



Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/26/2024

Cochran, Jeffrey

MRN: 982477266

**Thomas M Brady, DO**  
Anesthesiologist  
Specialty: Anesthesiology

Anesthesia Preprocedure Evaluation  
Signed



Date of Service: 9/26/2024 7:59 AM

**Relevant Problems**  
No relevant active problems

**Patient Active Problem List**

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

**Past Medical History:**

- | Diagnosis              | Date |
|------------------------|------|
| • Head and neck cancer | 2019 |
| • Smoking              |      |

**Past Surgical History:**

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

**Anesthesia ROS/ Medical History**

Review  
I have reviewed the previous H&P dated:

Pulmonary  
Pneumonia, shortness of breath and smoker

Cardiovascular  
Hypertension

Endo/Other  
Hypothyroidism and H/O head and neck CA S/P resection/chemo/XRT

PONV Prophylaxis Assessment Risk Factors  
Intended administration of opioids for postop analgesia

Sleep Apnea Assessment  
HTNNo diagnosis of sleep apnea

**Anesthesia Physical Exam**

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<b><u>HEENT</u></b> Pupils Normal: Yes Mallampati: II Oral Opening: >=3FB TM Distance: >3 FB Normal Cervical ROM: Yes	<b><u>Pulmonary</u></b> Breath Sounds: Clear bilaterally
<b><u>Dental</u></b> Teeth: Missing and Poor dentition Comments: Missing multiple teeth Several teeth broken at gumline	<b><u>CNS</u></b> A/O x3
<b><u>Cardiovascular</u></b> RRR: Yes	<b><u>Muscoskeletal</u></b>

**Anesthesia Plan****ASA 3**

Level of Consciousness: Alert

Plan: General

Monitoring plan: Standard Monitors

Recovery Plan: PACU

Anesthesia Informed Consent has been obtained and has been documented in the medical record

**Attestation**

I evaluated and examined this patient and I prescribed the anesthesia plan.

Thomas M Brady, DO



Anesthesia Event on 9/26/2024

*Note shared with patient*

Printed by [HICK27] at 10/15/2024 12:09 PM

Cochran, Jeffrey

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Melissa R Conner, PA-C	Progress Notes	 	Date of Service: 9/26/2024 7:58 AM
Physician Assistant	Addendum		
CARDIAC SURGERY - Notes Only			

Cardiothoracic surgery daily progress note

CHIEF COMPLAINT:

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

HISTORY OF PRESENT ILLNESS:

The patient is to undergo a bronch this morning. Afebrile over night. WBC increasing, currently 21.3. On Flagyl and Cefepime. ID following. Patient denies cough. Having some nausea this morning. No vomiting.

CURRENT HOSPITALIZATION/ICU LOS:

Admit Date: 9/16/2024  
ARMC Hospital LOS: 10 days

PROBLEM LIST:

Patient Active Problem List

Diagnosis

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

MEDICAL HISTORY:

Past Medical History:

Diagnosis

- Head and neck cancer
- Smoking

Date  
2019

SURGICAL HISTORY:

Past Surgical History:

Procedure

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

Laterality  
Right

Date  
9/17/2024

9/17/2024

9/17/2024

9/17/2024

ALLERGIES:

No Known Allergies

PRIOR TO ARRIVAL MEDS:

Medications Prior to Admission

Medication	Sig	Dispense	Refill	Last Dose
[EXPIRED] Lactulose 10 GM/15ML Solution oral solution	Take 15 mL by mouth 3 times daily as needed.			
[EXPIRED] levoFLOxacIn 500 MG tablet	Take 1 tablet by mouth daily.			
Levothyroxine 50 MCG tablet	Take 1 tablet by			

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

**REVIEW OF SYSTEMS:**

Review of Systems

Constitutional: Negative for chills and fever.

Respiratory: Negative for cough.

Gastrointestinal: Positive for **blood in stool** and **nausea**. Negative for vomiting.**2 bloody BM yesterday**

All other systems reviewed and are negative.

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

Temp: [97.3 °F (36.3 °C)-97.9 °F (36.6 °C)] 97.7 °F (36.5 °C)

Pulse (Heart Rate): [86-101] 89

Resp Rate: [16-18] 16

BP: (99-133)/(61-71) 123/66

O2 Sat (%): [93 %-98 %] 96 %

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

Hemodynamic/Invasive Device Data (24 hrs):

Pulmonary/Cardiac Hemodynamics

Pulse (Heart Rate): 89

Neuro ICP/ CPP Monitoring

MAP (mmHg): 85 mmHg

Neuro ICP/ CPP Monitoring 2

MAP (mmHg): 85 mmHg

Ventilation/Oxygen Therapy (24hrs):

Oxygen Therapy

O2 Sat (%): 96 %

O2 Device: room air

Neuro-Cognitive Assessment/Scores

Level Of Consciousness: return to WDL

Orientation: return to WDL

Glasgow Coma Scale Score: 15

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

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

Name	Placement date	Placement time	Site	Days
Midline Catheter - Single Lumen Traditional MST	09/25/24	0052	—	1
09/25/24 0052 purple left basilic vein (medial side of arm) open-ended catheter 20 gauge				
Peripheral IV Line - Single Lumen	09/17/24	1255	—	8
09/17/24 1255 green forearm, anterior, right 18 gauge; 1 in length				
Chest Tube Site(1)	09/17/24	1453	—	8

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1453 Right posterior other

(see comments)

Wound Surgical 09/17/24

09/17/24

1333

Flank

8

1333 Right;Upper Flank

Fluid Management (24hrs):

-Intake/Output this shift:

No intake/output data recorded.

Last Bowel Movement: 09/25/24

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

Head: Normocephalic and atraumatic.

Mouth/Throat:

Mouth: Mucous membranes are moist.

**Eyes:**

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

**Cardiovascular:**

Rate and Rhythm: Normal rate and regular rhythm.

**Pulmonary:**

Effort: Pulmonary effort is normal.

Comments: **Right Chest tube with 95 cc from 11p-7am, 110 prior 8 hour shift. Thin, with no air leak****Musculoskeletal:**

Cervical back: Neck supple.

**Skin:**

General: Skin is warm and dry.

**Neurological:**

General: No focal deficit present.

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

**Psychiatric:**

Mood and Affect: Mood normal.

Behavior: Behavior normal.

**DIAGNOSTIC RESULTS/PROCEDURES:**

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

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

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

**PLAN:**

Printed by [HICK27] at 10/15/2024 12:09 PM

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**Dr. Tawil and I were in to see the patient this morning. Patient is to undergo Bronch later this morning. Hopefully this will help to expand the lung. Chest tube remains in place. No air leak noted this morning. Will continue to follow. He was afebrile over night, unfortunately WBC increasing. ID following. Currently on Cefepime and Flagyl.**

Patient seen and evaluated in conjunction with supervising physician.

I saw this patient this am and reminded her of the plan for bronchoscopy. He has had an uneventful night, is afebrile and remains on antibiotics. The fluid or aspirate will be cultured.  
Cosigned by: Mark T Tawil, MD at 9/26/2024 11:04 AM



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

Care Timeline

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

**Cochran, Jeffrey**

MRN: 982477266

**Cody Horn, DO**Physician  
INFECT DIS - Notes OnlyProgress Notes    
Signed

Date of Service: 9/25/2024 10:02 PM

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

Empyema

**Antimicrobials:**

Cefepime

Metronidazole

**Pertinent Micro:**

9/16 pleural fluid culture normal resp flora

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

**SUBJECTIVE:**

No fever or events overnight. No n/v. Had bloody bowel movement earlier today, two occurrences.

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

09/25/24 1925  
 BP: 100/61  
 Pulse: 101  
 Resp:  
 Temp: 97.9 °F (36.6 °C)  
 SpO2: 97%

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

Eyes: Anicteric

HENT: NC/AT

CV: Heart regular, no murmurs

Respiratory: Decreased breath sounds right lower lobe

GI: Soft, nontender

Skin: No rashes, no ecchymosis

Psych: Coherent, cooperative with exam

Neuro: No seizure activity, alert and oriented x3

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

Component	Value	Date
WBC	19.2 (H)	09/25/2024
HGB	9.1 (L)	09/25/2024
HCT	27.1 (L)	09/25/2024
PLATELET	559 (H)	09/25/2024
MCV	95.1	09/25/2024

**Lab Results**

Component	Value	Date
CREATSERUM	0.50 (L)	09/25/2024

No results found for: "CRP"

No results found for: "SEDRATE"

Serum creatinine: 0.5 mg/dL (L) 09/25/24 0445

Estimated creatinine clearance: 121 mL/min (A)

**Recent RADIOLOGY:**

Personally reviewed radiographic images

No new rads

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**ASSESSMENT:**

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

**PLAN:**

- Continue with cefepime, metronidazole
- WBC increased today but possibly 2/2 reactive from a GIB
- Plan for 3 weeks IV therapy followed by an additional 3 weeks po
- Stop date 10/8
- Weekly CBC, BUN, Cr, ESR, CRP
- Discussed case with primary team, nursing
- Personally reviewed culture data and lab data, summarized above.

**Cody Horn, DO**

Infectious Disease Attending








Ph# 740.656.7221

Please call before paging or using Vocera

9/25/2024

10:02 PM

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

09/16  Admitted (Observation) 0954  
09/16  Admitted 1201  
09/17  BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY  
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10/03  RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION  
10/15  Discharged 0131

Printed by [HICK27] at 10/15/2024 12:09 PM



# Cochran, Jeffrey

MRN: 982477266

**Namra Shafi, DO**

Physician

HOSPITALIST - Notes Only

Progress Notes

Attested



Date of Service: 9/25/2024 4:50 PM

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

**ATTENDING ATTESTATION**

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

Abdul-Rheem Ghanem, MD

Date of encounter 9/25/24 .

**Hospital Medicine Daily Progress Note****Patient: Jeffrey Cochran, 8/27/1965, 982477266****Physician: Namra Shafi, DO****Length of Stay: 9****Subjective/Interval History:**

Pt examined while sitting up in chair during breathing treatment. This is post op day 7. He continues to report feeling much better and breathing much more easily. He has a greater appetite and is eating his meals fully. He is still taking norcos and dilaudid for his pain. He has one tube remaining draining serosanguinous fluid. He has not had a bowel movement for the past 2 days. Later in the day he had a bowel movement with some blood in the stool and some blood on wiping.

**Objective:**

Temp: [97.3 °F (36.3 °C)-98 °F (36.7 °C)] 97.3 °F (36.3 °C)

Pulse (Heart Rate): [82-101] 97

Resp Rate: [16-18] 16

BP: (81-148)/(55-102) 133/71

O2 Sat (%): [87 %-100 %] 97 %

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

Oxygen Therapy

O2 Sat (%): 97 %

O2 Device: room air

I/O last 3 completed shifts:

In: -

Out: 950 [Urine:950]

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

Thoracic: Chest rise symmetric, normal work of breathing, no wheezing, remaining chest tube draining serosanguinous fluid

Cardio: Regular rate and rhythm, no murmurs

Abdomen: Soft, nontender, nondistended

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

Skin: warm, dry, no rashes or bruises

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

**Data Review:**

Na/K+/Phos/Mg/Ca: 125/4.2/2.7/1.7/8.4 (09/25 0445)

Bun/Creat/Cl/CO2/Glucose: 10/0.50/87/32/108 (09/25 0445)

WBC/Hgb/Hct/Plts: 19.2/9.1/27.1/559 (09/25 0445)

**Additional Labs:**

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None

Cultures/Microbiology:

Scant candida on Aspirate

Imaging/Radiological Studies:

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

Small right pneumothorax laterally

Persistent right basilar opacity persists at the right lung base

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

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

XR FLUORO MODIFIED BARIUM SWALLOW WITH  
SPEECH

**Final Result**

CT CHEST WITH CONTRAST

**Final Result**

**IMPRESSION:**

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

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

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

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

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

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

Interpreting Provider: Rishi Maheshwary

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

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

XR CHEST 1 VIEW PORTABLE

**Final Result**

IMPRESSION:

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

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

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

XR CHEST 1 VIEW PORTABLE

**Final Result**

IMPRESSION:

Interval removal of the right chest wall surgical drain.

Small right basilar pneumothorax decreased in size since prior examination.

Stable small partially loculated right pleural fluid collection.

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

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

XR CHEST 1 VIEW PORTABLE

**Final Result**

IMPRESSION:

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

Extensive right chest wall subcutaneous emphysema again demonstrated.

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

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

XR CHEST 1 VIEW PORTABLE

**Final Result**

IMPRESSION:

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

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

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

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

#### US THORACENTESIS RIGHT

##### Final Result

##### IMPRESSION:

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

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

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

#### Assessment/Plan:

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

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

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

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

09/25- CXR shows small right sided pneumothorax

WBC 19.2, spiked up again

- ID consulted, he will required IV antibiotics for 3 weeks post discharge and transition to PO antibiotics for 3 weeks
- Mucomyst+Duonebs
- Flagyl 9/20-, cefepime 09/21-,
- Norco q 4hrs, dilaudid q 4hrs PRN
- Continue chest tube management per CT surgery
- Encourage incentive spirometry use and deep cough
- Pulm consulted for possible bronchoscopy, lungs not expanding properly

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

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Hgb baseline 11.3, currently 8.2

- Transfuse 1 unit PRBCs if Hgb&lt;7

**Hypotonic Hyponatremia:** On admission Na 130>125 today. Serum Osm 265 (L) on salt tabs and regular diet. Pt admits to increased PO water intake. Post surgical SIADH vs metastatic squamous cell carcinoma may be contributing.

- Salt tablets w/ meals TID

- Water restriction 1500 mL/day

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

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

- Senna/docusate daily, Miralax BID, lactulose PRN

- Proctofoam BID to hemorrhoids

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

- Nutrition following

- Marinol for appetite stimulation

- Oral nutrition supplement (Ensure+high protein) daily with meals

- PT/OT

**Chronic Conditions:**

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

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

**HTN:** Lisinopril 10 mg

**Hypothyroidism:** levothyroxine 50 mcg

FEN/GI: Regular diet. No MIVF.

PPx: subQ heparin 5000u bid

Code Status: FULL CODE

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

Namra Shafi, DO , PGY- 1

Internal Medicine Resident

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

Admission (Discharged) on 9/16/2024

Note shared with patient

**Care Timeline**

09/16 Admitted (Observation) 0954

Admitted 1201

09/17 BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY

Transferred to Adena 2B Inpatient Unit 1624

09/18 Transferred out of Adena 2B Inpatient Unit 1634

10/03 RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION

10/15 Discharged 0131

Printed by [HICK27] at 10/15/2024 12:09 PM

Cochran, Jeffrey

MRN: 982477266



Irene Kyai, RN  
Registered Nurse  
NURSING - Notes Only

Nursing Notes  
Signed



Date of Service: 9/25/2024 1:00 PM

Pt's bathroom with blood. Pt said he had just had a bowel movement and noticed the blood. Dr. Abdul-Rheem Gharem and Dr. Cody Horn notified. Photo attached to pt's chart on Media.



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# Cochran, Jeffrey

MRN: 982477266

**David J Dennis, MD**Physician  
PULMONARY - Notes OnlyConsults    
Signed

Date of Service: 9/25/2024 12:44 PM

**Consult Orders**

IP CONSULT TO PULMONOLOGY [831431467] ordered by Mark T Tawil, MD at 09/25/24 0855

Pulmonary and Critical  
Care Medicine  
\*Consult Note\***MICU | CVICU CRITICAL CARE CONSULT****Patient: Jeffrey Cochran, 8/27/1965, 982477266****Physician: David J Dennis, MD, Attending Physician****Date of face to face patient encounter: 9/25/2024****Consulting Physician: Abdul-Rheem Ghanem, MD****IMPRESSION/PLAN**

Active problems:

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

Right middle lobe consolidation

Pneumothorax

Nicotine dependence

-CT chest 9/22/24 with significant narrowing of the bronchus intermedius with persistent consolidation distally

-Will plan for bronchoscopy tomorrow to investigate

-NPO midnight

Code status is Full Code

Thank you for the consult.

Please page with questions.

**REASON FOR CONSULTATION**

Right lung consolidation

**HISTORY OF PRESENT ILLNESS**

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

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

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

Diagnosis

- Head and neck cancer
- Smoking

Date

2019

**Past Surgical History:**

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

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

## Tobacco Use

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

## Substance Use Topics

- Alcohol use: Not on file

**Social History**

## Substance and Sexual Activity

Drug Use Not on file

**FAMILY HISTORY**

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

**MEDICATIONS****Prior to Admission Medications**

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

**ALLERGIES**

No Known Allergies

**PHYSICAL EXAM**

Gen: Alert and oriented. Sitting up in chair

Eyes: EOMI, no scleral icterus

ENT: Nares patent, throat without erythema

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

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

GI: Abdomen soft, nontender

Extremities: Warm, no LE edema



DATA REVIEW
WBC/Hgb/Hct/Plts: 19.2/9.1/27.1/559 (09/25 0445)
Na/K+/Phos/Mg/Ca: 125/4.2/2.7/1.7/8.4 (09/25 0445)
Bun/Creat/Cl/CO2/Glucose: 10/0.50/87/32/108 (09/25 0445)
Body mass index is 16.04 kg/m².

*Imaging:*  
I have personally reviewed the CT chest 9/22/24, CXR 9/18, 9/20, 9/24

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

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

Care Timeline

09/16

Admitted (Observation) 0954  
Admitted 1201

09/17

BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY  
Transferred to Adena 2B Inpatient Unit 1624

09/18

Transferred out of Adena 2B Inpatient Unit 1634

10/03

RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION

10/15

Discharged 0131

Cochran, Jeffrey

MRN: 982477266

Jennifer Howard, RN

Care Manager RN

CARE MANAGEMENT - Notes Only

Nursing Notes

Signed

⚠️

📄

Date of Service: 9/25/2024 11:37 AM

Patient is not medically stable for DC at this time. Patient is being followed by cardio-thoracic team and is anticipated to have a new pulmonology consult. Patient's referral was reviewed by SNF at this time but they will not accept with a chest tube, they will review again after this is removed. If the SNF accepts the patient will need insurance authorization. Provider and floor nursing aware. Care management will continue to follow and update team accordingly.

	09/25/24 1136
Barriers to Discharge	
Explanation of Barriers	Patient is not medically stable for DC at this time.
Medical Milestone	
Medical Milestones Remaining	Cardio thoracic team is following chest tube output and monitoring labs, patient has a chest tube in place, anticipate new pulmonology consult.
Discharge Planning	
Expected Discharge Disposition	SNF
Anticipated Services at Discharge	Skilled Nursing;Outpatient follow up;Occupational Therapy;Physical Therapy

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

Care Timeline

09/16

Admitted (Observation) 0954

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09/17

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10/03

RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION

10/15

Discharged 0131

# Cochran, Jeffrey

MRN: 982477266

**Melissa R Conner, PA-C**Physician Assistant  
CARDIAC SURGERY - Notes OnlyProgress Notes  
Addendum

Date of Service: 9/25/2024 8:45 AM

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

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

**HISTORY OF PRESENT ILLNESS:**

The patient had no significant complaints this morning. One chest tube remains in place. Afebrile over night. WBC increased to 19.2 this morning. ID recommended to continue cefepime and flagyl. Walked 450 ft with PT yesterday and using the IS.

**CURRENT HOSPITALIZATION/ICU LOS:**

Admit Date: 9/16/2024

ARMC Hospital LOS: 9 days

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

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

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

- Head and neck cancer
- Smoking

Date

2019

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

Laterality

Date

- DECORTICATION PULMONARY W/ PARIETAL PLEURECTOMY

Right

9/17/2024

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

- LOBECTOMY LUNG OPEN

Right

9/17/2024

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

- BRONCHOSCOPY W/ TRACHEOBRONCHIAL TREE ASPIRATION INITIAL

N/A

9/17/2024

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

- LYMPHADENECTOMY BY THORACOTOMY THORACIC MEDIASTINAL REGIONAL ADD-ON PX

Right

9/17/2024

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

No Known Allergies

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

Sig

Dispense

Refill

Last Dose

- [EXPIRED] Lactulose 10 GM/15ML Solution oral solution  
Take 15 mL by mouth 3 times daily as needed.
- [EXPIRED] levoFLOXacin 500 MG tablet  
Take 1 tablet by mouth daily.

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

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

**REVIEW OF SYSTEMS:**

Review of Systems

All other systems reviewed and are negative.

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

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

Pulse (Heart Rate): [82-101] 90

Resp Rate: [16-18] 16

BP: (81-148)/(55-102) 117/70

O2 Sat (%): [87 %-100 %] 94 %

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

Hemodynamic/Invasive Device Data (24 hrs):

Pulmonary/Cardiac Hemodynamics

Pulse (Heart Rate): 90

Neuro ICP/CPP Monitoring

MAP (mmHg): 82 mmHg

Neuro ICP/CPP Monitoring 2

MAP (mmHg): 82 mmHg

Ventilation/Oxygen Therapy (24hrs):

Oxygen Therapy

O2 Sat (%): 94 %

O2 Device: room air

Neuro-Cognitive Assessment/Scores

Level Of Consciousness: return to WDL

Orientation: return to WDL

Glasgow Coma Scale Score: 15

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

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

Name	Placement date	Placement time	Site	Days
Midline Catheter - Single Lumen Traditional MST 09/25/24 0052 purple left basilic vein (medial side of arm) open-ended catheter 20 gauge	09/25/24	0052	—	less than 1
Peripheral IV Line - Single Lumen 09/17/24 1255 green forearm, anterior, right 18 gauge; 1 in length	09/17/24	1255	—	7
Chest Tube Site(1) 09/17/24 1453 Right posterior other (see comments)	09/17/24	1453	—	7
Wound Surgical 09/17/24	09/17/24	1333	Flank	7

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

1333 Right;Upper Flank

Fluid Management (24hrs):

-Intake/Output this shift:

I/O this shift:

In: -

Out: 250 [Urine:250]

Last Bowel Movement: 09/22/24

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

Appearance: Normal appearance.

HENT:

Head: Normocephalic and atraumatic.

Pulmonary:

Effort: Pulmonary effort is normal.

Comments: **Right chest tube in place.**Musculoskeletal:

Cervical back: Normal range of motion and neck supple.

Skin:

General: Skin is warm.

Neurological:

General: No focal deficit present.

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

**DIAGNOSTIC RESULTS/PROCEDURES:**

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

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

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

**PLAN:**

Dr. Tawil and I were in to see the patient this morning. The patient's WBC increased over night. Afebrile. CXR from yesterday with right basilar consolidation. Pulmonary will be consulted. May possibly need a bronch. We have encouraged aggressive pulmonary toilet, cough, deep breathe and use the IS. We will continue to monitor the chest tube. He will also continue working with PT/OT.

**Surgical aftercare, circulatory**

- continue good pulmonary hygiene with airway clearance and incentive spirometry use
- continue to get out of bed to chair with meals
- continue to ambulate as tolerated. Increase activity daily.

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

- continue to clean incisions daily.
- continue to advance diet as tolerated. Recommend cardiac diet.
- patient to follow up in office 2 weeks after discharge date with follow-up chest x-ray.








Patient seen and evaluated in conjunction with supervising physician.

I saw this patient and evaluated him. He will undergo bronchoscopy tomorrow.

Cosigned by: Mark T Tawil, MD at 9/25/2024 3:46 PM

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


### Care Timeline

09/16  Admitted (Observation) 0954  
09/16  Admitted 1201  
09/17  BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY  
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10/03  RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION  
10/15  Discharged 0131

Printed by [HICK27] at 10/15/2024 12:09 PM

# Cochran, Jeffrey

MRN: 982477266

**Stephen Hummel, RN**Registered Nurse  
NURSING - Notes OnlyProcedures    
Signed

Date of Service: 9/25/2024 12:54 AM

**Procedure Orders**[GENERAL PROCEDURE \[831361089\]](#) ordered by [Stephen Hummel, RN](#) at 09/25/24 0055**Report of Midline Consultation and Evaluation:**

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

I have reviewed pertinent laboratory results.

**Lab Results**

Component	Value	Date
WBC	14.3 (H)	09/24/2024
HGB	8.2 (L)	09/24/2024
HCT	25.7 (L)	09/24/2024
PLATELET	566 (H)	09/24/2024
MCV	98.5	09/24/2024

**eGFR, CKD-EPI, Male**

Date	Value	Ref Range	Status
09/24/2024	>90	>=60 mL/min/1.73m2	Final

**Comment:**

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

**Lab Results**

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

No results found for: "PTT"

**Temp Readings from Last 1 Encounters:**

09/24/24 98 °F (36.7 °C) (Temporal)

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

Patient/Family/Guardian teaching completed or attempted: Yes

Consent obtained and Procedure explained to patient

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

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

Arm used for venous access: Left Arm

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

**Before the procedure**

1. Verify informed consent. yes

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

2. Perform timeout. Yes
3. Assistant: If assisting with sterile field, use sterile gloves, and mask. N/A
4. Prep site with ChloroPrep for 30 sec minimum. Yes
5. Sterile technique to drape patient from head to toe. Yes

**During the procedure, did the clinician**

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

**After the procedure, did the clinician**

1. Apply sterile dressing and chg disk immediately after insertion. Yes
2. Document date and time on the dressing. Yes
3. Perform hand hygiene before and after. Yes
4. All staff wore a mask until sterile dressing placed. Yes
5. Dispose of sharps immediately/appropriately after the procedure. Yes
6. Primary RN is notified for MIDLINE clearance/use. Yes

**Lot number: REJR2193****Expiration Date: 07/31/2025****Internal length:10cm****External length:0****Arm circumference:21cm****Inserted by:SH****Assisted by:IK****PROCEDURE DETAILS**

Using sterile technique and ultrasound guidance, access was obtained. Acceptable blood return was noted from the catheter and catheter flushed easily with 10 mls sterile 0.9 NS.

Statlock device/securement device was used to secure Midline.

Sterile dressing was applied.

Disinfectant caps were placed

Patient tolerated procedure well without any complications

**[X] Call light in reach.**








**[X] Bed low and locked.**

**[X] Tray table within reach**

Admission (Discharged) on 9/16/2024

Note shared with patient

**Care Timeline**



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Printed by [HICK27] at 10/15/2024 12:09 PM



# Cochran, Jeffrey

MRN: 982477266

**Cody Horn, DO**Physician  
INFECT DIS - Notes OnlyProgress Notes    
Signed

Date of Service: 9/24/2024 12:58 PM

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

Empyema

**Antimicrobials:**

Cefepime

Metronidazole

**Pertinent Micro:**

9/16 pleural fluid culture normal resp flora

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

**SUBJECTIVE:**

No fever or events overnight. No n/v. Feeling feels well today. No new complaints. Family at bedside

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

09/24/24 1031

BP:

Pulse:

Resp: 18

Temp: 98 °F (36.7 °C)

SpO2:

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

Eyes: Anicteric

HENT: NC/AT

CV: Heart regular, no murmurs

Respiratory: Absent breath sounds right lower lobe

GI: Soft, nontender

Skin: No rashes, no ecchymosis

Psych: Coherent, cooperative with exam

Neuro: No seizure activity, alert and oriented x3

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

Component	Value	Date
WBC	14.3 (H)	09/24/2024
HGB	8.2 (L)	09/24/2024
HCT	25.7 (L)	09/24/2024
PLATELET	566 (H)	09/24/2024
MCV	98.5	09/24/2024

**Lab Results**

Component	Value	Date
CREATSERUM	0.48 (L)	09/24/2024

No results found for: "CRP"

No results found for: "SEDRATE"

Serum creatinine: 0.48 mg/dL (L) 09/24/24 0446

Estimated creatinine clearance: 125 mL/min (A)

**Recent RADIOLOGY:**

Personally reviewed radiographic images

No new rads

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

**ASSESSMENT:**

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

**PLAN:**

- Continue with cefepime, metronidazole
- Discontinued vancomycin, MRSA nares negative previously and patient was improvement on leukocytosis with escalation from ceftriaxone to cefepime
- WBC decreased today
- Plan for 3 weeks IV therapy followed by an additional 3 weeks po
- OPAT note addended
- Stop date 10/8
- Weekly CBC, BUN, Cr, ESR, CRP
- Discussed above plan of care with primary team
- I discussed the above plan of care with patient's family in person. All questions answered to their satisfaction.
- Personally reviewed culture data and lab data, summarized above.

**Cody Horn, DO**

Infectious Disease Attending








Ph# 740.656.7221

Please call before paging or using Vocera

9/24/2024

12:58 PM

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

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Printed by [HICK27] at 10/15/2024 12:09 PM

# Cochran, Jeffrey

MRN: 982477266

**Namra Shafi, DO**

Physician

HOSPITALIST - Notes Only

Progress Notes

Attested



Date of Service: 9/24/2024 11:00 AM

Attestation signed by Enovwo E Ohwofahworaye, DO at 9/24/2024 4:08 PM

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

GEN: Emaciated looking male mildly distressed and acutely ill-appearing, A&O x 3, Pleasant and conversant

SKIN: warm dry acyanotic not jaundice

HEART: RRR slightly tachycardic, no murmur

LUNGS: Two chest tubes noted, diminished slightly coarse with friction rub, mild bibasilar crackles, overall non labored

ABDOMEN: Soft, non tender or distended, BS x 4 normactive

EXT: No LE edema, dorsalis Pedis pulses 1+

PSYCH: Mood and affect is appropriate

**Patient does report poor intake likely explain the relatively persistent hyponatremia leukocytosis worsening discussed case with the infectious disease team recommend repeating CT imaging due to concerns for worsening empyema which was completed does so small right pleural pneumothorax in the apex and moderate pneumothorax in the lower chest with a right chest tube in place. Other findings were extensive right lung pneumonia as well as severe COPD emphysema. Case was discussed with the speech therapist patient had modified barium swallow as there was high clinical suspicion for aspiration and he now has a modified diet. Since adding N-acetylcysteine nebulized to his bronchodilators oxygenation continues to improve**  
**Date of encounter 09/24/2024**

Of note

-Also discussed case with Cardiothoracic surgeon on-call for the waiting recommended general surgery consult due to concerns for internal hemorrhoids. Consult placed and case discussed briefly with the acute care surgeon he will evaluate patient. On the interim will initiate patient on Proctofoam HS-hydrocortisone pramoxine cream

-Hyponatremia relatively persistent continue to encourage oral intake and sodium tablet suspect SIADH mediated will obtain continue sodium tablets, daily B

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

Pt examined while sitting up in chair during breathing treatment. This is post op day 6. He continues to report feeling much better and breathing much more easily. He is now tolerating room air. He has been taking norcos and dilauid for his pain. Pt is eating 60-80% of each meal. He has one tube remaining.

**Objective:**

Temp: [97.8 °F (36.6 °C)-98.2 °F (36.8 °C)] 97.9 °F (36.6 °C)

Pulse (Heart Rate): [77-101] 96

Resp Rate: [16-19] 17

BP: (91-142)/(58-93) 115/58

O2 Sat (%): [91 %-98 %] 98 %

Weight: [53.2 kg (117 lb 4.6 oz)] 53.2 kg (117 lb 4.6 oz)

Oxygen Therapy

O2 Sat (%): 98 %

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

O2 Device: room air  
I/O last 3 completed shifts:  
In: 750 [IV Piggyback:750]  
Out: 750 [Urine:750]

General: NAD, good eye contact, cachectic, tolerating room air  
Thoracic: Chest rise symmetric, normal work of breathing, wheezing L>R appreciated, remaining chest tube draining serosanguinous fluid  
Cardio: Regular rate and rhythm, no murmurs  
Abdomen: Soft, nontender, nondistended  
Extremities: Warm, well perfused. DP pulses 2+ b/l. No edema  
Skin: warm, dry, no rashes or bruises  
Neuro: Awake, fully oriented. Good memory and concentration. Speech fluent. No focal deficits.

**Data Review:**

Na/K+/Phos/Mg/Ca: 127/4.2/--/--/8.3 (09/24 0446)

Bun/Creat/Cl/CO2/Glucose: 11/0.48/89/35/101 (09/24 0446)

WBC/Hgb/Hct/Plts: 14.3/8.2/25.7/566 (09/24 0446)

**Additional Labs:**

None

**Cultures/Microbiology:**

Scant candida on Aspirate

**Imaging/Radiological Studies:**

XR CHEST 1 VIEW PORTABLE

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

Small right pneumothorax laterally

Persistent right basilar opacity persists at the right  
lung base

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

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

XR FLUORO MODIFIED BARIUM SWALLOW WITH  
SPEECH

**Final Result**

CT CHEST WITH CONTRAST

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

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

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

6. Trace right pleural effusion.

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

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

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

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

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

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

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

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

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

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

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

Interval removal of the right chest wall surgical drain.

Small right basilar pneumothorax decreased in size since prior examination.

Stable small partially loculated right pleural fluid collection.

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

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

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

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

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

Extensive right chest wall subcutaneous emphysema again demonstrated.

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

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

XR CHEST 1 VIEW PORTABLE

**Final Result**

**IMPRESSION:**

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

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

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

US THORACENTESIS RIGHT

**Final Result**

**IMPRESSION:**

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

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

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

**Assessment/Plan:**

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

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

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

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

09/24- Barium swallow noted aspiration, SLP saw patient and went through exercises to reduce risk of aspiration. WBC 14.3, improving

- ID consulted, he will required IV antibiotics for 3 weeks post discharge and transition to PO antibiotics for 3 weeks
- Mucomyst+Duonebs
- Flagyl 9/20-, cefepime 09/21-,
- Norco q 4hrs, dilaudid q 4hrs PRN
- Continue chest tube management per CT surgery
- Repeat CXR per CT surgery
- Encourage incentive spirometry use

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

Hgb baseline 11.3, currently 8.2

- Transfuse 1 unit PRBCs if Hgb<7

**Hypotonic Hyponatremia:** On admission Na 130>127 today. Serum Osm 265 (L) on salt tabs and regular diet. Pt admits to increased PO water intake. Post surgical SIADH vs metastatic squamous cell carcinoma may be contributing.

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

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

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

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

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

#### Chronic Conditions:

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

Emphysema: Duonebs q6hrs, albuterol q4hrs PRN

HTN: Lisinopril 10 mg

Hypothyroidism: levothyroxine 50 mcg

FEN/GI: Regular diet. No MIVF.

PPx: subQ heparin 5000u bid

Code Status: FULL CODE

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

Namra Shafi, DO , PGY- 1


Internal Medicine Resident

Cosigned by: Enovwo E Ohwofahworaye, DO at 9/24/2024 4:08 PM

Admission (Discharged) on 9/16/2024

Note shared with patient

#### Care Timeline

09/16  Admitted (Observation) 0954

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



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

Printed by [HICK27] at 10/15/2024 12:09 PM



# Cochran, Jeffrey

MRN: 982477266

**Melissa R Conner, PA-C**Physician Assistant  
CARDIAC SURGERY - Notes OnlyProgress Notes  
Addendum

Date of Service: 9/24/2024 8:21 AM

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

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

**HISTORY OF PRESENT ILLNESS:**

Patient has one chest tube in place with very small air leak noted. We will get a CXR today. Aspiration noted on Barium swallow with recommendations for minced and moist foods and maneuvers taught by Speech to reduce aspiration. They also recommend repeating the study in 6-8 weeks. ID continues to follow with recommendations to continue Cefepime and Flagyl IV for 3 weeks followed by 3 weeks of oral. Patient is otherwise ambulating well with PT. No significant complaints this morning. Pain appears controlled

**CURRENT HOSPITALIZATION/ICU LOS:**

Admit Date: 9/16/2024

ARMC Hospital LOS: 8 days

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

## Diagnosis

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

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

## Diagnosis

- Head and neck cancer
- Smoking

Date

2019

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

## Procedure

Laterality

Date

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

**ALLERGIES:**

No Known Allergies

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

## Medication

Sig

Dispense

Refill

Last Dose

- |   |  |  |  |  |
|---|--|--|--|--|
| • [EXPIRED] Lactulose 10 GM/15ML Solution oral solution | Take 15 mL by mouth 3 times daily as needed. |  |  |  |
|---|--|--|--|--|

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

- |  |  |
|--|--|
| • [EXPIRED] levoFLOXacin 500 MG tablet | Take 1 tablet by mouth daily.                          |
| • Levothyroxine 50 MCG tablet          | Take 1 tablet by mouth every morning before breakfast. |
| • Lisinopril 10 MG tablet              | Take 1 tablet by mouth daily.                          |
| • Vitamin E 90 MG (200 UNIT) capsule   | Take 2 capsules by mouth daily.                        |

**REVIEW OF SYSTEMS:**

Review of Systems

All other systems reviewed and are negative.

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

Temp: [97.8 °F (36.6 °C)-98.2 °F (36.8 °C)] 98.1 °F (36.7 °C)

Pulse (Heart Rate): [77-108] 87

Resp Rate: [15-19] 19

BP: (91-142)/(58-90) 129/86

O2 Sat (%): [92 %-98 %] 97 %

Weight: [53.2 kg (117 lb 4.6 oz)] 53.2 kg (117 lb 4.6 oz)

Hemodynamic/Invasive Device Data (24 hrs):

Pulmonary/Cardiac Hemodynamics

Pulse (Heart Rate): 87

Neuro ICP/CPP Monitoring

MAP (mmHg): 99 mmHg

Neuro ICP/CPP Monitoring 2

MAP (mmHg): 99 mmHg

Ventilation/Oxygen Therapy (24hrs):

Oxygen Therapy

O2 Sat (%): 97 %

O2 Device: room air

Neuro-Cognitive Assessment/Scores

Level Of Consciousness: return to WDL

Orientation: return to WDL

Glasgow Coma Scale Score: 15

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

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

Name	Placement date	Placement time	Site	Days
Midline Catheter - Single Lumen EPIV AST 09/19/24 1016 purple left basilic vein (medial side of arm) open-ended catheter 20 gauge	09/19/24	1016	—	4
Peripheral IV Line - Single Lumen 09/17/24 1255 green forearm, anterior, right 18 gauge; 1 in length	09/17/24	1255	—	6
Chest Tube Site(1) 09/17/24 1453 Right posterior other (see comments)	09/17/24	1453	—	6

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

Wound Surgical 09/17/24

09/17/24

1333

Flank

6

1333 Right;Upper Flank

Fluid Management (24hrs):

-Intake/Output this shift:

No intake/output data recorded.

Last Bowel Movement: 09/22/24

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

Appearance: Normal appearance.

HENT:

Head: Normocephalic and atraumatic.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Eyes:

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Normal rate.

Pulmonary:

Effort: Pulmonary effort is normal.

Comments: **Chest tube in place with very small air leak**Musculoskeletal:

Cervical back: Normal range of motion and neck supple.

Skin:

General: Skin is warm and dry.

Neurological:

General: No focal deficit present.

Mental Status: He is alert. Mental status is at baseline.

Psychiatric:

Mood and Affect: Mood normal.

**DIAGNOSTIC RESULTS/PROCEDURES:**

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

Imaging/Radiological Studies:

CXR ordered

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

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

**PLAN:**

Dr. Tawil and I were in to see the patient this morning. We will get a CXR this morning. Aspiration noted on Barium swallow with recommendations for minced and moist foods and maneuvers taught by Speech to reduce aspiration.

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

They also recommend repeating the study in 6-8 weeks. ID continues to follow with recommendations to continue Cefepime and Flagyl IV for 3 weeks followed by 3 weeks of oral. Patient will continue to ambulate with PT/OT and use the IS as instructed.

**Surgical aftercare, circulatory**

- continue good pulmonary hygiene with airway clearance and incentive spirometry use
- continue to get out of bed to chair with meals
- continue to ambulate as tolerated. Increase activity daily.
- continue sternal precautions until follow up appointment
- continue to clean incisions daily.
- patient to follow up in office 2 weeks after discharge date with follow-up chest x-ray.

Patient seen and evaluated in conjunction with supervising physician.








I saw this patient today and examined him. I uninked his chest tube and noted on bubble but no continuous leak. His CXR shows a collapsed middle lobe. Pulmonary toilet is being encouraged to avoid bronchoscopy

Cosigned by: Mark T Tawil, MD at 9/25/2024 3:39 PM

Admission (Discharged) on 9/16/2024

*Note shared with patient*



**Care Timeline**

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

Printed by [HICK27] at 10/15/2024 12:09 PM

# Cochran, Jeffrey

MRN: 982477266

**Cody Horn, DO**Physician  
INFECT DIS - Notes OnlyProgress Notes    
Signed

Date of Service: 9/23/2024 9:35 PM

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

Empyema

**Antimicrobials:**

Cefepime

Metronidazole

**Pertinent Micro:**

9/16 pleural fluid culture normal resp flora

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

**SUBJECTIVE:**

No fever or events overnight. No n/v. Feeling better. No new cough.

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

09/23/24 2118

BP:

Pulse:

Resp:

Temp:

SpO2: 92%

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

Eyes: Anicteric

HENT: NC/AT

CV: Heart regular, no murmurs

Respiratory: Clear to auscultation posteriorly, no wheezes, crackles or rales noted, single chest tube in place on right side

GI: Soft, nontender

Skin: No rashes, no ecchymosis

Psych: Coherent, cooperative with exam

Neuro: No seizure activity, alert and oriented x3

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

Component	Value	Date
WBC	18.2 (H)	09/23/2024
HGB	8.4 (L)	09/23/2024
HCT	25.5 (L)	09/23/2024
PLATELET	547 (H)	09/23/2024
MCV	97.3	09/23/2024

**Lab Results**

Component	Value	Date
CREATSERUM	0.52 (L)	09/23/2024

No results found for: "CRP"

No results found for: "SEDRATE"

Serum creatinine: 0.52 mg/dL (L) 09/23/24 0501

Estimated creatinine clearance: 114 mL/min (A)

**Recent RADIOLOGY:**

Personally reviewed radiographic images

No new rads

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

**ASSESSMENT:**

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

**PLAN:**

- Continue with cefepime, metronidazole
- WBC decreased today, PLT increasing
- Plan for 3 weeks IV therapy followed by an additional 3 weeks po
- OPAT note addended
- Discussed above plan of care with primary team
- Personally reviewed culture data and lab data, summarized above.

**Cody Horn, DO**

Infectious Disease Attending








Ph# 740.656.7221

Please call before paging or using Vocera

9/23/2024

9:35 PM

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

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

Printed by [HICK27] at 10/15/2024 12:09 PM

Cochran, Jeffrey

MRN: 982477266

Melissa Sickels, RNCare Manager RNCARE MANAGEMENT - Notes OnlyProgress Notes SignedDate of Service: 9/23/2024 12:10 PM

Patient is still pending review for placement at Arbors of Gallipolis per Stephanie at 740-446-7112, waiting to determine if insurance covers SNF. Left voicemail with Abbyshire Place 740-446-7150 to check status of referral there. Care management will continue to follow and update team accordingly.

	09/23/24 1209
Barriers to Discharge	
Barriers to Discharge	Physician Decision;Facility/Agency Issue
Explanation of Barriers	Patient is not medically stable for discharge, pending MBS today and still has one chest tube in place. Pending review at Arbors of Gallipolis and Abbyshire Place. Will need acceptance and insurance authorization.
Discharge Planning	
Expected Discharge Disposition	SNF
Anticipated Services at Discharge	Skilled Nursing;Physical Therapy;Occupational Therapy

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

Care Timeline

09/16

Admitted (Observation) 0954

Admitted 1201

09/17

BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY

Transferred to Adena 2B Inpatient Unit 1624

09/18

Transferred out of Adena 2B Inpatient Unit 1634

10/03

RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION

10/15

Discharged 0131

Cochran, Jeffrey

MRN: 982477266



Mark T Tawil, MD

Physician

CARDIAC SURGERY - Notes Only

Progress Notes

Signed



Date of Service: 9/23/2024 10:04 AM

Cardiothoracic surgery daily progress note

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

**HISTORY OF PRESENT ILLNESS:**  
Patient underwent right lower lobectomy and did well immediately postoperatively. Over the past 2 days he is infiltrates in the right lower lobe for which cefepime was added. The patient had a CT of the yesterday that showed a small pneumothorax but also infiltrates in the middle lobe. If he is better however today and has not had any fever spikes. Of interest he did have the internal hemorrhoids reduced by General surgery yesterday the remaining chest tube in the right pleural space does not show any leak at this point. One chest tube had been removed yesterday. Aspiration is suspected and therefore the patient is planned for a modified barium swallow today

**CURRENT HOSPITALIZATION/ICU LOS:**  
Admit Date: 9/16/2024  
ARMC Hospital LOS: 7 days

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

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

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

Head and neck cancer	2019
Smoking	

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

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

**ALLERGIES:**  
No Known Allergies  
**PRIOR TO ARRIVAL MEDS:**  
Medications Prior to Admission

Medication	Sig	Dispense	Refill	Last Dose
------------	-----	----------	--------	-----------



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

- |   |  |
|---|--|
| • [EXPIRED] Lactulose 10 GM/15ML Solution oral solution | Take 15 mL by mouth 3 times daily as needed.           |
| • [EXPIRED] levoFLOXacin 500 MG tablet                  | Take 1 tablet by mouth daily.                          |
| • Levothyroxine 50 MCG tablet                           | Take 1 tablet by mouth every morning before breakfast. |
| • Lisinopril 10 MG tablet                               | Take 1 tablet by mouth daily.                          |
| • Vitamin E 90 MG (200 UNIT) capsule                    | Take 2 capsules by mouth daily.                        |

**REVIEW OF SYSTEMS:**

Review of Systems no change

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

Temp: [97.8 °F (36.6 °C)-98.6 °F (37 °C)] 98.4 °F (36.9 °C)

Pulse (Heart Rate): [86-96] 86

Resp Rate: [14-20] 14

BP: (98-137)/(52-78) 110/67

O2 Sat (%): [91 %-96 %] 94 %

Weight: [52.9 kg (116 lb 10 oz)] 52.9 kg (116 lb 10 oz)

Hemodynamic/Invasive Device Data (24 hrs):

Pulmonary/Cardiac Hemodynamics

Pulse (Heart Rate): 86

Neuro ICP/CPP Monitoring

MAP (mmHg): 80 mmHg

Neuro ICP/CPP Monitoring 2

MAP (mmHg): 80 mmHg

Ventilation/Oxygen Therapy (24hrs):

Oxygen Therapy

O2 Sat (%): 94 %

O2 Device: nasal cannula

Flow (L/min): 4

Neuro-Cognitive Assessment/Scores

Level Of Consciousness: return to WDL

Orientation: return to WDL

Glasgow Coma Scale Score: 15

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

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

Name	Placement date	Placement time	Site	Days
Midline Catheter - Single Lumen EPIV AST 09/19/24 1016 purple left basilic vein (medial side of arm) open-ended catheter 20 gauge	09/19/24	1016	—	3
Peripheral IV Line - Single Lumen 09/17/24 1255 green forearm, anterior, right 18 gauge; 1 in length	09/17/24	1255	—	5
Chest Tube Site(1) 09/17/24	09/17/24	1453	—	5

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

1453 Right posterior other

(see comments)

Wound Surgical 09/17/24

09/17/24

1333

Flank

5

1333 Right;Upper Flank

**Fluid Management (24hrs):**

-Intake/Output this shift:

No intake/output data recorded.

Last Bowel Movement: 09/22/24

**PHYSICAL EXAM:**

Physical Exam patient appears comfortable today and has not had any problems related to the hemorrhoids overnight. He also had a bowel movement. Continued to encourage him to use his incentive spirometer.

**DIAGNOSTIC RESULTS/PROCEDURES:**

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

**Imaging/Radiological Studies:**

The CT scan from yesterday was reviewed

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

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

**PLAN:**

**The patient is planned for a modified barium swallow today. We will keep the chest tube at this point. I continued to ask him to use his incentive spirometer. We will also obtain another chest x-ray tomorrow morning**

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

**Care Timeline**

09/16 Admitted (Observation) 0954  
Admitted 1201

09/17 BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY  
Transferred to Adena 2B Inpatient Unit 1624

09/18 Transferred out of Adena 2B Inpatient Unit 1634

10/03 RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION

10/15 Discharged 0131



# Cochran, Jeffrey

MRN: 982477266

**Namra Shafi, DO**

Physician

HOSPITALIST - Notes Only

Progress Notes    
Attested Addendum

Date of Service: 9/23/2024 7:59 AM

Attestation signed by Enovwo E Ohwofahworaye, DO at 9/23/2024 4:01 PM

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

GEN: Emaciated looking male mildly distressed and acutely ill-appearing, A&O x 3, Pleasant and conversant

SKIN: warm dry acyanotic not jaundice

HEART: RRR slightly tachycardic, no murmur

LUNGS: Two chest tubes noted, diminished slightly coarse with friction rub, mild bibasilar crackles, overall non labored

ABDOMEN: Soft, non tender or distended, BS x 4 normactive

EXT: No LE edema, dorsalis Pedis pulses 1+

PSYCH: Mood and affect is appropriate

**Patient does report poor intake likely explain the relatively persistent hyponatremia leukocytosis worsening discussed case with the infectious disease team recommend repeating CT imaging due to concerns for worsening empyema which was completed does so small right pleural pneumothorax in the apex and moderate pneumothorax in the lower chest with a right chest tube in place. Although findings were extensive right lung pneumonia as well as severe COPD emphysema. Case discussed with the speech therapist patient was planned for modified barium swallow as there is high clinical suspicion for aspiration. Would add N-acetylcysteine nebulized to his bronchodilators**

**Date of encounter 09/23/2024**

Of note

-Also discussed case with Cardiothoracic surgeon on-call for the waiting recommended general surgery consult due to concerns for internal hemorrhoids. Consult placed and case discussed briefly with the acute care surgeon he will evaluate patient. On the interim will initiate patient on Proctofoam HS-hydrocortisone pramoxine cream.

- Chest x-ray does reveal right lower lobe pneumonia will escalate antimicrobial therapy from ceftriaxone and Flagyl to cefepime and Flagyl for Pseudomonas coverage, there is concern for possible aspiration pneumonia will consult with speech therapist also discussed case with Cardiothoracic surgeon.

Hyponatremia relatively persistent continue to encourage oral intake and sodium tablet suspect SIADH mediated will obtain continue sodium tablets, daily BM

**Hospital Medicine Daily Progress Note****Patient: Jeffrey Cochran, 8/27/1965, 982477266****Physician: Namra Shafi, DO****Length of Stay: 7****Subjective/Interval History:**

Pt examined while sitting up in chair during breathing treatment. This is post op day 5. He reports feeling much better and breathing much more easily. He reports abdominal pain has improved. Pt is tolerating diet and eating more than yesterday. He has one tube remaining. Fluid drained is reddish.

**Objective:**

Temp: [97.8 °F (36.6 °C)-98.6 °F (37 °C)] 98.4 °F (36.9 °C)

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

Resp Rate: [14-20] 14

BP: (98-137)/(52-79) 110/67

O2 Sat (%): [91 %-96 %] 94 %

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

Weight: [52.9 kg (116 lb 10 oz)-55.7 kg (122 lb 12.7 oz)] 52.9 kg (116 lb 10 oz)

Oxygen Therapy

O2 Sat (%): 94 %

O2 Device: open oxygen mask

Flow (L/min): 4

I/O last 3 completed shifts:

In: -

Out: 1230 [Urine:1150; Other:80]

General: NAD, good eye contact, cachectic

Thoracic: Chest rise symmetric, normal work of breathing, wheezing L&gt;R appreciated, remaining chest tube draining serosanguinous fluid

Cardio: Regular rate and rhythm, no murmurs

Abdomen: Soft, nontender, nondistended

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

Skin: warm, dry, no rashes or bruises

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

**Data Review:**

Na/K+/Phos/Mg/Ca: 127/4.3/--/--/8.3 (09/23 0501)

Bun/Creat/Cl/CO2/Glucose: 11/0.52/89/33/121 (09/23 0501)

WBC/Hgb/Hct/Plts: 18.2/8.4/25.5/547 (09/23 0501)

**Additional Labs:**

None

**Cultures/Microbiology:**

Scant candida on Aspirate

**Imaging/Radiological Studies:**XR FLUORO MODIFIED BARIUM SWALLOW WITH  
SPEECH**Final Result**

CT CHEST WITH CONTRAST

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

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

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

Interpreting Provider: Seyedeh Aleali

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

XR CHEST 1 VIEW PORTABLE

**Final Result**

Printed by [HICK27] at 10/15/2024 12:09 PM

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

**IMPRESSION:**

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

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

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

**XR CHEST 1 VIEW PORTABLE****Final Result****IMPRESSION:**

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

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

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

**XR CHEST 1 VIEW PORTABLE****Final Result****IMPRESSION:**

Interval removal of the right chest wall surgical drain.

Small right basilar pneumothorax decreased in size since prior examination.

Stable small partially loculated right pleural fluid collection.

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

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

**XR CHEST 1 VIEW PORTABLE****Final Result****IMPRESSION:**

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

Extensive right chest wall subcutaneous emphysema again demonstrated.

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

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

Vikram Krishnasetty, MD

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

## XR CHEST 1 VIEW PORTABLE

**Final Result**

## IMPRESSION:

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

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

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

## US THORACENTESIS RIGHT

**Final Result**

## IMPRESSION:

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

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

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

**Assessment/Plan:**

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

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

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

WBC 18.2, improving

- ID consulted, he will required IV antibiotics for 3 weeks post discharge
- Mucomyst+Duonebs
- Vancomycin 09/22-, flagyl 9/20-, cefepime 09/21-

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

- Norco q 4hrs, dilaudid q 4hrs PRN
- Continue chest tube management per CT surgery

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

Hgb baseline 11.3, currently 8.4, INR 1.3 mildly elevated

Ferritin elevated, B12 normal, folate normal

- Transfuse 1 unit PRBCs if Hgb<7

**Hypotonic Hyponatremia:** On admission Na 130>127 today. Serum Osm 265 (L) on salt tabs and regular diet. Pt admits to increased PO water intake. Post surgical SIADH vs metastatic squamous cell carcinoma may be contributing.

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

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

- Senna/docusate daily, Miralax BID, lactulose PRN
- Proctofoam BID to hemorrhoids
- Barium Swallow pending

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

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

#### Chronic Conditions:

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

Emphysema: Duonebs q6hrs, albuterol q4hrs PRN

HTN: Lisinopril 10 mg

Hypothyroidism: levothyroxine 50 mcg

FEN/GI: Regular diet. No MIVF.

PPx: subQ heparin 5000u bid

Code Status: FULL CODE

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

Namra Shafi, DO , PGY- 1

Internal Medicine Resident

Cosigned by: Enovwo E Ohwofahworaye, DO at 9/23/2024 4:01 PM

Admission (Discharged) on 9/16/2024

Note shared with patient



#### Care Timeline

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- 10/15 Discharged 0131

Printed by [HICK27] at 10/15/2024 12:09 PM

# Cochran, Jeffrey

MRN: 982477266

**Cody Horn, DO**Physician  
INFECT DIS - Notes OnlyProgress Notes    
Signed

Date of Service: 9/22/2024 8:23 PM

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

Empyema

**Antimicrobials:**

Cefepime

Metronidazole

**Pertinent Micro:**

9/16 pleural fluid culture normal resp flora

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

**SUBJECTIVE:**

No fever or events overnight. Had some nausea and vomiting earlier today and yesterday. No worsening chest pain or cough.

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

09/22/24 1850  
BP: 110/63  
Pulse:  
Resp: 18  
Temp: 98.6 °F (37 °C)  
SpO2:

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

Eyes: Anicteric

HENT: NC/AT

CV: Heart regular, no murmurs

Respiratory: Clear to auscultation posteriorly, no wheezes, crackles or rales noted, single chest tube in place on right side

GI: Soft, nontender

Skin: No rashes, no ecchymosis

Psych: Coherent, cooperative with exam

Neuro: No seizure activity, alert and oriented x3

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

Component	Value	Date
WBC	25.6 (H)	09/22/2024
WBC	25.60	09/22/2024
HGB	8.2 (L)	09/22/2024
HCT	24.3 (L)	09/22/2024
PLATELET	513 (H)	09/22/2024
MCV	94.6	09/22/2024

**Lab Results**

Component	Value	Date
CREATSERUM	0.42 (L)	09/22/2024

No results found for: "CRP"

No results found for: "SEDRATE"

Serum creatinine: 0.42 mg/dL (L) 09/22/24 0058

Estimated creatinine clearance: 149 mL/min (A)

**Recent RADIOLOGY:**

Printed by [HICK27] at 10/15/2024 12:09 PM



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

Personally reviewed radiographic images

CT chest

**ASSESSMENT:**

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

**PLAN:**

- Ceftriaxone and greater than cefepime yesterday per primary team given infiltrates on imaging. Okay to continue with cefepime and metronidazole
- Given increasing leukocytosis today, suggested CT chest which was obtained and images personally reviewed. Worsening infiltrate noted in the right middle lower lobe Normal flora from the cultures.
- Plan for 3 weeks IV therapy followed by an additional 3 weeks po
- Will addend OPAT note to reflect change in antibiotics
- Discussed above plan of care with primary team, nursing
- Personally reviewed culture data and lab data, summarized above.

**Cody Horn, DO**

Infectious Disease Attending








Ph# 740.656.7221

Please call before paging or using Vocera

9/22/2024

8:23 PM

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

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Printed by [HICK27] at 10/15/2024 12:09 PM

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

Cochran, Jeffrey

MRN: 982477266

Heather Kinder, RN      Nursing Notes      ⚠️      Date of Service: 9/22/2024 2:05 PM  
Registered Nurse      Signed  
NURSING - Notes Only

1400 Sitz bath not completed at this time due to multiple family members at bedside visiting with patient.

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

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Printed by [HICK27] at 10/15/2024 12:09 PM



# Cochran, Jeffrey

MRN: 982477266

**Matthew Keibler, DO**

Physician

GEN/GI SURGERY - Notes Only

Consults    
Addendum

Date of Service: 9/22/2024 12:34 PM

**Consult Orders**

IP CONSULT TO SURGERY - GENERAL (ELECTIVE) [830475518] ordered by Enowwo E Ohwofahworaye, DO at 09/22/24 1206

**Adena Regional Medical Center**  
**272 Hospital Rd, Chillicothe, Ohio 45601-9031**  
**740-779-7500**

**ACUTE CARE SURGERY CONSULT NOTE****DATE & TIME OF ENCOUNTER:** 9/22/2024 12:34 PM**ASSESSMENT AND PLAN**

- |   |                 |
|---|-----------------|
| 1. Empyema  | ICD-10-CM J86.9 |
| 2. Abscess of lower lobe of right lung with pneumonia   | J85.1           |
| 3. Grade III internal hemorrhoids- no sign acute thrombosis, no sign gangrenous changes, no current active bleeding |                 |
| 4. Acute/chronic constipation   |                 |

**Plan:**

Treat acute on chronic constipation- recommend GI follow up, cont. Miralax daily now and at discharge.

Can also follow up with General surgery outpatient for chronic hemorrhoids

Would recommend Sitz baths and lidocaine cream

General surgery to sign off. Will re-eval at your request. No current need for acute surgical intervention, is recovering from empyema surgery, no sign of acute gangrenous hemorrhoids, hemorrhoids are reducible, and currently no obvious active bleeding with my exam today.

**SUBJECTIVE****CONSULTING SERVICE:** Acute Care Surgery (ACS)/ General Surgery was consulted by Enowwo E Ohwofahworaye, \***REASON FOR CONSULT:** hemorrhoids**CHIEF COMPLAINT**

hemorrhoids

**HISTORY OF PRESENT ILLNESS**

Jeffrey Cochran is a 59 y.o. male who presents to hospital on 09/16/2024. He was found to have abscess of the lower lobe of the right lung with pneumonia and underwent bronchoscopy with decortication and opened lung lobectomy lymphadenectomy Dr. Radecki.

Patient states that he has chronic constipation usually asked to take something to use the bathroom as well as history of chronic internal hemorrhoids that sometimes require manual reduction. During his stay here he has had some increased constipation but recently this has been improved with treatment. He did complain of hemorrhoids now that seemed to be out more than normal and thus General surgery was asked to evaluate the patient.

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

Upon discussion with the patient these hemorrhoids have been a chronic issue and at home sometimes it requires manual reduction.

**HOME MEDICATIONS****Current Facility-Administered Medications**

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• Albuterol (PROVENTIL) (2.5 MG/3ML) 0.083% inhalation solution 2.5 mg	2.5 mg	Nebulization	Q4H PRN	Rachel E Palmer, DO		
• ceFEPIme (MAXIPIME) 2 g in sterile water (PF) 10 mL syringe	2 g	Intravenous	Q8H	Rachel E Palmer, DO		2 g at 09/22/24 0602
• droNABinol (MARINOL) capsule 5 mg	5 mg	Oral	BID	Kevin M Radecki, MD		5 mg at 09/22/24 0809
• faMOTidine (PEPCID) tablet 20 mg	20 mg	Oral	Q12H	Kevin M Radecki, MD		20 mg at 09/22/24 0809
• Gabapentin (NEURONTIN) capsule 300 mg	300 mg	Oral	TID	Kevin M Radecki, MD		300 mg at 09/22/24 0809
• glycerin adult suppository 1 suppository	1 suppository	Rectal	Once	Rachel E Palmer, DO		
• Heparin injection 5,000 Units	5,000 Units	Subcutaneous	Q12H	Joud Arnouk, MD		5,000 Units at 09/22/24 0809
• hydroCODone-acetaminophen (NORCO) 5-325 MG per tablet 1 tablet	1 tablet	Oral	Q4H PRN	Kevin M Radecki, MD		1 tablet at 09/21/24 0508
• HYDROMORPHONE (DILAUDID) injection 1 mg	1 mg	Intravenous	Q4H PRN	Kevin M Radecki, MD		1 mg at 09/21/24 2328
• Ipratropium-albuterol (DUONEB) 0.5-2.5 (3) MG/3ML nebulizer solution 3 mL	3 mL	Nebulization	Q6HNS	Rachel E Palmer, DO		3 mL at 09/22/24 1022
• Lactulose (CHRONULAC) oral solution 10 g	10 g	Oral	BID	Frank Chen, DO		10 g at 09/22/24 0809
• Levothyroxine (SYNTHROID) tablet 50 mcg	50 mcg	Oral	Before BKF	Frank Chen, DO		50 mcg at 09/22/24 0602
• Lisinopril (PRINIVIL) tablet 10 mg	10 mg	Oral	Daily	Kevin M Radecki, MD		10 mg at 09/22/24 0809
• Melatonin tablet 3 mg	3 mg	Oral	QHS PRN	Joud Arnouk, MD		3 mg at 09/20/24 2020
• metroNIDAZOLE (FLAGYL) tablet 500 mg	500 mg	Oral	Q8H	Cody Horn, DO		500 mg at 09/22/24 0602
• Naloxone (NARCAN) injection	0.4 mg	Intravenous	Q15 MIN PRN	Joud Arnouk, MD		

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

0.4 mg					
• Ondansetron 4mg/2ml (ZOFTRAN) injection 4 mg	4 mg	Intravenous	Q6H PRN	Joud Arnouk, MD	4 mg at 09/22/24 1136
Or					
• Ondansetron (ZOFTRAN-ODT) disintegrating tablet 4 mg	4 mg	Oral	Q6H PRN	Joud Arnouk, MD	4 mg at 09/16/24 2214
• Polyethylene glycol (MIRALAX) packet 17 g	17 g	Oral	Q12H	Rachel E Palmer, DO	17 g at 09/22/24 0810
• potassium & sodium phosphates 280-160-250 MG pack 1 packet	1 packet	Oral	TID w/meals	Frank Chen, DO	1 packet at 09/22/24 1136
• Prochlorperazine (COMPAZINE) injection 10 mg	10 mg	Intravenous	Q6H PRN	Rachel E Palmer, DO	
• senna-docusate (SENOKOT-S) 8.6-50 MG per tablet 1 tablet	1 tablet	Oral	Daily	Rachel E Palmer, DO	1 tablet at 09/22/24 0809
• Sodium chloride (PF) 0.9 % injection 5 mL	5 mL	Intravenous	As directed PRN	Joud Arnouk, MD	
• Sodium chloride tablet 1 g	1 g	Oral	TID w/meals	Kevin M Radecki, MD	1 g at 09/22/24 1136
• Vancomycin (VANCOCIN) 750 mg in Sodium chloride 0.9% 250 mL (total volume) IVPB	750 mg	Intravenous	Q12HNS	Rachel E Palmer, DO	Stopped at 09/22/24 1100

**Medications Prior to Admission**

Medication	Sig	Dispense	Refill	Last Dose
• [EXPIRED] Lactulose 10 GM/15ML Solution oral solution	Take 15 mL by mouth 3 times daily as needed.			
• [EXPIRED] levoFLOXacin 500 MG tablet	Take 1 tablet by mouth daily.			
• Levothyroxine 50 MCG tablet	Take 1 tablet by mouth every morning before breakfast.			
• Lisinopril 10 MG tablet	Take 1 tablet by mouth daily.			
• Vitamin E 90 MG (200 UNIT) capsule	Take 2 capsules by mouth daily.			

**ALLERGIES**

No Known Allergies

**PAST MEDICAL HISTORY:****Past Medical History:****Diagnosis**

- Head and neck cancer
- Smoking

Date  
2019**PAST SURGICAL HISTORY****Past Surgical History:****Procedure**

- DECORTICATION PULMONARY W/ PARIETAL PLEURECTOMY

*Laterality: Right; Surgeon: Kevin M Radecki, MD; Location: ADE ARM OR*Laterality  
RightDate  
9/17/2024

Printed by [HICK27] at 10/15/2024 12:09 PM

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

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

**FAMILY HISTORY**

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

**SOCIAL HISTORY**

he has no history on file for tobacco use, alcohol use, and drug use.

**REVIEW OF SYSTEMS:** obtained per patient and review of records.

Constitutional- no fever

Respiratory- recent thoracic surgery with chest tube in place, positive cough

GI- chronic constipation with a history of hemorrhoids

**OBJECTIVE****PHYSICAL EXAM****Vital signs-****Vitals:**

09/22/24 1200

BP: 116/68

Pulse: 92

Resp: 18

Temp:

SpO2: 95%

**Gen- NAD****Head- atraumatic****Chest- equal inspirations bilaterally****Abdomen- soft, non rigid, no guarding**

**Rectal- rectal examination was performed. She was no obvious rectal masses. There was grade 3 internal hemorrhoids that are manually reducible. There was no current sign of active bleeding. There was liquid stool in the rectal vault. There is no sign of infection. There is no sign of acute thrombosis.**

Electronically signed by: *Matthew Keibler DO* 09/22/24 12:34 PM

Admission (Discharged) on 9/16/2024

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

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Transferred to Adena 2B Inpatient Unit 1624
- 09/18 Transferred out of Adena 2B Inpatient Unit 1634
- 10/03 RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION
- 10/15 Discharged 0131

Printed by [HICK27] at 10/15/2024 12:09 PM

Cochran, Jeffrey

MRN: 982477266



Mark T Tawil, MD

Physician

CARDIAC SURGERY - Notes Only

Progress Notes

Signed



Date of Service: 9/22/2024 10:53 AM

Cardiothoracic surgery daily progress note

CHIEF COMPLAINT:

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

HISTORY OF PRESENT ILLNESS:

Patient status post right lower lobectomy and lung decortication for empyema

CURRENT HOSPITALIZATION/ICU LOS:

Admit Date: 9/16/2024  
ARMC Hospital LOS: 6 days

PROBLEM LIST:

Patient Active Problem List

Diagnosis

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

MEDICAL HISTORY:

Past Medical History:

Diagnosis

- Head and neck cancer
- Smoking

Date  
2019

SURGICAL HISTORY:

Past Surgical History:

Procedure

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

Laterality  
Right

Date  
9/17/2024

Right

9/17/2024

N/A

9/17/2024

Right

9/17/2024

ALLERGIES:

No Known Allergies

PRIOR TO ARRIVAL MEDS:

Medications Prior to Admission

Medication	Sig	Dispense	Refill	Last Dose
[EXPIRED] Lactulose 10 GM/15ML Solution oral solution	Take 15 mL by mouth 3 times daily as needed.			
[EXPIRED] levoFLOxacIn 500 MG tablet	Take 1 tablet by mouth daily.			
Levothyroxine 50 MCG tablet	Take 1 tablet by			

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

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

**REVIEW OF SYSTEMS:**

Review of Systems no change

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

Temp: [98.2 °F (36.8 °C)-98.4 °F (36.9 °C)] 98.4 °F (36.9 °C)

Pulse (Heart Rate): [87-101] 92

Resp Rate: [16-20] 20

BP: (87-128)/(51-81) 98/61

O2 Sat (%): [91 %-99 %] 93 %

Weight: [55.7 kg (122 lb 12.7 oz)] 55.7 kg (122 lb 12.7 oz)

Hemodynamic/Invasive Device Data (24 hrs):

Pulmonary/Cardiac Hemodynamics

Pulse (Heart Rate): 92

BSA (Calculated - sq m): 1.73 m2

Neuro ICP/CPP Monitoring

MAP (mmHg): 70 mmHg

Neuro ICP/CPP Monitoring 2

MAP (mmHg): 70 mmHg

Ventilation/Oxygen Therapy (24hrs):

Oxygen Therapy

O2 Sat (%): 93 %

O2 Device: room air

Oxygen Delivery/Consumption Hemodynamics

BSA (Calculated - sq m): 1.73 m2

Neuro-Cognitive Assessment/Scores

Level Of Consciousness: return to WDL

Orientation: return to WDL

Glasgow Coma Scale Score: 15

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

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

Name	Placement date	Placement time	Site	Days
Midline Catheter - Single Lumen EPIV AST 09/19/24 1016 purple left basilic vein (medial side of arm) open-ended catheter 20 gauge	09/19/24	1016	—	3
Peripheral IV Line - Single Lumen 09/17/24 1255 green forearm, anterior, right 18 gauge; 1 in length	09/17/24	1255	—	4
Chest Tube Site(1) 09/17/24 1453 Right posterior other (see comments)	09/17/24	1453	—	4
Wound Surgical 09/17/24 1333 Right;Upper Flank	09/17/24	1333	Flank	4



**Fluid Management (24hrs):**

-Intake/Output this shift:

I/O this shift:

In: -

Out: 40 [Other:40]

Last Bowel Movement: 09/22/24

**PHYSICAL EXAM:**

Physical Exam patient appears a bit more comfortable than yesterday he has not been seen by General surgery. The chest tubes have minimal drainage and more than is leaking with the other is not. Therefore the non leaking tube was removed.

Chest x-ray shows the same infiltrates on the right side as before

**DIAGNOSTIC RESULTS/PROCEDURES:**

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

**Imaging/Radiological Studies:**

X-ray reviewed from this morning

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

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

**PLAN:**








We will have a chest x-ray in the morning. General surgery will be consulted and Infectious Disease has changed his antibiotic to cefepime. We are encouraging p.o. intake.

The chest tube with a remain as such as known as there is a leak.

Patient is to have a swallowing eval in the morning

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

**Care Timeline**

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

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



Printed by [HICK27] at 10/15/2024 12:09 PM

Cochran, Jeffrey

MRN: 982477266

Mackenzie Anderson, RN

Registered Nurse  
NURSING - Notes Only








Nursing Notes    
Signed

Date of Service: 9/22/2024 10:06 AM

Dr. Tawil at bedside to remove chest tube #3. Removed at 1000. Patient tolerated it fairly well. Oxygen levels maintained at 98% on room air.

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

Care Timeline

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

# Cochran, Jeffrey

MRN: 982477266

**Rachel E Palmer, DO**

Resident

HOSPITALIST - Notes Only

Progress Notes

Attested



Date of Service: 9/22/2024 7:48 AM

Attestation signed by Enovwo E Ohwofahworaye, DO at 9/22/2024 5:07 PM

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

GEN: Emaciated looking male mildly distressed and acutely ill-appearing, A&O x 3, Pleasant and conversant

SKIN: warm dry acyanotic not jaundice

HEART: RRR slightly tachycardic, no murmur

LUNGS: Two chest tubes noted, diminished slightly coarse with friction rub, mild bibasilar crackles, overall non labored

ABDOMEN: Soft, non tender or distended, BS x 4 normactive

EXT: No LE edema, dorsalis Pedis pulses 1+

PSYCH: Mood and affect is appropriate

**Patient does report poor intake likely explain the relatively persistent hyponatremia leukocytosis worsening discussed case with the infectious disease team recommend repeating CT imaging due to concerns for worsening empyema. Also discussed case with Cardiothoracic surgeon on-call for the waiting recommended general surgery consult due to concerns for internal hemorrhoids. Consult placed and case discussed briefly with the acute care surgeon he will evaluate patient. On the interim will initiate patient on Proctofoam HS-hydrocortisone pramoxine cream. Overall patient reports feeling much better however he had good bowel movement will continue to encourage daily bowel regimen for routine bowel movement**  
**Date of encounter 09/22/2024**

Of note - Chest x-ray does reveal right lower lobe pneumonia will escalate antimicrobial therapy from ceftriaxone and Flagyl to cefepime and Flagyl for Pseudomonas coverage, there is concern for possible aspiration pneumonia will consult with speech therapist also discussed case with Cardiothoracic surgeon. Hyponatremia relatively persistent continue to encourage oral intake and sodium tablet suspect SIADH mediated will obtain continue sodium tablets, daily BMP

**Hospital Medicine Daily Progress Note****Patient: Jeffrey Cochran, 8/27/1965, 982477266****Physician: Rachel E Palmer, DO****Length of Stay: 6****Subjective/Interval History:**

Patient had soft bowel movement overnight and feels much better. He continues to have issues w/hemorrhoids. He admits to fevers, but denies worsening shortness of breath, and chest pain. He is tolerating diet and admits to drinking copious watery because he feels very thirsty. CT surgery removed when chest tube this morning.

**Objective:**

Temp: [98.1 °F (36.7 °C)-98.4 °F (36.9 °C)] 98.2 °F (36.8 °C)

Pulse (Heart Rate): [87-98] 92

Resp Rate: [17-20] 17

BP: (87-118)/(51-81) 109/67

O2 Sat (%): [93 %-99 %] 93 %

Oxygen Therapy

O2 Sat (%): 93 %

O2 Device: room air

I/O last 3 completed shifts:

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

In: -

Out: 1510 [Urine:1250; Other:260]

General: No acute distress, good eye contact, ill appearing, cachexia

Thoracic: Chest rise symmetric. Increased work of breathing; right-sided rales and rhonchi. Sole remaining Right chest tube continues to drain high output serosanguinous fluid (becoming more clear).

Cardio: Regular rate and rhythm, no murmurs.

Abdomen: Soft, nontender, nondistended, no rebound.

Extremities: Well perfused. PT pulses 2+ b/l. Trace peripheral pitting edema.

Skin: Warm, dry, no rashes or bruises

Neuro: Alert. Good memory and concentration. Speech fluent. No focal deficits.

**Data Review:**

WBC/Hgb/Hct/Plts: 25.60, 25.6/8.2/24.3/513 (09/22 0058)

Bun/Creat/Cl/CO2/Glucose: 11/0.42/91/30/115 (09/22 0058)

Ptt/Pt/Inr: --/14.6/1.3 (09/21 1523)

**Assessment/Plan:**

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

**RLL empyema with pneumonia:**

Suspect metastatic vs infectious origin.

S/p 9/18 Bronchoscopy with aspiration, right thoracotomy, pleurectomy, right lower lobectomy, lymphadenectomy performed. 2 Chest tube remaining due to small pneumothorax.

9/16 pleural fluid: bloody, exudative

9/17 RLL empyema cultures: no pathogens

WBC 25.6, left shift despite broadening antibiotics.

- ID consulted, recs that he will require IV for 3 wks post discharge

- 9/20 flagyl, 9/21 Cefepime, 9/22 Vancomycin, continue to date

- Toradol 15 mg IV and Norco 7.5 mg q4 prn

- Continue chest tubes management per CT surgery

**Normocytic anemia**

Suspected 2/2 acute blood loss from RLL, as chest tubes continue to drain bloody fluid

Hgb baseline 11.3, currently 8.2. INR mildly elevated at 1.3

Ferritin elevated, B12 normal, folate normal;

-Transfuse 1 unit pRBC if hgb &lt;7

**Electrolyte abnormalities****Hypotonic Hyponatremia**

Na 130 admission &gt; 126 today. Serum Osms 261 (low) despite salt tabs and regular diet.

Patient admits to increased PO water intake. Post surgical SIADH vs metastatic squamous cell carcinoma may still be contributing.

- Salt tablets with meals TID

- Water restriction to 1500 mL/day

**Chronic Constipation**

Requires lactulose at home. Chronic hemorrhoids. Denies pain, discomfort but is passing gas.

- Senna/docusate daily, Miralax BID, lactulose PRN

- Proctofoam BID to hemorrhoids

- CT surgery requested General surgery consult for hemorrhoid eval

**Severe protein caloric malnutrition**

Malnourished and cachectic appearing, Subcutaneous fat Loss and muscle mass loss are severe, secondary to metastatic disease

- Nutrition following

- Marinol for appetite stimulation

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

- oral nutrition supplement (Ensure + high protein) daily with meals
- PT/OT

**Resolved:**

Sepsis

**Chronic Conditions:**

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

Emphysema: Duonebs q6h, albuterol q4h PRN

HTN: Lisinopril 10mg

Hypothyroidism: Lexythyroxine 50 mcg

Constipation: Lactulose 15 mL

FEN/GI: Regular diet with protein supplementation. No MIVF.

PPx: subQ heparin 5000u bid

Code Status: FULL CODE

Dispo: Inpatient, needs surgical recovery, will be going to SNF.

Rachel Palmer, DO, PGY-2




Internal Medicine Residency

Adena Regional Medical Center

Cosigned by: Enovwo E Ohwofahworaye, DO at 9/22/2024 5:07 PM

Admission (Discharged) on 9/16/2024

Note shared with patient

**Care Timeline**09/16  Admitted (Observation) 0954 Admitted 120109/17  BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY Transferred to Adena 2B Inpatient Unit 162409/18  Transferred out of Adena 2B Inpatient Unit 163410/03  RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION10/15  Discharged 0131

Printed by [HICK27] at 10/15/2024 12:09 PM

# Cochran, Jeffrey

MRN: 982477266

**Mark T Tawil, MD**

Physician

CARDIAC SURGERY - Notes Only

Progress Notes

Addendum



Date of Service: 9/21/2024 9:49 AM

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

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

**HISTORY OF PRESENT ILLNESS:**

Patient underwent right thoracotomy for empyema of the right chest with decortication as well as right lower lobectomy because of a does not also abscesses in the right lower lobe. He did well postoperatively. At present he is complaining of constipation as well as his chronic hemorrhoids which are painful. As far as breathing he is stable but continues to have a leak from the chest tubes. Drainage in the liver

**CURRENT HOSPITALIZATION/ICU LOS:**

Admit Date: 9/16/2024

ARMC Hospital LOS: 5 days

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

## Diagnosis

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

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

## Diagnosis

- Head and neck cancer
- Smoking

Date

2019

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

## Procedure

Laterality

Date

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

**ALLERGIES:**

No Known Allergies

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

## Medication

Sig

Dispense

Refill

Last Dose

- |   |  |  |  |  |
|---|--|--|--|--|
| • [EXPIRED] Lactulose 10 GM/15ML Solution oral solution | Take 15 mL by mouth 3 times daily as needed. |  |  |  |
|---|--|--|--|--|

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

- |  |  |
|--|--|
| • [EXPIRED] levoFLOXacin 500 MG tablet | Take 1 tablet by mouth daily.                          |
| • Levothyroxine 50 MCG tablet          | Take 1 tablet by mouth every morning before breakfast. |
| • Lisinopril 10 MG tablet              | Take 1 tablet by mouth daily.                          |
| • Vitamin E 90 MG (200 UNIT) capsule   | Take 2 capsules by mouth daily.                        |

**REVIEW OF SYSTEMS:**

Review of Systems unchanged from before

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

Temp: [97.6 °F (36.4 °C)-98.7 °F (37.1 °C)] 97.8 °F (36.6 °C)

Pulse (Heart Rate): [86-121] 88

Resp Rate: [16-20] 20

BP: (85-159)/(51-102) 103/61

O2 Sat (%): [90 %-100 %] 95 %

Weight: [61 kg (134 lb 7.7 oz)] 61 kg (134 lb 7.7 oz)

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

Pulse (Heart Rate): 88

Neuro ICP/CPP Monitoring

MAP (mmHg): 71 mmHg

Neuro ICP/CPP Monitoring 2

MAP (mmHg): 71 mmHg

Ventilation/Oxygen Therapy (24hrs):Oxygen Therapy

O2 Sat (%): 95 %

O2 Device: room air

Neuro-Cognitive Assessment/Scores

Level Of Consciousness: return to WDL

Orientation: return to WDL

Glasgow Coma Scale Score: 15

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

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

Name	Placement date	Placement time	Site	Days
Midline Catheter - Single Lumen EPIV AST 09/19/24 1016 purple left basilic vein (medial side of arm) open-ended catheter 20 gauge	09/19/24	1016	—	1
Peripheral IV Line - Single Lumen 09/17/24 1255 green forearm, anterior, right 18 gauge; 1 in length	09/17/24	1255	—	3
Chest Tube Site(1) 09/17/24 1453 Right posterior other (see comments)	09/17/24	1453	—	3
Chest Tube Site(3) 09/17/24 1457 Right anterior other	09/17/24	1457	—	3



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

(see comments)

Wound Surgical 09/17/24

09/17/24

1333

Flank

3

1333 Right;Upper Flank

**Fluid Management (24hrs):**

-Intake/Output this shift:

I/O this shift:

In: -

Out: 10 [Other:10]

Last Bowel Movement: 09/15/24

**PHYSICAL EXAM:**

Physical Exam uncomfortable at present.

Incentive spirometry is very good and patient still has a leak that is visible more in 1 tube than the other. Minimal drainage has been noted.

Evaluation of the patient's anal area reveals multiple what appears to be thrombosed hemorrhoid was extremely painful with a minimal bleeding at this time. Patient has not been able to reduce those.

**DIAGNOSTIC RESULTS/PROCEDURES:**

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

**Imaging/Radiological Studies:****Old chest x-rays reviewed****ASSESSMENT:****Patient Active Problem List**

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

Doing well from the standpoint of his lobectomy. Of interest is the sodium of 125 today and the increased white count to 20,000

Questionable infiltrates in the right lung raise the possibility of aspiration


**PLAN:**

The plan is to remove 1 chest tube from this patient. At present is uncomfortable and therefore I would remove it later. We will consult General surgery for his thrombosed hemorrhoids as well as given Mag citrate in addition to his cocktail of medications given to relieve his constipation Dulcolax suppositories may also be useful

Possible consideration for a swallowing evaluation

Admission (Discharged) on 9/16/2024

Note shared with patient

**Care Timeline**09/16  Admitted (Observation) 0954 Admitted 120109/17  BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY

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

○ Transferred to Adena 2B Inpatient Unit 1624  
09/18 ○ Transferred out of Adena 2B Inpatient Unit 1634  
10/03 ○ RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION  
10/15 ○ Discharged 0131

Printed by [HICK27] at 10/15/2024 12:09 PM

# Cochran, Jeffrey

MRN: 982477266

**Rachel E Palmer, DO**

Resident

HOSPITALIST - Notes Only

Progress Notes

Attested



Date of Service: 9/21/2024 9:31 AM

Attestation signed by Enovwo E Ohwofahworaye, DO at 9/21/2024 4:22 PM

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

GEN: Emaciated looking male mildly distressed and acutely ill-appearing, A&O x 3, Pleasant and conversant

SKIN: warm dry acyanotic not jaundice

HEART: RRR slightly tachycardic, no murmur

LUNGS: Two chest tubes noted, diminished slightly coarse with friction rub, mild bibasilar crackles, overall non labored

ABDOMEN: Soft, non tender or distended, BS x 4 normactive

EXT: No LE edema, dorsalis Pedis pulses 1+

PSYCH: Mood and affect is appropriate

Patient today appears ill-appearing but nontoxic worsening leukocytosis culture still pending. Chest x-ray does reveal right lower lobe pneumonia will escalate antimicrobial therapy from ceftriaxone and Flagyl to cefepime and Flagyl for Pseudomonas coverage, there is concern for possible aspiration pneumonia will consult with speech therapist also discussed case with Cardiothoracic surgeon. Hyponatremia relatively persistent continue to encourage oral intake and sodium tablet suspect SIADH mediated will obtain continue sodium tablets, daily BMP  
Date of encounter 09/21/2024

**Hospital Medicine Daily Progress Note****Patient: Jeffrey Cochran, 8/27/1965, 982477266****Physician: Rachel E Palmer, DO****Length of Stay: 5****Subjective/Interval History:**

Patient admits to feeling feverish overnight and nausea/vomiting this morning. He has not had a bowel movement in 5 days despite laxative and stool softeners.

**Objective:**

Temp: [97.6 °F (36.4 °C)-98.7 °F (37.1 °C)] 97.8 °F (36.6 °C)

Pulse (Heart Rate): [86-121] 88

Resp Rate: [16-20] 20

BP: (85-159)/(51-102) 103/61

O2 Sat (%): [90 %-100 %] 95 %

Weight: [61 kg (134 lb 7.7 oz)] 61 kg (134 lb 7.7 oz)

Oxygen Therapy

O2 Sat (%): 95 %

O2 Device: room air

I/O last 3 completed shifts:

In: 966.7 [P.O.:700; IV Piggyback:266.7]

Out: 2575 [Urine:2075; Other:500]

General: Mild distress due to active nausea, good eye contact, ill appearing, cachexia

Thoracic: Chest rise symmetric. Increased work of breathing; R>L bilateral rales and rhonchi with decreased breath sounds in RLL. Right chest tubes draining serosanguinous fluid

Cardio: Regular rate and rhythm, no murmurs.

Abdomen: Soft, nontender, nondistended, no rebound.

Extremities: Well perfused. PT pulses 2+ b/l. 1+ peripheral pitting edema.

Skin: Warm, dry, no rashes or bruises

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

Neuro: Alert. Good memory and concentration. Speech fluent. No focal deficits.

**Data Review:**

WBC/Hgb/Hct/Plts: 20.4/7.9/23.7/388 (09/21 0157)

Bun/Creat/Cl/CO2/Glucose: 15/0.50/91/31/110 (09/21 0157)

No results found for the last 90 days.

-

**XR CHEST 1 VIEW PORTABLE**

Narrative: EXAMINATION:

ONE XRAY VIEW OF THE CHEST

9/21/2024 6:11 am

COMPARISON:

20 September 2024

HISTORY:

ORDERING SYSTEM PROVIDED HISTORY:

TECHNOLOGIST PROVIDED HISTORY:

Reason for Exam: Empyema;

**FINDINGS:**

AP portable view of the chest time stamped at 540 hours demonstrates overlying monitoring electrodes. 2 right-sided large-bore chest tubes are unchanged in position both terminating in the right upper lung field laterally. Small amount of extrapleural air remains with subcutaneous emphysema right axilla and over the right upper lung field. There is been least opacity at the right lung base which may be related to developing airspace disease, or infection. Some air bubbles are noted at the right base likely related to empyema. Left lung is hyperinflated but clear. Heart size is within normal limits. A right effusion is noted.

Impression: IMPRESSION:

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

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

Interpreting Provider: Mary Wall, MD

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

**Assessment/Plan:**

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

**RLL empyema with pneumonia:**

Suspect metastatic vs infectious origin.

S/p 9/18 Bronchoscopy with aspiration, right thoracotomy, pleurectomy, right lower lobectomy, lymphadenectomy performed. 2 Chest tube remaining due to small pneumothorax.

9/16 pleural fluid: bloody, exudative

9/17 RLL empyema cultures: no pathogens

WBC increasing, left shift despite antibiotics.

- ID consulted, recs that he will require IV for 3 wks post discharge

- Cefepime 9/21 and 9/20 flagyl

- Toradol 15 mg IV and Norco 7.5 mg q4 prn

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

- Continue chest tubes and mgmt per CT surgery

**Normocytic anemia**

Suspected 2/2 acute blood loss from RLL, as chest tubes continue to drain bloody fluid

Hgb baseline 11.3, currently 7.9

- Ferritin, B12, folate, PT/INR type & screen ordered
- Transfuse 1 unit pRBC if hgb <7

**Electrolyte abnormalities****Hypotonic Hyponatremia**

Na 130 admission &gt; 125 today. Serum Osms 261 (low) despite salt tabs and regular diet.

Suspect 2/2 poor PO intake vs post surgical SIADH vs metastatic squamous cell carcinoma

- Salt tablets with meals TID
- Urine electrolytes and osms, serum osms ordered

**Chronic Constipation**

Requires lactulose at home. Denies having a BM since admission. Denies pain, discomfort but is passing gas.

- Senna/docusate daily, Miralax BID, lactulose PRN
- CT surgery ordered magnesium citrate

**Severe protein caloric malnutrition**

Malnourished and cachectic appearing, Subcutaneous fat Loss and muscle mass loss are severe, secondary to metastatic disease

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

**Resolved:**

Sepsis

**Chronic Conditions:**

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

Emphysema: Duonebs q6h, albuterol q4h PRN

HTN: Lisinopril 10mg

Hypothyroidism: Lexythyroxine 50 mcg

Constipation: Lactulose 15 mL

FEN/GI: Regular diet with protein supplementation. No MIVF.

PPx: subQ heparin 5000u bid

Code Status: FULL CODE

Dispo: Inpatient, needs surgical recovery, will be going to SNF.

Rachel Palmer, DO, PGY-2

Internal Medicine Residency

Adena Regional Medical Center

Cosigned by: Enovwo E Ohwofahworaye, DO at 9/21/2024 4:22 PM

Admission (Discharged) on 9/16/2024

Note shared with patient

**Care Timeline**

- 09/16 Admitted (Observation) 0954  
Admitted 1201
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- 10/15 Discharged 0131

# Cochran, Jeffrey

MRN: 982477266

**Cody Horn, DO**

Physician

INFECT DIS - Notes Only

Plan of Care  
Addendum

Date of Service: 9/20/2024 8:22 PM

**Outpatient Parenteral Antibiotic Therapy (OPAT):**

For patients who will be discharged on parenteral (IV) antibiotic therapy, please utilize the OPAT discharge orderset. For patients who are on oral antibiotic therapy, utilization of this orderset is not necessary.

**Diagnosis:** empyema**Causative organism:** normal flora**Line Type/Care:****• Midline**

- Dressing: Change transparent dressings every 7 days or PRN if non-occlusive, damp, or soiled. Change securement device every 7 days with each dressing change. Change positive flow cap with each dressing change.
- Catheter Irrigation: 10cc Normal Saline every 12 hours if not in use. 10cc Normal Saline before and after medication administration. 20cc Normal Saline after blood products or blood draw from line. Replace positive flow cap with each blood draw.
- Scrub hub of cap for 15 seconds before using line.
- When to call for help: Arm becomes swollen, line does not flush, leaking of blood or fluid from insertion site, redness at insertion site or on arm above the insertion site, or numbness in the hand or arm that the line is in.

Replace CHG-impregnated disc with each dressing change.

Vascular access team consult to evaluate line and replace as needed.

**Antibiotic(s) with dose:**

Cefepime 2g q8h stop date 10/11

Po metronidazole stop date 10/11

IV vancomycin 1250mg twice daily

The dosing of these antibiotics is based on today's PK/PD calculations and is subject to change. Please evaluate the patient's medication list and carefully verify their dosing, and infusion rate prior to discharge. Do not hesitate to call the on-call ID Team with any questions.

**Duration of Therapy:**

Stop date 10/8

**OPAT ID Providers:**

Cody Horn, D.O.

**Labs:**

Please have the Home Care Company or Extended Care Facility obtain weekly CBC w/diff and BUN/Cr every Monday and fax to **740-779-8976**, attention Cody Horn, D.O..

**Imaging:**

No

**Follow-up:**

Yes - The patient should follow-up in the ID Clinic with the ID provider listed below in 2 week(s).

**If Yes:****Please ensure patient is enrolled in MyChart prior to discharge in order for Virtual Visits to be performed**

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

**Clinic Location:**

Adena Infectious Disease  
Medical Office Building  
272 Hospital Road  
Suite 150  
Chillicothe, Ohio 45601

If the patient is being discharged to a Long-Term Acute Care Hospital (LTACH), we will defer ID Care to the Infectious Disease Providers at the LTACH facility. Please instruct the facility that if the patient requires ID Follow-up after discharge, then they should call our office to arrange for an appointment.

Central Access:

Can Central Access be removed at the end of therapy: To be determined.

Does Patient Need Oral Antibiotic Therapy at the End of Parenteral Therapy:

To be determined.

Additional notes**Cody Horn, DO**

Infectious Disease Attending  
Ph# 740.656.7221  
Please call before paging or using Vocera  
9/20/2024  
8:22 PM

Admission (Discharged) on 9/16/2024

Note shared with patient



**Care Timeline**

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Printed by [HICK27] at 10/15/2024 12:09 PM

# Cochran, Jeffrey

MRN: 982477266

**Cody Horn, DO**Physician  
INFECT DIS - Notes OnlyProgress Notes    
Signed

Date of Service: 9/20/2024 8:19 PM

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

Empyema

**Antimicrobials:**

Unasyn

**Pertinent Micro:**

9/16 pleural fluid culture normal resp flora

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

**SUBJECTIVE:**

No fever or events overnight. Feeling great today he says. No worsening cough.

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

09/20/24 2003  
BP: 119/74  
Pulse: 109  
Resp: 16  
Temp: 97.9 °F (36.6 °C)  
SpO2: 91%

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

Eyes: Anicteric

HENT: NC/AT

Mouth: poor dentition

CV: Heart regular, no murmurs

Respiratory: Clear to auscultation posteirorly, no wheezes, crackles or rales noted, chest tube in place on rightside

GI: Soft, nontender

Skin: No rashes, no ecchymosis

Psych: Coherent, cooperative with exam

Neuro: No seizure activity, alert and oriented x3

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

Component	Value	Date
WBC	16.3 (H)	09/20/2024
HGB	9.0 (L)	09/20/2024
HCT	27.3 (L)	09/20/2024
PLATELET	447 (H)	09/20/2024
MCV	95.5	09/20/2024

**Lab Results**

Component	Value	Date
CREATSERUM	0.52 (L)	09/20/2024

No results found for: "CRP"

No results found for: "SEDRATE"

Serum creatinine: 0.52 mg/dL (L) 09/20/24 0359

Estimated creatinine clearance: 132 mL/min (A)

**Recent RADIOLOGY:**

Personally reviewed radiographic images

No new images



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

**ASSESSMENT:**

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

**PLAN:**

- Switched Unasyn to ceftriaxone and metronidazole
- Normal flora from the cultures.
- Plan for 3 weeks IV therapy followed by an additional 3 weeks po
- OPAT signed
- Discussed above plan of care with primary team, nursing
- Personally reviewed culture data and lab data, summarized above.

**Cody Horn, DO**

Infectious Disease Attending


Ph# 740.656.7221


Please call before paging or using Vocera


9/20/2024


8:19 PM


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


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Printed by [HICK27] at 10/15/2024 12:09 PM

# Cochran, Jeffrey

MRN: 982477266

**Frank Chen, DO**

Physician

HOSPITALIST - Notes Only

Progress Notes

Attested



Date of Service: 9/20/2024 3:00 PM

Attestation signed by Enovwo E Ohwofahworaye, DO at 9/20/2024 5:22 PM

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

GEN: NAD, A&O x 3, Pleasant and conversant

SKIN: warm dry acyanotic not jaundice

HEART: RRR, no murmur

LUNGS: Two chest tubes noted, diminished slightly coarse with friction rub, mild bibasilar crackles, overall non labored

ABDOMEN: Soft, non tender or distended, BS x 4 normactive

EXT: No LE edema, dorsalis Pedis pulses 1+

PSYCH: Mood and affect is appropriate

Overall patient was clinically improving, leukocytosis trended down culture still pending but negative so far likely in the setting of patient already receiving IV antibiotics, hyponatremia relatively persistent continue to encourage oral intake and sodium tablet suspect SIADH mediated obtaining urine electrolytes will be un-yielded given patient was already started on sodium tablets continue daily BMP  
Date of encounter 09/20/2024

Of note-Case was discussed with thoracic surgeon due to surgical finding of mucopurulence he recommended 4 weeks of appropriate antibiotics upon discharge

**Hospital Medicine Daily Progress Note****Patient: Jeffrey Cochran, 8/27/1965, 982477266****Physician: Frank Chen, DO****Length of Stay: 4****Subjective/Interval History:**

Patient was evaluated at bedside. Patient was in good spirits, feels significantly improved. Patient's continues to have a bit of RLQ pain.

**Objective:**

Temp: [97.6 °F (36.4 °C)-98.8 °F (37.1 °C)] 98.7 °F (37.1 °C)

Pulse (Heart Rate): [84-108] 103

Resp Rate: [17-28] 18

BP: (95-142)/(61-101) 117/61

O2 Sat (%): [90 %-100 %] 99 %

Oxygen Therapy

O2 Sat (%): 99 %

O2 Device: room air

I/O last 3 completed shifts:

In: 1066.7 [P.O.:800; IV Piggyback:266.7]

Out: 2043 [Urine:1450; Other:593]

General: NAD, good eye contact, malnourished and cachectic

Thoracic: Chest rise symmetric, on room air, improved air flow

HEENT: Enlarged thyroid

Cardio: Regular rate and rhythm, no murmurs

Abdomen: Soft, nondistended, mild tenderness to palpation, improved

Extremities: Warm, well perfused.

Skin: warm, dry, some bruises

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

**Data Review:**

Na/K+/Phos/Mg/Ca: 128/4.5/2.5/1.7/8.3 (09/20 0359)

Bun/Creat/Cl/CO2/Glucose: 16/0.52/95/28/97 (09/20 0359)

WBC/Hgb/Hct/Plts: 16.3/9.0/27.3/447 (09/20 0359)

Additional Labs:

None

Cultures/Microbiology:

9/17 Operative culture - GPC, no pathogens present

9/16 Pleural fluid cx - NGTD

Blood cx NGTD

Fungal cx NGTD

MRSA nares negative

Imaging/Radiological Studies:**XR CHEST 1 VIEW PORTABLE**

Narrative: EXAMINATION:

ONE XRAY VIEW OF THE CHEST

9/20/2024 5:55 am

## COMPARISON:

09/19/2024

## HISTORY:

ORDERING SYSTEM PROVIDED HISTORY:

TECHNOLOGIST PROVIDED HISTORY:

Reason for Exam: empyema;

## FINDINGS:

3 right-sided chest tubes are again demonstrated with a partially loculated small right pleural fluid collection stable since prior examination. Removal of the right chest wall surgical drain. Right chest wall subcutaneous emphysema is again demonstrated, stable. There is a small right basilar pneumothorax decreased in size since prior. Left lung remains clear. Cardiomedastinal silhouette and bony thorax are unchanged.

## Impression: IMPRESSION:

Interval removal of the right chest wall surgical drain.

Small right basilar pneumothorax decreased in size since prior examination.

Stable small partially loculated right pleural fluid collection.

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

Interpreting Provider: Vikram Krishnasetty, MD

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

**Assessment/Plan:**

Jeffrey Cochran is a 59 y.o. male patient with past medical history of HTN, hypothyroidism secondary to thyroid cancer/thyroidectomy, chronic constipation requiring bowel medication, who p/w RLQ abdominal pain with constipation and recent weight loss, found to have large area of consolidative opacity in the right lower lobe on CT, consistent with RLL pneumonia as well as RLL empyema. Patient met SIRS criteria of WBC and tachycardia on presentation, Empyema and pneumonia seen on CT. Initiated on Vancomycin/Zosyn, IV fluids in HMCG ER, no longer meeting SIRS criteria post transfer to Adena medical center. MRSA nares negative. Vanc/zosyn discontinued. Started Unasyn.

**RLL empyema with pneumonia:**

Thoracentesis showed presence of debris

9/18 s/p Bronchoscopy with aspiration, right thoracotomy, pleurectomy, right lower lobectomy, bronchoscopy with

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

tracheobronchial tree, lymphadenectomy performed. 1 chest tube left in due to small pneumothorax. Patient will require unasyn IV for 3 wks post discharge, and an additional 3 wks PO antibiotics.

- Unasyn 3 g with 100mL NS IV fluid
- Toradol 15 mg IV and Norco 7.5 mg q4 prn
- follow-up on pleural culture
- Continue chest tubes and mgmt per CTS

### Severe protein caloric malnutrition

Malnourished and cachectic appearing, Subcutaneous fat Loss and muscle mass loss are severe, secondary to chronic illness as evidenced by clinical characteristics. Nutrition following

Weight Loss: > 5% in 1 month.

BMI 18.22

- Marinol for appetite stimulation
- oral nutrition supplement (Ensure + high protein) daily with meals

### Hyponatremia

Present on admission > 128 today

Etiology unknown, likely poor diet intake

- Salt tablets with meals
- monitor BNP in AM

### Constipation

Requires lactulose at home. Denies having a BM since admission. Denies pain, discomfort but is passing gas.

- senna/docusate
- Miralax
- lactulose PRN
- monitor for BM

### Resolved

Sepsis

### Chronic Conditions:

HTN: Lisinopril 10mg

Hypothyroidism: Levothyroxine 50 mcg

Constipation: Lactulose 15 mL

FEN/GI: Regular diet with protein supplementation. No MIVF.

PPx: subQ heparin 5000u bid

Code Status: FULL CODE

Dispo: Inpatient, needs surgical recovery, will be going to SNF.

Frank Chen, DO

Cosigned by: Enovwo E Ohwofahworaye, DO at 9/20/2024 5:22 PM

Admission (Discharged) on 9/16/2024

Note shared with patient

### Care Timeline

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Printed by [HICK27] at 10/15/2024 12:09 PM

Cochran, Jeffrey

MRN: 982477266

Melissa Sickels, RN

Care Manager RN

CARE MANAGEMENT - Notes Only

Progress Notes

Addendum

Date of Service: 9/20/2024 2:53 PM

Patient will need rehab placement and IV antibiotic management on discharge. Referral under review at Arbors of Gallipolis per Stephanie today. Referral also sent to Abbyshire Place Health and Rehab today.

Once accepted by a facility, patient will need insurance authorization.

Resources were added to AVS to assist patient once discharged from rehab facility. Care management will continue to follow and update team accordingly.

	09/20/24 1452
Barriers to Discharge	
Barriers to Discharge	Physician Decision
Explanation of Barriers	Patient not medically stable for discharge at this time, pending removal of chest tubes.
Discharge Planning	
Expected Discharge Disposition	SNF
Anticipated Services at Discharge	Skilled Nursing;Physical Therapy;Occupational Therapy

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

Care Timeline

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10/03

RIGHT THORACOTOMY POSTOPERATIVE COMPLICATION

10/15

Discharged 0131

# Cochran, Jeffrey

MRN: 982477266

**Destinie Woolridge, COTA**Occupational Therapy Assistant  
Specialty: Occupational TherapistProgress Notes  
Signed

Date of Service: 9/20/2024 1:12 PM

**Adena Inpatient Acute****Occupational Therapy Treatment**

Jeffrey Cochran DOB: 8/27/1965

Provider: Enovwo E Ohwofahworaye, \*

Hospital Admission: 9/16/2024

Sepsis

**Principal Problem:****Sepsis****Active Problems:****Abscess of lower lobe of right lung with pneumonia****Empyema lung****Head and neck cancer****Essential hypertension****Other specified hypothyroidism****Severe protein-energy malnutrition****SOCIAL SERVICES ATTENTION:**

Acute Discharge Dispositions: Recommend short term rehab for medium intensity, can tolerate 1-3 hours of therapy per day with goal to return to home.

Anticipated Equipment Needs at Discharge (OT Eval): to be determined

**Precautions and Weight bearing Status:**

OT Existing Precautions/Restrictions: thoracotomy

Lines/Tubes/Drains (Rehab Status): Urinary catheter, Telemetry, Chest tube

**Subjective:**

Pt verbally stated that he would like to get out of bed.

**Objective:**

	09/20/24 1102
<b>Time In/Out</b>	
Time In	1102
Time Out	1122
Total Visit Time	20 minutes
Total Treatment Time (skilled, billable minutes)	16 minutes
OT Therapy Completed	Yes
<b>OT Evaluation and Treatment Time</b>	
Therapeutic Exercise Time Entry	16

Pt performed 1 set of 10 BUE shoulder flexion, abduction, forward rows, elbow flexion, and chest press #2 dowel for increased BUE strength/endurance

**Assessment:**

Pt required CGA for transfer from bed to chair. Pt required only one visual demo per exercise for increased proper formation

**Plan:**

Continue OT POC

**Additional Details:**

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

Patient location at end of session: chair

Alarms on at end of session: chair alarm

Needs in reach.

OT Evaluation and Treatment Time

Therapeutic Exercise Time Entry: (P) 16

**Treating Therapist: Destinie Woolridge, COTA**


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

Cosigned by: Anita Schwartz, OT at 9/20/2024 2:06 PM

Admission (Discharged) on 9/16/2024


*Note shared with patient*

### Care Timeline

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