

Demographics

506 CINCINNATI AVE
APT A
XENIA OH 45385
937-532-5624 (M)
937-532-5624 (H)

Allergies

Cefuroxime Hives
Cymbalta [Duloxetine] Constipation
Nafcillin Diarrhea
Ranitidine Other (See Comments)
Reglan [Metoclopramide Hcl] Constipation
Topamax [Topiramate] Other (See Comments)

Significant History/Details

Smoking Former, 0.02 ppd, 0.1 pack-years
Smokeless Tobacco Former (Quit Date: 12/06/2009)
Alcohol No

30 items

Family Comments

None

Care Team and Communications

PCPs	Type
Nicole Wentworth, MD	General
Haseeb Jafri, MD	CARESOURCE OHMD Attributed
Other Patient Care Team Members	Relationship

Latha Venkatesh, MD Nursing Home Physician

Recipients of Past 5 Communications[Show More](#)

Hospital Encounter - 4/4/2025	Nicole Wentworth, MD	04/06/2025	In Basket
Hospital Encounter - 4/3/2025	Nicole Wentworth, MD	04/04/2025	In Basket
Office Visit - 10/1/2024	Nicole Wentworth, MD	10/01/2024	In Basket
Letter (Out) - 7/16/2024	Kelly Varvel	07/16/2024	MyChart
Office Visit - 5/24/2024	Nicole Wentworth, MD	05/24/2024	In Basket

Recipients of Automatic ADT Notifications for Most Recent Admission[Show All Admissions](#)

Hospital Encounter - 4/4/2025	Nicole Wentworth, MD	04/04/2025	In Basket Message
	Nicole Wentworth, MD	04/06/2025	In Basket Message

Problem List**Cardiac and Vasculature**

- ✖ Other and unspecified hyperlipidemia
- ✖ Hypertension associated with diabetes (HCC)
- ✖ CAD S/P percutaneous coronary angioplasty
- ✖ Mixed hyperlipidemia
- ✖ Chronic systolic congestive heart failure (HCC)
- ASHD (arteriosclerotic heart disease)
- Left ventricular dysfunction
- PAD (peripheral artery disease)
- Atrial fibrillation with RVR (HCC)
- CAD in native artery
- S/P cardiac pacemaker procedure
- Postsurgical percutaneous transluminal coronary angioplasty status
- Venous stasis

Coag and Thromboembolic

- Bilateral pulmonary embolism (HCC)
- Chronic anticoagulation

Endocrine and Metabolic

- ✖ Morbid (severe) obesity due to excess calories (HCC)
- Vitamin D deficiency
- Hypovitaminosis D
- Vitamin B12 deficiency
- Prediabetes

ENT

Seasonal allergies

Genitourinary and Reproductive

Hypokalemia

Hematology and Neoplasia

Iron deficiency anemia due to chronic blood loss

Infectious Diseases

Sepsis (HCC)

Neuro

- Peripheral polyneuropathy
- Carpal tunnel syndrome

Skin

- Hair loss
- Rash

Health Encounters

Annual physical exam

Other

✖ Body mass index (BMI) 45.0-49.9, adult (HCC)

Immunizations/Injections

Hep B, Ped/Adol 3 dose 1/23/2015
 Hep B, adult 7/8/2015, 7/22/2014
 Hep B, unspecified 7/8/2015, 1/23/2015, 7/22/2014
 Pneumococcal Conjugate, unspecified 7/22/2014
 Pneumococcal Polysaccharide 7/22/2014
 TdaP 8/10/2010
 influenza, split trivalent PF 9/26/2014

Reminders and Results

None

Health Maintenance

None

Varvel, Kelly

ED 4/3/2025 - 4/4/2025 (15 hours)
 Status: Discharged
 Kettering Health Greene Memorial Emergency

Last attending: George Michael Kaiser, DO • Treatment team
 Primary impression: Weakness generalized
 Chief complaint: Weakness

ED Provider Notes

George Michael Kaiser, DO (ED Physician) • Emergency Medicine

This 62-year-old overweight Caucasian female presented to the Greene Memorial Hospital emergency department with a chief complaint of generalized weakness and fatigue. She stated that for the past few days she has not had much to eat or drink. She had not been ambulating due to her generalized weakness and shortness of breath. Upon arrival to the emergency department, this patient was seen by the previous emergency physician. Appropriate testing was ordered on this patient. The testing performed on this patient in the emergency department indicated a CBC with a white blood cell count of 8100. The hemoglobin was 9.0. The electrolytes did reveal a sodium of 134. Her GFR was 30. Her lactic acid was elevated to 4.9 on presentation. This escalated to a lactic acid level of 9.2. Additional fluids were ordered on this patient in light of this finding. This patient was cultured in the emergency department and antibiotics were initiated. The source of infection at this point in time was either the urine or cellulitis in the groin region. At 7 AM, we began the process to transfer her to an ICU bed. There were no ICU beds available at the Kettering Main Hospital, Soin Hospital, or the Dayton Kettering Hospital. We decided to make this lady an ED to ED transfer in hopes of getting an ICU bed later today. I did speak to the ED physician at the Soin Hospital ED who was agreeable to accept this patient as a transfer admission until an MICU bed becomes available at that facility.

Impressions: #1 sepsis #2 lactic acidosis #3 hypotension #4 acute on chronic renal failure #5 dehydration #6 hypoglycemia #7 electrolyte imbalance #8 cystitis/UTI #9 lower abdominal wall cellulitis #10 chronic renal failure #11 anemia #12 elevated troponins #13 generalized weakness/fatigue #14 deconditioned state

Procedure: The pulse oximetry reading was 100% on room air

The cardiac monitor revealed atrial tachycardia with a rate of 116.

IntelliSpace EKG utilized to interpret the EKG

IntelliSpace EKG utilized to interpret the second EKG

IntelliSpace EKG utilized to interpret the third EKG

The patient received the sepsis fluid bolus along with IV antibiotics

ED observation for over 15 hours

Critical care time: 60 minutes exclusive of the time devoted to the above-mentioned billable procedures

Arrangements were made for this patient to be admitted to the hospital for further evaluation and care.

Arrangements were made for this patient to be transferred to the MICU at the Soin Hospital. The ambulance began transport to the Soin Hospital MICU at 9:10 AM.

Electronically signed by:

George Michael Kaiser, DO
 04/04/25 0717

George Michael Kaiser, DO
 04/04/25 0910

ED Provider Notes

Stephanie Lynn Maus, DO (ED Physician) • Emergency Medicine

**FINAL IMPRESSION(S)**

	ICD-10-CM
1. Weakness generalized	R53.1
2. Lactic acidosis	E87.20
3. Tachycardia, unspecified	R00.0
4. Candidal skin infection	B37.2
5. Atrial flutter, unspecified type (HCC)	I48.92

DISPOSITION PLAN

Transfer to Kettering Health Soin

DISCHARGE MEDICATION(S) / CHANGES TO HOME MEDICATIONS**New Prescriptions**

No medications on file

CHIEF COMPLAINT

Chief Complaint
 Patient presents with
 • Weakness

HPI/pertinent ROS

Kelly Varvel is a 62 y.o. female in bed 15 who presents to the ED with generalized weakness. Patient states that she has not been feeling well for a while now. She states that she has not really had an appetite and can hardly get up and walk around. She has had a swelling to her legs. No chest pain but she has had shortness of breath. No abdominal pain, nausea, vomiting or diarrhea. She states that she is still urinating. No fevers. She has had some intermittent lightheadedness. No sick contacts.

PAST MEDICAL HISTORY / FAMILY HISTORY

Past Medical History:

Diagnosis

- Anemia
- Arrhythmia
- Bed bug bite

Date

11/14/2018

<i>bed bug found on pt during outpatient stress test</i>	
• BMI 45.0-49.9, adult (HCC)	12/17/2018
• CAD in native artery	05/22/2019
• Carpal tunnel syndrome of left wrist	
• Cellulitis both lower extremities <i>Pt reports history of cellulitis on legs and went septic and got IV abx</i>	05/01/2019
• Chronic systolic congestive heart failure (HCC)	08/18/2023
• Clotting disorder	
• Colon polyp	
• Coronary artery disease	
• Diabetes mellitus (HCC)	
• Diabetic ulcer of toe of left foot associated with type 2 diabetes mellitus, limited to breakdown of skin (HCC)	03/13/2019
• DVT (deep venous thrombosis) (HCC)	
• Gastroesophageal reflux disease	
• HTN, goal below 140/80	
• Hyperlipidemia with target LDL less than 70	
• Low back pain	
• Myocardial infarction (HCC)	2008
• Non-ST elevation (NSTEMI) myocardial infarction (HCC)	04/30/2019
• Obesity, Class III, BMI 40-49.9 (morbid obesity) (HCC)	
• Osteoarthritis	
• Osteomyelitis of left foot (HCC)	09/19/2014
• Peripheral artery disease <i>Vascular Surgeon: Dr. Rank.</i>	
• Peripheral neuropathy due to ischemia	
• Tibial fracture	04/28/2016
• Ulcer of great toe, left, with fat layer exposed (HCC)	02/21/2019
• Venous stasis ulcer of bilateral lower extremities limited to breakdown of skin (HCC)	09/08/2016

Family History

Problem	Relation	Age of Onset
• Osteoporosis	Mother	
• Hypertension	Mother	
• Cancer <i>liver</i>	Father	50
• Diabetes	Father	
• Heart disease	Father	
• Other Diseases <i>Charcot-Marie-Tooth</i>	Father	
• Colon cancer	Father	49
• No Known Problems	Sister	
• No Known Problems	Daughter	
• No Known Problems	Maternal Aunt	
• No Known Problems	Maternal Uncle	
• Breast cancer	Paternal Aunt	
• Cancer <i>lymph</i>	Paternal Aunt	40
• No Known Problems	Paternal Uncle	
• No Known Problems	Maternal Grandmother	
• No Known Problems	Maternal Grandfather	
• No Known Problems	Paternal Grandmother	
• No Known Problems	Paternal Grandfather	
• No Known Problems	Brother	
• No Known Problems	Son	
• No Known Problems	Other	

Above past medical conditions reviewed and verified by me.

SOCIAL HISTORY

Social History

Socioeconomic History

- Marital status: Divorced

Tobacco Use

- Smoking status: Former
 - Current packs/day: 0.02
 - Average packs/day: (0.1 ttl pk-yrs)
 - Types: Cigarettes
- Smokeless tobacco: Former
 - Quit date: 12/6/2009
- Tobacco comments: *Quit 1995*

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Never
- Birth control/protection: Post-menopausal

Other Topics

- Daily Caffeine Intake ? No
- Do you exercise regularly ? No

Above social elements reviewed and verified by me.

SURGICAL HISTORY

Past Surgical History:

Procedure	Laterality	Date
• CARPAL TUNNEL RELEASE <i>right</i>		
• COLONOSCOPY		
• COLONOSCOPY <i>Esophagogastroduodenoscopy, possible biopsy, Colonoscopy, possible biopsy, possible polypectomy performed by Jonathan Paige Kushner, MD at KH GI</i>	N/A	1/16/2019
• CORONARY ANGIOPLASTY <i>stent placement</i>		2008
• CYST REMOVAL		
• FINGER SURGERY <i>ulnar nerve neuropathy</i>		
• HEART STENTS		
• ICD implanted 2/2020		02/2020
• PR CATH PLMT L HRT/ARTS/GRFTS WNJX & ANGIO IMG S&I		12/6/2018

• PR MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS		12/6/2018
• SINUS SURGERY		
• TOE AMPUTATION	Left	
• tonsilectomy		10/3/14
• UPPER GASTROINTESTINAL ENDOSCOPY		

CURRENT MEDICATIONS

Outpatient Medications Marked as Taking for the 4/3/25 encounter (Hospital Encounter)

Medication	Sig	Dispense	Refill
• amitriptyline (ELAVIL) 25 mg tablet	TAKE ONE TABLET BY MOUTH AT BEDTIME	90 tablet	3
• atorvastatin (LIPITOR) 80 mg tablet	Take 1 tablet (80 mg total) by mouth at bedtime	90 tablet	1
• clopidogrel (PLAVIX) 75 mg tablet	TAKE ONE TABLET BY MOUTH ONCE DAILY	90 tablet	2
• ELIQUIS 5 mg tablet	Take 1 tablet (5 mg total) by mouth in the morning and 1 tablet (5 mg total) in the evening.	60 tablet	6
• ergocalciferol (DRISDOL) 50,000 unit capsule	TAKE ONE CAPSULE BY MOUTH ONCE WEEKLY	12 capsule	2
• ezetimibe (ZETIA) 10 mg tablet	TAKE ONE TABLET BY MOUTH ONCE DAILY	90 tablet	1
• folic acid (FOLVITE) 1 mg tablet	TAKE ONE TABLET BY MOUTH ONCE DAILY	90 tablet	12
• furosemide (LASIX) 40 mg tablet	Take 1 tablet (40 mg total) by mouth daily	90 tablet	1
• gabapentin (NEURONTIN) 600 mg tablet	TAKE 1 TABLET BY MOUTH IN THE MORNING AND AT BEDTIME Strength: 600 mg	180 tablet	1
• metoprolol succinate (TOPROL XL) 50 mg 24 hr tablet	Take 1 tablet (50 mg total) by mouth daily	90 tablet	1
• nystatin (MYCOSTATIN) 100,000 unit/gram topical powder	Apply topically daily Apply to affected areas once a day	60 g	0
• omeprazole (PRILOSEC) 40 mg delayed-release capsule	TAKE ONE CAPSULE BY MOUTH ONCE DAILY	90 capsule	2
• Zinc 50 mg Tab	Take 50 mg by mouth daily.	30 each	11
• zonisamide (ZONEGRAN) 100 mg capsule	TAKE TWO CAPSULES BY MOUTH TWICE DAILY	360 capsule	2

ALLERGIES

Allergies

Allergen

	Reactions
• Cefuroxime	Hives
• Cymbalta [Duloxetine]	Constipation
• Nafcillin	Diarrhea
• Ranitidine <i>Sore throat</i>	Other (See Comments)
• Reglan [Metoclopramide Hcl]	Constipation
• Topamax [Topiramate] <i>tired</i>	Other (See Comments)

PERTINENT PHYSICAL EXAM**VITAL SIGNS:**

ED Triage Vitals [04/03/25 1732]	
BP	(!) 89/59
Temp	98 °F (36.7 °C)
Pulse	(!) 125
Resp	18
Spo2	100 %
Weight	229 lb (103.9 kg)
Glasgow Coma Scale	15
Score	
BMI (Calculated)	44.8

Constitutional: Well developed, Well nourished, resting comfortably in bed. Non-toxic appearance.**HENT:** Normocephalic, Atraumatic, Bilateral external ears normal**Eyes:** PERRL, EOMI, Conjunctiva normal, No discharge. No scleral icterus.**Neck:** Normal range of motion, No tenderness, Supple, No stridor.**Lymphatic:** No lymphadenopathy noted.**Cardiovascular:** Normal heart rate, Normal rhythm, No murmurs, gallops or rubs.**Thorax & Lungs:** Normal breath sounds, No respiratory distress, No wheezing, No chest wall tenderness.**Abdomen:** Soft, No tenderness, No masses, No pulsatile masses, not distended, bowel sounds normal.**Skin:** Warm, Dry, erythema noted to bilateral inguinal regions consistent with yeast dermatitis, chronic venous stasis changes to bilateral lower extremities, No rash. No mottling, flushing or cyanosis.**Extremities:** 2+ edema, No tenderness, No cyanosis, No clubbing. Intact and symmetric distal pulses Normal capillary refill and perfusion.**Musculoskeletal:** Good range of motion in all major joints as observed. No major deformities noted.**Neurologic:** Alert & oriented x 3**EKG**

Results for orders placed or performed during the hospital encounter of 04/03/25

EKG Standard 12 lead

Result	Value	Ref Range

Heart Rate	94	bpm
RR INTERVAL	640	ms
PR Interval		
QRSD Interval	114	ms
QT Interval	382	ms
QTc Interval	478	ms
QRS Axis	108	deg
T Wave Axis	-14	deg
REPORT	- ABNORMAL ECG -	
REPORT	Afib/flut and V-paced complexes	

Interpreting Phys

Confirmed by: Maus, Stephanie (DO) 04-Apr-2025 03:47:16

EKG Standard 12 lead

Result	Value	Ref Range
Heart Rate	122	bpm
RR INTERVAL	496	ms
PR Interval	141	ms
QRSD Interval	121	ms
QT Interval	384	ms
QTc Interval	545	ms
QRS Axis	121	deg
T Wave Axis	-27	deg
REPORT	- ABNORMAL ECG -	
REPORT	Sinus tachycardia	
REPORT	Ventricular premature complex	
REPORT	Nonspecific intraventricular conduction delay	

Interpreting Phys

Confirmed by: Maus, Stephanie (DO) 04-Apr-2025 00:52:17

EKG Standard 12 Lead

Result	Value	Ref Range
Heart Rate	125	bpm
RR INTERVAL	480	ms
PR Interval	154	ms
QRSD Interval	123	ms
QT Interval	352	ms
QTc Interval	508	ms
QRS Axis	106	deg
T Wave Axis	-8	deg
REPORT	- ABNORMAL ECG -	
REPORT	Ectopic atrial tachycardia, unifocal	
REPORT	LBBB	

Interpreting Phys

Confirmed by: Maus, Stephanie (DO) 03-Apr-2025 19:02:12

RADIOLOGY

I have personally visualized the images and my interpretation is CT chest, abdomen and pelvis reveals no infiltrate or bowel obstruction. X-ray chest reveals no infiltrate.

I reviewed the radiologist interpretation:

Results for orders placed or performed during the hospital encounter of 04/03/25

CT-CHEST/ABD/PELVIS NO CONTRAST

Narrative

PROCEDURE: CT-CHEST/ABD/PELVIS NO CONTRAST

DATE OF EXAM: 4/3/2025 8:37 PM

DEMOGRAPHICS: 62 years old Female

INDICATION: tachycardia, lactic acidosis History: tachycardia, lactic acidosis. Number of Series/Images: 5.

COMPARISON: CT chest angiogram 1/2/2020

TECHNIQUE: Contiguous axial slices of the chest, abdomen, and pelvis were submitted without IV contrast. No oral contrast was utilized. Additional coronal reformatted images were provided.

DOSE OPTIMIZATION: CT radiation dose optimization techniques (automated exposure control, and use of iterative reconstruction techniques, or adjustment of the mA and/or kV according to patient size) were used to limit patient radiation dose.

FINDINGS:

Chest:

Cardiomegaly. No pericardial effusion. Coronary artery calcification. Left chest wall cardiac conduction device with leads terminating in the right atrium and right ventricle. Aortic atherosclerosis without aneurysm. Main pulmonary artery is normal in caliber. No mediastinal or hilar lymphadenopathy.

No consolidation, pleural effusion or pneumothorax. No suspicious pulmonary nodule.

Mild degenerative changes of the thoracic spine. No acute osseous findings.

Abdomen and pelvis:

Hepatic steatosis. Hyperattenuating fluid in the gallbladder likely represents: Or sludge. No evidence for acute cholecystitis. Mild fatty atrophy of the pancreas. The spleen calcification compatible with sequela of prior granulomatous disease. Adrenal glands are normal. Kidneys are unremarkable. No renal calculi or hydronephrosis. No bladder wall thickening. Small amount of nondependent air in the bladder. Uterus and adnexa are unremarkable.

Small hiatal hernia. Small bowel is normal in caliber. The appendix is normal. Colonic diverticulosis without features of acute diverticulitis. No intraperitoneal free air or fluid. No abdominal or pelvic lymphadenopathy. Aortoiliac atherosclerosis without aneurysm.

Degenerative changes of the lumbar spine. No acute osseous findings. Lower ventral abdominal skin thickening and subcutaneous inflammation. Fat-containing umbilical hernia. Fat-containing right Hernia.

Impression

1. No acute cardiopulmonary findings. Cardiomegaly and coronary artery calcification.
2. Small amount of nondependent air in the bladder is probably related to recent catheterization.

3. Lower ventral abdominal skin thickening and subcutaneous inflammation. Correlate for clinical features of cellulitis.
 4. Hepatic steatosis.

Electronically Signed by: Nathan Hannemann, DO, 4/3/2025 8:47 PM

XR-CHEST PORTABLE STAT

Narrative

EXAMINATION: XR-CHEST PORTABLE STAT

DATE OF EXAM: 4/3/2025 5:44 PM

DEMOGRAPHICS: 62 years old Female

INDICATION: weakness. Number of Series/Images: 1.

COMPARISON: Chest 8/18/2023

TECHNIQUE: Single AP portable chest radiograph was obtained.

FINDINGS:

The cardiomedastinal silhouette is mildly enlarged and unchanged. Left pectoral pacemaker/AICD again noted.

No focal consolidation. No pleural effusions or pneumothorax.

No acute osseous findings.

Impression

No acute findings.

This dictation was created with voice recognition software. While attempts have been made to review the dictation as it is transcribed, on occasion the spoken word can be misinterpreted by the technology leading to omissions or inappropriate words, phrases or sentences.

Electronically Signed by: Michael Levinson, DO, 4/3/2025 5:56 PM

LAB RESULTS

CBC W/DIFF - Abnormal; Notable for the following components:

Result	Value	Ref Range	Status
HGB	11.2 (*)	12.1 - 15.8 g/dL	Final
HCT	35.2 (*)	35.8 - 46.5 %	Final
MCV	68.7 (*)	85.0 - 99.0 fl	Final
MCH	21.8 (*)	28.4 - 33.4 pg	Final
RDW	20.7 (*)	11.7 - 15.2 %	Final
Platelet count	478 (*)	154 - 393 K/uL	Final

All other components within normal limits

BASIC METABOLIC PANEL - Abnormal; Notable for the following components:

Sodium	134 (*)	136 - 145 mmol/L	Final
Chloride	89 (*)	98 - 107 mmol/L	Final
Anion Gap	24 (*)	7 - 16 mmol/L	Final
BUN	28 (*)	7 - 25 mg/dL	Final
Creatinine	1.85 (*)	0.6 - 1.2 mg/dL	Final

All other components within normal limits

Narrative:

KDIGO 2012 GFR Categories

Stage	Description
eGFR (mL/min/1.73m ²)	
G1 =>90	Normal or high
G2 60-89	Mildly decreased
G3a 45-59	Mildly to moderately decreased
G3b 30-44	Moderately to severely decreased
G4 15-29	Severely decreased
G5 <15	Kidney Failure

HS TROPONIN I - Abnormal; Notable for the following components:

HS Troponin I	32 (*)	<12 pg/mL	Final
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All other components within normal limits

Narrative:

The Access high sensitivity troponin assay is not intended to be used in isolation; results should be interpreted in conjunction with other diagnostic tests and clinical information.

HS TROPONIN I - Abnormal; Notable for the following

components:

HS Troponin I	30 (*)	<12 pg/mL	Final
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All other components within normal limits

Narrative:

The Access high sensitivity troponin assay is not intended to be used in isolation; results should be interpreted in conjunction with other diagnostic tests and clinical information.

MANUAL SCAN - Abnormal; Notable for the following

components:

Platelet Estimate	Increased (*)	Adequate	Final
Poikilocytosis	2+ (*)	2/3+ /HPF	Final
Hypochromasia	2+ (*)	2/3+ /HPF	Final
Microcytosis	2+ (*)	1/3+ /HPF	Final
Ovalocytes/Elliptocytes	1+ (*)	1/3+ /HPF	Final

All other components within normal limits

LIVER PROFILE PANEL - Abnormal; Notable for the following

components:

Total Bilirubin	1.9 (*)	0.3 - 1.0 mg/dL	Final
Direct Bilirubin	0.53 (*)	<0.20 mg/dL	Final

All other components within normal limits

TSH W/REFLEX FREE T4 - Abnormal; Notable for the following components:

TSH	9.447 (*)	0.450 - 5.330 uIU/mL	Final
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All other components within normal limits

B-TYPE NATRIURETIC - Abnormal; Notable for the following

components:

KHN BNP	1,455 (*)	<100 pg/mL	Final
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All other components within normal limits

URINE CULTURE, CONDITIONAL - Abnormal; Notable for the following components:

Urine Color	Dark yellow (*)	Yellow	Final
Ketones Urinalysis	5 (*)	Negative	Final
Protein Urinalysis	30 (*)	Negative	Final
Bilirubin Urinalysis	1+ (*)	Negative	Final

Comment: Urine bilirubin confirmation is no longer performed routinely. A serum total bilirubin or urine icotest should be ordered if clinically indicated.

Specific Gravity	>1.030 (*)	1.010 - 1.025	Final
Urinalysis	(*)	Normal	Final
Urobilinogen Urinalysis	4 (*)	mg/dL	Final
Leukocytes Urinalysis	1+ (*)	Negative	Final

Leu/uL

All other components within normal limits

HS TROPONIN I - Abnormal; Notable for the following

components:

HS Troponin I	23 (*)	<12 pg/mL	Final
---------------	--------	-----------	-------

All other components within normal limits

Narrative:

The Access high sensitivity troponin assay is not intended to be used in isolation; results should be interpreted in conjunction with other diagnostic tests and clinical information.

PROTIME-INR - Abnormal; Notable for the following

components:

Protome	49.0 (*)	10.0 - 12.8 Second	Final
INR	4.1 (*)	0.9 - 1.1	Final

Comment: Condition and INR Therapeutic Range:
 Deep venous thrombosis 2.0-3.0
 Pulmonary embolism 2.0-3.0
 Acute myocardial infarction 2.0-3.0
 Atrial fibrillation 2.0-3.0
 Antiphospholipid syndrome (no other risk factors) 2.0-3.0
 Antiphospholipid syndrome with

recurrent thromboembolism 2.5-
3.0
Bioprosthetic (tissue) valve 2.0-
3.0
Mechanical prosthetic valves 2.0-
3.0 or 2.5-3.5 depending on valve
type and location

All other components within normal limits
LACTATE/LACTIC ACID - Abnormal; Notable for the following
components:

Lactic Acid 4.9 (*) 0.5 - Final
 2.0
 mmol/L

All other components within normal limits
THYROXINE FREE T4 - Abnormal; Notable for the following
components:

Free T4 1.36 (*) 0.61 - Final
 1.12
 ng/dL

All other components within normal limits

Narrative:

Biotin; also known as Vitamin B7, Vitamin H, or
coenzyme R; may cause inaccurate results with this
assay. Results should be correlated with patient
presentation.

LACTATE/LACTIC ACID - Abnormal; Notable for the following
components:

Lactic Acid 5.8 (*) 0.5 - Final
 2.0
 mmol/L

All other components within normal limits
URINE MICROSCOPIC REFLEX CULTURE - Abnormal;
Notable for the following components:

Urine White Blood Cells	10-20	0 - 3	Final
	(*)	/hpf	
Urine Bacteria	4+ (*)	Negativ	Final
		e /hpf	
Hyaline Casts	10-20	0 /lpf	Final
	(*)		
Urine Mucous	1+ (*)	Negativ	Final
		e /lpf	

All other components within normal limits
LACTATE/LACTIC ACID - Abnormal; Notable for the following
components:

Lactic Acid 4.7 (*) 0.5 - Final
 2.0
 mmol/L

All other components within normal limits
RENAL FUNCTION PANEL - Abnormal; Notable for the
following components:

Sodium	134 (*)	136 -	Final
		145	
		mmol/L	
Chloride	92 (*)	98 -	Final
		107	
		mmol/L	
CO2	19 (*)	21 - 31	Final
		mmol/L	
Anion Gap	23 (*)	7 - 16	Final
		mmol/L	
BUN	30 (*)	7 - 25	Final
		mg/dL	
Creatinine	1.79 (*)	0.6 -	Final
		1.2	
		mg/dL	
Glucose	68 (*)	74 -	Final
		109	
		mg/dL	
Calcium	8.5 (*)	8.6 -	Final
		10.2	
		mg/dL	
Albumin	3.3 (*)	3.5 -	Final
		5.7	
		g/dL	

All other components within normal limits

Narrative:

KDIGO 2012 GFR Categories

Stage	Description
<i>eGFR (mL/min/1.73m²)</i>	
G1	Normal or high
>=90	
G2	Mildly decreased
60-89	
G3a	Mildly to moderately decreased
45-59	
G3b	Moderately to severely decreased
30-44	
G4	Severely decreased
15-29	
G5	Kidney Failure
<15	

LIPASE - Normal

MAGNESIUM - Normal

PROCALCITONIN - Normal

Narrative:

COMMENT:

Concentrations of <0.25 ng/mL do not
exclude an infection, on account of localized infections
(without systemic signs) which can be associated with
such low concentrations, or a systemic infection in its
initial stages (< 6 hours). Furthermore, increased

procalcitonin can occur without infection. Procalcitonin concentrations should be interpreted taking into account the patient's history (see Algorithm Guidelines below). It is recommended to retest procalcitonin within 6 to 12 hours if antibiotics are withheld and an alternate diagnosis has not been established.

FOR ASSISTANCE IN INTERPRETING
THESE RESULTS, PLEASE SEE ALGORITHMS
BELOW.

BLOOD CULTURE
BLOOD CULTURE
URINE CULTURE (REQUIRES REASON)
POC GLUCOSE, BLOOD BY GLUCOSE MONITORING DEVICE
(ACCUCHECK)

MEDICAL DECISION MAKING

- Summary / source of outside record review, if applicable: ECHO in May 2024 revealed global hypokinesis with EF of 35-40% and moderate mitral insufficiency
- Differential diagnosis: anemia, electrolyte abnormality, ACS, dehydration, UTI
- Comorbidities impacting presentation- Stability/Severity include: hyperlipidemia, HTN, CAD, hx of DVT, DM, CHF

Patient presenting with generalized weakness. Patient has not been feeling well for a while now. She states that she does not really have much of an appetite and has not really been getting up and walking around much. She has swelling in her legs. She has chronic venous stasis changes which she states have been ongoing for quite some time. This does not appear to be new. There is no cellulitic changes. She does have some yeast dermatitis in her inguinal folds bilaterally but no overt signs of cellulitis. She is tachycardic however this appears to be sinus tachycardia. She has a history of atrial fibrillation however her rhythm appears to be regular. She is slightly hypotensive. She does appear to be clinically dry. Blood work and imaging was obtained. White count was normal. BMP revealed a anion gap of 24 and a creatinine of 1.85 which I suspect is likely due to more dehydration. Initial troponin was 32 and repeat was 30 and 23 respectively. Her EKG did not show any ischemic changes. Due to her persistent tachycardia blood cultures as well as lactic acid and procalcitonin were obtained. Her procalcitonin was normal. BNP was 1455 but she has no congestive changes on her chest x-ray. Her initial lactic was 4.9. She was given a 30 cc/kg fluid bolus based on her ideal body weight however her lactic acid remained at 5.8. Patient did have some improvement in her blood pressure. She was given some midodrine to see if this would improve her blood pressure as well. She was then given a dose of metoprolol but her heart rate remained in the 120s and appears to be sinus tachycardia. CT chest, abdomen and pelvis were obtained which revealed some air in the bladder as well as some lower ventral abdominal wall skin thickening however she has no obvious signs of cellulitis or abscess on physical exam. She was given vancomycin and Zosyn for broad-spectrum coverage. I do not have an obvious cause for elevated lactic acid at this time. She will require hospitalization. I spoke with Madeline, APP for the hospitalist service. They agree to accept the patient at Soin on IMC.

ED COURSE

Repeat Vitals:

BP: 99/72 (04/04 0130)

Temp: 98 °F (36.7 °C) (04/03 1732)

Pulse: 122 (04/04 0146)

Resp: 20 (04/04 0130)

SpO2: 97 % (04/04 0146)

FiO2 (%): --

O2 Flow Rate (L/min): --

Cardiac (WDL): --

Cardiac Rhythm: --

Medications

0.9 % sodium chloride infusion (83 mL/hr Intravenous New Bag 4/4/25 0237)

dextrose (GLUTOSE) 40 % 1 tube = 37.5 grams gel = 15 grams Dextrose 15 g of dextrose (has no administration in time range)

glucagon (GLUCAGEN) injection 1 mg (has no administration in time range)

dextrose 50 % (D50W) syringe 25 mL (has no administration in time range)

amiodarone (NEXTERONE) 150 mg/ 100 mL (1.5 mg/mL) pre-mixed IVPB 150 mg (0 mg Intravenous Stopped/Completed 4/4/25 0345)

Followed by

amiodarone (NEXTERONE) 360 mg/200 mL premixed infusion (1 mg/min Intravenous New Bag 4/4/25 0346)

0.9 % sodium chloride bolus 1,365 mL (0 mLs Intravenous Stopped/Completed 4/3/25 2248)

nystatin (MYCOSTATIN) topical powder (Topical Given 4/4/25 0346)

piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9 % sodium chloride 100 mL IVPB (0 g Intravenous Stopped/Completed 4/3/25 2248)

vancomycin (VANCOCIN) 1000 mg in 0.9% sodium chloride 250 mL (VIAL-2-BAG) IVPB (0 mg Intravenous Stopped/Completed 4/4/25 0041)

And

vancomycin (VANCOCIN) 1000 mg in 0.9% sodium chloride 250 mL (VIAL-2-BAG) IVPB (0 mg Intravenous Stopped/Completed 4/4/25 0216)

midodrine (PROAMATINE) tablet 10 mg (10 mg Oral Given 4/3/25 2148)

metoprolol (LOPRESSOR) injection 2.5 mg (2.5 mg IV Push Given 4/3/25 2348)

My critical care involvement with this patient (excluding any separately billable procedures) took 30 minutes and included the following elements:

- [x] Response to abnormal vitals
- [x] Review and response to abnormal lab tests
- [x] Review of old records/labs
- [x] Discussion with family/EMS/other pre-hospital personnel
- [x] Discussion with consultants/hospitalist
- [x] Rechecking patient/patient response to interventions
- [x] Rapid intervention to prevent deterioration
- [x] Discussing with patient/family treatment options
- [x] Overseeing final disposition

Actions taken in response to the above abnormalities and concerns included: Multiple bedside reevaluations with initiation of IV fluids secondary to hypotension and tachycardia

Electronically signed by: Stephanie Lynn Maus, DO, 4/4/2025

Stephanie Lynn Maus, DO
04/04/25 0004

Stephanie Lynn Maus, DO
04/04/25 0052

Time 2:33 AM

Patient remains tachycardic in the 120s. Had an episode where her heart rate dropped to the 90s for a few seconds and appeared to be normal sinus and then back to 120. I question whether she may be in atrial flutter and we are not able to visualize the flutter waves. Will trial her on amiodarone at this time and she was well controlled on this previously but no longer taking it.

Stephanie Lynn Maus, DO
04/04/25 0235

Time 3:30 AM

Patient now has a heart rate in the 90s after amiodarone and appears to be in Afib/flutter. I suspect this was causing her tachycardia all along and I have lower likelihood that this is infection related. Will continue to monitor at this time.

Stephanie Lynn Maus, DO
04/04/25 0350

Other Notes

[All notes](#)

-  ED Notes
Jim Blevins, RN 4/4/2025
Stacey Kane, RN Nursing Handoff • 4/4/2025
Stacey Kane, RN Nursing Handoff • 4/3/2025
Stacey Kane, RN Nursing Handoff • 4/3/2025
Dezarae M Webster Emergency Medicine • 4/3/2025
Christie Mae Downing, RN Emergency Medicine • 4/3/2025

Additional Orders and Documentation

-  Results
 Imaging
 Microbiology
 Meds

-  Orders
Procedures

-  Flowsheets

Encounter Info: [History](#), [Allergies](#), [Detailed Report](#)

Communications

- [View All Conversations on this Encounter](#)
 Continuity of Care (Extr) sent to Nicole Wentworth, MD
Sent 4/4/2025 by George Michael Kaiser, DO

Media

From this encounter

- Electronic signature on 4/4/2025 12:24 AM - E-signed
Electronic signature on 4/4/2025 12:00 AM - Not e-signed
Electronic signature on 4/3/2025 7:00 PM - E-signed
Scan on 4/6/2025 2:16 PM by Ramona Greene, HUC/NA

Clinical Impressions

- ◆ Weakness generalized
- Lactic acidosis
- Tachycardia, unspecified
- Candidal skin infection
- Atrial flutter, unspecified type (HCC)

Disposition

-  Transfer to Another Facility 
Condition: Stable

Follow-Ups: Follow up with Nicole Wentworth, MD (Family Medicine)

Medication Changes

None

Care Timeline

- 04/03
1730 Arrived
1744 XR-CHEST PORTABLE STAT
1753 EKG Standard 12 Lead
1757 Basic Metabolic Panel 
Hepatic Panel 
Lipase
Magnesium
B-Type Natriuretic 
Thyroxine Free T4 
CBC w/ Diff-Complete Blood Count 
TSH w/Reflex Free T4 

1931	HS Troponin I ⓘ
	Manual Reflex ⓘ
	Protimes-INR ⓘ
	Blood Culture
	PROCALCITONIN
	Lactate/Lactic Acid ⓘ
1933	HS Troponin I ⓘ
	Blood Culture
2021	0.9 % sodium chloride 1365 mL
2037	CT-CHEST/ABD/PELVIS NO CONTRAST
2141	piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9 %... 4.5 g
2148	midodrine HCl 10 mg
2243	Urine Culture (requires reason) ⓘ
	Urine Culture will reflex based on Urinalysis results ⓘ
	Urine Microscopic Reflex Culture ⓘ
2248	Lactate/Lactic Acid ⓘ
	HS Troponin I ⓘ
2252	vancomycin (VANCOCIN) 1000 mg in 0.9% sodium... 1000 mg
2348	metoprolol tartrate 2.5 mg
04/04	
0041	vancomycin (VANCOCIN) 1000 mg in 0.9% sodium... 1000 mg
0048	EKG Standard 12 lead
0113	Renal Function Panel ⓘ
0154	Lactate/Lactic Acid ⓘ
0237	0.9 % sodium chloride 83 mL/hr
0328	Glucose POC results
	amiodarone in dextrose,iso-osm 150 mg
0343	EKG Standard 12 lead
0346	nystatin No dose recorded
	amiodarone in dextrose,iso-osm 1 mg/min
0350	Bedside Glucose Monitoring
0550	CBC w/ Diff-Complete Blood Count ⓘ
	Lactate/Lactic Acid ⓘ
	Manual Reflex ⓘ
0632	Lactate/Lactic Acid ⓘ
0635	Renal Function Panel ⓘ
	Liver Profile Panel ⓘ
	Acetone, Ketones (Beta-Hydroxybuterate) ⓘ
	Blood Gas, Venous ⓘ
0650	0.9 % sodium chloride 1000 mL
0707	dextrose 50 % in water 25 mL
0721	dextrose 10 % in water 125 mL/hr
0755	piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9 %... 4.5 g
0831	0.9 % sodium chloride 1000 mL
0849	Glucose POC results ⓘ
0854	Discharged

History as of 4/4/2025

⌚ Medical History

Diagnosis	Date	Comment	Source
Anemia			
Arrhythmia			
Bed bug bite	11/14/2018	bed bug found on pt during outpatient stress test	
BMI 45.0-49.9, adult (HCC)	12/17/2018		
CAD in native artery	05/22/2019		
Carpal tunnel syndrome of left wrist			
Cellulitis both lower extremities	05/01/2019	Pt reports history of cellulitis on legs and went septic and got IV abx	
Chronic systolic congestive heart failure (HCC)	08/18/2023		
Clotting disorder			
Colon polyp			
Coronary artery disease			
Diabetes mellitus (HCC)			
Diabetic ulcer of toe of left foot associated with type 2	03/13/2019		
diabetes mellitus, limited to breakdown of skin (HCC)			
DVT (deep venous thrombosis) (HCC)			
Gastroesophageal reflux disease			
HTN, goal below 140/80			
Hyperlipidemia with target LDL less than 70			
Low back pain			
Myocardial infarction (HCC)	2008		
Non-ST elevation (NSTEMI) myocardial infarction (HCC)	04/30/2019		
Obesity, Class III, BMI 40-49.9 (morbid obesity) (HCC)			
Osteoarthritis			
Osteomyelitis of left foot (HCC)	09/19/2014		
Peripheral artery disease		Vascular Surgeon: Dr. Rank.	
Peripheral neuropathy due to ischemia			
Tibial fracture	04/28/2016		
Ulcer of great toe, left, with fat layer exposed (HCC)	02/21/2019		
Venous stasis ulcer of bilateral lower extremities limited to breakdown of skin (HCC)	09/08/2016		

⌚ Medical History - Pertinent Negatives (24)

✍ Surgical History

Procedure	Laterality	Date	Comment	Source
CARPAL TUNNEL RELEASE			right	
COLONOSCOPY				
COLONOSCOPY	N/A	1/16/2019	Esophagogastroduodenoscopy, possible biopsy, Colonoscopy, possible biopsy, possible polypectomy performed by Jonathan Paige Kushner, MD at KH GI	
CORONARY ANGIOPLASTY		2008	stent placement	
CYST REMOVAL				
FINGER SURGERY			ulnar nerve neuropathy	
HEART STENTS				
ICD implanted 2/2020		02/2020		
PR CATH PLMT L HRT/ARTS/GRFTS WNJX & ANGIO IMG S&I		12/6/2018		
PR MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS		12/6/2018		
SINUS SURGERY				
TOE AMPUTATION	Left	10/3/14		
tonsilectomy				
UPPER GASTROINTESTINAL ENDOSCOPY				

✍ Surgical History - Pertinent Negatives (18)

⌚ Family History

Relation	Problem	Comments
Mother (Alive)	Hypertension Osteoporosis	
Father (Deceased)	Cancer (Age: 50) Colon cancer (Age: 49) Diabetes Heart disease Other Diseases	liver Charcot-Marie-Tooth
Sister (Alive)	No Known Problems	
Brother (Alive)	No Known Problems	
Daughter	No Known Problems	
Son	No Known Problems	
Maternal Aunt	No Known Problems	
Maternal Uncle	No Known Problems	
Paternal Aunt	Breast cancer Cancer (Age: 40)	lymph
Paternal Uncle	No Known Problems	
Maternal Grandmother	No Known Problems	
Maternal Grandfather	No Known Problems	
Paternal Grandmother	No Known Problems	
Paternal Grandfather	No Known Problems	
Other	No Known Problems	

⌚ Tobacco Use

Former: 0.0 packs/day; Smoked for 3.0 years; Total pack years: 0.1; Types: Cigarettes
 Smokeless Tobacco: Former user of smokeless tobacco; Quit 12/6/2009.
 Comments: Quit 1995

⌚ Alcohol Use

No.

❖ Drug Use

No.

❖ Sexual Activity

Not sexually active; Birth Control/Protection: Post-menopausal.

❖ Employment History

No employment history on file.

❖ Family and Education

Marital Status

Divorced

❖ Social Identity

Preferred Language

English

Ethnicity

Non-Hispanic

Race

White or Caucasian

❖ Social Documentation

No social documentation on file.

Obstetric History as of 4/4/2025

Gravida	Para	Term	Preterm	AB	Living
2 SAB	IAB	Ectopic	Multiple	Live Births	

Varvel, Kelly

ED 4/3/2025

Status: Discharged

Kettering Health Greene Memorial Emergency

Results

Procedure	Component	Value	Ref Range	Date/Time
Blood Culture [623304688] Order Status: Completed	Blood Culture	Specimen: Blood from Arm-Left No Growth at 72 Hours		Collected: 04/03/25 1931 Updated: 04/07/25 0341
Blood Culture [623304689] Order Status: Completed	Blood Culture	Specimen: Blood from Arm-Left No Growth at 72 Hours		Collected: 04/03/25 1933 Updated: 04/07/25 0341
Urine Culture (requires reason) [623322813] (Abnormal)  Order Status: Completed	Urine Culture	Specimen: Urine, Straight Cath >10,000 cfu/ml Klebsiella pneumoniae !		Collected: 04/03/25 2243 Updated: 04/05/25 1901

Susceptibility

	Klebsiella pneumoniae Not Specified		
Amoxicillin/Clavulanic Acid	<=2 Susceptible		
Ampicillin		Resistant	
Ceftriaxone	<=0.25 Susceptible		
Cefuroxime	2 Susceptible		
Ciprofloxacin	<=0.25 Susceptible		
Ertapenem	<=0.12 Susceptible		
Gentamicin	<=1 Susceptible		
Imipenem	<=0.25 Susceptible		
Levofloxacin	<=0.12 Susceptible		
Meropenem	<=0.25 Susceptible		
Nitrofurantoin	64 Intermediate		
Piperacillin + Tazobactam	<=4 Susceptible		
Tetracycline	<=1 Susceptible		
Tobramycin	<=1 Susceptible		
Trimethoprim + Sulfamethoxazole	<=20 Susceptible		

 [Linear View](#)**Glucose POC results [623367920] (Abnormal)**

Order Status: Completed	POC Glucose	Specimen: Blood 115 !	74 - 106 mg/dL	Collected: 04/04/25 0849 Updated: 04/04/25 0852
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Narrative:

Point of care test performed at bedside.

Liver Profile Panel [623346902] (Abnormal)

Order Status: Completed	Protein, Total	Specimen: Blood from Vein 6.3	6.0 - 8.3 g/dL	Collected: 04/04/25 0635 Updated: 04/04/25 0718
	Albumin	3.4 !	3.5 - 5.7 g/dL	
	Alkaline Phosphatase	64	34 - 104 U/L	
	AST	17	13 - 39 U/L	
	ALT	11	7 - 52 U/L	
	Total Bilirubin	2.1 !	0.3 - 1.0 mg/dL	
	Direct Bilirubin	0.99 !	<=0.20 mg/dL	

Renal Function Panel [623345197] (Abnormal)

Order Status: Completed	Sodium	Specimen: Blood from Vein 134 !	136 - 145 mmol/L	Collected: 04/04/25 0635 Updated: 04/04/25 0702
	Potassium	4.0	3.5 - 5.1 mmol/L	
	Chloride	91 !	98 - 107 mmol/L	
	CO2	15 !	21 - 31 mmol/L	
	Anion Gap	28 !	7 - 16 mmol/L	
	BUN	31 !	7 - 25 mg/dL	
	Creatinine	1.89 !	0.6 - 1.2 mg/dL	
	Glucose	66 ↓	74 - 109 mg/dL	
	Calcium	8.7	8.6 - 10.2 mg/dL	
	Albumin	3.4 !	3.5 - 5.7 g/dL	
	Phosphorus	5.6 !	2.5 - 5.0 mg/dL	
	GFR Female	30	>90 mL/min/1.73m ²	

Comment: Reported eGFR is based on the CKD-EPI 2021 equation that does not use a race coefficient.

Narrative:

KDIGO 2012 GFR Categories

Stage Description eGFR (mL/min/1.73m²)

G1 Normal or high >=90

G2 Mildly decreased 60-89

G3a Mildly to moderately decreased 45-59

G3b Moderately to severely decreased 30-44

G4 Severely decreased 15-29

G5 Kidney Failure <15

Acetone, Ketones (Beta-Hydroxybutyrate) [623345993] (Abnormal)

Order Status: Completed	Beta-Hydroxybutyrate	Specimen: Blood from Vein 3.23 !	0.02 - 0.27 mmol/L	Collected: 04/04/25 0635 Updated: 04/04/25 0700
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Lactate/Lactic Acid [623345992] (Abnormal)

Order Status: Completed	Lactic Acid	Specimen: Blood from Vein 9.2 ↑	0.5 - 2.0 mmol/L	Collected: 04/04/25 0632 Updated: 04/04/25 0654
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Blood Gas, Venous [623345198] (Abnormal)

Order Status: Completed	pH, Venous	Specimen: Blood from Vein 7.31	7.30 - 7.40 pH	Collected: 04/04/25 0635 Updated: 04/04/25 0642
	pCO2, Venous	32 !	40 - 50 mmHg	
	PO2, Venous	<40	35 - 45 mmHg	
	HCO3, Venous	15.4 !	24.0 - 30.0 mmol/L	

Procedure

Component	Value	Ref Range	Date/Time
Base Excess	-9.8 !	-2.0 - 2.0 mmol/L	
Methemoglobin	0.0	0.0 - 1.5 %	
RHB	60.9 !	0.0 - 5.0 %	
CarboxyHemoglobin	0.7	0.5 - 1.5 %	
Comment:	Carboxyhemoglobin Reference Range: Non Smokers: <2% Smokers: <8% Toxic: >20%		
Hemoglobin	11.3 !	12.0 - 16.0 g/dL	
FO2Hb	38.4 !	60.0 - 80.0 %	
CBC w/ Diff-Complete Blood Count [623342641] (Abnormal)			
Order Status: Completed	Specimen: Blood from Line	Collected: 04/04/25 0550	Updated: 04/04/25 0630
WBC	8.1	4.0 - 10.5 K/uL	
RBC	5.20 !	3.86 - 5.17 M/uL	
HGB	10.9 !	12.1 - 15.8 g/dL	
HCT	35.5 !	35.8 - 46.5 %	
MCV	68.2 !	85.0 - 99.0 fl	
MCH	21.0 !	28.4 - 33.4 pg	
MCHC	30.7 !	31.1 - 37.0 g/dL	
RDW	20.7 !	11.7 - 15.2 %	
Platelet count	408 !	154 - 393 K/uL	
Neutrophils %	71.2	%	
Lymphocytes %	22.8	%	
Monocytes %	5.3	%	
Eosinophils %	0.3	%	
Basophils %	0.4	%	
Neutrophils Absolute	5.7	2.0 - 7.3 K/uL	
Lymphocytes Absolute	1.8	0.8 - 3.6 K/uL	
Monocytes Absolute	0.4	0.3 - 0.9 K/uL	
Eosinophils Absolute	0.0	0.0 - 0.4 K/uL	
Basophils Absolute	0.0	0.0 - 0.1 K/uL	
Manual Reflex [623344765] (Abnormal)			
Order Status: Completed	Specimen: Blood from Line	Collected: 04/04/25 0550	Updated: 04/04/25 0630
Platelet Estimate	Increased !	Adequate	
Large Platelets	Present !	Absent /HPF	
Poikilocytosis	2+ !	2/3+ /HPF	
Hypochromasia	2+ !	2/3+ /HPF	
Microcytosis	2+ !	1/3+ /HPF	
Ovalocytes/Elliptocytes	1+ !	1/3+ /HPF	
Polychromasia	2+ !	1/3+ /hpf	
WBC Estimate	Adequate		
Lactate/Lactic Acid [623342640] (Abnormal)			
Order Status: Completed	Specimen: Blood from Line	Collected: 04/04/25 0550	Updated: 04/04/25 0616
Lactic Acid	7.5 ^	0.5 - 2.0 mmol/L	
Bedside Glucose Monitoring [623297619] (Normal)			
Order Status: Completed	Specimen: Blood from Capillary	Resulted: 04/04/25 0350	Updated: 04/04/25 0350
POC Glucose	98	70 - 99 mg/dl	
Glucose POC results [623338929] (Normal)			
Order Status: Completed	Specimen: Blood	Collected: 04/04/25 0328	Updated: 04/04/25 0350
POC Glucose	98	74 - 106 mg/dL	
Narrative:	Point of care test performed at bedside.		
EKG Standard 12 lead [623338658]			
Order Status: Completed		Collected: 04/04/25 0343	Updated: 04/04/25 0347
Heart Rate	94	bpm	
RR INTERVAL	640	ms	
PR Interval	--		
QRS Interval	114	ms	
QT Interval	382	ms	
QTc Interval	478	ms	
QRS Axis	108	deg	
T Wave Axis	-14	deg	
REPORT	- ABNORMAL ECG - Afib/flut and V-paced complexes		
REPORT	Confirmed by: Maus, Stephanie (DO) 04-Apr-2025 03:47:16		
Interpreting Phys			
Lactate/Lactic Acid [623330455] (Abnormal)			
Order Status: Completed	Specimen: Blood from Vein	Collected: 04/04/25 0154	Updated: 04/04/25 0218
Lactic Acid	4.7 ^	0.5 - 2.0 mmol/L	
Renal Function Panel [623331109] (Abnormal)			
Order Status: Completed	Specimen: Blood from Vein	Collected: 04/04/25 0113	Updated: 04/04/25 0138
Sodium	134 !	136 - 145 mmol/L	
Potassium	4.0	3.5 - 5.1 mmol/L	
Comment: Moderate hemolysis noted. Hemolysis may affect this result. Specimen may be redrawn at the discretion of ordering physician.			
Chloride	92 !	98 - 107 mmol/L	
CO2	19 !	21 - 31 mmol/L	
Anion Gap	23 !	7 - 16 mmol/L	
BUN	30 !	7 - 25 mg/dL	
Creatinine	1.79 !	0.6 - 1.2 mg/dL	
Glucose	68 V	74 - 109 mg/dL	
Calcium	8.5 !	8.6 - 10.2 mg/dL	
Albumin	3.3 !	3.5 - 5.7 g/dL	
Phosphorus	4.7	2.5 - 5.0 mg/dL	
GFR Female	32	>90 mL/min/1.73m ²	
Comment: Reported eGFR is based on the CKD-EPI 2021 equation that does not use a race coefficient.			

Narrative:

KDIGO 2012 GFR Categories

Stage Description eGFR (mL/min/1.73m²)

G1 Normal or high >=90

Procedure	Component	Value	Ref Range	Date/Time
G2 Mildly decreased 60-89				
G3a Mildly to moderately decreased 45-59				
G3b Moderately to severely decreased 30-44				
G4 Severely decreased 15-29				
G5 Kidney Failure <15				
EKG Standard 12 lead [623330024]				Collected: 04/04/25 0048 Updated: 04/04/25 0052
Order Status: Completed	Heart Rate	122	bpm	
	RR INTERVAL	496	ms	
	PR Interval	141	ms	
	QRSD Interval	121	ms	
	QT Interval	384	ms	
	QTc Interval	545	ms	
	QRS Axis	121	deg	
	T Wave Axis	-27	deg	
	REPORT	- ABNORMAL ECG -		
	REPORT	Sinus tachycardia		
	REPORT	Ventricular premature complex		
	REPORT	Nonspecific intraventricular conduction delay		
	Interpreting Phys	Confirmed by: Maus, Stephanie (DO) 04-Apr-2025 00:52:17		
Urine Microscopic Reflex Culture [623320856] (Abnormal)				Collected: 04/03/25 2243 Updated: 04/03/25 2324
Order Status: Completed	Specimen: Urine, Straight Cath			
	Urine White Blood Cells	10-20 !	0 - 3 /hpf	
	Urine Red Blood Cells	0-3	0 - 3 /hpf	
	Urine Bacteria	4+ !	Negative /hpf	
	Hyaline Casts	10-20 !	0 /lpf	
	Urine Mucus	1+ !	Negative /lpf	
	Epithelial Cells	0-3	0 - 3 /hpf	
HS Troponin I [623304032] (Abnormal)				Collected: 04/03/25 2248 Updated: 04/03/25 2317
Order Status: Completed	Specimen: Blood from Vein			
	HS Troponin I	23 !	<12 pg/mL	
Narrative:	The Access high sensitivity troponin assay is not intended to be used in isolation; results should be interpreted in conjunction with other diagnostic tests and clinical information.			
Lactate/Lactic Acid [623310662] (Abnormal)				Collected: 04/03/25 2248 Updated: 04/03/25 2316
Order Status: Completed	Specimen: Blood from Vein			
	Lactic Acid	5.8 ^	0.5 - 2.0 mmol/L	
Urine Culture will reflex based on Urinalysis results [623302594] (Abnormal)				Collected: 04/03/25 2243 Updated: 04/03/25 2259
Order Status: Completed	Specimen: Urine, Straight Cath			
	Urine Clarity	Clear	Clear	
	Urine Color	Dark yellow !	Yellow	
	Glucose Urinalysis	Negative	Negative mg/dL	
	Ketones Urinalysis	5 !	Negative mg/dL	
	Blood Urinalysis	Negative	Negative mg/dL	
	Protein Urinalysis	30 !	Negative mg/dL	
	Urine Nitrite	Negative	Negative	
	Bilirubin Urinalysis	1+ !	Negative mg/dL	
	Comment: Urine bilirubin confirmation is no longer performed routinely. A serum total bilirubin or urine ictotest should be ordered if clinically indicated.			
	Specific Gravity Urinalysis	>1.030 !	1.010 - 1.025	
	pH Urinalysis	5.5	5.0 - 8.0 pH	
	Urobilinogen Urinalysis	4 !	Normal mg/dL	
	Leukocytes Urinalysis	1+ !	Negative Leu/uL	
CT-CHEST/ABD/PELVIS NO CONTRAST [623310721]				Collected: 04/03/25 2039 Updated: 04/03/25 2048
Order Status: Completed				
Narrative:	PROCEDURE: CT-CHEST/ABD/PELVIS NO CONTRAST			
	DATE OF EXAM: 4/3/2025 8:37 PM			
	DEMOGRAPHICS: 62 years old Female			
	INDICATION: tachycardia, lactic acidosis History: tachycardia, lactic acidosis. Number of Series/Images: 5.			
	COMPARISON: CT chest angiogram 1/2/2020			
	TECHNIQUE: Contiguous axial slices of the chest, abdomen, and pelvis were submitted without IV contrast. No oral contrast was utilized. Additional coronal reformatted images were provided.			
	DOSE OPTIMIZATION: CT radiation dose optimization techniques (automated exposure control, and use of iterative reconstruction techniques, or adjustment of the mA and/or kV according to patient size) were used to limit patient radiation dose.			
FINDINGS:				
Chest:				
Cardiomegaly. No pericardial effusion. Coronary artery calcification. Left chest wall cardiac conduction device with leads terminating in the right atrium and right ventricle. Aortic atherosclerosis without aneurysm. Main pulmonary artery is normal in caliber. No mediastinal or hilar lymphadenopathy.				
No consolidation, pleural effusion or pneumothorax. No suspicious pulmonary nodule.				
Mild degenerative changes of the thoracic spine. No acute osseous findings.				
Abdomen and pelvis:				
Hepatic steatosis. Hyperattenuating fluid in the gallbladder likely represents: Or sludge. No evidence for acute cholecystitis. Mild fatty atrophy of the pancreas. The spleen calcification compatible with sequelae of prior granulomatous disease. Adrenal glands are normal. Kidneys are unremarkable. No renal calculi or hydronephrosis. No bladder wall thickening. Small amount of nondependent air in the bladder. Uterus and adnexa are unremarkable.				
Small hiatal hernia. Small bowel is normal in caliber. The appendix is normal. Colonic diverticulosis without features of acute diverticulitis. No intraperitoneal free air or fluid. No abdominal or pelvic lymphadenopathy. Aortoiliac atherosclerosis without aneurysm.				
Degenerative changes of the lumbar spine. No acute osseous findings. Lower ventral abdominal skin thickening and subcutaneous inflammation. Fat-containing umbilical hernia. Fat-containing right.				
Hernia.				
Impression:				
1. No acute cardiopulmonary findings. Cardiomegaly and coronary artery calcification.				
2. Small amount of nondependent air in the bladder is probably related to recent catheterization.				
3. Lower ventral abdominal skin thickening and subcutaneous inflammation. Correlate for clinical features of cellulitis.				

Procedure	Component	Value	Ref Range	Date/Time
4. Hepatic steatosis.				
Electronically Signed by: Nathan Hannemann, DO, 4/3/2025 8:47 PM				
Lactate/Lactic Acid [623304690] (Abnormal)				
Order Status: Completed	Lactic Acid	Specimen: Blood from Vein 4.9 ↑	0.5 - 2.0 mmol/L	Collected: 04/03/25 1931 Updated: 04/03/25 2012
PROCALCITONIN [623304691] (Normal)				
Order Status: Completed	Procalcitonin	Specimen: Blood from Vein 0.13	<0.50 for Sepsis or <0.25 for Pneumonia ng/mL	Collected: 04/03/25 1931 Updated: 04/03/25 2006
Narrative: COMMENT: Concentrations of <0.25 ng/mL do not exclude an infection, on account of localized infections (without systemic signs) which can be associated with such low concentrations, or a systemic infection in its initial stages (< 6 hours). Furthermore, increased procalcitonin can occur without infection. Procalcitonin concentrations should be interpreted taking into account the patient's history (see Algorithm Guidelines below). It is recommended to retest procalcitonin within 6 to 12 hours if antibiotics are withheld and an alternate diagnosis has not been established.				
FOR ASSISTANCE IN INTERPRETING THESE RESULTS, PLEASE SEE ALGORITHMS BELOW.				
HS Troponin I [623301779] (Abnormal)				
Order Status: Completed	HS Troponin I	Specimen: Blood from Vein 30 !	<12 pg/mL	Collected: 04/03/25 1931 Updated: 04/03/25 2003
Narrative: The Access high sensitivity troponin assay is not intended to be used in isolation; results should be interpreted in conjunction with other diagnostic tests and clinical information.				
Protome-INR [623304687] (Abnormal)				
Order Status: Completed	Protome	Specimen: Blood from Vein 49.0 !	10.0 - 12.8 Seconds	Collected: 04/03/25 1931 Updated: 04/03/25 1949
	INR	4.1 !	0.9 - 1.1	
Comment: Condition and INR Therapeutic Range: Deep venous thrombosis 2.0-3.0 Pulmonary embolism 2.0-3.0 Acute myocardial infarction 2.0-3.0 Atrial fibrillation 2.0-3.0 Antiphospholipid syndrome (no other risk factors) 2.0-3.0 Antiphospholipid syndrome with recurrent thromboembolism 2.5-3.0 Bioprosthetic (tissue) valve 2.0-3.0 Mechanical prosthetic valves 2.0-3.0 or 2.5-3.5 depending on valve type and location				
Thyroxine Free T4 [623305148] (Abnormal)				
Order Status: Completed	Free T4	Specimen: Blood from Vein 1.36 !	0.61 - 1.12 ng/dL	Collected: 04/03/25 1757 Updated: 04/03/25 1947
Narrative: Biotin; also known as Vitamin B7, Vitamin H, or coenzyme R; may cause inaccurate results with this assay. Results should be correlated with patient presentation.				
B-Type Natriuretic [623302593] (Abnormal)				
Order Status: Completed	KHN BNP	Specimen: Blood from Vein 1,455 !	<100 pg/mL	Collected: 04/03/25 1757 Updated: 04/03/25 1913
TSH w/Reflex Free T4 [623302591] (Abnormal)				
Order Status: Completed	TSH	Specimen: Blood from Vein 9.447 !	0.450 - 5.330 uIU/mL	Collected: 04/03/25 1757 Updated: 04/03/25 1911
EKG Standard 12 Lead [623297615]				
Order Status: Completed	Heart Rate	125	bpm	Collected: 04/03/25 1753
	RR INTERVAL	480	ms	Updated: 04/03/25 1902
	PR Interval	154	ms	
	QRS Interval	123	ms	
	QT Interval	352	ms	
	QTc Interval	508	ms	
	QRS Axis	106	deg	
	T Wave Axis	-8	deg	
	REPORT	- ABNORMAL ECG -		
	REPORT	Ectopic atrial tachycardia, unifocal		
	REPORT	LBBB		
	Interpreting Phys	Confirmed by: Maus, Stephanie (DO) 03-Apr-2025 19:02:12		
Hepatic Panel [623302589] (Abnormal)				
Order Status: Completed	Protein, Total	Specimen: Blood from Vein 7.2	6.0 - 8.3 g/dL	Collected: 04/03/25 1757
	Albumin	4.0	3.5 - 5.7 g/dL	Updated: 04/03/25 1859
	Alkaline Phosphatase	76	34 - 104 U/L	
	AST	21	13 - 39 U/L	
	ALT	11	7 - 52 U/L	
	Total Bilirubin	1.9 !	0.3 - 1.0 mg/dL	
	Direct Bilirubin	0.53 !	<=0.20 mg/dL	
Lipase [623302590] (Normal)				
Order Status: Completed	Lipase	Specimen: Blood from Vein 17	11 - 82 U/L	Collected: 04/03/25 1757 Updated: 04/03/25 1859
Magnesium [623302592] (Normal)				
Order Status: Completed	Magnesium	Specimen: Blood from Vein 2.2	1.6 - 2.4 mg/dL	Collected: 04/03/25 1757 Updated: 04/03/25 1859
CBC w/ Diff-Complete Blood Count [623297617] (Abnormal)				
Order Status: Completed	WBC	Specimen: Blood from Vein 7.7	4.0 - 10.5 K/uL	Collected: 04/03/25 1757
	RBC	5.13	3.86 - 5.17 M/uL	Updated: 04/03/25 1840
	HGB	11.2 !	12.1 - 15.8 g/dL	
	HCT	35.2 !	35.8 - 46.5 %	
	MCV	68.7 !	85.0 - 99.0 fl	
	MCH	21.8 !	28.4 - 33.4 pg	
	MCHC	31.8	31.1 - 37.0 g/dL	
	RDW	20.7 !	11.7 - 15.2 %	
	Platelet count	478 !	154 - 393 K/uL	
	Neutrophils %	68.7	%	
	Lymphocytes %	25.4	%	
	Monocytes %	5.1	%	
	Eosinophils %	0.3	%	

Procedure	Component	Value	Ref Range	Date/Time
	Basophils %	0.5	%	
	Neutrophils Absolute	5.3	2.0 - 7.3 K/uL	
	Lymphocytes Absolute	2.0	0.8 - 3.6 K/uL	
	Monocytes Absolute	0.4	0.3 - 0.9 K/uL	
	Eosinophils Absolute	0.0	0.0 - 0.4 K/uL	
	Basophils Absolute	0.0	0.0 - 0.1 K/uL	

Manual Reflex [623301975] (Abnormal)

Order Status: Completed

Platelet Estimate	Specimen: Blood from Vein
Poikilocytosis	Increased ! Adequate
Hypochromasia	2+ ! 2/3+ /HPF
Microcytosis	2+ ! 1/3+ /HPF
Ovalocytes/Elliptocytes	1+ ! 1/3+ /HPF
WBC Estimate	Adequate

Collected: 04/03/25 1757

Updated: 04/03/25 1840

HS Troponin I [623297620] (Abnormal)

Order Status: Completed

HS Troponin I	Specimen: Blood from Vein
	32 ! <12 pg/mL

Collected: 04/03/25 1757

Updated: 04/03/25 1827

Narrative:

The Access high sensitivity troponin assay is not intended to be used in isolation; results should be interpreted in conjunction with other diagnostic tests and clinical information.

Basic Metabolic Panel [623297618] (Abnormal)

Order Status: Completed

Sodium	Specimen: Blood from Vein
Potassium	134 ! 136 - 145 mmol/L
Chloride	4.5 3.5 - 5.1 mmol/L
CO2	Comment: Slightly hemolyzed. Hemolysis may affect this result. Specimen may be redrawn at the discretion of ordering physician.
Anion Gap	21 21 - 31 mmol/L
Glucose	24 ! 7 - 16 mmol/L
BUN	82 74 - 109 mg/dL
Creatinine	28 ! 7 - 25 mg/dL
Calcium	9.5 0.6 - 1.2 mg/dL
GFR Female	1.85 ! 8.6 - 10.2 mg/dL
	30 >90 mL/min/1.73m ²

Collected: 04/03/25 1757

Updated: 04/03/25 1823

Comment: Reported eGFR is based on the CKD-EPI 2021 equation that does not use a race coefficient.

Narrative:

KDIGO 2012 GFR Categories

Stage Description eGFR (mL/min/1.73m²)

- G1 Normal or high >=90
- G2 Mildly decreased 60-89
- G3a Mildly to moderately decreased 45-59
- G3b Moderately to severely decreased 30-44
- G4 Severely decreased 15-29
- G5 Kidney Failure <15

XR-CHEST PORTABLE STAT [623297616]

Order Status: Completed

Collected: 04/03/25 1755

Updated: 04/03/25 1757

Narrative:

EXAMINATION: XR-CHEST PORTABLE STAT

DATE OF EXAM: 4/3/2025 5:44 PM

DEMOGRAPHICS: 62 years old Female

INDICATION: weakness. Number of Series/Images: 1.

COMPARISON: Chest 8/18/2023

TECHNIQUE: Single AP portable chest radiograph was obtained.

FINDINGS:

The cardiomedastinal silhouette is mildly enlarged and unchanged. Left pectoral pacemaker/AICD again noted.

No focal consolidation. No pleural effusions or pneumothorax.

No acute osseous findings.

Impression:

No acute findings.

This dictation was created with voice recognition software. While attempts have been made to review the dictation as it is transcribed, on occasion the spoken word can be misinterpreted by the technology leading to omissions or inappropriate words, phrases or sentences.

Electronically Signed by: Michael Levinson, DO, 4/3/2025 5:56 PM

Varvel, Kelly

ED 4/3/2025

Status: Discharged

Kettering Health Greene Memorial Emergency

Default Flowsheet Data (all recorded)**Intake/Output**

Row Name	04/04/25 0831	04/04/25 0825	04/04/25 07:55:32	04/04/25 0755	04/04/25 0751
0.9 % sodium chloride bolus 1,000 mL Start: 04/04/25 0715					
Dose	—	—	—	—	*0 mL ~JB
Rate	—	—	—	—	0 mL/hr ~JB
Volume (mL)	—	—	—	—	999.99 ~JB
0.9 % sodium chloride bolus 1,000 mL Start: 04/04/25 0915					
Dose	*1000 mL ~JB	—	—	—	—
Rate	983.6 mL/hr ~JB	—	—	—	—
Line	Peripheral IV 04/03/25 1749	—	—	—	—
	Anterior;Distal;Left Upper arm ~JB				
piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9 % sodium chloride 100 mL IVPB Start: 04/04/25 0800					
Dose	—	*0 g ~JB	*4.5 g ~JB	—	—
Rate	—	0 ~JB	200 ~JB	—	—
Volume (mL)	—	97.9 ~JB	—	—	—
Line	—	—	—	Peripheral IV 04/03/25 1749	—
				Anterior;Distal;Left Upper arm ~JB	

[REMOVED] External Urinary Catheter

External Urinary Catheter	Placement Date: 04/03/25 -DW Placement Time: 2009	-DW Present Upon Admission: No	-DW Inserted by: Dezarae Webster	-DW Removal Date:
Properties	04/04/25 ~JW Removal Time: 1032 ~JW			
Row Name	04/04/25 0736	04/04/25 07:21:40	04/04/25 0721	04/04/25 0650
0.9 % sodium chloride infusion Start: 04/04/25 0215				
Rate	83 mL/hr ~JB	—	—	—
dextrose 10 % infusion Start: 04/04/25 0745				
Rate	—	125 mL/hr -TM	—	—
Line	—	—	Peripheral IV 04/04/25 0720	—
			Left;Posterior Hand -TM	—
0.9 % sodium chloride bolus 1,000 mL Start: 04/04/25 0715				
Dose	—	—	—	*1000 mL -SK
Rate	—	—	—	983.6 mL/hr -SK
Line	—	—	—	Peripheral IV 04/03/25 1749
			Anterior;Distal;Left Upper arm -SK	—

Amiodarone Drip

Dose (mg/min)	—	—	—	—	0 mg/min ~JB
Amiodarone	—	—	—	—	—
Rate Amiodarone	—	—	—	—	0 mL/hr ~JB
Volume (ml) Amiodarone	—	—	—	—	120.94 ml ~JB
Concentration	—	—	—	—	1.8 mg/mL ~JB
Amiodarone	—	—	—	—	—

[REMOVED] External Urinary Catheter

External Urinary Catheter	Placement Date: 04/03/25 -DW Placement Time: 2009	-DW Present Upon Admission: No	-DW Inserted by: Dezarae Webster	-DW Removal Date:
Properties	04/04/25 ~JW Removal Time: 1032 ~JW			

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name
JB	Jim Blevins, RN
JW	Justine Carolyn Weix, RN
SK	Stacey Kane, RN
TM	Tabetha Christine Moore, RN
DW	Dezarae M Webster

Varvel, Kelly #E752544 (Acct:270189568) (Deceased F) (Adm: 04/03/25) PCP: WENTWORTH, N (937-531-7902)**CSN: 688495443****Patient Identifiers**CareCast ID: 62336
McKesson ID : 335587**Active Patient FYIs**

General last edited by Mindi Maynard on Wed Mar 22, 2017 10:36 AM
 30 VISITS EACH PT/OT/ST PER CAL YR, 100% CVG AS LONG AS ELIGIBLE

General last edited by Erin M Eve, RN on Fri Feb 22, 2019 8:01 AM
 BED BUGS

Previous ED Visits

Date	Complaint	Diagnosis Description	Type	Department	Provider
8/18/23	AICD Problem	Atrial fibrillation with rapid ventricular response (HCC) ...	ED to Hosp- Admission (Discharged) (HOSPITALIZE)	MC Card/Med	Piam Shanehsaz, MD; Aditya Arora,...
11/24/19	Abdominal Pain; Nausea	Abdominal pain, generalized ...	ED (DISCHARGE)	GM ED	David Lynn Marcus, MD
5/8/19	Shortness of Breath	Atrial fibrillation with RVR (HCC) ...	ED (TRANSFER)	GM ED	George Nsenga Mwandia, MD; Franci...
5/1/19	Leg Swelling; Cellulitis	Cellulitis of lower extremity, unspecified laterality ...	ED to Hosp- Admission (Discharged) (HOSPITALIZE)	GM 2W	Carlos Alberto Jordan, MD; Debra ...
3/23/19	Hip Pain; Leg Pain; Foot Pain	Unable to ambulate ...	ED to Hosp- Admission (Discharged) (HOSPITALIZE)	GM 2W	George Nsenga Mwandia, MD; Michael...
3/20/19	Leg Pain	Left leg pain ...	ED (DISCHARGE)	GM ED	Charles Steven Dixon, MD
2/13/19	Leg Swelling; Difficulty Walking	Weakness generalized ...	ED to Hosp- Admission (Discharged) (HOSPITALIZE)	GM Tele	Todd Edward Ignarski, MD; Francis...
1/26/19	Diarrhea	Subarachnoid bleed (HCC) ...	ED to Hosp- Admission (Discharged) (HOSPITALIZE)	KH 5N	Christa Marie Siebenburgen, MD; S...
1/11/19	Slurred Speech; Altered Mental Status	Iron deficiency anemia due to chronic blood loss ...	ED to Hosp- Admission (Discharged) (HOSPITALIZE)	MC Med/Pulm	Yousif S Shareef, MD; Nancy Anne ...
8/20/18	Shortness of Breath; Fall	Anemia, unspecified type ...	ED to Hosp- Admission (Discharged) (HOSPITALIZE)	GM ICU	Sravan K Metla, MD; Charles Steve...

ED Arrival Information

Expected	Arrival	Acuity	
-	4/3/2025 17:30	Urgent	
Means of arrival Xenia FD	Escorted by -	Service Emergency Medicine	Admission type Emergency

Arrival complaint
weakness**Chief Complaint**

Complaint	Comment
Weakness	

ED Treatment Team

Provider	Role	From	To	Phone	Pager
Stephanie Lynn Maus, DO	Attending Provider	04/03/25 1802	04/04/25 0652	--	--
George Michael Kaiser, DO	Attending Provider	04/04/25 0652	04/04/25 0854	--	--
Christie Mae Downing, RN	Registered Nurse	04/03/25 1801	04/03/25 2022	937-352-2500	--
Stacey Kane, RN	Charge Nurse Leader	04/03/25 2028	--	--	--

ED Notes report[Go to ED Notes](#)**Dictations**

None

Consult Notes

No notes of this type exist for this encounter.

Procedure Notes

No notes of this type exist for this encounter.

Critical Care BestPractice Advisories[Click to view OurPractice Advisory history](#)**ED Diagnoses**

Diagnosis	Comment	Associated Orders
Final diagnoses		
Weakness generalized	--	--
Lactic acidosis	--	--
Tachycardia, unspecified	--	--
Candidal skin infection	--	--
Atrial flutter, unspecified type (HCC)	--	--

ED Disposition

ED Disposition	Condition	Comment
Transfer to Another Facility	Stable	Patient transferred.

Quality Reporting Measures

None

ED Patient Care Timeline report

Lab Results**① Glucose POC results (Final result)**

Collection Time	Result Time	POC Glucose
04/04/25 08:49:00	04/04/25 08:52:12	115 !
Previous Results		
04/04/25 03:50:00		98
04/04/25 03:28:00	04/04/25 03:50:05	98
05/23/19 11:37:00	05/23/19 11:42:00	102
05/23/19 07:24:00	05/23/19 07:27:00	101
05/23/19 06:32:00	05/23/19 06:33:00	77

Final result**Narrative:**

Point of care test performed at bedside.

② Renal Function Panel (Final result)

Collection Time	Result Time	NA	K	CL	CO2	ANION GAP	BUN	CREATININE	Glucose	CALCIUM	Albumin
04/04/25 06:35:00	04/04/25 07:02:42	134 !	4.0	91 !	15 !	28 !	31 !	1.89 !	66 ▼	8.7	3.4 !
Previous Results											
04/04/25 01:13:00	04/04/25 01:38:11	134 !	4.0	Moderate hemolysis not...	92 !	19 !	23 !	30 !	1.79 !	68 ▼	8.5 !
04/03/25 17:57:00	04/03/25 18:59:44										4.0
04/03/25 17:57:00	04/03/25 18:23:40	134 !	4.5	Slightly hemolyzed. H...	89 !	21	24 !	28 !	1.85 !	82	9.5
08/29/24 11:20:00	08/29/24 17:09:15										4.0
08/01/24 10:34:00	08/02/24 07:07:00	138	3.2 ▼	98	26		13	1.16 ▲	101 ▲	9.0	4.2
Collection Time	Result Time	PHOS									
04/04/25 06:35:00	04/04/25 07:02:42	5.6 !									
Previous Results			GFR Female								
04/04/25 01:13:00	04/04/25 01:38:11	4.7	32 Reported eGFR is based...								
04/03/25 17:57:00	04/03/25 18:59:44		30 Reported eGFR is based...								
04/03/25 17:57:00	04/03/25 18:23:40		30 Reported eGFR is based...								
08/29/24 11:20:00	08/29/24 17:09:15		53 ▼								
08/01/24 10:34:00	08/02/24 07:07:00										

Final result**Narrative:**

KDIGO 2012 GFR Categories

Stage Description eGFR (mL/min/1.73m²)

- G1 Normal or high >=90
- G2 Mildly decreased 60-89
- G3a Mildly to moderately decreased 45-59
- G3b Moderately to severely decreased 30-44
- G4 Severely decreased 15-29
- G5 Kidney Failure <15

③ Blood Gas, Venous (Final result)

Collection Time	Result Time	PH VEN	pCO ₂ , Venous	pO ₂ , Venous	HCO ₃ , Venous	BE CAP	Methemoglobin	RHB	CARBOXYHGB	Hemoglobin	FO2Hb
04/04/25 06:35:00	04/04/25 06:42:44	7.31	32 !	<40	15.4 !	-9.8 !	0.0	60.9 !	0.7	11.3 !	38.4 !
Carboxyhemoglobin Re...											
05/10/19 13:44:00	05/10/19 13:46:00				3.3 !	0.7			2.7		95.9
Carboxyhemoglobin ... !											

Final result**④ Acetone, Ketones (Beta-Hydroxybuterate) (Final result)**

Collection Time	Result Time	Beta-Hydroxybutyrate
04/04/25 06:35:00	04/04/25 07:00:56	3.23 !

Final result**⑤ Liver Profile Panel (Final result)**

Collection Time	Result Time	Protein, Total	Albumin	Alkaline Phosphatase	AST	ALT	Total Bilirubin	Direct Bilirubin
04/04/25 06:35:00	04/04/25 07:18:00	6.3	3.4 !	64	17	11	2.1 !	0.99 !
Previous Results								
04/04/25 06:35:00	04/04/25 07:02:42		3.4 !					
04/04/25 01:13:00	04/04/25 01:38:11		3.3 !					
04/03/25 17:57:00	04/03/25 18:59:44	7.2	4.0	76	21	11	1.9 !	0.53 !
08/29/24 11:20:00	08/29/24 17:09:15	7.2	4.0	107 !	8 !	5 !	0.4	<0.05
08/01/24 10:34:00	08/02/24 07:07:00		4.2		12	6		

Final result**⑥ Lactate/Lactic Acid (Final result)**

Collection Time	Result Time	Lactic Acid
04/04/25 06:32:00	04/04/25 06:54:22	9.2 ▲
Previous Results		
04/04/25 05:50:00	04/04/25 06:16:51	7.5 ▲
04/04/25 01:54:00	04/04/25 02:18:58	4.7 ▲
04/03/25 22:48:00	04/03/25 23:16:17	5.8 ▲
04/03/25 19:31:00	04/03/25 20:12:51	4.9 ▲
01/11/19 23:03:00	01/11/19 23:41:00	1.7

Final result**① Lactate/Lactic Acid (Final result)**

Collection Time	Result Time	Lactic Acid
04/04/25 05:50:00	04/04/25 06:16:51	7.5 ▲
Previous Results		
04/04/25 01:54:00	04/04/25 02:18:58	4.7 ▲
04/03/25 22:48:00	04/03/25 23:16:17	5.8 ▲
04/03/25 19:31:00	04/03/25 20:12:51	4.9 ▲
01/11/19 23:03:00	01/11/19 23:41:00	1.7

Final result**① CBC w/ Diff-Complete Blood Count (Final result)**

Collection Time	Result Time	WBC	RBC	HGB	HCT	MCV	MCH	MCHC	RDW	PLT	Neutro %
04/04/25 05:50:00	04/04/25 06:30:30	8.1	5.20 !	10.9 !	35.5 !	68.2 !	21.0 !	30.7 !	20.7 !	408 !	71.2
Previous Results											
04/03/25 17:57:00	04/03/25 18:40:39	7.7	5.13	11.2 !	35.2 !	68.7 !	21.8 !	31.8	20.7 !	478 !	68.7
08/01/24 10:34:00	08/02/24 07:07:00	5.4	4.43	11.0 ▼	35.0	79	24.8 ▼	31.4 ▼	15.2		
05/30/24 09:55:00	05/30/24 17:06:53	5.7	4.37	11.2 !	34.0 !	77.8 !	25.8 !	33.1	16.0 !	322	68.9
05/24/24 10:55:00	05/24/24 10:59:11	4.6	4.39	11.2 !	33.9 !	77.1 !	25.5 !	33.1	16.3 !	292	67.9
08/19/23 04:02:00	08/19/23 04:29:24	9.6	4.47	11.8 !	34.6 !	77.4 !	26.4 !	34.1	16.8 !	366	81.2
Collection Time	Result Time	Lympho %	Mono %	Eosino %	Baso %	Neutrophils Absolute	Lymphocytes Absolute	Monocytes Absolute	Eosinophils Absolute	Basophils Absolute	PLATELET COUNT
04/04/25 05:50:00	04/04/25 06:30:30	22.8	5.3	0.3	0.4	5.7	1.8	0.4	0.0	0.0	
Previous Results											
04/03/25 17:57:00	04/03/25 18:40:39	25.4	5.1	0.3	0.5	5.3	2.0	0.4	0.0	0.0	
08/01/24 10:34:00	08/02/24 07:07:00										326
05/30/24 09:55:00	05/30/24 17:06:53	24.9	4.5	1.1	0.6	3.9	1.4	0.3	0.1	0.0	
05/24/24 10:55:00	05/24/24 10:59:11	26.3	4.0	0.8	1.0	3.1	1.2	0.2 !	0.0	0.0	
08/19/23 04:02:00	08/19/23 04:29:24	14.3	3.4	0.4	0.7	7.8 !	1.4	0.3	0.0	0.1	

Final result**① Manual Reflex (Final result)**

Collection Time	Result Time	Platelet Estimate	LG PLTS	Poikilocytosis	Hypochromasia	Microcytosis	Ovalocytes/Elliptocytes	Polychromasia	WBC EST
04/04/25 05:50:00	04/04/25 06:30:30	Increased !	Present !	2+ !	2+ !	2+ !	1+ !	2+ !	Adequate
Previous Results									
04/03/25 17:57:00	04/03/25 18:40:39	Increased !		2+ !	2+ !	2+ !	1+ !		Adequate
05/22/19 18:17:00	05/22/19 19:57:00	Increased !							Performed
04/30/19 11:19:00	04/30/19 13:26:00	Adequate	Present !					1+ !	
03/23/19 19:25:00	03/23/19 19:57:00	Adequate					1+ !		Performed
02/18/19 07:15:00	02/18/19 08:17:00	Adequate		2+ !	2+ !		1+ !	1+ !	Performed

Final result**Bedside Glucose Monitoring (Final result)**

Collection Time	Result Time	POC Glucose
		98
Previous Results		
04/04/25 03:28:00	04/04/25 03:50:05	98
05/23/19 11:37:00	05/23/19 11:42:00	102
05/23/19 07:24:00	05/23/19 07:27:00	101
05/23/19 06:32:00	05/23/19 06:33:00	77
05/22/19 23:44:00	05/22/19 23:45:00	86
05/22/19 21:16:00	05/22/19 21:18:00	94

Final result**Narrative:**

Point of care test performed at bedside.

① Lactate/Lactic Acid (Final result)

Collection Time	Result Time	Lactic Acid
04/04/25 01:54:00	04/04/25 02:18:58	4.7 ▲
Previous Results		
04/03/25 22:48:00	04/03/25 23:16:17	5.8 ▲
04/03/25 19:31:00	04/03/25 20:12:51	4.9 ▲
01/11/19 23:03:00	01/11/19 23:41:00	1.7

Final result**② Renal Function Panel (Final result)**

Collection Time	Result Time	NA	K	CL	CO2	ANION GAP	BUN	CREATININE	Glucose	CALCIUM	Albumin
04/04/25 01:13:00	04/04/25 01:38:11	134 !	4.0	92 !	19 !	23 !	30 !	1.79 !	68 ▼	8.5 !	3.3 !
Moderate hemolysis not...											
Previous Results											
04/03/25 17:57:00	04/03/25 18:59:44										4.0
04/03/25 17:57:00	04/03/25 18:23:40	134 !	4.5	Slightly hemolyzed. H...	89 !	21	24 !	28 !	1.85 !	82	9.5
08/29/24 11:20:00	08/29/24 17:09:15										4.0
08/01/24 10:34:00	08/02/24 07:07:00	138	3.2 ▼	98	26		13	1.16 ▲	101 ▲	9.0	4.2
05/30/24 09:55:00	05/30/24 17:41:20										3.9
05/30/24 09:55:00	05/30/24 17:28:58	141	3.6	102	26	13	13	1.24 !	83		8.9
Collection Time	Result Time	PHOS					GFR Female				
04/04/25 01:13:00	04/04/25 01:38:11	4.7					32				
Reported eGFR is based...											
Previous Results											
04/03/25 17:57:00	04/03/25 18:59:44										
04/03/25 17:57:00	04/03/25 18:23:40										
08/29/24 11:20:00	08/29/24 17:09:15										
08/01/24 10:34:00	08/02/24 07:07:00										
05/30/24 09:55:00	05/30/24 17:41:20										
05/30/24 09:55:00	05/30/24 17:28:58										

Final result**Narrative:**

KDIGO 2012 GFR Categories

Stage Description eGFR (mL/min/1.73m²)

G1 Normal or high >=90
 G2 Mildly decreased 60-89
 G3a Mildly to moderately decreased 45-59
 G3b Moderately to severely decreased 30-44
 G4 Severely decreased 15-29
 G5 Kidney Failure <15

① HS Tropoin I (Final result)

Collection Time	Result Time	HS Tropoin I
04/03/25 22:48:00	04/03/25 23:17:18	23 !
Previous Results		
04/03/25 19:31:00	04/03/25 20:03:17	30 !
04/03/25 17:57:00	04/03/25 18:27:38	32 !
08/18/23 20:40:00	08/18/23 21:30:45	283 ▲
08/18/23 18:21:00	08/18/23 19:34:42	317 ▲

Final result**Narrative:**

The Access high sensitivity troponin assay is not intended to be used in isolation; results should be interpreted in conjunction with other diagnostic tests and clinical information.

④ Lactate/Lactic Acid (Final result)

Collection Time	Result Time	Lactic Acid
04/03/25 22:48:00	04/03/25 23:16:17	5.8 ▲
Previous Results		
04/03/25 19:31:00	04/03/25 20:12:51	4.9 ▲
01/11/19 23:03:00	01/11/19 23:41:00	1.7

Final result**⑤ Urine Culture will reflex based on Urinalysis results (Final result)**

Collection Time	Result Time	Urine Clarity	Urine Color	Glucose Urinalysis	Ketones Urinalysis	Blood Urinalysis	Protein Urinalysis	Urine Nitrite	Bilirubin Urinalysis	Specific Gravity Urinalysis	pH Urinalysis
04/03/25 22:43:00	04/03/25 22:59:56	Clear	Dark yellow	Negative	5 !	Negative	30 !	Negative	1+	>1.030 !	5.5
! Urine bilirubin confir... !											
Previous Results											
11/24/19 02:36:00	11/24/19 03:36:00										1.013
02/13/19 23:30:00	02/13/19 23:46:00										1.023
01/12/19 10:15:00	01/12/19 10:47:00										1.025
08/20/18 18:45:00	08/20/18 20:35:00										1.042 !
10/09/17 10:48:00	10/09/17 13:02:00										1.010

Collection Time	Result Time	Urobilinogen Urinalysis	Leukocytes Urinalysis
04/03/25 22:43:00	04/03/25 22:59:56	4 !	1+ !
Previous Results			
11/24/19 02:36:00	11/24/19 03:36:00		
02/13/19 23:30:00	02/13/19 23:46:00		
01/12/19 10:15:00	01/12/19 10:47:00		
08/20/18 18:45:00	08/20/18 20:35:00		
10/09/17 10:48:00	10/09/17 13:02:00		

Final result

① Urine Microscopic Reflex Culture (Final result)

Collection Time	Result Time	Urine White Blood Cells	Urine Red Blood Cells	Urine Bacteria	Hyaline Casts	Urine Mucous	Epith cell
04/03/25 22:43:00	04/03/25 23:24:00	10-20 !	0-3	4+ !	10-20 !	1+ !	0-3
Previous Results							
11/24/19 02:36:00	11/24/19 03:51:00	TNTC !	10-20 !	3+ !			3-5 !
02/13/19 23:30:00	02/13/19 23:56:00	0-3	3-5 !	Trace !			0-3
01/12/19 10:15:00	01/12/19 11:26:00	10-20 !		3+ !			3-5 !
08/20/18 18:45:00	08/20/18 22:10:00	0-3					0-3
10/09/17 10:48:00	10/09/17 13:21:00	0-3	0-3	Trace !			0-3

Final result

① Urine Culture (requires reason) (Final result)

Collection Time	Result Time	Urine CX
04/03/25 22:43:00	04/05/25 19:01:16	>10,000 cfu/ml Klebsiella pneumoniae !
Previous Results		
01/12/19 10:15:00	01/14/19 10:32:00	4,000 cfu/ml Escherichia coli !

Susceptibility

	Klebsiella pneumoniae	
	Not Specified	
Amoxicillin/Clavulanic Acid	<=2 Susceptible	
Ampicillin	Resistant	
Ceftriaxone	<=0.25 Susceptible	
Cefuroxime	2 Susceptible	
Ciprofloxacin	<=0.25 Susceptible	
Ertapenem	<=0.12 Susceptible	
Gentamicin	<=1 Susceptible	
Imipenem	<=0.25 Susceptible	
Levofloxacin	<=0.12 Susceptible	
Meropenem	<=0.25 Susceptible	
Nitrofurantoin	64 Intermediate	
Piperacillin + Tazobactam	<=4 Susceptible	
Tetracycline	<=1 Susceptible	
Tobramycin	<=1 Susceptible	
Trimethoprim + Sulfamethoxazole	<=20 Susceptible	

Final result

Blood Culture (Preliminary result)

Collection Time	Result Time	BLD CX
04/03/25 19:33:00	04/07/25 03:41:33	No Growth at 72 Hours
Previous Results		
04/03/25 19:31:00	04/07/25 03:41:32	No Growth at 72 Hours
02/20/19 12:43:00	02/26/19 08:11:00	No Growth at 5 Days
02/20/19 12:43:00	02/26/19 08:11:00	No Growth at 5 Days
01/15/19 08:54:00	01/20/19 14:37:00	No Growth at 5 Days
01/15/19 08:54:00	01/20/19 14:37:00	No Growth at 5 Days

① HS Troponin I (Final result)

Collection Time	Result Time	HS Troponin I
04/03/25 19:31:00	04/03/25 20:03:17	30 !
Previous Results		
04/03/25 17:57:00	04/03/25 18:27:38	32 !
08/18/23 20:40:00	08/18/23 21:30:45	283 
08/18/23 18:21:00	08/18/23 19:34:42	317 

Final result

Narrative:

The Access high sensitivity troponin assay is not intended to be used in isolation; results should be interpreted in conjunction with other diagnostic tests and clinical information.

① Protimes-INR (Final result)

Collection Time	Result Time	Protimes	INR
04/03/25 19:31:00	04/03/25 19:49:22	49.0 !	4.1 Condition and INR Ther... !
Previous Results			
01/26/19 18:45:00	01/26/19 19:55:00	14.5 !	1.3 !
01/16/19 07:09:00	01/16/19 07:53:00	13.1 !	1.2 !
01/11/19 22:20:00	01/11/19 22:57:00	15.8 !	1.4 !
08/21/18 16:27:00	08/21/18 17:27:00	18.6 !	1.7 !
08/21/18 00:55:00	08/21/18 01:34:00	32.9 !	2.9 !

Final result

Blood Culture (Preliminary result)

Collection Time	Result Time	BLD CX
04/03/25 19:31:00	04/07/25 03:41:32	No Growth at 72 Hours
Previous Results		
02/20/19 12:43:00	02/26/19 08:11:00	No Growth at 5 Days
02/20/19 12:43:00	02/26/19 08:11:00	No Growth at 5 Days
01/15/19 08:54:00	01/20/19 14:37:00	No Growth at 5 Days
01/15/19 08:54:00	01/20/19 14:37:00	No Growth at 5 Days
01/11/19 23:05:00	01/16/19 08:48:00	Staphylococcus aureus !
01/11/19 23:05:00	01/16/19 08:48:00	Staphylococcus aureus !

① Lactate/Lactic Acid (Final result)

Collection Time	Result Time	Lactic Acid
04/03/25 19:31:00	04/03/25 20:12:51	4.9 ↑
Previous Results		
01/11/19 23:03:00	01/11/19 23:41:00	1.7

Final result**PROCALCITONIN (Final result)**

Collection Time	Result Time	PCT
04/03/25 19:31:00	04/03/25 20:06:16	0.13
Previous Results		
05/01/19 15:42:00	05/01/19 17:09:00	<0.05
03/24/19 10:38:00	03/24/19 11:44:00	<0.05
01/12/19 00:30:00	01/12/19 00:48:00	<0.05

Final result**Narrative:**

COMMENT:

Concentrations of <0.25 ng/mL do not exclude an infection, on account of localized infections (without systemic signs) which can be associated with such low concentrations, or a systemic infection in its initial stages (< 6 hours). Furthermore, increased procalcitonin can occur without infection. Procalcitonin concentrations should be interpreted taking into account the patient's history (see Algorithm Guidelines below). It is recommended to retest procalcitonin within 6 to 12 hours if antibiotics are withheld and an alternate diagnosis has not been established.

FOR ASSISTANCE IN INTERPRETING THESE RESULTS, PLEASE SEE ALGORITHMS BELOW.

① CBC w/ Diff-Complete Blood Count (Final result)

Collection Time	Result Time	WBC	RBC	HGB	HCT	MCV	MCH	MCHC	RDW	PLT	Neutro %
04/03/25 17:57:00	04/03/25 18:40:39	7.7	5.13	11.2 !	35.2 !	68.7 !	21.8 !	31.8	20.7 !	478 !	68.7
Previous Results											
08/01/24 10:34:00	08/02/24 07:07:00	5.4	4.43	11.0 ▼	35.0	79	24.8 ▼	31.4 ▼	15.2		
05/30/24 09:55:00	05/30/24 17:06:53	5.7	4.37	11.2 !	34.0 !	77.8 !	25.8 !	33.1	16.0 !	322	68.9
05/24/24 10:55:00	05/24/24 10:59:11	4.6	4.39	11.2 !	33.9 !	77.1 !	25.5 !	33.1	16.3 !	292	67.9
08/19/23 04:02:00	08/19/23 04:29:24	9.6	4.47	11.8 !	34.6 !	77.4 !	26.4 !	34.1	16.8 !	366	81.2
08/18/23 18:21:00	08/18/23 18:30:03	9.8	4.86	12.6	37.6	77.3 !	25.9 !	33.5	16.7 !	410 !	72.0
Collection Time	Result Time	Lympho %	Mono %	Eosino %	Baso %	Neutrophils Absolute	Lymphocytes Absolute	Monocytes Absolute	Eosinophils Absolute	Basophils Absolute	PLATELET COUNT
04/03/25 17:57:00	04/03/25 18:40:39	25.4	5.1	0.3	0.5	5.3	2.0	0.4	0.0	0.0	
Previous Results											
08/01/24 10:34:00	08/02/24 07:07:00										326
05/30/24 09:55:00	05/30/24 17:06:53	24.9	4.5	1.1	0.6	3.9	1.4	0.3	0.1	0.0	
05/24/24 10:55:00	05/24/24 10:59:11	26.3	4.0	0.8	1.0	3.1	1.2	0.2 !	0.0	0.0	
08/19/23 04:02:00	08/19/23 04:29:24	14.3	3.4	0.4	0.7	7.8 !	1.4	0.3	0.0	0.1	
08/18/23 18:21:00	08/18/23 18:30:03	21.7	4.6	0.4	1.3	7.0	2.1	0.4	0.0	0.1	
Collection Time	Result Time	MDW									
04/03/25 17:57:00	04/03/25 18:40:39	21.88MDW value has been shown !									

Final result**① Basic Metabolic Panel (Final result)**

Collection Time	Result Time	NA	K	CL	CO2	ANION GAP	Glucose	BUN	CREATININE	CALCIUM	GFR Female
04/03/25 17:57:00	04/03/25 18:23:40	134 !	4.5	89 !	21	24 !	82	28 !	1.85 !	9.5	30 Reported eGFR is based...
Previous Results											
08/01/24 10:34:00	08/02/24 07:07:00	138	3.2 ▼	98	26		101 ▲	13	1.16 ▲	9.0	53 ▼
05/30/24 09:55:00	05/30/24 17:28:58	141	3.6	102	26	13	83	13	1.24 !	8.9	50Reported eGFR is based...
08/22/23 06:23:00	08/22/23 07:01:41	136	4.2	105	23	8	109	13	1.12	8.2 !	56Reported eGFR is based...
08/21/23 05:40:00	08/21/23 06:36:48	137	3.5	104	24	9	127 !	15	1.26 !	8.7	49Reported eGFR is based...
08/20/23 05:36:00	08/20/23 06:32:41	138	3.6	105	24	9	151 !	13	1.19	8.9	52Reported eGFR is based...

Final result**Narrative:**

KDIGO 2012 GFR Categories

Stage Description eGFR (mL/min/1.73m2)

G1 Normal or high >=90
 G2 Mildly decreased 60-89

G3a Mildly to moderately decreased 45-59
 G3b Moderately to severely decreased 30-44
 G4 Severely decreased 15-29
 G5 Kidney Failure <15

① HS Troponin I (Final result)

Collection Time	Result Time	HS Troponin I
04/03/25 17:57:00	04/03/25 18:27:38	32 !
Previous Results		
08/18/23 20:40:00	08/18/23 21:30:45	283 
08/18/23 18:21:00	08/18/23 19:34:42	317 

Final result

Narrative:

The Access high sensitivity troponin assay is not intended to be used in isolation; results should be interpreted in conjunction with other diagnostic tests and clinical information.

① Manual Reflex (Final result)

Collection Time	Result Time	Platelet Estimate	Poikilocytosis	Hypochromasia	Microcytosis	Ovalocytes/Elliptocytes	WBC EST
04/03/25 17:57:00	04/03/25 18:40:39	Increased !	2+ !	2+ !	2+ !	1+ !	Adequate
Previous Results							
05/22/19 18:17:00	05/22/19 19:57:00	Increased !					Performed
04/30/19 11:19:00	04/30/19 13:26:00	Adequate					
03/23/19 19:25:00	03/23/19 19:57:00	Adequate				1+ !	Performed
02/18/19 07:15:00	02/18/19 08:17:00	Adequate	2+ !	2+ !		1+ !	Performed
02/17/19 06:36:00	02/17/19 07:43:00	Adequate	2+ !	2+ !	1+ !	1+ !	

Final result

① Hepatic Panel (Final result)

Collection Time	Result Time	Protein, Total	Albumin	Alkaline Phosphatase	AST	ALT	Total Bilirubin	Direct Bilirubin
04/03/25 17:57:00	04/03/25 18:59:44	7.2	4.0	76	21	11	1.9 !	0.53 !
Previous Results								
08/29/24 11:20:00	08/29/24 17:09:15	7.2	4.0	107 !	8 !	5 !	0.4	<0.05
08/01/24 10:34:00	08/02/24 07:07:00		4.2		12	6		
05/30/24 09:55:00	05/30/24 17:41:20	7.8	3.9	107 !	11 !	7	0.4	<0.05
08/19/23 04:02:00	08/19/23 04:45:21		3.8					
08/01/23 16:10:00	08/02/23 04:14:00		4.1	119	15	6		

Final result

① Lipase (Final result)

Collection Time	Result Time	LIPASE
04/03/25 17:57:00	04/03/25 18:59:44	17
Previous Results		
11/24/19 00:39:00	11/24/19 01:25:00	27 !

Final result

① TSH w/Reflex Free T4 (Final result)

Collection Time	Result Time	TSH
04/03/25 17:57:00	04/03/25 19:11:06	9.447 !
Previous Results		
08/29/24 11:20:00	08/29/24 17:07:38	5.335 !
05/30/24 09:55:00	05/30/24 17:37:58	7.787 !
08/18/23 18:21:00	08/18/23 19:19:29	3.581 Please note the new reference range for this test.
03/29/21 11:45:00	03/31/21 15:06:00	3.660
01/11/19 22:20:00	01/11/19 22:51:00	2.340
01/11/19 22:20:00	01/11/19 22:51:00	2.340

Final result

① Magnesium (Final result)

Collection Time	Result Time	MG
04/03/25 17:57:00	04/03/25 18:59:44	2.2
Previous Results		
08/01/24 10:34:00	08/02/24 07:07:00	2.1 Performed At: 01 Labc...
08/22/23 06:23:00	08/22/23 07:01:40	2.0
08/21/23 05:40:00	08/21/23 06:36:48	2.0
08/20/23 05:36:00	08/20/23 06:32:40	2.2
08/19/23 04:02:00	08/19/23 04:45:21	1.9

Final result

① B-Type Natriuretic (Final result)

Collection Time	Result Time	BNP
04/03/25 17:57:00	04/03/25 19:13:07	1,455 !
Previous Results		
08/18/23 18:21:00	08/18/23 21:49:41	390 !

Final result

① Thyroxine Free T4 (Final result)

Collection Time	Result Time	FREE T4
04/03/25 17:57:00	04/03/25 19:47:51	1.36 !
Previous Results		
08/29/24 11:20:00	08/29/24 17:07:38	1.00
05/30/24 09:55:00	05/30/24 17:37:58	1.11

Final result**Narrative:**

Biotin; also known as Vitamin B7, Vitamin H, or coenzyme R; may cause inaccurate results with this assay. Results should be correlated with patient presentation.

Imaging Results**CT-CHEST/ABD/PELVIS NO CONTRAST (Final result)**

Result time 04/03/25 20:47:03

Final result by Nathan Paul Hannemann, DO (04/03/25 20:47:03)

Impression:

1. No acute cardiopulmonary findings. Cardiomegaly and coronary artery calcification.
2. Small amount of nondependent air in the bladder is probably related to recent catheterization.
3. Lower ventral abdominal skin thickening and subcutaneous inflammation. Correlate for clinical features of cellulitis.
4. Hepatic steatosis.

Electronically Signed by: Nathan Hannemann, DO, 4/3/2025 8:47 PM

Narrative:

PROCEDURE: CT-CHEST/ABD/PELVIS NO CONTRAST

DATE OF EXAM: 4/3/2025 8:37 PM

DEMOGRAPHICS: 62 years old Female

INDICATION: tachycardia, lactic acidosis History: tachycardia, lactic acidosis. Number of Series/Images: 5.

COMPARISON: CT chest angiogram 1/2/2020

TECHNIQUE: Contiguous axial slices of the chest, abdomen, and pelvis were submitted without IV contrast. No oral contrast was utilized. Additional coronal reformatted images were provided.

DOSE OPTIMIZATION: CT radiation dose optimization techniques (automated exposure control, and use of iterative reconstruction techniques, or adjustment of the mA and/or kV according to patient size) were used to limit patient radiation dose.

FINDINGS:**Chest:**

Cardiomegaly. No pericardial effusion. Coronary artery calcification. Left chest wall cardiac conduction device with leads terminating in the right atrium and right ventricle. Aortic atherosclerosis without aneurysm. Main pulmonary artery is normal in caliber. No mediastinal or hilar lymphadenopathy.

No consolidation, pleural effusion or pneumothorax. No suspicious pulmonary nodule.

Mild degenerative changes of the thoracic spine. No acute osseous findings.

Abdomen and pelvis:

Hepatic steatosis. Hyperattenuating fluid in the gallbladder likely represents: Or sludge. No evidence for acute cholecystitis. Mild fatty atrophy of the pancreas. The spleen calcification compatible with sequela of prior granulomatous disease. Adrenal glands are normal. Kidneys are unremarkable. No renal calculi or hydronephrosis. No bladder wall thickening. Small amount of nondependent air in the bladder. Uterus and adnexa are unremarkable.

Small hiatal hernia. Small bowel is normal in caliber. The appendix is normal. Colonic diverticulosis without features of acute diverticulitis. No intraperitoneal free air or fluid. No abdominal or pelvic lymphadenopathy. Aortoiliac atherosclerosis without aneurysm.

Degenerative changes of the lumbar spine. No acute osseous findings. Lower ventral abdominal skin thickening and subcutaneous inflammation. Fat-containing umbilical hernia. Fat-containing right. Hernia.

XR-CHEST PORTABLE STAT (Final result)

Result time 04/03/25 17:56:22

Final result by Michael I Levinson, DO (04/03/25 17:56:22)

Impression:

No acute findings.

This dictation was created with voice recognition software. While attempts have been made to review the dictation as it is transcribed, on occasion the spoken word can be misinterpreted by the technology leading to omissions or inappropriate words, phrases or sentences.

Electronically Signed by: Michael Levinson, DO, 4/3/2025 5:56 PM

Narrative:

EXAMINATION: XR-CHEST PORTABLE STAT

DATE OF EXAM: 4/3/2025 5:44 PM

DEMOGRAPHICS: 62 years old Female

INDICATION: weakness. Number of Series/Images: 1.

COMPARISON: Chest 8/18/2023

TECHNIQUE: Single AP portable chest radiograph was obtained.

FINDINGS:

The cardiomediastinal silhouette is mildly enlarged and unchanged. Left pectoral pacemaker/AICD again noted.

No focal consolidation. No pleural effusions or pneumothorax.

No acute osseous findings.

ECG Results**EKG Standard 12 lead (Final result)**

Collection Time	Result Time	Heart Rate	RR INTERVAL	PR Interval	QRS Interval	QT Interval	QTc Interval	QRS Axis	T Wave Axis	REPORT	REPORT
04/04/25 03:43:42	04/04/25 03:47:16	94	640		114	382	478	108	-14	-	Afib/flut and ABNORMAL ECG -

Collection Time	Result Time	Interpreting Phys
04/04/25 03:43:42	04/04/25 03:47:16	Confirmed by: Maus, Stephanie (DO) 04-Apr-2025 03:47:16

Final result**EKG Standard 12 lead (Final result)**

Collection Time	Result Time	Heart Rate	RR INTERVAL	PR Interval	QRS Interval	QT Interval	QTc Interval	QRS Axis	T Wave Axis	REPORT	REPORT
04/04/25 00:48:37	04/04/25 00:52:17	122	496	141	121	384	545	121	-27	- ABNORMAL	Sinus tachycardia ECG -

Collection Time	Result Time	REPORT	REPORT	Interpreting Phys
04/04/25 00:48:37	04/04/25 00:52:17	Ventricular premature complex	Nonspecific intraventricular conduction delay	Confirmed by: Maus, Stephanie (DO) 04-Apr-2025 00:52:17

Final result**EKG Standard 12 Lead (Final result)**

Collection Time	Result Time	Heart Rate	RR INTERVAL	PR Interval	QRS Interval	QT Interval	QTc Interval	QRS Axis	T Wave Axis	REPORT	REPORT
04/03/25 17:53:30	04/03/25 19:02:12	125	480	154	123	352	508	106	-8	- ABNORMAL	Ectopic atrial tachycardia, unifocal ECG -

Collection Time	Result Time	REPORT	Interpreting Phys
04/03/25 17:53:30	04/03/25 19:02:12	LBBB	Confirmed by: Maus, Stephanie (DO) 03-Apr-2025 19:02:12

Final result**Medication Administration from 04/03/2025 1730 to 04/07/2025 1629**

Date/Time	Order	Dose	Route	Action	Action by	Comments
04/03/25 2144 EDT	0.9 % sodium chloride bolus 1,000 mL	1,000 mL	Intravenous	Not Given	Stacey Kane, RN	--
04/04/25 0038 EDT	metoprolol (LOPRESSOR) injection 5 mg	5 mg	IV Push	Not Given	Stacey Kane, RN	--
04/03/25 2248 EDT	0.9 % sodium chloride bolus 1,365 mL	0 mL	Intravenous	Stopped/Completed	Stacey Kane, RN	--
04/03/25 2021 EDT	0.9 % sodium chloride bolus 1,365 mL	1,365 mL	Intravenous	New Bag	Stacey Kane, RN	--
04/04/25 0346 EDT	nystatin (MYCOSTATIN) topical powder	--	Topical	Given	Stacey Kane, RN	--
04/03/25 2248 EDT	piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9 % sodium chloride 100 mL IVPB	0 g	Intravenous	Stopped/Completed	Stacey Kane, RN	--
04/03/25 2141 EDT	piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9 % sodium chloride 100 mL IVPB	4.5 g	Intravenous	New Bag	Stacey Kane, RN	--
04/04/25 0041 EDT	vancomycin (VANCOCIN) 1000 mg in 0.9% sodium chloride 250 mL (VIAL-2-BAG) IVPB	0 mg	Intravenous	Stopped/Completed	Stacey Kane, RN	--
04/03/25 2252 EDT	vancomycin (VANCOCIN) 1000 mg in 0.9% sodium chloride 250 mL (VIAL-2-BAG) IVPB	1,000 mg	Intravenous	New Bag	Stacey Kane, RN	--
04/04/25 0216 EDT	vancomycin (VANCOCIN) 1000 mg in 0.9% sodium chloride 250 mL (VIAL-2-BAG) IVPB	0 mg	Intravenous	Stopped/Completed	Laura Elizabeth Hallstrom, RN	--
04/04/25 0041 EDT	vancomycin (VANCOCIN) 1000 mg in 0.9% sodium chloride 250 mL (VIAL-2-BAG) IVPB	1,000 mg	Intravenous	New Bag	Stacey Kane, RN	--
04/03/25 2148 EDT	midodrine (PROAMATINE) tablet 10 mg	10 mg	Oral	Given	Stacey Kane, RN	--
04/03/25 2348 EDT	metoprolol (LOPRESSOR) injection 2.5 mg	2.5 mg	IV Push	Given	Stacey Kane, RN	--
04/04/25 0736 EDT	0.9 % sodium chloride infusion	83 mL/hr	Intravenous	Rate/Dose Verify	Jim Blevins, RN	--
04/04/25 0237 EDT	0.9 % sodium chloride infusion	83 mL/hr	Intravenous	New Bag	Laura Elizabeth Hallstrom, RN	--
04/04/25 0707 EDT	dextrose 50 % (D50W) syringe 25 mL	25 mL	Intravenous	Given	Stacey Kane, RN	--
04/04/25 0345 EDT	amiodarone (NEXTERONE) 150 mg/ 100 mL (1.5 mg/mL) pre-mixed IVPB 150 mg	0 mg	Intravenous	Stopped/Completed	Stacey Kane, RN	--
04/04/25 0328 EDT	amiodarone (NEXTERONE) 150 mg/ 100 mL (1.5 mg/mL) pre-mixed IVPB 150 mg	150 mg	Intravenous	New Bag	Stacey Kane, RN	--
04/04/25 0450 EDT	amiodarone (NEXTERONE) 360 mg/200 mL premixed infusion	0 mg/min	Intravenous	Stopped/Completed	Jim Blevins, RN	--
04/04/25 0346 EDT	amiodarone (NEXTERONE) 360 mg/200 mL premixed infusion	1 mg/min	Intravenous	New Bag	Stacey Kane, RN	--
04/04/25 0751 EDT	0.9 % sodium chloride bolus 1,000 mL	0 mL	Intravenous	Stopped/Completed	Jim Blevins, RN	--
04/04/25 0650 EDT	0.9 % sodium chloride bolus 1,000 mL	1,000 mL	Intravenous	New Bag	Stacey Kane, RN	--
04/04/25 0721 EDT	dextrose 10 % infusion	--	Intravenous	New Bag	Tabetha Christine Moore, RN	--
04/04/25 0825 EDT	piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9 % sodium chloride 100 mL IVPB	0 g	Intravenous	Stopped/Completed	Jim Blevins, RN	--
04/04/25 0755 EDT	piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9 % sodium chloride 100 mL IVPB	4.5 g	Intravenous	New Bag	Jim Blevins, RN	--
04/04/25 0831 EDT	0.9 % sodium chloride bolus 1,000 mL	1,000 mL	Intravenous	New Bag	Jim Blevins, RN	--

ED Prescriptions

None

ED Medication Orders

(From admission, onward)

Start	Ordered	Status	Ordering Provider
04/04/25 0915	04/04/25 0830 0.9 % sodium chloride bolus 1,000 mL ONCE	Last MAR action: New Bag	KAISER, GEORGE MICHAEL
04/04/25 0800	04/04/25 0719 piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9 % sodium chloride 100 mL IVPB ONCE	Last MAR action: Stopped/Completed	MOSELY, BRANDON L
04/04/25 0745	04/04/25 0704 dextrose 10 % infusion CONTINUOUS	Discontinued	KAISER, GEORGE MICHAEL
04/04/25 0715	04/04/25 0641 0.9 % sodium chloride bolus 1,000 mL ONCE	Last MAR action: Stopped/Completed	KAISER, GEORGE MICHAEL
04/04/25 0315	04/04/25 0230 amiodarone (NEXTERONE) 360 mg/200 mL premixed infusion CONTINUOUS	Discontinued	MAUS, STEPHANIE LYNN
	<i>"Followed by" Linked Group Details</i>		
04/04/25 0300	04/04/25 0230 amiodarone (NEXTERONE) 150 mg/ 100 mL (1.5 mg/mL) pre-mixed IVPB 150 mg ONCE	Last MAR action: Stopped/Completed	MAUS, STEPHANIE LYNN
	<i>"Followed by" Linked Group Details</i>		
04/04/25 0215	04/04/25 0139 0.9 % sodium chloride infusion CONTINUOUS	Discontinued	MAUS, STEPHANIE LYNN
04/04/25 0204	04/04/25 0205 dextrose (GLUTOSE) 40 % 1 tube = 27.5 grams gel = 15 grams	Discontinued	SMITH, MADELINE NICOLE
	Dextrose 15 g of dextrose AS NEEDED		
04/04/25 0204	04/04/25 0205 glucagon (GLUCAGEN) injection 1 mg AS NEEDED	Discontinued	SMITH, MADELINE NICOLE
04/04/25 0204	04/04/25 0205 dextrose 50 % (D50W) syringe 25 mL AS NEEDED	Discontinued	SMITH, MADELINE NICOLE
04/04/25 0015	04/03/25 2332 metoprolol (LOPRESSOR) injection 2.5 mg ONCE	Last MAR action: Given	MAUS, STEPHANIE LYNN
04/03/25 2330	04/03/25 2130 vancomyycin (VANCOCIN) 1000 mg in 0.9% sodium chloride 250 mL (VIAL-2-BAG) IVPB ONCE	Last MAR action: Stopped/Completed	MAUS, STEPHANIE LYNN
	<i>"And" Linked Group Details</i>		
04/03/25 2215	04/03/25 2142 midodrine (PROAMATINE) tablet 10 mg ONCE	Last MAR action: Given	MAUS, STEPHANIE LYNN
04/03/25 2200	04/03/25 2116 nystatin (MYCOSTATIN) topical powder ONCE	Last MAR action: Given	MAUS, STEPHANIE LYNN
04/03/25 2200	04/03/25 2117 piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9 % sodium chloride 100 mL IVPB ONCE	Last MAR action: Stopped/Completed	MAUS, STEPHANIE LYNN
04/03/25 2200	04/03/25 2117 vancomyycin (VANCOCIN) 2,000 mg in 0.9 % sodium chloride 500 mL IVPB ONCE	Discontinued	MAUS, STEPHANIE LYNN
04/03/25 2200	04/03/25 2130 vancomyycin (VANCOCIN) 1000 mg in 0.9% sodium chloride 250 mL (VIAL-2-BAG) IVPB ONCE	Last MAR action: Stopped/Completed	MAUS, STEPHANIE LYNN
	<i>"And" Linked Group Details</i>		

Start	Ordered	Status	Ordering Provider
04/03/25 2045	04/03/25 2006 metoprolol (LOPRESSOR) injection 5 mg ONCE	Discontinued	MAUS, STEPHANIE LYNN
04/03/25 2045	04/03/25 2014 0.9 % sodium chloride bolus 1,365 mL ONCE	Last MAR action: Stopped/Completed	MAUS, STEPHANIE LYNN
04/03/25 1915	04/03/25 1836 0.9 % sodium chloride bolus 1,000 mL ONCE	Discontinued	MAUS, STEPHANIE LYNN

Code,Iso,Restraint

(From admission, onward)

None

ED Imaging Orders

(From admission, onward)

Start	Ordered	Status	Ordering Provider
04/03/25 2014	04/03/25 2014 CT-CHEST/ABD/PELVIS NO CONTRAST ONCE	Final result	MAUS, STEPHANIE LYNN
04/03/25 1737	04/03/25 1737 XR-CHEST PORTABLE STAT ONCE	Final result	MAUS, STEPHANIE LYNN

Lab Status

(From admission, onward)

Start	Ordered	Status	Ordering Provider
04/04/25 0853	04/04/25 0849 Glucose POC results PROCEDURE ONCE	Final result	MAUS, STEPHANIE LYNN
04/04/25 0645	04/04/25 0644 Liver Profile Panel Routine	Final result	SMITH, MADELINE NICOLE
04/04/25 0631	04/04/25 0631 Lactate/Lactic Acid STAT	Final result	SMITH, MADELINE NICOLE
04/04/25 0631	04/04/25 0631 Acetone, Ketones (Beta-Hydroxybuterate) Routine	Final result	SMITH, MADELINE NICOLE
04/04/25 0625	04/04/25 0624 Renal Function Panel Routine	Final result	SMITH, MADELINE NICOLE
04/04/25 0625	04/04/25 0624 Blood Gas, Venous Routine	Final result	SMITH, MADELINE NICOLE
04/04/25 0621	04/04/25 0620 Manual Reflex Routine	Final result	SMITH, MADELINE NICOLE
04/04/25 0544	04/04/25 0544 Lactate/Lactic Acid STAT	Final result	SMITH, MADELINE NICOLE
04/04/25 0544	04/04/25 0544 CBC w/ Diff-Complete Blood Count Routine	Final result	SMITH, MADELINE NICOLE
04/04/25 0351	04/04/25 0328 Glucose POC results PROCEDURE ONCE	Final result	MAUS, STEPHANIE LYNN
04/04/25 0248	04/04/25 2316 Lactate/Lactic Acid PROCEDURE ONCE	Final result	MAUS, STEPHANIE LYNN
04/04/25 0204	04/04/25 0205 Bedside Glucose Monitoring PRN	Canceled	SMITH, MADELINE NICOLE
04/04/25 0107	04/04/25 0106 Renal Function Panel STAT	Final result	MAUS, STEPHANIE LYNN
04/03/25 2324	04/03/25 2323 Urine Culture (requires reason) Routine	Final result	MAUS, STEPHANIE LYNN
04/03/25 2255	04/03/25 2254 Urine Microscopic Reflex Culture Routine	Final result	MAUS, STEPHANIE LYNN
04/03/25 2131	04/03/25 2012 Lactate/Lactic Acid PROCEDURE ONCE	Final result	MAUS, STEPHANIE LYNN
04/03/25 2057	04/03/25 1827 HS Troponin I PROCEDURE ONCE	Final result	MAUS, STEPHANIE LYNN
04/03/25 1912	04/03/25 1911 Thyroxine Free T4 Routine	Final result	MAUS, STEPHANIE LYNN
04/03/25 1906	04/03/25 1905 Protimine-INR STAT	Final result	MAUS, STEPHANIE LYNN
04/03/25 1906	04/03/25 1905 Blood Culture BLOOD CULTURE EVERY 15 MINUTES	Canceled	MAUS, STEPHANIE LYNN
	Order ID Start Status Ordering Provider		
	623304688 04/03/25 1906 Preliminary result	MAUS, STEPHANIE LYNN	
	623304689 04/03/25 1921 Preliminary result	MAUS, STEPHANIE LYNN	
04/03/25 1906	04/03/25 1905 Lactate/Lactic Acid STAT	Final result	MAUS, STEPHANIE LYNN
04/03/25 1906	04/03/25 1905 PROCALCITONIN STAT	Final result	MAUS, STEPHANIE LYNN
04/03/25 1906	04/03/25 1905 GMP Completion Panel Routine	Canceled	MAUS, STEPHANIE LYNN
04/03/25 1857	04/03/25 1827 HS Troponin I PROCEDURE ONCE	Final result	MAUS, STEPHANIE LYNN
04/03/25 1837	04/03/25 1836 Urine Culture will reflex based on Urinalysis results STAT	Final result	MAUS, STEPHANIE LYNN
04/03/25 1835	04/03/25 1836 Hepatic Panel STAT	Final result	MAUS, STEPHANIE LYNN
04/03/25 1835	04/03/25 1836 Lipase STAT	Final result	MAUS, STEPHANIE LYNN
04/03/25 1835	04/03/25 1836 TSH w/Reflex Free T4 STAT	Final result	MAUS, STEPHANIE LYNN
04/03/25 1835	04/03/25 1836 Magnesium STAT	Final result	MAUS, STEPHANIE LYNN
04/03/25 1835	04/03/25 1836 B-Type Natriuretic STAT	Final result	MAUS, STEPHANIE LYNN
04/03/25 1831	04/03/25 1830 Manual Reflex Routine	Final result	MAUS, STEPHANIE LYNN
04/03/25 1737	04/03/25 1737 CBC w/ Diff-Complete Blood Count STAT	Final result	MAUS, STEPHANIE LYNN
04/03/25 1737	04/03/25 1737 Basic Metabolic Panel STAT	Final result	MAUS, STEPHANIE LYNN
04/03/25 1737	04/03/25 1737 Bedside Glucose Monitoring ONCE	Final result	MAUS, STEPHANIE LYNN
04/03/25 1737	04/03/25 1737 HS Troponin I STAT	Final result	MAUS, STEPHANIE LYNN

ED All Other Orders

(From admission, onward)

Start	Ordered	Status	Ordering Provider
04/04/25 0700	04/04/25 0659 ED-Contact Order ONCE	Canceled	KAISER, GEORGE MICHAEL
	Provider: Ryan David Nicklas, MD		
04/04/25 0339	04/04/25 0338 EKG Standard 12 lead ONCE	Final result	MAUS, STEPHANIE LYNN
04/04/25 0205	04/04/25 0205 HYPOGLYCEMIA ORDERS ONCE	Canceled	SMITH, MADELINE NICOLE
04/04/25 0205	04/04/25 0205 Communication: Adult Hypoglycemia Orders Instructions: If POC glucose <= 20 or >500, repeat POC glucose. If value of repeated POC glucose remains outside these limits, obtain serum glucose (LAB 5046). In cases of suspected hypoglycemia, obtain a ... UNTIL DISCONTINUED	Canceled	SMITH, MADELINE NICOLE
	Comments: Adult Hypoglycemia Orders Instructions:		
	If POC glucose <= 20 or >500, repeat POC glucose. If value of repeated POC glucose remains outside these limits, obtain serum glucose (LAB 5046). In cases of suspected hypoglycemia, obtain a STAT blood glucose using the glucose meter, and treatment is to be initiated as per Hypoglycemia protocol.		
	If Blood Glucose is below 70 mg/ dL, and patient is alert and taking oralis, give glucose gel 15 grams orally, or 4 ounces of fruit juice orally, or give dextrose 50 % 12.5 gram/25 mL over 1-2 minutes IV. Repeat Blood Glucose every 15 - 30 minutes until Patient's symptoms resolve and Blood Glucose above 80 mg/ dL. Notify physician if Blood Glucose is below 60 mg/ dL on any recheck.		
	If Blood Glucose is below 70 mg/ dL, and patient is NOT taking oralis, give dextrose 50 % 12.5 gram/25 mL over 1-2 minutes IV (if IV is established) OR give glucagon 1 mg SQ and call physician. Repeat Blood Glucose every 15 - 30 minutes until Blood Glucose above 80 mg/ dL, or as ordered.		
	If Blood Glucose is 70 - 80 mg/ dL, and patient is symptomatic*, and patient is alert and taking oralis, give glucose gel 15 grams orally, or 4 ounces of fruit juice orally, OR give dextrose 50 % 12.5 gram/25 mL over 1-2 minutes IV. Repeat Blood Glucose every 15 - 30 minutes until patient symptoms resolve and Blood Glucose above 80 mg/ dL. Notify physician if Blood Glucose is below 60 mg/ dL on any recheck. If patient is not symptomatic*, NO treatment and recheck Blood Glucose every 30 minutes until Blood Glucose is above 80 mg/ dL.		
	If Blood Glucose is above 80 mg/ dL, and patient is symptomatic*, and		

Start	Ordered	Status	Ordering Provider
04/04/25 0205	04/04/25 0205 Communication: Hypoglycemia Teaching Points: Symptoms: sweaty, shaky, altered mental status or reports feeling "hypoglycemic". Do not withhold next dose of insulin without consulting with physician. If symptoms are not resolving, or if they are worsening, call physician and Rapid Response Therapy.	Canceled	SMITH, MADELINE NICOLE
04/04/25 0036	04/04/25 0036 EKG Standard 12 lead ONCE	Final result	MAUS, STEPHANIE LYNN
04/03/25 2325	04/03/25 2325 ED Contact Order ONCE	Completed	MAUS, STEPHANIE LYNN
04/03/25 1737	04/03/25 1737 Comments: Remember to call OCC directly x25900 if a transfer is anticipated	Comments: Hypoglycemia Teaching Points: Symptoms: sweaty, shaky, altered mental status or reports feeling "hypoglycemic" Do not withhold next dose of insulin without consulting with physician. If symptoms are not resolving, or if they are worsening, call physician and Rapid Response Therapy. Oral agents and Lantus insulin may have very prolonged actions leading to long periods of hypoglycemia. If next meal is more than one hour away, give 1 cup of milk, or 1 tablespoon peanut butter and 1 slice bread (or 6 saltines) after the blood glucose has increased to greater than 80 mg/ dL. "Takes orally" means oral or enteral nutrition.	Provider: Madeline Nicole Smith, PA-C
04/03/25 1737	04/03/25 1737 EKG Standard 12 Lead ONCE	Final result	MAUS, STEPHANIE LYNN
04/03/25 1737	04/03/25 1737 NPO Nursing Communication UNTIL DISCONTINUED	Canceled	MAUS, STEPHANIE LYNN
04/03/25 1737	04/03/25 1737 ED Nasal Cannula Oxygen UNTIL DISCONTINUED	Canceled	MAUS, STEPHANIE LYNN
04/03/25 1737	04/03/25 1737 Comments: ED Nasal Cannula Oxygen - order/titrate for Sats <92%	Comments: Remember to call OCC directly x25900 if a transfer is anticipated	
04/03/25 1737	04/03/25 1737 Saline Lock IV ONCE	Canceled	MAUS, STEPHANIE LYNN
04/03/25 1737	04/03/25 1737 Telemetry/Cardiac Monitoring UNTIL DISCONTINUED	Completed	MAUS, STEPHANIE LYNN
04/03/25 1737	04/03/25 1737 Respiratory Care Per Protocol RT ONCE	Canceled	MAUS, STEPHANIE LYNN

Discharge Orders

(From admission, onward)

None

Allergies (Review Complete on: 04/04/25)

Agent	Severity	Comments
Cefuroxime		
Cymbalta [Duloxetine]		
Nafcillin		
Ranitidine	Sore throat	
Reglan [Metoclopramide Hcl]		
Topamax [Topiramate]	tired	

Medical History

Past Medical History		
Diagnosis	Date	Comments
Colon polyp [K63.5]		
Hyperlipidemia with target LDL less than 70 [E78.5]		
HTN, goal below 140/80 [I10]		
Myocardial infarction (HCC) [I21.9]	2008	
Coronary artery disease [I25.10]		
Peripheral artery disease [I73.9]		
Osteomyelitis of left foot (HCC) [M86.9]	09/19/2014	Vascular Surgeon: Dr. Rank.
Peripheral neuropathy due to ischemia [G58.8]		
Gastroesophageal reflux disease [K21.9]		
Osteoarthritis [M19.90]		
Carpal tunnel syndrome of left wrist [G56.02]		
Obesity, Class III, BMI 40-49.9 (morbid obesity) (HCC) [E66.01]		
Bed bug bite [W57.XXXA]	11/14/2018	bed bug found on pt during outpatient stress test
Low back pain [M54.50]		
DVT (deep venous thrombosis) (HCC) [I82.409]		
Clotting disorder [D68.9]		
Cellulitis both lower extremities [L03.90]	05/01/2019	Pt reports history of cellulitis on legs and went septic and got IV abx
Arrhythmia [I49.9]		
Ulcer of great toe, left, with fat layer exposed (HCC) [L97.522]	02/21/2019	
BMI 45.0-49.9, adult (HCC) [Z68.42]	12/17/2018	
Venous stasis ulcer of bilateral lower extremities limited to breakdown of skin (HCC) [I83.012, L97.211]	09/08/2016	
Non-ST elevation (NSTEMI) myocardial infarction (HCC) [I21.4]	04/30/2019	
Anemia [D64.9]		
Diabetes mellitus (HCC) [E11.9]		
Diabetic ulcer of toe of left foot associated with type 2 diabetes mellitus, limited to breakdown of skin (HCC) [E11.621, L97.521]	03/13/2019	
Tibial fracture [S82.209A]	04/28/2016	
Chronic systolic congestive heart failure (HCC) [I50.22]	08/18/2023	
CAD in native artery [I25.10]	05/22/2019	

Surgical History

Past Surgical History			
	Laterality	Date	Comments
tonsilectomy [Other]			
SINUS SURGERY [SHX187]			
CYST REMOVAL [SHX22]			
Carpal tunnel release [SHX101]			
Coronary angioplasty [SHX604]		2008	
Finger surgery [SHX640]			
Toe amputation [SHX809]	Left	10/3/14	
PR MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/>> YRS [99152]		12/6/2018	
PR CATH PLMT L HRT/ARTS/GRFTS WNJX & ANGIO		12/6/2018	
IMG S&I [93459]			
Colonoscopy [SHX174]			
Upper gastrointestinal endoscopy [SHX188]			

	Laterality	Date	Comments				
Colonoscopy [SHX174]	N/A	1/16/2019	Esophagastroduodenoscopy, possible biopsy, Colonoscopy, possible biopsy, possible polypectomy performed by Jonathan Paige Kushner, MD at KH GI				
HEART STENTS [Other]							
ICD implanted 2/2020 [Other]		02/2020					
Social History							
Tobacco History							
Smoking Status Former	Current Packs/Day 0.0 packs/day	Average Packs/Day (0.1 ttl pk-yrs)	Smoking Tobacco Type Cigarettes				
Pack Year History	From	To	Years				
0.02			3.0				
Smokeless Tobacco Use Former	Quit Date 12/6/2009						
Tobacco Comments Quit 1995							
Alcohol History							
Alcohol Use Status No							
Drug Use							
Drug Use Status No							
Sexual Activity							
Sexually Active Never	Birth Control/Protection Post-menopausal						
Other Factors							
Other Factors [No]:	Daily Caffeine Intake ?, Do you exercise regularly ?						
Patient Lines/Drains/Airways Status							
Active PICC Line / CVC Line / PIV Line / Drain / Airway / Intraosseous Line / Epidural Line / Art Line / Line / Wound / Hemodialysis							
Peripheral IV 04/03/25 1749 Anterior;Distal;Left Upper arm							
Properties							
Placement date 04/03/25		Site Days	—				
Placement time 1749			3				
Peripheral IV 04/04/25 0720 Left;Posterior Hand							
Properties							
Placement date 04/04/25		Site Days	—				
Placement time 0720			3				
ED Vitals							
Date/Time	Temp	Pulse	Resp	BP	SpO2	Weight	Who
04/04/25 0854	97.5 °F (36.4 °C)	108 !	20	92/59 !	100 %	--	JWB
04/04/25 0845	--	108 !	--	79/52 !	100 %	--	JWB
04/04/25 0830	--	117 !	29 !	80/57 !	100 %	--	JWB
04/04/25 0815	--	117 !	28 !	82/54 !	100 %	--	JWB
04/04/25 0800	--	104 !	26 !	74/55 !	100 %	--	JWB
04/04/25 0745	--	117 !	33 !	86/51 !	100 %	--	JWB
04/04/25 0730	--	117 !	25 !	78/69 !	100 %	--	JWB
04/04/25 0715	--	116 !	33 !	82/56 !	100 %	--	JWB
04/04/25 0700	--	117 !	27 !	79/40 !	99 %	--	JWB
04/04/25 0659	--	--	--	79/40 !	--	--	JWB
04/04/25 0659	--	118 !	25 !	--	100 %	--	SK
04/04/25 0645	--	118 !	32 !	82/59 !	100 %	--	SK
04/04/25 0630	--	118 !	35 !	84/49 !	100 %	--	JWB
04/04/25 0615	--	118 !	30 !	83/60 !	100 %	--	SK
04/04/25 0600	--	118 !	25 !	83/61 !	100 %	--	JWB
04/04/25 0527	--	118 !	24 !	--	98 %	--	SK
04/04/25 0515	--	108 !	22 !	87/62 !	100 %	--	SK
04/04/25 0505	--	96	24 !	87/54 !	99 %	--	SK
04/04/25 0449	--	93	17	--	100 %	--	SK
04/04/25 0430	--	96	30 !	83/57 !	99 %	--	SK
04/04/25 0415	--	97	22 !	86/60 !	98 %	--	SK
04/04/25 0400	--	95	20	83/58 !	99 %	--	SK
04/04/25 0353	--	88	19	--	100 %	--	SK
04/04/25 0345	--	87	25 !	86/60 !	98 %	--	SK
04/04/25 0337	--	93	20	--	100 %	--	SK
04/04/25 0331	--	120 !	28 !	--	100 %	--	SK
04/04/25 0300	--	120 !	--	91/66	--	--	SK
04/04/25 0146	--	122 !	--	--	97 %	--	SK
04/04/25 0130	--	122 !	20	99/72	100 %	--	SK
04/04/25 0100	--	123 !	--	101/59 !	100 %	--	SK
04/04/25 0049	--	122 !	31 !	--	100 %	--	SK
04/04/25 0046	--	122 !	26 !	--	100 %	--	SK
04/04/25 0045	--	122 !	26 !	96/52 !	--	--	SK
04/03/25 2327	--	123 !	22 !	--	99 %	--	SK
04/03/25 2315	--	124 !	26 !	104/69	100 %	--	SK
04/03/25 2310	--	124 !	20	--	100 %	--	SK
04/03/25 2300	--	124 !	24 !	105/82	100 %	--	SK
04/03/25 2249	--	125 !	24 !	--	100 %	--	SK
04/03/25 2245	--	125 !	25 !	98/71	--	--	SK
04/03/25 2215	--	124 !	25 !	94/66	100 %	--	JWB
04/03/25 2200	--	125 !	18	91/75	100 %	--	JWB
04/03/25 2157	--	124 !	24 !	--	100 %	--	SK
04/03/25 2145	--	124 !	23 !	98/68	100 %	--	JWB
04/03/25 2130	--	124 !	24 !	93/70	100 %	--	JWB
04/03/25 2121	--	124 !	22 !	--	100 %	--	SK
04/03/25 2115	--	124 !	21 !	94/65	100 %	--	SK
04/03/25 2030	--	123 !	26 !	--	--	--	JWB

Date/Time	Temp	Pulse	Resp	BP	SpO2	Weight	Who
04/03/25 2025	--	124 !	19	--	99 %	--	SK
04/03/25 2015	--	124 !	24 !	95/68	97 %	--	JWB
04/03/25 2000	--	124 !	24 !	107/70	100 %	--	SK
04/03/25 1945	--	124 !	18	95/78	97 %	--	JWB
04/03/25 1930	--	124 !	19	101/67	97 %	--	JWB
04/03/25 1915	--	124 !	18	97/70	99 %	--	SK
04/03/25 1900	--	124 !	21 !	100/65	99 %	--	JWB
04/03/25 1845	--	124 !	18	104/74	100 %	--	JWB
04/03/25 1830	--	124 !	16	99/61	100 %	--	JWB
04/03/25 1815	--	124 !	22 !	98/72	100 %	--	JWB
04/03/25 1800	--	125 !	24 !	93/65	100 %	--	JWB
04/03/25 1745	--	--	--	--	100 %	--	JWB
04/03/25 1732	98 °F (36.7 °C)	125 !	18	89/59 !	100 %	229 lb (103.9 kg)	CMD

Height and Weight

Date and Time	Height	Height Method	Weight	Weight Method	User
04/03/25 1732	5' (1.524 m)	Stated	229 lb (103.9 kg)	Estimated	CMD

Oxygen Therapy

Date and Time	SpO2	FiO2 (%)	+O2 Device	O2 Flow Rate (L/min)	User
04/04/25 0854	100 %	--	None (Room air)	--	JWB
04/04/25 0845	100 %	--	--	--	JWB
04/04/25 0830	100 %	--	--	--	JWB
04/04/25 0815	100 %	--	--	--	JWB
04/04/25 0800	100 %	--	--	--	JWB
04/04/25 0745	100 %	--	--	--	JWB
04/04/25 0730	100 %	--	--	--	JWB
04/04/25 0715	100 %	--	--	--	JWB
04/04/25 0700	99 %	--	--	--	JWB
04/04/25 0659	100 %	--	--	--	SK
04/04/25 0645	100 %	--	--	--	SK
04/04/25 0630	100 %	--	--	--	JWB
04/04/25 0615	100 %	--	--	--	SK
04/04/25 0600	100 %	--	--	--	JWB
04/04/25 0527	98 %	--	--	--	SK
04/04/25 0515	100 %	--	--	--	SK
04/04/25 0505	99 %	--	--	--	SK
04/04/25 0449	100 %	--	--	--	SK
04/04/25 0430	99 %	--	--	--	SK
04/04/25 0415	98 %	--	--	--	SK
04/04/25 0400	99 %	--	--	--	SK
04/04/25 0353	100 %	--	--	--	SK
04/04/25 0345	98 %	--	--	--	SK
04/04/25 0337	100 %	--	--	--	SK
04/04/25 0331	100 %	--	--	--	SK
04/04/25 0146	97 %	--	--	--	SK
04/04/25 0130	100 %	--	--	--	SK
04/04/25 0100	100 %	--	--	--	SK
04/04/25 0049	100 %	--	--	--	SK
04/04/25 0046	100 %	--	--	--	SK
04/03/25 2327	99 %	--	--	--	SK
04/03/25 2315	100 %	--	--	--	SK
04/03/25 2310	100 %	--	--	--	SK
04/03/25 2300	100 %	--	--	--	SK
04/03/25 2249	100 %	--	--	--	SK
04/03/25 2215	100 %	--	--	--	JWB
04/03/25 2200	100 %	--	--	--	JWB
04/03/25 2157	100 %	--	--	--	SK
04/03/25 2145	100 %	--	--	--	JWB
04/03/25 2130	100 %	--	--	--	JWB
04/03/25 2121	100 %	--	--	--	SK
04/03/25 2115	100 %	--	--	--	SK
04/03/25 2025	99 %	--	--	--	SK
04/03/25 2015	97 %	--	--	--	JWB
04/03/25 2000	100 %	--	--	--	SK
04/03/25 1945	97 %	--	--	--	JWB
04/03/25 1930	97 %	--	--	--	JWB
04/03/25 1915	99 %	--	--	--	SK
04/03/25 1900	99 %	--	--	--	JWB
04/03/25 1845	100 %	--	--	--	JWB
04/03/25 1830	100 %	--	--	--	JWB
04/03/25 1815	100 %	--	--	--	JWB
04/03/25 1800	100 %	--	--	--	JWB
04/03/25 1745	100 %	--	--	--	JWB
04/03/25 1732	100 %	--	None (Room air)	--	CMD

Pain Assessment

Date and Time	Pain Level	Exacerbated By	Relieved By	Quality	Duration	Pain 0-10 Scale (See Detail box)	Pain Location	Pain Orientation	Pain Radiating Towards	Pain Descriptors	Pain Frequency	Pain Onset	Wong-Baker Faces Pain Rating	
													Patient's Tolerable Pain Goal	User
04/04/25 0854	--	--	--	--	--	0	--	--	--	--	--	--	--	JWB
04/04/25 0430	--	--	--	--	--	0	--	--	--	--	--	--	--	SK
04/04/25 0130	--	--	--	--	--	0	--	--	--	--	--	--	--	SK
04/03/25 1732	--	--	--	--	--	0	--	--	--	--	--	--	--	CMD

Fall Risk

Date and Time	History of Falling	Secondary Diagnosis	Ambulatory Aids	Intravenous Therapy/Heparin/Saline Lock			Gait/Transferring	Mental Status	Fall Risk Score	Morse Fall Risk Autocalculated	User
				Lock	Gait/Transferring	Mental Status					
04/03/25 1737	0	0	15	20	0	0	35	35	Low Risk	CMD	

Intake

None

Output

None

Glasgow Coma Scale

Date and Time	Eye Opening	Best Verbal Response	Best Motor Response	Glasgow Coma Scale Score	User
04/04/25 0854	4	5	6	15	JWB
04/03/25 1732	4	5	6	15	CMD

ABG Procedure

Date and Time	Allen's Test	Site #1	Post-procedure #1	\$+ Specimen Status #1	Allen's Test #2	Site #2	Post-procedure #2	Specimen Status #2	O2 Flow Rate (L/min)	FiO2 (%)	+O2 Device	How tolerated?	User
04/04/25 0854	--	--	--	--	--	--	--	--	--	--	None (Room air)	--	JWB
04/03/25 1732	--	--	--	--	--	--	--	--	--	--	None (Room air)	--	CMD

EKG Procedure

Date and Time	Physician Notified	Physician Name	Heart Criteria	User
04/04/25 0347	Yes	Dr. Maus	--	DMW
04/04/25 0048	Yes	Dr. Maus	--	DMW
04/03/25 1753	Yes	Dr Vargas	Other (Comment)	LAL

Departure Condition

Date and Time	Departure Condition	Mobility at Departure	Departure Acuity	Patient Teaching	Departure Mode	User
04/04/25 0854	Serious	Stretcher	--	Admission discussed	In ambulance	JWB

Provider Notification

Date and Time	Reason for Communication	Provider Name	Provider Role	Method of Communication	Response	Time Contact Initiated	Shift Event (Retired)	Downtime Begin	Downtime Finished	User
04/04/25 0436	Evaluate	--	Attending physician	Face to face	--	0436	--	--	--	TCM

ED Events

Date/Time	Event	User	Comments
04/03/25 1730	Patient arrived in ED	DOWNING, CHRISTIE MAE	--
04/03/25 1730	Patient roomed in ED	DOWNING, CHRISTIE MAE	To room GMH ED 15
04/03/25 1730	Emergency encounter created	DOWNING, CHRISTIE MAE	--
04/03/25 1731	Triage Started	DOWNING, CHRISTIE MAE	--
04/03/25 1737	Triage Completed	DOWNING, CHRISTIE MAE	--
04/03/25 1802	ED Attending Assigned	MAUS, STEPHANIE LYNN	Stephanie Lynn Maus, DO assigned as Attending
04/03/25 1802	Provider First Contact	MAUS, STEPHANIE LYNN	--
04/03/25 1900	Registration Completed	GENTNER, DARLENE	--
04/03/25 2022	Remove Nurse	KANE, STACEY	Christie Mae Downing, RN removed as Registered Nurse
04/04/25 0652	ED Attending Assigned	KAISER, GEORGE M	George Michael Kaiser, DO assigned as Attending
04/04/25 0652	Remove Attending	KAISER, GEORGE M	Stephanie Lynn Maus, DO removed as Attending
04/04/25 0854	Patient discharged	BLEVINS, JIM W	--

Follow-up Information

Follow up With	Specialties	Details	Why	Contact Info
Nicole Wentworth, MD	Family Medicine			2510 Commons Blvd, Ste 160 Beavercreek OH 45431-3834 937-426-0049

Discharge Instructions

None

ED AVS Discharge Summary Report

ED AVS Summary

Discharge References/Attachments

None

Communication Routing History

Recipient	Method	Sent by	Date Sent
Nicole Wentworth, MD	In Basket	George Michael Kaiser, DO	4/4/2025

Event-Triggered Messages

Recipients
None

Documents — Encounter Level on 04/03/2025:

Deceased Patient Information - Scan on 4/6/2025 2:16 PM

Documents — Order Level on 04/03/2025:

Lab Managed Result Scan - Scan on 4/3/2025 7:37 PM: PROCALCITONIN ALGORITHMS.jpg
--

Documents — Patient Level:

Photo ID (Scan here Patient Level) - Scan on 4/3/2025 6:58 PM
Insurance Card - Scan on 4/3/2025 6:57 PM
HIPAA Contact Permission Form - Scan on 10/1/2024 10:10 AM
Insurance Card - Scan on 5/24/2024 10:42 AM
HIPAA Contact Permission Form - Scan on 9/26/2023 4:09 PM: OK KCC SOIN MAY 2024
Photo ID (Scan here Patient Level) - Scan on 8/1/2023 3:11 PM
Insurance Card - Scan on 10/25/2022 11:08 AM
HIPAA Contact Permission Form - Scan on 9/6/2022 11:40 AM
Insurance Card - Scan on 2/23/2022 12:26 PM
AMB-Ambulatory Correspondence - Scan on 7/1/2021 11:00 AM: life support cert faxed
HIPAA Contact Permission Form - Scan on 6/28/2021 3:22 PM
Photo ID (Scan here Patient Level) - Scan on 3/29/2021 10:09 AM
Insurance Card - Scan on 2/4/2021 12:07 PM
HIPAA Contact Permission Form - Scan on 5/19/2020 1:08 PM
AMB-Ambulatory Correspondence - Scan on 2/25/2020 9:07 AM: Cardiac Device Implant Record
Insurance Card - Scan on 1/14/2020 12:36 PM: Caresource
AMB-Ambulatory Correspondence - Scan on 11/7/2019 1:17 PM: 11/4/19 kpnhv fax confirmation provider reconsideration appeal form caresource reddy
AMB-Ambulatory Correspondence - Scan on 10/23/2019 2:33 PM: 10/14/19 Caresource denial for Entresto
AMB-Ambulatory Correspondence - Scan on 9/19/2019 1:02 PM: 9/10/19 KPN O.V.
AMB-Ambulatory Correspondence - Scan on 9/18/2019 2:00 PM: 9/17/19 CareSource denial for Entresto
Insurance Authorizations - Scan on 9/17/2019 6:57 AM: CARESOURCE NPR AUTH
HIPAA Contact Permission Form - Scan on 8/7/2019 1:29 PM: KCC SOIN 2019
Photo ID (Scan here Patient Level) - Scan on 8/7/2019 1:02 PM: OH DL EXP 07/04/2023
AMB-Ambulatory Correspondence - Scan on 7/31/2019 3:53 PM: 7/30/19 KPN O.V.
AMB-Insurance Correspondence - Scan on 6/14/2019 11:38 AM: CareSource Care Management Care Treatment Plan
AMB-Ambulatory Correspondence - Scan on 5/8/2019 3:39 PM: 4/30/19 kpnhv fax confirmation referral to cardiothoracic surgery reddy
AMB-Insurance Correspondence - Scan on 5/6/2019 9:20 AM: CareSource notice of enrollment in Care Management Program
HIPAA Contact Permission Form - Scan on 4/4/2019 1:11 PM
AMB-Ambulatory Correspondence - Scan on 4/4/2019 1:01 PM: NSI Np Paperwork
AMB-Ambulatory Correspondence - Scan on 3/1/2019 3:09 PM: ADMISSION RECORD / XENIA HEALTH AND REHAB. / 2/27/2019 / KCC / DR. ZION OSHIKANLU MD

AMB-Ambulatory Correspondence - Scan on 2/27/2019 3:43 PM: PROGRESS NOTE / 2/12/2019 / SOUTH DAYTON ACUTE CARE CONSULTANTS / DR. SATISH SARVEPALLI MD / KCC / DR. MANISHA NANDA DO
AMB-Ambulatory Correspondence - Scan on 2/21/2019 9:16 AM: choice plan of care update
AMB-Ambulatory Correspondence - Scan on 2/21/2019 9:15 AM: byram order
AMB-Misc Outside Record - Scan on 2/19/2019 3:58 PM: lab orders dated 2/12/19 for Dr Satish Sarvepalli
AMB-Misc Outside Record - Scan on 2/18/2019 1:21 PM: City of Xenia release of healthcare information document
Consults - External - Scan on 2/18/2019 1:08 PM: Digestive Specialists Dr. Rajkamal Jit Office Visit Notes 2/12/2019
AMB-Ambulatory Correspondence - Scan on 2/14/2019 10:23 AM: Choice Health Care
AMB-Ambulatory Correspondence - Scan on 2/9/2019 4:01 PM: KPN BRAIN & SPINE CT HEAD AUTH FROM NIA
AMB-Insurance Correspondence - Scan on 1/31/2019 12:40 PM: CareSource Care Management Care Treatment Plan
Authorization to Release Protected Health Information - Scan on 1/25/2019 9:44 AM: KHN-ZOLL LIFE VEST
Insurance Card - Scan on 1/3/2019 8:14 AM: CareSource
AMB-Ambulatory Correspondence - Scan on 12/26/2018 1:25 PM: Digestive Specialists notice of procedures cancelled & not rescheduled
Oncology - Scan on 12/7/2018 12:37 PM: DIGESTIVE SPEC ANTI COAGULANT FORM 12-4-18/DR. OSHIKANLU
Consults - External - Scan on 11/21/2018 9:38 AM: Digestive Specialists Dr. Rajkamal Jit Office Visit Notes 11/15/2018
Consults - External - Scan on 10/3/2018 10:52 AM: Digestive Specialists Dr. Rajkamal Jit Office Visit Notes 9/20/2018
AMB-Ambulatory Correspondence - Scan on 9/25/2018 4:27 PM: CONSULT NOTE / 9/20/2018 / DIGESTIVE SPECIALISTS / DR. RAJKAMAL, JIT MD / KCC / DR. ZION OSHIKANLU MD
Oncology - Scan on 9/12/2018 3:20 PM: CONSULT H&P / 9/18/2018 / KCC / DR. ZION OSHIKANLU MD
Oncology - Scan on 9/7/2018 10:28 AM: KCC SOIN 2018
HIPAA Contact Permission Form - Scan on 9/7/2018 10:27 AM: KCC SOIN 2018
Authorization to Release Protected Health Information - Scan on 9/7/2018 10:25 AM: KCC SOIN 2018
Insurance Card - Scan on 9/7/2018 10:21 AM: Caresource
HIPAA Contact Permission Form - Scan on 9/6/2018 2:37 PM: KPN
Oncology - Scan on 8/29/2018 10:35 AM: NP Referral/Dr. Oshikanlu/labs 8/29/2018
Oncology - Scan on 8/29/2018 10:35 AM: NP Referral/Dr. Oshikanlu 08/29/2018
Authorization to Release Protected Health Information - Scan on 8/27/2018 1:29 PM: KH - Kelly Varvel - Digestive Specialists
Consults - External - Scan on 8/20/2018 1:50 PM: Southwest Ohio ENT Dr. Christopher Collins Office Visit Notes 7/11/2018
AMB-Ambulatory Correspondence - Scan on 7/25/2018 2:00 PM: Notice of apt scheduledw/Dr.Collins
HIPAA Contact Permission Form - Scan on 5/8/2017 12:53 PM: CONTACT PERMISSION FORM
AMB-Ambulatory Correspondence - Scan on 3/30/2017 10:29 AM: Referral to PT faxed 3/27/2017
Insurance Card - Scan on 3/23/2017 2:31 PM: CARESOURCE
Photo ID (Scan here Patient Level) - Scan on 3/23/2017 2:31 PM: 7/4/19
Authorization to Release Protected Health Information - Scan on 1/13/2017 10:47 AM: release of info
AMB-Misc Outside Record - Scan on 12/27/2016 9:21 AM: NeuroRehab & Balance Center Referral form faxed 12/23/2016
AMB-Misc Outside Record - Scan on 8/2/2016 2:48 PM: Dr. Bolden's Premier Medical Records 08/02/2016
Consults - External - Scan on 6/29/2016 2:41 PM: Bone and Joint Surgeons Office Notes 05/27/2016
AMB-Insurance Correspondence - Scan on 5/4/2016 8:40 AM: Medication Nonadherence Advisory 04/12/2016
Consults - External - Scan on 4/19/2016 11:43 AM: Acute Care Consultants Discharge Summary 04/09/2016
Photo ID (Scan here Patient Level) - Scan on 4/7/2016 11:11 AM
Insurance Card - Scan on 4/7/2016 11:11 AM: Caresource
HIPAA Acknowledgement - Scan on 10/9/2015 8:47 AM: HIPAA
AMB-Ambulatory Correspondence - Scan on 8/28/2015 11:39 AM: AS- Rx refill for Vitamin D2 (ERGO) 50,000 IU to Wal-mart Xenia
Insurance Card - Scan on 8/6/2015 9:31 AM: caresource
Photo ID (Scan here Patient Level) - Scan on 8/6/2015 9:31 AM: EXP 07/2019
AMB-Ambulatory Correspondence - Scan on 7/13/2015 1:49 PM: AS- Rx refill for Zonisamide to Wal-mart Xenia
Authorization to Release Protected Health Information - Scan on 2/3/2015 10:45 AM
Authorization to Release Protected Health Information - Scan on 2/20/2015 11:34 AM: A. Svetic to John Nicholson: 12 pages-1/30/14 & 1/23/15 DOS
Insurance Card - Scan on 1/23/2015 9:17 AM
Photo ID (Scan here Patient Level) - Scan on 1/23/2015 9:16 AM
Authorization to Release Protected Health Information - Scan on 12/5/2014 12:06 PM: A. Svetic to John Nicholson, Attorney at Law (7 pages)
AMB-Ambulatory Correspondence - Scan on 12/5/2014 10:37 AM: AS-Wal-mart Rx refill Vitamin D2 (ERGO) 50,000 IU
Authorization to Release Protected Health Information - Scan on 11/25/2014 8:49 AM: KH/VARVEL, KELLY/JOHN T NICHOLSON
Authorization to Release Protected Health Information - Scan on 11/25/2014 8:47 AM
HIPAA Acknowledgement - Scan on 10/28/2014 11:23 AM: HIPAA
Photo ID (Scan here Patient Level) - Scan on 5/28/2014 9:48 AM: OH DL EXP 7-4-15
Insurance Card - Scan on 5/28/2014 9:48 AM: CARESOURCE
AMB-Misc Outside Record - Scan on 1/17/2014 12:29 PM: AS H&P 7/27/2005
Photo ID (Scan here Patient Level) - Scan on 2/27/2013 8:06 AM: drv lic
Insurance Card - Scan on 2/5/2013 8:49 AM: caresource
Insurance Card - Scan on 3/1/2012 9:08 AM
Photo ID (Scan here Patient Level) - Scan on 3/1/2012 9:07 AM

Varvel, Kelly

Salman Sarwar Razi, MD
Physician
Critical Care

Discharge Summary
Signed

Date of Service: 4/5/2025 11:28 PM

Signed



Name: Kelly Varvel
MRN: E752544
CSN: 688499517
Soin Medical Center

Admitting Provider: Ryan David Nicklas, MD
Attending Provider: Salman Sarwar Razi, MD
PCP: Nicole Wentworth, MD
DOB: 7/4/1962 // Age: 62 y.o.

Soin Medical Center Death Summary

Admission Date: 4/4/2025 9:38 AM**Date of Death:** 4/5/2025**Time of Death:** 2255**Discharge time spent:****Principle Diagnoses:**

1. Sepsis with shock
2. Cardiogenic shock
3. Acute decompensated combined HFrEF EF 15 to 20% G1 DD
4. Klebsiella UTI
5. Acute cystitis without hematuria
6. A-fib RVR chronically on Eliquis
7. Anion gap metabolic acidosis
8. Refractory lactic acidosis
9. Starvation ketosis
10. Refractory hypoglycemia
11. Acute hypoxic respiratory failure
12. AKI
13. DIC
14. Encephalopathy
15. Hypocalcemia
16. Shock liver/transaminitis
17. Supratherapeutic INR
18. Sick euthyroid/amiodarone induced hyperthyroidism

Chronic co-morbidities: DVT, pulmonary emboli chronically on Eliquis, atrial fibrillation, morbid obesity, HFrEF EF 25–30% G1 DD, hypertension, CAD stent 2009, hyperlipidemia, GERD, PVD.

Summary of Stay:

- Kelly Varvel is a 62 y.o. female with primary medical history of DVT, pulmonary emboli chronically on Eliquis, atrial fibrillation, morbid obesity, HFrEF EF 25–30% G1 DD, hypertension, CAD stent 2009, hyperlipidemia, GERD, PVD.
- Patient presented to Greene Memorial emergency department on 4/3/2025 with complaints of feeling unwell. Upon further evaluation patient was noted to have acute kidney injury creatinine 1.85, BUN 28, lactic acid 4.9, elevated TSH 9.4 Free T4 1.36, CBC without leukocytosis, supratherapeutic INR likely related to Eliquis in the setting of hepatic steatosis. LFTs WNL noted slightly elevated bilirubin total 2.1 UA suggestive of cystitis.
- CT abdomen pelvis obtained did note some lower ventral abdominal skin thickening and subcutaneous inflammation concern for cellulitis. Blood cultures obtained patient was initiated on Zosyn and vancomycin.
- Patient was accepted by hospitalist team pending transfer to Soin Medical Center to be admitted IMC/stepdown. Over the course while holding at Green emergency department waiting for bed patient continued worsening clinical trajectory worsening lactic acidosis, A-fib RVR hypotension, initially trialed amiodarone but subsequent hypotension and thus stopped.
- Critical care was contacted. Patient to be admitted to SOIN ICU for further management and care.
- Upon arrival to SOIN patient hypotensive maps 50s initiate Levophed, obtain repeat blood cultures, trend lactic. Patient continued to have severe lactic acidosis refractory to treatment, echo was obtained demonstrating significant reduced EF from prior noting 15-20% concern for cardiogenic shock in the setting of sepsis.
- Patient's acid-base status worsened requiring bicarb gtt. additional vasopressors stress dose steroids UA with Klebsiella was broadened to meropenem due to increased risk of ESBL. Repeat CT imaging was obtained to exclude bowel ischemia, and to assess for portal venous thrombus. Concern for DIC was given Kcentra, cryo, FFP.
- The following day due to overall worsening clinical juncture with multisystem organ failure goals of care discussion with family. Family opted to proceed with DNR comfort care and plan for withdrawal of life-sustaining treatment. Prior to withdrawal of care the patient continued to decompensate from a blood pressure standpoint. Maps were in the 30s patient with a pacer in place. Magnet was placed on the pacer. Patient blood pressure trended downward. Asystole was seen on the monitor around 2255 and time of death was called. Family was in the room.

Autopsy requested? No**Organ Donation?** No

Electronically signed by: Craig M. Zart, PA-C 4/5/2025 11:02 PM

Agree with above. The patient is a 52-year-old female admitted with septic shock and respiratory failure secondary to a urinary tract infection and possible abdominal wall cellulitis with multiple chronic medical issues. The patient's condition deteriorated despite being on mechanical ventilation, a bicarbonate drip, and profound vasopressor support. After discussion with family, the patient was made comfort care with initiation of the 48-hour window for withdrawal life-sustaining measures per her previous wishes. Patient's condition continued to deteriorate, and she was pronounced dead at 10:55 PM unable to assess. May God have mercy on her and her family in this difficult time.

Note Details

Author	Salman Sarwar Razi, MD	File Time	4/6/2025 8:22 AM
Author Type	Physician	Status	Signed
Last Editor	Salman Sarwar Razi, MD	Service	Critical Care
Hospital Acct #	270190783	Admit Date	4/4/2025

Admission (Discharged) on 4/4/2025

Additional Orders and Documentation

Results
 Imaging
 Microbiology

Meds

Orders
Procedures

Flowsheets

Encounter Info: [History](#), [Allergies](#), [Education](#), [Care Plan](#), [Detailed Report](#)

Created by

Encounter creation information not available

Hospital Problem List

- ◆ Sepsis (HCC)

Care Timeline

04/04 ♂ Admitted to Soin Medical Center ICU 0938
04/06 ♂ Discharged 0302

Discharge

- ✚ Expired

Medication List at Discharge

amitriptyline HCl 25 mg Oral NIGHTLY AT BEDTIME
apixaban 5 mg Oral TWO TIMES DAILY
atorvastatin calcium 80 mg Oral NIGHTLY AT BEDTIME
clopidogrel bisulfate 75 mg Oral DAILY
ergocalciferol (vitamin D2) 50,000 Units Oral WEEKLY
ezetimibe 10 mg Oral DAILY
folic acid 1,000 mcg Oral DAILY
furosemide 40 mg Oral DAILY
 gabapentin 600 mg TAKE 1 TABLET BY MOUTH IN THE MORNING AND AT BEDTIME Strength: 600 mg
metoprolol succinate 50 mg Oral DAILY
nystatin 100,000 unit/gram Topical DAILY, Apply to affected areas once a day
omeprazole 40 mg Oral DAILY
zinc 50 mg Oral DAILY
zonisamide 100 mg TAKE TWO CAPSULES BY MOUTH TWICE DAILY

Salman Sarwar Razi, MD
Physician
Critical Care

Progress Notes  Signed

Date of Service: 4/5/2025 6:49 AM

Signed



Kettering HEALTH Soin Medical Center Critical Care Progress Note

Kelly Varvel
CSN: 688499517; MRN: E752544 Date/Time of Admission: 4/4/2025 9:38 AM
Attending Provider: Salman Sarwar Razi, MD

Room/Bed: R3612/R3612A DOB: 7/4/1962 Age: 62 y.o.

Past 24 hour events :

- Admitted to ICU for shock and lactic acidosis.
- Overnight had worsening clinical trajectory requiring intubation with mechanical ventilation refractory lactic acidosis requiring bicarb, septic shock, cardiogenic shock, ongoing multisystem organ failure.

Hospital Course Summary :

- Kelly Varvel is a 62 y.o. female with primary medical history of DVT, pulmonary emboli chronically on Eliquis, atrial fibrillation, morbid obesity, HFrEF EF 25–30% G1 DD, hypertension, CAD stent 2009, hyperlipidemia, GERD, PVD.
- Patient presented to Greene Memorial emergency department for SOIN 3/2025 with complaints of feeling unwell. Upon further evaluation patient was noted to have acute kidney injury creatinine 1.85, BUN 28, lactic acid 4.9, elevated TSH 9.4 Free T4 1.36, CBC without leukocytosis, supratherapeutic INR likely related to Eliquis in the setting of hepatic steatosis. LFTs WNL noted slightly elevated bilirubin total 2.1 UA suggestive of cystitis.
- CT abdomen pelvis obtained did note some lower ventral abdominal skin thickening and subcutaneous inflammation concern for cellulitis. Blood cultures obtained patient was initiated on Zosyn and vancomycin.
- Patient was accepted by hospitalist team pending transfer to Soin Medical Center to be admitted IMC/stepdown. Over the course while holding at Green emergency department waiting for bed patient continued worsening clinical trajectory worsening lactic acidosis, A-fib RVR hypotension, initially trialed amiodarone but subsequent hypotension and thus stopped.
- Critical care was contacted. Patient to be admitted to SOIN ICU for further management and care.
- Upon arrival to SOIN patient hypotensive maps 50s initiate Levophed, obtain repeat blood cultures, trend lactic.
- Upon arrival to SOIN patient continued to have severe lactic acidosis refractory to treatment, echo was obtained demonstrating significant reduced EF from prior noting 15–20% concern for cardiogenic shock in the setting of sepsis.
- Patient's acid-base status worsened requiring bicarb gtt. additional vasopressors stress dose steroids UA with Klebsiella was broadened to meropenem. Repeat CT imaging was obtained to exclude bowel ischemia, and to assess for portal venous thrombus. Concern for DIC was given Kcentra, cryo, FFP.
- 4/5 repeat fibrinogen, INR, free T4, may discuss with nephrology about CRRT, concerned that this may be a terminal state. Goals of care discussion with family at bedside transition to DNR comfort care focus on quality over quantity. Initiated 48-hour withdrawal clock plan for withdrawal life-sustaining treatment on 4/7/2025 anytime after 0930.

Subjective :

- Intubated sedated tolerating mechanical ventilation

Active Problems :

- Sepsis with shock
- Acute cystitis without hematuria
- A-fib RVR chronically on Eliquis
- Anion gap metabolic acidosis
- Lactic acidosis
- Starvation ketosis
- Acute hypoxic respiratory failure
- AKI
- DIC
- Encephalopathy
- Acute liver failure
- Supratherapeutic INR
- Sick euthyroid
-
- Chronic co-morbidities: DVT, pulmonary emboli chronically on Eliquis, atrial fibrillation, morbid obesity, HFrEF EF 25–30% G1 DD, hypertension, CAD stent 2009, hyperlipidemia, GERD, PVD.

Assessment/Plan of Care:**Neuro/Psychiatric:**

-Acute encephalopathy ML 2/2 sepsis, metabolic acidosis
CT head consider
Ammonia pending
Continue to treat underlying cause

A - (nalgiesia) - N/A
S - (edation) - Propofol gtt.
A - (ctivity) - Bedrest
T - (therapy)- As tolerated

Pulmonary:

-Acute Hypoxic respiratory failure 2/2 cardiogenic shock, metabolic acidosis with encephalopathy
DuoNeb every 4
Wean FiO2
Pulmonary toileting
Trend blood gas

Respiratory per protocol
H - (ead of bed) - 30 degrees
S - (SBT) - As able

VENT SETTINGS	VENT MEASUREMENTS
Vent ID: Sort 709	FiO2 Analyzed: 30 %

Vent Mode : AC/VC	Peak Airway Pressure: 18 cmH2O
\$+ Patient Ventilator Assessment: Yes	Mean Airway Pressure: 5.5 cm H2O
\$ Vital Signs Completed: Yes	RR Total (breaths/min): 15
Vt Set: 400 ml	Exhaled Vt: 424 ml
FiO2 (%): 30 %	MV Measured: 6.3 L/min
O2 Changed or Titrated: Yes	Dynamic Compliance (L/cm H2O): 51
Set RR: 14	Total PEEP: 4.9 cm H2O
PEEP: 5 cm H2O	
Waveform: VC+	
Trigger Sensitivity Flow (L/min): 1.6 L/min	
Insp Time: 0.9 sec	
Humidification Type: HME	

Cardiovascular:

-Shock mL multifactorial undifferentiated sepsis, cardiogenic
 Continue vasopressors Levophed, Vasopressin, Epinephrine, and Neo-Synephrine
 MAP goal >65
 EF 15-20%
 See ID

-Atrial fibrillation
 HR goal <120
 Holding amiodarone due to concern for hyperthyroidism
 Holding Eliquis

IVF: SL

Gastrointestinal:

-Transaminitis/shock liver with some acute dysfunction likely hepatic congestion setting of cardiogenic shock
 Hepatically dose medications, avoid hepatic toxic drugs
 Monitor LFTs daily
 CT with contrast was reviewed with radiology low suspicion for Budd-Chiari

F -(Feeding) - N.p.o. Diet-NPO
 U - (icer ppx) - PPI
 B - (owel regimen) - N/A

Renal/FEN: Estimated Creatinine Clearance: 26.2 mL/min (A) (by C-G formula based on SCr of 2.5 mg/dL (A)).

-AKI mL 2/2 shock ? Cardiorenal
 Renally dose medications avoid nephrotoxic medications

-Anion gap metabolic acidosis mL 2/2 lactic acidosis
 pH 6.91 HCO3 6
 Continue to treat underlying cause
 Trend lactic every 4
 Need to consider RRT
 Continue concentrated bicarb gtt.
 Initiate high-dose thiamine folate for refractory lactic acidosis

-Hypocalcemia
 Replace

Daily Renal Mag
 Replace Lytes as needed

I - (ndwelling catheter removal) -Place maintain

I/O:

Intake/Output Summary (Last 24 hours) at 4/5/2025 0651
 Last data filed at 4/5/2025 0600

	Gross per 24 hour
Intake	686.09 ml
Output	190 ml
Net	496.09 ml

Infectious Disease:

-sepsis with shock ML 2/2 Klebsiella UTI
 Continue Meropenem, Vancomycin, and clindamycin
 Blood cultures Pending and Urine culture + and Klebsiella
 Supportive management as above

D - (eescalation abx) - Once able

Endocrine:

- Hypoglycemia likely related to multisystem organ failure concern for liver failure
 Accu-Chek every 2

G - (lycemia protocol) - BG goal 120-180
 Check hemoglobin A1c

Check TSH/Free T4

Hematological:

-Supratherapeutic INR mL 2/2 liver dysfunction in the setting of Eliquis
 Trend INR
 Received Kcentra, cryo, FFP
 Fibrinogen was 195 repeat today

T - (hromboppx) - SCD

PICC Triple Lumen 04/04/25 Right Basilic (Active)
Number of days: 1

Non-Surgical Airway (Active)
Number of days: 1

Arterial Line 04/04/25 Left Radial (Active)
Number of days: 1

Indwelling Urethral Catheter Double-lumen (Active)

Number of days: 1

Integumentary / Skin:

- Wound care following Interdry for folds, nystatin

Prophylaxis: VAP, GI and DVT

Dispo: ICU

Family: At bedside

Code Status: DNR CCA

Vitals :**Vital Signs:**

BP: 90/58 (04/05 0451)
 Temp: 99.3 °F (37.4 °C) (04/05 0600)
 Pulse: 121 (04/05 0600)
 Resp: 14 (04/05 0600)
 SpO2: 87 % (04/05 0600)
 FiO2 (%): 30 % (04/05 0348)
 O2 Flow Rate (L/min): 0 L/min (04/04 0955)
 Cardiac (WDL): --
 Cardiac Rhythm: Atrial flutter; Sinus tachycardia (04/05 0400) Temp (48hrs), Avg:98.6 °F (37 °C), Min:48.2 °F (9 °C), Max:100.2 °F (37.9 °C)

Blood Gas: Last ABG:**Recent Labs**

Lab	04/04/25 2250	04/05/25 0305
PCO2	27.3*	39.8
PO2	476.3*	172.1*
HCO3ART	6.7*	--
BASEEXCESS	23.1*	-24.3*

Physical Exam:

General: Intubated sedated unresponsive. No acute distress.

HEENT: Normocephalic, atraumatic. PERRLA. EOMI. No icterus.

Neck: Supple, nontender. No palpable masses appreciated. Trachea midline.

Respiratory: Crackles to auscultation bilaterally. Equal rise and fall of the chest. No accessory muscle use.

Cardiovascular: Irregularly irregular rate and rhythm. No murmurs, gallops, or rubs.

Gastrointestinal: Hypoactive bowel sounds. Abdomen is soft, nontender.

Extremities: LLE digit amputation palpable peripheral pulses bilaterally. Cold and dry.

Integumentary / Skin: Wounds see media

Psychiatric: Deferred, UTA

Neuro: Limited neuroexam, intubated sedated, withdraws to pain all 4 extremities RASS -4, CAM UTA

History Medical**Past Medical History:**

Diagnosis	Date
• Anemia	
• Arrhythmia	
• Bed bug bite	11/14/2018
<i>bed bug found on pt during outpatient stress test</i>	
• BMI 45.0-49.9, adult (HCC)	12/17/2018
• CAD in native artery	05/22/2019
• Carpal tunnel syndrome of left wrist	
• Cellulitis both lower extremities	05/01/2019
<i>Pt reports history of cellulitis on legs and went septic and got IV abx</i>	
• Chronic systolic congestive heart failure (HCC)	08/18/2023
• Clotting disorder	
• Colon polyp	
• Coronary artery disease	
• Diabetes mellitus (HCC)	
• Diabetic ulcer of toe of left foot associated with type 2 diabetes mellitus, limited to breakdown of skin (HCC)	03/13/2019
• DVT (deep venous thrombosis) (HCC)	
• Gastroesophageal reflux disease	
• HTN, goal below 140/80	
• Hyperlipidemia with target LDL less than 70	
• Low back pain	
• Myocardial infarction (HCC)	2008
• Non-ST elevation (NSTEMI) myocardial infarction (HCC)	04/30/2019
• Obesity, Class III, BMI 40-49.9 (morbid obesity) (HCC)	
• Osteoarthritis	
• Osteomyelitis of left foot (HCC)	09/19/2014
• Peripheral artery disease	
<i>Vascular Surgeon: Dr. Rank.</i>	
• Peripheral neuropathy due to ischemia	
• Tibial fracture	04/28/2016
• Ulcer of great toe, left, with fat layer exposed (HCC)	02/21/2019
• Venous stasis ulcer of bilateral lower extremities limited to breakdown of skin (HCC)	09/08/2016

Medications :**Scheduled Meds:**

• PICC line flush	10 mL	Intravenous	TWO TIMES DAILY
• saline flush	10 mL	Intravenous	2 times per day
• amitriptyline	25 mg	Oral	NIGHTLY AT BEDTIME
• ammonium lactate			TWO TIMES DAILY
• atorvastatin	80 mg	Oral	NIGHTLY AT BEDTIME
• chlorhexidine gluconate		Topical	DAILY AT 12 NOON
• chlorhexidine gluconate		Topical	DAILY AT 12 NOON

• chlorhexidine gluconate	Topical	DAILY AT 12 NOON
• clindamycin (CLEOCIN) IVPB	600 mg	Intravenous 4 times per day
• clopidogrel	75 mg	Oral DAILY
• EPINEPHrine		
• ezetimibe	10 mg	Oral DAILY
• folic acid	5 mg	Intravenous DAILY
• gabapentin	100 mg	Oral THREE TIMES DAILY
• hydrocortisone sodium succinate	50 mg	Intravenous 4 times per day
• meropenem	500 mg	Intravenous 3 times per day
• mupirocin		Each Nare TWO TIMES DAILY
• pantoprazole Or	40 mg	Intravenous Daily at 0600
• pantoprazole	40 mg	Oral Daily at 0600
• thiamine (B-1) 500 mg in dextrose 5 % 100 mL IVPB	500 mg	Intravenous EVERY 8 HOURS
• vancomycin	500 mg	Intravenous ONCE
• zonisamide	200 mg	Oral TWO TIMES DAILY

Continuous Infusions:

• dextrose	25 mL/hr (04/05/25 0512)
• epinephrine	1 mcg/min (04/05/25 0531)
• norepinephrine	44 mcg/min (04/05/25 0402)
• phenylephrine	150 mcg/min (04/05/25 0649)
• propofol	15 mcg/kg/min (04/05/25 0623)
• sodium bicarbonate 250 mEq 250 mL 1 mEq/mL concentrated infusion	22.5 mL/hr (04/05/25 0445)
• vancomycin IV intermittent dosing	
• vasopressin	0.03 Units/min (04/05/25 0431)

PRN Meds:

0.9 % sodium chloride, 0.9 % sodium chloride, PICC line flush, Saline Lock IV - **AND** saline flush **AND** saline flush, PICC line flush, acetaminophen, alteplase, dextrose, dextrose 50 %, docosate, EPINEPHrine, glucagon (human recombinant), melatonin, ondansetron, propofol (DIPRIVAN) Bolus from BAG

Labs :**Last CBC w diff Results:****Recent Labs**

Lab	04/03/25 1757	04/04/25 0550	04/04/25 0635	04/04/25 1955	04/04/25 2250	04/04/25 2321	04/05/25 0305	04/05/25 0330
WBC	7.7	8.1	--	9.4	--	13.4*	--	18.5*
HEMOGLOBIN	11.2*	10.9*	< >	10.4* 11.6*	< >	10.3*	11.8*	10.3*
HCT	35.2*	35.5*	--	36.5	--	37.4	--	38.4
PLT	478*	408*	--	394*	--	353	--	283
RBC	5.13	5.20*	--	5.03	--	5.08	--	5.06
MCHC	31.8	30.7*	--	28.4*	--	27.5*	--	26.9*
MCH	21.8*	21.0*	--	20.6*	--	20.3*	--	20.5*
RDW	20.7*	20.7*	--	20.1*	--	20.1*	--	20.4*
NEUTROPHIL S	68.7	71.2	--	--	--	83.0	--	--
MONOCYTES	5.1	5.3	--	--	--	3.6	--	--

< > = values in this interval not displayed.

Last BMP Results:**Recent Labs**

Lab	04/04/25 1955	04/04/25 2321	04/05/25 0330
NA	136	140	145
K	4.1	3.8	3.9
CL	94*	93*	95*
CO2	5*	7*	11*
BUN	33*	33*	33*
CREATININE	2.22*	2.32*	2.50*
GLU	172*	47*	70*
CALCIUM	8.4*	8.1*	9.5

Last Amylase/Lipase Results**Recent Labs**

Lab	04/03/25 1757
LIPASE	17

Last Liver Function Results:**Recent Labs**

Lab	04/04/25 0635	04/04/25 1955	04/05/25 0330
ALT	11	22	128*
AST	17	49*	342*
BILIDIR	0.99*	1.46*	1.82*

Last Blood Culture Results:

Results for orders placed or performed during the hospital encounter of 04/03/25

Blood Culture

Specimen: Arm-Left; Blood

Result	Value	Ref Range
--------	-------	-----------

Blood Culture

No Growth at 18-24 hrs.

Results for orders placed or performed during the hospital encounter of 04/03/25**Urine Culture (requires reason)**

Specimen: Urine, Straight Cath

Result	Value	Ref Range
Urine Culture	>10,000 cfu/ml Klebsiella pneumoniae (A)	

*Note: Due to a large number of results and/or encounters for the requested time period, some results have not been displayed. A complete set of results can be found in Results Review.

Radiological/Studies :

CT-ABD/PELVIS W IV CONTRAST ONLY

Result Date: 4/4/2025

IMPRESSION: 1. Under distended gallbladder with pericholecystic fat stranding, nonspecific. No radiopaque gallstones. Consider correlation with right upper quadrant ultrasound if clinically indicated. 2. Colonic diverticulosis without convincing evidence for diverticulitis. 3. Hepatomegaly and hepatic steatosis. 4. Small volume ascites. This dictation was created with voice recognition software. While attempts have been made to review the dictation as it is transcribed, on occasion the spoken word can be misinterpreted by the technology leading to omissions or inappropriate words, phrases or sentences. Electronically Signed by: Anh Dao, MD, 4/4/2025 10:10 PM

XR-CHEST PORTABLE STAT

Result Date: 4/4/2025

IMPRESSION: 1. Interval intubation with the endotracheal tube terminating 2.9 cm above the carina. Nasogastric tube terminating in the stomach. Electronically Signed by: Michael Muelly, MD, 4/4/2025 9:40 PM

XR-CHEST PORTABLE STAT

Result Date: 4/4/2025

IMPRESSION: Right approach PICC line in as expected position. Electronically Signed by: Jarrod Curry, D.O., 4/4/2025 7:15 PM

CC time- 35 minutes, independent of other providers, and excluding any procedures.

Electronically signed by: Brandon L Moseley, APRN-CNP 4/5/2025 6:51 AM

Patient seen and evaluated independently. Findings, impressions and plans were discussed and confirmed. I agree with the documentation above with the following addenda:

The patient is seen for follow-up of acute hypoxic respiratory failure with septic shock secondary to a urinary tract infection with multiple comorbidities. Unfortunately, her condition has continued to deteriorate since admission. She is significantly acidotic with a pH of 6.91 on mechanical ventilation. I increased her ventilator rate to 28 in an effort to blow off more CO₂. She is on significant doses of epinephrine, norepinephrine, vasopressin, and phenylephrine drips. She is unresponsive on my assessment. She is cool to the touch. Breath sounds are diminished. Abdomen is severely obese. Hyperpigmentation is noted at the lower part of her pannus, but no significant induration, fluctuance, or erythema is seen. Trace to 1+ edema is present. Lab evaluation reveals white blood cell count is elevated 18,500. Her creatinine is rising. LFTs are elevated likely due to shock liver. Echocardiogram yesterday revealed a left ventricular ejection fraction of 15 to 20%. She is on vancomycin, meropenem, and clindamycin apparently. She is also on hydrocortisone for vasopressor resistant shock. I discussed her situation in detail with her 2 sons and her mother at the bedside. They state that she would not want to live in her current circumstances and have requested that she be made comfort care. I explained regarding the 48-hour rule for withdrawal of life-sustaining measures, and they are understanding of this. Her 48-hour window will end on April 7, 2025 at 9:30 AM. Until then, we will continue current mechanical ventilation and vasopressor support. Sedation and analgesia will be continued, but all other medications and tests will be discontinued. May God have mercy on her and her family in this difficult time.

The patient has a high probability of severe clinically significant deterioration which requires the highest level of physician preparedness to intervene urgently. I managed and supervised life and organ supporting interventions that require frequent physician assessment. Documented time includes time spent on chart review, assessment and treatment of the patient, coordination of care with the patient's medical team, and documentation in the chart. Time I spent with the family and relatives is included only if the patient was incapable of providing the necessary information or participating in medical decision-making. Time devoted to teaching and to any other procedures billed separately is not included. This time is not concurrent with any other physician involved in the care of this patient. Critical care time was 35 minutes.

Salman Sarwar Razi, MD 4/5/2025 10:45 AM

Note Details

Author	Salman Sarwar Razi, MD	File Time	4/5/2025 10:45 AM
Author Type	Physician	Status	Signed
Last Editor	Salman Sarwar Razi, MD	Service	Critical Care
Hospital Acct #	270190783	Admit Date	4/4/2025

Admission (Discharged) on 4/4/2025

Created by

Encounter creation information not available

Care Timeline

04/04	Admitted to Soin Medical Center ICU 0938
04/06	Discharged 0302

Varvel, Kelly



Melissa Sue Einink, APRN-CNP
Nurse Practitioner
Critical Care

Significant Event
Signed

Date of Service: 4/5/2025 1:00 AM

Signed

CODE STATUS

Upon arrival of family at bedside I discussed the patient's CODE STATUS with the patient's medical power of attorney/next of kin (adult sons David and Joshua), after discussing extensively the patient's plan of care, medical diagnoses and guarded outcome patient's sons David and Joshua would like patient to be a DNR-CCA with limits of no shocks, no chest compressions, yes intubation, yes dialysis, yes surgery, yes pressors. Patient unable to participate in conversation due to altered mentation. Nursing staff, family member David and Joshua were present and agreeable. This patient's CODE STATUS has been updated to reflect these changes in Epic.

Electronically signed Melissa Sue Einink, APRN-CNP 04/05/25 1:15 AM

Note Details

Author	Melissa Sue Einink, APRN-CNP	File Time	4/5/2025 1:15 AM
Author Type	Nurse Practitioner	Status	Signed
Last Editor	Melissa Sue Einink, APRN-CNP	Service	Critical Care
Hospital Acct #	270190783	Admit Date	4/4/2025

Admission (Discharged) on 4/4/2025

Created by

Encounter creation information not available

Care Timeline

04/04 Admitted to Soin Medical Center ICU 0938
04/06 Discharged 0302

Varvel, Kelly

Melissa Sue Einink, APRN-CNP
Nurse Practitioner
Critical Care

Procedures Signed

Date of Service: 4/4/2025 8:35 AM

Signed

Endotracheal Intubation Procedure Note

Name: Kelly Varvel Date/Time of Admission: 4/4/2025 9:38 AM
 CSN: 688499517 Attending Provider: Ryan David Nicklas, MD
 Room/Bed: R3612/R3612A DOB: 7/4/1962 Age: 62 y.o.

Performed by: Melissa Einink, APRN
 Indication for endotracheal intubation: respiratory failure.
 Sedation: fentanyl and midazolam.
 Paralytic: none.
 Equipment: Glidescope laryngoscope blade and 7.5mm cuffed endotracheal tube.
 Cricoid Pressure: no.
 Number of attempts: 1.

Pt placed in appropriate position favoring visualization of the vocal cords. Pt was bag-masked. The blade was advanced through the mouth and vocal cords visualized. A 7.5 was advanced through the vocal cords and cuff inflated. Endotracheal tube placed at 22 cm at the lip. ETT location confirmed by auscultation and CO2 detector.

Patient tolerated procedure well. No immediate complications noted. Patient placed on mechanical ventilation. CXR will be obtained.

Electronically signed by: Melissa Sue Einink, APRN-CNP, 4/4/2025 8:35 PM

Note Details

Author	Melissa Sue Einink, APRN-CNP	File Time	4/4/2025 10:38 PM
Author Type	Nurse Practitioner	Status	Signed
Last Editor	Melissa Sue Einink, APRN-CNP	Service	Critical Care
Hospital Acct #	270190783	Admit Date	4/4/2025

Admission (Discharged) on 4/4/2025

Created by

Encounter creation information not available

Care Timeline

04/04	Admitted to Soin Medical Center ICU 0938
04/06	Discharged 0302

Varvel, Kelly

Jordan Glassman, DO Procedures Date of Service: 4/4/2025 3:36 PM
 Resident
 Critical Care

Attested

Attestation signed by Ryan David Nicklas, MD at 4/4/2025 3:51 PM

Attending Addendum

I have personally interviewed and examined Kelly Varvel face to face with the resident and verified all the key components of the procedure note as documented. I was scrubbed in and directly supervised the procedure. No complications noted.

Ryan Nicklas MD
 Anesthesia Critical Care Physician
 04/04/25 3:51 PM

RADIAL ARTERIAL LINE PROCEDURE

Name: Kelly Varvel
DOB/Age/Sex: 7/4/1962 (62 y.o. female)
CSN: 688499517
MRN: E752544

Hospital: Soin Medical Center
Room/Bed: R3612/R3612A
Admission Date/Time: 4/4/2025 9:38 AM
Attending: Ryan David Nicklas, MD

PRE-PROCEDURE

INDICATIONS: Need for serial blood work, severe hypotension, cardiovascular instability, and shock
LATERALITY: Left
OPERATOR: Jordan Glassman, DO
ASSIST: Brandon Moseley, APRN-CNP
CONSENT: The patient provided verbal consent for this procedure.
ALLEN'S TEST: Normal

PROCEDURE

The skin over the artery was prepped with chlorhexidine and draped in a sterile fashion. Local anesthesia was obtained by infiltration using 1.5 cc of 1% Lidocaine without epinephrine. A catheter-over-wire arterial line Arrow device was used to pass a 20 gauge arterial line catheter into the vessel over a needle. Return of pulsatile arterial blood was observed. The transducer set was attached and securely fastened; the arterial line was then secured to the skin with sutures. The site was then steriley dressed using an antimicrobial Bio-patch and Tegaderm adhesive bandage.

POST-PROCEDURE

The patient tolerated the procedure well. Distal perfusion was unchanged. Wrist splint was placed by nursing staff.

WAVEFORM: adequate
COMPLICATIONS: None

Jordan Glassman, DO 4/4/2025 3:36 PM

Cosigned by: Ryan David Nicklas, MD at 4/4/2025 3:51 PM

Note Details

Author	Jordan Glassman, DO	File Time	4/4/2025 3:51 PM
Author Type	Resident	Status	Signed
Last Editor	Jordan Glassman, DO	Service	Critical Care
Hospital Acct #	270190783	Admit Date	4/4/2025

Admission (Discharged) on 4/4/2025

Created by

Encounter creation information not available

Care Timeline

04/04 Admitted to Soin Medical Center ICU 0938
 04/06 Discharged 0302

Varvel, Kelly

Brandon L Mosely, APRN-CNP
Nurse Practitioner
Critical Care

H&P Attested

Date of Service: 4/4/2025 9:54 AM

Attested

Attestation signed by Ryan David Nicklas, MD at 4/4/2025 2:04 PM

Attending Addendum

I have personally interviewed and examined Kelly Varvel face to face with the APP and verified all the key components of the exam/history/plan as documented regarding the following problems or issues. All past medical/social/surgical/family history reviewed and confirmed by me. All labs and imaging personally reviewed by me. These issues or problems included: HFrEF, obesity, PE, septic shock, CAD, cellulitis

Patient is a 62 yo female with multiple medical co morbidities including DVT, pulmonary emboli chronically on Eliquis, atrial fibrillation, morbid obesity, HFrEF EF 25–30% s/p ICD, hypertension, CAD stent 2009, hyperlipidemia, GERD, PVD. Presented to Greene ER from care facility with complaints of generalized weakness. Found to have AKI, lactic acidosis, and hypotension. Transferred to Soin ICU for management of septic shock. CT imaging suggestive of cellulitis of pannus and UA consistent with UTI. Placed on vanc zosyn. Known a-fib currently rate controlled, became hypotensive at OSH after amio bolus. Will continue fluid resuscitation for septic shock, careful titration given low EF. Levophed added. Obtain new echo while admitted. If lactate is persistently elevated, will rrescan in CT abd w/o to evaluate for potential bowel ischemia, patient has endorsed relatively mild suprapubic tenderness, and abdomen is soft on exam. Lactate elevated also in setting of known hepatic dysfunction. Poor PO intake over past several days, with ketosis, will start D5 maintenance. AKI likely 2/2 shock, frequent electrolyte checks. Resume eliquis tomorrow, place on heparin and SCDs. This patient is at high risk for further clinical deterioration and death, guarded prognosis

I spent 45 minutes of independent critical care time on the evaluation and management of this patient outside of teaching and procedures.

Ryan Nicklas MD
Anesthesiology and Critical Care Physician
04/04/25 1:37 PM

Kettering HEALTH Soin Medical Center Critical Care H&P Note

Kelly Varvel Date/Time of Admission: No admission date for patient encounter.
CSN: 688499517;MRN: E752544 Attending Provider: Ryan David Nicklas, MD
Room/Bed: R3612/R3612A DOB: 7/4/1962 Age: 62 y.o.

HPI :

- Kelly Varvel is a 62 y.o. female with primary medical history of DVT, pulmonary emboli chronically on Eliquis, atrial fibrillation, morbid obesity, HFrEF EF 25–30% G1 DD, hypertension, CAD stent 2009, hyperlipidemia, GERD, PVD.
- Patient presented to Greene Memorial emergency department for SOIN 3/2025 with complaints of feeling unwell. Upon further evaluation patient was noted to have acute kidney injury creatinine 1.85, BUN 28, lactic acid 4.9, elevated TSH 9.4 Free T4 1.36, CBC without leukocytosis, supratherapeutic INR likely related to Eliquis in the setting of hepatic steatosis. LFTs WNL noted slightly elevated bilirubin total 2.1 UA suggestive of cystitis.
- CT abdomen pelvis obtained did note some lower ventral abdominal skin thickening and subcutaneous inflammation concern for cellulitis. Blood cultures obtained patient was initiated on Zosyn and vancomycin.
- Patient was accepted by hospitalist team pending transfer to Soin Medical Center to be admitted IMC/stepdown. Over the course while holding at Green emergency department waiting for bed patient continued worsening clinical trajectory worsening lactic acidosis, A-fib RVR hypotension, initially trialed amiodarone but subsequent hypotension and thus stopped.
- Critical care was contacted. Patient to be admitted to SOIN ICU for further management and care.
- Upon arrival to SOIN patient hypotensive maps 50s initiate Levophed, obtain repeat blood cultures, trend lactic.

Subjective :

- Resting comfortably bed no acute distress noted. Currently denies any chest pain, does report some dyspnea, weakness, fatigue and lack of appetite.

Active Problems :

- Sepsis with shock
- Acute cystitis without hematuria
- A-fib RVR chronically on Eliquis
- Anion gap metabolic acidosis
- Lactic acidosis
- Starvation ketosis
- AKI
- Supratherapeutic INR
- Sick euthyroid

Chronic co-morbidities: DVT, pulmonary emboli chronically on Eliquis, atrial fibrillation, morbid obesity, HFrEF EF 25–30% G1 DD, hypertension, CAD stent 2009, hyperlipidemia, GERD, PVD.

Assessment/Plan of Care:**Neuro/Psychiatric:**

-No acute issues

- Severe for neuropathy
Continue Elavil, Zonegran gabapentin renally dose

A - (nalgnesia) - N/A
S - (edation) - N/A
A - (ctivity) - As tolerated
T - (herapy)- OT and PT

Pulmonary:
-No acute issues

Respiratory per protocol
 H - (ead of bed) - 30 degrees
 S - (SBT) - N/A

VENT SETTINGS	VENT MEASUREMENTS

Cardiovascular:

- Shock mL 2/2 sepsis from UTI, underlying A-fib with RVR
 Initiate Levophed
 Did receive midodrine overnight, no additional doses given
 MAP goal >65 if lactic continues to worsen may need to target a systolic goal in addition to MAP goal
 Monitor closely need for vasopressors
 See ID

- Chronic, Combined systolic and diastolic, HFrEF, LVEF 25–30, and G 1 DD s/p AICD
 Caution with fluid administration
 Obtain 2D echo
 Daily weight
 Strict I's and O

-Atrial fibrillation s/p ablation 2024
 Was initially on amiodarone endocrine but subsequent hypotension developed and was stopped
 HR goal <120
 Hold amiodarone amiodarone gtt given concern of elevated thyroid enzyme
 Anticoagulation with hold Eliquis possibly resume tomorrow

-Hx CAD, MI s/p DES
 Continue statin,, Plavix

IVF: D5/LR @ 75mL/hr x 13hr

Gastrointestinal:

-No acute issues

F -(Feeding) - N.p.o. No diet orders on file
 U - (cer ppx) - PPI
 B - (owel regimen) - N/A

Renal/FEN: Estimated Creatinine Clearance: 33.6 mL/min (A) (by C-G formula based on SCr of 1.89 mg/dL (A)).

-AKI mL 2/2 sepsis
 Renally dose medications avoid nephrotoxic medications
 Renal hydration
 Calculate FeNa or FeUr
 CT scan without evidence of obstructive uropathy, hydronephrosis.

-Anion gap metabolic acidosis mL 2/2 lactic acidosis, starvation ketosis
 pH 7.31 PCO232 HC03 15
 Continue to treat underlying cause
 Trend lactic every 4

Daily Renal Mag
 Replace Lytes as needed

I - (ndwelling catheter removal) -Place maintain and Strict I's and O's

I/O:

No intake or output data in the 24 hours ending 04/04/25 0826

Infectious Disease:

-Sepsis without shock ML 2/2 UTI, cellulitis
 Continue Zosyn and Vancomycin
 Blood cultures Pending and Urine culture Pending
 Repeat blood cultures upon arrival to SOIN
 Supportive management as above

D - (eescalation abx) - Once able

Endocrine:

-Hypoglycemia with starvation ketosis no history diabetes
 Initiate dextrose containing solutions

G - (lycemia protocol) - BG goal 120-180
 Check hemoglobin A1c

-Sick euthyroid ? Hyperthyroidism 2/2 ?amiodarone
 Elevated TSH, elevated free T4
 Repeat free T4 tomorrow
 Hold amiodarone

Hematological:

- Supratherapeutic INR likely related to Eliquis in the setting of hepatic steatosis and AKI
 Monitor INR

-Hx DVT, PE
 Chronically on Eliquis
 Likely resume tomorrow

T - (hromboppx) -resume Eliquis tomorrow

Integumentary / Skin:
 -Cellulitis consult wound care

Prophylaxis: VAP, GI and DVT

Dispo: ICU
 Family: None present
 Code Status: Prior

Vitals :**Vital Signs:**

BP: 78/69 (04/04 0730)
 Temp: 98 °F (36.7 °C) (04/03 1732)
 Pulse: 117 (04/04 0730)
 Resp: 25 (04/04 0730)
 SpO2: 100 % (04/04 0730)
 FiO2 (%): --
 O2 Flow Rate (L/min): --
 Cardiac (WDL): --
 Cardiac Rhythm: -- Temp (48hrs), Avg:98 °F (36.7 °C), Min:98 °F (36.7 °C), Max:98 °F (36.7 °C)

Blood Gas: Last ABG:**Recent Labs**

Lab	04/04/25
	0635
BASEEXCESS	-9.8*

Physical Exam:

General: Alert and oriented x3. No acute distress. Fair, obese.
HEENT: Normocephalic, atraumatic. PERRLA. EOMI. No icterus.
Neck: Supple, nontender. No palpable masses appreciated. Trachea midline.
Respiratory: Tachypneic diminished to auscultation bilaterally. Equal rise and fall of the chest. No accessory muscle use.
Cardiovascular: Irregularly irregular rate and rhythm. No murmurs, gallops, or rubs.
Gastrointestinal: Positive bowel sounds. Abdomen is soft, nontender. No rebound, no rigidity, no guarding.
Extremities: Palpable peripheral pulses bilaterally. Warm and dry.
Integumentary / Skin: No tissue loss. No ulcerative or pre-ulcerative lesions.
Psychiatric: No suicidal or homicidal ideation.
Neuro: CN grossly intact. Moving all extremities equally without gross deficit. RASS 0, CAM -

Review of Systems :

Constitutional: + fatigue, no fevers/chills, no night sweats, lack of appetite
Neurological: no numbness, paresthesia or weakness; no seizure, no headache
Eyes: no blurry vision, eye pain or diplopia
ENT: no difficulty hearing, tinnitus, or otalgia; no sore throat; no rhinorrhea or epistaxis; no oral lesions or neck pain
CV: no chest pain or palpitations, no leg edema or claudication
Resp: + difficulty breathing
GI: no abdominal pain, constipation or diarrhea; no melena or hematochezia
GU: + dysuria or hematuria; no urinary urgency or frequency
MSK: no joint pain or deformities; no bone or muscle pain
Skin: + Yeast, no rashes or pruritis; no skin lesions, no hair loss
Heme: no easy bruising or bleeding, no enlarged lymph nodes
Endocrine: no heat or cold intolerance; no polydipsia or polyphagia
Allergic: No hives, no seasonal allergies
Psych: no irritability, no sadness or anxiety, no suicidality

History MED/SURG/SOC/FAM**Past Medical History:**

Diagnosis	Date
• Anemia	
• Arrhythmia	
• Bed bug bite <i>bed bug found on pt during outpatient stress test</i>	11/14/2018
• BMI 45.0-49.9, adult (HCC)	12/17/2018
• CAD in native artery	05/22/2019
• Carpal tunnel syndrome of left wrist	
• Cellulitis both lower extremities <i>Pt reports history of cellulitis on legs and went septic and got IV abx</i>	05/01/2019
• Chronic systolic congestive heart failure (HCC)	08/18/2023
• Clotting disorder	
• Colon polyp	
• Coronary artery disease	
• Diabetes mellitus (HCC)	
• Diabetic ulcer of toe of left foot associated with type 2 diabetes mellitus, limited to breakdown of skin (HCC)	03/13/2019
• DVT (deep venous thrombosis) (HCC)	
• Gastroesophageal reflux disease	
• HTN, goal below 140/80	
• Hyperlipidemia with target LDL less than 70	
• Low back pain	
• Myocardial infarction (HCC)	2008
• Non-ST elevation (NSTEMI) myocardial infarction (HCC)	04/30/2019
• Obesity, Class III, BMI 40-49.9 (morbid obesity) (HCC)	
• Osteoarthritis	
• Osteomyelitis of left foot (HCC)	09/19/2014
• Peripheral artery disease <i>Vascular Surgeon: Dr. Rank.</i>	
• Peripheral neuropathy due to ischemia	
• Tibial fracture	04/28/2016
• Ulcer of great toe, left, with fat layer exposed (HCC)	02/21/2019
• Venous stasis ulcer of bilateral lower extremities limited to breakdown of skin (HCC)	09/08/2016

Past Surgical History:

Procedure	Laterality	Date
• CARPAL TUNNEL RELEASE <i>right</i>		
• COLONOSCOPY	N/A	1/16/2019
• COLONOSCOPY <i>Esophagogastroduodenoscopy, possible biopsy, Colonoscopy, possible biopsy, possible polypectomy performed by Jonathan Paige Kushner, MD at KH GI</i>		
• CORONARY ANGIOPLASTY <i>stent placement</i>		2008
• CYST REMOVAL		
• FINGER SURGERY <i>ulnar nerve neuropathy</i>		

• HEART STENTS		02/2020
• ICD implanted 2/2020		12/6/2018
• PR CATH PLMT L HRT/ARTS/GRFTS WNJX & ANGIO IMG S&I		
• PR MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS		12/6/2018
• SINUS SURGERY		
• TOE AMPUTATION	Left	10/3/14
• tonsilectomy		
• UPPER GASTROINTESTINAL ENDOSCOPY		

Social History**Socioeconomic History**

• Marital status:	Divorced
Spouse name:	Not on file
• Number of children:	Not on file
• Years of education:	Not on file
• Highest education level:	Not on file

Occupational History

- Not on file

Tobacco Use

• Smoking status:	Former
Current packs/day:	0.02
Average packs/day:	(0.1 ttl pk-yrs)
Types:	Cigarettes
• Smokeless tobacco:	Former
Quit date:	12/6/2009
• Tobacco comments:	Quit 1995

Substance and Sexual Activity

• Alcohol use:	No
• Drug use:	No
• Sexual activity:	Never
Birth control/protection:	Post-menopausal

Other Topics

- Daily Caffeine Intake ? No
- Do you exercise regularly ? No

Social History Narrative

- Not on file

Social Drivers of Health

Financial Resource Strain: Not on file

Food Insecurity: Not on file

Transportation Needs: Not on file

Physical Activity: Not on file

Stress: Not on file

Social Connections: Not on file

Intimate Partner Violence: Not on file

Housing Stability: Not on file

Family History

Problem	Relation	Age of Onset
• Osteoporosis	Mother	
• Hypertension	Mother	
• Cancer <i>liver</i>	Father	50
• Diabetes	Father	
• Heart disease	Father	
• Other Diseases <i>Charcot-Marie-Tooth</i>	Father	49
• Colon cancer	Sister	
• No Known Problems	Daughter	
• No Known Problems	Maternal Aunt	
• No Known Problems	Maternal Uncle	
• Breast cancer	Paternal Aunt	
• Cancer <i>lymph</i>	Paternal Aunt	40
• No Known Problems	Paternal Uncle	
• No Known Problems	Maternal Grandmother	
• No Known Problems	Maternal Grandfather	
• No Known Problems	Paternal Grandmother	
• No Known Problems	Paternal Grandfather	
• No Known Problems	Brother	
• No Known Problems	Son	
• No Known Problems	Other	

Medications :**Scheduled Meds:****Continuous Infusions:****PRN Meds:****Labs :****Last CBC w diff Results:****Recent Labs**

Lab	04/03/25 1757	04/04/25 0550	04/04/25 0635
WBC	7.7	8.1	--
HEMOGLOBIN	11.2*	10.9*	11.3*

HCT	35.2*	35.5*	--
PLT	478*	408*	--
RBC	5.13	5.20*	--
MCHC	31.8	30.7*	--
MCH	21.8*	21.0*	--
RDW	20.7*	20.7*	--
NEUTROPHIL S	68.7	71.2	--
MONOCYTES	5.1	5.3	--

Last BMP Results:

Recent Labs

Lab	04/03/25 1757	04/04/25 0113	04/04/25 0635
NA	134*	134*	134*
K	4.5	4.0	4.0
CL	89*	92*	91*
CO2	21	19*	15*
BUN	28*	30*	31*
CREATININE	1.85*	1.79*	1.89*
GLU	82	68*	66*
CALCIUM	9.5	8.5*	8.7

Last Amylase/Lipase Results

Recent Labs

Lab	04/03/25 1757
LIPASE	17

Last Liver Function Results:

Recent Labs

Lab	04/03/25 1757	04/04/25 0635
ALT	11	11
AST	21	17
BILIDIR	0.53*	0.99*

Last Blood Culture Results:

Results for orders placed or performed in visit on 02/20/19

Blood Culture

Specimen: Blood, Venous		
Result	Value	Ref Range
Blood Culture	No Growth at 5 Days	

Results for orders placed or performed during the hospital encounter of 01/11/19

Urine Culture

Specimen: Urine, Straight Cath

Result	Value	Ref Range
Urine Culture	4,000 cfu/ml Escherichia coli (A)	

Susceptibility

Escherichia coli - MIC

Ampicillin	>16	Resistant
Ampicillin +	>16/8	Resistant
Sublactam		
Aztreonam	<=4	Sensitive
Cefazolin	16	Intermediate
Cefepime	<=4	Sensitive
Cefotaxime	<=2	Sensitive
Cefoxitin	<=8	Sensitive
Ceftazidime	<=1	Sensitive
Ceftriaxone	<=8	Sensitive
Cefuroxime	8	Sensitive
Ciprofloxacin	>2	Resistant
Ertapenem	<=1	Sensitive
Gentamicin	<=4	Sensitive
Nitrofurantoin	<=32	Sensitive
Piperacillin	<=16	Sensitive
Tazobactam		
Tobramycin	<=4	Sensitive
Trimethoprim	<=2/38	Sensitive
Sulfamethoxazole		

*Note: Due to a large number of results and/or encounters for the requested time period, some results have not been displayed. A complete set of results can be found in Results Review.

Radiological/Studies :

CT-CHEST/ABD/PELVIS NO CONTRAST

Result Date: 4/3/2025

IMPRESSION: 1. No acute cardiopulmonary findings. Cardiomegaly and coronary artery calcification. 2. Small amount of nondependent air in the bladder is probably related to recent catheterization. 3. Lower ventral abdominal skin thickening and subcutaneous inflammation. Correlate for clinical features of cellulitis. 4. Hepatic steatosis. Electronically Signed by: Nathan Hannemann, DO, 4/3/2025 8:47 PM

XR-CHEST PORTABLE STAT

Result Date: 4/3/2025

IMPRESSION: No acute findings. This dictation was created with voice recognition software. While attempts have been made to review the dictation as it is transcribed, on occasion the spoken word can be misinterpreted by the technology leading to omissions or inappropriate words, phrases or sentences.

Electronically Signed by: Michael Levinson, DO, 4/3/2025 5:56 PM

CC time- 32 minutes, independent of other providers, and excluding any procedures.
Electronically signed by: Brandon L Mosely, APRN-CNP 4/4/2025 8:26 AM

Cosigned by: Ryan David Nicklas, MD at 4/4/2025 2:04 PM

Note Details

Author	Brandon L Mosely, APRN-CNP	File Time	4/4/2025 2:04 PM
Author Type	Nurse Practitioner	Status	Signed
Last Editor	Brandon L Mosely, APRN-CNP	Service	Critical Care
Hospital Acct #	270190783	Admit Date	4/4/2025

Admission (Discharged) on 4/4/2025

Created by

Encounter creation information not available

Care Timeline

04/04 Admitted to Soin Medical Center ICU 0938

04/06 Discharged 0302

Varvel, Kelly

Brandon L Mosely, APRN-CNP
Nurse Practitioner
Critical Care

Progress Notes Attested

Date of Service: 4/4/2025 7:22 AM

Attested

Attestation signed by Ryan David Nicklas, MD at 4/4/2025 1:10 PM

Attending Addendum

I personally reviewed the patient's history and agree that she is appropriate for transfer to ICU for further management.

Ryan Nicklas MD
Anesthesiology and Critical Care Physician
04/04/25 1:09 PM

Patient accepted to SOIN ICU due to uncertain and overall worsening clinical trajectory presents with feeling unwell lab work in ER demonstrates lactic acidosis, acute kidney injury concern for sepsis etiology A-fib RVR requiring amiodarone initiation. Concern for UTI, cellulitis patient was originally accepted by the hospitalist team to stepdown to SOIN but waiting on bed over the last couple hours patient's become unstable systolics in the 70s worsening lactic acid. Will accept to ICU at SOIN.

Cosigned by: Ryan David Nicklas, MD at 4/4/2025 1:10 PM

Note Details

Author	Brandon L Mosely, APRN-CNP	File Time	4/4/2025 1:10 PM
Author Type	Nurse Practitioner	Status	Signed
Last Editor	Brandon L Mosely, APRN-CNP	Service	Critical Care
Hospital Acct #	270189568	Admit Date	4/3/2025

ED on 4/3/2025 Note shared with patient

Created by

Encounter creation information not available

Clinical Impressions

- ◆ Weakness generalized
- Lactic acidosis
- Tachycardia, unspecified
- Candidal skin infection
- Atrial flutter, unspecified type (HCC)

Disposition

Transfer to Another Facility

Condition: Stable

Follow-Ups: Follow up with Nicole Wentworth, MD (Family Medicine)

Care Timeline

04/03	
1730	Arrived
1744	XR-CHEST PORTABLE STAT
1753	EKG Standard 12 Lead
1757	Basic Metabolic Panel
	Hepatic Panel
	Lipase
	Magnesium
	B-Type Natriuretic Peptide
	Thyroxine Free T4
	CBC w/ Diff-Complete Blood Count
	TSH w/Reflex Free T4
	HS Troponin I
	Manual Reflex
1931	Protime-INR
	Blood Culture
	PROCALCITONIN
	Lactate/Lactic Acid
	HS Troponin I
1933	Blood Culture
2021	0.9 % sodium chloride 1365 mL
2037	CT-CHEST/ABD/PELVIS NO CONTRAST
2141	piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9 %... 4.5 g
2148	midodrine HCl 10 mg
2243	Urine Culture (requires reason)
	Urine Culture will reflex based on Urinalysis results
	Urine Microscopic Reflex Culture
2248	Lactate/Lactic Acid
	HS Troponin I
2252	vancomycin (VANCOCIN) 1000 mg in 0.9% sodium... 1000 mg
2348	metoprolol tartrate 2.5 mg
04/04	
0041	vancomycin (VANCOCIN) 1000 mg in 0.9% sodium... 1000 mg
0048	EKG Standard 12 lead
0113	Renal Function Panel
0154	Lactate/Lactic Acid

- 0237 0.9 % sodium chloride 83 mL/hr
- 0328 Glucose POC results
- 0343 amiodarone in dextrose,iso-osm 150 mg
- 0346 EKG Standard 12 lead
- 0346 nystatin No dose recorded
- 0350 amiodarone in dextrose,iso-osm 1 mg/min
- 0350 Bedside Glucose Monitoring
- 0550 CBC w/ Diff-Complete Blood Count ⓘ
- 0550 Lactate/Lactic Acid ⓘ
- 0632 Manual Reflex ⓘ
- 0635 Lactate/Lactic Acid ⓘ
- 0635 Renal Function Panel ⓘ
- 0635 Liver Profile Panel ⓘ
- 0635 Acetone, Ketones (Beta-Hydroxybuterate) ⓘ
- 0635 Blood Gas, Venous ⓘ
- 0650 0.9 % sodium chloride 1000 mL
- 0707 dextrose 50 % in water 25 mL
- 0721 dextrose 10 % in water 125 mL/hr
- 0755 piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9 %... 4.5 g
- 0831 0.9 % sodium chloride 1000 mL
- 0849 Glucose POC results ⓘ
- 0854 Discharged

George Michael Kaiser, DOED Physician
Emergency MedicineED Provider Notes 

Addendum

Date of Service: 4/4/2025 7:09 AM

Addendum

This 62-year-old overweight Caucasian female presented to the Greene Memorial Hospital emergency department with a chief complaint of generalized weakness and fatigue. She stated that for the past few days she has not had much to eat or drink. She had not been ambulating due to her generalized weakness and shortness of breath. Upon arrival to the emergency department, this patient was seen by the previous emergency physician. Appropriate testing was ordered on this patient. The testing performed on this patient in the emergency department indicated a CBC with a white blood cell count of 8100. The hemoglobin was 10.9. The electrolytes did reveal a sodium of 134. Her GFR was 30. Her lactic acid was elevated to 4.9 on presentation. This escalated to a lactic acid level of 9.2. Additional fluids were ordered on this patient in light of this finding. This patient was cultured in the emergency department and antibiotics were initiated. The source of infection at this point in time was either the urine or cellulitis in the groin region. At 7 AM, we began the process to transfer her to an ICU bed. There were no ICU beds available at the Kettering Main Hospital, Soin Hospital, or the Dayton Kettering Hospital. We decided to make this lady an ED to ED transfer in hopes of getting an ICU bed later today. I did speak to the ED physician at the Soin Hospital ED who was agreeable to accept this patient as a transfer admission until an MICU bed becomes available at that facility.

Impressions: #1 sepsis #2 lactic acidosis #3 hypotension #4 acute on chronic renal failure #5 dehydration #6 hypoglycemia #7 electrolyte imbalance #8 cystitis/UTI #9 lower abdominal wall cellulitis #10 chronic renal failure #11 anemia #12 elevated troponins #13 generalized weakness/fatigue #14 deconditioned state

Procedure: The pulse oximetry reading was 100% on room air

The cardiac monitor revealed atrial tachycardia with a rate of 116.

IntelliSpace EKG utilized to interpret the EKG

IntelliSpace EKG utilized to interpret the second EKG

IntelliSpace EKG utilized to interpret the third EKG

The patient received the sepsis fluid bolus along with IV antibiotics

ED observation for over 15 hours

Critical care time: 60 minutes exclusive of the time devoted to the above-mentioned billable procedures

Arrangements were made for this patient to be admitted to the hospital for further evaluation and care.

Arrangements were made for this patient to be transferred to the MICU at the Soin Hospital. The ambulance began transport to the Soin Hospital MICU

at 9:10 AM.

Electronically signed by:

George Michael Kaiser, DO
04/04/25 0717

George Michael Kaiser, DO
04/04/25 0910

Note Details

Author	George Michael Kaiser, DO	File Time	4/4/2025 9:10 AM
Author Type	ED Physician	Status	Addendum
Last Editor	George Michael Kaiser, DO	Service	Emergency Medicine
Hospital Acct #	270189568	Admit Date	4/3/2025

ED on 4/3/2025 Note shared with patient

Additional Orders and Documentation

 [Results](#)
 [Imaging](#)
 [Microbiology](#)

 [Meds](#)

 [Orders](#)
 [Procedures](#)

 [Flowsheets](#)

Encounter Info: [History](#), [Allergies](#), [Detailed Report](#)

Created by

Encounter creation information not available

Clinical Impressions

- ◆ Weakness generalized
- Lactic acidosis
- Tachycardia, unspecified
- Candidal skin infection
- Atrial flutter, unspecified type (HCC)

Disposition

 [Transfer to Another Facility](#) 
Condition: Stable

Follow-Ups: Follow up with Nicole Wentworth, MD (Family Medicine)

Medication Changes

None

Care Timeline

04/03
1730 Arrived
1744 XR-CHEST PORTABLE STAT
1753 EKG Standard 12 Lead
1757 Basic Metabolic Panel 
Hepatic Panel 
Lipase
Magnesium
B-Type Natriuretic Peptide 
Thyroxine Free T4 

	CBC w/ Diff-Complete Blood Count	!
	TSH w/Reflex Free T4	!
	HS Troponin I	!
	Manual Reflex	!
1931	Protim-InR	!
	Blood Culture	
	PROCALCITONIN	
	Lactate/Lactic Acid	!!
	HS Troponin I	!
	Blood Culture	
1933	0.9 % sodium chloride 1365 mL	
2021	0.9 % sodium chloride 1365 mL	
2037	CT-CHEST/ABD/PELVIS NO CONTRAST	
2141	piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9 %... 4.5 g	
2148	midodrine HCl 10 mg	
2243	Urine Culture (requires reason)	!
	Urine Culture will reflex based on Urinalysis results	!
	Urine Microscopic Reflex Culture	!
2248	Lactate/Lactic Acid	!!
	HS Troponin I	!
2252	vancomycin (VANCOCIN) 1000 mg in 0.9% sodium...	1000 mg
2348	metoprolol tartrate 2.5 mg	
04/04		
0041	vancomycin (VANCOCIN) 1000 mg in 0.9% sodium...	1000 mg
0048	EKG Standard 12 lead	
0113	Renal Function Panel	!!
0154	Lactate/Lactic Acid	!!
0237	0.9 % sodium chloride 83 mL/hr	
0328	Glucose POC results	
	amiodarone in dextrose,iso-osm 150 mg	
0343	EKG Standard 12 lead	
0346	nystatin No dose recorded	
	amiodarone in dextrose,iso-osm 1 mg/min	
0350	Bedside Glucose Monitoring	
0550	CBC w/ Diff-Complete Blood Count	!
	Lactate/Lactic Acid	!!
	Manual Reflex	!
0632	Lactate/Lactic Acid	!!
0635	Renal Function Panel	!
	Liver Profile Panel	!
	Acetone, Ketones (Beta-Hydroxybuterate)	!
	Blood Gas, Venous	!
0650	0.9 % sodium chloride 1000 mL	
0707	dextrose 50 % in water 25 mL	
0721	dextrose 10 % in water 125 mL/hr	
0755	piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9 %... 4.5 g	
0831	0.9 % sodium chloride 1000 mL	
0849	Glucose POC results	!
0854	Discharged	

Varvel, Kelly

Stephanie Lynn Maus, DO
ED Physician
Emergency Medicine

ED Provider Notes  
Addendum

Date of Service: 4/3/2025 6:03 PM

Addendum

**FINAL IMPRESSION(S)**

	ICD-10-CM
1. Weakness generalized	R53.1
2. Lactic acidosis	E87.20
3. Tachycardia, unspecified	R00.0
4. Candidal skin infection	B37.2
5. Atrial flutter, unspecified type (HCC)	I48.92

DISPOSITION PLAN

Transfer to Kettering Health Soin

DISCHARGE MEDICATION(S) / CHANGES TO HOME MEDICATIONS**New Prescriptions**

No medications on file

CHIEF COMPLAINT

Chief Complaint

Patient presents with

- Weakness

HPI/pertinent ROS

Kelly Varvel is a 62 y.o. female in bed 15 who presents to the ED with generalized weakness. Patient states that she has not been feeling well for a while now. She states that she has not really had an appetite and can hardly get up and walk around. She has had a swelling to her legs. No chest pain but she has had shortness of breath. No abdominal pain, nausea, vomiting or diarrhea. She states that she is still urinating. No fevers. She has had some intermittent lightheadedness. No sick contacts.

PAST MEDICAL HISTORY / FAMILY HISTORY

Past Medical History:

Diagnosis	Date
• Anemia	
• Arrhythmia	
• Bed bug bite <i>bed bug found on pt during outpatient stress test</i>	11/14/2018
• BMI 45.0-49.9, adult (HCC)	12/17/2018
• CAD in native artery	05/22/2019
• Carpal tunnel syndrome of left wrist	
• Cellulitis both lower extremities <i>Pt reports history of cellulitis on legs and went septic and got IV abx</i>	05/01/2019
• Chronic systolic congestive heart failure (HCC)	08/18/2023
• Clotting disorder	
• Colon polyp	
• Coronary artery disease	
• Diabetes mellitus (HCC)	
• Diabetic ulcer of toe of left foot associated with type 2 diabetes mellitus, limited to breakdown of skin (HCC)	03/13/2019
• DVT (deep venous thrombosis) (HCC)	
• Gastroesophageal reflux disease	
• HTN, goal below 140/80	
• Hyperlipidemia with target LDL less than 70	
• Low back pain	
• Myocardial infarction (HCC)	2008
• Non-ST elevation (NSTEMI) myocardial infarction (HCC)	04/30/2019
• Obesity, Class III, BMI 40-49.9 (morbid obesity) (HCC)	
• Osteoarthritis	
• Osteomyelitis of left foot (HCC)	09/19/2014
• Peripheral artery disease <i>Vascular Surgeon: Dr. Rank.</i>	
• Peripheral neuropathy due to ischemia	
• Tibial fracture	04/28/2016
• Ulcer of great toe, left, with fat layer exposed (HCC)	02/21/2019
• Venous stasis ulcer of bilateral lower extremities limited to breakdown of skin (HCC)	09/08/2016

Family History

Problem	Relation	Age of Onset
• Osteoporosis	Mother	
• Hypertension	Mother	
• Cancer <i>liver</i>	Father	50
• Diabetes	Father	
• Heart disease	Father	

• Other Diseases	Father	
Charcot-Marie-Tooth		
• Colon cancer	Father	49
• No Known Problems	Sister	
• No Known Problems	Daughter	
• No Known Problems	Maternal Aunt	
• No Known Problems	Maternal Uncle	
• Breast cancer	Paternal Aunt	
• Cancer lymph	Paternal Aunt	40
• No Known Problems	Paternal Uncle	
• No Known Problems	Maternal Grandmother	
• No Known Problems	Maternal Grandfather	
• No Known Problems	Paternal Grandmother	
• No Known Problems	Paternal Grandfather	
• No Known Problems	Brother	
• No Known Problems	Son	
• No Known Problems	Other	

Above past medical conditions reviewed and verified by me.

SOCIAL HISTORY

Social History

Socioeconomic History

• Marital status:	Divorced
Tobacco Use	
• Smoking status:	Former
Current packs/day:	0.02
Average packs/day:	(0.1 till pk-yrs)
Types:	Cigarettes
• Smokeless tobacco:	Former
Quit date:	12/6/2009
• Tobacco comments:	
Quit 1995	

Substance and Sexual Activity

• Alcohol use:	No
• Drug use:	No
• Sexual activity:	Never
Birth control/protection:	Post-menopausal
Other Topics	Concern
• Daily Caffeine Intake ?	No
• Do you exercise regularly ?	No

Above social elements reviewed and verified by me.

SURGICAL HISTORY

Past Surgical History:

Procedure	Laterality	Date
• CARPAL TUNNEL RELEASE right		
• COLONOSCOPY		
• COLONOSCOPY	N/A	1/16/2019
		Esophagogastrroduodenoscopy, possible biopsy, Colonoscopy, possible biopsy, possible polypectomy performed by Jonathan Paige Kushner, MD at KH GI
• CORONARY ANGIOPLASTY stent placement		2008
• CYST REMOVAL		
• FINGER SURGERY ulnar nerve neuropathy		
• HEART STENTS		
• ICD implanted 2/2020		02/2020
• PR CATH PLMT L HRT/ARTS/GRFTS WNJX & ANGIO IMG S&I		12/6/2018
• PR MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS		12/6/2018
• SINUS SURGERY		
• TOE AMPUTATION	Left	10/3/14
• tonsilectomy		
• UPPER GASTROINTESTINAL ENDOSCOPY		

CURRENT MEDICATIONS

Outpatient Medications Marked as Taking for the 4/3/25 encounter (Hospital Encounter)

Medication	Sig	Dispense	Refill
• amitriptyline (ELAVIL) 25 mg tablet	TAKE ONE TABLET BY MOUTH AT BEDTIME	90 tablet	3
• atorvastatin (LIPITOR) 80 mg tablet	Take 1 tablet (80 mg total) by mouth at bedtime	90 tablet	1
• clopidogrel (PLAVIX) 75 mg tablet	TAKE ONE TABLET BY MOUTH ONCE DAILY	90 tablet	2
• ELIQUIS 5 mg tablet	Take 1 tablet (5 mg total) by mouth in the morning and 1 tablet (5 mg total) in the evening.	60 tablet	6
• ergocalciferol (DRISDOL) 50,000 unit capsule	TAKE ONE CAPSULE BY MOUTH ONCE WEEKLY	12 capsule	2
• ezetimibe (ZETIA) 10 mg tablet	TAKE ONE TABLET BY MOUTH ONCE DAILY	90 tablet	1
• folic acid (FOLVITE) 1 mg tablet	TAKE ONE TABLET BY MOUTH ONCE DAILY	90 tablet	12
• furosemide (LASIX) 40 mg tablet	Take 1 tablet (40 mg total) by mouth daily	90 tablet	1

• gabapentin (NEURONTIN) 600 mg tablet	MOUTH IN THE MORNING AND AT BEDTIME Strength: 600 mg	180 tablet	1
• metoprolol succinate (TOPROL XL) 50 mg 24 hr tablet	Take 1 tablet (50 mg total) by mouth daily	90 tablet	1
• nystatin (MYCOSTATIN) 100,000 unit/gram topical powder	Apply topically daily Apply to affected areas once a day	60 g	0
• omeprazole (PRILOSEC) 40 mg delayed-release capsule	TAKE ONE CAPSULE BY MOUTH ONCE DAILY	90 capsule	2
• Zinc 50 mg Tab	Take 50 mg by mouth daily.	30 each	11
• zonisamide (ZONEGRAN) 100 mg capsule	TAKE TWO CAPSULES BY MOUTH TWICE DAILY	360 capsule	2

ALLERGIES

Allergies

Allergen	Reactions
• Cefuroxime	Hives
• Cymbalta [Duloxetine]	Constipation
• Nafcillin	Diarrhea
• Ranitidine Sore throat	Other (See Comments)
• Reglan [Metoclopramide Hcl]	Constipation
• Topamax [Topiramate] tired	Other (See Comments)

PERTINENT PHYSICAL EXAM**VITAL SIGNS:**

ED Triage Vitals [04/03/25 1732]	
BP	(!) 89/59
Temp	98 °F (36.7 °C)
Pulse	(!) 125
Resp	18
SpO2	100 %
Weight	229 lb (103.9 kg)
Glasgow Coma Scale	15
Score	
BMI (Calculated)	44.8

Constitutional: Well developed, Well nourished, resting comfortably in bed. Non-toxic appearance.

HENT: Normocephalic, Atraumatic, Bilateral external ears normal

Eyes: PERRL, EOMI, Conjunctiva normal, No discharge. No scleral icterus.

Neck: Normal range of motion, No tenderness, Supple, No stridor.

Lymphatic: No lymphadenopathy noted.

Cardiovascular: Normal heart rate, Normal rhythm, No murmurs, gallops or rubs.

Thorax & Lungs: Normal breath sounds, No respiratory distress, No wheezing, No chest wall tenderness.

Abdomen: Soft, No tenderness, No masses, No pulsatile masses, not distended, bowel sounds normal.

Skin: Warm, Dry, erythema noted to bilateral inguinal regions consistent with yeast dermatitis, chronic venous stasis changes to bilateral lower extremities, No rash. No mottling, flushing or cyanosis.

Extremities: 2+ edema, No tenderness, No cyanosis, No clubbing. Intact and symmetric distal pulses Normal capillary refill and perfusion.

Musculoskeletal: Good range of motion in all major joints as observed. No major deformities noted.

Neurologic: Alert & oriented x 3

EKG

Results for orders placed or performed during the hospital encounter of 04/03/25

EKG Standard 12 lead

Result	Value	Ref Range
Heart Rate	94	bpm
RR INTERVAL	640	ms
PR Interval		
QRSD Interval	114	ms
QT Interval	382	ms
QTc Interval	478	ms
QRS Axis	108	deg
T Wave Axis	-14	deg
REPORT	- ABNORMAL ECG -	
REPORT	Afib/flut and V-paced complexes	

Interpreting Phys

Confirmed by: Maus, Stephanie (DO) 04-Apr-2025 03:47:16

EKG Standard 12 lead

Result	Value	Ref Range
Heart Rate	122	bpm
RR INTERVAL	496	ms
PR Interval	141	ms
QRSD Interval	121	ms
QT Interval	384	ms
QTc Interval	545	ms
QRS Axis	121	deg
T Wave Axis	-27	deg
REPORT	- ABNORMAL ECG -	
REPORT	Sinus tachycardia	
REPORT	Ventricular premature complex	
REPORT	Nonspecific intraventricular conduction delay	

Interpreting Phys

Confirmed by: Maus, Stephanie (DO) 04-Apr-2025 00:52:17

EKG Standard 12 Lead

Result	Value	Ref Range
Heart Rate	125	bpm
RR INTERVAL	480	ms
PR Interval	154	ms

QRSD Interval	123	ms
QT Interval	352	ms
QTc Interval	508	ms
QRS Axis	106	deg
T Wave Axis	-8	deg
REPORT	- ABNORMAL ECG -	
REPORT	Ectopic atrial tachycardia, unifocal	
REPORT	LBBB	
Interpreting Phys		

Confirmed by: Maus, Stephanie (DO) 03-Apr-2025 19:02:12

RADIOLOGY

I have personally visualized the images and my interpretation is CT chest, abdomen and pelvis reveals no infiltrate or bowel obstruction. X-ray chest reveals no infiltrate.

I reviewed the radiologist interpretation:

Results for orders placed or performed during the hospital encounter of 04/03/25
CT-CHEST/ABD/PELVIS NO CONTRAST

Narrative

PROCEDURE: CT-CHEST/ABD/PELVIS NO CONTRAST

DATE OF EXAM: 4/3/2025 8:37 PM

DEMOGRAPHICS: 62 years old Female

INDICATION: tachycardia, lactic acidosis History: tachycardia, lactic acidosis. Number of Series/Images: 5.

COMPARISON: CT chest angiogram 1/2/2020

TECHNIQUE: Contiguous axial slices of the chest, abdomen, and pelvis were submitted without IV contrast. No oral contrast was utilized. Additional coronal reformatted images were provided.

DOSE OPTIMIZATION: CT radiation dose optimization techniques (automated exposure control, and use of iterative reconstruction techniques, or adjustment of the mA and/or kV according to patient size) were used to limit patient radiation dose.

FINDINGS:**Chest:**

Cardiomegaly. No pericardial effusion. Coronary artery calcification. Left chest wall cardiac conduction device with leads terminating in the right atrium and right ventricle. Aortic atherosclerosis without aneurysm. Main pulmonary artery is normal in caliber. No mediastinal or hilar lymphadenopathy.

No consolidation, pleural effusion or pneumothorax. No suspicious pulmonary nodule.

Mild degenerative changes of the thoracic spine. No acute osseous findings.

Abdomen and pelvis:

Hepatic steatosis. Hyperattenuating fluid in the gallbladder likely represents: Or sludge. No evidence for acute cholecystitis. Mild fatty atrophy of the pancreas. The spleen calcification compatible with sequela of prior granulomatous disease. Adrenal glands are normal. Kidneys are unremarkable. No renal calculi or hydronephrosis. No bladder wall thickening. Small amount of nondependent air in the bladder. Uterus and adnexa are unremarkable.

Small hiatal hernia. Small bowel is normal in caliber. The appendix is normal. Colonic diverticulosis without features of acute diverticulitis. No intraperitoneal free air or fluid. No abdominal or pelvic lymphadenopathy. Aortoiliac atherosclerosis without aneurysm.

Degenerative changes of the lumbar spine. No acute osseous findings. Lower ventral abdominal skin thickening and subcutaneous inflammation. Fat-containing umbilical hernia. Fat-containing right. Hernia.

Impression

1. No acute cardiopulmonary findings. Cardiomegaly and coronary artery calcification.
2. Small amount of nondependent air in the bladder is probably related to recent catheterization.
3. Lower ventral abdominal skin thickening and subcutaneous inflammation. Correlate for clinical features of cellulitis.
4. Hepatic steatosis.

Electronically Signed by: Nathan Hannemann, DO, 4/3/2025 8:47 PM

XR-CHEST PORTABLE STAT

Narrative

EXAMINATION: XR-CHEST PORTABLE STAT

DATE OF EXAM: 4/3/2025 5:44 PM

DEMOGRAPHICS: 62 years old Female

INDICATION: weakness. Number of Series/Images: 1.

COMPARISON: Chest 8/18/2023

TECHNIQUE: Single AP portable chest radiograph was obtained.

FINDINGS:

The cardiomediastinal silhouette is mildly enlarged and unchanged. Left pectoral pacemaker/AICD again noted.

No focal consolidation. No pleural effusions or pneumothorax.

No acute osseous findings.

Impression

No acute findings.

This dictation was created with voice recognition software. While attempts have been made to review the dictation as it is transcribed, on occasion the spoken word can be misinterpreted by the technology leading to omissions or inappropriate words, phrases or sentences.

Electronically Signed by: Michael Levinson, DO, 4/3/2025 5:56 PM

LAB RESULTS

CBC W/DIFF - Abnormal; Notable for the following components:

Result	Value	Ref Range	Status
HGB	11.2 (*)	12.1 - 15.8 g/dL	Final
HCT	35.2 (*)	35.8 - 46.5 %	Final
MCV	68.7 (*)	85.0 - 99.0 fl	Final
MCH	21.8 (*)	28.4 - 33.4 pg	Final
RDW	20.7 (*)	11.7 - 15.2 %	Final
Platelet count	478 (*)	154 - 393 K/uL	Final

All other components within normal limits

BASIC METABOLIC PANEL - Abnormal; Notable for the following components:

Sodium	134 (*)	136 - 145 mmol/L	Final
Chloride	89 (*)	98 - 107 mmol/L	Final
Anion Gap	24 (*)	7 - 16 mmol/L	Final
BUN	28 (*)	7 - 25 mg/dL	Final
Creatinine	1.85 (*)	0.6 - 1.2 mg/dL	Final

All other components within normal limits

Narrative:

KDIGO 2012 GFR Categories

Stage	Description
eGFR (mL/min/1.73m ²)	
G1 =>90	Normal or high
G2 60-89	Mildly decreased
G3a 45-59	Mildly to moderately decreased
G3b 30-44	Moderately to severely decreased
G4 15-29	Severely decreased
G5 <15	Kidney Failure

HS TROPONIN I - Abnormal; Notable for the following components:

HS Troponin I	32 (*)	<12 pg/mL	Final
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All other components within normal limits

Narrative:

The Access high sensitivity troponin assay is not intended to be used in isolation; results should be interpreted in conjunction with other diagnostic tests and clinical information.

HS TROPONIN I - Abnormal; Notable for the following components:

HS Troponin I	30 (*)	<12 pg/mL	Final
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All other components within normal limits

Narrative:

The Access high sensitivity troponin assay is not intended to be used in isolation; results should be interpreted in conjunction with other diagnostic tests and clinical information.

MANUAL SCAN - Abnormal; Notable for the following components:

Platelet Estimate	Increased (*)	Adequate	Final
Poikilocytosis	2+ (*)	2/3+ /HPF	Final
Hypochromasia	2+ (*)	2/3+ /HPF	Final
Microcytosis	2+ (*)	1/3+ /HPF	Final
Ovalocytes/Elliptocytes	1+ (*)	1/3+ /HPF	Final

All other components within normal limits

LIVER PROFILE PANEL - Abnormal; Notable for the following components:

Total Bilirubin	1.9 (*)	0.3 - 1.0 mg/dl	Final
Direct Bilirubin	0.53 (*)	<=0.20 mg/dL	Final

All other components within normal limits

TSH W/REFLEX FREE T4 - Abnormal; Notable for the following components:

TSH 9.447 0.450 - Final
 (*) 5.330
 ulU/mL

All other components within normal limits

B-TYPE Natriuretic - Abnormal; Notable for the following components:

KHN BNP 1,455 <100 Final
 (*) pg/mL

All other components within normal limits

URINE CULTURE, CONDITIONAL - Abnormal; Notable for the following components:

Urine Color Dark Yellow Final
 yellow

Ketones Urinalysis 5 (*) Negativ Final
 (*) e
 mg/dL

Protein Urinalysis 30 (*) Negativ Final
 e
 mg/dL

Bilirubin Urinalysis 1+ (*) Negativ Final
 e
 mg/dL

Comment: Urine bilirubin confirmation is no longer performed routinely. A serum total bilirubin or urine ictotest should be ordered if clinically indicated.

Specific Gravity >1.030 1.010 - Final

Urinalysis (*) 1.025

Urobilinogen Urinalysis 4 (*) Normal Final
 mg/dL

Leukocytes Urinalysis 1+ (*) Negativ Final
 e
 Leu/uL

All other components within normal limits

HS TROPONIN I - Abnormal; Notable for the following components:

HS Troponin I 23 (*) <12 Final
 pg/mL

All other components within normal limits

Narrative:

The Access high sensitivity troponin assay is not intended to be used in isolation; results should be interpreted in conjunction with other diagnostic tests and clinical information.

PROTIME-INR - Abnormal; Notable for the following components:

Protime 49.0 (*) 10.0 - Final
 12.8
 Second
 s

INR 4.1 (*) 0.9 - Final
 1.1

Comment: Condition and INR Therapeutic Range:
 Deep venous thrombosis 2.0-3.0
 Pulmonary embolism 2.0-3.0
 Acute myocardial infarction 2.0-3.0
 Atrial fibrillation 2.0-3.0
 Antiphospholipid syndrome (no other risk factors) 2.0-3.0
 Antiphospholipid syndrome with recurrent thromboembolism 2.5-3.0
 Bioprosthetic (tissue) valve 2.0-3.0
 Mechanical prosthetic valves 2.0-3.0 or 2.5-3.5 depending on valve type and location

All other components within normal limits

LACTATE/LACTIC ACID - Abnormal; Notable for the following components:

Lactic Acid 4.9 (*) 0.5 - Final
 2.0
 mmol/L

All other components within normal limits

THYROXINE FREE T4 - Abnormal; Notable for the following components:

Free T4 1.36 (*) 0.61 - Final
 1.12
 ng/dL

All other components within normal limits

Narrative:

Biotin; also known as Vitamin B7, Vitamin H, or coenzyme R; may cause inaccurate results with this assay. Results should be correlated with patient presentation.

LACTATE/LACTIC ACID - Abnormal; Notable for the following components:

Lactic Acid 5.8 (*) 0.5 - Final
 2.0
 mmol/L

All other components within normal limits

URINE MICROSCOPIC REFLEX CULTURE - Abnormal;

Notable for the following components:

Urine White Blood Cells 10-20 0 - 3 Final
 (*) /hpf

Urine Bacteria	4+ (*)	Negativ e /lpf	Final
Hyaline Casts	10-20 (*)	0 /lpf	Final
Urine Mucous	1+ (*)	Negativ e /lpf	Final
All other components within normal limits			
LACTATE/LACTIC ACID - Abnormal; Notable for the following components:			
Lactic Acid	4.7 (*)	0.5 - 2.0 mmol/L	Final
All other components within normal limits			

RENAL FUNCTION PANEL - Abnormal; Notable for the following components:

Sodium	134 (*)	136 - 145 mmol/L	Final
Chloride	92 (*)	98 - 107 mmol/L	Final
CO2	19 (*)	21 - 31 mmol/L	Final
Anion Gap	23 (*)	7 - 16 mmol/L	Final
BUN	30 (*)	7 - 25 mg/dL	Final
Creatinine	1.79 (*)	0.6 - 1.2 mg/dL	Final
Glucose	68 (*)	74 - 109 mg/dL	Final
Calcium	8.5 (*)	8.6 - 10.2 mg/dL	Final
Albumin	3.3 (*)	3.5 - 5.7 g/dL	Final

All other components within normal limits

Narrative:

KDIGO 2012 GFR Categories

Stage	Description
eGFR (mL/min/1.73m2)	
G1 =>90	Normal or high
G2 60-89	Mildly decreased
G3a 45-59	Mildly to moderately decreased
G3b 30-44	Moderately to severely decreased
G4 15-29	Severely decreased
G5 <15	Kidney Failure

LIPASE - Normal

MAGNESIUM - Normal

PROCALCITONIN - Normal

Narrative:

COMMENT:

Concentrations of <0.25 ng/mL do not exclude an infection, on account of localized infections (without systemic signs) which can be associated with such low concentrations, or a systemic infection in its initial stages (< 6 hours). Furthermore, increased procalcitonin can occur without infection. Procalcitonin concentrations should be interpreted taking into account the patient's history (see Algorithm Guidelines below). It is recommended to retest procalcitonin within 6 to 12 hours if antibiotics are withheld and an alternate diagnosis has not been established.

**FOR ASSISTANCE IN INTERPRETING
THESE RESULTS, PLEASE SEE ALGORITHMS
BELOW.**

BLOOD CULTURE
BLOOD CULTURE
URINE CULTURE (REQUIRES REASON)
POC GLUCOSE, BLOOD BY GLUCOSE MONITORING DEVICE
(ACCUCHECK)

MEDICAL DECISION MAKING

- Summary / source of outside record review, if applicable: ECHO in May 2024 revealed global hypokinesis with EF of 35-40% and moderate mitral insufficiency
- Differential diagnosis: anemia, electrolyte abnormality, ACS, dehydration, UTI
- Comorbidities impacting presentation- Stability/Severity include: hyperlipidemia, HTN, CAD, hx of DVT, DM, CHF

Patient presenting with generalized weakness. Patient has not been feeling well for a while now. She states that she does not really have much of an appetite and has not really been getting up and walking around much. She has swelling in her legs. She has chronic venous stasis changes which she states have been ongoing for quite some time. This does not appear to be new. There is no cellulitis changes. She does have some yeast dermatitis in her inguinal folds bilaterally but no overt signs of cellulitis. She is tachycardic however this appears to be sinus tachycardia. She has a history of atrial fibrillation however her rhythm appears to be regular. She is slightly hypotensive. She does appear to be clinically dry. Blood work and imaging was obtained. White count was normal. BMP revealed a anion gap of 24 and a creatinine of 1.85 which I suspect is likely due to more dehydration. Initial troponin was 32 and repeat was 30 and 23 respectively. Her EKG did not show any ischemic changes. Due to her persistent tachycardia blood cultures as well as lactic acid and procalcitonin were obtained. Her procalcitonin was normal. BNP was 1455 but she has no congestive changes on her chest x-ray. Her initial lactic was 4.9. She was given a 30 cc/kg fluid bolus based on her ideal body weight however her lactic acid remained at 5.8. Patient did have some improvement in her blood pressure. She was given some midodrine to see if this would improve her blood pressure as well. She was then given a dose of metoprolol but her heart rate remained in the 120s and appears to be sinus tachycardia. CT chest, abdomen and pelvis were obtained which revealed some air in the bladder as well as some lower ventral abdominal wall skin thickening however she has no obvious signs of cellulitis or abscess on physical exam. She was given vancomycin and Zosyn for broad-spectrum coverage. I do not have an obvious

cause for elevated lactic acid at this time. She will require hospitalization. I spoke with Madeline, APP for the hospitalist service. They agree to accept the patient at Soin on IMC.

ED COURSE

Repeat Vitals:

BP: 99/72 (04/04 0130)

Temp: 98 °F (36.7 °C) (04/03 1732)

Pulse: 122 (04/04 0146)

Resp: 20 (04/04 0130)

SpO2: 97 % (04/04 0146)

FiO2 (%): --

O2 Flow Rate (L/min): --

Cardiac (WDL): --

Cardiac Rhythm: --

Medications

0.9 % sodium chloride infusion (83 mL/hr Intravenous New

Bag 4/4/25 0237)

dextrose (GLUTOSE) 40 % 1 tube = 37.5 grams gel = 15 grams

Dextrose 15 g of dextrose (has no administration in time

range)

glucagon (GLUCAGEN) injection 1 mg (has no administration in time range)

dextrose 50 % (D50W) syringe 25 mL (has no administration in time range)

amiodarone (NEXTERONE) 150 mg/ 100 mL (1.5 mg/mL) pre-

mixed IVPB 150 mg (0 mg Intravenous Stopped/Completed

4/4/25 0345)

Followed by

amiodarone (NEXTERONE) 360 mg/200 mL premixed infusion

(1 mg/min Intravenous New Bag 4/4/25 0346)

0.9 % sodium chloride bolus 1,365 mL (0 mLs Intravenous

Stopped/Completed 4/3/25 2248)

nystatin (MYCOSTATIN) topical powder (Topical Given 4/4/25

0346)

piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9 % sodium

chloride 100 mL IVPB (0 g Intravenous Stopped/Completed

4/3/25 2248)

vancomycin (VANCOCIN) 1000 mg in 0.9% sodium chloride

250 mL (VIAL-2-BAG) IVPB (0 mg Intravenous

Stopped/Completed 4/4/25 0041)

And

vancomycin (VANCOCIN) 1000 mg in 0.9% sodium chloride

250 mL (VIAL-2-BAG) IVPB (0 mg Intravenous

Stopped/Completed 4/4/25 0216)

midodrine (PROAMATINE) tablet 10 mg (10 mg Oral Given

4/3/25 2148)

metoprolol (LOPRESSOR) injection 2.5 mg (2.5 mg IV Push

Given 4/3/25 2348)

My critical care involvement with this patient (excluding any separately billable procedures) took 30 minutes and included the following elements:

- [x] Response to abnormal vitals
- [x] Review and response to abnormal lab tests
- [x] Review of old records/labs
- [x] Discussion with family/EMS/other pre-hospital personnel
- [x] Discussion with consultants/hospitalist
- [x] Rechecking patient/patient response to interventions
- [x] Rapid intervention to prevent deterioration
- [x] Discussing with patient/family treatment options
- [x] Overseeing final disposition

Actions taken in response to the above abnormalities and concerns included: Multiple bedside reevaluations with initiation of IV fluids secondary to hypotension and tachycardia

Electronically signed by: Stephanie Lynn Maus, DO, 4/4/2025

Stephanie Lynn Maus, DO
04/04/25 0004

Stephanie Lynn Maus, DO
04/04/25 0052

Time 2:33 AM

Patient remains tachycardic in the 120s. Had an episode where her heart rate dropped to the 90s for a few seconds and appeared to be normal sinus and then back to 120. I question whether she may be in atrial flutter and we are not able to visualize the flutter waves. Will trial her on amiodarone at this time and she was well controlled on this previously but no longer taking it.

Stephanie Lynn Maus, DO
04/04/25 0235

Time 3:30 AM

Patient now has a heart rate in the 90s after amiodarone and appears to be in Afib/flutter. I suspect this was causing her tachycardia all along and I have lower likelihood that this is infection related. Will continue to monitor at this time.

Stephanie Lynn Maus, DO
04/04/25 0350

Note Details

Author	Stephanie Lynn Maus, DO	File Time	4/4/2025 3:50 AM
Author Type	ED Physician	Status	Addendum
Last Editor	Stephanie Lynn Maus, DO	Service	Emergency Medicine
Hospital Acct #	270189568	Admit Date	4/3/2025

ED on 4/3/2025 Note shared with patient

Additional Orders and Documentation

[Results](#)
[Imaging](#)
[Microbiology](#)

[Meds](#)

[Orders](#)
[Procedures](#)

[Flowsheets](#)Encounter Info: [History](#), [Allergies](#), [Detailed Report](#)**Created by**

Encounter creation information not available

Clinical Impressions

- ◆ Weakness generalized
- Lactic acidosis
- Tachycardia, unspecified
- Candidal skin infection
- Atrial flutter, unspecified type (HCC)

Disposition [Transfer to Another Facility](#)

Condition: Stable

Follow-Ups: Follow up with Nicole Wentworth, MD (Family Medicine)

Medication Changes

None

Care Timeline

- 04/03**
- 1730 Arrived
 - 1744 XR-CHEST PORTABLE STAT
 - 1753 EKG Standard 12 Lead
 - 1757 Basic Metabolic Panel
 - Hepatic Panel
 - Lipase
 - Magnesium
 - B-Type Natriuretic Peptide
 - Thyroxine Free T4
 - CBC w/ Diff-Complete Blood Count
 - TSH w/Reflex Free T4
 - HS Troponin I
 - Manual Reflex
 - Protim-InR
 - Blood Culture
 - PROCALCITONIN
 - Lactate/Lactic Acid
 - HS Troponin I
 - 1933 Blood Culture
 - 2021 0.9 % sodium chloride 1365 mL
 - 2037 CT-CHEST/ABD/PELVIS NO CONTRAST
 - 2141 piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9 %... 4.5 g
 - 2148 midodrine HCl 10 mg
 - 2243 Urine Culture (requires reason)
 - Urine Culture will reflex based on Urinalysis results
 - Urine Microscopic Reflex Culture
 - 2248 Lactate/Lactic Acid
 - HS Troponin I
 - 2252 vancomycin (VANCOCIN) 1000 mg in 0.9% sodium... 1000 mg
 - 2348 metoprolol tartrate 2.5 mg
- 04/04**
- 0041 vancomycin (VANCOCIN) 1000 mg in 0.9% sodium... 1000 mg
 - 0048 EKG Standard 12 lead
 - 0113 Renal Function Panel
 - 0154 Lactate/Lactic Acid
 - 0237 0.9 % sodium chloride 83 mL/hr
 - 0328 Glucose POC results
 - amiodarone in dextrose,iso-osm 150 mg
 - EKG Standard 12 lead
 - 0343 nystatin No dose recorded
 - amiodarone in dextrose,iso-osm 1 mg/min
 - 0350 Bedside Glucose Monitoring
 - 0550 CBC w/ Diff-Complete Blood Count
 - Lactate/Lactic Acid
 - 0632 Manual Reflex
 - 0635 Renal Function Panel
 - Liver Profile Panel
 - Acetone, Ketones (Beta-Hydroxybuterate)
 - Blood Gas, Venous
 - 0650 0.9 % sodium chloride 1000 mL
 - 0707 dextrose 50 % in water 25 mL
 - 0721 dextrose 10 % in water 125 mL/hr
 - 0755 piperacillin-tazobactam (ZOSYN) 4.5 g in 0.9 %... 4.5 g
 - 0831 0.9 % sodium chloride 1000 mL
 - 0849 Glucose POC results
 - 0854 Discharged

Varvel, Kelly (MR # E752544) DOB: 07/04/1962 Encounter Date: 04/03/2025

Varvel, Kelly (MR # E752544) Printed at 4/7/2025 4:35 PM

Lab Fresh Frozen Plasma, 1 Units

Order: 623501556

Resulted 4/5/2025 5:20 PM Status: Edited Result - FINAL

Test Result Released: No (inaccessible in MyChart)

0 Result Notes**Component**

Ref Range & Units (hover)

Product Code	E2121V00
Unit Number	W035424048120-9
Unit Blood Type	OPOS
Product Status	Presumed Transfused
Product Expiration Date	202504102359
Product Blood Type Barcode	5100
Resulting Agency	IR

Last Resulted: 04/05/25 5:20 PM

[Order Details](#) [View Encounter](#) [Lab and Collection Details](#) [Routing](#) [Result History](#)

View All Conversations on this Encounter

Result Care Coordination

Patient Communication

Released

Not seen

[Back to Top](#) **Lab Fresh Frozen Plasma, 1 Units: Patient Communication**

Released

Not seen

Other Results from 4/4/2025

Lab Cryoprecipitate, 2 Units	Edited Result - FINAL	4/5/2025
Glucose POC results	Final result	4/5/2025
Glucose POC results	Final result	4/5/2025
Lactate/Lactic Acid	Final result	4/5/2025
Ammonia	Final result	4/5/2025
Protimes-INR	Final result	4/5/2025
Fibrinogen	Final result	4/5/2025
Glucose POC results	Final result	4/5/2025
CBC w/ Diff-Complete Blood Count	Final result	4/5/2025
Renal Function Panel	Final result	4/5/2025
Magnesium	Final result	4/5/2025
Free CA (Ionized CA)	Final result	4/5/2025
Liver Profile Panel	Final result	4/5/2025
Vancomycin, Random	Final result	4/5/2025
Extra Tube-PST	Final result	4/5/2025
Manual Differential	Final result	4/5/2025
Thyroxine Free T4	Final result	4/5/2025
Lactate/Lactic Acid	Final result	4/5/2025
Arterial Blood Gas	Final result	4/5/2025
Type and Screen	Edited Result - FINAL	4/5/2025

Warning: Additional results from 4/4/2025 are available but are not displayed in this report.

View SmartLink Info[Lab Fresh Frozen Plasma, 1 Units \(Order #623501556\) on 4/5/25](#)**Order Release Details**

Parent Order ID 623501553	Child Order ID 623501556
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Smartset Used
 GENERAL HOSPITALIZATION [275]
 GENERAL HOSPITALIZATION [275]
 GENERAL HOSPITALIZATION [275]
 AMB IV ANTIBIOTICS [1414]
 GENERAL HOSPITALIZATION [275]
 GENERAL HOSPITALIZATION [275]
 GENERAL HOSPITALIZATION [275]
 SEPSIS MODULE [1200]
 PICC LINE ORDER SET [536]
 MIDLINE ORDERS [1165]
 ADULT HYPOGLYCEMIA ORDERS [623]
 KHN CT CONTRAST ORDERS [799]
 KHN BLOOD PRODUCT ADMINISTRATION (MULTIPLE PRODUCTS) [1045]
 ANTICOAGULATION REVERSAL ORDER SET [1346]
 ANTICOAGULATION REVERSAL ORDER SET [1346]
 ANTICOAGULATION REVERSAL ORDER SET [1346]
 KHN BLOOD PRODUCT ADMINISTRATION (MULTIPLE PRODUCTS) [1045]
 LEVEL OF CARE ORDERS [63]
 COMFORT CARE [309]

Reprint Order Requisition

Varvel, Kelly (MR # E752544) DOB: 07/04/1962

Lab Fresh Frozen Plasma, 1 Units (Order #623501556) on 4/5/25

Varvel, Kelly (MR # E752544) Printed at 4/7/2025 4:38 PM

Lab Cryoprecipitate, 2 Units

Order: 623495574

Resulted 4/5/2025 5:20 PM Status: Edited Result - FINAL

Test Result Released: No (inaccessible in MyChart)

0 Result Notes**Component**

Ref Range & Units (hover)

Product Code	E6552V00
Unit Number	W035424079200-8
Unit Blood Type	OPOS
Product Status	Presumed Transfused
Product Expiration Date	202504050820
Product Blood Type Barcode	5100
Product Code	E6552V00
Unit Number	W035425006673-C
Unit Blood Type	APOS
Product Status	Presumed Transfused
Product Expiration Date	202504050818
Product Blood Type Barcode	6200

Resulting Agency **IR**

Last Resulted: 04/05/25 5:20 PM

[Order Details](#) [View Encounter](#) [Lab and Collection Details](#) [Routing](#) [Result History](#)
[View All Conversations on this Encounter](#)
Result Care Coordination

Patient Communication

Released

Not seen

[Back to Top](#)**Lab Cryoprecipitate, 2 Units: Patient Communication**

Released

Not seen

Other Results from 4/4/2025

Lab Fresh Frozen Plasma, 1 Units	Edited Result - FINAL	4/5/2025
Glucose POC results	Final result	4/5/2025
Glucose POC results	Final result	4/5/2025
Lactate/Lactic Acid	Final result	4/5/2025
Ammonia	Final result	4/5/2025
Protime-INR	Final result	4/5/2025
Fibrinogen	Final result	4/5/2025
Glucose POC results	Final result	4/5/2025
CBC w/ Diff-Complete Blood Count	Final result	4/5/2025
Renal Function Panel	Final result	4/5/2025
Magnesium	Final result	4/5/2025
Free CA (Ionized CA)	Final result	4/5/2025
Liver Profile Panel	Final result	4/5/2025
Vancomycin, Random	Final result	4/5/2025
Extra Tube-PST	Final result	4/5/2025
Manual Differential	Final result	4/5/2025
Thyroxine Free T4	Final result	4/5/2025
Lactate/Lactic Acid	Final result	4/5/2025
Arterial Blood Gas	Final result	4/5/2025
Type and Screen	Edited Result - FINAL	4/5/2025

Warning: Additional results from 4/4/2025 are available but are not displayed in this report.

View SmartLink Info

Lab Cryoprecipitate, 2 Units (Order #623495574) on 4/4/25

Order Release Details

Parent Order ID 623495568	Child Order ID 623495574
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Smartset Used
GENERAL HOSPITALIZATION [275]
GENERAL HOSPITALIZATION [275]
GENERAL HOSPITALIZATION [275]
AMB IV ANTIBIOTICS [1414]
GENERAL HOSPITALIZATION [275]
GENERAL HOSPITALIZATION [275]
GENERAL HOSPITALIZATION [275]
SEPSIS MODULE [1200]
PICC LINE ORDER SET [536]
MIDLINE ORDERS [1165]
ADULT HYPOGLYCEMIA ORDERS [623]
KHN CT CONTRAST ORDERS [799]
KHN BLOOD PRODUCT ADMINISTRATION (MULTIPLE PRODUCTS) [1045]
ANTICOAGULATION REVERSAL ORDER SET [1346]
ANTICOAGULATION REVERSAL ORDER SET [1346]
ANTICOAGULATION REVERSAL ORDER SET [1346]
KHN BLOOD PRODUCT ADMINISTRATION (MULTIPLE PRODUCTS) [1045]
LEVEL OF CARE ORDERS [63]

Varvel, Kelly (MR # E752544) DOB: 07/04/1962

Smartset Used
COMFORT CARE [309]

Reprint Order Requisition

Lab Cryoprecipitate, 2 Units (Order #623495574) on 4/4/25

Varvel, Kelly (MR # E752544) Printed at 4/7/2025 4:38 PM