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

Cochran, Jeffrey

MRN: 982477266

Mark T Tawil, MD
Physician
CARDIAC SURGERY - Notes Only

Progress Notes
Signed

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

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 shortness of breath.

HISTORY OF PRESENT ILLNESS:
Patient underwent right thoracotomy right lung decortication and right lower lobectomy because of abscess involvement of the lobe and empyema of the right chest. Dr. Radecki left 2 chest tubes and these are draining serosanguineous fluid with a leaks in both. Patient remains ambulatory and is working on his p.o. intake as well as incentive spirometry. He remains afebrile

CURRENT HOSPITALIZATION/ICU LOS:
Admit Date: 9/16/2024
ARMC Hospital LOS: 4 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	Date
• Head and neck cancer	2019
• Smoking	

SURGICAL HISTORY:
Past Surgical History:

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

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.			
• 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 14 system review was performed and and the important findings are part of the history

OBJECTIVE FINDINGS:
Vital Signs (24hrs):
Temp: [97.6 °F (36.4 °C)-98.8 °F (37.1 °C)] 97.6 °F (36.4 °C)
Pulse (Heart Rate): [84-106] 97
Resp Rate: [17-28] 18
BP: (95-142)/(58-90) 138/84
O2 Sat (%): [90 %-100 %] 97 %

Hemodynamic/Invasive Device Data (24 hrs):
Pulmonary/Cardiac Hemodynamics
Pulse (Heart Rate): 97
Neuro ICP/CPP Monitoring
MAP (mmHg): 104 mmHg
Neuro ICP/CPP Monitoring 2
MAP (mmHg): 104 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, & 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 pink forearm, posterior, left 20 gauge	—	—	—	—
Peripheral IV Line - Single Lumen 09/17/24 1255 green forearm, anterior, right 18 gauge;1 in length	09/17/24	1255	—	2
Chest Tube Site(1) 09/17/24 1453 Right posterior other (see comments)	09/17/24	1453	—	2
Chest Tube Site(3) 09/17/24	09/17/24	1457	—	2

1457 Right anterior other (see comments) Wound Surgical 09/17/24 1333 Right;Upper Flank	09/17/24	1333	Flank	2

Fluid Management (24hrs):
-Intake/Output this shift:
I/O this shift:
In: -
Out: 660 [Urine:600; Other:60]
Last Bowel Movement: 09/14/24

PHYSICAL EXAM:

Physical Exam in no acute distress at this point. Patient is cooperative and neurologically intact.
The chest tubes are in place and they are both leaking. No pus is coming out only serosanguineous fluid.
Depressed sounds on both lungs noted.

DIAGNOSTIC RESULTS/PROCEDURES:

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

Imaging/Radiological Studies*:*
Chest x-ray from this morning shows a clear right lung with a tiny pleural effusion. Chest tubes are in good position.

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:

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.
Keep tubes in for now
ID to plan long term antibiotics

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

Care Timeline

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

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 12:05 PM

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

Cochran, Jeffrey

MRN: 982477266

Cody Horn, DO
Physician
INFECT DIS - Notes Only

Progress Notes
Signed

Date of Service: 9/19/2024 10:48 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 well today. Worked with therapy earlier.

PHYSICAL EXAM:
Vitals:

	09/19/24 2200
BP:	
Pulse:	94
Resp:	**(!) 25**
Temp:	
SpO2:	97%

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 ×3

LABS:
Lab Results

Component	Value	Date
WBC	16.8 (H)	09/19/2024
HGB	9.5 (L)	09/19/2024
HCT	28.0 (L)	09/19/2024
PLATELET	428 (H)	09/19/2024
MCV	94.3	09/19/2024

Lab Results

Component	Value	Date
CREATSERUM	0.62 (L)	09/19/2024

No results found for: "CRP"
No results found for: "SEDRATE"
Serum creatinine: 0.62 mg/dL (L) 09/19/24 0421
Estimated creatinine clearance: 111 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:

- Continue with Unasyn
- Anticipate switching to ceftriaxone and metronidazole tomorrow
- Plan for 3 weeks IV therapy followed by an additional 3 weeks po
- Discussed above plan of care with primary team, vascular access 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
9/19/2024
10:48 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 12:05 PM

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

Cochran, Jeffrey

MRN: 982477266

Memorie Coder, RN
Registered Nurse
CARDIOVASCULAR CRIT CARE - Notes Only

Nursing Notes
Signed

Date of Service: 9/19/2024 2:50 PM

Notified Dr Palmer that Histology did not have enough fluid for testing after Micro testing was completed.

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 12:05 PM

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

Cochran, Jeffrey

MRN: 982477266

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

Progress Notes
Signed

Date of Service: 9/19/2024 2:43 PM

Adena Inpatient Acute
Physical 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:
Anticipated Equipment Needs at Discharge (PT Eval): to be determined. Recommend Short Term Rehab for medium intensity, can tolerate 1-3 hours of therapy per day with goal to return home.

Precautions and Weight bearing Status:
Lines/Tubes/Drains (Rehab Status): Urinary catheter, Telemetry, Chest tube
(READ-ONLY/RETIRED) Respiratory Status
O2 Device: room air

Subjective:
Patient supine in bed agreeable to treatment. Patient states I want to do as much as I can to get stronger.

Objective:

	09/19/24 1310
Time In/Out	
Time In	1310
Time Out	1338
Total Visit Time	28 minutes
Total Treatment Time (skilled, billable minutes)	25 minutes
PT Therapy Completed	Yes
PT Evaluation and Treatment Time	
Therapeutic Exercise Time Entry	16
Gait Training Time Entry	9
Supine to Sit Mobility	
Independence Level: Supine->Sit	stand-by assist
Bed Features/Set-up: Supine->Sit	Head of bed elevated;Use of bed rail
Skilled Rationale	Positioning;Hand placement;Verbal cues;Sequencing;Technique of activity
Sit to Stand Transfer	
Independence Level: Sit->Stand	contact guard assist
Assistive Device: Sit->Stand	hand held assist
Skilled Rationale	Positioning;Hand placement;Verbal cues;Full extension to upright positioning/posture;Technique of activity
Stand to Sit Transfer	
Independence Level: Stand->Sit	contact guard assist

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

Assistive Device: Stand->Sit	hand held assist
Skilled Rationale	Controlled descent for sitting;Technique of activity;Positioning;Hand placement;Sequencing
Gait Assessment	
Independence Level: Gait	contact guard assist
Assistive Device: Gait	hand held assist
Ambulation Distance (Feet)	45
Gait Deviations Identified	decreased gait speed;decreased step length

Patient completed 2 sets x 10 reps of (B) LE sitting and supine AROM therapeutic exercises improving strength, range of motion, energy and functional endurance.

Supine Ankle INV/EV/PF/ DF
Supine Quad Sets
Supine Glut Sets
Supine Straight Leg Raise
Supine Hip Abduction
Supine Heel Slides
Seated Long Arc Quad
Seated Hip Flexion
Seated Hip Abduction
Seated Hip Adduction

Patient Education includes: Patient educated on importance of maintaining compliance of HEP and gait program upon return to home.

Assessment:
Patient demonstrates good balance with gait with no LOB. Patient ambulated throughout room multiple times making multiple turns.

Plan:
Continue to progress per POC

Additional Details:
Patient location at end of session: chair
Alarms on at end of session: RN aware
Needs in reach.

PT Evaluation and Treatment Time
Therapeutic Exercise Time Entry: 16
Gait Training Time Entry: 9

Treating Therapist: Brian Duncan, PTA

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

Cosigned by: Amanda Maynard, PT at 9/20/2024 4:27 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

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

10/15 Discharged 0131

Printed by [HICK27] at 10/15/2024 12:05 PM

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

Cochran, Jeffrey

MRN: 982477266

Karen Benson, RN
Registered Nurse
NURSING - Notes Only

Procedures Signed

Date of Service: 9/19/2024 10:17 AM

Procedure Orders
GENERAL PROCEDURE [829741096] ordered by Karen Benson, RN at 09/19/24 1017

Vascular Access Consultation and Evaluation for EPIV Placement

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

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

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

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

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

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

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

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

After the procedure, did the clinician
1. Apply a sterile dressing immediately after insertion. Yes
2. Document date and time on the dressing. Yes
3. Perform hand hygiene before and after. Yes
4. All staff wore a mask until sterile dressing was placed. Yes
5. Dispose of sharps immediately/appropriately after the procedure.Yes

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

6. Patient tolerated procedure well without any complications

Internal length:10
External length:0

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

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

Care Timeline

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

Printed by [HICK27] at 10/15/2024 12:05 PM

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

Cochran, Jeffrey

MRN: 982477266

Angie Smith, RN
Registered Nurse
CARE MANAGEMENT - Notes Only

Progress Notes
Signed

Date of Service: 9/19/2024 9:41 AM

Spoke to patient at bedside regarding discharge planning. Patient is agreeable to Arbors at Gallipolis or Holzer Senior care. He has not preference on which location. Referrals sent.

	09/19/24 0940
Patient Choice for Post-Acute Providers	
Resumption of care?	No
Establishing care?	Yes
Level of care for choice	SNF
Preferred geographic region	Discussed and honored
Source of list	Medicare.gov
List was provided to	Patient
Method of delivery	In Person
Is the provider part of a joint venture or have a financial relationship with discharging hospital?	No

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 12:05 PM

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

Cochran, Jeffrey

MRN: 982477266

Kevin M Radecki, MD
Physician
THORACIC SURGERY - Notes Only

Progress Notes
Signed

Date of Service: 9/19/2024 9:35 AM

THORACIC PROGRES NOTE

COMPLAINT:
None.

OBJECTIVE FINDINGS:
Vital Signs (24hrs):
Temp: [98 °F (36.7 °C)-98.1 °F (36.7 °C)] 98.1 °F (36.7 °C)
Pulse (Heart Rate): [81-100] 100
Resp Rate: [15-30] 22
BP: (83-180)/(53-99) 100/75
O2 Sat (%): [86 %-100 %] 100 %

Fluid Management (24hrs):
-Intake/Output this shift:
No intake/output data recorded.
Last Bowel Movement: 09/14/24

PHYSICAL EXAM:
Sitting up in bed. No acute distress. Great disposition. Alert orientated 3. Neurologic 2 through 12 intact. Temporal muscle wasting, intercostal muscle wasting, in extremity muscle wasting at baseline. Midline rhonchi that clears with cough. Sputum is clear in nature. Small intermittent air leak. Heart regular. Bowel sounds hypoactive, soft, no peritoneal signs patient reports flatus. Incisions clean and dry.

DIAGNOSTIC RESULTS/PROCEDURES:
Labs-ABGs

Labs-CBC
WBC/Hgb/Hct/Plts: 16.8/9.5/28.0/428 (09/19 0421)

Labs-Chem 7(PMC)
Bun/Creat/Cl/CO2/Glucose: 22/0.62/97/25/116 (09/19 0421)
Na/K+/Phos/Mg/Ca: 129/4.2/--/--/7.9 (09/19 0421)

Imaging/Radiological Studies:
@IMAGES@

ASSESSMENT:
Patient Active Problem List

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

PLAN:
Obtain chest x-ray. Remove right angle chest tube. Remove Jackson-Pratt drain. Remove Foley. Culture results pending, however, white blood cell count is decreasing. Rounded with the hospital team in bedside nurse

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

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 12:05 PM

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

Cochran, Jeffrey

MRN: 982477266

Frank Chen, DO
Physician
HOSPITALIST - Notes Only

Progress Notes
Attested

Date of Service: 9/19/2024 8:04 AM

Attestation signed by Enovwo E Ohwofahworaye, DO at 9/20/2024 7:26 AM

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

GEN: 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
Date of encounter 09/19/2024

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: 3

Subjective/Interval History:
Patient was evaluated at bedside. Patient was in good spirits, feels significantly improved. Patient's RLQ pain is still present but improved.

Objective:
Temp: [97.9 °F (36.6 °C)-98.8 °F (37.1 °C)] 98.8 °F (37.1 °C)
Pulse (Heart Rate): [82-109] 104
Resp Rate: [15-30] 21
BP: (83-146)/(53-84) 113/74
O2 Sat (%): [86 %-100 %] 95 %
Oxygen Therapy
O2 Sat (%): 95 %
O2 Device: room air
I/O last 3 completed shifts:
In: 2575 [P.O.:1775; I.V.:600; IV Piggyback:200]
Out: 2933 [Urine:2200; Other:733]

General: NAD, good eye contact, malnourished and cachectic
Thoracic: Chest rise symmetric, on room air, improved air flow, **crackles improved compared to yesterday**
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: 129/4.2/--/--/7.9 (09/19 0421)
Bun/Creat/Cl/CO2/Glucose: 22/0.62/97/25/116 (09/19 0421)
WBC/Hgb/Hct/Plts: 16.8/9.5/28.0/428 (09/19 0421)

Additional Labs:
None

Cultures/Microbiology:
9/17 Operative culture - GPC, no pathogens present
9/16 Pleural fluid culture
Blood cx pending
Fungal cx Pending
MRSA nares negative

Imaging/Radiological Studies:
XR CHEST 1 VIEW PORTABLE
Narrative: EXAMINATION:
ONE XRAY VIEW OF THE CHEST

9/19/2024 8:55 am

COMPARISON:
09/18/2024

HISTORY:
ORDERING SYSTEM PROVIDED HISTORY:
TECHNOLOGIST PROVIDED HISTORY:
Reason for Exam: Pneumothorax;

FINDINGS:
There are 2 right-sided chest tubes again demonstrated. There is a surgical drain in the right lateral chest wall. There is extensive right chest wall subcutaneous emphysema again demonstrated. There is a persistent small to moderate right basilar pneumothorax again noted. Emphysematous changes are again noted in both lungs with biapical scarring. Cardiomediastinal silhouette and bony thorax are unchanged.
Impression: 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

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 opacitiy 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 tracheobronchial tree, lymphadenectomy performed. 1 chest tube left in due to small pneumothorax.
- Unasyn 3 g with 100mL NS IV fluid
- Toradol 15 mg IV and Norco 7.5 mg q4 prn

- follow-up on pleural culture

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
130 on admission > 129 today
Etiology unknown, possibly poor diet intake
- Salt tablets with meals
- monitor BNP in AM

Resolved
Sepsis

Chronic Conditions:
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, anticipate 1-2 more days, will be going home.

Frank Chen, DO
Cosigned by: Enovwo E Ohwofahworaye, DO at 9/20/2024 7:26 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

Printed by [HICK27] at 10/15/2024 12:05 PM

Cochran, Jeffrey

MRN: 982477266

Cody Horn, DO
Physician
INFECT DIS - Notes Only

Progress Notes
Signed

Date of Service: 9/18/2024 9:47 PM

Infectious Disease - progress Note

Reason for consult:
Empyema

Antimicrobials:
Unasyn

Pertinent Micro:
9/16 pleural fluid culture in process, Gram stain negative
9/17 operative culture GPC from Gram stain, culture in progress

SUBJECTIVE:
No fever or events overnight. Feeling better he says. Cough improved.

PHYSICAL EXAM:
Vitals:

	09/18/24 2000
BP:	83/53
Pulse:	93
Resp:	16
Temp:	
SpO2:	**(!) 86%**

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 anteriorly, 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 ×3

LABS:
Lab Results

Component	Value	Date
WBC	20.7 (H)	09/18/2024
HGB	11.5 (L)	09/18/2024
HCT	33.7 (L)	09/18/2024
PLATELET	524 (H)	09/18/2024
MCV	95.2	09/18/2024

Lab Results

Component	Value	Date
CREATSERUM	0.54 (L)	09/18/2024

No results found for: "CRP"
No results found for: "SEDRATE"
Serum creatinine: 0.54 mg/dL (L) 09/18/24 0351
Estimated creatinine clearance: 127 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:

- Continue with Unasyn
- Follow up with 9/17 operative culture, 1+ GPC from the Gram stain
- Will require IV antibiotics postoperatively
- Discussed above plan of care with primary team, nursing, cardiothoracic surgery
- Personally reviewed culture data and lab data, summarized above.

Cody Horn, DO
Infectious Disease Attending
Ph# 740.656.7221
Please call before paging or using Vocera
9/18/2024
9:47 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 12:05 PM

Cochran, Jeffrey

MRN: 982477266

Rimsha Afzal
Medical Student
HOSPITALIST - Notes Only

Progress Notes
Attested

Date of Service: 9/18/2024 11:44 AM

Attestation signed by Enovwo E Ohwofahworaye, DO at 9/18/2024 6:37 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 Palmer and student doctor Afzal. 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, Case discussed with thoracic surgeon due to surgical finding of mucopurulence he recommended 4 weeks of appropriate antibiotics upon discharge
Date of encounter 09/18/2024

Hospital Medicine Daily Progress Note
Patient: Jeffrey Cochran, 8/27/1965, 982477266
Physician: Rimsha Afzal
Length of Stay: 2

Subjective/Interval History:
Patient was resting by bedside today finishing his breakfast, does not report any overnight concerns except for post-op pain which was managed with pain medication. Patient states this is the best he has felt since admission.

Objective:
Temp: [96.5 °F (35.8 °C)-98 °F (36.7 °C)] 98 °F (36.7 °C)
Pulse (Heart Rate): [71-100] 88
Resp Rate: [8-27] 23
BP: (89-180)/(60-101) 98/65
O2 Sat (%): [93 %-100 %] 97 %
Weight: [47.3 kg (104 lb 4.4 oz)-60.9 kg (134 lb 4.2 oz)] 60.9 kg (134 lb 4.2 oz)
Oxygen Therapy
O2 Sat (%): 97 %
O2 Device: room air
Flow (L/min): 2
I/O last 3 completed shifts:
In: 6570 [I.V.:5135; IV Piggyback:1435]
Out: 2073 [Urine:1450; Other:598]

General: NAD, good eye contact, malnourished and cachectic
Thoracic: Chest rise symmetric, on room air, **crackles + wheezing noted in upper lobes bilaterally possibly from pleurectomy**.
HEENT: Enlarged thyroid
Cardio: Regular rate and rhythm, no murmurs
Abdomen: Soft, nontender, nondistended
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: 127/4.2/--/--/8.5 (09/18 0351)
Bun/Creat/Cl/CO2/Glucose: 15/0.54/94/26/126 (09/18 0351)
WBC/Hgb/Hct/Plts: 20.7/11.5/33.7/524 (09/18 0351)

Additional Labs:
N/a

Cultures/Microbiology:
Pending results from operative and pleural culture

Imaging/Radiological Studies:
9/16 US Thoracentesis right
- presence of debris, only minimal amount of fluid aspirated

9/18 XR Chest
- 2 right large bore chest tubes in place with small right basilar pneumothorax.

Assessment/Plan:
Jeffrey Cochran is a 59 y.o. male w PMHx HTN, hypothyroidism with a partial thyroidectomy, hemorrhoids, who p/w RLQ abdominal pain with associated weight loss and constipation, found to have large solitary opacity in the RLL, consistent with RLL pneumonia and empyema with sepsis. CVS consulted and patient had a Bronchoscopy with aspiration, right thoracotomy, pleurectomy, right lower lobectomy, bronchoscopy with tracheobronchial tree, lymphadenectomy on 9/18. ID consulted and operative cultures are pending but growing GPC; pleural fluid culture pending but growing gram negative bacteria. Patient is on Unasyn

RLL empyema with pneumonia:
Thoracentesis showed presence of debris
CVS consulted, appreciate their recs
9/18 Bronchoscopy with aspiration, right thoracotomy, pleurectomy, right lower lobectomy, bronchoscopy with tracheobronchial tree, lymphadenectomy performed
- Unasyn 3 g with 100mL NS IV fluid for 3 weeks, then switch to PO for 3 weeks
- Toradol 15 mg IV and Norco 7.5 mg q4 prn
- follow-up on operative culture (GPC)
- follow-up on pleural culture (gram negative)
- remove foley catheter tomorrow per CVS

Severe protein caloric malnutrition
Malnourished and cachectic appearing
Etiology: chronic Illness as evidenced by clinical characteristics
Weight Loss: > 5% in 1 month.
Subcutaneous fat Loss and muscle mass loss are severe
BMI 18.22
- Marinol for appetite stimulation
- oral nutrition supplement (Ensure + high protein) daily with meals

Hyponatremia
130 on admission > 129 today
Etiology unknown, possibly poor diet intake
- Salt tablets with meals
- monitor BNP in AM

Resolved
Sepsis
2/4 SIRS after transfer to Adena ED from Holzer with tachycardia and elevated WBC. No longer met

Chronic Conditions:
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, anticipate 2 more days, will be going home.

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

Rimsha Afzal, OMS-3
Cosigned by: Enovwo E Ohwofahworaye, DO at 9/18/2024 6:37 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 12:05 PM

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

Cochran, Jeffrey

MRN: 982477266

Angie Smith, RN
Registered Nurse
CARE MANAGEMENT - Notes Only

Progress Notes
Signed

Date of Service: 9/18/2024 11:25 AM

	09/18/24 1125
Barriers to Discharge	
Barriers to Discharge	Physician Decision
Explanation of Barriers	Patient is not medically ready for discharge, chest tubes in place
Discharge Planning	
Expected Discharge Disposition	Home
Anticipated Services at Discharge	Outpatient follow up

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 12:05 PM

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

Cochran, Jeffrey

MRN: 982477266

Angie Smith, RN
Registered Nurse
CARE MANAGEMENT - Notes Only

Progress Notes
Signed

Date of Service: 9/18/2024 10:47 AM

Patient is independent from home alone. He reports no DME or home services prior to admission.He still drives and his friend Marilyn will provide transportation at discharge. He denies any needs or concerns at this time.

	09/18/24 1045
Referral Information	
Arrived From	emergency department
Readmission Information	
Was patient readmitted within 30 Days?	No
Information Source	
Information Source	patient
Outpatient Providers	
Outpatient Providers Updated In IHIS	No
Contact Information	
Case Manager/SW Added to Care Team	Yes
This Writer is Primary Case Manager/SW	Yes
Case Manager Name	Angie Smith BSN, RN
Case Manager's Phone Number	43825
Living Environment	
Lives With	alone
Living Arrangement and Set Up	apartment
Provides Primary Care For	no one
Primary Care Provided By	self
Support System	Friends;Neighbors
Able to Return to Prior Arrangements	yes
Functional Status	
Patient's Functional Status Prior To This Admission?	Independent
Are There Status Changes This Admission?	No
Changes Observed Since Admission?	No Changes Observed
Concerns With Patient Being Able To Care For Themselves At Discharge?	No
Can Support Person Meet The Care Needs Of The Patient?	Yes
Employment/Financial	
Financial Concerns	none
Insurance	
Medical Insurance Verified	Yes
Prescription Coverage	Yes
Pharmacy updated in IHIS	No
Initial Discharge Planning	
Home Care Services (PTA)	No
Home Therapies (PTA)	None
DME (PTA)	None
Medical Supplies (PTA)	None
Patient Goal for Discharge	Get better
Expected Discharge Disposition	Home

Printed by [HICK27] at 10/15/2024 12:05 PM

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

Anticipated Services at Discharge	Outpatient follow up
Anticipated Changes Related to Illness	none
Transportation Available	car;family or friend will provide
Home Care Services (PTA)	
Additional Home Care Services (PTA)	no
Assessment/Concerns to be Addressed	
Concerns To Be Addressed	no discharge needs identified;denies needs/concerns at this time

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 12:05 PM

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

Cochran, Jeffrey

MRN: 982477266

Kevin M Radecki, MD
Physician
THORACIC SURGERY - Notes Only

Progress Notes
Signed

Date of Service: 9/18/2024 8:54 AM

THORACIC PROGRES NOTE

COMPLAINT:
Feels much

OBJECTIVE FINDINGS:
Vital Signs (24hrs):
Temp: [96.5 °F (35.8 °C)-98.6 °F (37 °C)] 97.3 °F (36.3 °C)
Pulse (Heart Rate): [71-86] 73
Resp Rate: [8-27] 14
BP: (89-139)/(60-101) 102/70
O2 Sat (%): [92 %-100 %] 95 %
Weight: [47.3 kg (104 lb 4.4 oz)-60.9 kg (134 lb 4.2 oz)] 60.9 kg (134 lb 4.2 oz)

Fluid Management (24hrs):
-Intake/Output this shift:
I/O this shift:
In: -
Out: 540 [Urine:350; Other:190]
Last Bowel Movement: 09/14/24

PHYSICAL EXAM:
Sitting up in bed eating breakfast conversing with his cousin. No acute distress. Alert orientated 3. Neurologic 2 through. Air leak and chest tube. Small rhonchi on the right. Heart is regular. Scant bowel sounds are present. Dressing clean dry and intact.

DIAGNOSTIC RESULTS/PROCEDURES:
Labs-ABGs

Labs-CBC
WBC/Hgb/Hct/Plts: 20.7/11.5/33.7/524 (09/18 0351)

Labs-Chem 7(PMC)
Bun/Creat/Cl/CO2/Glucose: 15/0.54/94/26/126 (09/18 0351)
Na/K+/Phos/Mg/Ca: 127/4.2/--/--/8.5 (09/18 0351)

Imaging/Radiological Studies:
@IMAGES@

ASSESSMENT:
Patient Active Problem List

Diagnosis	Date Noted	POA
• Sepsis [A41.9]	09/16/2024	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:
Hep-Lock IV fluids. Out of bed sitting up to a chair. Start Marinol for appetite stimulation. Start sodium chloride

tablets for hyponatremia. Hyponatremia present on admission. Primary team may transfer the patient out of the intensive care unit setting. Plan to remove Foley catheter 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

Printed by [HICK27] at 10/15/2024 12:05 PM

Cochran, Jeffrey

MRN: 982477266

Cody Horn, DO
Physician
INFECT DIS - Notes Only

Progress Notes
Addendum

Date of Service: 9/17/2024 8:35 PM

Infectious Disease - progress Note

Reason for consult:
Empyema

Antimicrobials:
Unasyn

Pertinent Micro:
9/16 pleural fluid culture in process, Gram stain negative
9/17 operative culture GPC from Gram stain, culture in progress

SUBJECTIVE:
No fever or events overnight. No worsening cough. Awaiting surgery today.

PHYSICAL EXAM:
Vitals:

	09/17/24 1800
BP:	108/76
Pulse:	75
Resp:	**(!) 27**
Temp:	
SpO2:	93%

General: No distress, room air, sitting up in bed
Eyes: Anicteric
HENT: NC/AT
Mouth: poor dentition
CV: Heart regular, no murmurs
Respiratory: Clear to auscultation anteriorly, no wheezes, crackles or rales noted
GI: Soft, nontender
Skin: No rashes, no ecchymosis
Psych: Coherent, cooperative with exam
Neuro: No seizure activity, alert and oriented ×3

LABS:
Lab Results

Component	Value	Date
WBC	13.8 (H)	09/17/2024
HGB	11.3 (L)	09/17/2024
HCT	32.1 (L)	09/17/2024
PLATELET	534 (H)	09/17/2024
MCV	95.5	09/17/2024

Lab Results

Component	Value	Date
CREATSERUM	0.57 (L)	09/17/2024

No results found for: "CRP"
No results found for: "SEDRATE"
Serum creatinine: 0.57 mg/dL (L) 09/17/24 0426
Estimated creatinine clearance: 93 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:

- Empyema s/p right thoracotomy decortication pleurectomy and right lower lobectomy by Cardiothoracic surgery 9/17
    - RT lung s/p thoracentesis 9/16
- Hyponatremia
- Tobacco dependence to cigarettes

PLAN:

- Vancomycin discontinued, MRSA nares negative
- Continue with Unasyn
- Follow up with 9/17 operative culture, 1+ GPC from the Gram stain
- Operative note reviewed
- I discussed the above plan of care with patient's family in person. All questions answered to their satisfaction.
- 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
9/17/2024
8:35 PM

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

Care Timeline

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

Printed by [HICK27] at 10/15/2024 12:05 PM

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

Cochran, Jeffrey

MRN: 982477266

Michael Smallwood, RN
Registered Nurse

Nursing Notes
Signed

Date of Service: 9/17/2024 7:40 PM

Contacted Dr. Radecki in regards to pt's pain, verbal order from Dr. Radecki was given to cancel the 5mg Norco. Dr. Radecki ordered 7.5mg Norco Q4/PRN and 1mg Dilaudid Q4/PRN. Verbal read back confirmed order.

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 12:05 PM

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/17/2024

Cochran, Jeffrey

MRN: 982477266

Robert Lee, MD
Anesthesiologist
Specialty: Anesthesiology

Anesthesia Postprocedure Evaluation
Signed

Date of Service: 9/17/2024 5:56 PM

Postanesthesia Evaluation

Patient: Jeffrey Cochran

Procedure(s) Performed: *Procedure(s):*
BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY
LOBECTOMY LUNG OPEN
BRONCHOSCOPY W/ TRACHEOBRONCHIAL TREE ASPIRATION INITIAL
LYMPHADENECTOMY BY THORACOTOMY THORACIC MEDIASTINAL REGIONAL ADD-ON PX

Last vitals: Blood pressure 101/74, pulse 71, temperature 35.8 °C, temperature source Oral, resp. rate 14, height 1.828 m (5' 11.97"), weight 47.3 kg (104 lb 4.4 oz), SpO2 99%.

Anesthesia Type: General

No notable events documented.

Post Op Note
This patient has sufficiently recovered from anesthesia to participate in the postanesthesia evaluation.
Pain score: Severe
Awareness Assessment: The patient denies undesired recall of perioperative events.
Level of Consciousness: Arousable
Orientation: Oriented
Respiratory Function: Spontaneous Respiration
Hydration Status: Adequate.
Temperature on arrival to PACU was: Greater than/Equal to 36° C (96.8° F)
Nausea: No
Vomiting: No

Notes:Patient taken to ICU from OR with monitors and O2. Complains of pain. VSS

Anesthesia Event on 9/17/2024 *Note shared with patient*

Printed by [HICK27] at 10/15/2024 12:05 PM

Cochran, Jeffrey

MRN: 982477266

Kevin M Radecki, MD
Physician
THORACIC SURGERY - Notes Only

Op Note
Signed

Date of Service: 9/17/2024 4:08 PM

Case Time:	Procedures:	Surgeons:
9/17/2024 12:45 PM	**BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY** **LOBECTOMY LUNG OPEN** **BRONCHOSCOPY W/ TRACHEOBRONCHIAL TREE ASPIRATION INITIAL** **LYMPHADENECTOMY BY THORACOTOMY THORACIC MEDIASTINAL REGIONAL ADD-ON PX**	**Kevin M Radecki, MD**

PRE OPERATIVE DIAGNOSIS
Empyema [J86.9]
Abscess of lower lobe of right lung with pneumonia [J85.1]

POST OPERATIVE DIAGNOSIS
Empyema [J86.9]
Abscess of lower lobe of right lung with pneumonia [J85.1]

PROCEDURE PERFORMED
Procedure(s) (LRB):
BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY (Right)
LOBECTOMY LUNG OPEN (Right)
BRONCHOSCOPY W/ TRACHEOBRONCHIAL TREE ASPIRATION INITIAL (N/A)
LYMPHADENECTOMY BY THORACOTOMY THORACIC MEDIASTINAL REGIONAL ADD-ON PX (Right)

PRIMARY CLOSURE
Yes

INTRAOPERATIVE FINDINGS
Frank green non foul-smelling pus in the lung in the right mainstem bronchus with the right mainstem bronchus being completely obstructed

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

ANESTHESIOLOGIST
Anesthesiologist: Robert Lee, MD
CRNA: Christina N Lower, CRNA; Christopher T Foltz, CRNA

SURGICAL STAFF
Circulator: Cassidy Brewer, RN
Relief Circulator: Jennifer Betts, RN
Surgical Tech: Tyler Stevens

COMPLICATIONS
None

ESTIMATED BLOOD LOSS
25 ml

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

SPECIMENS
Cytology specimen sent
Microbiology specimen sent

ID	Type	Source	Tests	Collected by	Time	Destination
2 : Right Lower Lobe	Permanent	TISSUE	SURG PATH REQUEST	Kevin M Radecki, MD	9/17/2024 1320	
3 : Lymph Node-Station 7	Permanent	TISSUE	SURG PATH REQUEST	Kevin M Radecki, MD	9/17/2024 1419	
A : Right Bronchial Fluid (GRAM STAIN)	Other	ASPIRATE	BACTERIAL CULTURE AND DIRECT SMEAR, LESION, TISSUE, DEVICE	Kevin M Radecki, MD	9/17/2024 1326	
B : Right Lower Lobe (GRAM STAIN)	Other	TISSUE	BACTERIAL CULTURE AND DIRECT SMEAR, LESION, TISSUE, DEVICE	Kevin M Radecki, MD	9/17/2024 1326	

Patient was brought to operating room placed on operating table in the supine position. After undergoing general endotracheal tube intubation with sequential compressive devices on bilateral lower extremities and perioperative antibiotics onboard bronchoscopy with aspiration of thick green to slightly tannish colored fluid was aspirated from the right mainstem bronchus intermedius right lower lobe bronchus and right middle lobe bronchus until clear. Patient was then placed on the operating room table in the left lateral decubitus position with care to pad all pressure points. Prepped and draped in usual sterile fashion. A muscle sparing thoracotomy incision was made on the lateral border of the latissimus dorsi muscle through the skin down the subcutaneous tissues with the Bovie used to control hemostasis and to continue the dissection down to the chest wall by mobilizing the latissimus dorsi muscle posteriorly, incising the auscultatory triangle, immobilizing the serratus anterior muscle anteriorly. The 6th intercostal space was entered the self-retaining retractor was placed. Using blunt dissection I approached the empyema cavity extrapleural poorly by decorticating in doing a pleurectomy off of the chest wall and diaphragm. We then mobilized the inferior pulmonary ligament. The lower lobe pulmonary vein was divided with the endothoracic stapler. Fissure was identified in the right lower lobe artery dissected out and then divided with the endothoracic stapler. The bronchus was identified and divided with the endothoracic stapler. The fissure was then completed using endothoracic stapler. There was a large node at station 7 which was removed. The bronchial stump was tested for air leak none was appreciated, however there was a small air leak near the upper lobe/lower lobe fissure that was oversewn with a pledgeted 3-0 Prolene, sprayed with ProGEL, and then reinforced with a piece of fibrillar on top. Through 3 separate skin incisions a 36 French chest tube was placed anteriorly, a 32 French chest tube placed over the dome of the diaphragm into the costophrenic angle, and then a 36 French chest tube placed in the posterior gutter. All chest tubes were secured in place with 2. Ethibond suture in a U-stitch placed because of the patient's thin body habitus and lack of muscle mass. The intercostal space was anesthetized with 2 levels paravertebral nerve blocks. The intercostal space was then closed with 1. Vicryl. The auscultatory triangle closed with 1. Vicryl. A flat Jackson-Pratt drain was placed through a separate skin incision and placed between the latissimus dorsi and serratus anterior muscles and secured in place with a 2-0 silk suture. The latissimus was tacked to the deep dermis with a 0 Vicryl. The superficial dermis with a 0 Vicryl. Skin was closed with a 4-0 Monocryl subcuticular stitch a dressing consisting of Steri-Strips and sterile gauze. Before the patient was extubated a 2nd bronchoscopy with aspiration was performed demonstrating large amounts of mucus inspissated and sucked out the bronchus intermedius and the middle lobe bronchus. We could appreciate a good fishmouth closure of the right lower lobe lobectomy site. Patient was taken to the intensive care unit.

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

Printed by [HICK27] at 10/15/2024 12:05 PM

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

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 12:05 PM

Cochran, Jeffrey

MRN: 982477266

Kevin M Radecki, MD
Physician
THORACIC SURGERY - Notes Only

Brief Op Note
Signed

Date of Service: 9/17/2024 4:07 PM

Case Time:	Procedures:	Surgeons:
9/17/2024 12:45 PM	**BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY** **LOBECTOMY LUNG OPEN** **BRONCHOSCOPY W/ TRACHEOBRONCHIAL TREE ASPIRATION INITIAL** **LYMPHADENECTOMY BY THORACOTOMY THORACIC MEDIASTINAL REGIONAL ADD-ON PX**	**Kevin M Radecki, MD**

Jeffrey Cochran (982477266)

PRE OPERATIVE DIAGNOSIS
Empyema [J86.9]
Abscess of lower lobe of right lung with pneumonia [J85.1]

POST OPERATIVE DIAGNOSIS
Empyema [J86.9]
Abscess of lower lobe of right lung with pneumonia [J85.1]

PROCEDURE PERFORMED
Procedure(s) (LRB):
BRONCHOSCOPY WITH ASPIRATION, RIGHT THORACOTOMY DECORTICATION/PLEURECTOMY, RIGHT LOWER LOBECTOMY (Right)
LOBECTOMY LUNG OPEN (Right)
BRONCHOSCOPY W/ TRACHEOBRONCHIAL TREE ASPIRATION INITIAL (N/A)
LYMPHADENECTOMY BY THORACOTOMY THORACIC MEDIASTINAL REGIONAL ADD-ON PX (Right)

PRIMARY CLOSURE
Yes

INTRAOPERATIVE FINDINGS
Frank green non foul-smelling pus in the lung in the right mainstem bronchus with the right mainstem bronchus being completely obstructed

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

ANESTHESIOLOGIST
Anesthesiologist: Robert Lee, MD
CRNA: Christina N Lower, CRNA; Christopher T Foltz, CRNA

SURGICAL STAFF
Circulator: Cassidy Brewer, RN
Relief Circulator: Jennifer Betts, RN
Surgical Tech: Tyler Stevens

COMPLICATIONS
None

ESTIMATED BLOOD LOSS

25 ml

SPECIMENS
Cytology specimen sent
Microbiology specimen sent

ID	Type	Source	Tests	Collected by	Time	Destination
2 : Right Lower Lobe	Permanent	TISSUE	SURG PATH REQUEST	Kevin M Radecki, MD	9/17/2024 1320	
3 : Lymph Node-Station 7	Permanent	TISSUE	SURG PATH REQUEST	Kevin M Radecki, MD	9/17/2024 1419	
A : Right Bronchial Fluid (GRAM STAIN)	Other	ASPIRATE	BACTERIAL CULTURE AND DIRECT SMEAR, LESION, TISSUE, DEVICE	Kevin M Radecki, MD	9/17/2024 1326	
B : Right Lower Lobe (GRAM STAIN)	Other	TISSUE	BACTERIAL CULTURE AND DIRECT SMEAR, LESION, TISSUE, DEVICE	Kevin M Radecki, MD	9/17/2024 1326	

Kevin M Radecki, MD

September 17, 2024 4:07 PM

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

Care Timeline

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

Printed by [HICK27] at 10/15/2024 12:05 PM

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

Cochran, Jeffrey

MRN: 982477266

Jared Ghearing, RN
Registered Nurse
NURSING - Notes Only

Progress Notes
Signed

Date of Service: 9/17/2024 4:04 PM

Patient arrived from OR at this time. 3 chest tubes to 2 atriums, JP in place. Chest tube/atrium 1 noted to have air leak Dr. Radecki aware.

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 12:05 PM

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

Cochran, Jeffrey

MRN: 982477266

Cassidy Brewer, RN
Registered Nurse
SURGERY - Notes Only

OR Nursing
Signed

Date of Service: 9/17/2024 1:31 PM

Summary: Family update

Pt's family was updated about surgical procedure starting. All questions were answered at this time and RN will continue to update family until end of procedure.

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 12:05 PM

Cochran, Jeffrey

MRN: 982477266

Christopher T Foltz, CRNA
Nurse Anesthetist
Specialty: Certified Registered Nurse Anesthetist
Date of Service: 9/17/2024 1:11 PM

Anesthesia Procedure Notes
Signed

Procedure Orders
Intubation [829078460] ordered by Christopher T Foltz, CRNA

Intubation
Date/Time: 9/17/2024 12:53 PM
Airway not difficult

General Information and Staff

Patient location during procedure: OR
Room: 4
Attending: Robert Lee, MD
Performed by: Christopher T Foltz, CRNA

Indications and Patient Condition
Indications for airway management: general anesthesia
Spontaneous Ventilation: absent
Sedation level: general anesthesia
Preoxygenated: yes
Patient position: sniffing
Manual Inline Stabilization not maintained throughout
Mask difficulty assessment: 0 - not attempted

Final Airway Details
Final airway type: endotracheal airway
Successful airway: double lumen
ETT DL size: 37 fr
Cuffed: yes
Endotracheal tube insertion site: oral
Successful intubation technique: video laryngoscopy
Video Laryngoscope: C-MAC
Blade type: D Blade.
Facilitating devices/methods: intubating stylet
Cormack-Lehane Classification: grade I - full view of glottis
Placement verified by: auscultation, CO2 detection and visualization through the cords
Tube secured: 31 CM at the lips
Tube Secured with: tape
Tracheal Cuff: Air (10 cc)

Bronchial Cuff: Air (3 cc)Number of attempts at approach: 1
Ventilation between attempts: none
Number of other approaches attempted: 0

Additional Comments
Atraumatic. Dentition and oral mucosa intact per baseline. Placement verified with FOS and confirmed again after positioning lateral.

Anesthesia Event on 9/17/2024 *Note shared with patient*

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

Cochran, Jeffrey

MRN: 982477266

Sky Payne, RN
Registered Nurse
SURGERY - Notes Only

OR Nursing
Signed

Date of Service: 9/17/2024 12:26 PM

Patient arrived to holding room 1 via transport. No support person at bedside. Surgical contact person verified. Vital signs obtained. Surgical consent and site marking verified. Anesthesia consent obtained. IV site flushed with no redness, swelling, or pain at site. Bouffant applied. BLE SCD applied. Personal belongings labeled and taken to PACU. Patient had no questions at this time. Bed brake on. Bed in lowest position. Side rails up. Call light within reach.

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

Care Timeline

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

Printed by [HICK27] at 10/15/2024 12:05 PM

Cochran, Jeffrey

MRN: 982477266

Robert Lee, MD
Anesthesiologist
Specialty: Anesthesiology

Anesthesia Preprocedure Evaluation
Signed

Date of Service: 9/17/2024 12:05 PM

Relevant Problems
No relevant active problems

Patient Active Problem List
Diagnosis
- Sepsis
- Abscess of lower lobe of right lung with pneumonia
- Empyema lung
- Head and neck cancer
- Essential hypertension
- Other specified hypothyroidism

Past Medical History:

Diagnosis	Date
• Head and neck cancer	2019
• Smoking	

No past surgical history on file.

Anesthesia ROS/ Medical History

Review
I have reviewed the previous H&P dated:

Pulmonary
Pneumonia, shortness of breath and smoker

Cardiovascular
Hypertension
No past MI

Neuro/Psych

No seizures and no CVA

GI/Hepatic/Renal

No GERD

Endo/Other
Hypothyroidism and H/O head and neck CA S/P resection/chemo/XRT
No diabetes

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

Sleep Apnea Assessment
HTNNo diagnosis of sleep apnea

Anesthesia Physical Exam

HEENT	**Pulmonary**
Pupils Normal: Yes Mallampati: II	Breath Sounds: Clear bilaterally

Cochran, Jeffrey (MRN 982477266) DOB: 08/27/1965 Encounter Date: 09/17/2024

Oral Opening: >=3FB TM Distance: >3 FB Normal Cervical ROM: Yes	
Dental Teeth: Missing and Poor dentition Comments: Missing multiple teeth Several teeth broken at gumline	**CNS** A/O x3
Cardiovascular RRR: Yes	**Muscoskeletal**

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.

Robert Lee, MD

Anesthesia Event on 9/17/2024 *Note shared with patient*

Printed by [HICK27] at 10/15/2024 12:05 PM

Cochran, Jeffrey

MRN: 982477266

Frank Chen, DO
Physician
HOSPITALIST - Notes Only

Progress Notes
Attested

Date of Service: 9/17/2024 8:50 AM

Attestation signed by Joud Arnouk, MD at 9/17/2024 1:53 PM

ATTENDING ATTESTATION

I have seen and examined the patient on 9/17/2024 independently of the Resident Physician, Frank Chen, 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.

Jeffrey Cochran is a 59 y.o. male patient with past medical history of heavy tobacco abuse is hospitalized here with:

- Empyema/sepsis/PNA; S/p thoracentesis with thick fluid. Cx sent. D/w Dr. Redicki, plan for OR today. D/w ID, plan for Unasyn from zosyn. Patient's leukocytosis improving. He feels better. Too. Cx remained negative. CBC tomorrow

- Hyponatermia: 129 and stable, BMP tomorrow

Dispo: inpatient, d/w CM

Joud Arnouk, MD, MHA

9/17/2024 1:51 PM

Hospital Medicine Daily Progress Note
Patient: Jeffrey Cochran, 8/27/1965, 982477266
Physician: Frank Chen, DO
Length of Stay: 1

Subjective/Interval History:

Patient was evaluated at bedside. Patient's pain has improved after receiving pain medications. He is resting comfortably. Patient denies shortness of breath chest pain fever chills. Patient is in agreement with plan for surgery. Patient has been urinating but has not had a bowel movement at this time. Patient has decreased appetite but has been able to eat some of his food. All questions answered at this time.

Objective:

Temp: [97.4 °F (36.3 °C)-98.7 °F (37.1 °C)] 97.4 °F (36.3 °C)
Pulse (Heart Rate): [78-98] 79
Resp Rate: [18-20] 18
BP: (108-129)/(60-97) 112/72
O2 Sat (%): [89 %-98 %] 95 %
Weight: [39.7 kg (87 lb 8.4 oz)-42.2 kg (93 lb 0.6 oz)] 42.2 kg (93 lb 0.6 oz)
Oxygen Therapy
O2 Sat (%): 95 %
O2 Device: room air
I/O last 3 completed shifts:
In: 936.7 [P.O.:480; I.V.:456.7]
Out: 750 [Urine:750]

General: NAD, good eye contact, relatively well appearing
Thoracic: Chest rise symmetric, normal work of breathing, no wheezing or crackles. quiet breath sounds over right lower lobe.
Cardio: Regular rate and rhythm, no murmurs
Abdomen: Soft, nondistended tenderness to palpation on right side. Significantly improved since yesterday

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: 129/4.1/2.6/1.7/8.6 (09/17 0426)
Bun/Creat/Cl/CO2/Glucose: 23/0.57/94/27/95 (09/17 0426-09/17 0738)
WBC/Hgb/Hct/Plts: 13.8/11.3/32.1/534 (09/17 0426)

Additional Labs:
TSH WNL
WBC 13.8

Cultures/Microbiology:
Blood cx pending
Fungal cx Pending
MRSA nares negative

Imaging/Radiological Studies:
None

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 opacitiy in the right lower lobe on CT, consistent with RLL pneumonia as well as RLL empyema. Patient was started on Vancomycin/Zosyn in HMCG ER and transferred to Adena medical center for inpatient management.

Empyema
Pneumonia
Sepsis
RLQ abdominal pain
SIRS criteria of WBC and tachycardia on presentation to ED, currently no longer meeting SIRS criteria after transfer to Adena medical center. Empyema and pneumonia seen on CT. Initially started on Vanc/Zosyn and started on IV fluids. MRSA nares negative. Vanc/zosyn discontinued. Started Unasyn. RIP panel negative
-Consult cardiothoracic surgery, discussed with Dr. Radecki, plans for surgery today.
-Consult infectious disease, discussed with Dr. Horn
-MIVF NS
-TB risk factor of being in jail briefly 34 years ago
-Continue Unasyn
-Monitor CBC, BMP

Hyponatremia - mild
130 on presentation to Adena medical center, concern for poor oral intake
-encourage oral intake
-started on MIVF NS
-trend BMP

Chronic Conditions:
HTN: Home Lisinopril
Hypothyroidism: Home synthroid
Constipation: Home lactulose

PPx: Heparin 5000 BID
FEN/GI: NPO. MIVF NS 100 mL/hr.
Code Status: FULL CODE
Dispo: Inpatient, anticipate surgical procedure, likely going Home

Frank Chen, DO

Cosigned by: Joud Arnouk, MD at 9/17/2024 1:53 PM

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

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 12:05 PM

Cochran, Jeffrey

MRN: 982477266

Kevin M Radecki, MD
Physician
THORACIC SURGERY - Notes Only

Consults
Signed

Date of Service: 9/17/2024 8:15 AM

Consult Orders
IP CONSULT TO SURGERY - THORACIC [828732243] ordered by Samia Hina Awan, MD at 09/16/24 1448

Thoracic Surgery Attending
H&P Consult

Chief Complaint: No chief complaint on file.

HPI: *Jeffrey is a very pleasant 59 years old male with complaints of fatigue, cough, weight loss for approximately the last month. His cough is usually clear in color but occasionally yellow occasionally little flecks of blood. He disclosed is a 13 lb weight loss in the last 2 weeks. He has lack of appetite and nausea. CT scan of the chest was performed demonstrating greater than a dozen abscesses of the right lower lobe with areas that have decompressed into the right pleural space causing empyema and pleural thickening. He reports no exposures for risk of multiple lung abscesses, however, he has a history of head and neck cancer treated with resection and radiation therapy approximately 5 years ago at Holzer Clinic.*

Past Medical
He has a past medical history of Head and neck cancer (2019) and Smoking. Essential hypertension, hypothyroidism

Surgical History
Patient unsure of what type of neck surgery he had 5 years ago at Holzer Hospital

Past Family
His family history includes Diabetes in his sister; Ovarian Cancer in his mother. Updated by myself.

Social History
One pack of cigarettes per day for proximally the last 35 years.

Medications
His current medication(s) include: has a current medication list which includes the following prescription(s): Lactulose 10 GM/15ML Solution oral solution, levoFLOXacin 500 MG tablet, Levothyroxine 50 MCG tablet, Lisinopril 10 MG tablet, and Vitamin E 90 MG (200 UNIT) capsule, and the following Facility-Administered Medications: Acetaminophen (TYLENOL) tablet 650 mg, Ampicillin-Sulbactam Sodium (UNASYN) 3 g in sodium chloride 0.9% (MB PLUS) 100 mL (total volume) IVPB, Docusate (COLACE) capsule 100 mg, Heparin injection 5,000 Units, hydroCODone-acetaminophen (NORCO) 5-325 MG per tablet 1 tablet, Lactulose (CHRONULAC) oral solution 10 g, Levothyroxine (SYNTHROID) tablet 50 mcg, Lisinopril (PRINIVIL) tablet 10 mg, Magnesium sulfate 2 g/50 ml in sterile water premix IVPB 2 g 50 mL (total volume) **FOLLOWED BY** Magnesium sulfate 2 g/50 ml in sterile water premix IVPB 2 g 50 mL (total volume), Melatonin tablet 3 mg, Naloxone (NARCAN) injection 0.4 mg, Ondansetron 4mg/2ml (ZOFRAN) injection 4 mg **OR** Ondansetron (ZOFRAN-ODT) disintegrating tablet 4 mg, Sodium chloride (PF) 0.9 % injection 5 mL, Sodium chloride 0.9% IV solution, sodium phosphate 30 mmol in Sodium chloride 0.9%, with overfill 285 mL (total volume) IVPB, traMADol (ULTRAM) tablet 50 mg.

Allergies
Allergies: Patient has no known allergies.,

Review of Systems
Review of Systems
Constitutional: Positive for activity change, appetite change, chills, fatigue, fever and unexpected weight change.
HENT: Negative for congestion, postnasal drip and rhinorrhea.
Occasional flecks of blood when he blows his nose hard
Eyes: Negative.
Respiratory: Positive for cough and shortness of breath.

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

Occasional small amounts of hemoptysis/flecks of blood in his sputum
Cardiovascular: Negative.
Gastrointestinal: Positive for nausea.
Endocrine: Negative.
Genitourinary: Negative.
Musculoskeletal: Positive for arthralgias.
Neurological: Positive for weakness.
Hematological: Negative.
Psychiatric/Behavioral: Negative.

OBJECTIVE:

Physical Exam
BP 112/72 (BP Location: Right arm, BP Position: Lying) | Pulse 79 | Temp 97.4 °F (36.3 °C) (Temporal) | Resp 18 | Ht 1.828 m (5' 11.97") | Wt 42.2 kg (93 lb 0.6 oz) | SpO2 95% | BMI 12.63 kg/m²
Physical Exam

ASSESSMENT
1. Multiple right lower lobe abscesses with pneumonia. 2. Empyema 3. Head and neck cancer 4. Essential hypertension

PLAN:
I have reviewed the CT scan of the chest and identified abscesses have decompressed into the pleural space. Patient has been consulted and care coordinated with the hospitalist and ICU team and operating room for bronchoscopy with aspiration to rule out any evidence of obstructing lung cancer given his history of head and neck cancer, right thoracotomy with pleurectomy decortication, right lower lobectomy. Laboratory results have been reviewed. Replace magnesium, sodium, phosphate. Keep patient NPO. Obtain consent.

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 12:05 PM

Cochran, Jeffrey

MRN: 982477266

Marina Vasilieva, RPh,PharmD
Pharmacist
Specialty: Pharmacist

Progress Notes
Signed

Date of Service: 9/16/2024 5:14 PM

Adena Health System
Department of Pharmacy – Pharmacokinetics Consultation Note

Patient: Jeffrey Cochran
MRN: 982477266
Room/Bed: 2NE28/A

***Indication(s) for Vancomycin*:** pneumonia
***Goal Vancomycin Level*:** 15-20 mcg/mL
***Initial Dose*:** Vancomycin 750 mg IV q12h

Assessment and Plan:
1. Pharmacy consulted to dose vancomycin per AHS P&T Consult Agreement.
2. Based on renal function and coinciding patient risk factors, will initiate vancomycin at the above dose and frequency, targeting the above goal trough level based on confirmed/suspected source of infection.
3. Will plan on obtaining drug level prior to the 4th dose.
4. I have modified the orders in IHIS to reflect the above plan.

Other Information:
- ***Other active anti-infective agents***: ampicillin-sulbactam
- ***On RRT?*** No
- ***Infectious Disease consulted?*** Yes
- ***MRSA nasal swab ordered (if indication is pneumonia)?*** Yes - result pending
- ***Previous dosing (if known)***: No known previous dosing
- ***Additional Information***: None

Labs:
Estimated Creatinine Clearance: 54 mL/min (by C-G formula based on SCr of 0.82 mg/dL). and renal function is stable

Creatinine

Date	Value	Ref Range	Status
09/16/2024	0.82	0.70 - 1.30 mg/dL	Final
09/16/2024	0.82	0.70 - 1.30 mg/dL	Final

BUN

Date	Value	Ref Range	Status
09/16/2024	30 (H)	6 - 20 mg/dL	Final
09/16/2024	30 (H)	6 - 20 mg/dL	Final

I/O last 3 completed shifts:
In: 240 [P.O.:240]
Out: -

Temp (24hrs), Avg:97.6 °F (36.4 °C), Min:97.4 °F (36.3 °C), Max:97.7 °F (36.5 °C)

Pertinent Microbiology/Cultures:
9/16/24 blood x 2
9/16/24 body fluid

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

Marina Vasilieva, RPh,PharmD
Adena Health System Department of Pharmacy

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

Pharmacy Phone Number: 740-779-7641
Date/Time: 9/16/2024 5:13 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 12:05 PM

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

Cochran, Jeffrey

MRN: 982477266

Cody Horn, DO
Physician
INFECT DIS - Notes Only

Consults
Signed

Date of Service: 9/16/2024 4:01 PM

Consult Orders
IP CONSULT TO INFECTIOUS DISEASE [828756546] ordered by Frank Chen, DO at 09/16/24 1534

Infectious Disease - CONSULT Note

Reason for consult:
Empyema

Antimicrobials:
Vanco
Zosyn

Pertinent Micro:
9/16 pleural fluid culture in process

HPI: Jeffrey Cochran is a 59 y.o. male is admitted to ARMC as a transfer from Holzer for concern for empyema. Infectious disease has been consulted for empyema RT lung. Patient with few week history of what he thought was abdominal pain on the RT side. Admits to weight loss, cough, "abdominal pain" (RT chest wall pain. No fever, sick contacts. Admits to some chills recently. Only TB risk was being in jail briefly 34 years ago. Smokes 1ppd. At Holzer, did have a leukocytosis of 16, imaging of chest obtained and showed concern for empyema and patient transferred to ARMC for further evaluation. Started on vancomycin and Zosyn, completed thoracentesis and ID consulted regarding further recommendations.

Social History

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

Occupational History
- Not on file

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

Vaping Use
- Vaping status: Every Day

Substance and Sexual Activity
- Alcohol use: Not on file
- Drug use: Not on file
- Sexual activity: Not on file

Other Topics — Concern
- Not on file

Social History Narrative
- Not on file

Social Determinants of Health

Financial Resource Strain: Not on file
Food Insecurity: No Food Insecurity (9/16/2024)
  Hunger Vital Sign
  - Worried About Running Out of Food in the Last Year: Never true
  - Ran Out of Food in the Last Year: Never true

Transportation Needs: No Transportation Needs (9/16/2024)
  PRAPARE - Transportation
  - Lack of Transportation (Medical): No

- Lack of Transportation (Non-Medical): No

Physical Activity: Not on file
Stress: Not on file
Social Connections: Not on file
Intimate Partner Violence: Not At Risk (9/16/2024)
Humiliation, Afraid, Rape, and Kick questionnaire
- Fear of Current or Ex-Partner: No
- Emotionally Abused: No
- Physically Abused: No
- Sexually Abused: No

Housing Stability: Unknown (9/16/2024)
Housing Stability Vital Sign
- Unable to Pay for Housing in the Last Year: No
- Number of Times Moved in the Last Year: Not on file
- Homeless in the Last Year: No

PMH:

Past Medical History:

Diagnosis	Date
• Smoking	

PSH: No past surgical history on file.

FAMILY HX: No family history on file.

MEDS:

• [START ON 9/17/2024] Heparin	5,000 Units	Subcutaneous	Q12H
• [START ON 9/17/2024] Levothyroxine	50 mcg	Oral	Before BKF
• [Held by provider] Lisinopril	10 mg	Oral	Daily
• piperacillin-tazobactam	3.375 g	Intravenous	Q8HNS

ALLERGIES: No Known Allergies

ROS:
The remainder of the systems were reviewed and are negative.

PHYSICAL EXAM:

Vitals:

	09/16/24 1008
BP:	**(!) 118/97**
Pulse:	84
Resp:	18
Temp:	97.7 °F (36.5 °C)
SpO2:	96%

General: No distress, room air
Eyes: Anicteric
HENT: NC/AT
Mouth: poor dentition
CV: Heart regular, no murmurs
Respiratory: Clear to auscultation anteriorly, no wheezes, crackles or rales noted
GI: Soft, nontender
Skin: No rashes, no ecchymosis
Psych: Coherent, cooperative with exam
Neuro: No seizure activity, alert and oriented ×3

LABS:
No results found for: "WBC", "WBCCOUNT", "WBCFETAL", "HGB", "HCT", "PLATELET", "MCV"

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

No results found for: "CREATSERUM", "CREATURINE", "CREATADULT", "CREATFLUID"
No results found for: "CRP"
No results found for: "SEDRATE"
Creatinine clearance cannot be calculated (No successful lab value found.)

Recent RADIOLOGY:
Personally reviewed radiographic images
CT a/p

ASSESSMENT:
- RT pleural effusion,
- Empyema, suspected
    - RT lung s/p thoracentesis 9/16
- Hyponatremia
- Tobacco dependence to cigarettes

PLAN:
- Continue with IV vancomycin, goal trough 15-20.
- If MRSA nares negative can stop vancomycin
- Switched Zosyn to Unasyn
- Follow-up with blood and thoracentesis cultures
- Agree with CT surgery consult for evaluation
- Discussed side effects of beta-lactam with patient. Risks of bone marrow suppression, hypersensitivity reaction including anaphylaxis, risk of C diff, renal dysfunction were acknowledged by patient, who agrees take medication.
- Discussed with patient regarding risks and benefits of vancomycin. Risks discussed included hearing loss, tinnitus and renal failure as well as hypersensitivity reactions.
- Discussed effects of tobacco on wound healing and general cardiac benefits when stopping smoking with patient and encouraged cessation
- Reviewed numerous pages of outside medical records
- Personally reviewed CT a/p images
- Discussed above plan of care with primary team, nursing
- Personally reviewed culture data and lab data, summarized above.

Thank you for the consult. Further recommendations pending above.

Cody Horn, DO
Infectious Disease Attending
Ph# 740.656.7221
Please call before paging or using Vocera
9/16/2024
4:01 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 12:05 PM

Cochran, Jeffrey

MRN: 982477266

Mamdouh Khayat, MD
Physician
RAD INTERVENT - Notes Only

Procedures Signed

Date of Service: 9/16/2024 3:21 PM

Procedure Orders
GENERAL PROCEDURE [828750953] ordered by Mamdouh Khayat, MD at 09/16/24 1523

INTERVENTIONAL RADIOLOGY BRIEF PROCEDURE NOTE

PROCEDURE PERFORMED BY: Dr. Khayat

ATTENDING: Dr. Khayat

PROCEDURE DATE: 9/16/2024 3:22 PM

PRE PROCEDURE DIAGNOSIS: History of trace right pleural effusion

POST PROCEDURE DIAGNOSIS: History of trace right pleural effusion

PROCEDURE: Diagnostic thoracentesis

CONSENT: Informed consent was obtained prior to the procedure after discussion of the risks, benefits, and alternatives and expected outcomes were discussed with the patient; consent placed in chart. The possibilities of reaction to medication, pulmonary aspiration, bleeding, infection, the need for additional procedures, failure to diagnosis a condition, and creating a complication requiring transfusion or operation were discussed with the patient. The patient concurred with the proposed plan, giving informed consent.

UNIVERSAL PROTOCOL: Preprocedure verification is complete- patient verified and consents confirmed.

ANESTHESIA: Local

ESTIMATED BLOOD LOSS: Minimal

FINDINGS: Trace pleural effusion with internal echogenicity, indicative of debris. Minimal aspirate could be obtained (< 5 mL) given consistency of the fluid.

CONDITION: Stable. Patient tolerated procedure well.

COMPLICATIONS: None.

SPECIMEN: Aspirate sent to microbiology

IMPRESSION/PLAN:
Trace pleural effusion with internal echogenicity, indicative of debris. Minimal aspirate could be obtained (< 5 mL) given consistency of the fluid.

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) DOB: 08/27/1965 Encounter Date: 09/16/2024

Printed by [HICK27] at 10/15/2024 12:05 PM

Cochran, Jeffrey

MRN: 982477266

Frank Chen, DO
Physician
HOSPITALIST - Notes Only

H&P
Attested

Date of Service: 9/16/2024 1:52 PM

Attestation signed by Joud Arnouk, MD at 9/16/2024 10:09 PM

ATTENDING ATTESTATION

I have seen and examined the patient on 9/16/2024 independently of the Resident Physician, Frank Chen, 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.

Jeffrey Cochran is a 59 y.o. male patient with past medical history of heavy tobacco abuse is hospitalized here with:

- Empyema/sepsis/PNA; Reviewed imaging done at Holzer. Loculated pleural effusion with large PNA. S/p thoracentesis with thick fluid. Cx sent. Plan for OR by CTS on Wednesday as per my discussion with Dr. Radecki. D/w ID, plan for Unasyn from zosyn.

Joud Arnouk, MD, MHA

9/16/2024 10:07 PM

Hospital Medicine History & Physical
Patient: Jeffrey Cochran, 8/27/1965, 982477266
Physician: Frank Chen, DO
Admit Date: 9/16/2024

Assessment and 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 opacitiy in the right lower lobe on CT, consistent with RLL pneumonia as well as RLL empyema. Patient was started on Vancomycin/Zosyn in HMCG ER and transferred to Adena medical center for inpatient management.

Empyema
Pneumonia
Sepsis
RLQ abdominal pain
SIRS criteria of WBC and tachycardia on presentation to ED, currently no longer meeting SIRS criteria after transfer to Adena medical center. Empyema and pneumonia seen on CT. Initially started on Vanc/Zosyn and started on IV fluids.
-Consult cardiothoracic surgery, discussed with Dr. Radecki, plans for surgery on 9/18
-Consult infectious disease, discussed with Dr. Horn
-Discontinue zosyn and start Unasyn
-MIVF NS
-Blood cx ordered
-MRSA nares ordered, negative - discontinue vanc
-Thoracentesis ordered with fluid analysis and culture
-Fungal cx ordered
-RIP panel ordered.
-TB risk factor of being in jail briefly 34 years ago
-Monitor CBC, BMP

Hyponatremia
130 on presentation to Adena medical center, concern for poor oral intake
-started on MIVF NS
-trend BMP

Chronic Conditions:
HTN: Home Lisinopril
Hypothyroidism: Home synthroid
Constipation: Home lactulose

PPx: Heparin 5000 BID
FEN/GI: Regular diet. MIVF NS.
Code Status: FULL CODE
Dispo: Inpatient, anticipate 2-3 more days, likely going Home

Frank Chen, DO

Case discussed with Hospitalist Attending Dr Arnouk

Chief Complaint
RLQ abdominal pain with conspitation and recent weight loss.

History of Present Illness
Jeffrey Cochran is a 59 y.o. male with a past medical history of HTN, hypothyroidism secondary to thyroid cancer/thyroidectomy, chronic constipation requiring bowel medication. He presents with RLQ abdominal pain. Symptoms of sharp/squeezing right-sided abdominal pain began several weeks prior to today's presentation. Pain w/ movement and deep breaths. Starting 3 weeks ago, he states he has had decreased appetite, and has been losing a significant amount of weight. He is described as being cachectic in appearance. Has had nausea w/o vomiting. Difficulty with having bowel movements, at times but feels some relief with BM. Pt seen at urgent care 5 days ago and prescribed Levaquin. No imaging was performed at that time d/t insurance not approving it. Pt has also been seen in the ER but left AMA prior to workup being completed.

He is currently experiencing some shortness of breath, no chest pain, nausea without vomiting worse when he eats, and right sided abdominal pain. He states he has not had a bowel movement in multiple days, but also hasn't eaten much. Patient denies bowel or urinary incontinence. Patient admits to hx of hemorrhoids and occasional painless bright red blood with wiping. Patient denies fever but is experiencing some chills.

Past Medical, Surgical, Family, and Social History

Past Medical History:

Diagnosis	Date
• Smoking	

No past surgical history on file.

Medications

Prior to Admission Medications

Prescriptions	Last Dose	Informant	Patient Reported?	Taking?
Lactulose 10 GM/15ML Solution oral solution Sig: Take 15 mL by mouth 3 times daily as needed.			Yes	Yes
Levothyroxine 50 MCG tablet Sig: Take 1 tablet by mouth every morning before breakfast.			Yes	Yes
Lisinopril 10 MG tablet Sig: Take 1 tablet by mouth daily.			Yes	Yes
Vitamin E 90 MG (200 UNIT) capsule Sig: Take 2 capsules by mouth daily.			Yes	Yes
levoFLOXacin 500 MG tablet Sig: Take 1 tablet by mouth daily.			Yes	Yes

Facility-Administered Medications: None

ALLERGIES: He has No Known Allergies.

Review of Systems (positives in bold)
Constitutional - fever, chills, sweats, fatigue, weight loss, weight gain
Psych - depression, anxiety, hallucinations, SI
Ophtho - blurry vision, decreased vision, eye pain, loss of vision, eye redness

HEENT - headache, epistaxis, sinus problems, oral lesions, dysphagia, sore throat
Cardio - chest pain, palpitations, DOE, edema, rapid heart beat, claudication
Respiratory - cough, SOB, wheezing, pleuritic pain, sputum changes, hemoptysis
GI - nausea, vomiting, diarrhea, abd pain, blood in stool
GU - dysuria, discharge, frequency, hesitancy, hematuria, incontinence, abnl menses
Heme/lymph - bleeding, blood clots, bruising, sweats, LAD, weight loss
Endo - hot flashes, palpitations, hair loss, polyuria/polydipsia
Neuro - weakness, confusion, dizziness, vertigo, seizures, numbness, tingling
Skin - rash, redness, lesion, itching
MSk - joint pain, back pain, swelling
Psych - depression, anxiety, hallucinations
ROS negative if not highlighted or mentioned in HPI

Physical Exam

Temp: [97.4 °F (36.3 °C)-97.7 °F (36.5 °C)] 97.7 °F (36.5 °C)
Pulse (Heart Rate): [83-84] 84
Resp Rate: [18-20] 18
BP: (118)/(97) 118/97
O2 Sat (%): [96 %] 96 %
Weight: [39.7 kg (87 lb 8.4 oz)] 39.7 kg (87 lb 8.4 oz)
Body mass index is 11.88 kg/m².
I/O last 3 completed shifts:
In: 240 [P.O.:240]
Out: -
Oxygen Therapy
O2 Sat (%): 96 %
O2 Device: room air
Physical Exam:
General: NAD, good eye contact, relatively well appearing
Head: Atraumatic, normocephalic. Face symmetric
Eyes: EOMI, sclerae anicteric
ENT: Mucous membranes moist. Normal oral mucosa and dentition. Trachea midline. No cervical lymphadenopathy. Patient has missing teeth.
Thoracic: No visible chest wall deformities. Chest rise symmetric, normal work of breathing. Normal breath sounds b/l, no wheezing or crackles
Cardio: regular rate and rhythm, no murmurs. No JVD
Abdomen: Soft, nondistended. Diffusely tender to palpation.
Extremities: Warm, well perfused. DP pulses 2+ b/l. No clubbing, cyanosis. No edema
Skin: warm, dry, no rashes or bruises
Neuro: Awake, fully oriented. Good memory, concentration, attention. Speech fluent. CN II-XII grossly intact. Moving all extremities. No focal deficits.

Labs and Imaging

Bun/Creat/Cl/CO2/Glucose: 30, 30/0.82, 0.82/92, 91/26, 27/181, 182 (09/16 1516)
Na/K+/Phos/Mg/Ca: 130, 128/4.3, 3.9/--/--/9.2, 9.4 (09/16 1516)
No results found for: "ALT", "TRANSFERASEA", "AST", "GGT", "GAMMAGT", "ALKPHOS", "BILITOTAL", "BILIDIRECT"

Additional Labs
HMCG ER labs:
WBC 16.9
Hgb 10.2
Hct 31.2
Plt 512

Na+ 129
K+ 4.6
Cl 97
BUN 32
Gfr >90
Cr 0.76
Ca 8.5

Lactic acid 1.5

Lipase 18

Total bili 0.4
Direct bili 0.2
Total protein 6.1
Albumin 3.1
Alk Phos 128
AST 18
ALT 18

Cultures/Microbiology:
Blood cx pending
Thoracentesis cx pending
Fungus cx pending
Immunocompromised panel pending

Imaging/Radiological Studies:
US thoracentesis Right - 9/16
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.

CTA Chest/Abdomen/Pelvis: 9/16
Impression:
1. Large area of consolidative opacity in the right lower lobe concerning for pneumonia.
2. Small right pleural effusion. There is moderate enhancement of the pleura, and this could represent empyema.
3. No acute findings in the abdomen or pelvis.
4. Atherosclerosis. There is approximately 60% stenosis in the right renal artery.

Cosigned by: Joud Arnouk, MD at 9/16/2024 10:09 PM

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

Care Timeline

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

Printed by [HICK27] at 10/15/2024 12:05 PM

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

Cochran, Jeffrey

MRN: 982477266

Joud Arnouk, MD
Physician
Specialty: Internal Medicine

AdmissionCare
Signed

Date of Service: 9/16/2024 12:01 PM

AdmissionCare

Guideline: Pneumonia - INPT, Inpatient

Based on the indications selected for the patient, the bed status of Inpatient was determined to be MET

The following indications were selected as present at the time of evaluation of the patient:

- Clinical Indications for Admission to Inpatient Care
  - Admission is indicated for 1 or more of the following:
    - Complicated pleural effusions (eg, empyema, loculated)

AdmissionCare documentation entered by: Joud Arnouk

2024-09-16T12:01:18-04:00

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 12:05 PM

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

Cochran, Jeffrey

MRN: 982477266

Meredith Holzapfel, RN
Registered Nurse
NURSING - Notes Only

Nursing Notes
Signed

Date of Service: 9/16/2024 10:01 AM

Pt arrived to the floor, contacted Holzer ER to receive report.

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 12:05 PM