
- Recommend universal screening for HIV and Hepatitis C if patient amenable and no prior screening performed.

Care Coordination/Discharge Planning
- I have coordinated care with Addiction Medicine Social Worker and Addiction Medicine Peer Supporter.
- Our Addiction Medicine social worker will work with the patient on finding an appropriate follow-up location for ongoing MAT.

- **Please contact us 1-2 days prior to discharge so we can ensure appropriate follow up and provide them with a prescription to bridge them to that appt.**

Plan discussed with my attending physician and all were in agreement.

HISTORY OF PRESENT ILLNESS

Gregory L Triplett is a 64 y.o. male with history of HFmrEF (41%), HTN, COPD, anemia, EtOH and tobacco abuse who presents with a fall 2d ago. He is seen today in consultation for evaluation of Alcohol Use Disorder.

Mr Triplett states he started drinking age 12. Longest period of sobriety was 2 weeks a few years ago. He is some what confused today and very sleepy so history was challenging. He denies every having seizures however he is still endorsing visual hallucinations today. As he improves we will continue to engage in treatment as he does endorse he would like help stopping to drink.

OARRS Report: Reviewed
BAL 9/16/24 negative

Patient is reporting the following symptoms of withdrawal: Symptoms of withdrawal include : "Tremor" and "Hallucinations"

Pt meets the following criteria for substance use disorder:
-Taking substance in larger amounts or over a longer period of time than intended
- Having a persistent desire or unsuccessful attempts to reduce or control substance use
- Spending excess time obtaining, using or recovering from substance
- Craving substance
- Continued substance use causing inability to fulfill work, home, or school responsibilities
- Continuing substance use despite having persistent social or interpersonal problems
- Lack of involvement in social, occupational, or recreational activities
- Using substance in physically hazardous situations
- Continuing substance use in spite of awareness of persistent physical or psychological problems
- Exhibiting tolerance symptoms
- Exhibiting withdrawal symptoms

MEDICAL HISTORY

No past medical history on file.
No past surgical history on file.

SOCIAL HISTORY

Social History

Tobacco Use
- Smoking status: Every Day
  Types: Cigarettes
- Smokeless tobacco: Never

Substance Use Topics
- Alcohol use: Yes
  Alcohol/week: 24.0 standard drinks of alcohol
  Types: 24 Cans of beer per week

Social History

Substance and Sexual Activity
Drug Use Never

FAMILY HISTORY

family history is not on file.

MEDICATIONS

Prior to Admission Medications

Prescriptions	Last Dose	Informant	Patient Reported?	Taking?
Losartan 25 MG tablet Sig: Take one-half tablet by mouth daily.			No	No
carveDILOL 6.25 MG tablet Sig: Take 1 tablet by mouth every 12 hours.			No	No
furOSEmide 40 MG tablet Sig: Take 1 tablet by mouth daily.			No	No

Facility-Administered Medications: None

ALLERGIES

No Known Allergies

PHYSICAL EXAM

Vitals:

	09/16/24 1112
BP:	136/62
Pulse:	92
Resp:	20
Temp:	97.6 °F (36.4 °C)
SpO2:	100%

O2 Device: room air (09/16/24 0910)

Exam:

Gen:	Drowsy, sitting in chair, NAD
Eyes:	PERRL, EOMI, no icterus.
ENT:	MMM, trachea midline, no hoarseness
Resp:	Normal respiratory effort
Cardio:	RRR
MS:	Normal bulk and tone.
Neuro:	Alert to person place, wrong year, moving all extremities

Labs/ Data Review

Lab Results

Component	Value	Date
SODIUM	121 (LL)	09/16/2024
POTASSIUM	5.3 (H)	09/16/2024
CHLORIDE	90 (L)	09/16/2024
CO2	24	09/16/2024
BUN	18	09/16/2024
CREATSERUM	0.85	09/16/2024

Lab Results

Component	Value	Date
ALT	39	09/16/2024
AST	106 (H)	09/16/2024
ALKPHOS	51	09/16/2024

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BILITOTAL	3.4 (H)	09/16/2024
BILIDIRECT	1.1 (H)	09/16/2024

WBC/Hgb/Hct/Plts: 13.18/8.1/22.2/98 (09/16 0312)
Na/K+/Phos/Mg/Ca: 121/5.3/1.7/2.0/8.3 (09/15 1346-09/16 0606) Bun/Creat/Cl/CO2/Glucose: 18/0.85/90/24/151 (09/16 0312)
Ptt/Pt/Inr: 30.9/21.8/1.9 (09/15 1346)

Body mass index is 32.54 kg/m².

No results found for: "HIV1X2"

Hepatitis C Antibody

Date	Value	Ref Range	Status
12/27/2022	Negative	Negative	Final

Hepatitis B Surface Ag

Date	Value	Ref Range	Status
12/27/2022	Negative	Negative	Final

Hep B Surface Ab

Date	Value	Ref Range	Status
12/27/2022	Negative	Negative	Final

SIGNING CONSULTANT

Thank you for this consult. We will continue to follow with you. If you have any questions, please page the Addiction Medicine consultant on Web Exchange, or send a message via IHIS.

Taryn M Keller, APRN-CNP
The Ohio State University Wexner Medical Center
Addiction Medicine provider can be found on Qgenda at the very bottom of the page: Addiction Consult - Scroll to Bottom!

Total time for visit, including chart review, visit time with patient, collaboration with consulting provider(s)/care team, ordering, and documentation, was 70 minutes.
Cosigned by: John A Bertrand, MD at 9/16/2024 6:54 PM

ED to Hosp-Admission (Discharged) on 9/15/2024 *Note shared with patient*

Care Timeline

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Printed by [HICK27] at 9/29/2024 7:48 PM

Triplett, Gregory L (MRN 980121017) DOB: 07/25/1960 Encounter Date: 09/15/2024

Triplett, Gregory L

MRN: 980121017

Mara Gordon, RN
Registered Nurse
NURSING - Notes Only

Plan of Care
Signed

Date of Service: 9/16/2024 10:17 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

ED to Hosp-Admission (Discharged) on 9/15/2024 *Note shared with patient*

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Printed by [HICK27] at 9/29/2024 7:48 PM

Triplett, Gregory L (MRN 980121017) DOB: 07/25/1960 Encounter Date: 09/15/2024

Triplett, Gregory L

MRN: 980121017

Kathleen D Banks, APRN-CNP
Nurse Practitioner
RAD INTERVENT - Notes Only

Procedures
Signed

Date of Service: 9/16/2024 9:55 AM

Procedure Orders
CASE REQUEST DEPARTMENT USE ONLY INTERVENTIONAL RADIOLOGY: PARACENTESIS ABDOMINAL W/ IMAGING GUIDANCE [828491268] ordered by Holly P McKibben, APRN-CNP at 09/16/24 0756

INTERVENTIONAL RADIOLOGY PROCEDURE NOTE

LOCATION: At the patient's bedside

POST-PROCEDURE DIAGNOSIS: s/p paracentesis

PROCEDURE PERFORMED: US guided Diagnostic and Therapeutic paracentesis

PROCEDURE DETAILS, FINDINGS AND PLAN:

Pre-procedure diagnosis: ascites

Indication: diagnostic labs and therapeutic relief

Local anesthetic: 1% lidocaine- 4mL

The procedure, its risks and benefits were discussed in detail with the patient and/or family. Written informed consent obtained.

Time out: Prior to the procedure a time out was performed in the presence of the patient and all personnel involved in this case. The patient identity, procedure type, procedure side/site, and allergies were verified.

Description: A pre-procedure ultrasound was performed to localize an area of ascites safe for access. Color doppler was negative. The right abdomen was prepped and draped in the usual sterile manner. Under ultrasound guidance, the peritoneal cavity was accessed in right lower quadrant using the 15g x 3.25in Caldwell Needle/Cannula. The needle was then removed, leaving the metal cannula for fluid evacuation. Approximately 3600mL clear yellow fluid was aspirated. A portion of the fluid was sent to the lab for analysis at the request of the referring service. At the end of the procedure, the metal sheath was removed and a sterile dressing was placed.

Findings: moderate volume abdominal ascites.

Plan/Disposition: The patient remained on the nursing unit in stable condition, having tolerated the procedure well without any complications.

Immediately following the procedure Karena communicated with , the patient's RN adescribing the procedure, results, patient condition, post procedure care & follow-up plans.

This procedure does not require follow-up from the procedure team, including . This plan was also discussed with the primary service.

Thank you for allowing Interventional Radiology to participate in this patient's care.

Kathleen D Banks, APRN-CNP 9/16/2024 9:55 AM

Triplett, Gregory L (MRN 980121017) DOB: 07/25/1960 Encounter Date: 09/15/2024

PROCEDURE PERFORMED BY: Kathleen D Banks, APRN-CNP

ASSISTANT(S): Karena Somerville, RN

SPECIMEN(S) REMOVED: 3600mL clear yellow ascites

DISPOSITION OF SPECIMEN(S): A portion of the fluid was sent to the lab, remainder to biohazard

ESTIMATED BLOOD LOSS: <1mL

COMPLICATIONS: None

ED to Hosp-Admission (Discharged) on 9/15/2024 *Note shared with patient*

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Triplett, Gregory L (MRN 980121017) DOB: 07/25/1960 Encounter Date: 09/15/2024

Triplett, Gregory L

MRN: 980121017

Nolan P Ladd, MD
Resident
NEPHROLOGY - Notes Only

Consults
Attested Addendum

Date of Service: 9/16/2024 8:48 AM

Consult Orders
IP CONSULT TO NEPHROLOGY [828402311] ordered by Eric J James, MD at 09/15/24 1554

Attestation signed by Isabelle M Ayoub, MD at 9/17/2024 6:37 AM

Renal attending attestation: I saw and personally examined the patient independently on 9/16/25. I confirm the findings, discussed the case, reviewed medications,and diagnostic data with the renal Fellow/Resident. I agree with the history, physical examination, and medical decisions as outlined below
Chronic hypotonic hyponatremia with hypervolemia (HF, decompensated cirrhosis)
At risk for AKI
At risk for alcohol withdrawal
- urine studies, bnp, 2d echo
- infectious work up in progress. Monitor carefully vanc dosing and troughs
- r/o gi bleed/ EV
- s/p IV alb and therapeutic para with 3.6L removal today. Would hold off on further IV alb today to avoid overcorrection of Na
- suggest another para in the coming 48h
- consider IV alb followed by IV lasix 20 bid starting from tomorrow (hold lasix on para days)
- low sodium diet 2g/d
- fluid restriction. Encourage solute intake
- accurate I/O
- avoid nephrotoxins as able

Isabelle Ayoub M.D.
Associate Professor of Clinical Medicine
Division of Nephrology
Pager 2141

NEPHROLOGY INPATIENT CONSULT NOTE

Reason for Consultation: hyponatremia
Referring Provider: Jaimie E Patel, MD
Hospital Day: 1

SUBJECTIVE

Gregory L Triplett is a 64 y.o. male with past medical history of HFmrEF (41%), HTN, COPD, anemia, EtOH and tobacco abuse presented to OSU on 9/15/2024 after being found down for two days prior to admission after a fall without head trauma or LOC.

Reportedly has had several months with instability, gait disturbance, abdominal distension, nausea. Had diarrhea x7-10 days prior to his fall (since resolved) and was then too weak to get up and was found down by son, who called EMS. He was brought to medical center where imaging c/f cirrhosis, which would be a new diagnosis for the patient. Additionally has cholelithiasis w/o cholecystitis and was otherwise unrevealing. He otherwise denies any fevers, chills, chest pain, cough, diaphoresis, abdominal pain, nausea, vomiting, dysuria.

He drinks 10 beers per day for last several years. In last 6-12 months, states that he eats one meal per day, usually a single sandwich on wonder bread or a single hotdog. No other solute intake besides the beer.

Since arrival, has remained afebrile, hypertensive w/ systolic BP 160-170s, tachycardic, and on on RA. Labs remarkable for serum sodium 117, serum osm 255, chloride 89, K 5.1. sCr 0.9 (baseline 0.7-0.8), phos 1.7, calcium 8.3 albumin 2.6. He was started on vanc cefepime for empiric coverage and infectious workup started (unrevealing thus far). He was also given albumin x1 dose.

Review of Systems: Negative except for as stated in history of present illness

ASSESSMENT AND PLAN:

Gregory L Triplett is a 64 y.o. male with past medical history of HFmrEF (41%), HTN, COPD, anemia, EtOH and tobacco abuse presented to OSU on 9/15/2024 after being found down for two days prior to admission after a fall without head trauma or LOC. Neph consulted for hypoNa.

Impression:

- Hypotonic, hypervolemic hyponatremia
    - Chronic with components of poor solute intake (beer potomania) as well as volume overload (see below)
- Hypervolemia, anasarca
    - Overall, total body volume status is hypervolemic as he has anasarca, moderate ascites w/ tense abdomen (even after paracentesis), lower extremity edema.
    - May be 2/2 CHF (has had presentation in past w/ hyponatremia in setting of newly diagnosed CHF that improved with diuresis) vs newly-diagnosed cirrhosis which presented due to acute decompensating event such as a self-limited infectious gastroenteritis/colitis. Without urine studies, unable to confirm.
    - Given the stark difference in treatment for these two etiologies (diuresis if CHF vs would hold diuresis and fluid resuscitate if HRS), need additional testing including BNP and repeat echo
- At risk for AKI
    - Specifically, at risk for CIN given contrast loads
    - Additional renal insults include vanc use
- AUD
    - Last drink 48 hours prior to admission. At risk for withdrawal
- Newly diagnosed, undifferentiated cirrhotic morphology on imaging
- HFrEF (EF41%)

Recommendations:

- No acute need for HTS at this time - improved 6mmol/L in last 24 hours without any significant intervention
- Q6h serum Na. Goal increase no more than 6 mmol/L in next 24h
- Urine lytes, urine osms now and daily thereafter
- Currently on RA and CXR w/o evidence of edema. Hold further diuresis for today (s/p para 3.6L), monitor respiratory status
- Hold further albumin
- Fluid restrict to 1L / day
- Low sodium diet (2g/day)
- Will likely need another therapeutic paracentesis in coming 48 hours.
- Reassess need for vancomycin daily
- Agree w/ GI vs hepatology consult to consider further workup including evaluation for EV
- Accurate I/O
- Renal protective measures: Please renally dose medications; Avoid nephrotoxic medications (NSAID, IV contrast); Avoid ACEi and ARBs in the setting of AKI; Maintain MAP > 65; Low Na, K, phos and protein diet

Triplett, Gregory L (MRN 980121017) DOB: 07/25/1960 Encounter Date: 09/15/2024

These recommendations are not finalized until signed by an attending staff physician.

Thank you for allowing us to participate in the care of this patient. Plan discussed with attending. Please call with any questions or concerns. **Please contact us via web-exchange - Nephrology - General Consults Fellow.**

Nolan Ladd, MD
OSU Wexner Medical Center
Internal Medicine, PGY-3

MEDICAL HISTORY

Past Medical History:
No past medical history on file.

Past Surgical History:
No past surgical history on file.

Family History:
No family history on file.

No Known Allergies

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:	Every Day
Types:	Cigarettes
• Smokeless tobacco:	Never

Substance and Sexual Activity

• Alcohol use:	Yes
Alcohol/week:	24.0 standard drinks of alcohol
Types:	24 Cans of beer per week
• Drug use:	Never
• Sexual activity:	Not on file

Other Topics	Concern
• Not on file	

Social History Narrative
- Not on file

Social Determinants of Health

Financial Resource Strain: Low Risk (9/16/2024)
Overall Financial Resource Strain (CARDIA)
- Difficulty of Paying Living Expenses: Not hard at all

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: Low Risk (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: 0
- Homeless in the Last Year: No

Scheduled Medications

• carveDILOL	6.25 mg	Oral	Q12H
• enoxaparin	40 mg	Subcutaneous	Q24H
• Folic acid Or	1 mg	Oral	Daily
• Folic acid Or	1 mg	Per NG tube	Daily
• Folic acid	1 mg	Intravenous	Daily
• Lactulose	20 g	Oral	4x daily
• mometasone Furo-Formoterol Fum	2 puff	Inhalation	Q12H
• Multi-Vitamins Or	1 tablet	Per NG tube	Daily
• Multi-Vitamins	1 tablet	Oral	Daily
• Nicotine And	1 patch	Transdermal	Q24H
• VERIFY LINKED PATCH PLACEMENT		Other	Q12H
• Ondansetron 4mg/2ml	4 mg	Intravenous	Once
• Thiamine Or	100 mg	Oral	Q8H
• Thiamine Or	100 mg	Per NG tube	Q8H
• thiamine	100 mg	Intravenous	Q8H
• [START ON 9/20/2024] Thiamine	100 mg	Oral	Daily

OBJECTIVE

Vitals:

BP 136/62 (BP Location: Right arm, BP Position: Sitting) | Pulse 92 | Temp 97.6 °F (36.4 °C) (Oral) | Resp 20 | Ht 1.676 m (5' 6") | Wt 91.4 kg (201 lb 9.6 oz) | SpO2 100% | BMI 32.54 kg/m² | Smoking Status Every Day

Vitals:

	09/16/24 1112
BP:	136/62
Pulse:	92
Resp:	20
Temp:	97.6 °F (36.4 °C)
SpO2:	100%

O2 Device: room air (09/16/24 1205)
Gen: Alert, Awake, NAD
Eyes: PERRLA, EOMI, no icterus
ENT: MMM, trachea midline
Resp: CTA & P, normal respiratory effort. No crackles, on room air.
Cardio: RRR, normal S1, S2, no M/R/G. 3+ pitting LEE bilaterally. JVP to 2-3cm above clavicular angle. + hepatojugular reflux on my exam.
GI: S/NT, NABS. Tense and distended but no tenderness.
MSK: No joint effusions or erythema
Skin: + jaundice or rash
Neuro: CNs II-XII grossly intact. Strength grossly equal in muscle groups of the bilateral UEs and LEs. + asterixis
Psych: Appropriate affect. Cognition slow, but A&Ox3 and thought process linear.

Relevant Data:

Lab Results

Component	Value	Date
SODIUM	123 (LL)	09/16/2024
POTASSIUM	5.3 (H)	09/16/2024
CHLORIDE	90 (L)	09/16/2024
CO2	24	09/16/2024
BUN	18	09/16/2024
CREATSERUM	0.85	09/16/2024
GLUCOSE	151 (H)	09/16/2024

Lab Results

Component	Value	Date
WBC	13.18 (H)	09/16/2024
HGB	8.3 (L)	09/16/2024
HCT	23.4 (L)	09/16/2024
PLATELET	98 (L)	09/16/2024
MCV	98.2 (H)	09/16/2024

Lab Results

Component	Value	Date
SPGRVTYUR	>1.045 (H)	09/16/2024
GLUCOSEURINE	Negative	09/16/2024
KETONESURINE	Trace (A)	09/16/2024
BLOODURINE	Negative	09/16/2024

Triplett, Gregory L (MRN 980121017) DOB: 07/25/1960 Encounter Date: 09/15/2024

NITRITESURIN	Negative	09/16/2024
LEUKOCESTUR	Negative	09/16/2024
WBCURINE	0 - 5	09/16/2024
RBCURINE	3-5 (A)	09/16/2024
BACTERIAURIN	ABSENT	09/16/2024

Lab Results

Component	Value	Date
CREATSERUM	0.85	09/16/2024
CREATSERUM	0.88	09/15/2024
CREATSERUM	0.92	09/15/2024
CREATSERUM	0.97	09/15/2024
CREATSERUM	0.76 (L)	01/28/2013

Lab Results

Component	Value	Date
CALCIUM	8.3 (L)	09/15/2024
PHOSPHORUS	1.7 (L)	09/15/2024

Cosigned by: Isabelle M Ayoub, MD at 9/17/2024 6:37 AM

ED to Hosp-Admission (Discharged) on 9/15/2024 *Note shared with patient*

Care Timeline

09/15 Admitted from ED 2051
09/16 PARACENTESIS ABDOMINAL W/ IMAGING GUIDANCE
09/18 Rapid Response
Transferred to C11F 0524
09/28 Discharged 2017

Printed by [HICK27] at 9/29/2024 7:48 PM

Triplett, Gregory L

MRN: 980121017

Rachel M Hannum, MD
Fellow
HEPATOLOGY - Notes Only

Consults
Attested

Date of Service: 9/16/2024 8:44 AM

Attestation signed by Vivek Mendiratta, MD at 9/16/2024 9:57 PM

ATTENDING STATEMENT:
Patient's history and physical exam reviewed with resident/fellow on 9/16/2024. All pertinent laboratory data, imaging and procedures have been reviewed. I have reviewed the resident/fellow documentation and have made appropriate changes. I agree with the resident/fellow dictated impression and plan as outlined below.

In summary, Gregory L Triplett is a 64 y.o.male with PMHx significant for newly-diagnosed alcohol cirrhosis who presented with falls. Medial history is also notable for HFrEF (41%), COPD, and Hypertension. The patient reportedly has been drinking 8 beers on a daily basis with last drink 3 days prior to admission. Labs on presentation notable for MELD of 26 driven by significant low-solute hyponatremia for which Nephrology has been consulted. Please obtain workup as noted below including paracentesis.

Please contact our consult service with additional questions and concerns.

Vivek Mendiratta, MD
Assistant Professor
Gastroenterology, Hepatology and Nutrition
The Ohio State University Wexner Medical Center
Pager: 12362

GHN OSU Main Hepatology Consult

HEPATOLOGY INPATIENT CONSULT
Referring Provider: Jaimie E Patel, MD
Admit Date: 9/15/2024

Reason for Consultation: decomp alcohol related cirrhosis

HISTORY OF PRESENT ILLNESS:

Gregory L Triplett is a 64 y.o. male w/ HFrEF (41%), HTN, COPD, AUD, TUD, admitted with falls, found to have newly decompensated cirrhosis, we are consulted for management.

Mr. Triplett presents with falls at home, but on admission, he has had many complains and deconditioning over the last several months. He reports abdominal distention and leg swelling, shortness of breath. Additionally has had dark but not bloody diarrhea, up to 8 times per day with urgency. Also endorses some nausea and mild vomiting. Again nonbleeding. He has chronic venous stasis of lower extremities the occasionally weep. Denies any fevers at home.

Mr. Gregory L Triplett reports no history of personal liver disease or family history of liver disease. He does report a history of cardiac disease, he stopped drinking hard liquor after his brother died from cardiac complications 8 years ago. He did continue to drink beer, 6-812 oz beers a day. He denies any drug use, high-risk sexual practices. Hepatitis-B and C were -1 year ago. Imaging prior to this admission with steatosis only. He reports being skinny his entire life, has never been very obese. He

has never required a paracentesis before, no history of EGD. Denies any history of altered mental status or GI bleeding.

Vitals: Afebrile, HR 100, BP 160/70, 99% on room air
Labs: Na 120, K 5.3, BUN 18, creatinine 0.85. T bili 3.4, alk phos 51, ALT 39, AST 106. WBC 13, hemoglobin 8.1, platelets 98, INR 1.9
Imaging: CTAP with cirrhosis, no lesions, small to moderate volume ascites, diffuse edema, cholelithiasis without cholecystitis, colonic diverticulosis
Prior endoscopy: None

MELD 3.0: **26** at 9/16/2024 6:06 AM
MELD-Na: **27** at 9/16/2024 6:06 AM
Calculated from:
Serum Creatinine: 0.85 mg/dL (Using min of 1 mg/dL) at 9/16/2024 3:12 AM
Serum Sodium: 121 mmol/L (Using min of 125 mmol/L) at 9/16/2024 6:06 AM
Total Bilirubin: 3.4 mg/dL at 9/16/2024 3:12 AM
Serum Albumin: 2.4 g/dL at 9/16/2024 3:12 AM
INR(ratio): 1.9 at 9/15/2024 1:46 PM
Age at listing (hypothetical): 64 years
Sex: Male at 9/16/2024 6:06 AM

PAST MEDICAL HISTORY:

PAST MEDICAL HISTORY
No past medical history on file.

PAST SURGICAL HISTORY
No past surgical history on file.

CURRENT MEDICATIONS

• carveDILOL	6.25 mg	Oral	Q12H
• ceFEPIme	2 g	Intravenous	Q8HNS
• enoxaparin	40 mg	Subcutaneous	Q24H
• Folic acid Or	1 mg	Oral	Daily
• Folic acid Or	1 mg	Per NG tube	Daily
• Folic acid	1 mg	Intravenous	Daily
• mometasone Furo-Formoterol Fum	2 puff	Inhalation	Q12H
• Multi-Vitamins Or	1 tablet	Per NG tube	Daily
• Multi-Vitamins	1 tablet	Oral	Daily
• Nicotine And	1 patch	Transdermal	Q24H
• VERIFY LINKED PATCH PLACEMENT		Other	Q12H
• Ondansetron 4mg/2ml	4 mg	Intravenous	Once
• Thiamine Or	100 mg	Oral	Q8H
• Thiamine Or	100 mg	Per NG tube	Q8H
• thiamine	100 mg	Intravenous	Q8H
• [START ON	100 mg	Oral	Daily

9/20/2024] Thiamine			
• vancomycin	20 mg/kg (Order-Specific)	Intravenous	Q12HNS

ALLERGIES
No Known Allergies

SOCIAL HISTORY
He reports that he has been smoking cigarettes. He has never used smokeless tobacco. He reports current alcohol use of about 24.0 standard drinks of alcohol per week. He reports that he does not use drugs.

FAMILY HISTORY
No family history on file.

Current Diet Orders
Procedures
- DIET LIVER - VERY LOW SODIUM Fluid Restriction 1500mL (750mL Nursing, 750mL Nutrition)

Standing Status:	Standing
Number of Occurrences:	1
Order Specific Question:	Additional Modifier:
Answer:	Fluid Restriction 1500mL (750mL Nursing, 750mL Nutrition)

REVIEW OF SYSTEMS:

10-point ROS negative unless otherwise noted in HPI.
Review of Systems

PHYSICAL EXAM:

Temp: [97.4 °F (36.3 °C)-97.9 °F (36.6 °C)] 97.4 °F (36.3 °C)
Pulse (Heart Rate): [100-113] 100
Resp Rate: [16-24] 16
BP: (160-188)/(70-93) 160/70
O2 Sat (%): [95 %-100 %] 99 %
Weight: [91.4 kg (201 lb 9.6 oz)] 91.4 kg (201 lb 9.6 oz)

Wt Readings from Last 3 Encounters:
09/15/24 91.4 kg (201 lb 9.6 oz)
01/03/23 83.9 kg (185 lb)

General: No acute distress. Comfortable.
HEENT: PER, MMM, OP clear. No scleral icterus.
Neck: Neck supple without lymphandenopathy.
Respiratory: CTA bilaterally, no wheezes/crackles
Cardiovascular: RRR, no m/r/g
Abdominal: Soft. + BS. ND. NT. No guarding or rebound. ++ ascites present
Neurological: Alert and oriented to person, place, and time. No gross motor deficit.
Extremities: WWP 2+ throughout, no edema
Skin: Does not appear jaundiced. No rash or lesion.

LABS:

Triplett, Gregory L (MRN 980121017) DOB: 07/25/1960 Encounter Date: 09/15/2024

CBC:

Lab Results

Component	Value	Date
WBC	13.18 (H)	09/16/2024
WBC	7.7	01/28/2013
HGB	8.1 (L)	09/16/2024
HGB	14.3	01/28/2013
PLATELET	98 (L)	09/16/2024
PLATELET	241	01/28/2013
MCV	98.2 (H)	09/16/2024
MCV	94.8	01/28/2013

Chemistry:

Lab Results

Component	Value	Date
SODIUM	121 (LL)	09/16/2024
POTASSIUM	5.3 (H)	09/16/2024
CHLORIDE	90 (L)	09/16/2024
CO2	24	09/16/2024
BUN	18	09/16/2024
CREATSERUM	0.85	09/16/2024
GLUCOSE	151 (H)	09/16/2024
MAGNESIUM	2.0	09/15/2024

Liver Function Tests:

Lab Results

Component	Value	Date
ALT	39	09/16/2024
AST	106 (H)	09/16/2024
ALKPHOS	51	09/16/2024
BILITOTAL	3.4 (H)	09/16/2024
BILIDIRECT	1.1 (H)	09/16/2024
INR	1.9 (H)	09/15/2024
INR	1.0	01/28/2013

MELD 3.0: **26** at 9/16/2024 6:06 AM
MELD-Na: **27** at 9/16/2024 6:06 AM
Calculated from:
Serum Creatinine: 0.85 mg/dL (Using min of 1 mg/dL) at 9/16/2024 3:12 AM
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Total Bilirubin: 3.4 mg/dL at 9/16/2024 3:12 AM
Serum Albumin: 2.4 g/dL at 9/16/2024 3:12 AM
INR(ratio): 1.9 at 9/15/2024 1:46 PM
Age at listing (hypothetical): 64 years
Sex: Male at 9/16/2024 6:06 AM

IMAGING/STUDIES:

All relevant imaging and procedures were reviewed.

CT PE STUDY

Final Result

IMPRESSION:

1. Somewhat limited study because of overall poor

contrast bolus, but no
visible pulmonary embolism.
2. Emphysema without findings of superimposed
acute cardiopulmonary disease.

Electronically Signed By: Edwin Donnelly, M.D on
9/15/2024 5:48 PM

CT ANGIO ABDOMEN PELVIS
Final Result
IMPRESSION:

1. No convincing evidence of active gastrointestinal
contrast extravasation.

2. Morphologic changes of the liver suggestive of
cirrhosis, recommend
correlation with history and liver function tests. No
suspicious hepatic
lesions are identified. Small to moderate volume of
ascites and diffuse
mesenteric edema.

3. Cholelithiasis without evidence of acute
cholecystitis.

4. Colonic diverticulosis.

5. Ancillary findings as above.

I personally viewed and interpreted these images and
I have reviewed and
approved this report.

Electronically Signed By: Kelly Corrigan, MD on
9/16/2024 4:45 AM

CT HEAD WITHOUT CONTRAST
Final Result
IMPRESSION:

-No acute intracranial hemorrhage or skull fractures.

-Abnormal soft tissue density in the right middle ear
extending into the
external auditory canal and mastoid air cells.
Appearance has progressed from
the comparison exam in 2013 where the ossicles were
still visible. Finding
could represent a cholesteatoma. Visual inspection is
recommended.

I personally viewed and interpreted these images and
I have reviewed and
approved this report.

Electronically Signed By: E Brooke Schrickel, MD on
9/15/2024 5:39 PM

XR CHEST 1 VIEW PORTABLE
Final Result
IMPRESSION:
Normal chest radiograph.

Electronically Signed By: Edwin Donnelly, M.D on
9/15/2024 4:12 PM

ED US CARDIAC (Results Pending)
ED US ABDOMEN LIMITED (Results Pending)
ABDOMINAL PARACENTESIS (Results Pending)

ASSESSMENT AND PLAN:

Gregory L Triplett is a 64 y.o. male w/ HFrEF (41%), HTN, COPD, AUD, TUD, admitted with falls, found to have newly decompensated cirrhosis, we are consulted for management.

IMPRESSION

- New diagnosis of likely alcohol-related cirrhosis
- Ascites
- Hyponatremia
- Alcohol use disorder
- Diarrhea

ASSESSMENT/RECOMMENDATIONS:

- New diagnosis of likely alcohol-related cirrhosis discussed with patient extensively today
- Please consult addiction Medicine, patient is prepared to quit drinking beer, has successfully quit drinking liquor over the last 8 years
- Hyponatremia likely secondary to hypovolemic hyponatremia given exam findings, history of poor p.o. intake, diarrhea, and concern for beer potomania with lows total salt content. Would obtain urine lytes and discuss with nephrology. We recommend holding diuretics at this time and considering albumin for salt repletion. 2 L fluid restriction
- Please obtain alpha 1 antitrypsin, PETH, hepatitis-B and C serologies, TTE
- Please place hepatology ambulatory referral, I will arrange follow up outpatient
- EGD inpatient versus outpatient for Ev screening pending course
- Please obtain right upper quadrant ultrasound and AFP
- We will follow up paracentesis studies
- Please consult nutrition for high-protein low-sodium fluid-restricted diet, consider Ensure supplementation including a bedtime snack to prevent overnight muscle breakdown
- Infectious stool studies

This consult was discussed with Dr. Mendiratta, the attending physician. If you have any questions or need any further information, please feel free to contact our consult team.

Thank you for this consult and allowing us to participate in the care of Gregory L Triplett!

Rachel Hannum, M.D.
Fellow Physician PGY5
Division of Gastroenterology, Hepatology & Nutrition
Department of Internal Medicine
The Ohio State University Wexner Medical Center
Pager x13205 or Epic Chat with questions

For follow up questions regarding this patient **7am to 5pm** during the weekday, contact the Hepatology

Triplett, Gregory L (MRN 980121017) DOB: 07/25/1960 Encounter Date: 09/15/2024

consults fellow or APP on QGenda. UH Campus--> Internal Medicine--> Gastroenterology, Hepatology, & Nutrition--> All Hep Consult Fel Day OR Transplant Hep Consults APP Day

For **urgent/stat calls** or consults **5pm to 7am**, please page the on-call GI fellow on QGenda. UH Campus--> Internal Medicine--> Gastroenterology, Hepatology, & Nutrition--> 1st Call Fel Eve
For **urgent/stat calls** or consults **7am to 5pm**, please page the on-call GI fellow on QGenda. UH Campus--> Internal Medicine--> Gastroenterology, Hepatology, & Nutrition--> All Hep Consult Fel Day

Cosigned by: Vivek Mendiratta, MD at 9/16/2024 9:57 PM

ED to Hosp-Admission (Discharged) on 9/15/2024 *Note shared with patient*

Care Timeline

09/15 Admitted from ED 2051
09/16 PARACENTESIS ABDOMINAL W/ IMAGING GUIDANCE
09/18 Rapid Response
Transferred to C11F 0524
09/28 Discharged 2017

Printed by [HICK27] at 9/29/2024 7:48 PM

Triplett, Gregory L (MRN 980121017) DOB: 07/25/1960 Encounter Date: 09/15/2024

Triplett, Gregory L

MRN: 980121017

Karena Somerville, RN
Registered Nurse
RAD INTERVENT - Notes Only

Nursing Notes
Addendum

Date of Service: 9/16/2024 8:42 AM

Summary: pvat

Interventional Radiology procedure completed of ultrasound guided paracentesis completed at bedside by IR APP Kathleen Banks . Tolerated with local numbing agent. 3600 ml of clear yellow peritoneal fluid removed. Abdomen puncture site with dressing in place. Diagnostic samples obtained as ordered by primary team, sample time-out done per myself and Kathleen APRN-CNP.

ED to Hosp-Admission (Discharged) on 9/15/2024 *Note shared with patient*

Care Timeline

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Triplett, Gregory L (MRN 980121017) DOB: 07/25/1960 Encounter Date: 09/15/2024

Triplett, Gregory L

MRN: 980121017

Kathleen D Banks, APRN-CNP
Nurse Practitioner
RAD INTERVENT - Notes Only

Plan of Care Signed

Date of Service: 9/16/2024 8:00 AM

H&P Procedure Update:

I have examined the patient and reviewed the previous H&P and verify there aren't relevant updates.

• carveDILOL	6.25 mg	Oral	Q12H
• ceFEPIme	2 g	Intravenous	Q8HNS
• enoxaparin	40 mg	Subcutaneous	Q24H
• Folic acid Or	1 mg	Oral	Daily
• Folic acid Or	1 mg	Per NG tube	Daily
• Folic acid	1 mg	Intravenous	Daily
• mometasone Furo-Formoterol Fum	2 puff	Inhalation	Q12H
• Multi-Vitamins Or	1 tablet	Per NG tube	Daily
• Multi-Vitamins	1 tablet	Oral	Daily
• Nicotine And	1 patch	Transdermal	Q24H
• VERIFY LINKED PATCH PLACEMENT		Other	Q12H
• Ondansetron 4mg/2ml	4 mg	Intravenous	Once
• Thiamine Or	100 mg	Oral	Q8H
• Thiamine Or	100 mg	Per NG tube	Q8H
• thiamine	100 mg	Intravenous	Q8H
• [START ON 9/20/2024] Thiamine	100 mg	Oral	Daily
• vancomycin	20 mg/kg (Order-Specific)	Intravenous	Q12HNS

No Known Allergies

Consent has been signed and operative site(s) confirmed with the patient.

ED to Hosp-Admission (Discharged) on 9/15/2024 *Note shared with patient*

Care Timeline

Triplett, Gregory L (MRN 980121017) DOB: 07/25/1960 Encounter Date: 09/15/2024

09/15 Admitted from ED 2051
09/16 PARACENTESIS ABDOMINAL W/ IMAGING GUIDANCE
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09/28 Discharged 2017

Printed by [HICK27] at 9/29/2024 7:48 PM

Triplett, Gregory L

MRN: 980121017

Holly P McKibben, APRN-CNP
Nurse Practitioner
RAD INTERVENT - Notes Only

Progress Notes
Signed

Date of Service: 9/16/2024 7:54 AM

Procedure and Vascular Access Pre-Procedure Evaluation Note

A consult has been placed for a paracentesis on this patient.

This is a diagnostic and therapeutic procedure.

For this procedure, laterality is N/A.

Diagnostic labs have been ordered by the referring team. If not these will need to be ordered prior to the procedure.

Labwork has been reviewed:

Lab Results

Component	Value	Date
INR	1.9 (H)	09/15/2024

Lab Results

Component	Value	Date
PLATELET	98 (L)	09/16/2024

HEMOGLOBIN (HGB)

Date/Time	Value	Ref Range	Status
01/28/2013 03:15 PM	14.3	13.2 - 17.3 g/dL	Final

Hemoglobin

Date/Time	Value	Ref Range	Status
09/16/2024 03:12 AM	8.1 (L)	13.4 - 16.8 g/dL	Final

Current Allergies:No Known Allergies

Code status is FULL

The patient is able to provide consent. Consent will be obtained and matches procedure being performed.

PLAN
- Relevant imaging has been reviewed: CT AP 9/15/24
- Labs are acceptable to proceed with the procedure.
- Medication list has been reviewed. There is not medication to hold
- Patient is not required to be NPO.
- The estimated start time for this procedure is 9/16/2024.

PVAT APP: Holly P McKibben, APRN-CNP
Contact # 89841

Triplett, Gregory L (MRN 980121017) DOB: 07/25/1960 Encounter Date: 09/15/2024

ED to Hosp-Admission (Discharged) on 9/15/2024 *Note shared with patient*

Care Timeline

09/15 Admitted from ED 2051
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Printed by [HICK27] at 9/29/2024 7:48 PM

Triplett, Gregory L (MRN 980121017) DOB: 07/25/1960 Encounter Date: 09/15/2024

Triplett, Gregory L

MRN: 980121017

Lauren Meredith, RN
Registered Nurse
NURSING - Notes Only

Plan of Care
Signed

Date of Service: 9/15/2024 11:39 PM

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

ED to Hosp-Admission (Discharged) on 9/15/2024 *Note shared with patient*

Care Timeline

09/15 Admitted from ED 2051
09/16 PARACENTESIS ABDOMINAL W/ IMAGING GUIDANCE
09/18 Rapid Response
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Printed by [HICK27] at 9/29/2024 7:48 PM

Triplett, Gregory L (MRN 980121017) DOB: 07/25/1960 Encounter Date: 09/15/2024

Triplett, Gregory L

MRN: 980121017

Lauren Meredith, RN
Registered Nurse
NURSING - Notes Only

Nursing Notes Signed

Date of Service: 9/15/2024 10:20 PM

On admission to R8W, from ED a dual RN initial assessment of skin condition was performed by Lauren Meredith, RN and Tina, RN.

Skin Assessment:
Skin not within defined limits.
- Wound(s) identified: Yes
- Consult ordered: Yes
- Photo taken and uploaded into notes in IHIS: Yes

Braden Score: 14

LDA Added: Yes

Lauren Meredith, RN

ED to Hosp-Admission (Discharged) on 9/15/2024 *Note shared with patient*

Care Timeline

09/15 Admitted from ED 2051
09/16 PARACENTESIS ABDOMINAL W/ IMAGING GUIDANCE
09/18 Rapid Response
Transferred to C11F 0524
09/28 Discharged 2017

Printed by [HICK27] at 9/29/2024 7:48 PM

Triplett, Gregory L

MRN: 980121017

Lisa M Kim, MD
Physician
HOSPITALIST - Notes Only

H&P
Signed

Date of Service: 9/15/2024 7:55 PM

Hospital Medicine Admission History & Physical
Patient: Gregory L Triplett, DOB: 7/25/1960, MRN: 980121017
Date of face to face patient encounter: 9/15/2024

Impression / Plan

Gregory L Triplett is a 64 y.o. male with history of HFmrEF (41%), HTN, COPD, anemia, EtOH and tobacco abuse who presents with the following problems:

Decompensated likely EtOH cirrhosis, new diagnosis
- MELD-Na 27 on admission, likely due to alcohol
- HE: none
- EV: no prior EGD with significant drop in Hgb. Needs screening EGD to assess varices
- Ascites: PVAT consulted for diagnostic and therapeutic paracentesis
- SBP ppx: antibiotics for cellulitis below. Low concern for SBP currently
- HCC: AFP ordered
- GI consulted

Alcohol use disorder with risk for severe withdrawal
- Drinks 1.5 cases of beer weekly for at least 15 years, last drink 3d ago and reports visual hallucinations. Previously has done well with prn ativan but low threshold to escalate to phenobarb taper
- CIWA, ativan prn
- MV, thiamine, folic acid
- Addiction med consulted- pt states he's willing to quit now that he has liver disease

Acute on chronic macrocytic anemia
- Hgb 8.5 on admission (previously 12.6 Jan 2023), no overt signs of GI bleeding. No prior EGD/colonoscopy per pt
- CT angio without active GI contrast extravasation
- Monitor Hgb, transfuse if <7
- GI consulted for screening EGD

Hypervolemic hypotonic hyponatremia
- Na 117 on admission likely due to beer potomania and volume overload
- Trend Na q4h (goal 6-8mEq in 24h), urine lytes pending
- Fluid restriction 1.5L, neph following
- Will likely need IV diuresis or therapeutic para

Watery diarrhea
- Reports >20 episodes daily for 1 week, no abdominal pain
- Check MEP, Cdiff

Chronic HFmrEF 41%
- stopped taking all meds earlier this year
- Will fluid restrict as above, but will likely need large volume therapeutic paracentesis and then additional IV diuresis
- GDMT: will need to restart carvedilol, losartan as able

Bilateral lower extremity erythema and edema

- Pt states erythema has been present for >2 years. Suspect more chronic in nature- venous stasis, lymphedema. Lower suspicion for bilateral cellulitis.
- Fluid restriction and volume management as above
- vanc/cefepime in ED, will continue for now. Bcx pending. Check ESR/CRP

Weakness, debility with recurrent falls
- CTH nonacute
- Fall precautions, PT/OT evaluation

Tobacco use disorder
- NRT, advised cessation

COPD
- Doesn't use inhalers at home. CTPE with emphysematous changes
- Start dulera, duonebs prn

Cholesteatoma
- Seen on CTH in right middle ear. Could be contributing to falls
- Outpatient follow up

HTN: restart carvedilol. Eventually restart additional GDMT as above.

BMI:

DVT prophylaxis with lovenox
Anticipated Disposition: admit
Code status is FULL

Lisa Kim, MD
Hospitalist

Chief Complaint

Fall

History of Presenting Illness

Gregory L Triplett is a 64 y.o. male with history of HFmrEF (41%), HTN, COPD, anemia, EtOH and tobacco abuse who presents with a fall 2d ago. Pt reports stability problems over the past year and now cannot walk reliably. States he was getting up to go to the bathroom but lost his balance and fell, hit belly against coffee table, no LOC or head injury. no dizziness. +nausea, cough/SOB and worsening abdominal distension and leg swelling. +20 episodes diarrhea daily for 1 week, no bloody or dark/tarry stools, no hematemesis. Has never had an EGD or paracentesis in the past. Also states that his legs are always bright red for the past 2 years. Reports clear weeping sores that will bust open and leak fluid over his shins. Quit taking all medications months ago. Drinks 1.5 cases of beer per week and about 6-7 daily, last drink 3d ago. +visual hallucinations, no prior seizures. Is interested in medication assistance to quit drinking.

Review of Systems

Constitutional:	No fever, chills, +weight gain
Eyes:	No vision changes
ENT:	No ringing, loss of hearing
Cardiovascular:	+ LE edema, leg pain with walking, PND, Orthopnea
Respiratory:	+ cough, +SOB
Gastrointestinal:	No abd pain, constipation, +diarrhea >20x daily
Genitourinary:	No dysuria, gross hematuria
Integumentary:	+redness to BLE
Musculoskeletal:	No joint deformity, joint pains
Psychiatric:	No depressed mood

Triplett, Gregory L (MRN 980121017) DOB: 07/25/1960 Encounter Date: 09/15/2024

History

No past medical history on file.
No past surgical history on file.

Social History
he reports that he has been smoking cigarettes. He has never used smokeless tobacco. He reports current alcohol use of about 24.0 standard drinks of alcohol per week. He reports that he does not use drugs.

Family History
family history is not on file.

Medications / Allergies

Prior to Admission Medications
Prescriptions
Losartan 25 MG tablet
Sig: Take one-half tablet by mouth daily.
carveDILOL 6.25 MG tablet
Sig: Take 1 tablet by mouth every 12 hours.
furOSEmide 40 MG tablet
Sig: Take 1 tablet by mouth daily.
Facility-Administered Medications: None

No Known Allergies

Objective Findings

BP 177/70 | Pulse 109 | Temp 97.9 °F (36.6 °C) | Resp 24 | Ht 1.676 m (5' 6") | SpO2 97% | BMI 29.86 kg/m² | Smoking Status Every Day

Physical Exam
Gen: Alert, Awake, NAD
Eyes: PERRLA, EOMI, no icterus
ENT: MMM, trachea midline
Resp: Pursed lip breathing with bilateral mild wheezes, normal respiratory effort
Cardio: Tachycardic, regular, normal S1, S2, no M/R/G. 2+ LEE.
GI: S/NT, NABS +significant abdominal distension with ecchymosis to left abdominal wall
MS: No joint effusions or erythema
Skin: +bilateral erythema to knees with venous stasis and open sores, warm to touch, nontender
Neuro: Moves all extremities spontaneously
Psych: appropriate affect and cognition

Data Review

WBC/Hgb/Hct/Plts: 10.07/8.5/23.2/86 (09/15 1346)
Na/K+/Phos/Mg/Ca: 120/4.2/1.7/2.0/8.3 (09/15 1346-09/15 1744)
Bun/Creat/Cl/CO2/Glucose: 17/0.88/88/22/126 (09/15 1744)
Ptt/Pt/Inr: 30.9/21.8/1.9 (09/15 1346)

ED to Hosp-Admission (Discharged) on 9/15/2024 *Note shared with patient*

Care Timeline

09/15 Admitted from ED 2051
09/16 PARACENTESIS ABDOMINAL W/ IMAGING GUIDANCE

Printed by [HICK27] at 9/29/2024 7:48 PM

Triplett, Gregory L (MRN 980121017) DOB: 07/25/1960 Encounter Date: 09/15/2024

09/18 Rapid Response
Transferred to C11F 0524
09/28 Discharged 2017

Printed by [HICK27] at 9/29/2024 7:48 PM

Triplett, Gregory L (MRN 980121017) DOB: 07/25/1960 Encounter Date: 09/15/2024

Triplett, Gregory L

MRN: 980121017

Neha B Patel, MD
Physician
NEPHROLOGY - Notes Only

Plan of Care Signed

Date of Service: 9/15/2024 3:57 PM

Nephrology consulted for hyponatremia.

64M with history of alcohol use disorder, HFrEF, COPD, and cirrhosis presents after being found down after fall 2 days ago. Patient has had poor po intake, nonadherent with medications, with complaints of generalized weakness and increased LE edema. On arrival systolic 160-170s tachycardic on on RA with labs remarkable for serum sodium 117, serum osm 255, chloride 89, K 5.1. sCr 0.9, phos 1.7, calcium 8.3 albumin 2.6.
Discussed with primary. Patient answering questions appropriately at this time, increased LE edema and ascites on exam. Reported little po intake and not taking medications prior to admission. Concern for volume overload and pending further workup of anemia and thrombocytopenia.
- No acute need for HTS at this time. Suspect hyponatremia in setting of poor solute intake possibly exacerbated by hypervolemia given he has not taken his home diuretics and noted have LE edema and ascites.
- Urine osm, urine lytes pending. Repeat daily
- Check serum osm
- Recommend q4H Na checks. Goal increase no more than 6-8 in 24hr period. Patient at risk of overcorrection, monitor Na checks closely especially with replacing electrolytes.
- Fluid restriction 1.5L/d
- Agree with albumin and replacing electrolytes
- Accurate I/O
- Depending on trend can give lasix to help with volume and sodium

Please reach out for any further questions or concerns. Full consult to follow.

Neha B. Patel, MD MBA
Nephrology Fellow, PGY-5
The Ohio State University Wexner Medical Center
Pager: 13259

ED to Hosp-Admission (Discharged) on 9/15/2024 *Note shared with patient*

Care Timeline

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09/16 PARACENTESIS ABDOMINAL W/ IMAGING GUIDANCE
09/18 Rapid Response
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09/28 Discharged 2017

Printed by [HICK27] at 9/29/2024 7:48 PM

Triplett, Gregory L (MRN 980121017) DOB: 07/25/1960 Encounter Date: 09/15/2024

Triplett, Gregory L

MRN: 980121017

Stephen Byrom, RCP
Respiratory Therapist
RESPIRATORY THERAPY - Notes Only

Progress Notes
Signed

Date of Service: 9/15/2024 3:44 PM

Placed pt on NIPPV, but pt became nauseous. Removed mask before vomiting. No aspiration noted. RN and MD notified.

ED to Hosp-Admission (Discharged) on 9/15/2024 *Note shared with patient*

Care Timeline

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09/18 Rapid Response
Transferred to C11F 0524
09/28 Discharged 2017

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Triplett, Gregory L

MRN: 980121017

Trishena R Jones, MD
Physician
EMERGENCY - Notes Only

ED Provider Notes
Signed

Date of Service: 9/15/2024 2:52 PM

ED ATTENDING NOTE

Chief Complaint:
No chief complaint on file.

HPI:
Gregory L Triplett is a 64 y.o. male w/ hx of COPD and alcoholism, CHF EF 40%, who presents with fall 2 days ago and inability to get up. He fell from standing, hit the coffee table, did not lose consciousness but was on the floor for two days. He was finally able to get in touch with his son. He has had increasing weakness generally over the past few weeks and bilateral increasing lower extremity edema, +serous drainage from his legs. +SOB

Past Medical History:
No past medical history on file.

Family history reviewed and noncontributory other than:
No family history on file.

Social history reviewed and noncontributory other than:

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:	Every Day
Types:	Cigarettes
• Smokeless tobacco:	Never

Substance and Sexual Activity

• Alcohol use:	Yes
Alcohol/week:	24.0 standard drinks of alcohol
Types:	24 Cans of beer per week
• Drug use:	Never
• Sexual activity:	Not on file

Other Topics	Concern

- Not on file

Social History Narrative

- Not on file

Social Determinants of Health

Financial Resource Strain: Not on file
Food Insecurity: Not on file

Transportation Needs: Not on file
Physical Activity: Not on file
Stress: Not on file
Social Connections: Not on file
Intimate Partner Violence: Not on file
Housing Stability: Not on file

Vital Signs:
BP 173/72 | Pulse 106 | Temp 97.9 °F (36.6 °C) | Resp 21 | Ht 1.676 m (5' 6") | SpO2 100% | BMI 29.86 kg/m² | Smoking Status Every Day

Pertinent Exam:

Awake and alert, tachypnea with intermittent pursed lip breathing
Alert oriented x4,
Patient is tremulous
Moving all 4 extremities
And expiratory wheezes
Bilateral 3+ pitting edema with venous stasis changes and superimposed erythema and tenderness, no crepitus
Severe abdominal distention, no tenderness, positive fluid wave
Assessment/Plan/Disposition:

Medical Decision Making
This is a 64-year-old male who was found down, he is found to be severely hyponatremic, evidence of ascites fluid, cellulitis of his legs early sepsis. This patient is critically ill he will need careful fluid management in order to avoid to rapid correction of his hyponatremia leading to critical changes in the brain parenchyma, also treatment for sepsis as well as ICU level management.

Critical Care Time:

I have spent 45 minutes (excludes procedural time) stabilizing this critically ill patient.

Time spent is a reflection of my efforts to prevent clinical deterioration, initiate therapies, coordinate care, and to prevent further decompensation in this patient.

Amount and/or Complexity of Data Reviewed
Labs: ordered. Decision-making details documented in ED Course.
Radiology: ordered and independent interpretation performed. Decision-making details documented in ED Course.
ECG/medicine tests: ordered and independent interpretation performed. Decision-making details documented in ED Course.

Risk
OTC drugs.
Prescription drug management.
Decision regarding hospitalization.
Risk Details: This patient will need hospitalization for continuous telemetry monitoring, careful monitoring of his mental status he is at high-risk for development of seizures and coma due to cerebral edema. He will need careful monitoring careful correction of his electrolyte disturbances treatment of his cellulitis he is at high-risk for respiratory failure as well as development of severe sepsis without acute inpatient interventions

Triplett, Gregory L (MRN 980121017) DOB: 07/25/1960 Encounter Date: 09/15/2024

On 9/15/2024 I saw and examined the patient. I discussed the history and examination with the resident physician and I agree with the plan of care.

Trishena R. Jones, MD
ED Attending Physician

Trishena R Jones, MD
09/15/24 1548

ED to Hosp-Admission (Discharged) on 9/15/2024 *Note shared with patient*

Care Timeline

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09/28 Discharged 2017

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Triplett, Gregory L (MRN 980121017) DOB: 07/25/1960 Encounter Date: 09/15/2024

Triplett, Gregory L

MRN: 980121017

Eric J James, MD
Resident
EMERGENCY - Notes Only

ED Provider Notes
Addendum

Date of Service: 9/15/2024 2:03 PM

DEPARTMENT OF EMERGENCY MEDICINE

CHIEF COMPLAINT
No chief complaint on file.

HPI
Gregory L Triplett is a 64 y.o. male who presents with increasing weakness over the last several weeks. He has been laying on the ground after a fall for the last two days. The patient has been having worsening weakness, primarily in his lower extremities and has had difficulty walking although he does have full strength in his lower extremities. He otherwise does endorse pins and needles and tingling in his bilateral lower extremities. He otherwise has not been taking any of his medications and stopped taking them in February due to it increasing his urination, as he was on GDMT and treatment for recurrent ascites secondary to cirrhosis. He otherwise has not been having any red flag symptoms including bladder or bowel incontinence or saddle anesthesia. He denies any fevers or chills and states that he normally feels relatively cold. He has been having lower extremity swelling which has been ongoing for some time since his last admission, approximately a year. He states that he has been getting dizzy which is what led to him ultimately losing his balance and falling. He states that he had his coffee table on his left side, likely over his abdomen and he has an area of superficial bruising. He otherwise denies any loss of consciousness or hitting his head. He does endorse a recent history of diarrhea which he states it is dark in color but not specifically tarry or black. He does have a significant history of alcohol use disorder and drinks at least 30 beers weekly, he estimates approximately 6-7 daily. Has previously had hallucinations in the past.

REVIEW OF SYSTEMS
Review of Systems
Constitutional: Positive for activity change and fatigue. Negative for chills and fever.
HENT: Negative.
Eyes: Negative.
Respiratory: Positive for cough and shortness of breath.
Cardiovascular: Positive for leg swelling.
Gastrointestinal: Positive for abdominal distention, diarrhea, nausea and vomiting. Negative for blood in stool and constipation.
Musculoskeletal: Positive for arthralgias and myalgias.
Skin: Positive for rash.
Neurological: Negative.
Hematological: Bruises/bleeds easily.
Psychiatric/Behavioral: Negative.

PAST MEDICAL HISTORY
No past medical history on file.

SURGICAL HISTORY
No past surgical history on file.

CURRENT MEDICATIONS
No current facility-administered medications for this encounter.

Triplett, Gregory L (MRN 980121017) DOB: 07/25/1960 Encounter Date: 09/15/2024

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• carveDILOL 6.25 MG tablet	Take 1 tablet by mouth every 12 hours.	60 tablet	0
• furOSEmide 40 MG tablet	Take 1 tablet by mouth daily.	30 tablet	0
• Losartan 25 MG tablet	Take one-half tablet by mouth daily.	15 tablet	0

ALLERGIES
No Known Allergies

FAMILY HISTORY
No family history on file.

SOCIAL HISTORY
Social History

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

Occupational History
- Not on file

Tobacco Use
- Smoking status: Every Day
  - Types: Cigarettes
- Smokeless tobacco: Never

Substance and Sexual Activity
- Alcohol use: Yes
  - Alcohol/week: 24.0 standard drinks of alcohol
  - Types: 24 Cans of beer per week
- Drug use: Never
- Sexual activity: Not on file

Other Topics — Concern
- Not on file

Social History Narrative
- Not on file

Social Determinants of Health

Financial Resource Strain: Not on file
Food Insecurity: Not on file
Transportation Needs: Not on file
Physical Activity: Not on file
Stress: Not on file
Social Connections: Not on file
Intimate Partner Violence: Not on file
Housing Stability: Not on file

PHYSICAL EXAM
Ht 1.676 m (5' 6") | BMI 29.86 kg/m² | Smoking Status Every Day

Physical Exam

Vitals and nursing note reviewed.

HENT:

Head: Normocephalic and atraumatic.

Eyes:
General: No scleral icterus.
Right eye: No discharge.
Left eye: No discharge.
Extraocular Movements: Extraocular movements intact.
Conjunctiva/sclera: Conjunctivae normal.
Pupils: Pupils are equal, round, and reactive to light.
Cardiovascular:
Rate and Rhythm: Regular rhythm. Tachycardia present.
Pulses: Normal pulses.
Heart sounds: Normal heart sounds. No murmur heard.
No friction rub. No gallop.
Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds. No wheezing, rhonchi or rales.
Abdominal:
General: Abdomen is flat. There is distension.
Palpations: Abdomen is soft.
Tenderness: There is no abdominal tenderness. There is no right CVA tenderness, left CVA tenderness, guarding or rebound.
Musculoskeletal:
Cervical back: Normal range of motion. No tenderness.
Right lower leg: Edema present.
Left lower leg: Edema present.
Skin:
General: Skin is warm and dry.
Findings: Erythema **(lower extremtiies bilaterally)** and rash present.
Neurological:
General: No focal deficit present.
Mental Status: He is alert and oriented to person, place, and time.
Cranial Nerves: No cranial nerve deficit.
Sensory: Sensory deficit **(subjective)** present.
Motor: No weakness **(5/5 lower extremities)**.
Psychiatric:
Mood and Affect: Mood normal.
Behavior: Behavior normal.

ED COURSE & MEDICAL DECISION MAKING

ED Course as of 09/15/24 1619

Sun Sep 15, 2024

1618 **EGFR BY CYS C AND CREATININE, MALE: 65**
1618 **0 Hour Lactate(!): 2.5**
1618 **LACTATE DEHYDROGENASE(!): 224**
1618 **SODIUM(!!): 117**
1618 **POTASSIUM(!): 5.1**
1618 **BILIRUBIN, DIRECT(!): 1.8**
1618 **BILIRUBIN, TOTAL(!): 4.1**
1618 **Albumin(!): 2.6**
1618 **AST(!): 109**

The patient is presenting after a fall at home. He has a past medical history significant for heart failure with reduced ejection fraction, cirrhosis, bilateral lower extremity swelling who is not currently taking any medications.

The differential diagnosis includes but is not limited to: Decompensated cirrhosis, decompensated heart failure, pneumonia, anasarca, ascites, GI bleed, new onset malignancy, hyponatremia, other electrolyte disturbances, alcohol withdrawal, alcohol use disorder

The patient is presenting following a fall. He has extensive past medical history concerning for both heart failure with reduced ejection fraction and cirrhosis, neither of which he is currently taking medical treatment for. He initially had basic lab work ordered including Chem 7 which was remarkable for hyponatremia to 117 as well as hyperkalemia to 5.1. Nephrology was consulted given the degree of his hyponatremia which has multiple different potential etiologies including SIADH, decompensated cirrhosis, hepatorenal syndrome, decompensated heart failure. Given that the patient had a normal BNP and troponin suspicion for decompensated heart failure is lower however concern for decompensated cirrhosis is higher given that he had evidence of ascites on bedside ultrasound as well as poor synthetic liver function on both LFTs, PT/INR, and hypoalbuminemia. The patient did have a normal creatinine however given his cirrhosis and other medical comorbidities as well as low muscle mass, I had concern that his creatinine did not accurately referral act his kidney function and ordered cystatin C which did show reduced GFR of 65. He was given albumin resuscitative only 12.5 g to try and improve his intravascular volume. Given his ascites a diagnostic paracentesis was ordered with PVAT to be completed at a later time given concern for rapid fluid shifts with potential therapeutic. I did also order urine electrolytes and urine urea for further characterization of the patient's kidney function and etiology of his hyponatremia. On admission patient's MELD Na is 27.

Given the patient has concern for potential malignancy in the setting of anemia and thrombocytopenia concerning for potential microangiopathic hemolytic anemia, I ordered schistocytes, haptoglobin, and lactate dehydrogenase. Lactate dehydrogenase was elevated to 240s which could be consistent with malignancy. Given that the patient had a fall he also had a CK ordered which was largely within normal limits. Given concern for potential infection as well with bilateral lower extremity cellulitic concerns empiric antibiotics were ordered including cefepime and vancomycin, he also notably had elevated lactate which has multiple potential etiologies in this medically complex patient. He did have normal haptoglobin, reducing concern for potential hemolytic anemia however a type and screen was also ordered given concern that he may ultimately require transfusion of blood products with a hemoglobin drop of nearly 4 points since a year ago.

The patient also had additional imaging ordered including CT PE as well as CTA abdomen and pelvis as he reports that he has been having dark stools which have been more like a diarrhea in nature although he denies any tarriness to them, but with his history of cirrhosis, new anemia, and thrombocytopenia GI bleed is also on the differential. He also has been persistently tachycardic with subjective shortness of breath, increasing concern for potential pulmonary embolism.

The patient also has a past medical history of COPD and reports difficulty breathing, I suspect that this may be secondary to increased abdominal distention however we also treated him with a DuoNeb for both symptomatic management of his shortness of breath as well as treatment of his hyperkalemia.

Given the patient's history of alcohol use disorder he also had the CIWA protocol ordered including thiamine supplementation as the patient reports that he has previously had hallucinations in his now day 3 without alcohol, his alcohol level was undetectable today, concerning for potential onset of DTs and other symptoms of withdrawal given he is currently in the window. Given plans to admit the patient to the hospital inpatient addiction medicine was consulted.

The patient's final disposition was initially planned to be admission to the intensive care unit for decompensated cirrhosis and hyponatremia. However, MICU Triage attending felt PCU level of care was appropriate, so level of care requested changed to PCU

Medical Decision Making

Amount and/or Complexity of Data Reviewed

Labs: ordered. Decision-making details documented in ED Course.
Radiology: ordered.
ECG/medicine tests: ordered.

Triplett, Gregory L (MRN 980121017) DOB: 07/25/1960 Encounter Date: 09/15/2024

Risk
OTC drugs.
Prescription drug management.

Eric J James, MD
Resident
09/15/24 1833

ED to Hosp-Admission (Discharged) on 9/15/2024 *Note shared with patient*

Care Timeline

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Triplett, Gregory L (MRN 980121017) DOB: 07/25/1960 Encounter Date: 09/15/2024

Triplett, Gregory L

MRN: 980121017

Holly McGiffin, RN
Registered Nurse
Specialty: Emergency Medicine

ED Notes Signed

Date of Service: 9/15/2024 1:40 PM

Bed: E022
Expected date:
Expected time:
Means of arrival:
Comments:
Medic 7

ED to Hosp-Admission (Discharged) on 9/15/2024 *Note shared with patient*

Care Timeline

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