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: 10/4/2024 11:14 AM

Attestation signed by Christopher G Brown, MD at 10/10/2024 10:23 PM

Length of Stay: 18
Encounter Date/Time: 10/04/24 1:49 PM

I examined this patient and my medical decision-making was reviewed with resident Jarmin Mikhael, MD. I performed significant Evaluation and Management plus Medical Decision Making (of which this attestation has *the* substantial portion, including: chart review, lab interpretation, order entry, verbal recommendations, discussions/care coordination, documentation time, exam and/or patient education): I agree with the documented findings, disposition and treatment plan as described except to the extent set forth below.

Patient with asymptomatic hyponatremia. Sodium level 132 today. Continue to monitor.

Christopher Brown, MD
Nephrologist, Adena Kidney Specialists
Adena Health Pavilion 272 Hospital Rd, Suite G35
Chillicothe, OH, 45601
Office: 740-779-8728
Fax: 740-779-8729

Note to patient: The 21st Century Cures Act requires that medical notes like this one to be available to patients in the interest of transparency. Please be advised, this is a medical document. It is intended as peer-to-peer communication. It is written in medical language and may contain abbreviations or verbiage that may be unfamiliar. It may appear or read as blunt or direct. Medical documents are intended to carry relevant medical information, facts as evident and the clinical opinion of the clinician.

Nephrology Consult Note
Patient: Jeffrey Cochran, 8/27/1965, 982477266
Physician: Jarmin S Mikhael, MD
Length of Stay: 18
Encounter Date/Time: 10/04/24 11:14 AM
Referring MD: Enovwo E Ohwofahworaye, *
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

Upon physical exam Jeffrey Cochran was sitting on chair, getting breathing treatment, yesterday he underwent R thoracotomy by CT surgery with chest tube placement. He reports some chest pain and soreness along with some SOB. Denies fever/chills.

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

Past Medical History:

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

Past Surgical History:

Procedure	Laterality	Date
• THORACOTOMY POSTOPERATIVE *Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR*	Right	10/3/2024
• BRONCHOSCOPY FLEXIBLE DIAGNOSTIC *Laterality: N/A; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR*	N/A	10/3/2024
• DECORTICATION PULMONARY W/ PARIETAL PLEURECTOMY *Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR*	Right	9/17/2024
• LOBECTOMY LUNG OPEN *Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR*	Right	9/17/2024
• BRONCHOSCOPY W/ TRACHEOBRONCHIAL TREE ASPIRATION INITIAL *Laterality: N/A; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR*	N/A	9/17/2024
• LYMPHADENECTOMY BY THORACOTOMY THORACIC MEDIASTINAL REGIONAL ADD-ON PX *Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR*	Right	9/17/2024

Scheduled Meds:

• acetylcysteine	2 mL	Nebulization	Q6HNS
• amLODIPine	2.5 mg	Oral	Daily
• chlorhexidine	15 mL	Mouth/Throat	Q12H
• cyanocobalamin	1,000 mcg	Oral	Daily
• dibucaine	1 Application	Topical	TID
• droNABinol	5 mg	Oral	BID
• faMOTIdine	20 mg	Oral	Q12H
• ferrous sulfate	325 mg	Oral	Once per day on Monday Wednesday Friday
• Gabapentin	300 mg	Oral	TID
• hydrocortisone-pramoxine	1 applicator	Rectal	Q12HNS
• Ipratropium-albuterol	3 mL	Nebulization	Q6HNS
• ketorolac	15 mg	Intravenous	Q6H
• Lactulose	10 g	Oral	BID
• Levothyroxine	50 mcg	Oral	Before BKF
• meropenem	1 g	Intravenous	Q8HNS
• Polyethylene glycol	17 g	Oral	Q12H
• 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

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 Concern
- 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: [97.3 °F (36.3 °C)-98.7 °F (37.1 °C)] 97.5 °F (36.4 °C)
Pulse (Heart Rate): [79-105] 100
Resp Rate: [13-26] 16
BP: (95-184)/(50-123) 148/96
O2 Sat (%): [88 %-100 %] 98 %
Weight: [53.5 kg (117 lb 15.1 oz)-53.8 kg (118 lb 9.7 oz)] 53.8 kg (118 lb 9.7 oz)
Oxygen Therapy
O2 Sat (%): 98 %
O2 Device: nasal cannula
Flow (L/min): 2

I/O last 3 completed shifts:
In: 1657.1 [I.V.:1400; Blood:257.1]
Out: 1917 [Urine:1300; Other:615]

PHYSICAL EXAM
Gen: No acute distress, slightly dehydrated
Neck: No jvd
Lungs: Coarse breath sounds bilaterally, chest tube in place- functioning with some sero genous drainage
Cardio: Regular rate and rhythm
Abdomen: Soft, nontender, non distended
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: 17.5/10.0/31.4/458 (10/04 0455)
Bun/Creat/Cl/CO2/Glucose: 15/0.45/94/31/115 (10/04 0455)

LINES/DRAINS/AIRWAY/WOUNDS:

Patient Lines/Drains/Airways Status

Active Lines, Drains, Airways, & 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	—	3
Midline Catheter - Single Lumen EPIV AST 10/03/24 1009 purple right basilic vein (medial side of arm) open-ended catheter 20 gauge	10/03/24	1009	—	1
Peripheral IV Line - Single Lumen 10/03/24 1500 green wrist, anterior, left 18 gauge;1 in length	10/03/24	1500	—	less than 1
Drain/Device Site Site(1) 10/03/24 1530 upper flank	10/03/24	1530	—	less than 1
Drain/Device Site 10/03/24 1530 upper quadrant	10/03/24	1530	—	less than 1
Wound Surgical 10/03/24 1604 Right;Upper Flank	10/03/24	1604	Flank	less than 1

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. S/p Bronchoscopy w/aspiration, right thoracotomy, pleurectomy, right lower lobectomy, and lymphadenectomy on 9/17 by CT surgery. On 10/3, patient underwent R thoracotomy with chest tube placement. and has been removed. Nephrology

consulted for hyponatremia.

Hypo-Osmolar Hyponatremia/Acute:
SIADH:
Likely SIADH and some hypovolemic component with poor oral intake
Sodium level on admission noted to be 130, trended down. s/p 2 doses of Tovaptan. Na level today 132.
Euvolemic to hypovolemic on exam
No encephalopathy.
TSH wnl, cortisol 17, uric acid 2.4, initial serum and calculated osmolality 269 with calculated 263.
Initial Urine osmolality 371 and urine sodium 90.1
Hx of malignancy
10/1 repeated urine lytes: Urine Sodium 77.2, urine K+ 52.3 and urine Cl 105. Urine anion gap 24.5. Urine osmolality 646.

Plan:
Na level stable, s/p 2 dose of Tolvaptan 15 mg. Continue monitoring.
Continue Sodium Chloride tab 1 g TID
liberalize salt in diet
Strict I&O's- Neg 259.9
Daily weights

Hypomagnesemia- Resolved

Normocytic Anemia:
Hb of 10.0 today
B12 292, folate wnl, Ferritin 343, Iron with low saturation 10.
Continue Iron and B12 supplements
- Transfuse per primary

RLL Empyema s/p R thoracotomy
Pneumonia:
Acute Segmental PE- on heparin gtt
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: Christopher G Brown, MD at 10/10/2024 10:23 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

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

10/03 RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION
10/15 Discharged 0131

Printed by [HICK27] at 10/15/2024 12:13 PM

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

Cochran, Jeffrey

MRN: 982477266

Jennifer Howard, RN
Care Manager RN
CARE MANAGEMENT - Notes Only

Nursing Notes
Signed

Date of Service: 10/4/2024 11:06 AM

Patient is not medically stable for DC at this time. Patient is noted to have chest tube in place, awaiting removal. Per Jessica (614-900-5159) at Abbyshire Place patient is approved by insurance to go there at DC. Insurance auth is good through 10/9. If patient isn't able to DC by this date we will need new insurance authorization. Provider and floor nursing aware. Care management will continue to follow and update team accordingly.

	10/04/24 1105
Barriers to Discharge	
Explanation of Barriers	Patient is not medically stable for DC at this time.
Medical Milestone	
Medical Milestones Remaining	Patient has chest tube in place.
Discharge Planning	
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
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 12:13 PM

Cochran, Jeffrey

MRN: 982477266

Momin A Rehman, MD
Physician
HOSPITALIST - Notes Only

Progress Notes
Attested

Date of Service: 10/4/2024 9:11 AM

Attestation signed by Enovwo E Ohwofahworaye, DO at 10/6/2024 5:50 PM (Updated)

I saw evaluated and examined this patient and reviewed objective data including labs and my medical decision-making was reviewed with the Resident Physician Rehman. I agree with the documented findings, disposition and treatment plan as described except to any changes set forth below. We independently had face-to-face contact with the patient

GEN: Emaciated looking male chronically ill-appearing, A&O x 3, Pleasant and conversant
SKIN: warm dry acyanotic not jaundice
HEART: RRR slightly tachycardic, no murmur
LUNGS: diminished , mild bibasilar crackles, overall non labored
ABDOMEN; Soft, non tender or distended, BS x 4 normactive
EXT: No LE edema, dorsalis Pedis pulses 1+
PSYCH: Mood and affect is appropriate

Patient is s/p OR where he had bronchoscopy and right thoracotomy per conversation with the thoracic surgeon right middle lobe consolidation patient not considered candidate for lobectomy plan is for medical management. Patient also has left gastrocnemius vein DVT . Initial plan to continue with heparin today per prior discussion with Thoracic surgeon, however patient is noted to have blood tinged serous fluid on chest tube reservoir hence will hold off for another 24 hours so as to avoid overt hemothorax, hemoglobin more than proportionally increased after 1 unit of packed red blood cells continue to monitor for active bleed while on anticoagulation
Date of encounter 10/04/2024

Of note -Due to worsening leukocytosis patient was sent for CT chest with contrast which is concerning for empyema case discussed with the infectious disease team as well as Cardiothoracic surgeon he is planned for the OR tomorrow. Was notified by Columbus Radiology that patient also have subsegmental PE patient will be started on heparin drip and will coordinate holding heparin prior to surgery with Cardiothoracic surgeon. Heparin will be held at 4:00 a.m. tomorrow morning anticipation for surgery in the morning. Bilateral venous Doppler ordered and pending

Hospital Medicine Daily Progress Note
Patient: Jeffrey Cochran, 8/27/1965, 982477266
Physician: Momin A Rehman, MD
Length of Stay: 18

Subjective/Interval History:
Patient states that he feels more short of breath today and is now requiring supplemental oxygen. He states the pain in the right side of his thorax is still present. He rates the pain as moderate to severe. He states that he has been trying to maintain his level of functioning. He states he has not had any nausea or vomiting and has been eating and drinking fine with a preference to chew ice chips today and states that he has been following SLP advice for techniques to swallow to prevent aspiration. He states his sleep is so-so. He states his dysuria is improving. He has had no issues with bowel function. He states his mood is optimistic and he is hoping to feel better. He understands the plan and is agreeable to continue. He had no other concerns currently.

Objective:
Temp: [97 °F (36.1 °C)-98.7 °F (37.1 °C)] 97.5 °F (36.4 °C)
Pulse (Heart Rate): [79-100] 90
Resp Rate: [13-26] 20
BP: (95-156)/(50-98) 154/97
O2 Sat (%): [88 %-100 %] 99 %
Weight: [53.5 kg (117 lb 15.1 oz)-53.8 kg (118 lb 9.7 oz)] 53.8 kg (118 lb 9.7 oz)
Oxygen Therapy
O2 Sat (%): 99 %

O2 Device: nasal cannula
Flow (L/min): 2
I/O last 3 completed shifts:
In: 1657.1 [I.V.:1400; Blood:257.1]
Out: 1917 [Urine:1300; Other:615]

General: NAD, good eye contact, cachectic, on room air
Thoracic: Chest rise symmetric, increased work of breathing, some wheezing, s/p VATS, draining red fluid. Crackles present.
Cardio: Regular rate and rhythm, no murmurs
Abdomen: Soft, diffuse tenderness, nondistended
Extremities: Warm, well perfused. 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: 132/4.7/3.0/2.0/8.4 (10/04 0455)
Bun/Creat/Cl/CO2/Glucose: 15/0.45/94/31/115 (10/04 0455)
WBC/Hgb/Hct/Plts: 17.5/10.0/31.4/458 (10/04 0455)

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. 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. Possible escalation to meropenem. Chest tube was removed. Patient had worsening leukocytosis and was sent for CT Chest with contrast, was found to have acute segmental pulmonary embolism in the left lower lobe and started on Heparin, needed VATS and chest tube placement. Will restart heparin when appropriate after procedure. RML purulence was noted, not a candidate for pneumonectomy.

RLL empyema with PNA
PE
LLE DVT
Intermittent soft BP, O2 saturation drops with intermittent SOB
S/p bronchoscopy with aspiration, right thoracotomy, pleurectomy, right lower lobectomy, lymphadenectomy performed.
CT Chest with contrast: Acute segmental pulmonary embolism in the left lower lobe. No evidence of right heart strain or central pulmonary embolism. Redemonstrated loculated right pleural effusion containing air suspicious for empyema. Extensive consolidative changes involving the right lung compatible with pneumonia. Extensive debris involving the right mainstem bronchus suspicious for aspiration. New mild consolidative changes in the left lower lobe compatible with pneumonia.
Vascular Duplex shows LE DVT in the left gastrocnemius vein which likely caused PE
Thoracic Surgery and ID consulted and following
VATS showed marked purulence in RML and it was assessed that he would not be a suitable candidate for pneumonectomy
WBC count continues to improve 28.9-> 26.4-> 17.5
- pulmonary hygiene including postural drainage, chest physiotherapy, incentive spirometry, chest percussion, coughing
- Bronchodilators
- Mucomyst
- Chlorhexidine rinse for mouth and throat
- Protect against further aspiration, Barium swallow noted aspiration.
- Draining blood tinged serous fluid from chest tube, hold heparin until resolution to avoid hemothorax

- Continue Meropenem and vancomycin
- Intra op cultures pending

Hypo Osmolar Hyponatremia
SIADH
Serum osmolality 269, Urine osmolality 371 , Urine sodium 90.1.
Cortisol level 17 and TSH 3.82 ruling out hypercortisolism and hypothyroidism.
Serum Osm 265 (L) on salt tabs and regular diet.
Pt admits to increased water intake.
Post surgical SIADH vs metastatic squamous cell carcinoma may be contributing.
Sodium stable at 132
- Responded to Tolvaptan, hold tolvaptan to avoid overcorrection
- Salt tablets w/ meals TID
- Water restriction 1500 mL/day
- UreaNa

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 10.0
- Transfuse 1 unit PRBCs if Hgb<7, transfusion given today preop
- Started Iron and B12 supplements, consider holding in setting of potentially infectious state

Dysuria: Pt complains of burning on urination with some hesitancy. He also endorses pain that felt as though he were passing a stone.
UA showing few WBCs
CT abdomen/pelvis, shows air in bladder, possibly from recent placement of foley
Describes as intermittent, possibly from passing air bubbles
UA was clean
Improving

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
Previous barium swallow showed aspiration, modified diet
- 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, Pepcid tablet 20 mg
PPx: SCDs, hold heparin or other pharmacologic prophylaxis temporarily
Code Status: FULL CODE
Dispo: Needs inpatient eval and management, anticipate 2-3 more days, will be going to.

Momin Ali Rehman, MD
Internal Medicine Resident
Cosigned by: Enovwo E Ohwofahworaye, DO at 10/6/2024 5:50 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
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 12:13 PM

Cochran, Jeffrey

MRN: 982477266

Kevin M Radecki, MD
Physician
THORACIC SURGERY - Notes Only

Progress Notes
Signed

Date of Service: 10/4/2024 8:42 AM

THORACIC PROGRES NOTE

COMPLAINT:
Sometimes difficult to expectorate secretions

OBJECTIVE FINDINGS:
Vital Signs (24hrs):
Temp: [97 °F (36.1 °C)-98.7 °F (37.1 °C)] 97.5 °F (36.4 °C)
Pulse (Heart Rate): [79-100] 90
Resp Rate: [13-26] 20
BP: (95-156)/(50-98) 154/97
O2 Sat (%): [88 %-100 %] 99 %
Weight: [53.5 kg (117 lb 15.1 oz)-53.8 kg (118 lb 9.7 oz)] 53.8 kg (118 lb 9.7 oz)

Fluid Management (24hrs):
-Intake/Output this shift:
No intake/output data recorded.
Last Bowel Movement: 09/29/24

PHYSICAL EXAM:
SittClean dry and intact.ing up in bed eating breakfast. Great disposition. No acute distress. Reports able to take a deeper breath. Minimal rhonchi at the right base. No air leak. Heart is regular. Bowel sounds are active, nontender, nondistended, no peritoneal signs. Dressings

DIAGNOSTIC RESULTS/PROCEDURES:
Labs-ABGs

Labs-CBC
WBC/Hgb/Hct/Plts: 17.5/10.0/31.4/458 (10/04 0455)

Labs-Chem 7(PMC)
Bun/Creat/Cl/CO2/Glucose: 15/0.45/94/31/115 (10/04 0455)
Na/K+/Phos/Mg/Ca: 132/4.7/3.0/2.0/8.4 (10/04 0455)

Imaging/Radiological Studies:
@IMAGES@

ASSESSMENT:
Patient Active Problem List

Diagnosis	Date Noted	POA
• Sepsis [A41.9]	09/16/2024	Yes
• Single subsegmental pulmonary embolism without acute cor pulmonale [I26.93]	10/02/2024	No
• 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

Continue multi modality treatment for pneumonia with antibiotics, chest percussion, incentive spirometry, bronchodilators and Mucomyst. Repeat chest x-ray and lab work in the a.m..

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 12:13 PM

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 10/02/2024

Cochran, Jeffrey

MRN: 982477266

John P Lapurga, MD
Anesthesiologist
Specialty: Anesthesiology

Anesthesia Postprocedure Evaluation
Signed

Date of Service: 10/3/2024 6:47 PM

Postanesthesia Evaluation

Patient: Jeffrey Cochran

Procedure(s) Performed: *Procedure(s):*
RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION BRONCHOSCOPY

Last vitals:

Vitals	Value	Taken Time
BP	122/74	10/03/24 1718
Temp	37.1 °C	10/03/24 1708
Pulse	88	10/03/24 1718
Resp	14	10/03/24 1718
SpO2	98 %	10/03/24 1718

Aldrete Score: 8 (10/03/24 1718)

Anesthesia Type: General

No notable events documented.

Post Op Note
This patient has sufficiently recovered from anesthesia to participate in the postanesthesia evaluation.
Pain score: 0
Awareness Assessment: The patient denies undesired recall of perioperative events.
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 10/3/2024 *Note shared with patient*

Printed by [HICK27] at 10/15/2024 12:13 PM

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

Cochran, Jeffrey

MRN: 982477266

Amber Engel, RN
Registered Nurse
NURSING - Notes Only

Nursing Notes
Signed

Date of Service: 10/3/2024 6:00 PM

Pt received from PACU attached to cardiac monitoring and SBAR received.

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 12:13 PM

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

Cochran, Jeffrey

MRN: 982477266

Bailey Countryman, RN
Registered Nurse

Nursing Notes
Signed

Date of Service: 10/3/2024 5:22 PM

120 output in oasis

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 12:13 PM

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

Cochran, Jeffrey

MRN: 982477266

Bailey Countryman, RN
Registered Nurse

Nursing Notes
Signed

Date of Service: 10/3/2024 5:08 PM

Two chest tube y-connected to one oasis. JP drain present all dressings clean dry and intact

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 12:13 PM

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

Cochran, Jeffrey

MRN: 982477266

Bailey Countryman, RN
Registered Nurse

Nursing Notes
Signed

Date of Service: 10/3/2024 4:38 PM

Two chest tube y-connected to one oasis. JP drain present all dressings clean dry and intact

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 12:13 PM

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

Cochran, Jeffrey

MRN: 982477266

Bailey Countryman, RN
Registered Nurse

Nursing Notes
Signed

Date of Service: 10/3/2024 4:08 PM

Two chest tube y-connected to one oasis. JP drain present all dressings clean dry and intact

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 12:13 PM

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

Cochran, Jeffrey

MRN: 982477266

Kevin M Radecki, MD
Physician
THORACIC SURGERY - Notes Only

Op Note Signed

Date of Service: 10/3/2024 4:00 PM

Case Time:	Procedures:	Surgeons:
10/3/2024 2:45 PM	**RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION** **BRONCHOSCOPY**	**Kevin M Radecki, MD**

PRE OPERATIVE DIAGNOSIS
Empyema [J86.9]

POST OPERATIVE DIAGNOSIS
Pleural effusion, right mainstem bronchus mucus plug, right middle lobe pneumonia with abscess formation

PROCEDURE PERFORMED
Procedure(s) (LRB):
RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION (Right)
BRONCHOSCOPY (N/A)

PRIMARY CLOSURE
Yes

INTRAOPERATIVE FINDINGS
Dense consolidation and firm appearance and feeling of the right middle lobe. Small pleural effusion approximately 60 mL was clear nonpurulent appearing non foul-smelling.

SURGEON
Surgeons and Role:
* Kevin M Radecki, MD - Primary

ANESTHESIOLOGIST
Anesthesiologist: John P Lapurga, MD
CRNA: Jason C Thomas, CRNA

SURGICAL STAFF
Circulator: Laura Crago, RN; Sarah Branham, RN
Registered Nurse First Assistant: Julie Gallagher, RNFA
Surgical Tech: Tyler Stevens

COMPLICATIONS
None

ESTIMATED BLOOD LOSS
Minimal

SPECIMENS
Microbiology specimen sent

ID	Type	Source	Tests	Collected by	Time	Destination
A : RIGHT PLUERAL FLUID GRAM STAIN AND CULTURE SENSITIVITY	Sterile Body Fluid	PLEURAL FLUID	BODY FLUID CULTURE AND DIRECT SMEAR	Kevin M Radecki, MD	10/3/2024 1547	

Patient was brought to the operating room and placed on the operating table in the supine position. After

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

undergoing general endotracheal tube intubation with sequential compressive devices on bilateral lower extremities and perioperative antibiotics onboard bronchoscopy was performed in aspiration of the right mainstem bronchus of a purulent green material from the upper lobe, bronchus intermedius, cm bronchus, middle lobe. The l right lower lobectomy stump was intact. Patient was then placed in the operating room table in the left lateral decubitus position with care to pad all pressure points. Prepped and draped in the usual sterile fashion. The previous thoracotomy incision was opened with a 15. Scalpel blade and Bovie cautery. All sutures from the epidermis, superficial dermis, deep dermis, auscultatory triangle, and pericostal was were removed. Self-retaining retractors were placed. There were areas of thin multi pocketed pleural effusion that was drained and sent for culture. The right middle lobe instead of being soft and decompressed like the upper lobe was distended firm and fluctuant in areas consistent with abscess of the right middle lobe not appreciated on CT scan as it was read as a pleural space infection and a right lower lobe infection despite the fact of the right lower lobe had been removed more than 2 weeks ago. Two hundred twenty-four Blake drains were placed 1 between the middle lobe of the diaphragm in 1 of the posterior gutter into the apex of the right chest. The Blake drains were secured in place with a 2. Ethibond suture. The intercostal space was approximated with 1. Vicryl was. The auscultatory triangle was closed with 1. Vicryl. A flat Jackson-Pratt drain was placed through a separate skin incision using the Bovie cautery and 15 scalpel blade between the latissimus dorsi and serratus anterior muscle and secured in place with a number 2-0 silk suture. The latissimus was tacked to the deep dermis with a 0 Vicryl. The superficial dermis closed with a 0 Vicryl. Skin was closed with surgical staples. Patient tolerated the procedure well. He was extubated and taken to the recovery room.

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 12:13 PM

Cochran, Jeffrey

MRN: 982477266

Kevin M Radecki, MD
Physician
THORACIC SURGERY - Notes Only

Brief Op Note
Signed

Date of Service: 10/3/2024 3:59 PM

Case Time:	Procedures:	Surgeons:
10/3/2024 2:45 PM	**RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION** **BRONCHOSCOPY**	**Kevin M Radecki, MD**

Jeffrey Cochran (982477266)

PRE OPERATIVE DIAGNOSIS
Empyema [J86.9]

POST OPERATIVE DIAGNOSIS
Pleural effusion, right mainstem bronchus mucus plug, right middle lobe pneumonia with abscess formation

PROCEDURE PERFORMED
Procedure(s) (LRB):
RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION (Right)
BRONCHOSCOPY (N/A)

PRIMARY CLOSURE
Yes

INTRAOPERATIVE FINDINGS
Dense consolidation and firm appearance and feeling of the right middle lobe. Small pleural effusion approximately 60 mL was clear nonpurulent appearing non foul-smelling.

SURGEON
Surgeons and Role:
* Kevin M Radecki, MD - Primary

ANESTHESIOLOGIST
Anesthesiologist: John P Lapurga, MD
CRNA: Jason C Thomas, CRNA

SURGICAL STAFF
Circulator: Laura Crago, RN; Sarah Branham, RN
Registered Nurse First Assistant: Julie Gallagher, RNFA
Surgical Tech: Tyler Stevens

COMPLICATIONS
None

ESTIMATED BLOOD LOSS
Minimal

SPECIMENS
Microbiology specimen sent

ID	Type	Source	Tests	Collected by	Time	Destination
A : RIGHT PLUERAL FLUID GRAM STAIN AND CULTURE SENSITIVITY	Sterile Body Fluid	PLEURAL FLUID	BODY FLUID CULTURE AND DIRECT SMEAR	Kevin M Radecki, MD	10/3/2024 1547	

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

Kevin M Radecki, MD

October 3, 2024 3:59 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 12:13 PM

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 10/02/2024

Cochran, Jeffrey

MRN: 982477266

Jason C Thomas, CRNA
Nurse Anesthetist
Specialty: Certified Registered Nurse Anesthetist
Date of Service: 10/3/2024 3:10 PM

Anesthesia Procedure Notes
Signed

Procedure Orders
Intubation [834121776] ordered by Jason C Thomas, CRNA

Intubation
Date/Time: 10/3/2024 2:55 PM
Airway not difficult

General Information and Staff

Patient location during procedure: OR
Room: 5
Performed by: Jason C Thomas, CRNA

Indications and Patient Condition
Indications for airway management: general anesthesia
Spontaneous ventilation: present
Sedation level: general anesthesia
Preoxygenated: yes
Patient position: sniffing
Manual Inline Stabilization maintained throughout
Mask difficulty assessment: 1 - vent by mask

Final Airway Details
Final airway type: endotracheal airway
Successful airway: double lumen
ETT DL size: 37 fr
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
Oral airway inserted: Guedel 10
Placement verified by: auscultation, CO2 detection and visualization through the cords at the lips
Tube Secured with: tape
Tracheal Cuff: Air

Bronchial Cuff: AirNumber of attempts at approach: 1

Additional Comments
Dr. Radecki confirmed double lumen tube placement after positioning to LEFT lateral.

Anesthesia Event on 10/3/2024 *Note shared with patient*

Printed by [HICK27] at 10/15/2024 12:13 PM

Cochran, Jeffrey

MRN: 982477266

Cody Horn, DO
Physician
INFECT DIS - Notes Only

Progress Notes
Signed

Date of Service: 10/3/2024 2:57 PM

Infectious Disease - progress Note

Reason for consult:
Empyema

Antimicrobials:
Meropenem
Metronidazole
Vancomycin

Pertinent Micro:
9/30 ucx ng
9/26 BAL culture no growth
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. Feels slightly better today he says. No cough. No dysuria. Going for surgery today.

PHYSICAL EXAM:
Vitals:

	10/03/24 1418
BP:	**(!) 156/98**
Pulse:	99
Resp:	
Temp:	
SpO2:	95%

General: No distress, room air, lying in bed, appears fatigued
Eyes: Anicteric
HENT: NC/AT
CV: Heart regular, no murmurs
Respiratory: Clear breath sounds anteriorly
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	26.4 (H)	10/03/2024
HGB	8.1 (L)	10/03/2024
HCT	24.7 (L)	10/03/2024
PLATELET	393	10/03/2024
MCV	96.9	10/03/2024

Lab Results

Component	Value	Date
CREATSERUM	0.39 (L)	10/03/2024
CREATURINE	63	10/01/2024

Lab Results

Component	Value	Date
CRP	112.0 (H)	10/02/2024

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

Lab Results

Component	Value	Date
SEDRATE	57 (H)	10/02/2024

Serum creatinine: 0.39 mg/dL (L) 10/03/24 0331
Estimated creatinine clearance: 154 mL/min (A)

Recent RADIOLOGY:
Personally reviewed radiographic images
CT chest

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
    - Status post right thoracotomy 10/3
- Hyponatremia
- Leukocytosis
- Anemia
- Thrombocytosis
- Tobacco dependence to cigarettes

PLAN:

- Continue with meropenem
- Continue with IV vancomycin, goal trough 15-20.
- Discussion held with Cardiothoracic surgery regarding operative findings, concern for necrotic right middle lobe rather than a true empyema
- Patient would likely not survive a pneumonectomy, would recommend against this
- We will require prolonged IV antibiotics, above regimen recommended
- Aggressive pulmonary toilet, bronchodilators and Mucinex
- Patient gave concerns regarding his nutrition status in his dietary restrictions. Ordered reconsideration to advanced patient to full diet to allow him to regain some muscle mass. His BMI is 16 with surgeries like this and with the infection like he has, if he does not get adequate nutrition has mortality increases significantly. Patient was willing to accept the risk of aspiration and I agree with his decision
- Discussed case with primary team, nursing, Cardiothoracic surgery
- 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
10/3/2024
2:57 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 12:13 PM

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

Cochran, Jeffrey

MRN: 982477266

Brian Duncan, PTA
Physical Therapy Assistant
Specialty: Physical Therapy Assistant

Progress Notes
Signed

Date of Service: 10/3/2024 2:40 PM

	10/03/24 1320
Time In/Out	
PT Therapy Completed	Attempted
Attempted Reason	Patient declined session *(Patient declined due to being scheduled for surgery today.)*

Cosigned by: Amanda Maynard, PT at 10/3/2024 4:09 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
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 12:13 PM

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

Cochran, Jeffrey

MRN: 982477266

Brooklyn Diehl, RN
Registered Nurse
NURSING - Notes Only

OR Nursing
Signed

Date of Service: 10/3/2024 2:18 PM

The note has been blocked from the patient portal for the following reason: Justification for blocking this note is cited in the note - r/t procedure

Pt in holding area. Call light within reach. Anesthesia aware that pt is down here. IV fluids hung (0.9 per Dr. Radecki). Vitals taken and charted.

Admission (Discharged) on 9/16/2024

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 12:13 PM

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 10/02/2024

Cochran, Jeffrey

MRN: 982477266

John P Lapurga, MD
Anesthesiologist
Specialty: Anesthesiology

Anesthesia Preprocedure Evaluation
Signed

Date of Service: 10/3/2024 1:10 PM

Relevant Problems
No relevant active problems

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
- Single subsegmental pulmonary embolism without acute cor pulmonale

Past Medical History:

Diagnosis	Date
Emphysema lung	
Head and neck cancer	2019
Smoking	

Past Surgical History:

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

Anesthesia ROS/ Medical History
Review
I have reviewed the previous H&P dated:

Pulmonary
Pneumonia and COPD

Cardiovascular
Hypertension

Sleep Apnea Assessment
HTN

Pain Assessment
Pain Scale: 0/10 -
Anesthesia Physical Exam

HEENT	**Pulmonary** - **normal exam**
Pupils Normal: Yes Mallampati: II Oral Opening: >=3FB	

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 10/02/2024

TM Distance: >3 FB Normal Cervical ROM: Yes ETT/Trach in place: No	
Dental Teeth: Poor dentition	**CNS** - **normal exam**
Cardiovascular - **normal exam**	**Muscoskeletal** - **normal exam**

Anesthesia Plan
ASA 3
Level of Consciousness: Alert
Plan: General
Monitoring plan: Standard Monitors
Recovery Plan: PACU
Comments: Discussed GA, agrees to proceed
Attestation
I evaluated and examined this patient and I prescribed the anesthesia plan.

John P Lapurga, MD

Anesthesia Event on 10/3/2024 *Note shared with patient*

Printed by [HICK27] at 10/15/2024 12:13 PM

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

Cochran, Jeffrey

MRN: 982477266

Karen Benson, RN
Registered Nurse
NURSING - Notes Only

Procedures Signed

Date of Service: 10/3/2024 10:10 AM

Procedure Orders
GENERAL PROCEDURE [833963388] ordered by Karen Benson, RN at 10/03/24 1011

Vascular Access Consultation and Evaluation for EPIV Placement

NOTE: When drawing blood from EPIV
1. Use a tourniquet as high as possible on the arm/axillary region
2. For labs waste only 2 ml blood and draw sample with vacutainer.
****Note that an EPIV may not always aspirate or draw a blood sample but this does not mean that it is not patent or useable for IV access.**
3.Assess site for pain/swelling/redness.
4. May require gentle backward tension/traction on the arm or hub while drawing sample. Position changes of the extremity or patient may help. Possibly pronate/supinate the arm or hand.
5. Pulsatile brisk flush with 20 ml normal saline after sample obtained, aids in displacement of fibrin or blood-protein residue on the surface of the angiocatheter.

NOTE: It is not recommended to infuse vesicants/irritants through an EPIV due to tip termination in the axillary vein.

Patient is alert, cooperative, no distress, appears stated age
If able, procedure explained to patient/family/guardian:Yes

Is there an anatomical issue that would interfere with placement:No
Arm used for venous access: Right Arm

PROCEDURE DETAILS: **EPIV Insertion Procedure**
1. Veins evaluated with ultrasound and appropriate vein selected.
2. Using sterile technique, access is obtained.
3. EPIV is placed.
4. Blood return noted and if not present-angiocatheter is verified under us guidance to dwell within vein.
5. Catheter flushes easily with 5-10mls 0.9 NS.
6. Statlock device used to secure line.
7. CHG dressing applied.
8. Pt denies pain at insertion site

Education:
Patient/Family informed to notify nurse of any complications including pain, redness, swelling, or leakage post insertion.

Before the procedure, did the clinician:
1. Perform timeout. Yes
2. Assistant: If assisting with sterile field, uses sterile gloves, mask. Yes
3. Prep site with ChloraPrep for 30 sec minimum Yes
4. Sterile technique to drape patient. Yes

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

After the procedure, did the clinician
1. Apply a sterile dressing 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 was placed. Yes
5. Dispose of sharps immediately/appropriately after the procedure.Yes

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

6. Patient tolerated procedure well without any complications

Internal length:10
External length:0

[X] Call light in reach.
[X] Bed low and locked.
[X] Tray table within reach.

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 12:13 PM

Cochran, Jeffrey

MRN: 982477266

Jarmin S Mikhael, MD
Resident
NEPHROLOGY - Notes Only

Progress Notes
Attested

Date of Service: 10/3/2024 8:54 AM

Attestation signed by Percy K Adonteng-Boateng, MD at 10/3/2024 2:00 PM

NEPHROLOGY ATTENDING ATTESTATION

I have seen and examined the patient on 10/3/2024 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, tobacca use disorder, right middle lobe consolidation s/p bronch with large mucus plug on this admission.

Hyponatremia due to siadh
Serum Na improved to 131
-continue tolvaptan x1
-Monitor BMP, input/outpu

Percy K Adonteng-Boateng, MD

10/3/2024 1:59 PM

a

Nephrology Consult Note
Patient: Jeffrey Cochran, 8/27/1965, 982477266
Physician: Jarmin S Mikhael, MD
Length of Stay: 17
Encounter Date/Time: 10/03/24 8:54 AM
Referring MD: Enovwo E Ohwofahworaye, *
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

Upon physical exam Jeffrey Cochran is A&Ox3 and able to follow commands. NPO for procedure today for empyema, repeated CT with acute segmental PE, started on heparin gtt. Patient said that his pain is better, denies

fever/chills, SOB, orthopnea and LE swelling. Said his uop is okay.

Past Medical History:

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

Past Surgical History:

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

Scheduled Meds:

• chlorhexidine	15 mL	Mouth/Throat	Q12H
• cyanocobalamin	1,000 mcg	Oral	Daily
• dibucaine	1 Application	Topical	TID
• droNABinol	5 mg	Oral	BID
• faMOTIdine	20 mg	Oral	Q12H
• ferrous sulfate	325 mg	Oral	Once per day on Monday Wednesday Friday
• Gabapentin	300 mg	Oral	TID
• hydrocortisone-pramoxine	1 applicator	Rectal	Q12HNS
• Ipratropium-albuterol	3 mL	Nebulization	Q6HNS
• Lactulose	10 g	Oral	BID
• Levothyroxine	50 mcg	Oral	Before BKF
• magnesium sulfate	1 g	Intravenous	Once
• meropenem	1 g	Intravenous	Q8HNS
• Polyethylene glycol	17 g	Oral	Q12H
• potassium phosphate	15 mmol	Intravenous	Once
• senna-docusate	1 tablet	Oral	Daily
• Sodium chloride 0.9%	0-250 mL	Intravenous	Once
• Sodium chloride	1 g	Oral	TID w/meals
• sterile talc	4 g	Intrapleural	Once
• vancomycin	1,250 mg	Intravenous	Q12HNS

IV Infusions:

• heparin	Stopped (10/03/24 0353)

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 Concern
- 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: [96.9 °F (36.1 °C)-98.5 °F (36.9 °C)] 96.9 °F (36.1 °C)
Pulse (Heart Rate): [86-114] 97
Resp Rate: [18-20] 18
BP: (111-158)/(51-92) 158/92
O2 Sat (%): [89 %-100 %] 93 %
Weight: [53.3 kg (117 lb 8.1 oz)-53.5 kg (117 lb 15.1 oz)] 53.5 kg (117 lb 15.1 oz)
Oxygen Therapy
O2 Sat (%): 93 %
O2 Device: nasal cannula

Flow (L/min): 2
I/O last 3 completed shifts:
In: -
Out: 1952 [Urine:1951]

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, non distended
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: 26.4/8.1/24.7/393 (10/03 0331)
Bun/Creat/Cl/CO2/Glucose: 8/0.39/93/33/109 (10/03 0331-10/03 0538)
Ptt/Pt/Inr: 32.1/15.8/1.4 (10/02 1438)

LINES/DRAINS/AIRWAY/WOUNDS:

Patient Lines/Drains/Airways Status

Active Lines, Drains, Airways, & 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	—	2
Wound Surgical 09/17/24 1333 Right;Upper Flank	09/17/24	1333	Flank	15

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 some hypovolemic component with poor oral intake
Sodium level on admission noted to be 130, trended down. Today 131 from 127 s/p 2 doses of Tovaptan.
Euvolemic to hypovolemic on exam
Not causing encephalopathy.
TSH wnl, cortisol 17, uric acid 2.4, initial serum and calculated osmolality 269 with calculated 263.
Initial Urine osmolality 371 and urine sodium 90.1

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

Hx of malignancy
10/1 repeated urine lytes: Urine Sodium 77.2, urine K+ 52.3 and urine Cl 105. Urine anion gap 24.5. Urine osmolality 646.

Plan:
Na level improving s/p 2 dose of Tolvaptan 15 mg. Will discontinue further Tolvaptan
Repeat BMP in afternoon
Continue Sodium Chloride tab 1 g TID
liberalize salt in diet
Strict I&O's neg 1,9L
Daily weights

Hypomagnesemia- Resolved

Normocytic Anemia:
Hb of 8.1 today
B12 292, folate wnl, Ferritin 343, Iron with low saturation 10.
Continue Iron and B12 supplements
- Transfuse per primary

RLL Empyema:
Pneumonia:
Acute Segmental PE- on heparin gtt
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 10/3/2024 2:00 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 12:13 PM

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

Cochran, Jeffrey

MRN: 982477266

Jennifer Howard, RN
Care Manager RN
CARE MANAGEMENT - Notes Only

Plan of Care Signed

Date of Service: 10/3/2024 8:47 AM

Received call from Jessica (614-900-5159) at Abbyshire Place. Patient is approved by insurance to go there at DC. Insurance auth is good through 10/9. If patient isn't medically stable for DC by that time he will need a new insurance auth. Care management will continue to follow and update team accordingly.

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 12:13 PM

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

Cochran, Jeffrey

MRN: 982477266

Momin A Rehman, MD
Physician
HOSPITALIST - Notes Only

Progress Notes
Attested

Date of Service: 10/3/2024 8:09 AM

Attestation signed by Enovwo E Ohwofahworaye, DO at 10/3/2024 7:00 PM

I saw evaluated and examined this patient and reviewed objective data including labs and my medical decision-making was reviewed with the Resident Physician Chen. I agree with the documented findings, disposition and treatment plan as described except to any changes set forth below. We independently had face-to-face contact with the patient

GEN: Emaciated looking male mildly distressed and acutely ill-appearing, A&O x 3, Pleasant and conversant
SKIN: warm dry acyanotic not jaundice
HEART: RRR slightly tachycardic, no murmur
LUNGS: diminished , mild bibasilar crackles, overall non labored
ABDOMEN; Soft, non tender or distended, BS x 4 normactive
EXT: No LE edema, dorsalis Pedis pulses 1+
PSYCH: Mood and affect is appropriate

Patient is s/p OR where he had bronchoscopy and right thoracotomy per conversation with the thoracic surgeon right middle lobe consolidation patient not considered candidate for lobectomy plan is for medical management. Patient also has left gastrocnemius vein DVT . Will continue with heparin however per conversation with thoracic syndrome will wait until tomorrow given the recent thoracic surgery
Date of encounter 10/03/2024

Due to worsening leukocytosis patient was sent for CT chest with contrast which is concerning for empyema case discussed with the infectious disease team as well as Cardiothoracic surgeon he is planned for the OR tomorrow. Was notified by Columbus Radiology that patient also have subsegmental PE patient will be started on heparin drip and will coordinate holding heparin prior to surgery with Cardiothoracic surgeon. Heparin will be held at 4:00 a.m. tomorrow morning anticipation for surgery in the morning. Bilateral venous Doppler ordered and pending

Hospital Medicine Daily Progress Note
Patient: Jeffrey Cochran, 8/27/1965, 982477266
Physician: Momin A Rehman, MD
Length of Stay: 17

Subjective/Interval History:
Patient states he feels okay today with no shortness of breath and no new symptoms. He states that he is still having pain in the site of his prior chest tube with no change in severity. He states he is still able to get out of bed and sit in his chair. He states his appetite is currently diminished. He states his sleep is so-so. He states he is still having some intermittent dysuria which has been present since a few days ago but that sometimes this dysuria is completely absent. He states he has had some loose stools. He is agreeable to the plan for procedure today and has no concerns currently.

Objective:
Temp: [98.1 °F (36.7 °C)-98.5 °F (36.9 °C)] 98.1 °F (36.7 °C)
Pulse (Heart Rate): [86-114] 86
Resp Rate: [18-20] 18
BP: (111-123)/(51-73) 123/73
O2 Sat (%): [89 %-100 %] 100 %
Weight: [53.3 kg (117 lb 8.1 oz)-53.5 kg (117 lb 15.1 oz)] 53.5 kg (117 lb 15.1 oz)
Oxygen Therapy
O2 Sat (%): 100 %
O2 Device: nasal cannula

Flow (L/min): 2
I/O last 3 completed shifts:
In: -
Out: 1952 [Urine:1951]

General: NAD, good eye contact, cachectic, on room air
Thoracic: Chest rise symmetric, normal work of breathing, scattered wheezing, s/p right sided chest tube removal, no visible purulence or signs of infection at prior chest tube site. Crackles present.
Cardio: Regular rate and rhythm, no murmurs
Abdomen: Soft, diffuse tenderness, nondistended
Extremities: Warm, well perfused. 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: 131/3.9/2.7/2.0/7.9 (10/03 0331)
Bun/Creat/Cl/CO2/Glucose: 8/0.39/93/33/109 (10/03 0331-10/03 0538)
WBC/Hgb/Hct/Plts: 26.4/8.1/24.7/393 (10/03 0331)

WBC Count 26.4 High K/uL
Improving from 28.9 yesterday
Sodium 131 Low mmol/L
Improving from 127 yesterday in the setting of tolvaptan initiation, tolvaptan being held now after correction

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. 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. Possible escalation to meropenem. Chest tube was removed. Patient had worsening leukocytosis and was sent for CT Chest with contrast, was found to have acute segmental pulmonary embolism in the left lower lobe and started on Heparin, will have VATS procedure today. Will restart heparin when appropriate after procedure.

RLL empyema with PNA
PE
LE DVT
Exertional dyspnea
Intermittent soft BP, O2 saturation drops with intermittent SOB
S/p bronchoscopy with aspiration, right thoracotomy, pleurectomy, right lower lobectomy, lymphadenectomy performed.
CBC marginal improvement from 28.9 yesterday, now 26.4
CT Chest with contrast: Acute segmental pulmonary embolism in the left lower lobe. No evidence of right heart strain or central pulmonary embolism. Redemonstrated loculated right pleural effusion containing air suspicious for empyema. Extensive consolidative changes involving the right lung compatible with pneumonia. Extensive debris involving the right mainstem bronchus suspicious for aspiration. New mild consolidative changes in the left lower lobe compatible with pneumonia.
Vascular Duplex shows LE DVT which likely caused PE
Thoracic Surgery and ID consulted and following
VATS showed marked purulence in RML full of pus and it was assessed that he would not be a suitable candidate for pneumonectomy
- pulmonary hygiene including postural drainage, chest physiotherapy, incentive spirometry, coughing
- Bronchodilators
- Mucomyst
- Chlorhexidine rinse for mouth and throat

- Protect against further aspiration, Barium swallow noted aspiration.
- Heparin gtt, with pause for procedural recovery, then resume
- Meropenem and vancomycin
- Intra op cultures pending

SIADH/Hypotonic Hyponatremia
Acute on Chronic hyponatremia
Serum osmolality 269, Urine osmolality 371 , Urine sodium 90.1.
Cortisol level 17 and TSH 3.82 ruling out hypercortisolism and hypothyroidism.
Serum Osm 265 (L) on salt tabs and regular diet.
Pt admits to increased water intake.
Post surgical SIADH vs metastatic squamous cell carcinoma may be contributing.
Sodium now 131
- Responded to Tolvaptan, hold tolvaptan to avoid overcorrection
- Salt tablets w/ meals TID
- Water restriction 1500 mL/day
- UreaNa

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 8.1
- Transfuse 1 unit PRBCs if Hgb<7, transfusion given today preop
- Started Iron and B12 supplements, consider holding in setting of potentially infectious state

Dysuria: Pt complains of burning on urination with some hesitancy. He also endorses pain that felt as though he were passing a stone.
UA showing few WBCs
CT abdomen/pelvis, shows air in bladder, possibly from recent placement of foley
Describes as intermittent, possibly from passing air bubbles
UA was clean

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
Previous barium swallow showed aspiration, modified diet
- 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: Heparin
Code Status: FULL CODE
Dispo: Needs inpatient eval and management, anticipate 2-3 more days, will be going to.

Momin Ali Rehman, MD
Internal Medicine Resident
Cosigned by: Enovwo E Ohwofahworaye, DO at 10/3/2024 7:00 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
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 12:13 PM

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

Cochran, Jeffrey

MRN: 982477266

Cody Horn, DO
Physician
INFECT DIS - Notes Only

Progress Notes
Signed

Date of Service: 10/2/2024 10:52 PM

Infectious Disease - progress Note

Reason for consult:
Empyema

Antimicrobials:
Cefepime
Metronidazole
Vancomycin

Pertinent Micro:
9/26 BAL culture no growth
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. Feels worse today he says. No fever. Still with some dysuria. No nausea or vomiting. No new cough.

PHYSICAL EXAM:
Vitals:

	10/02/24 2143
BP:	
Pulse:	
Resp:	18
Temp:	
SpO2:	

General: No distress, room air, sitting up in chair, appears fatigued
Eyes: Anicteric
HENT: NC/AT
CV: Heart regular, no murmurs
Respiratory: Clear breath sounds anteriorly
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	28.9 (H)	10/02/2024
HGB	9.1 (L)	10/02/2024
HCT	28.2 (L)	10/02/2024
PLATELET	421 (H)	10/02/2024
MCV	98.9	10/02/2024

Lab Results

Component	Value	Date
CREATSERUM	0.45 (L)	10/02/2024
CREATURINE	63	10/01/2024

Lab Results

Component	Value	Date
CRP	112.0 (H)	10/02/2024

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

Lab Results

Component	Value	Date
SEDRATE	57 (H)	10/02/2024

Serum creatinine: 0.45 mg/dL (L) 10/02/24 1119
Estimated creatinine clearance: 133 mL/min (A)

Recent RADIOLOGY:
Personally reviewed radiographic images
CT chest

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:

- Worsening leukocytosis today along with increasing size of the infiltrate of the left lower lobe
- Cefepime escalated to meropenem
- Continue with IV vancomycin, goal trough 15-20.
- Leukocytosis drastically increased today
- Called attention to the findings of the left lower lobe, discussed with Cardiothoracic surgery, repeat CT chest was obtained and personally reviewed and discussed over the phone with Cardiothoracic surgery
- Plan to take patient was back to the OR tomorrow
- Discussed case with primary team, nursing, Cardiothoracic surgery
- 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
10/2/2024
10:52 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 12:13 PM

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

Cochran, Jeffrey

MRN: 982477266

Jennifer Howard, RN
Care Manager RN
CARE MANAGEMENT - Notes Only

Nursing Notes
Signed

Date of Service: 10/2/2024 1:51 PM

Patient is not medically stable for DC at this time. Patient is anticipated to have a surgical procedure with Dr. Radecki tomorrow 10/3/24. Ptient has been accepted at Abbyshire Place and is pending insurance authorization at this time. Called and left message for jessica at Abbyshire Place to update. Patient is anticipated to go to Abbyshire Place at DC. Provider and floor nursing aware of plan. Care management will continue to follow and update team accordingly.'

	10/02/24 1350
Barriers to Discharge	
Barriers to Discharge	Physician Decision
Explanation of Barriers	Patient is not medically stable for DC at this time.
Medical Milestone	
Medical Milestones Remaining	Patient to have surgical procedure tomorrow with Dr. Radecki.
Discharge Planning	
Expected Discharge Disposition	SNF
Anticipated Services at Discharge	Outpatient follow up;Physical Therapy;Occupational Therapy;Skilled Nursing

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 12:13 PM

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

Cochran, Jeffrey

MRN: 982477266

Kevin M Radecki, MD
Physician
THORACIC SURGERY - Notes Only

Progress Notes
Signed

Date of Service: 10/2/2024 11:54 AM

THORACIC PROGRES NOTE

COMPLAINT:

OBJECTIVE FINDINGS:
Vital Signs (24hrs):
Temp: [98.3 °F (36.8 °C)-98.9 °F (37.2 °C)] 98.5 °F (36.9 °C)
Pulse (Heart Rate): [101-119] 103
Resp Rate: [15-20] 20
BP: (106-139)/(51-90) 112/51
O2 Sat (%): [89 %-90 %] 89 %
Weight: [53.3 kg (117 lb 8.1 oz)] 53.3 kg (117 lb 8.1 oz)

Fluid Management (24hrs):
-Intake/Output this shift:
I/O this shift:
In: -
Out: 300 [Urine:300]
Last Bowel Movement: 09/29/24

PHYSICAL EXAM:
Ambulating without difficulty. Sitting up in a chair no acute distress. Alert orientated 3. Neurologic 2 through 12 intact. Great disposition. No lower extremity edema. No cough. Markedly decreased breath sound at right base.

DIAGNOSTIC RESULTS/PROCEDURES:
Labs-ABGs

Labs-CBC
WBC/Hgb/Hct/Plts: 30.4/8.8/27.6/405 (10/02 0634)

Labs-Chem 7(PMC)
Bun/Creat/Cl/CO2/Glucose: 13/0.45/90/30/138 (10/02 1119)
Na/K+/Phos/Mg/Ca: 127/4.4/2.5/1.5/7.6 (10/02 0634-10/02 1119)

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:
I have reviewed the CT scan of the chest performed today. I have reviewed the lab work and replaced electrolytes.

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

I have coordinated care with the hospital infectious disease team. I have coordinated care with the operating room for surgery tomorrow with risks and benefits being documented on the consent form and indications discussed with the patient.

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 12:13 PM

Cochran, Jeffrey

MRN: 982477266

Momin A Rehman, MD
Physician
HOSPITALIST - Notes Only

Progress Notes
Attested Addendum

Date of Service: 10/2/2024 9:15 AM

Attestation signed by Enovwo E Ohwofahworaye, DO at 10/3/2024 7:12 AM

I saw evaluated and examined this patient and reviewed objective data including labs and my medical decision-making was reviewed with the Resident Physician Chen. I agree with the documented findings, disposition and treatment plan as described except to any changes set forth below. We independently had face-to-face contact with the patient

GEN: Emaciated looking male mildly distressed and acutely ill-appearing, A&O x 3, Pleasant and conversant
SKIN: warm dry acyanotic not jaundice
HEART: RRR slightly tachycardic, no murmur
LUNGS: diminished , mild bibasilar crackles, overall non labored
ABDOMEN; Soft, non tender or distended, BS x 4 normactive
EXT: No LE edema, dorsalis Pedis pulses 1+
PSYCH: Mood and affect is appropriate

Due to worsening leukocytosis patient was sent for CT chest with contrast which is concerning for empyema case discussed with the infectious disease team as well as Cardiothoracic surgeon he is planned for the OR tomorrow. Was notified by Columbus Radiology that patient also have subsegmental PE patient will be started on heparin drip and will coordinate holding heparin prior to surgery with Cardiothoracic surgeon. Heparin will be held at 4:00 a.m. tomorrow morning anticipation for surgery in the morning. Bilateral venous Doppler ordered and pending
Date of encounter 10/02/202

Hospital Medicine Daily Progress Note
Patient: Jeffrey Cochran, 8/27/1965, 982477266
Physician: Momin A Rehman, MD
Length of Stay: 16

Subjective/Interval History:
Patient states he is continuing to have pain near the site of his previous chest tube. He states that he is feeling okay today with no new symptoms. He states he is having some shortness of breath after getting out of bed but that he was not feeling short of breath upon waking up and resting in his bed this morning. He states he has no new complaints or symptoms at this time.

Objective:
Temp: [98.1 °F (36.7 °C)-98.9 °F (37.2 °C)] 98.1 °F (36.7 °C)
Pulse (Heart Rate): [101-119] 114
Resp Rate: [15-20] 18
BP: (106-139)/(51-90) 114/70
O2 Sat (%): [89 %-93 %] 93 %
Weight: [53.3 kg (117 lb 8.1 oz)] 53.3 kg (117 lb 8.1 oz)
Oxygen Therapy
O2 Sat (%): 93 %
O2 Device: room air
I/O last 3 completed shifts:
In: 2005 [I.V.:1150; IV Piggyback:855]
Out: 800 [Urine:800]

General: NAD, good eye contact, cachectic, on room air
Thoracic: Chest rise symmetric, normal work of breathing, scattered wheezing, s/p right sided chest tube removal, no visible purulence or signs of infection at prior chest tube site
Cardio: Regular rate and rhythm, no murmurs
Abdomen: Soft, diffuse tenderness, nondistended
Extremities: Warm, well perfused. 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: 127/4.4/2.5/1.5/7.6 (10/02 0634-10/02 1119)
Bun/Creat/Cl/CO2/Glucose: 13/0.45/90/30/138 (10/02 1119)
WBC/Hgb/Hct/Plts: 28.9/9.1/28.2/421 (10/02 1443)

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. 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. Possible escalation to meropenem. Chest tube was removed. Patient had worsening leukocytosis and was sent for CT Chest with contrast, was found to have acute segmental pulmonary embolism in the left lower lobe and started on Heparin, will have VATS procedure tomorrow.

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 interstitila 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 regiment due to concern for MSSA or enterococcus source.
09/30- Repeat CXR no definitive pneumothorax and R pleural effusion with new left opacity.
Chest tube removed
WBC continues to trend up, now at 28.9, CT chest with contrast was ordered, worsening empyema and new worsening of the left lower lobe, surgery will do VATS procedure tomorrow
- ID following
- Duonebs q 6 hrs
- Worsening infection, escalated to meropenem and vancomycin regimen
- Norco q 4hrs, dilaudid q 4hrs PRN
- Encourage incentive spirometry use and deep cough

PE
Acute segmental pulmonary embolism in the left lower lobe found on CT Chest with contrast. No evidence of right heart strain or central pulmonary embolism.
-Starting Heparin gtt with parameters for procedure tomorrow

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
Serum Osm 265 (L) on salt tabs and regular diet.
Pt admits to increased water intake. Post surgical SIADH vs metastatic squamous cell carcinoma may be contributing.

Sodium now 127, slight improvement
- Salt tablets w/ meals TID
- Water restriction 1500 mL/day
-UreaNa
- Nephro following, added two scheduled doses of Tolvaptan, follow BMP to look for improvement with this addition

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 9.1
- Transfuse 1 unit PRBCs if Hgb<7
-Starting Iron and B12 supplements

Dysuria: Pt complains of burning on urination with some hesitancy. He also endorses pain that felt as though he were passing a stone.
UA showing few WBCs
CT abdomen/pelvis, shows air in bladder, possibly from recent placement of foley

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
Previous barium swallow showed aspiration, modified diet
- 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: Heparin
Code Status: FULL CODE
Dispo: Needs inpatient eval and management, anticipate 2-3 more days, will be going to.

Momin Ali Rehman, MD
Internal Medicine Resident
Cosigned by: Enovwo E Ohwofahworaye, DO at 10/3/2024 7:12 AM

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

Jarmin S Mikhael, MD
Resident
NEPHROLOGY - Notes Only

Progress Notes
Attested

Date of Service: 10/2/2024 8:17 AM

Attestation signed by Percy K Adonteng-Boateng, MD at 10/2/2024 1:16 PM

NEPHROLOGY ATTENDING ATTESTATION

I have seen and examined the patient on 10/2/2024 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, tobacca use disorder, right middle lobe consolidation s/p bronch with large mucus plug on this admission.

Hyponatremia due to siadh
Labs reviewed: serum sodium dropped to 124 and improved with with tolvaptan
-continue tolvaptan
-Monitor BMP, input/outpu

Percy K Adonteng-Boateng, MD

10/2/2024 1:07 PM

a

Nephrology Consult Note
Patient: Jeffrey Cochran, 8/27/1965, 982477266
Physician: Jarmin S Mikhael, MD
Length of Stay: 16
Encounter Date/Time: 10/02/24 8:17 AM
Referring MD: Enovwo E Ohwofahworaye, *
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

Upon physical exam Jeffrey Cochran is A&Ox3 and able to follow commands. Denies edema, dyspnea, or orthopnea. Reports his chest soreness is better today. Denies palpitations, or syncope. Denies nausea, vomiting, or

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

diarrhea. Denies abdominal pain or discomfort. Said his uop is better. . 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 *Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR*	Right	9/17/2024
• LOBECTOMY LUNG OPEN *Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR*	Right	9/17/2024
• BRONCHOSCOPY W/ TRACHEOBRONCHIAL TREE ASPIRATION INITIAL *Laterality: N/A; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR*	N/A	9/17/2024
• LYMPHADENECTOMY BY THORACOTOMY THORACIC MEDIASTINAL REGIONAL ADD-ON PX *Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR*	Right	9/17/2024

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
• 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%	75 mL/hr at 10/02/24 0508

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 Concern
- 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: [98.3 °F (36.8 °C)-98.9 °F (37.2 °C)] 98.9 °F (37.2 °C)
Pulse (Heart Rate): [101-119] 105
Resp Rate: [15-18] 15
BP: (106-139)/(66-90) 106/66
O2 Sat (%): [90 %] 90 %
Weight: [53.3 kg (117 lb 8.1 oz)] 53.3 kg (117 lb 8.1 oz)
Oxygen Therapy
O2 Sat (%): 90 %
O2 Device: room air
I/O last 3 completed shifts:

In: 3055 [I.V.:1150; IV Piggyback:1905]
Out: -

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, non distended
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: 30.4/8.8/27.6/405 (10/02 0634)
Bun/Creat/Cl/CO2/Glucose: 13/0.44/90/27/96 (10/02 0634)

LINES/DRAINS/AIRWAY/WOUNDS:

Patient Lines/Drains/Airways Status

Active Lines, Drains, Airways, & 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	—	1
Peripheral IV Line - Single Lumen 10/01/24 1400 pink forearm, anterior, left 20 gauge	10/01/24	1400	—	less than 1
Wound Surgical 09/17/24 1333 Right;Upper Flank	09/17/24	1333	Flank	14

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 124 from 125.
Euvolemic on exam
Not causing encephalopathy.
TSH wnl, cortisol 17, uric acid 2.4, initial serum and calculated osmolality 269 with calculated 263.

Initial Urine osmolality 371 and urine sodium 90.1
Hx of malignancy
10/1 repeated urine lytes: Urine Sodium 77.2, urine K+ 52.3 and urine Cl 105. Urine anion gap 24.5. Urine osmolality 646.

Plan:
Give Tolvaptan 15 mg x1. Stop IV fluids.
Repeat BMP in afternoon
Continue Sodium Chloride tab 1 g TID
liberalize salt in diet
Strict I&O's, daily weights

Hypomagnesemia
Hypophosphatemia:
Replace as needed. Per Primary.

Normocytic Anemia:
Hb of 8.8 today , Hct 27.6 , MCV 100.0
B12 292, folate wnl, Ferritin 343, Iron with low saturation 10.
Continue 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 10/2/2024 1:16 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 12:13 PM

Cochran, Jeffrey

MRN: 982477266

Cody Horn, DO
Physician
INFECT DIS - Notes Only

Progress Notes
Signed

Date of Service: 10/1/2024 9:07 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 run down today. Says the he was given any pain medications overnight. No worsening cough.

PHYSICAL EXAM:
Vitals:

	10/01/24 2100
BP:	139/90
Pulse:	119
Resp:	
Temp:	
SpO2:	

General: No distress, room air, lying in bed
Eyes: Anicteric
HENT: NC/AT
CV: Heart regular, no murmurs
Respiratory: Clear breath sounds anteriorly
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	18.9 (H)	10/01/2024
HGB	9.6 (L)	10/01/2024
HCT	29.5 (L)	10/01/2024
PLATELET	346	10/01/2024
MCV	98.0	10/01/2024

Lab Results

Component	Value	Date
CREATSERUM	0.39 (L)	10/01/2024
CREATURINE	63	10/01/2024

No results found for: "CRP"
No results found for: "SEDRATE"
Serum creatinine: 0.39 mg/dL (L) 10/01/24 0834
Estimated creatinine clearance: 154 mL/min (A)

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

Recent RADIOLOGY:
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, metrondiazole
- 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
- PICC
- 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 culture data and lab data, summarized above.

Cody Horn, DO
Infectious Disease Attending
Ph# 740.656.7221
Please call before paging or using Vocera
10/1/2024
9:07 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 12:13 PM

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

Cochran, Jeffrey

MRN: 982477266

Makenzy Wells, RN
Registered Nurse

Nursing Notes
Signed

Date of Service: 10/1/2024 4:10 PM

Vancomycin trough was drawn at 2:30 and was 14. Pharmacy verified rate and Clinical pharmacist said in her note okay to continue current dose. Will start infusion!

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 12:13 PM

Cochran, Jeffrey

MRN: 982477266

Chelsey Kuntzman, RPh,PharmD
Pharmacist
Specialty: Pharmacist

Progress Notes
Signed

Date of Service: 10/1/2024 3:35 PM

Adena Health System
Department of Pharmacy – Pharmacokinetics Progress Note

Patient: Jeffrey Cochran
MRN: 982477266
Room/Bed: 2N13/A

***Indication(s) for Vancomycin*:** pneumonia and empyema
***Goal Vancomycin Level*:** 15-20 mcg/mL
***Vancomycin Dose at Time of Level*:** Vancomycin 1250 mg IV q12h
***Type of Level*:** Trough
***Time Post-Dose*:** ~12 hours

Vancomycin Trough:
14 mcg/mL (10/01 1440)

Assessment and Plan:
1. Based upon the resulted drug level and coinciding patient risk factors, the following assessment has been made, targeting the above goal trough level based on confirmed/suspected source of infection:

Continue current drug regimen

2. Will plan on obtaining another drug level 10/5 .
3. I have modified the orders in IHIS to reflect the above plan.

Other Information:
- ***Other active anti-infective agents***: cefepime and metronidazole IV
- ***On RRT?*** No
- ***Infectious Disease consulted?*** Yes
- ***MRSA nasal swab ordered (if indication is pneumonia)?*** N/A
- ***Additional Information***: None

Labs:
Estimated Creatinine Clearance: 154 mL/min (A) (by C-G formula based on SCr of 0.39 mg/dL (L)). and renal function is stable

Creatinine

Date	Value	Ref Range	Status
10/01/2024	0.39 (L)	0.70 - 1.30 mg/dL	Final
10/01/2024	0.38 (L)	0.70 - 1.30 mg/dL	Final
09/30/2024	0.46 (L)	0.70 - 1.30 mg/dL	Final

BUN

Date	Value	Ref Range	Status
10/01/2024	17	6 - 20 mg/dL	Final
10/01/2024	18	6 - 20 mg/dL	Final
09/30/2024	18	6 - 20 mg/dL	Final

WBC Count

Date	Value	Ref Range	Status
10/01/2024	18.9 (H)	4.3 - 11.1 K/uL	Final
09/30/2024	18.5 (H)	4.3 - 11.1 K/uL	Final
09/29/2024	15.2 (H)	4.3 - 11.1 K/uL	Final

I/O last 3 completed shifts:
In: 1450 [P.O.:400; IV Piggyback:1050]
Out: 500 [Urine:500]

Temp (24hrs), Avg:97.9 °F (36.6 °C), Min:97.4 °F (36.3 °C), Max:98.4 °F (36.9 °C)

Pertinent Microbiology/Cultures:

A pharmacist will continue to dose and monitor vancomycin, per AHS P&T Consult Agreement, until medication order (and/or placeholder, if pulse dosing) is held or discontinued by provider. For discharge dosing recommendations, please contact the floor pharmacist or central pharmacy. Please do not hesitate to contact us with any questions.

Chelsey Kuntzman, RPh,PharmD
Adena Health System Department of Pharmacy
Pharmacy Phone Number: 740-779-7641
Date/Time: 10/1/2024 3:35 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 12:13 PM

Cochran, Jeffrey

MRN: 982477266

Momin A Rehman, MD
Physician
HOSPITALIST - Notes Only

Progress Notes
Attested Addendum

Date of Service: 10/1/2024 9:55 AM

Attestation signed by Abdul-Rheem Ghanem, MD at 10/10/2024 4:30 PM

ATTENDING ATTESTATION

I have seen and examined the patient independently of the Resident Physician, Momin A Rehman, 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.

Abdul-Rheem Ghanem, MD
Date of encounter 10/1/24 .

Hospital Medicine Daily Progress Note
Patient: Jeffrey Cochran, 8/27/1965, 982477266
Physician: Momin A Rehman, MD
Length of Stay: 15

Subjective/Interval History:
Patient states he has been having some pain in his chest at the incision site but overall he feels okay. No acute events overnight. Denies any new concerns or symptoms currently.

Objective:
Temp: [97.4 °F (36.3 °C)-98.3 °F (36.8 °C)] 98.3 °F (36.8 °C)
Resp Rate: [17-18] 17
BP: (127)/(76) 127/76
O2 Sat (%): [96 %] 96 %
Oxygen Therapy
O2 Sat (%): 96 %
O2 Device: room air
I/O last 3 completed shifts:
In: 1450 [P.O.:400; IV Piggyback:1050]
Out: 500 [Urine:500]

General: NAD, good eye contact, cachectic, tolerating room air
Thoracic: Chest rise symmetric, normal work of breathing, scattered wheezing, s/p right sided chest tube removal, no visible purulence
Cardio: Regular rate and rhythm, no murmurs
Abdomen: Soft, tender in RUQ+LUQ, nondistended
Extremities: Warm, well perfused. 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: 125/4.3/2.5/1.6/8.5 (10/01 0323-10/01 0834)
Bun/Creat/Cl/CO2/Glucose: 17/0.39/87/33/122 (10/01 0834)
WBC/Hgb/Hct/Plts: 18.9/9.6/29.5/346 (10/01 0323)

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. 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. Possible escalation to meropenem. Chest tube was removed.

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 interstitila 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 regiment due to concern for MSSA or enterococcus source.
09/30- Repeat CXR no definitive pneumothorax and R pleural effusion with new left opacity.
Chest tube removed
WBC 18.9, up-trending now
- ID consulted, he will required 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
- WBCs rising, possible escalation of cefepime to meropenem

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 9.6
- Transfuse 1 unit PRBCs if Hgb<7
-Starting Iron and B12 supplements

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.
Sodium now 125, decreasing
- Salt tablets w/ meals TID
- Water restriction 1500 mL/day
- Nephro following, adding UreaNa, follow BMP to look for improvement with this addition

Dysuria: Pt complains of burning on urination with some hesitancy. He also endorses pain that felt as though he were passing a stone.
UA showing few WBCs
CT abdomen/pelvis, shows air in bladder, possibly from recent placement of foley

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

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

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. 75 mL/hr IV NS
PPx: subQ heparin 5000u bid
Code Status: FULL CODE
Dispo: Needs inpatient eval and management, anticipate 1-2 more days, will be going to.

Momin Ali Rehman, MD
Internal Medicine Resident
Cosigned by: Abdul-Rheem Ghanem, MD at 10/10/2024 4:30 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 12:13 PM