

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

# Ellis, Marjorie R

MRN: 906213398

**George E Gerges, MD**

Resident

HEPATOTOLOGY - Notes Only

Discharge Summary



Date of Service: 10/13/2024 12:48 PM

Signed

## Internal Medicine Discharge Summary

**Patient Name** Marjorie R Ellis  
**MRN** 906213398  
**Age (Date of Birth)** 68 y.o. (1/20/1956)

**Admit Date** 10/1/2024  
**Discharge Date** 10/13/2024  
**Inpatient Days** 12

**Primary Diagnoses**

- MASH Cirrhosis
- Sepsis secondary to HAP and MRDO UTI
- Acute respiratory failure
- persistent acute multifactorial metabolic encephalopathy

**Dear Doctors,**

I recently had the opportunity to care for Marjorie R Ellis during her recent hospital stay at The Ohio State University Wexner Medical Center.

As you may know, Marjorie Ellis was a 68 year old female with a history of cirrhosis, recurrent UTI, who presented as a transfer from Holzer with altered mental status, found to have sepsis secondary to multi-drug resistant urinary tract infection as well as hospital acquired pneumonia. Her hospital course was unfortunately further complicated by persistent acute multifactorial metabolic encephalopathy, volume overload, malnutrition, acute respiratory failure. Her status continued to worsen despite medical management of her conditions. Patient was close to requiring intubation for worsening respiratory failure, and was unlikely to be able to be extubated. Goals of care discussion was held with patients HCPOA. Family redirected goals of care and transitioned to DNR-CC. **Patient expired the following afternoon on 10/13/2024**

Upon discharge the patient's code was DNRCC

Please see the remainder of this document for relevant data from this admission as well as the patient's discharge instructions and follow-up appointments.. An electronic copy of the patient's records can be obtained via OSU CareLink at <https://carelink.osumc.edu/>

**Sincerely,****George E Gerges, MD**

Dictated under attending physician  
Khalid Mumtaz, MBBS  
Division of Hospital Medicine  
p: 614-293-7499  
f: 614-366-2360

**Relevant Data from this Admission****Vitals**

Pulse: 0

**Physical Exam on Discharge**

pupils were fixed and dilated, there were absent cardiac and spontaneous respiration sounds, there was no carotid or brachial pulses present. No spontaneous motor movements present. Skin cool to touch

Cosigned by: Khalid Mumtaz, MBBS at 10/13/2024 5:47 PM

Admission (Discharged) on 10/1/2024 *Note shared with patient*

## Additional Orders and Documentation

 **Results**  
 **Imaging**  
 **Microbiology**
 **Meds**
 **Orders**  
 **Procedures**
 **Flowsheets**
Encounter Info: [History](#), [Allergies](#), [Education](#), [Care Plan](#), [Detailed Report](#)

### Hospital Problem List

- ◆ Hepatic encephalopathy
- Essential hypertension
- Liver cirrhosis secondary to NASH
- Anemia (Low HGB)
- Renal disease (High Serum Creatinine)
- Electrolyte disorder (K, Cl, or Na)
- Pancytopenia (Low Blood Counts)
- Thrombocytopenia (Low Platelets)

### Care Timeline

- 10/01  Admitted 1416
- 10/02  **Rapid Response**
- 10/03  Transferred to C10E 1747
- 10/03  Transferred out of C10E 0811
- 10/13  Discharged 1618

### Discharge

 **Expired**

### Medication List at Discharge

- ☞ Cholecalciferol 5,000 Units Oral DAILY
- ☞ Cyclobenzaprine HCl 5 mg Oral 3 TIMES DAILY AS NEEDED
- ☞ Ferrous Sulfate 324 mg Oral EVERY M, W & F DINNER
- ☞ Furosemide 20 mg Oral DAILY
- ☞ HYDROcodone-Acetaminophen 5-325 MG 1 tablet Oral EVERY 4 HOURS AS NEEDED
- ☞ Lactulose 10 GM/15ML 30 mL Oral 2 TIMES DAILY
- ☞ Levothyroxine Sodium 25 mcg Oral DAILY BEFORE BREAKFAST
- ☞ Melatonin 5 mg Oral DAILY AT BEDTIME AS NEEDED
- ☞ Nystatin 100000 UNIT/GM 1 Application Topical AS NEEDED
- ☞ Omeprazole 20 mg Oral DAILY

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

• Potassium Chloride 20 MEQ 20 mEq Oral DAILY

• rifAXIMin 550 mg Oral 2 TIMES DAILY

• Sertraline HCl 200 mg Oral DAILY

• Spironolactone 50 mg Oral 2 TIMES DAILY

• Tamsulosin HCl 0.4 mg Oral DAILY

Printed by [HICK27] at 10/14/2024 11:26 AM

# Ellis, Marjorie R

MRN: 906213398

**Sarah Alrahef, RN**

Registered Nurse

NURSING - Notes Only

Plan of Care

Signed

Date of Service: 10/6/2024 1:32 AM

Problem: Adult Inpatient Plan of Care

Goal: Plan of Care Review

Outcome: Progressing

Goal: Patient-Specific Goal (Individualized)

Outcome: Progressing

Goal: Absence of Hospital-Acquired Illness or Injury

Outcome: Progressing

Goal: Optimal Comfort and Wellbeing

Outcome: Progressing

Goal: Readiness for Transition of Care

Outcome: Progressing

Problem: Dysphagia

Goal: Ongoing Assessment - Patient will participate in ongoing assessment by accepting various PO consistency trials with appropriate participation/oral acceptance and no significant respiratory complications to determine readiness for diet vs study

Outcome: Progressing

Admission (Discharged) on 10/1/2024

*Note shared with patient*

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# Ellis, Marjorie R

MRN: 906213398

**Emily Cybulla, MD**

Resident

HEPATOTOLOGY - Notes Only

Plan of Care



Date of Service: 10/5/2024 8:18 PM

Signed

**Subjective/objective**

Received IHIS chat overnight about oxygen saturations in the high 80s, O2 saturation improved above 90% when patient was placed on 2L NC.

Evaluated patient at bedside. She denies any SOB or cough. Appears comfortable, without significant respiratory distress, but hypervolemic with significant edema of lower extremities, lung with sharp inspiratory sounds bilaterally, no wheezing. Breath sounds are symmetric bilaterally. She denies any history of sleep apnea, and nursing states that she her breathing has been fine on previous nights.

**Assessment/Plan**

New Hypoxia, potentially 2/2 to new pneumonia (given concern for HAP) vs. Pulmonary edema vs. Effusion vs. Component of sleep apnea

- will obtain a CXR to evaluate for any new consolidation, effusion, or worsening pulmonary edema
- will defer broadening abx at this time, as patient is afebrile with stable blood pressure, continuing on cefepime

Emily Cybulla, MD  
PGY-1, Internal Medicine  
Pager: 14214

Admission (Discharged) on 10/1/2024      *Note shared with patient*

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Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

# Ellis, Marjorie R

MRN: 906213398

**Jude C Meniru, MD**

Fellow

INFECT DIS - Notes Only

Consults   
Signed

Date of Service: 10/5/2024 5:40 PM

**Consult Orders**

IP CONSULT TO INFECTIOUS DISEASE [833743618] ordered by Nicole C Chang, MD at 10/02/24 1503

Consult Order: The purpose of this note is to clear the current consult order to Infectious Disease. Please see our note from 10/3 for our evaluation and recommendations.

Electronically signed by Jude Meniru, MD

Cosigned by: Jose A Bazan, DO at 10/6/2024 1:40 PM

Admission (Discharged) on 10/1/2024

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

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Printed by [HICK27] at 10/14/2024 11:26 AM

# Ellis, Marjorie R

MRN: 906213398



**Junior Brunache, RN**  
Registered Nurse  
NURSING - Notes Only

Plan of Care   
Signed

Date of Service: 10/5/2024 11:49 AM

Problem: Adult Inpatient Plan of Care

Goal: Plan of Care Review

Outcome: Progressing

Goal: Patient-Specific Goal (Individualized)

Outcome: Progressing

Goal: Absence of Hospital-Acquired Illness or Injury

Outcome: Progressing

Goal: Optimal Comfort and Wellbeing

Outcome: Progressing

Goal: Readiness for Transition of Care

Outcome: Progressing

Problem: Dysphagia

Goal: Ongoing Assessment - Patient will participate in ongoing assessment by accepting various PO consistency trials with appropriate participation/oral acceptance and no significant respiratory complications to determine readiness for diet vs study

Outcome: Progressing

Problem: Enteral Nutrition

Goal: Feeding Tolerance

Outcome: Progressing

Admission (Discharged) on 10/1/2024      *Note shared with patient*

## Care Timeline

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Printed by [HICK27] at 10/14/2024 11:26 AM

# Ellis, Marjorie R

MRN: 906213398



**Andrew J Slembarski, MD**  
Resident  
HEPATOTOLOGY - Notes Only

Progress Notes   
Attested

Date of Service: 10/5/2024 6:49 AM

Attestation signed by Vivek Mendiratta, MD at 10/5/2024 6:27 PM

**ATTENDING STATEMENT:**

Patient's history and physical exam reviewed with resident/fellow on 10/5/2024. All pertinent laboratory data, imaging and procedures have been reviewed. I have reviewed the resident's documentation and have made appropriate changes. I agree with the resident's dictated impression and plan as outlined below.

In summary, Marjorie R Ellis is a 68 y.o. female with PMhx significant for MASH cirrhosis who presented as a transfer from OSH for AMS. Her medical history is otherwise notable for Hypertension, GAD, and MDD. The patient initially presented to Holzer on 9/23 due to AMS and low-grade fever. Her hospital course has been complicated by Enterobacter Cloacae UTI, AKI (now resolving), HCAP, Hypernatremia, and persistently altered mentation that is felt to be likely multifactorial. Today, the patient is doing better with improving mentation. She will remain on Cefepime for treatment of HCAP/UTI until 10/7. Continue Lactulose, Rifaximin, and tube feeds. If mentation continues to improve, can consider removing DHT. Potentially restart low-dose diuretics tomorrow.

Dispo: Return to SNF

Please contact the hepatology service with additional questions and concerns.

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

## Internal Medicine Daily Progress Note

Patient: Marjorie R Ellis, 1/20/1956, 906213398

### Subjective/Interval History:

Overnight, patient transferred out of the ICU to the Gen Med Hepatology floor. Otherwise, no acute events overnight. Hemodynamically stable, afebrile, saturating well on room air. Patient slightly tachypneic to the high 20s. 425 UOP and has had 4 bowel movements in past 24 hours. Urine Cx from 10/1 shows 10,000-50,000 candida albicans. Bacterial culture from swab of drainage shows light growth enterobacter cloacae and coag negative staph. Blood cultures from 10/2 no growth day 3 of 5. Tbili 4.2 (3.6), Alk Phos 220 (170), Dbili 1.8 (1.8). Hgb 8.1 (7.5), Plt 24

Today, she reports no new concerns. She denies pain, denies chest pain, and denies SOB. She is improved from an orientation standpoint, but is not completely oriented. She knows her name and the year, but took her a long time to say she is in a hospital.

### Objective:

Temp: [97 °F (36.1 °C)-98.9 °F (37.2 °C)] 97 °F (36.1 °C)

Pulse (Heart Rate): [69-81] 81

Resp Rate: [16-30] 26

BP: (90-109)/(48-55) 106/51

O2 Sat (%): [91 %-96 %] 92 %

Weight: [89.8 kg (197 lb 14.4 oz)] 89.8 kg (197 lb 14.4 oz)

O2 Device: room air (10/05/24 0400)

### PHYSICAL EXAM

GEN: In no acute distress.

NEURO: Moving all extremities without appreciated focal deficits. Confused, but still A&O to person/place/time

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

PSYCH: Affect pleasant, appropriate.

CV: Regular rhythm and rate. No appreciated murmurs, rubs or gallops.

RESP: Clear lungs to auscultation bilaterally without wheezes, rales, or rhonchi. No respiratory distress.

GI: Abdomen soft, nondistended, and nontender with no rebound or involuntary guarding.

MSK: No focal deformities appreciated. **Generalized weakness. 3+ pitting edema**SKIN: Warm, dry, intact. **Hyperkeratotic thickened skin.****Data Review:**

WBC/Hgb/Hct/Plts: 8.25/8.1/24.8/24 (10/05 0323)

Na/K+/Phos/Mg/Ca: 140/4.1/--/2.6/-- (10/05 0323)

Bun/Creat/Cl/CO2/Glucose: 42/0.93/112/21/90 (10/05 0323-10/05 0508)

Ptt/Pt/Inr: 39.0/20.0/1.7 (10/05 0323)

**Assessment/Plan:**

Marjorie R Ellis is a 68 y.o. female w/ PMHx of MASH cirrhosis, HTN, recurrent UTI here w/ AMS in setting of sepsis secondary to UTI and HAP, also with hypernatremia

**#Sepsis 2/2 ESBL Enterobacter UTI****#Multifocal hospital acquired pneumonia versus aspiration pneumonitis**

Patient presented to Holzer from her rehab facility with AMS found to have UTI with cultures growing MRDO enterobacter cloacae. Completed 5 day course of meropenem on 9/29. She was then transferred to OSU on 10/1. On arrival here she was altered and unable to provide history. Labs notable for Adm lactate 2.1, procalcitonin 0.56, CRP 93.45, CXR with multifocal patchy opacities, vitals febrile to 101.4. Patient became more lethargic, and spiked fever to 101.4 while on cefepime/vancomycin. Transferred to MICU with adjustment to antibiotics and now clinically improved and completing 7 day course of cefepime per ID recommendations.

- Infectious disease consulted, appreciate recommendations
- Antibiotics: 7-day course **cefepime (EOT 10/7)**
  - Vancomycin discontinued with negative MRSA swab (10/2-10/3)
  - Meropenem discontinued with transition to cefepime per ID recs
- MRSA swab negative
- Influenza, COVID-19, urine legionella and strep negative
- Wound consulted, appreciate recommendations for bilateral leg wounds

**#Acutely Decompensated MASH Cirrhosis of the Liver**

Complicated by hepatic encephalopathy, MELD 27 on admission. Alert and oriented to name and year but not to location, specific date, or situation. Following commands. Unable to locate prior EGD history. Unable to determine if there is a hx of SBP or varices, however SBP ppx and EV ppx not on med list.

- MELD 3.0: **20** at 10/4/2024 1:42 PM
- MELD-Na: **18** at 10/4/2024 1:42 PM

Calculated from:

Serum Creatinine: 0.97 mg/dL (Using min of 1 mg/dL) at 10/4/2024 1:42 PM

Serum Sodium: 139 mmol/L (Using max of 137 mmol/L) at 10/4/2024 1:42 PM

Total Bilirubin: 3.6 mg/dL at 10/4/2024 2:00 AM

Serum Albumin: 2.8 g/dL at 10/4/2024 2:00 AM

INR(ratio): 1.9 at 10/4/2024 2:00 AM

Age at listing (hypothetical): 68 years

Sex: Female at 10/4/2024 1:42 PM

- Trend MELD labs
- Ascites: no fluid pocket on ultrasound, will perform diagnostic +/- therapeutic paracentesis when clinically stable
- Hepatic Encephalopathy: rifaximin and lactulose, titrate to at least 4 BM a day
- Esophageal Varices: no history of varices, ppx not indicated; unclear when last EGD was
- Diuresis: currently being held. Will consider restarting on 10/6
- SBP: no history of SBP
- Transplant workup: Has had minimal workup.
  - Received CT Abdomen Pelvis scan at outside hospital. Request to have these pushed over.

**#Acute multifocal metabolic encephalopathy**

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

*Per medical POA (Tammy), baseline is alert and oriented to self, place, and time but she has been more forgetful over the past few years. Initial ammonia wnl so less likely HE is contributing, etiology more likely to be due to underlying acute illnesses - sepsis and hypernatremia*

- Managing underlying conditions as above

### **Acute Malnutrition, moderate**

- On tube feeds and diet. Continue tube feeds for now
- Nursing instructed to advance NG tube by at least 5 cm. Will obtain recheck KUB for confirmation

### **#AKI on CKD IIIb, resolved**

*Unclear baseline Cr: Up to 3.34 at OSH, but improved to 1.2 at time of transfer. Nephrology consulted at OSH and felt AKI was prerenal without HRS contributing.*

- Monitor Cr daily
- Obstruction ruled out at OSH on imaging

### **Chronic Medical Conditions**

**#HTN:** not on antihypertensives at home, continue to monitor

**#Hypothyroidism:** continue 25mcg levothyroxine daily

**#Depression:** continue 200mg sertraline daily

### **Complexity**

**Hypocalcemia** - Continue to monitor and replete.

**Thrombocytopenia** - Continue to monitor.

**Obesity** Body mass index is 35.07 kg/m<sup>2</sup>. - Follow with PCP for dietary and lifestyle modifications.

**Hypothyroidism** - Continue thyroid replacement

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

**Diet:** DIET TUBE FEEDING WITH TRAY Diet Minced and Moist (IDDSI 5); Liquid Thin (IDDSI 0)

**PPx:** HOLDING in setting of thrombocytopenia. SCDs.

**Code:** DNRCC-ARREST

**Dispo:** Remain with Hepatology

Plan of care discussed with the team and attending on rounds today.

Andrew J Slembarski, MD

PGY1

Cosigned by: Vivek Mendiratta, MD at 10/5/2024 6:27 PM

Admission (Discharged) on 10/1/2024

*Note shared with patient*

### **Care Timeline**

- |       |  |                              |
|-------|--|------------------------------|
| 10/01 |  | Admitted 1416                |
| 10/02 |  | Rapid Response               |
|       |  | Transferred to C10E 1747     |
| 10/03 |  | Transferred out of C10E 0811 |
| 10/13 |  | Discharged 1618              |

# Ellis, Marjorie R

MRN: 906213398

**Sarah Alrahef, RN**

Registered Nurse

NURSING - Notes Only

Nursing Notes

Date of Service: 10/5/2024 3:14 AM

On admission to R8W, from another OSU inpatient unit a dual RN initial assessment of skin condition was performed by Sarah Alrahef, RN and Refynd Gay Duro, RN.

**Skin Assessment:**

Skin not within defined limits.

- Pressure Injury suspected: No

- Wound(s) identified: Yes

- Consult ordered: Yes

- Photo taken and uploaded into notes in IHIS: Yes

Pt had R leg wound, skin tear on both R and L arm, bruises and reddens on bottom

Braden Score: 13

**LDA Added: Yes**

10/14/24, 11:26 AM

Ellis, Marjorie R (MR#906213398) Printed by HICKS, MEGAN [HICK27]

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024



10/14/24, 11:26 AM

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Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024



10/14/24, 11:26 AM

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Sarah Alrahef, RN

Admission (Discharged) on 10/1/2024

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

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Printed by [HICK27] at 10/14/2024 11:26 AM

# Ellis, Marjorie R

MRN: 906213398

**Sarah Alrahef, RN**

Registered Nurse

NURSING - Notes Only

Plan of Care

Signed

Date of Service: 10/5/2024 1:55 AM

Problem: Adult Inpatient Plan of Care

Goal: Plan of Care Review

Outcome: Progressing

Goal: Patient-Specific Goal (Individualized)

Outcome: Progressing

Goal: Absence of Hospital-Acquired Illness or Injury

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# Ellis, Marjorie R

MRN: 906213398



**Jacob A Klein, MD**  
Resident  
GEN MED - Notes Only

Transfer Note   
Signed

Date of Service: 10/5/2024 12:01 AM

**Internal Medicine Transfer Note****Patient: Marjorie R Ellis, 1/20/1956, 906213398****Physician: Jacob A Klein, MD, PGY-1, Pager #14235, Hepatology Service****Brief Hospital Course:**

In brief, patient presented to Holzer on 9/23 from Overbrook rehab facility with AMS found to have UTI with cultures growing MRDO enterobacter cloacae. She completed a 5 day course of meropenem on 9/29. Patient was then transferred to OSU on 10/1 and on arrival found to be altered and febrile to 101.4 F. Patient became more lethargic and continued to be febrile while on cefepime and vancomycin. There was also concern for new bilateral hospital acquired pneumonia based on CXR findings. Patient became tachypneic and tachycardic with soft blood pressures concerning for worsening of sepsis and was transferred to the MICU on 10/2. During her transition to MICU her antibiotic regimen was broadened to meropenem and vancomycin to cover resistant organisms. She was resuscitated with IVF and albumin. ID was consulted for further management. Vancomycin was eventually discontinued with negative MRSA screen and meropenem was discontinued in favor of cefepime. Wound team was consulted for bilateral leg wounds. Hospital course also complicated by hypernatremia that has been corrected with free water and since normalized. Given increased O<sub>2</sub> requirements and bilateral patchy opacities concern for aspiration pneumonitis. Patient has been clinically improving and stable for transfer from MICU to the hepatology service.

**Assessment/Plan:**

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Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

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**Complexity**

**Hypocalcemia** - Continue to monitor and replete.

**Thrombocytopenia** - Continue to monitor.

**Obesity** Body mass index is 35.63 kg/m<sup>2</sup>. - Follow with PCP for dietary and lifestyle modifications.

**Hypothyroidism** - Continue thyroid replacement

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

**Checklist:**

**DVT Prophylaxis:** Holding in the setting of thrombocytopenia, SCDs

**Dispo:** MICU transfer to Hepatology service for further management

**Code Status:** DNRCC-ARREST

**Diet:** DIET TUBE FEEDING WITH TRAY Diet Minced and Moist (IDDSI 5); Liquid Thin (IDDSI 0)

Signed,

 **Jacob Klein, MD**  
PGY-1, Internal Medicine  
**THE OHIO STATE UNIVERSITY** Pager: 14235  
WEXNER MEDICAL CENTER 10/05/24

**Physical Exam:**

Temp: [97.5 °F (36.4 °C)-98 °F (36.7 °C)] 97.6 °F (36.4 °C)

Pulse (Heart Rate): [69-80] 76

Resp Rate: [16-29] 28

BP: (90-109)/(46-55) 106/50

O2 Sat (%): [91 %-96 %] 93 %

Weight: [91.2 kg (201 lb 1 oz)] 91.2 kg (201 lb 1 oz)

O2 Device: room air (10/04/24 2000)

Flow (L/min): 2 (10/03/24 0800)

**Patient Lines/Drains/Airways Status****Active Lines, Drains, Airways, & Wound Overview**

Name	Placement date	Placement time	Site	Days
Peripheral IV Line - Single Lumen 10/02/24 1751 22 gauge	10/02/24	1751	—	2
Peripheral IV Line - Single Lumen 10/02/24 1829 median cubital vein (antecubital fossa), right 18 gauge; 1 3/4 in length	10/02/24	1829	—	2
Peripheral IV Line - Single	10/02/24	1830	—	2

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

Lumen 10/02/24 1830 median cubital vein (antecubital fossa), right 20 gauge; 1 3/4 in length				
Indwelling Urethral Catheter 10/01/24 1535 16 10	10/01/24	1535	—	3
Naso/Oral Tube 10/02/24 0035	10/02/24	0035	—	2
Nasogastric left nostril				
Wound Skin Tear 10/01/24 1639 skin tear Anterior;Lower;Right Arm	10/01/24	1639	Arm	3
Wound Skin Tear 10/01/24 1640 Lower;Posterior;Left Arm	10/01/24	1640	Arm	3
Wound Dermatitis 10/01/24 1643 fissure Perineum	10/01/24	1643	Perineum	3
Wound Other (comment)	10/02/24	1745	Leg	2
10/02/24 1745 Lower Leg				

Gen: Alert, Awake, Comfortable in bed, III-appearing

Eyes: PERRLA, EOMI, no scleral icterus

Resp: Diminished breath sounds bilaterally, no wheezing or accessory muscle, sitting well on RA

Cardio: RRR, normal S1, S2, no M/R/G. No LEE.

GI: Soft, NT, ND, Normoactive BS

Skin: No jaundice or rash, venous stasis in bilateral LE, lymphedema, and significant wound on RLE

Neuro: CNs 3-7, 9-11 intact/equal. No asterixis. Follows basic commands.

Psych: AOx2, appropriate affect and cognition

Body mass index is 35.63 kg/m<sup>2</sup>.**Data Review:****CBC**

WBC/Hgb/Hct/Plts: 4.89/7.5/23.3/22 (10/04 0200)

**Chem 7(PMC)**

Bun/Creat/Ci/CO2/Glucose: 41/0.97/110/22/129 (10/04 1342)

Na/K+/Phos/Mg/Ca: 139/4.2/--/1.9/-- (10/04 0200-10/04 1342)

**Coags**

Ptt/Pt/Inr: 40.7/21.5/1.9 (10/04 0200)

**Additional Labs**

No results found for: "BNP"

No results found for: "HSTROP"

No results found for: "CHOLESTEROL", "TRIG", "HDL"

**Lab Results**

Component	Value	Date
ALT	36	10/04/2024
AST	110 (H)	10/04/2024
ALKPHOS	170 (H)	10/04/2024
BILITOTAL	3.6 (H)	10/04/2024
BILIDIRECT	1.8 (H)	10/04/2024

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

**Infection:****Culture**

Date	Value	Ref Range	Status
10/03/2024	Growth		Preliminary
10/03/2024	Light Growth Enterobacter cloacae complex (A)		Preliminary
10/03/2024	(A)		Preliminary
	Light Growth Coagulase negative Staphylococcus species		
10/02/2024	NO GROWTH DAY 2 OF 5		Preliminary
10/02/2024	NO GROWTH DAY 2 OF 5		Preliminary
10/02/2024	NO GROWTH DAY 2 OF 5		Preliminary
10/02/2024	NO GROWTH DAY 2 OF 5		Preliminary
10/01/2024	Growth		Final
10/01/2024	10,000-50,000 CFU/mL Candida albicans (A)		Final

**Comment:**

*Identification was performed on the MALDI-TOF mass spectrometer biotyper. This test was developed by The Clinical Microbiology Laboratory at The Ohio State University Wexner Medical Center. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.*

**Imaging:**

XR CHEST 1 VIEW PORTABLE

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

Probable bilateral pneumonia.

Electronically Signed By: Mark King, M.D. on 10/2/2024

2:47 PM

XR ABDOMEN 1 VIEW PORTABLE

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

Enteric tube terminates in the gastric body.

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

Electronically Signed By: Taylor Witt, MD on 10/2/2024  
10:41 AM

XR ABDOMEN 1 VIEW

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

Enteric tube has been improved in position with side-port and tip in the gastric body.

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

Electronically Signed By: Benjamin H Smith, MD on  
10/2/2024 11:25 AM

XR ABDOMEN 1 VIEW

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

Distal aspect of the enteric tube is kinked in the proximal gastric body.

Repositioning is recommended.

Electronically Signed By: Daniel M Ranieri, MD on  
10/1/2024 11:31 PM

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

## XR ABDOMEN 1 VIEW PORTABLE

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

Enteric tube with tip in the expected location of the proximal stomach, with a possible kink. Reassessment recommended.

Electronically Signed By: Irma K Urbina Andersson, MD on 10/1/2024 9:07 PM

## XR CHEST 1 VIEW PORTABLE

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

Multifocal patchy opacities, likely pneumonia.

Electronically Signed By: Lindsay Wright, MD on 10/1/2024 4:52 PM

**Medications:****SCHEDULED:**

ceFEPIme (MAXIPIIME) 2 g in dextrose 100 ml premix IVPB, 2 g, Q12HNS  
 cholecalciferol (VITAMIN D3) tablet 5,000 Units, 5,000 Units, Daily  
 esomeprazole (NEXIUM) oral granules packet 40 mg, 40 mg, Daily  
 [START ON 10/7/2024] ferrous sulfate syrup 300 mg, 300 mg, Once per day on Monday Wednesday Friday  
 [Held by provider] furOSEmide (LASIX) tablet 20 mg, 20 mg, Daily  
 Lactulose (CHRONULAC) oral solution 20 g, 20 g, Q6H  
 Levothyroxine (SYNTHROID) tablet 25 mcg, 25 mcg, Before BKF  
 rifAXIMin (XIFAXAN) tablet 550 mg, 550 mg, BID  
 Sertraline (ZOLOFT) tablet 200 mg, 200 mg, Daily  
 [Held by provider] Spironolactone (ALDACTONE) tablet 50 mg, 50 mg, BID  
 [Held by provider] Tamsulosin HCl (FLOMAX) capsule 0.4 mg, 0.4 mg, Daily  
 Water liquid (free water) 150 mL, 150 mL, Q4H

**FLUIDS/DRIPS:**

- Jevity 1.5 Cal/Fiber 50 mL/hr (10/04/24 2257)

**PRNs:**

Acetaminophen, 650 mg, Q8H PRN  
 Albuterol, 2.5 mg, Q4H PRN  
 Calcium Gluconate, 2 g, As directed PRN  
 Or  
 calcium gluconate, 4 g, As directed PRN  
 Dextrose, 7.5-25 g, As directed PRN  
 glucose, 1-2 Tube, As directed PRN  
 guaiFENesin, 400 mg, Q6H PRN  
 magnesium sulfate, 4 g, As directed PRN  
 Melatonin, 6 mg, QHS PRN  
 Ondansetron 4mg/2ml, 4 mg, Q6H PRN  
 Or  
 Ondansetron, 4 mg, Q6H PRN  
 potassium chloride, 20 mEq, As directed PRN  
 Or  
 Potassium chloride, 40-80 mEq, As directed PRN  
 Or  
 Potassium Bicarb-Citric Acid, 40-80 mEq, As directed PRN  
 Or  
 potassium chloride, 10 mEq, As directed PRN  
 sodium phosphate, 30 mmol, As directed PRN  
 Or  
 sodium phosphate, 45 mmol, As directed PRN

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

**ALLERGIES:** She has No Known Allergies.**Home MEDS:****Prior to Admission Medications**

Prescriptions	Last Dose	Informant	Patient Reported?	Taking?
<b>Cyclobenzaprine 10 MG tablet</b> Sig: Take 0.5 tablets by mouth 3 times daily as needed for Muscle spasms.	Past Month		Yes	Yes
<b>Lactulose 10 GM/15ML Solution oral solution</b> Sig: Take 30 mL by mouth 2 times daily.	Past Month		Yes	Yes
<b>Levothyroxine 25 MCG tablet</b> Sig: Take 1 tablet by mouth every morning before breakfast.	Past Month		Yes	Yes
<b>Melatonin 3 MG tablet</b> Sig: Take 5 mg by mouth at bedtime as needed for Insomnia.	Past Month		Yes	Yes
<b>Sertraline 100 MG tablet</b> Sig: Take 2 tablets by mouth daily.	Past Month		Yes	Yes
<b>Spironolactone 25 MG tablet</b> Sig: Take 2 tablets by mouth 2 times daily.	Past Month		Yes	Yes
<b>Tamsulosin HCl 0.4 MG capsule</b> Sig: Take 1 capsule by mouth daily.	Past Month		Yes	Yes
<b>Vitamin D, Cholecalciferol, 25 MCG (1000 UT) tablet</b> Sig: Take 5 tablets by mouth daily.	Past Month		Yes	Yes
<b>ferrous sulfate 324 (65 Fe) MG Tab DR tablet</b> Sig: Take 1 tablet by mouth every Monday, Wednesday, Friday dinner.	Past Month		Yes	Yes
<b>furOSEmide 20 MG tablet</b> Sig: Take 1 tablet by mouth daily.	Past Month		Yes	Yes
<b>hydroCODone-acetaminophen 5-325 MG tablet</b> Sig: Take 1 tablet by mouth every 4 hours as needed for Severe Pain.	Past Month		Yes	Yes
<b>nystatin 100000 UNIT/GM Powder powder</b> Sig: Apply 1 Application topically as needed for Other (apply to abdominal topical folds as needed for redness).	Past Month		Yes	Yes
<b>omeprazole 20 MG Cap DR capsule</b> Sig: Take 1 capsule by mouth daily.	Past Month		Yes	Yes
<b>potassium chloride 20 MEQ Pack</b> Sig: Take 1 packet by mouth daily.	Past Month		Yes	Yes
<b>rifAXIMin 550 MG tablet</b> Sig: Take 1 tablet by mouth 2 times daily.	Past Month		Yes	Yes

**Facility-Administered Medications: None**

Admission (Discharged) on 10/1/2024      Note shared with patient

**Care Timeline**

- 10/01 Admitted 1416
- 10/02 Rapid Response
- 10/02 Transferred to C10E 1747
- 10/03 Transferred out of C10E 0811
- 10/13 Discharged 1618

Printed by [HICK27] at 10/14/2024 11:26 AM

# Ellis, Marjorie R

MRN: 906213398



**Kristen Foster, RN**  
Registered Nurse  
MED INTENSIVE - Notes Only

Plan of Care   
Signed

Date of Service: 10/4/2024 3:39 PM

Problem: Adult Inpatient Plan of Care

Goal: Plan of Care Review

    Outcome: Progressing

Goal: Patient-Specific Goal (Individualized)

    Outcome: Progressing

Goal: Absence of Hospital-Acquired Illness or Injury

    Outcome: Progressing

Goal: Optimal Comfort and Wellbeing

    Outcome: Progressing

Goal: Readiness for Transition of Care

    Outcome: Progressing

Admission (Discharged) on 10/1/2024     *Note shared with patient*

## Care Timeline

- 10/01 Admitted 1416
- 10/02 Rapid Response
- 10/03 Transferred to C10E 1747
- 10/03 Transferred out of C10E 0811
- 10/13 Discharged 1618

Printed by [HICK27] at 10/14/2024 11:26 AM

# Ellis, Marjorie R

MRN: 906213398



**Kate McMaster, RN**  
Registered Nurse  
WOUND/OSTOMY - Notes Only

Nursing Notes   
Signed

Date of Service: 10/4/2024 11:22 AM

## WOC/ET Nursing Consult/Evaluation Note

Evaluated Marjorie R Ellis for wounds located on

See H&P for more information

Patient with large incontinent stool episode cleansed with bath wipes. Incontinence pad changed.

### Description of wound:

**Gluteals IAD with moisture fissure:** Gluteals pink, moist with moisture fissure noted to gluteal cleft. Periwound with maculopapular rash with satellite lesions. Area cleansed with bath wipes. Antifungal applied to posterior thighs and gluteals. Incontinence pads changed. Recommend BID and PRN applications.

**Right leg:** chronic wound noted. Wound base pink, moist, yellow with a thin layer of biofilm noted measuring 6.5 x 3 x 0.2 cm. Small area of undermining noted from 10-11 measuring 1.5 cm in depth. Wound cleansed with Anasept wound cleanser, patted dry. Aquacel Ag cut to fit and packed into undermined areas and to fill the wound base. Covered with a dry dressing and secured with a loosely wrapped ACE wrap. Recommend MWF dressing changes.

### Recommendation:

**Gluteals:** Keep area clean and dry. Utilize gentle cleansing with foam cleanser and soft wipes, pat dry. Apply Aloe Vesta Antifungal ointment BID and with incontinent episodes.

**Right leg:** MWF and as needed. Cleanse with sterile normal or Anasept skin and wound spray and gauze, pat dry. Apply Cavilon No Sting Barrier to peri-wound skin. Apply a ribbon of Aquacel Ag to depth of wound and tunneled / undermined area from o'clock using a cotton applicator. Cut a small ribbon of Aquacel Ag, going with stitching direction, from larger piece. Cover with a dry dressing. Secure with roll gauze. Moisten Aquacel to remove if dried to wound bed. Can change just the cover dressing if soiled, packing just daily unless soiled.

Recommend continuing pressure reduction techniques including frequent repositioning, minimizing elevation of the head of the bed, and encouraging patient to be out of bed as much as possible (use pressure reducing wheelchair cushion when sitting in chair). Apply TruVue boots or float heels on pillows bilaterally while in bed for pressure offloading protection.

Optimize nutrition to improve skin and wound outcomes. Increase protein intake as tolerated. Consider supplemental zinc, vitamin C (or multivitamin) to promote wound healing.

**Bed Surface:** MICU mattress

**Discharge Recommendations:** Patient may continue care as described above at discharge.

**See image(s) below:**



Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

**Braden Skin Assessment:**

Braden Risk Assessment

Sensory Perception: 3--&gt;slightly limited

Moisture: 2--&gt;very moist

Activity: 1--&gt;bedfast

Mobility: 2--&gt;very limited

Nutrition: 2--&gt;probably inadequate

Friction and Shear: 2--&gt;potential problem

Braden Score: 12

**Braden Score:** Braden Score: 12Body mass index is 35.63 kg/m<sup>2</sup>.

Total time spent in assessment and treatment of patient: 35 minutes spent providing patient care.

**LABS:****Albumin**

Date	Value	Ref Range	Status
10/04/2024	2.8 (L)	3.5 - 5.0 g/dL	Final

No results found for: "PREALBUMIN"

**Wound Documentation:**

10/04/24 0914	
<b>Wound Dermatitis 10/01/24 1643 fissure Perineum</b>	
Date First Assessed/Time First Assessed: 10/01/24 1643 Primary Wound Type: Dermatitis Secondary Wound Type: fissure Location: Perineum	
Wound Image	
Dressing Status	Open to Air
Assessment	Moist;Red;Painful
Peri-Wound Assessment	Moist ;Macular
Drainage Amount	None
Treatment Applied	soap and water, irrigated/cleansed with
Offloading	cushion
\$\$ Dressing Applied	no dressing-open to air
Periwound Care	antifungal;wound cleanser, cleansed with

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

Applied	
<b>Wound Other (comment) 10/02/24 1745 Lower Leg</b>	
Date First Assessed/Time First Assessed: 10/02/24 1745 Primary Wound Type: Other (comment) Present on Original Admission: Yes Wound Description: Right Wound Location Orientation: Lower Location: Leg	
Wound Image	
Dressing Status	Removed;Changed/New
Assessment	Moist;Pink;Yellow;Drainage
Peri-Wound Assessment	Dry
Wound Length (cm)	6.5 cm
Wound Width (cm)	3 cm
Wound Surface Area (cm^2)	19.5 cm^2
Wound Depth (cm)	0.2 cm
Wound Volume (cm^3)	3.9 cm^3
State of Healing	Undermining
Undermining (cm)	1.5 cm
(From) Undermining Clock Position of Wound	10
(To) Undermining Clock Position of Wound	11
Drainage Amount	Scant
Drainage Characteristics/Odor	Serous;Serosanguinous
Treatment Applied	saline, irrigated/cleansed with
Offloading	cushion
\$\$ Dressing Applied	silver impregnated dressing;dry dressing
Periwound Care Applied	soap and water, cleansed with
Date Dressing Changed	10/04/24
<b>Plan</b>	
Problem	chronic wound;dermatitis
Current Plan	silver dressing;antifungal
Visit Type	Consult with RN
WOCT Visit Frequency	PRN
Last Date Seen	10/04/24

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

RN notified of assessment and plan. Please page #7399 or reconsult with any further needs.

Kate McMaster, RN

Admission (Discharged) on 10/1/2024      *Note shared with patient*

### Care Timeline

- 10/01  Admitted 1416
- 10/02  Rapid Response
- 10/03  Transferred to C10E 1747
- 10/03  Transferred out of C10E 0811
- 10/13  Discharged 1618

Printed by [HICK27] at 10/14/2024 11:26 AM

# Ellis, Marjorie R

MRN: 906213398

**Megan Simon, RN**

Registered Nurse

NURSING - Notes Only

Plan of Care

Signed

Date of Service: 10/4/2024 10:14 AM

Problem: Adult Inpatient Plan of Care

Goal: Plan of Care Review

Outcome: Progressing

Goal: Patient-Specific Goal (Individualized)

Outcome: Progressing

Goal: Absence of Hospital-Acquired Illness or Injury

Outcome: Progressing

Goal: Optimal Comfort and Wellbeing

Outcome: Progressing

Goal: Readiness for Transition of Care

Outcome: Progressing

Problem: Enteral Nutrition

Goal: Feeding Tolerance

Outcome: Progressing

Admission (Discharged) on 10/1/2024      *Note shared with patient*

## Care Timeline

- 10/01 Admitted 1416
- 10/02 **Rapid Response**
- 10/03 Transferred to C10E 1747
- 10/03 Transferred out of C10E 0811
- 10/13 Discharged 1618

Printed by [HICK27] at 10/14/2024 11:26 AM

# Ellis, Marjorie R

MRN: 906213398



**Syeda F Hassan, MBBS**  
Fellow  
INFECT DIS - Notes Only

Progress Notes   
Addendum

Date of Service: 10/4/2024 8:30 AM

## INFECTIOUS DISEASE FOLLOW-UP NOTE

**S:** Afebrile and hemodynamically stable overnight.  
Feels well no complaints today

WBC 4

Current Medications:

• ceFEPIme	2 g	Intravenous	Q12HNS
• Vitamin D (Cholecalciferol)	5,000 Units	Per NG tube	Daily
• esomeprazole	40 mg	Per NG tube	Daily
• ferrous sulfate	324 mg	Oral	Once per day on Monday Wednesday Friday
• [Held by provider] furOSEmide	20 mg	Per NG tube	Daily
• Lactulose	20 g	Per NG tube	Q6H
• Levothyroxine	25 mcg	Oral	Before BKF
• rifAXIMin	550 mg	Per NG tube	BID
• Sertraline	200 mg	Per NG tube	Daily
• [Held by provider] Spironolactone	50 mg	Oral	BID
• [Held by provider] Tamsulosin HCl	0.4 mg	Oral	Daily
• Water liquid (free water)	150 mL	Per NG tube	Q4H

**PHYSICAL EXAM:**

Temp: [97.5 °F (36.4 °C)-98.6 °F (37 °C)] 97.5 °F (36.4 °C)

Pulse (Heart Rate): [66-76] 72

Resp Rate: [17-28] 22

BP: (87-114)/(43-56) 102/50

O2 Sat (%): [93 %-100 %] 96 %

Weight: [91.2 kg (201 lb 1 oz)] 91.2 kg (201 lb 1 oz)

GEN: Awake, resting comfortably,

EYES: EOMI, no scleral icterus

HENT: MMM. No oral lesions. Fair dentition.

NECK: Supple, no cervical lymphadenopathy or meningismus.

CARDIO: RRR, no murmur.

PULM/CHEST: CTAB. No increased work of breathing

ABD: Soft, not tender or distended

MSK: no obvious effusion, swelling, increased warmth, or erythema of major joints. No pedal edema.

SKIN: Chronic lymphoedemic changes, on upper and lower extremities. Pronounced ecchymosis on upper extremities. mild icterus present. Hands and fingers are swollen.

NEURO: Aox1-2. Moves all four extremities.

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

Component	Value	Date
WBC	4.89	10/04/2024
HGB	7.5 (L)	10/04/2024
HCT	23.3 (L)	10/04/2024
PLATELET	22 (LL)	10/04/2024

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

MCV

97.1

10/04/2024

**Lab Results**

Component	Value	Date
SODIUM	143	10/04/2024
POTASSIUM	4.0	10/04/2024
CHLORIDE	114 (H)	10/04/2024
CO2	22	10/04/2024
BUN	44 (H)	10/04/2024
CREATSERUM	1.07	10/04/2024
GLUCOSE	97	10/04/2024

**Lab Results**

Component	Value	Date
ALT	36	10/04/2024
AST	110 (H)	10/04/2024
ALKPHOS	170 (H)	10/04/2024
BILITOTAL	3.6 (H)	10/04/2024
BILIDIRECT	1.8 (H)	10/04/2024

Estimated Creatinine Clearance: 54 mL/min (by C-G formula based on SCr of 1.07 mg/dL).

No results found for: "SEDRATE"

**Lab Results**

Component	Value	Date
CRP	93.45 (H)	10/01/2024

**MICRO:****Holzer medical center**

9/28 Bcx NG

9/26 Urine cx (taken from catheter) E. Cloacae (S cefepime, amikacin, mero TMP SMX. I cipro, R ceftri cefazolin pip taz

10/1 Flu covid urine legionella and urine strept neg

10/1 MRSA screen neg

**IMAGING:**

CXR 10/1 Multifocal patchy opacities, likely pneumonia

CXR 10/2 Probable bilateral pneumonia.**ASSESSMENT:**

Marjorie R Ellis is a 68 y.o. female with a PMH of MASH cirrhosis, HTN, GAD, and depression. She presented on 10/1/2024 as tx from Holzer for AMS, where she was treated w meropenem for enterobacter cloacae (even though S to cefepime, ESBL testing not available there) , tx to OSU for c/f SBP as there was no GI service. Unable to aspirate ascites 2/2 small amount. ID c/s for fevers

1. Fever and multifocal hospital-acquired pneumonia - Had fever spike of 103 on 10/2, then defervesced with empiric antibiotics (vanco mero) Bcx are neg, pt not focal. Suspect she may have aspirated given sudden O2 req and appearance of bilateral patchy opacities. She is now on RA and much improved.
2. AMS - Seems improved
3. MASH Cirrhosis (decompensated)
4. Estimated Creatinine Clearance: 54 mL/min (by C-G formula based on SCr of 1.07 mg/dL).

**RECOMMENDATIONS:**

Would plan to complete at 7-day total course of therapy with the IV Cefepime for treatment of HAP (EOT date: 10/07/2024)

**ID Team 1** will s/off. Please call with questions.

**ISOLATION: standard**

Syeda F Hassan, MBBS  
Infectious Disease Fellow

**The ID Team pagers are available - Monday through Friday from 7:00 am to 06:00 pm.** For emergent or after hour issues, please call the on-call/1st-call ID fellow pager.

[QGenda - OSU System-Wide | Infectious Disease - UH](#)

#### ID Staff

I have discussed and examined the patient along with the ID Fellow at bedside on 10/04/2024. I agree with the ID Fellow's history, physical exam, and clinical decision making. These were corroborated by me and modified when necessary, based on my findings. Chart, labs, micro, radiology, and vitals reviewed. Please see the ID Fellow's impressions and recommendations above as they have been modified to reflect my own when necessary. These recommendations were relayed to the primary team.

Thank you

Jose A. Bazan, DO  
Attending Physician - Infectious Diseases  
x2909

Admission (Discharged) on 10/1/2024      *Note shared with patient*

#### Care Timeline

- 10/01 Admitted 1416
- 10/02 **Rapid Response**
- 10/03 Transferred to C10E 1747
- 10/03 Transferred out of C10E 0811
- 10/13 Discharged 1618

Printed by [HICK27] at 10/14/2024 11:26 AM

# Ellis, Marjorie R

MRN: 906213398



Jerome E Stasek Jr., MD

Physician

MED INTENSIVE - Notes Only

Progress Notes   
Signed

Date of Service: 10/4/2024 7:30 AM

**CRITICAL CARE MEDICINE ATTENDING PHYSICIAN NOTE:****Current Hospitalization:**

Admit Date: 10/1/2024

OSUMC Hospital LOS: 3 days

**Code Status:**

DNRCC-ARREST

**Interval History from the last 24 hours:**

She denies current cough, abdominal pain, N/V, fever, chest pain.

**Current Medications:**

• ceFEPIme	2 g	Intravenous	Q12HNS
• Vitamin D (Cholecalciferol)	5,000 Units	Per NG tube	Daily
• esomeprazole	40 mg	Per NG tube	Daily
• ferrous sulfate	324 mg	Oral	Once per day on Monday Wednesday Friday
• [Held by provider] furOSEmide	20 mg	Per NG tube	Daily
• Lactulose	20 g	Per NG tube	Q6H
• Levothyroxine	25 mcg	Oral	Before BKF
• rifAXIMin	550 mg	Per NG tube	BID
• Sertraline	200 mg	Per NG tube	Daily
• [Held by provider] Spironolactone	50 mg	Oral	BID
• [Held by provider] Tamsulosin HCl	0.4 mg	Oral	Daily
• Water liquid (free water)	150 mL	Per NG tube	Q4H

**Infusion Medications:**

• Jevity 1.5 Cal/Fiber	50 mL/hr (10/04/24 0756)
------------------------	--------------------------

**PRN Medications:** Acetaminophen, Albuterol, Calcium Gluconate \*\*OR\*\* calcium gluconate, Dextrose, glucose, guaiFENesin, magnesium sulfate, Melatonin, Ondansetron 4mg/2ml \*\*OR\*\* Ondansetron, potassium chloride \*\*OR\*\* Potassium chloride \*\*OR\*\* Potassium Bicarb-Citric Acid \*\*OR\*\* potassium chloride, Sodium chloride 0.9%, sodium phosphate \*\*OR\*\* sodium phosphate

**Changes To Past Medical, Social, & Family History:**

See APP Transfer Note.

**Physical Exam:**

Vital signs were Blood pressure 105/52, pulse 71, temperature 97.6 °F (36.4 °C), temperature source Oral, resp. rate (!) 28, height 1.6 m (5' 2.99"), weight 91.2 kg (201 lb 1 oz), SpO2 96%. Body mass index is 35.63 kg/m<sup>2</sup>. Tmax 103.2 degrees.

Mental status: awake but confused

Respiratory effort: normal

Mouth: oral thrush absent, poor dentition

Lungs: normal breath sounds bilaterally with minimal rhonchi

Jugular venous pressure: normal

Heart: regular rate and rhythm, no murmurs, and no gallops

Abdomen: soft, non-tender, normal bowel sounds

Pedal edema: 2-3 mm, chronic stasis and lymphedema changes, significant right leg wound, both arms.

Other: alert and oriented.

**Current MEWS Score:**

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**Review Of Tests Results:**

Radiology: by my own view of the images, her 10/2 portable CXR showed patchy R>L airspace opacities versus edema.

**Recent Labs:**

Bun/Creat/CI/CO2/Glucose: 44/1.07/114/22/108 (10/04 0200-10/04 1137)

Na/K+/Phos/Mg/Ca: 143/4.0/--/1.9/-- (10/04 0200)

WBC/Hgb/Hct/Plts: 4.89/7.5/23.3/22 (10/04 0200)

Ptt/Pt/Irr: 40.7/21.5/1.9 (10/04 0200)

Other notable labs: procalcitonin 0.56; MELD 3.0 score = 21 (10/4/2024)

Relevant microbiologic cultures: Blood cultures NGTD.

**Vital Signs (24hrs):**

Temp: [97.5 °F (36.4 °C)-98.6 °F (37 °C)] 97.6 °F (36.4 °C)

Pulse (Heart Rate): [66-76] 71

Resp Rate: [17-28] 28

BP: (87-114)/(43-56) 105/52

O2 Sat (%): [94 %-100 %] 96 %

Weight: [91.2 kg (201 lb 1 oz)] 91.2 kg (201 lb 1 oz)

**Hemodynamic/Invasive Device Data (24 hrs):**

Pulmonary/Cardiac Hemodynamics

Pulse (Heart Rate): 71

Neuro ICP/CPP Monitoring

MAP (mmHg): 75 mmHg

Neuro ICP/CPP Monitoring 2

MAP (mmHg): 75 mmHg

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

O2 Sat (%): [94 %-100 %] 96 %

O2 Device: room air

**Fluid Management (24hrs):**

I/O last 3 completed shifts:

In: 5406.2 [P.O.:500; I.V.:24.7; Blood:350; NG/GT:3277; IV Piggyback:1254.5]

Out: 525 [Urine:525]

**Impression:**

1. SIRS likely related to sepsis, unclear source, with soft blood pressures. She has not required vasopressors. Abnormal chest xray suggests an aspiration pneumonitis or pneumonia. She denied cough at time of admission, and continues to deny prominent cough, arguing against community-acquired pneumonia. Urinalysis showed pyuria and bacteriuria; Culture is pending. She was previously treated for an ESBL Enterobacter UTI. She also has several arm and right leg wounds, with some erythema and drainage, raising the suspicion for wound infection. Pancultures are pending. ID changed to cefepime monotherapy.

2. NASH cirrhosis with significant disease, MELD score 21. By report, there was insufficient ascites fluid present to do a tap.

3. Arm and leg wounds. Wound care to see this AM.

4. AKI / CKD, improved / stable.

5. Hepatic encephalopathy, improving. I would have PT and OT evaluate. I would use the NG tube that was placed for lactulose and rifaximin, as well as enteral feeds.

6. Pancytopenia related to cirrhosis, obesity, poor functional status.

Jerome E. Stasek Jr., M.D, FCCP

Attending Physician

Admission (Discharged) on 10/1/2024      *Note shared with patient*

### Care Timeline

- 10/01 Admitted 1416
- 10/02 Rapid Response
- 10/03 Transferred to C10E 1747
- 10/03 Transferred out of C10E 0811
- 10/13 Discharged 1618

Printed by [HICK27] at 10/14/2024 11:26 AM

# Ellis, Marjorie R

MRN: 906213398

**Chelsea C Deffenbaugh, APRN-CNP**

Nurse Practitioner

MED INTENSIVE - Notes Only

Date of Service: 10/4/2024 6:09 AM

Treatment Plan   
Signed

## ICU PLAN OF CARE

Marjorie R Ellis is a 68 y.o. female with a sig PMH of MASH cirrhosis, depression, GAD, HTN, obesity, and lymphedema who presented to OSUMC on 10/1 as a transfer from Holzer with AMS. She was admitted to the Hepatology service for work-up of her AMS in the setting of possible UTI and new pneumonia for which cultures were sent and broad spectrum antibiotics were started. Overnight she developed fever, tachypnea and tachycardia concerning for worsening sepsis. She was broadened to meropenem and vancomycin to cover for resistant organisms however, she continued to need further support and was transferred to the ICU for airway watch.

(See H&P for full admit details and PMH)

### Last 24 Hours

No acute events, mental status continues to improve.

### Today's Plan

- continue cefepime, ID continues to follow
- wound consult for leg wound, follow up culture of drainage to workup causative source of ongoing sepsis
- decrease free water to 200cc/Q4H
- hold DVT ppx with thrombocytopenia
- stable for transfer to PCU

### Physical Exam

**RASS: 0-->alert and calm (10/04 0400)****Overall CAM-ICU: Positive****Constitutional:** laying in bed, NAD, appears chronically ill**Eyes, Ears, Nose, Mouth/Throat:** EOMI, PERRL, no scleral icterus or injection; trachea midline, mucosa pink, moist; none**Respiratory:** lungs with diminished breath sounds bilaterally, equal chest rise**Cardiovascular:** RRR, S1/S2, no m/r/g, no peripheral edema**Gastrointestinal:** soft, round, nontender, hypoactive bowel sounds x4, Last Bowel Movement: 10/04/24**Genitourinary:** foley to gravity**Musculoskeletal:** moves all extremities spontaneously**Skin:** venous stasis in BLE, wound to RLE**Neurologic:** alert, oriented to self and place, disoriented to time, follows basic commands

### Laboratory Studies and Objective Data

Temp: [97.6 °F (36.4 °C)-98.6 °F (37 °C)] 98 °F (36.7 °C)	Oxygen Therapy O2 Sat (%): 94 % O2 Device: room air Flow (L/min): 2
Pulse (Heart Rate): [66-76] 73	
Resp Rate: [17-28] 25	
BP: (87-114)/(43-56) 98/48	
O2 Sat (%): [93 %-100 %] 94 %	
Weight: [91.2 kg (201 lb 1 oz)] 91.2 kg (201 lb 1 oz)	
Fluid Management (24hrs):	WBC/Hgb/Hct/Plts: 4.89/7.5/23.3/22 (10/04 0200)
Intake/Output last 3 shifts:	Na/K+/Phos/Mg/Ca: 143/4.0/--/1.9/-- (10/04)
I/O last 3 completed shifts:	

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

In: 6409.2 [P.O.:500; I.V.:1115.7; Blood:350; 0200) NG/GT:3115; IV Piggyback:1328.5] Out: 525 [Urine:525]	Bun/Creat/Cl/CO2/Glucose: 44/1.07/114/22/97 (10/04 0200-10/04 0543)
---	--

**Last 24 hours imaging:****Chest XR 10/2**

## IMPRESSION:

Probable bilateral pneumonia.

**Abd XR 10/2**

## IMPRESSION:

Enteric tube terminates in the gastric body.

**Positive Cultures:**

1.

**Problem List:****Sepsis**

- ESBL enterobacter UTI at OSH, s/p x5 days meropenem (EOT 9/29), ?PNA vs RLE wound as source of ongoing sepsis
- s/p fluid resuscitation, continue scheduled albumin for now
- ID following
- MRSA swab negative, stop vanc today
- continue cefepime (10/3-TBD)

**AKI on CKD IIIB (POA), *improving*****Hypernatremia**

- Likely prerenal 2/2 to dehydration with poor oral intake, sepsis
- Baseline Scr ~0.70, peaked at 1.39
- sCr improved with free water, decrease FWF to 200cc Q4H
- daily chem, foley for accurate I/O

**Acute Toxic/Metabolic Encephalopathy**

Per family she is AOX3 at baseline with periods of forgetfulness, likely 2/2 sepsis with possible HE contributing

- Minimize sedation as possible
- Treat HE as below
- Treat sepsis as above
- Delirium precautions: reorientation, promotion of good sleep hygiene, room with window, early mobilization, correction of dehydration, use of sensory aids (glasses, hearing aids), familiar faces (family, primary nurse) and the minimization of unnecessary noise and stimuli.

**Acute Decompensated MASH Cirrhosis**MELD 3.0: **21** at 10/4/2024 2:00 AMMELD-Na: **19** at 10/4/2024 2:00 AM

Calculated from:

Serum Creatinine: 1.07 mg/dL at 10/4/2024 2:00 AM

Serum Sodium: 143 mmol/L (Using max of 137 mmol/L) at 10/4/2024 2:00 AM

Total Bilirubin: 3.6 mg/dL at 10/4/2024 2:00 AM

Serum Albumin: 2.8 g/dL at 10/4/2024 2:00 AM

INR(ratio): 1.9 at 10/4/2024 2:00 AM

Age at listing (hypothetical): 68 years

Sex: Female at 10/4/2024 2:00 AM

- Volume: diuresis on hold with fluid resuscitation- Ascites: No pocket at this time- SBP: No history of SBP- EV: No hx of varices- HE: Continue Rifaximin and lactulose for goal 3-4BM daily- HCC: Last US 8/31/23 no concern for HCC- Transplant: Not in work-up- Hepatology following

- Daily LFTs

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

**Coagulopathy**

- secondary to liver dysfunction
- INR 1.7. only correct if bleeding

**Pancytopenia**

- chronic, multifactorial. previous workup: peripheral smear, B12/folate, iron studies, copper, immunofixation all normal
- exacerbated by acute illness
- hold DVT ppx
- transfuse for hgb <7 and plts <10

**Hypothyroidism:** Cont home synthroid**Depression:** Cont home sertraline**Complexity.****Hypocalcemia** - Continue to monitor and replete.**Thrombocytopenia** - Continue to monitor.**Obesity** Body mass index is 35.63 kg/m<sup>2</sup>. - Follow with PCP for dietary and lifestyle modifications.**Hypothyroidism** - Continue thyroid replacement

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

**F/E/N:** even/PRN/TF**Prophylaxis:** PPI/ SCDs**Critical care mobility:** PT/OT**An Antibiotic Time-Out was performed during patient rounds on 10/04/24****Goals of Care:** DNRCC-ARREST**Lines/tubes:**

- PIVs x4
- NG 10/2
- Foley 10/1

The above plan was discussed on multidisciplinary rounds. I have consulted with Dr. Jerome E Stasek Jr., MD regarding the plan of care, including medications. The above note reflects the attending's recommendations.

**Chelsea C Deffenbaugh, APRN-CNP**Admission (Discharged) on 10/1/2024      *Note shared with patient***Care Timeline**

- |       |  |                              |
|-------|--|------------------------------|
| 10/01 |  | Admitted 1416                |
| 10/02 |  | Rapid Response               |
|       |  | Transferred to C10E 1747     |
| 10/03 |  | Transferred out of C10E 0811 |
| 10/13 |  | Discharged 1618              |

# Ellis, Marjorie R

MRN: 906213398

**Lisa Fetters, RN**

Registered Nurse

NURSING - Notes Only

Plan of Care

Date of Service: 10/4/2024 5:51 AM

Signed

Problem: Adult Inpatient Plan of Care

Goal: Plan of Care Review

Outcome: Progressing

Goal: Patient-Specific Goal (Individualized)

Outcome: Progressing

Goal: Absence of Hospital-Acquired Illness or Injury

Outcome: Progressing

Goal: Optimal Comfort and Wellbeing

Outcome: Progressing

Goal: Readiness for Transition of Care

Outcome: Progressing

Problem: Dysphagia

Goal: Ongoing Assessment - Patient will participate in ongoing assessment by accepting various PO consistency trials with appropriate participation/oral acceptance and no significant respiratory complications to determine readiness for diet vs study

Outcome: Progressing

Problem: Enteral Nutrition

Goal: Feeding Tolerance

Outcome: Progressing

Admission (Discharged) on 10/1/2024      *Note shared with patient*

## Care Timeline

- 10/01 Admitted 1416
- 10/02 **Rapid Response**
- 10/03 Transferred to C10E 1747
- 10/03 Transferred out of C10E 0811
- 10/13 Discharged 1618

Printed by [HICK27] at 10/14/2024 11:26 AM

# Ellis, Marjorie R

MRN: 906213398

**Max Gilliland**Medical Student  
INFECT DIS - Notes OnlyMedical Student    
Addendum

Date of Service: 10/3/2024 9:20 AM

## INFECTIOUS DISEASE ID Team 1 CONSULT NOTE

**Referring MD:** Jerome E Stasek Jr., MD**Reason for Consult:** NASH cirrhosis + concern for fever on vanc/meropenem**Chief Complaint:** AMS

**HPI:** Marjorie R Ellis is a 68 y.o. female with a PMH of MASH cirrhosis, HTN, GAD, and depression. She presented on 10/1/2024 from an OSH for AMS. She originally presented on 9/23/24 to the OSH from a rehab facility for AMS. At OSH she had a low grade fever, and was treated with IV fluid resuscitation and IV ceftriaxone. Blood cultures were drawn which showed no growth. Notably, urine culture showed enterobacter cloacae resistant to cefazolin, cefoxitin, ceftazidime, ceftriaxone, piperacillin-tazobactam, nitrofurantoin, gentamicin. Intermediate resistance to ciprofloxacin and levofloxacin, and sensitivity to bactrim, meropenem, amikacin, cefepime. She was switched to meropenem and completed her 5 day course on 9/29/24. On 9/30/24 CBC revealed leukocytosis of 11.5k from what appears to be a baseline of pancytopenia and worsening mental status. She was subsequently transferred to OSU on 10/1/24. CXR showed new onset bilateral airspace opacities, suggestive of pneumonia. Vancomycin and cefepime was started and then broadened to vancomycin meropenem. Yesterday, continued to need respiratory support and she was subsequently transferred to the ICU where she is currently. Speaking with her today, she denies abdominal pain, subjective fever, urinary symptoms, and cough but complains of pain in her arms and legs, and generalized malaise.

Antibiotics Received:

9/23-Ceftriaxone

9/24-meropenem

10/1-Vancomycin + cefepime -&gt; vancomycin meropenem.

Exposures and Risk Factors

- Sick Contacts: None
- Occupation: None
- Travel: None
- Animal Contact or Insect Bites: None
- TB risk factors: None
- Occupational or Environmental Exposures: None
- Implants/hardware: Left knee replacement, foley catheter in place.
- Drug use: Never
- Sexual Activity: n/a
- Other: Chronic lymphedema changes on lower extremities, episodes of HE and AMS.

**Review of Systems -**

Patient denies the following Fever, Productive Cough, Abdominal Pain, Urinary Frequency, Urinary Urgency, Urinary Hesitancy, and Dysuria, however admits to Malaise, Dyspnea, and Rash

**Social History****Socioeconomic History**

- Marital status: Married

**Social Determinants of Health**

Financial Resource Strain: Medium Risk (6/2/2023)

Received from OhioHealth

Overall Financial Resource Strain (CARDIA)

- Difficulty of Paying Living Expenses: Somewhat hard

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

**Food Insecurity: No Food Insecurity (6/2/2023)**

Received from OhioHealth

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 (6/2/2023)**

Received from OhioHealth

PRAPARE - Transportation

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

No family history on file.

**Medications Prior to Admission**

Medication	Sig	Dispense	Refill	Last Dose
• Cyclobenzaprine 10 MG tablet	Take 0.5 tablets by mouth 3 times daily as needed for Muscle spasms.			Past Month
• ferrous sulfate 324 (65 Fe) MG Tab DR tablet	Take 1 tablet by mouth every Monday, Wednesday, Friday dinner.			Past Month
• furOSEmide 20 MG tablet	Take 1 tablet by mouth daily.			Past Month
• hydroCODone-acetaminophen 5-325 MG tablet	Take 1 tablet by mouth every 4 hours as needed for Severe Pain.			Past Month
• Lactulose 10 GM/15ML Solution oral solution	Take 30 mL by mouth 2 times daily.			Past Month
• Levothyroxine 25 MCG tablet	Take 1 tablet by mouth every morning before breakfast.			Past Month
• Melatonin 3 MG tablet	Take 5 mg by mouth at bedtime as needed for Insomnia.			Past Month
• nystatin 100000 UNIT/GM Powder powder	Apply 1 Application topically as needed for Other (apply to abdominal topical folds as needed for redness).			Past Month
• omeprazole 20 MG Cap DR capsule	Take 1 capsule by mouth daily.			Past Month
• potassium chloride 20 MEQ Pack	Take 1 packet by mouth daily.			Past Month
• rifAXIMin 550 MG tablet	Take 1 tablet by mouth 2 times daily.			Past Month
• Sertraline 100 MG tablet	Take 2 tablets by mouth daily.			Past Month
• Spironolactone 25 MG tablet	Take 2 tablets by mouth 2 times daily.			Past Month
• Tamsulosin HCl 0.4 MG capsule	Take 1 capsule by mouth daily.			Past Month
• Vitamin D, Cholecalciferol, 25 MCG (1000 UT) tablet	Take 5 tablets by mouth daily.			Past Month

**Inpatient Medications:**

• albumin human	12.5 g	Intravenous	Q8HNS
• albumin human	0.5 g/kg (Ideal)	Intravenous	Q12HNS

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

• Vitamin D (Cholecalciferol)	5,000 Units	Per NG tube	Daily
• esomeprazole	40 mg	Per NG tube	Daily
• ferrous sulfate	324 mg	Oral	Once per day on Monday Wednesday Friday
• [Held by provider] furOSEmide	20 mg	Per NG tube	Daily
• Lactated ringers			
• Lactulose	20 g	Per NG tube	Q6H
• Levothyroxine	25 mcg	Oral	Before BKF
• meropenem	0.5 g	Intravenous	Q8HNS
• rifAXIMin	550 mg	Per NG tube	BID
• Sertraline	200 mg	Per NG tube	Daily
• Sodium chloride 0.9%	0-250 mL	Intravenous	See admin instructions
• [Held by provider] Spironolactone	50 mg	Oral	BID
• [Held by provider] Tamsulosin HCl	0.4 mg	Oral	Daily
• Water liquid (free water)	400 mL	Per NG tube	Q4H

**No Known Allergies****OBJECTIVE FINDINGS:**Vital Signs (24hrs):

Temp: [97.7 °F (36.5 °C)-103.2 °F (39.6 °C)] 97.7 °F (36.5 °C)

Pulse (Heart Rate): [63-104] 72

Resp Rate: [15-40] 23

BP: (78-133)/(43-84) 100/49

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

Weight: [90 kg (198 lb 6.6 oz)] 90 kg (198 lb 6.6 oz)

**Physical Exam:**

GEN: Awake, resting comfortably, NAD

EYES: PERRL, EOMI, scleral icterus present

HENT: MMM. No oral lesions. Fair dentition.

NECK: Supple, no cervical lymphadenopathy or meningismus.

CARDIO: RRR, no murmur.

PULM/CHEST: Faint crackles heard on right lower lobe.

ABD: Normal bowel sounds, soft, non-tender to palpation. Not distended. No hepatosplenomegaly.

MSK: Lower extremely swelling, indicative of chronic lymphoedemic changes. Scar on left knee from knee replacement. Skin tears in right upper extremity.

no obvious effusion, swelling, increased warmth, or erythema of major joints. No pedal edema.

SKIN: Chronic lymphoedemic changes, on upper and lower extremities. Pronounced ecchymosis on upper extremities. mild icterus present. Hands and fingers are swollen.

**Lab Results**

Component	Value	Date
WBC	2.97 (L)	10/03/2024
HGB	6.2 (LL)	10/03/2024
HCT	20.2 (L)	10/03/2024
PLATELET	29 (LL)	10/03/2024
MCV	99.0 (H)	10/03/2024

**Lab Results**

Component	Value	Date
RBCDISTIBU	21.8 (H)	10/03/2024
GRNLOCYT	62.1	10/01/2024
LYMPHOCYT	20.3	10/01/2024
MONOCYTELEC	12.3	10/01/2024

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

EOSINOPHILS	2.2	10/01/2024
BASOPHILS	0.0	10/01/2024
LYMPHOCYTABS	0.66 (L)	10/01/2024
EOSINOPHLABS	0.07	10/01/2024
PLATELET	29 (LL)	10/03/2024
MPV	11.8	10/03/2024

Bun/Creat/CI/CO2/Glucose: 48/1.27/118/26/98 (10/03 0344-10/03 0536)

Na/K+/Phos/Mg/Ca: 149/3.4/-/2.2/- (10/03 0344)

*Estimated Creatinine Clearance: 45 mL/min (A) (by C-G formula based on SCr of 1.27 mg/dL (H)).***Lab Results**

Component	Value	Date
ALT	34	10/03/2024
AST	112 (H)	10/03/2024
ALKPHOS	154 (H)	10/03/2024
BILITOTAL	4.3 (H)	10/03/2024
BILIDIRECT	2.0 (H)	10/03/2024

No results found for: "SEDRATE"

**Lab Results**

Component	Value	Date
CRP	93.45 (H)	10/01/2024

Urinalysis**Lab Results**

Component	Value	Date
SPGRVTYUR	1.012	10/01/2024
GLUCOSEURINE	Negative	10/01/2024
KETONESURINE	Negative	10/01/2024
BLOODURINE	Moderate (A)	10/01/2024
NITRITESURIN	Negative	10/01/2024
LEUKOCESTUR	Moderate (A)	10/01/2024
WCURINE	> 20 (A)	10/01/2024
RBCURINE	6-10 (A)	10/01/2024
BACTERIAURIN	TRACE (A)	10/01/2024

**Microbiology and Other Significant ID Labs:** (personally reviewed)**Urine Culture 9/23:** Enterobacter cloacae

Resistant to: Cefoxitin, ceftazidime, ceftazidine, zosyn, nitrofurantoin, gentamicin

Intermediate susceptibility: levofloxacin, ciprofloxacin

Susceptible: bactrim, meropenem, amikacin, cefepime.

Blood cultures 9/23: No Growth

CBC @ OSH: 11.5k

Procalcitonin: 0.56

Blood Cultures 10/1 10/2: NGTD

MRSA Screen 10/1: Negative

Urine Culture 10/1: Candida albicans

Step pneumo antigen 10/2: Negative

WBC 10/3: 2.97k

	Latest Reference Range & Units	10/01/24 18:30	10/02/24 12:25
STREP PNEUMONIAE ANTIGEN, URINE	Negative		Negative
Legionella Urinary Antigen, serogroup 1	Negative		Negative

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

Influenza A, molecular	Not Detected	Not Detected	
Influenza B, molecular	Not Detected	Not Detected	
SARS-COV-2 RAPID		Rpt	
SARS-COV-2	NOT DETECTED	NOT DETECTED	

Rpt: View report in Results Review for more information

**Imaging:** (personally reviewed)**CXR 9/23:** negative**US 9/30:** small amount of ascites, cirrhotic liver, gallbladder wall thickening.**CXR 10/1:**

IMPRESSION:

Multifocal patchy opacities, likely pneumonia.

**XR Abdomen 10/2:**

IMPRESSION:

Enteric tube terminates in the gastric body.

**CXR 10/2:**

IMPRESSION:

Probable bilateral pneumonia.

**ASSESSMENT:**

Marjorie R Ellis is a 68 y.o. female with a PMH of NASH cirrhosis, HTN GAD, depression, and chronic lymphedema presented from OSH with worsening AMS and concern for sepsis likely due to hospital-acquired pneumonia.

**1. Fever and sepsis in setting of Hospital-acquired multifocal pneumonia**

-Presented to OSH w/ AMS, found to have MRDO enterobacter cloacae UTI. Repeat cultures here show clearing of enterobacter cloacae, with moderate growth of candida spp. CXR at OSH 9/23 showed no evidence of pneumonia, repeat CXR 10/1 showed bilateral infiltrates. MRSA screen negative, CXR not showing necrotizing pneumonia. Will need coverage for other common HAP organisms which include Pseudomonas spp., enteric gram negatives (including enterobacter cloacae), and Acinetobacter spp.

-Patient meets the following criteria for sepsis: lactate 2.1, changes in mental status, fever, tachypnea, tachycardia.

-Less likely due to SBP, no significant ascites, non-acute abdomen. Will continue to monitor.

**2. Altered Mental Status**

-Likely multifactorial in setting of hepatic dysfunction, worsening pneumonia, sepsis

-Seems improved today

**3. Pancytopenia****4. Decompensated MASH Cirrhosis****5. AKI - Estimated Creatinine Clearance: 45 mL/min (A) (by C-G formula based on SCr of 1.27 mg/dL (H)).****RECOMMENDATIONS:**

1. Discontinue Meropenem
2. Start Cefepime 2 grams IV every 12 hours
3. Please have pharmacy help with dosing of IV antibiotics.
4. Monitor blood cultures and other pending cultures. Notify ID Team 1 of any positive results.
5. If able to obtain respiratory cultures, would check sputum for Gram stain and culture.

Patient was staffed with Dr. Jose A Bazan

**ID Team 1** Will continue to follow with you.If you have any questions, please reach out to the **ID Team 1** pager found in QGenda below.**The ID Team pagers are available - Monday through Friday from 7:00 am to 06:00 pm.** For emergent or after

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024  
 hour issues, please call the on-call ID Fellow pager.

### [QGenda - OSU System-Wide | Infectious Disease - UH](#)

Max Gilliland, MS4

#### ID Staff

I have discussed and examined the patient along with the ID MS4 at bedside on 10/03/2024. I agree with the ID MS4's history, physical exam, and clinical decision making. These were corroborated by me and modified when necessary, based on my findings. Chart, labs, micro, radiology, and vitals reviewed. Patient is a 68 y/o female with decompensated MASH cirrhosis who was admitted to OSH with fevers and AMS. She was treated for an Enterobacter aerogenes UTI with Meropenem and was subsequently transferred to the OSU ICU for higher acuity of care. Here, patient had fevers which prompted re-initiation of empiric broad spectrum antibiotics (initially Cefepime and Vancomycin, now Meropenem and Vancomycin). Fever curve seems to be down trending since antibiotics were started. On exam, patient is awake and interactive. Does not appear to be in acute distress and mentation seems better. No pressor requirements. Left sided NG tube in place. Heart is regular and lungs are clear to bilateral anterior auscultation. Abdomen is soft and with normoactive bowel sounds. Patient has scattered ecchymoses and petechia in the skin, especially at sites where PIV have been located. There is evidence of chronic venous stasis changes in both lower extremities. An open wound is present in the RLE, but does not look acutely infected. No joint swelling or pain. Labs show pancytopenia in the setting of liver cirrhosis and AKI. Blood cultures here are pending, while those at the OSH have been negative per report. Urine culture here shows Candida albicans, MSSA/MRSA screen from nares is negative, and RLE wound culture is pending. At the OSH, urine culture showed growth of Enterobacter aerogenes with susceptibilities as per the note above. CXR here shows evidence of multifocal pneumonia (prior CXR at OSH from 9/23 showed no acute findings). Abdominal U/S with minimal ascites. Overall, suspect patient may have a multifocal hospital-acquired pneumonia given multiple risk factors (e.g., NG tube, elderly/debility, liver cirrhosis, etc.) and radiographic findings. Fever curve seemed to have been improving on the Vancomycin and Cefepime. Given that the MRSA screen was negative, agree with stopping the IV Vancomycin. Would favor changing the Meropenem back to Cefepime with ongoing monitoring of the fever curve, cultures and clinical status. If patient remains afebrile and improves, would then plan to complete a course of pneumonia with the Cefepime. Please see the ID MS4's impressions and recommendations above as they have been modified to reflect my own when necessary. These recommendations were relayed to the primary team. We will continue to follow along with you.

Thank you

Jose A. Bazan, DO  
 Attending Physician - Infectious Diseases  
 x2909

Cosigned by: Jose A Bazan, DO at 10/3/2024 3:46 PM

Admission (Discharged) on 10/1/2024      *Note shared with patient*

#### Care Timeline

- 10/01 Admitted 1416
- 10/02 Rapid Response
- 10/03 Transferred to C10E 1747
- 10/03 Transferred out of C10E 0811
- 10/13 Discharged 1618

Printed by [HICK27] at 10/14/2024 11:26 AM

# Ellis, Marjorie R

MRN: 906213398



Suraj R Pai, MD

Fellow

HEPATOLOGY - Notes Only

Progress Notes   
Attested

Date of Service: 10/3/2024 9:09 AM

Attestation signed by Chathur Acharya, MD at 10/3/2024 1:20 PM

**ATTENDING STATEMENT:**

Patient's history and physical exam reviewed with fellow. All pertinent laboratory data, imaging and procedures have been reviewed. I have reviewed the fellow documentation and have made appropriate changes. I agree with the fellow dictated impression and plan as outlined below

Marjorie R Ellis is a 68 y.o. C female with decompensated MASH cirrhosis admitted for AMS,UTI,AKI, obesity,hypernatremia, transferred to the MICU for AMS

MELD 3.0: **24** at 10/3/2024 3:44 AM

MELD-Na: **22** at 10/3/2024 3:44 AM

Calculated from:

Serum Creatinine: 1.27 mg/dL at 10/3/2024 3:44 AM

Serum Sodium: 149 mmol/L (Using max of 137 mmol/L) at 10/3/2024 3:44 AM

Total Bilirubin: 4.3 mg/dL at 10/3/2024 3:44 AM

Serum Albumin: 2.8 g/dL at 10/3/2024 3:44 AM

INR(ratio): 2.0 at 10/3/2024 3:44 AM

Age at listing (hypothetical): 68 years

Sex: Female at 10/3/2024 3:44 AM

1. Decomp cirrhosis: needs to establish as OP,to frail for LT consideration as of now
2. OHE: continue lactulose+rix. Treat infection
3. Anemia: multifactorial. No obvious GIB. Will need EGD once stable.
4. Sepsis: per MICU
5. HyperNa/CKD: per MICU

Please refer to fellows note for more details

Chathur Acharya M.D.

Assistant Professor of Clinical Medicine

Gastroenterology, Hepatology, and Nutrition

Pager: 12407

## GASTROENTEROLOGY OSU MAIN HEPATOLOGY SERVICE PROGRESS NOTE

68 y.o.female with PMHx significant for MASH cirrhosis who presented as a transfer from OSH for AMS. Her medical history is otherwise notable for Hypertension, GAD, and MDD. The patient initially presented to Holzer on 9/23 due to AMS and low-grade fever. Her hospital course has been complicated by Enterobacter Cloacae UTI, AKI (now resolving), HCAP, Hypernatremia, and persistently altered mentation that is felt to be likely multifactorial. Her repeat UA from a new foley is suspicious for continued infection with CXR also noting multifocal pneumonia. She was initially placed on Vanc/Cefepime and then escalated to Vanc/Mero after she had worsening mentation and persistent fevers throughout the day, eventually transferred to the MICU.

**Subjective/Interval Events:**

- Tmax 103.2 overnight, BP range 70-130/40-50
- Hgb 6.2 this AM, downtrend from 7.1 yesterday
- Remains hypernatremic to 149

**Objective:**

Temp: [97.6 °F (36.4 °C)-103.2 °F (39.6 °C)] 97.6 °F (36.4 °C)

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

Pulse (Heart Rate): [63-104] 66

Resp Rate: [15-40] 20

BP: (78-133)/(43-84) 89/45

O2 Sat (%): [93 %-100 %] 94 %

Weight: [90 kg (198 lb 6.6 oz)] 90 kg (198 lb 6.6 oz)

**Wt Readings from Last 3 Encounters:**

10/02/24 90 kg (198 lb 6.6 oz)

Gen: AAO x 1-2, NAD

Card: RRR, +S1 and S2, -m/r/g

Pulm: CTABL, normal WOB

Abd: soft, NT, ND

Ext: significant venous stasis changes bilaterally, at least 2+ edema

Neuro: no focal deficits

Psych: appropriate affect

Skin: no jaundice

**ROS**

10-point ROS negative unless otherwise noted in HPI.

**Medications:**

• albumin human	12.5 g	Intravenous	Q8HNS
• Vitamin D (Cholecalciferol)	5,000 Units	Per NG tube	Daily
• esomeprazole	40 mg	Per NG tube	Daily
• ferrous sulfate	324 mg	Oral	Once per day on Monday Wednesday Friday
• [Held by provider] furOSEmide	20 mg	Per NG tube	Daily
• Lactated ringers			
• Lactulose	20 g	Per NG tube	Q6H
• Levothyroxine	25 mcg	Oral	Before BKF
• meropenem	0.5 g	Intravenous	Q8HNS
• rifAXIMin	550 mg	Per NG tube	BID
• Sertraline	200 mg	Per NG tube	Daily
• Sodium chloride 0.9%	0-250 mL	Intravenous	See admin instructions
• [Held by provider] Spironolactone	50 mg	Oral	BID
• [Held by provider] Tamsulosin HCl	0.4 mg	Oral	Daily
• Water liquid (free water)	400 mL	Per NG tube	Q4H

**Labs:**

All relevant labs were reviewed.

WBC/Hgb/Hct/Plts: 2.97/6.2/20.2/29 (10/03 0344)

Bun/Creat/Cl/CO2/Glucose: 48/1.27/118/26/98 (10/03 0344-10/03 0536)

Na/K+/Phos/Mg/Ca: 149/3.4/--/2.2/-- (10/03 0344)

**Lab Results**

Component	Value	Date
ALT	34	10/03/2024
AST	112 (H)	10/03/2024
ALKPHOS	154 (H)	10/03/2024
BILITOTAL	4.3 (H)	10/03/2024
BILIDIRECT	2.0 (H)	10/03/2024

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

INR

2.0 (H)

10/03/2024

**Imaging:***All relevant imaging and procedures were reviewed.*MELD 3.0: **24** at 10/3/2024 3:44 AMMELD-Na: **22** at 10/3/2024 3:44 AM

Calculated from:

Serum Creatinine: 1.27 mg/dL at 10/3/2024 3:44 AM

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Serum Albumin: 2.8 g/dL at 10/3/2024 3:44 AM

INR(ratio): 2.0 at 10/3/2024 3:44 AM

Age at listing (hypothetical): 68 years

Sex: Female at 10/3/2024 3:44 AM

**ASSESSMENT AND PLAN:**

Marjorie R Ellis is a 68 y.o. female with MASH cirrhosis who presented as a transfer from OSH for AMS. Her medical history is otherwise notable for Hypertension, GAD, and MDD.

**RECOMMENDATIONS:**

- OHE: lactulose (titrate to improvement in mental status). Continue rifaximin
- Hypernatremia: 1.7L free water deficit to correct Na by 6 to goal 143 by 10/4 AM. Would give free water flushes via NGT, can consider 200cc q3h
- Although has volume overload, would hold diuretics until out of ICU given critical illness and no NC requirement
- Rest of ICU care per primary team
- Symptomatic management (e.g. IVF, antiemetics, pain regimen, etc-- per primary team)

This consult was seen and discussed with Dr. Acharya, the attending physician. Recommendations are not considered final until cosigned by the attending. We will continue to follow.

**Suraj Pai, MD**

Fellow, Gastroenterology

Cosigned by: Chathur Acharya, MD at 10/3/2024 1:20 PM

Admission (Discharged) on 10/1/2024

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

- 10/01 Admitted 1416
- 10/02 **Rapid Response**
- 10/03 Transferred to C10E 1747
- 10/03 Transferred out of C10E 0811
- 10/13 Discharged 1618

Printed by [HICK27] at 10/14/2024 11:26 AM

# Ellis, Marjorie R

MRN: 906213398



Jerome E Stasek Jr., MD

Physician

MED INTENSIVE - Notes Only

Progress Notes   
Signed

Date of Service: 10/3/2024 7:00 AM

**CRITICAL CARE MEDICINE ATTENDING PHYSICIAN NOTE:****Current Hospitalization:**

Admit Date: 10/1/2024

OSUMC Hospital LOS: 2 days

**Code Status:**

DNRCC-ARREST

**Interval History from the last 24 hours:**

68 yo F with history of NASH cirrhosis, HTN, obesity, anasarca, who presented to OSH with encephalopathy and UTI, transferred to OSUWMC 10/1 for ongoing care, transferred to the ICU yesterday PM for sepsis with soft blood pressures. Today, she complains of general malaise, mild dyspnea. No chest pain, abdominal pain, current subjective fever, dysuria, prominent cough, dysphagia, neck pain or stiffness. She has moderate limb pain in both arms and legs.

**Current Medications:**

• albumin human	12.5 g	Intravenous	Q8HNS
• Vitamin D (Cholecalciferol)	5,000 Units	Per NG tube	Daily
• esomeprazole	40 mg	Per NG tube	Daily
• ferrous sulfate	324 mg	Oral	Once per day on Monday Wednesday Friday
• [Held by provider] furOSEmide	20 mg	Per NG tube	Daily
• Lactated ringers			
• Lactulose	20 g	Per NG tube	Q6H
• Levothyroxine	25 mcg	Oral	Before BKF
• meropenem	0.5 g	Intravenous	Q8HNS
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• Sertraline	200 mg	Per NG tube	Daily
• Sodium chloride 0.9%	0-250 mL	Intravenous	See admin instructions
• [Held by provider] Spironolactone	50 mg	Oral	BID
• [Held by provider] Tamsulosin HCl	0.4 mg	Oral	Daily
• Water liquid (free water)	400 mL	Per NG tube	Q4H

**Infusion Medications:**

- Jevity 1.5 Cal/Fiber 60 mL/hr (10/03/24 1153)

**PRN Medications:** Acetaminophen, Albuterol, Calcium Gluconate \*\*OR\*\* calcium gluconate, Dextrose, glucose, guaiFENEsin, Lactated ringers, magnesium sulfate, Melatonin, Ondansetron 4mg/2ml \*\*OR\*\* Ondansetron, potassium chloride \*\*OR\*\* Potassium chloride \*\*OR\*\* Potassium Bicarb-Citric Acid \*\*OR\*\* potassium chloride, Sodium chloride 0.9%, sodium phosphate \*\*OR\*\* sodium phosphate

**Changes To Past Medical, Social, & Family History:**

See APP Transfer Note.

**Physical Exam:**

Vital signs were Blood pressure 89/45, pulse 66, temperature 97.6 °F (36.4 °C), temperature source Oral, resp. rate 20, height 1.6 m (5' 2.99"), weight 90 kg (198 lb 6.6 oz), SpO2 94%. Body mass index is 35.16 kg/m<sup>2</sup>. Tmax 103.2 degrees.

Mental status: awake but confused

Respiratory effort: normal

Mouth: oral thrush absent, poor dentition

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

Lungs: normal breath sounds bilaterally with minimal rhonchi

Jugular venous pressure: normal

Heart: regular rate and rhythm, no murmurs, and no gallops

Abdomen: soft, non-tender, normal bowel sounds

Pedal edema: 2-3 mm, chronic stasis and lymphedema changes, significant right leg wound, both arms.

Other: +inattention.

### **Current MEWS Score:**

### **Review Of Tests Results:**

Radiology: by my own view of the images, her 10/2 portable CXR showed patchy R>L airspace opacities versus edema.

### **Recent Labs:**

Bun/Creat/Cl/CO2/Glucose: 48/1.27/118/26/98 (10/03 0344-10/03 0536)

Na/K+/Phos/Mg/Ca: 149/3.4/--/2.2-- (10/03 0344)

WBC/Hgb/Hct/Plts: 2.97/6.2/20.2/29 (10/03 0344)

Ptt/Pt/Inr: 40.4/22.6/2.0 (10/03 0344)

Other notable labs: procalcitonin 0.56; MELD 3.0 score = 24

Relevant microbiologic cultures: pending.

### **Vital Signs (24hrs):**

Temp: [97.6 °F (36.4 °C)-103.2 °F (39.6 °C)] 97.6 °F (36.4 °C)

Pulse (Heart Rate): [63-104] 66

Resp Rate: [15-40] 20

BP: (78-133)/(43-84) 89/45

O2 Sat (%): [93 %-100 %] 94 %

Weight: [90 kg (198 lb 6.6 oz)] 90 kg (198 lb 6.6 oz)

### **Hemodynamic/Invasive Device Data (24 hrs):**

Pulmonary/Cardiac Hemodynamics

Pulse (Heart Rate): 66

BSA (Calculated - sq m): 1.93 m<sup>2</sup>

Neuro ICP/CPP Monitoring

MAP (mmHg): 65 mmHg

Neuro ICP/CPP Monitoring 2

MAP (mmHg): 65 mmHg

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

O2 Sat (%): [93 %-100 %] 94 %

O2 Device: room air

Flow (L/min): [2-5] 2

### **Fluid Management (24hrs):**

I/O last 3 completed shifts:

In: 4017.4 [I.V.:1990.2; NG/GT:1511; IV Piggyback:516.2]

Out: 710 [Urine:710]

### **Impression:**

1. SIRS likely related to sepsis, unclear source, with soft blood pressures. She has not required vasopressors to this point. Abnormal chest xray suggests an aspiration pneumonitis or pneumonia. She denied cough at time of admission, and continues to deny prominent cough, arguing against community-acquired pneumonia. Urinalysis showed pyuria and bacteriuria; Culture is pending. She was previously treated for an ESBL Enterobacter UTI. She also has several arm and right leg wounds, with some erythema and drainage, raising the suspicion for wound infection. Pancultures are pending. We will ask ID to evaluate.

2. NASH cirrhosis with significant disease, MELD score 24. By report, there was insufficient ascites fluid present to do a tap.

3. Arm and leg wounds. I would have wound care evaluate.

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

4. AKI / CKD, stable.

5. Hepatic encephalopathy, improving. I would have PT and OT evaluate. I would use the NG tube that was placed for lactulose and rifaximin, to start enteral feeds.

6. Pancytopenia related to cirrhosis, obesity, poor functional status.

A total of 35 minutes of critical care time was spent directly related to the care of this critically-ill patient.

Jerome E. Stasek Jr., M.D, FCCP

Attending Physician

Admission (Discharged) on 10/1/2024      *Note shared with patient***Care Timeline**

- 10/01 Admitted 1416
- 10/02 Rapid Response
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Printed by [HICK27] at 10/14/2024 11:26 AM

# Ellis, Marjorie R

MRN: 906213398

**Chelsea C Deffenbaugh, APRN-CNP**

Nurse Practitioner

MED INTENSIVE - Notes Only

Date of Service: 10/3/2024 6:42 AM

Treatment Plan   
Addendum

## ICU PLAN OF CARE

Marjorie R Ellis is a 68 y.o. female with a sig PMH of MASH cirrhosis, depression, GAD, HTN, obesity, and lymphedema who presented to OSUMC on 10/1 as a transfer from Holzer with AMS. She was admitted to the Hepatology service for work-up of her AMS in the setting of possible UTI and new pneumonia for which cultures were sent and broad spectrum antibiotics were started. Overnight she developed fever, tachypnea and tachycardia concerning for worsening sepsis. She was broadened to meropenem and vancomycin to cover for resistant organisms however, she continued to need further support and was transferred to the ICU for airway watch.

(See H&P for full admit details and PMH)

### Last 24 Hours

Admitted to MICU for airway watch. Has remained stable overnight.

### Today's Plan

- stop vancomycin today, continue mero for now
- wound consult for leg wound, will send culture to workup causative source of ongoing sepsis
- free water deficit 2.9L, increase FWF to 400cc Q4H
- hold DVT ppx with thrombocytopenia
- stable for transfer to PCU

### Physical Exam

**RASS: -1-->drowsy (10/03 0400)****Overall CAM-ICU: Positive****Constitutional:** laying in bed, NAD, appears chronically ill**Eyes, Ears, Nose, Mouth/Throat:** EOMI, PERRL, no scleral icterus or injection; trachea midline, mucosa pink, moist; none**Respiratory:** lungs with diminished breath sounds bilaterally, equal chest rise**Cardiovascular:** RRR, S1/S2, no m/r/g, no peripheral edema**Gastrointestinal:** soft, round, nontender, hypoactive bowel sounds x4, Last Bowel Movement: 10/03/24**Genitourinary:** foley to gravity**Musculoskeletal:** moves all extremities spontaneously**Skin:** venous stasis in BLE, wound to RLE**Neurologic:** drowsy, oriented to self and place, disoriented to time, follows basic commands

### Laboratory Studies and Objective Data

Temp: [97.8 °F (36.6 °C)-103.2 °F (39.6 °C)] 97.8 °F (36.6 °C)	Oxygen Therapy O2 Sat (%): 100 % O2 Device: nasal cannula Flow (L/min): 2
Pulse (Heart Rate): [63-104] 63	
Resp Rate: [15-40] 21	
BP: (78-133)/(43-84) 92/55	
O2 Sat (%): [92 %-100 %] 100 %	
Weight: [90 kg (198 lb 6.6 oz)] 90 kg (198 lb 6.6 oz)	
Fluid Management (24hrs):	WBC/Hgb/Hct/Plts: 2.97/6.2/20.2/29 (10/03 0344)
Intake/Output last 3 shifts:	Na/K+/Phos/Mg/Ca: 149/3.4/--/2.2/-- (10/03)
I/O last 3 completed shifts:	

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

In: 2246.3 [I.V.:899.2; NG/GT:1023; IV Piggyback:324.1] Out: 1060 [Urine:1060]	0344) Bun/Creat/Cl/CO2/Glucose: 48/1.27/118/26/98 (10/03 0344-10/03 0536)
--	---

**Last 24 hours imaging:****Chest XR 10/2**

## IMPRESSION:

Probable bilateral pneumonia.

**Abd XR 10/2**

## IMPRESSION:

Enteric tube terminates in the gastric body.

**Positive Cultures:**

1.

**Problem List:****Sepsis**

- ESBL enterobacter UTI at OSH, s/p x5 days meropenem (EOT 9/29), ?PNA vs RLE wound as source of ongoing sepsis
- s/p fluid resuscitation, continue scheduled albumin for now
- ID consulted, recs pending
- MRSA swab negative, stop vanc today
- continue meropenem for now

**AKI on CKD IIIB (POA)****Hypernatremia**

Likely 2/2 to dehydration with poor oral intake, sepsis

- Baseline Scr ~0.70, Na normal at baseline, 150 this am
- Low Threshold for Neph consult
- No urgent needs for RRT
- free water deficit 2.9L, increase FWF to 400cc Q4H
- daily chem, foley for accurate I/O

**Acute Toxic/Metabolic Encephalopathy**

Per family she is AOX3 at baseline with periods of forgetfulness, likely 2/2 sepsis with possible HE contributing

- Minimize sedation as possible
- Treat HE as below
- Treat sepsis as above
- Delirium precautions: reorientation, promotion of good sleep hygiene, room with window, early mobilization, correction of dehydration, use of sensory aids (glasses, hearing aids), familiar faces (family, primary nurse) and the minimization of unnecessary noise and stimuli.

**Acute Decompensated MASH Cirrhosis**MELD 3.0: **24** at 10/3/2024 3:44 AMMELD-Na: **22** at 10/3/2024 3:44 AM

Calculated from:

Serum Creatinine: 1.27 mg/dL at 10/3/2024 3:44 AM

Serum Sodium: 149 mmol/L (Using max of 137 mmol/L) at 10/3/2024 3:44 AM

Total Bilirubin: 4.3 mg/dL at 10/3/2024 3:44 AM

Serum Albumin: 2.8 g/dL at 10/3/2024 3:44 AM

INR(ratio): 2.0 at 10/3/2024 3:44 AM

Age at listing (hypothetical): 68 years

Sex: Female at 10/3/2024 3:44 AM

- Volume: diuresis on hold with fluid resuscitation- Ascites: No pocket at this time- SBP: No history of SBP- EV: No hx of varices- HE: Continue Rifaximin and lactulose for goal 3-4BM daily- HCC: Last US 8/31/23 no concern for HCC- Transplant: Not in work-up

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

- Hepatology following
- Daily LFTs

**Coagulopathy**

- secondary to liver dysfunction
- INR 1.7. only correct if bleeding

**Pancytopenia**

- chronic, multifactorial. previous workup: peripheral smear, B12/folate, iron studies, copper, immunofixation all normal
- exacerbated by acute illness
- hold DVT ppx
- transfuse for hgb <7 and plts <10

**Hypothyroidism:** Cont home synthroid**Depression:** Cont home sertraline**Complexity.****Hypokalemia** - Continue to monitor and replete.**Hypernatremia** - Secondary to fluid shifts. Monitor.**Hypocalcemia** - Continue to monitor and replete.**Thrombocytopenia** - Continue to monitor.**Obesity** Body mass index is 35.16 kg/m<sup>2</sup>. - Follow with PCP for dietary and lifestyle modifications.**Hypothyroidism** - Continue thyroid replacement

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

**F/E/N:** even/PRN/TF**Prophylaxis:** PPI/ subcutaneous heparin**Critical care mobility:** PT/OT**An Antibiotic Time-Out was performed during patient rounds on 10/03/24****Goals of Care:** DNRCC-ARREST**Lines/tubes:**

- PIVs x4
- NG 10/2
- Foley 10/1

The above plan was discussed on multidisciplinary rounds. I have consulted with Dr. Jerome E Stasek Jr., MD regarding the plan of care, including medications. The above note reflects the attending's recommendations.

**Chelsea C Deffenbaugh, APRN-CNP**

Admission (Discharged) on 10/1/2024

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

- |       |  |                              |
|-------|--|------------------------------|
| 10/01 |  | Admitted 1416                |
| 10/02 |  | Rapid Response               |
| 10/03 |  | Transferred to C10E 1747     |
| 10/03 |  | Transferred out of C10E 0811 |
| 10/13 |  | Discharged 1618              |

# Ellis, Marjorie R

MRN: 906213398

**Lisa Fettters, RN**

Registered Nurse

NURSING - Notes Only

Plan of Care

Date of Service: 10/3/2024 2:22 AM

Signed

Problem: Adult Inpatient Plan of Care

Goal: Plan of Care Review

Outcome: Progressing

Goal: Patient-Specific Goal (Individualized)

Outcome: Progressing

Goal: Absence of Hospital-Acquired Illness or Injury

Outcome: Progressing

Goal: Optimal Comfort and Wellbeing

Outcome: Not Progressing

Goal: Readiness for Transition of Care

Outcome: Progressing

Problem: Dysphagia

Goal: Ongoing Assessment - Patient will participate in ongoing assessment by accepting various PO consistency trials with appropriate participation/oral acceptance and no significant respiratory complications to determine readiness for diet vs study

Outcome: Not Progressing

Admission (Discharged) on 10/1/2024

*Note shared with patient*

## Care Timeline

- 10/01 Admitted 1416
- 10/02
- 10/03 Transferred to C10E 1747
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# Ellis, Marjorie R

MRN: 906213398

**Joseph L Nelson, APRN-CNP**

Nurse Practitioner

MED INTENSIVE - Notes Only

Transfer Note   
Signed

Date of Service: 10/2/2024 6:16 PM

**MICU TRANSFER NOTE****CC:** Work of Breathing

Marjorie R Ellis is a 68 y.o. female with a sig PMH of MASH cirrhosis, depression, GAD, HTN, obesity, and lymphedema who presented to OSUMC on 10/1 as a transfer from Holzer with AMS. She was admitted to the Hepatology service for work-up of her AMS in the setting of possible UTI and new pneumonia for which cultures were sent and broad spectrum antibiotics were started. Overnight she developed fever, tachypnea and tachycardia concerning for worsening sepsis. She was broaded to meropenem and vancomycin to cover for resistant organisms however, she continued to need further support and is being transferred to the ICU for respiratory support.

**Physical Exam****Ventilator:** Oxygen Therapy

O2 Sat (%): 99 %

O2 Device: nasal cannula

Flow (L/min): 2

**Oxygen Delivery/Consumption Hemodynamics**BSA (Calculated - sq m): 1.93 m<sup>2</sup>**Drips:**

- [Held by provider] Jevity 1.5 Cal/Fiber Stopped (10/02/24 1420)

**RASS:** -1**CAMICU:** pos**Constitutional:** Lying in bed appears in NAD, denies pain**Eyes, Ears, Nose, Mouth/Throat:** trachea midline, dry MM, no drainage**Respiratory:** Lungs with faint crackles bilaterally, slightly diminished on right side, no increased work of breathing**Cardiovascular:** S1, S2, no appreciable m/r/g RRR. NSR on tele, 2+ generalized edema**Gastrointestinal:** abdomen soft, rounded, NT, BS+ Last Bowel Movement: 10/02/24**Genitourinary:** Foley with clear yellow urine**Musculoskeletal:** MAEx4, no joint deformities**Skin:** warm, dry**Neurologic:** A&Ox1, no focal deficits, PERRL, following commands**Psychiatric:** calm**Laboratory Studies and Objective Data**

Temp: [98 °F (36.7 °C)-103.2 °F (39.6 °C)] 98.6 °F (37 °C) Pulse (Heart Rate): [87-104] 89 Resp Rate: [17-40] 21 BP: (106-133)/(51-65) 114/58 O2 Sat (%): [92 %-99 %] 99 % Weight: [90 kg (198 lb 6.6 oz)-93.7 kg (206 lb 8 oz)] 90 kg (198 lb 6.6 oz)	Oxygen Therapy O2 Sat (%): 99 % O2 Device: nasal cannula Flow (L/min): 2
Fluid Management (24hrs): Intake/Output last 3 shifts: I/O last 3 completed shifts: In: 823 [NG/GT:823]	WBC/Hgb/Hct/Plts: 3.48/7.1/22.2/36 (10/02 0240) Na/K+/Phos/Mg/Ca: 150/4.1/--/2.1/-- (10/02 0240-10/02 1358)

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

Out: 550 [Urine:550]

Bun/Creat/Cl/CO2/Glucose:

52/1.39/117/21/75 (10/02 1358-10/02 1718)

**Pertinent Imaging:**

XR CHEST 1 VIEW PORTABLE

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

Probable bilateral pneumonia.

Electronically Signed By: Mark King, M.D. on  
10/2/2024 2:47 PM

XR ABDOMEN 1 VIEW PORTABLE

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

Enteric tube terminates in the gastric body.

I personally viewed and interpreted these images and  
I have reviewed and  
approved this report.Electronically Signed By: Taylor Witt, MD on  
10/2/2024 10:41 AM

XR ABDOMEN 1 VIEW

**Final Result****IMPRESSION:**Enteric tube has been improved in position with side-  
port and tip in the  
gastric body.I personally viewed and interpreted these images and  
I have reviewed and  
approved this report.Electronically Signed By: Benjamin H Smith, MD on  
10/2/2024 11:25 AM

XR ABDOMEN 1 VIEW

**Final Result****IMPRESSION:**Distal aspect of the enteric tube is kinked in the  
proximal gastric body.

Repositioning is recommended.

Electronically Signed By: Daniel M Ranieri, MD on  
10/1/2024 11:31 PM

XR ABDOMEN 1 VIEW PORTABLE

**Final Result****IMPRESSION:**Enteric tube with tip in the expected location of the  
proximal stomach, with a  
possible kink. Reassessment recommended.Electronically Signed By: Irma K Urbina Andersson,  
MD on 10/1/2024 9:07 PM

XR CHEST 1 VIEW PORTABLE

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

Multifocal patchy opacities, likely pneumonia.

Electronically Signed By: Lindsay Wright, MD on

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

10/1/2024 4:52 PM

**Positive Cultures:****MRSA/MSSA screen: 10/1 negative****Assessment and Plan:****Sepsis****Pneumonia****ESBL Enterobacter UTI****Causative Organism:** UTI with cultures growing MRDO enterobacter cloacae. Completed 5 day course of meropenem on 9/29. Concern for new bilateral pneumonia**SOFA: 11****Associated End-Organ Dysfunction:** Acute Toxic - Metabolic Encephalopathy, Acute Liver Injury, Acute Renal Failure, New Coagulopathy (Elevated PT/INR), and Thrombocytopenia**10/2/2024: Lactate, Whole Blood 2.5****Fluid Resuscitation:** Albumin q12H x24H, 1L LR**Pressors:** None**Infectious Workup:**

- CXR: AS noted above with B/L PNA
- UA: Pending
- Blood Cx: Pending
- respiratory culture: expectorated if able

**Antibiotics:** vancomycin, meropenem**AKI on CKD IIIB (POA)****Hypernatremia**

Likely 2/2 to dehydration with poor oral intake, sepsis

- Baseline Scr ~0.70, Na normal at baseline, 150 this am
- Low Threshold for Neph consult
- No urgent needs for RRT
- Renal protective measures (Avoid nephrotoxins, Renal dose medications, Avoid NSAIDs, ACEi/ARB at this time)
- Maintain goal MAP > 65 for renal perfusion
- Transfuse for Hgb < 7
- Strict I/O
- Daily Chem
- Continue FW flushes 200ml Q4H, some volume resuscitation above with LR

**Acute Toxic/Metabolic Encephalopathy**

Per family she is AOX3 at baseline with periods of forgetfulness, likely 2/2 sepsis with possible HE contributing

- Minimize sedation as possible
- Treat HE as below
- Treat sepsis as above
- Delirium precautions: reorientation, promotion of good sleep hygiene, room with window, early mobilization, correction of dehydration, use of sensory aids (glasses, hearing aids), familiar faces (family, primary nurse) and the minimization of unnecessary noise and stimuli.

**Acute Decompensated MASH Cirrhosis**-MELD 3.0: **22** at 10/2/2024 1:58 PMMELD-Na: **20** at 10/2/2024 1:58 PM

Calculated from:

Serum Creatinine: 1.39 mg/dL at 10/2/2024 1:58 PM

Serum Sodium: 150 mmol/L (Using max of 137 mmol/L) at 10/2/2024 1:58 PM

Total Bilirubin: 3.6 mg/dL at 10/2/2024 2:40 AM

Serum Albumin: 3.0 g/dL at 10/2/2024 2:40 AM

INR(ratio): 1.7 at 10/2/2024 2:40 AM

Age at listing (hypothetical): 68 years

Sex: Female at 10/2/2024 1:58 PM

- Volume: diuresis on hold with fluid resuscitation- Ascites: No pocket at this time- SBP: No history of SBP- EV: No hx of varices

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

- HE: Continue Rifaximin and lactulose for goal 3-4BM daily
- HCC: Last US 8/31/23 no concern for HCC
- Transplant: Not in work-up
- Hepatology following
- Daily LFTs

### **Coagulopathy**

- secondary to liver dysfunction
- INR 1.7. only correct if bleeding

### **Pancytopenia**

- chronic, multifactorial. previous workup: peripheral smear, B12/folate, iron studies, copper, immunofixation all normal
- exacerbated by acute illness
- transfuse for hgb <7 and plts <10

**Hypothyroidism:** Cont home synthroid

**Depression:** Cont home sertraline

### Complexity.

**Hypernatremia** - Secondary to fluid shifts. Monitor.

**Hypocalcemia** - Continue to monitor and replete.

**Thrombocytopenia** - Continue to monitor.

**Obesity** Body mass index is 35.16 kg/m<sup>2</sup>. - Follow with PCP for dietary and lifestyle modifications.

**Hypothyroidism** - Continue thyroid replacement

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

**F/E/N: goal positive with sepsis/ replace prn/ NPO with TF**

**Prophylaxis:** SCDs, home PPI

**Critical care mobility: per MICU protocol**

**An Antibiotic Time-Out was performed during patient rounds on 10/02/24**

**Goals of Care: DNRCC-ARREST**

### **Lines/tubes:**

- PIVs
- Foley: 10/1
- NG/OG tube: 10/2

I have consulted with Dr. Ogake regarding the plan of care, including medications. The above note reflects the Attending's recommendations.

**Joseph L Nelson, APRN-CNP**

-1283

Admission (Discharged) on 10/1/2024      *Note shared with patient*

### **Care Timeline**

- |       |  |                              |
|-------|--|------------------------------|
| 10/01 |  | Admitted 1416                |
| 10/02 |  | Rapid Response               |
| 10/03 |  | Transferred to C10E 1747     |
| 10/03 |  | Transferred out of C10E 0811 |
| 10/13 |  | Discharged 1618              |

# Ellis, Marjorie R

MRN: 906213398

**Nicole C Chang, MD**

Resident

HEPATOTOLOGY - Notes Only

Significant Event   
Signed

Date of Service: 10/2/2024 5:25 PM

ERT called on transfer to PCU for tachypnea to 40s. Rectal temperature 103 - tylenol given during ERT. Patient's mental status was same as earlier today - arouses to painful stimuli by groaning. Nurse attempted gag which was not present but patient did attempt a cough. Labs previously obtained with respiratory alkalosis, mildly uptrending lactated. Glucose 50s and received dextrose bolus prior to transfer to PCU. Already escalated abx to mero and vancomycin. Repeat blood pressures obtained.

Due to concern for altered mental status and possible future loss of worsening airway protection, will transfer to MICU for possible NIMV vs intubation.

POA updated.

Nicole Chang, MD  
 Internal Medicine-Pediatrics PGY-3  
 The Ohio State University Wexner Medical Center  
 Nationwide Childrens Hospital

Admission (Discharged) on 10/1/2024      *Note shared with patient*

**Care Timeline**

- 10/01 Admitted 1416
- 10/02 **Rapid Response**
- 10/02 Transferred to C10E 1747
- 10/03 Transferred out of C10E 0811
- 10/13 Discharged 1618

Printed by [HICK27] at 10/14/2024 11:26 AM

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

# Ellis, Marjorie R

MRN: 906213398

**George E Gerges, MD**

Resident

HEPATOLOGY - Notes Only

Date of Service: 10/2/2024 5:05 PM

(ACP) Advance Care Planning   
Signed

I have discussed Marjorie R Ellis's Do Not Resuscitate wishes with her medical power of attorney, Tammy Penny (sister). She is DNR - CCA, **Okay to intubate**

Admission (Discharged) on 10/1/2024      *Note shared with patient*

## Care Timeline

- 10/01 Admitted 1416
- 10/02 **Rapid Response**
- 10/03 Transferred to C10E 1747
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- 10/13 Discharged 1618

Printed by [HICK27] at 10/14/2024 11:26 AM

# Ellis, Marjorie R

MRN: 906213398



**Victoria Union, RN**  
Registered Nurse  
NURSING - Notes Only

Nursing Notes   
Signed

Date of Service: 10/2/2024 3:55 PM

	10/02/24 1552
<b>Vital Signs</b>	
Resp Rate	(!) 36

Pt tachypnic with occasional periods of apnea. Dr. Gerges and bedside RN Meg notified.

Admission (Discharged) on 10/1/2024 *Note shared with patient*

## Care Timeline

- 10/01 Admitted 1416
- 10/02 **Rapid Response**
- 10/02 Transferred to C10E 1747
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Printed by [HICK27] at 10/14/2024 11:26 AM

# Ellis, Marjorie R

MRN: 906213398



**Patricia Goff, RN**  
Care Manager  
CARE MANAGEMENT - Notes Only

Progress Notes   
Addendum

Date of Service: 10/2/2024 3:45 PM

## Discharge Planning Patient Assessment

### Admission Assessment

Patient Assessment Completed: Initial

Expected Discharge Disposition: Skilled Nursing Facility

Reason for Admission: Altered mental status

Is the patient able to participate in the assessment?: No

Explanation of why patient is unable to participate: confused

Information source: Patient, Review of Medical Record

Information Source Name/Contact: Tammy Penny 330-322-2794

Demographics Verified and Updated: Yes

Has the patient been admitted to any hospital in the last 30 days?: Transferred From Outside Hospital

### Advanced Care Planning

Has the patient completed Advance Directives?: Completed, Not Available in Medical Record

Copy of Advance Directives was requested?: No (copy received in transfer)

### Legal Next of Kin

Does the patient have a Guardian?: No

Married Spouse: No

Adult Child(ren), List All Adult Children: Yes

Name and Contact information: Dale Ellis

Parent(s) - List All Living Parents: No

Adult Sibling(s), List All Adult Siblings: Yes

Name and Contact information: Tammy Penny 330-322-2794

Nearest Adult Related by Blood or Adoption: Yes

Name and Contact information: cousin Joyce Taylor 740-416-4712

Referral to Social Work to Identify Legal Next of Kin?: No

Reviewed and Updated in Demographics? : Yes

### Outpatient Providers

Does patient have a primary care physician? : Yes

When was the patient's last PCP visit?: > 30 days

Does the patient follow any specialists?: No

### Patient Care Team:

James Toothman, DO as PCP - General (Hematology and Oncology)

### Environment/Caregivers

Is the patient from a facility or group home?: No

Patient lives with: Alone

Living Environment: Mobile Home

How many steps does the patient have to navigate to enter or inside the home? : 4

Does the patient have a first floor set-up with bed and bathroom?: Yes

Patient Caregiving Responsibilities: Self

Patient-identified caregiver/support network: Family, Friends

Who does the patient identify as a teachable caregiver(s??: None

### Services

Does the patient use a home health or hospice agency?: No

Current with dialysis?: No

Does the patient use any community programs or services?: No

Does the patient use oxygen?: No

Does patient use medical supplies? : none

Anticipated Changes Related to Illness/Injury? : No

### Initial ADLs Prior to Arrival

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

What is the patient's baseline physical functioning prior to this acute illness?: assist with ADLs

What is the patient's baseline cognitive functioning prior to this acute illness?: assist with decision making

Is the patient's baseline functioning changed by this acute illness? : Yes

Changes observed : Physical, Cognitive

Concerns with patient being able to care for themselves at home? : Yes

Are there therapy or specialists consults?: Yes

Select consult type: OT, PT

Does the patient's home require any home modifications for discharge? : No

CM to recommend therapy or other consults? : No

#### Medication Management

Does the patient have prescription insurance coverage? : Yes

Is the patient on Anticoagulation? : No

No Pharmacies Listed

#### Financial Management

Does the patient or representative express financial concerns? : Unable to assess

Employed?: No

#### Coping/Stress

Concerns about patient's coping and stress?: Unable to Assess

Concerns about patient's caregiver's coping and stress?: No

#### Values and Beliefs

Cultural or religious practices that may impact discharge planning and/or medical care?: Unable to Assess

#### Initial Discharge Planning

Expected Discharge Disposition: Skilled Nursing Facility

Transportation Available for Discharge: Ambulance

Anticipated DME: none

Anticipated Services at Discharge: Outpatient follow up, Physical Therapy, Occupational Therapy, Skilled Nursing

Patient Assessment Completed: Initial

Expected Discharge Date: to be determined

#### **Discharge Planning Summary**

Prior to numerous hospitalizations and skilled nursing facility stays. Patient was living at home alone.

She recently was at Overbrook skilled nursing facility but in the process of transferring to Altercare of Hartville 44632. This is closer to her sister.

#### **Care Management Plan**

Anticipate patient will need a skilled nursing facility placement at discharge.

Addendum: Confirmed they have accepted.

Altercare of Hartville

1420 Smith Kramer Rd., N.E.

Hartville, OH 44641

Phone: (330) 877-2666

Fax: (330) 877-9240

Reserved. But discharge date not known at this time.

Will continue to follow for discharge planning and care coordination.

Pat G. MSSA, BSN, LISW-S, RN, ACM

Care Manager

Admission (Discharged) on 10/1/2024

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

- 10/01 Admitted 1416
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- 10/13 Discharged 1618

Printed by [HICK27] at 10/14/2024 11:26 AM

# Ellis, Marjorie R

MRN: 906213398



**Emily R Brassell, RPH**  
Pharmacist  
INFECT DIS - Notes Only

Progress Notes   
Signed

Date of Service: 10/2/2024 3:02 PM

## Antimicrobial Stewardship Program Note

### Restricted Antimicrobial Approval: Initial

Patient: Marjorie Ellis  
MRN: 906213398  
Room/Bed: 0972/A  
No Known Allergies

*Information about restricted antimicrobials at OSUWMC can be found here: [Restricted Antimicrobial Guide](#)*

A request was made by the primary team for the following restricted antimicrobial(s): Meropenem. The indication(s) and associated rationale for this request as provided by the team is/are worsening fevers in setting of cefepime/vancomycin.

Following further review, this request is: approved

The ASP code(s) for the corresponding order(s) is/are EB0203.

Further stipulations are requested:

1. Additional cultures/serologies need to be ordered: respiratory culture if able
2. Consider ID consult for further management recommendations
3. Consider de-escalation after 48-72 hours based on culture results

Considerations are based on review of the patient's current medical record. The patient has not been interviewed or examined. ASP recommendations are intended for guidance and should not replace your clinical judgement as you provide direct patient care.

These recommendations were verbally discussed with the primary team or an effort was made to contact them. Please contact the ASP team member listed below with any questions.

Name of ASP member: Emily R Brassell, RPH  
Phone: 614-366-6765  
Pager: x9394  
Date/Time: 10/2/2024 3:02 PM

Admission (Discharged) on 10/1/2024      *Note shared with patient*

#### Care Timeline

- 10/01 Admitted 1416
- 10/02 **Rapid Response**
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- 10/03 Transferred out of C10E 0811
- 10/13 Discharged 1618

# Ellis, Marjorie R

MRN: 906213398

**George E Gerges, MD**

Resident

HEPATOTOLOGY - Notes Only

Progress Notes   
Attested Addendum

Date of Service: 10/2/2024 1:17 PM

Attestation signed by Vivek Mendiratta, MD at 10/2/2024 8:08 PM

**ATTENDING STATEMENT:**

Patient's history and physical exam reviewed with resident/fellow on 10/2/2024. All pertinent laboratory data, imaging and procedures have been reviewed. I have reviewed the resident's documentation and have made appropriate changes. I agree with the resident's dictated impression and plan as outlined below.

In summary, Marjorie R Ellis is a 68 y.o. female with PMhx significant for MASH cirrhosis who presented as a transfer from OSH for AMS. Her medical history is otherwise notable for Hypertension, GAD, and MDD. The patient initially presented to Holzer on 9/23 due to AMS and low-grade fever. Her hospital course has been complicated by Enterobacter Cloacae UTI, AKI (now resolving), HCAP, Hypernatremia, and persistently altered mentation that is felt to be likely multifactorial. Her repeat UA from a new foley is suspicious for continued infection with CXR also noting multifocal pneumonia. She was initially placed on Vanc/Cefepime and then escalated to Vanc/Mero after she had worsening mentation and persistent fevers throughout the day, eventually transferred to the MICU.

Please contact the hepatology service with additional questions and concerns.

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

**Internal Medicine Daily Progress Note****Patient:** Marjorie R Ellis, 1/20/1956, 906213398**Physician:** George E Gerges, MD, PGY1, Pager #14221, Hepatology service**Subjective/Interval History:**

Overnight chest x ray resulted showing pneumonia. Antibiotics escalated to cefepime and vancomycin to cover UTI and HAP. This morning patient having fevers despite broad spectrum antibiotics. Also with worsening mentation, only briefly opening eyes to commands. Concern for worsening sepsis. Vitals febrile to 101.4, tachypnic, tachycardic. Normotensive. On 2L NC (baseline on room air). Repeat chest X ray with multifocal pneumonia. Blood and urine cultures still pending. Broadened antibiotics to meropenem and vancomycin today.

**Objective:**

Temp: [98 °F (36.7 °C)-101.4 °F (38.6 °C)] 101.4 °F (38.6 °C)

Pulse (Heart Rate): [91-102] 102

Resp Rate: [17-40] 40

BP: (106-126)/(51-65) 126/65

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

Weight: [93.7 kg (206 lb 8 oz)] 93.7 kg (206 lb 8 oz)

O2 Sat (%): 92 % (10/02 1050)

O2 Device: room air (10/02 1050)

**Physical Exam:**

Gen: III appearing.

ENT: Dry mucous membranes, poor dentition, food stuck in mouth.

Resp: Grunting and breath holding for brief periods. Could not appreciate crackles or rales. Tachypnic. On 2L NC

Cardio: Tachycardic. 2+ pitting edema up to knees

GI: Soft, non-tender, non-distended, NABS

Skin: No jaundice. Severe bilateral lower extremity venous stasis dermatitis. Poor foot hygiene. Bilateral upper

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

extremities swollen, scattered ecchymoses.

Neuro: Patient unable to participate in neuro exam. Does wiggle toes on command

Psych: Not alert. Briefly opening eyes to command. somnolent.

**Data Review:**

WBC/Hgb/Hct/Plts: 3.48/7.1/22.2/36 (10/02 0240)

Na/K+/Phos/Mg/Ca: 150/4.1/2.4/2.1/8.3 (10/01 1626-10/02 1358)

Bun/Creat/Cl/CO<sub>2</sub>/Glucose: 52/1.39/117/21/70 (10/02 1358)

Ptt/Pt/Inr: 37.7/19.9/1.7 (10/02 0240)

MELD 3.0: **22** at 10/2/2024 1:58 PMMELD-Na: **20** at 10/2/2024 1:58 PM

Calculated from:

Serum Creatinine: 1.39 mg/dL at 10/2/2024 1:58 PM

Serum Sodium: 150 mmol/L (Using max of 137 mmol/L) at 10/2/2024 1:58 PM

Total Bilirubin: 3.6 mg/dL at 10/2/2024 2:40 AM

Serum Albumin: 3.0 g/dL at 10/2/2024 2:40 AM

INR(ratio): 1.7 at 10/2/2024 2:40 AM

Age at listing (hypothetical): 68 years

Sex: Female at 10/2/2024 1:58 PM

**Assessment/Plan:**

Marjorie R Ellis is a 68 y.o. female w/ PMhx of MASH cirrhosis, HTN, recurrent UTI here w/ AMS in setting of sepsis secondary to UTI and HAP, also with hypernatremia

**Sepsis 2/2 ESBL Enterobacter UTI and Hospital acquired pneumonia**

Patient presented to Holzer from her rehab facility with AMS found to have UTI with cultures growing MRDO enterobacter cloacae. Completed 5 day course of meropenem on 9/29. She was then transferred to OSU on 10/1. On arrival here she was altered and unable to provide history. Labs notable for Adm lactate 2.1, procalc 0.56, CRP 93.45, CXR with multifocal patchy opacities, vitals febrile to 101.4, meets the following criteria: Change in mental status or GCS less than 15, C-reactive protein in serum - greater than lab normal, Lactate > 1 mmol/L, Procalcitonin in serum - greater than lab normal, and Vital Signs must include two of the following five: Fever > 38.3 degrees C, or 101 degrees F and Heart rate > 90 per minute. On hospital day 1, patient became more lethargic, and spiked fever to 101.4 while on cefepime/vancomycin. On review of paper records from OSH, urine culture sensitivities did show sensitive to cefepime and meropenem.

- Antibiotics: vancomycin and meropenem
- IVF: Giving albumin now
- Lactate: Initial lactate 2.1, will recheck to ensure down trending
- Cultures: Blood and urine cultures ordered
- Urinalysis positive for infection, cultures pending
- Trend vitals, monitor fever curve

**Hypernatremia**

Adm sodium 150, on exam patient with very dry mucous membranes and significant LE pitting edema. Overall appears to be third spacing but intravascularly dry.

- Trend sodium Q12h
- Fluid resuscitation for sepsis as above
- 200 cc free water flushes per NG q4h to correct sodium at a goal rate of 8 mEq/24hrs
- Consider nephrology consult if difficult to control

**Acute multifocal metabolic encephalopathy**

Per medical POA (Tammy), baseline is alert and oriented to self, place, and time but she has been more forgetful over the past few years. Initial ammonia wnl so less likely HE is contributing, etiology more likely to be due to underlying acute illnesses - sepsis and hypernatremia

- managing underlying conditions as above
- holding tube feeds

**AKI on CKD IIIb (POA)**

Unclear baseline Cr. Up to 3.34 at OSH, but improved to 1.2 at time of transfer. Nephrology consulted at OSH and felt AKI was prerenal without HRS contributing.

- trend Cr
- if elevated Cr, will send urine lytes + urea to better characterize
- obstruction ruled out at OSH on imaging
- replace foley with repeat UA and culture

**Acutely Decompensated MASH Cirrhosis of the Liver**

Complicated by hepatic encephalopathy, MELD 27 on admission. Alert and oriented to name and year but not to location, specific date, or situation. Asterixis present on exam vs. Tremor. Following commands. Unable to locate prior EGD history. Unable to determine if there is a hx of SBP or varices, however SBP ppx and EV ppx not on med list.

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

- Trend MELD labs
- **Ascites:** no fluid pocket on ultrasound, will perform diagnostic +/- therapeutic paracentesis when able
- **Hepatic Encephalopathy:** rifaximin and lactulose, titrate to at least 4 BM a day
- **Esophageal Varices:** no history of varices, ppx not indicated; unclear when last EGD was
- **Diuresis:** hold while awaiting admission labs given prerenal AKI at OSH
- **SBP:** no history of SBP

#### Chronic Medical Conditions

**HTN:** not on antihypertensives at home, continue to monitor

**Hypothyroidism:** home synthroid

**Depression:** home sertraline

#### Complexity.

**Hypernatremia** - Secondary to fluid shifts. Monitor.

**Hypocalcemia** - Continue to monitor and replete.

**Thrombocytopenia** - Continue to monitor.

**Obesity** Body mass index is 36.58 kg/m<sup>2</sup>. - Follow with PCP for dietary and lifestyle modifications.

**Hypothyroidism** - Continue thyroid replacement

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

None

**Code Status:** DNRCC-ARREST

**Diet:** DIET NPO AND TUBE FEEDING with meds (meds via NG)

**Bowel Regimen:** Lactulose (Last Bowel Movement: 10/02/24)

**DVT prophylaxis:** SCDs due to platelets < 50

**GI ppx:** Home PPI

**Dispo:** Admission for management of Sepsis , transfer to PCU for closer monitoring of vitals

Discussed with team and attending Vivek Mendiratta, MD on rounds.

Signed,

George Gerges, MD

PGY1 - Internal Medicine

The Ohio State University Wexner Medical Center

Pager #14221

Cosigned by: Vivek Mendiratta, MD at 10/2/2024 8:08 PM

Admission (Discharged) on 10/1/2024

*Note shared with patient*

#### **Care Timeline**

- 10/01 Admitted 1416
- 10/02 **Rapid Response**
- 10/03 Transferred to C10E 1747
- 10/03 Transferred out of C10E 0811
- 10/13 Discharged 1618

Printed by [HICK27] at 10/14/2024 11:26 AM

# Ellis, Marjorie R

MRN: 906213398

**Katie Wood, RN**

Registered Nurse

NURSING - Notes Only

Nursing Notes

Signed

Date of Service: 10/1/2024 3:40 PM

On admission to R9E, from outside facility a dual RN initial assessment of skin condition was performed by Katie Wood, RN and krista wells, RN.

**Skin Assessment:**

Skin not within defined limits.

- Wound(s) identified: Yes
- Consult ordered: Yes
- Photo taken and uploaded into notes in IHIS: Yes

**LDA Added:** Yes

Katie Wood, RN

Admission (Discharged) on 10/1/2024      *Note shared with patient***Care Timeline**

- 10/01 Admitted 1416
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Printed by [HICK27] at 10/14/2024 11:26 AM

# Ellis, Marjorie R

MRN: 906213398

**Krista Wells, RN**

Registered Nurse

NURSING - Notes Only

Plan of Care

Signed

Date of Service: 10/1/2024 3:30 PM

Problem: Adult Inpatient Plan of Care

Goal: Plan of Care Review

Outcome: Not Progressing

Goal: Patient-Specific Goal (Individualized)

Outcome: Not Progressing

Problem: Adult Inpatient Plan of Care

Goal: Absence of Hospital-Acquired Illness or Injury

Outcome: Progressing

Goal: Optimal Comfort and Wellbeing

Outcome: Progressing

Goal: Readiness for Transition of Care

Outcome: Progressing

Admission (Discharged) on 10/1/2024      *Note shared with patient*

## Care Timeline

- 10/01 Admitted 1416
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Printed by [HICK27] at 10/14/2024 11:26 AM

# Ellis, Marjorie R

MRN: 906213398

**Nicole C Chang, MD**

Resident

HEPATOTOLOGY - Notes Only

H&amp;P

Attested Addendum

Date of Service: 10/1/2024 2:35 PM

Attestation signed by Vivek Mendiratta, MD at 10/2/2024 1:45 PM

**ATTENDING STATEMENT:**

Patient's history and physical exam reviewed with resident/fellow on 10/2/2024. All pertinent laboratory data, imaging and procedures have been reviewed. I have reviewed the resident's documentation and have made appropriate changes. I agree with the resident's dictated impression and plan as outlined below.

In summary, Marjorie R Ellis is a 68 y.o. female with PMHx significant for MASH cirrhosis who presented for AMS. Medical history otherwise notable for Hypertension, GAD, and MDD. Her hospital course has been complicated by MDRO enterobacter Cloacae UTI, AKI (now resolved), Altered mentation, HCAP, and Hypernatremia. She appears quite dry on exam, will plan to continue with volume resuscitation, tube feeds, and free water for her hypernatremia. AMS appears to be multifactorial, slightly worse today than yesterday.

Please contact the hepatology service with additional questions and concerns.

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

**Internal Medicine Admission History & Physical****Patient: Marjorie R Ellis, 1/20/1956, 906213398****Physician: Nicole C Chang, MD, PGY3, Hepatology service****Date of face to face patient encounter: 10/01/24.****Chief Complaint:**

Altered mental status

**History Of Present Illness:**

Marjorie R Ellis is a 68 y.o. female with a history of MASH cirrhosis, depression, GAD, HTN, obesity, lymphedema who presents from Holzer for AMS.

When asked, patient reports she is here because she was "buried alive." States she has pains in her legs and arms. No abdominal pain, dysuria, hematuria, shortness of breath, cough, congestion, fever, or chills. Arrives with foley in place from OSH.

On record review, she was at Overbrook Rehab Center at the end of August. Presented to Holzer on 9/23 after developing altered mental status early on 9/22. Also noted low grade fever but mentation did not improve with treatment of fever. Facility then sent her to the ED for further evaluation. Per medical POA (Tammy), baseline is alert and oriented to self, place, and time but she has been more forgetful over the past few years. POA reports multiple UTIs over the past several months and episodes of HE. At the OSH ED, she was febrile to 100.4F without signs of shock. She received 3L IVF resuscitation and reportedly had blood cultures drawn (no records of these sent with patient). There, she got IV ceftriaxone and required 2L of nasal cannula. Last fever was 9/24. Urine culture on 9/24 grew 80,000 CFU of gram negative bacilli and she was switched from ceftriaxone to meropenem due to reported hx of MRDO UTI. Sensitivities returned on 9/26 - growing enterobacter cloacae resistant to cefazolin, cefoxitin, ceftazidime, ceftriaxone, zosyn, nitrofurantoin, and gentamicin. Intermediate to cipro and levofloxacin. Sensitive to bactrim, meropenem, amikacin, cefepime. Completed 5 day course of meropenem on 9/29. Nephrology consulted for AKI which was thought to be prerenal in the setting of urine studies and improved with IV hydration and holding diuretics, did not feel HRS was causing AKI. Nephrology also assisted with free water flushes for hypernatremia.

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

Reportedly has a history of CKD IIIB (unclear Cr baseline) and received aranesp on 9/24 per neph recs for chronic anemia. Surgery consulted for rising bilirubinemia - no acute surgical intervention.

On 9/30, she was found to have a leukocytosis (from baseline pancytopenia?), worsening LFTs, and worsening mental status (although notably never recovered to baseline but was intermittently alert and oriented and speaking in 3-4 word phrases). Attempted paracentesis but limited due to small fluid pocket and was unable to perform. Meropenem was restarted.

Labs notable for NH3 of 31, gas consistent with respiratory alkalosis (pH 7.48, pCO2 22), hgb 7.7-8.7, plt 50-100, WBC peaked at 11.5. Cr peaked at 3.34 (baseline Cr ~1.2), albumin 2.3, mild transaminitis, CRP 9.4 but downtrending, procalcitonin 0.43, Abdominal US on 9/30 with small amount of ascites, cirrhotic liver, gallbladder wall thickening. AXR on 9/23 negative. CXR 9/23 negative. CT head noncontrast without acute process but did show chronic small vessel ischemic disease. CT CAP noncontrast showed cirrhotic liver with portal hypertension. No other acute process.

### **Medical/Surgical History:**

No past medical history on file.

No past surgical history on file.

### **Social History:**

#### Social History

##### Tobacco Use

- Smoking status: Not on file
- Smokeless tobacco: Not on file

##### Substance Use Topics

- Alcohol use: Not on file

#### Social History

##### Substance and Sexual Activity

Drug Use Not on file

#### Social History

##### Social History Narrative

- Not on file

### **Family History:**

family history is not on file.

### **Medications:**

None

I have personally reviewed the medication list, verified it, and updated it via the Medication Reconciliation Navigator:

- Verbally with the patient
- With the patient's personal medication list
- Verbally with the patient's family member
- Verbally with the facility's MAR
- With the patient's Pharmacy

### **Allergies:**

No Known Allergies

### **Review of Systems:**

Per HPI

### **Physical Exam:**

#### Vitals:

10/01/24 1422

Ellis, Marjorie R (MRN 906213398) DOB: 01/20/1956 Encounter Date: 09/30/2024

BP: 128/61  
 Pulse: 84  
 Resp: 18  
 Temp: 98 °F (36.7 °C)  
 SpO2: 96%

O2 Device: room air (10/01/24 1422)

#### **Physical Exam:**

**General:** Alert, oriented, no acute distress.

**HEENT:** NCAT. EOMI. Mucous membranes moist. NG present.

**CV:** Regular rate and rhythm without murmurs, rubs, or gallops.

**Lungs:** Normal work of breathing on room air. CTAB without wheezes, crackles, or rhonchi.

**Abdomen:** Soft, nontender, nondistended. Normoactive bowel sounds. No rebound or guarding.

**Extremities:** Chronic lymphedema with thickened skin present. Wounds present on BUE that are dressed.

**Skin:** No rashes, bruises, or lesions on clothed exam.

**Neuro:** Alert and oriented to name and year. Not oriented to location or situation. Follows commands and moves all 4 extremities with equal strength. Asterixis present.

There is no height or weight on file to calculate BMI.

#### **Data Review:**

See HPI for pertinent OSH lab records

#### **Impression/Plan:**

In summary, Marjorie R Ellis is a 68 y.o. female w/ PMHx of MASH cirrhosis, HTN, recurrent UTI here w/ altered mental status.

#### **Acute encephalopathy.**

*Baseline is alert and oriented x3 with some ongoing progressive memory deficits. Differential includes recurrent HE vs. AMS from infection given recent UTI that was treated and hx of MRDO UTI. Had negative CT head at OSH.*

*Ammonia normalized at OSH prior to admission. Also cannot rule out metabolic encephalopathy.*

- repeat ammonia
- blood cultures, urinalysis with reflex culture
- CXR
- CRP
- cefepime

#### **Acutely Decompensated MASH Cirrhosis of the Liver**

*Complicated by hepatic encephalopathy, MELD 27 on admission. Alert and oriented to name and year but not to location, specific date, or situation. Asterixis present on exam vs. Tremor. Following commands. Unable to locate prior EGD history. Unable to determine if there is a hx of SBP or varices, however SBP ppx and EV ppx not on med list.*

- Trend MELD labs
- Ascites: no fluid pocket on ultrasound, will perform diagnostic +/- therapeutic paracentesis when able
- Hepatic Encephalopathy: rifaximin and lactulose, titrate to at least 4 BM a day
- Esophageal Varices: no history of varices, ppx not indicated; unclear when last EGD was
- Diuresis: hold while awaiting admission labs given prerenal AKI at OSH
- SBP: no history of SBP

Computed MELD 3.0 unavailable. One or more values for this score either were not found within the given timeframe or did not fit some other criterion.

Computed MELD-Na unavailable. One or more values for this score either were not found within the given timeframe or did not fit some other criterion.

#### **AKI on CKD IIIb (POA)**

*Unclear baseline Cr. Up to 3.34 at OSH, but improved to 1.2 at time of transfer. Nephrology consulted at OSH and felt AKI was prerenal without HRS contributing.*

- trend Cr
- if elevated Cr, will send urine lytes + urea to better characterize
- obstruction ruled out at OSH on imaging
- replace foley with repeat UA and culture

**HTN:** not on antihypertensives at home, continue to monitor

**Hypothyroidism:** home synthroid

**Depression:** home sertraline

### **Complexity.**

**Hypothyroidism** - Continue thyroid replacement

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

DVT prophylaxis with lovenox

Disposition: admitted to hepatology

Code status is DNR-CCA, DNI. Discussed with patient's POA on admission.

Staffed with Dr. Mendiratta.

Signed,

Nicole C Chang, MD

Cosigned by: Vivek Mendiratta, MD at 10/2/2024 1:45 PM

Admission (Discharged) on 10/1/2024

*Note shared with patient*

### **Care Timeline**

- 10/01 Admitted 1416
- 10/02 **Rapid Response**
- 10/03 Transferred to C10E 1747
- 10/03 Transferred out of C10E 0811
- 10/13 Discharged 1618

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