Patient: Hurst, Daniel L#E818873

Demographics

Daniel L Hurst
DECEASED
55 year old male
3/11/1970 - 3/14/2025
Comm Pref:
disability

1020 CATALINA DR
WEST CARROLLTON OH 45449

937-759-2446 (H)
937-241-4681 (M)

Significant History/Details

Smoking	Former; Passive Exposure: Past (Quit Date: 5/1/2023), 0 ppd, 95 pack-years
Smokeless Tobacco	Former (Quit Date: 02/28/2022)
Vaping	Some days
Alcohol	Not Currently
Comments	NC/LS 07/14/-It is ok to discuss medical information with:Jeannie Hurst (wife 937-247-5575), Joann Denlinger (mother 937-247-5575) Norman Hurst (father 937-247-5575). It is ok to leave a message on home and email

Family Comments

None

Care Team and Communications

PCPs	Type
James Barton, DO	General

Other Patient Care Team Members	Relationship
Bernadette Joy Medina, APRN-CNP	Nurse Practitioner
Julie Marie Gilkeson, MD	N/A
Augustus Kweku Eduafo, MD	N/A
John M. Duchak III, MD	N/A
Jennifer Elizabeth	Nurse Practitioner

Allergies

Bactrim [Sulfa (Sulfonamide Antibiotics)] Shortness Of Breath, Nausea And Vomiting, Headache

Sulfamethoxazole-trimethoprim Shortness Of Breath, Nausea And Vomiting, Headache

Apap [Acetaminophen] Nausea And Vomiting
Flexeril [Cyclobenzaprine] Itching
Tylenol Multi-symptom Cold Nausea And Vomiting
Pseudoephed-dm-acetaminophen Rash
Pseudoephedrine-dm Rash
Tylenol Cold And Flu Nausea And Vomiting, Rash

Problem List

40 items

Advance Directives and General Issues
- Poor compliance

Cardiac and Vasculature
- CHF (congestive heart failure), NYHA class III, acute, diastolic (HCC)
- Paroxysmal A-fib (HCC)
- NSTEMI (non-ST elevated myocardial infarction) (HCC)
- Mixed hyperlipidemia
- Essential hypertension, benign
- Palpitations
- PAC (premature atrial contraction)
- Nonrheumatic aortic (valve) stenosis with insufficiency
- S/P arteriovenous (AV) fistula creation

Endocrine and Metabolic
- Diabetes mellitus type 2, uncontrolled
- Metabolic syndrome
- BMI 50.0-59.9, adult (HCC)
- Morbid (severe) obesity due to excess calories (HCC)

Sundstrom, APRN-CNP

Recipients of Past 5 Communications

Show More

Hospital Encounter - 3/12/2025	James Barton, DO	03/15/2025	In Basket
	James Barton, DO	03/13/2025	In Basket
Letter (Out) - 10/16/2024	Daniel L. Hurst	10/16/2024	Print Locally
Letter (Out) - 10/14/2024	Daniel L. Hurst	10/14/2024	Print Locally
Prep for Surgery - 12/6/2023	John M. Duchak III, MD	11/20/2023	In Basket

Recipients of Automatic ADT Notifications for Most Recent Admission

Show All Admissions

No notifications found.

Type 2 diabetes mellitus with diabetic polyneuropathy, with long-term current use of insulin (HCC)

Eye

- Stable proliferative diabetic retinopathy of both eyes associated with type 2 diabetes mellitus (HCC)
- Vitreous hemorrhage of right eye (HCC)
- Vitreous hemorrhage of left eye (HCC)

Gastrointestinal and Abdominal

- Dysphagia

Genitourinary and Reproductive

- Erectile dysfunction
- ESRD on dialysis (HCC)
- Urinary hesitancy
- Other inflammatory disorder of male genital organs

Infectious Diseases

- Pilonidal cyst

Mental Health

- Moderate episode of recurrent major depressive disorder (HCC)

Musculoskeletal and Injuries

- Idiopathic chronic venous hypertension of both legs with ulcer (HCC)
- Right shoulder pain
- Tendinitis of right rotator cuff
- Acute midline low back pain without sciatica
- S/P BKA (below knee amputation), left (HCC)
- Pressure injury of left buttock, stage 2 (HCC)

Pulmonary and Pneumonias

- COPD (chronic obstructive pulmonary disease) (HCC)

Sleep

- OSA (obstructive sleep apnea)

Symptoms and Signs

- Syncope and collapse
- Lymphedema

Tobacco

Nicotine dependence, uncomplicated

Smokes cigarettes

Health Encounters

Postop check

Other

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

Partial tear of rotator cuff right shoulder

Immunizations/Injections

COVID-19, mRNA, 30 mcg/0.3 ml (PFIZER Purple Cap) 3/31/2021, 3/2/2021
Influenza Whole 3/11/2013
Influenza, split quadrivalent PF 10/7/2022, 3/1/2022, 11/11/2020
TdaP 2/21/2020
influenza, split trivalent 11/16/2020, 2/6/2014
influenza, split trivalent PF 1/20/2020, 10/15/2018, 10/3/2016
influenza, unspecified 10/3/2016, 11/13/2013

Reminders and Results

None

Health Maintenance

None

Printed by Peter Citro at 3/17/2025 8:17 AM

Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Lauren Marie Gin, DO
Physician
Hospitalist

Discharge Summary
Signed

Date of Service: 3/14/2025 10:10 PM

Signed

Kettering HEALTH
Kettering Health Medical Group

KETTERING HEALTH MAIN CAMPUS

Hospital Medicine Discharge Summary

Patient Name: Daniel L Hurst **DOB**: 3/11/1970 **Medical Record**: E818873

INCIDENTAL FINDINGS AND FOLLOW UP NEEDS

- Deceased

DATE OF ADMISSION AND DISCHARGE

3/12/2025 - 3/14/2025

ADMITTING PHYSICIAN

Dr. Arshad Shad

CONSULTING PHYSICIAN

Cardiology–Dr. Stultz
Nephrology–Dr. Maroz

ADMISSION/DISCHARGE DIAGNOSES

NSTEMI, type I versus type II
Volume overload
Multiple missed dialysis sessions
Acute hypoxic respiratory failure secondary to above
Acute on chronic HFrEF
End-stage renal disease on HD
Severe aortic stenosis
Peripheral arterial disease s/p left BKA

Type 2 diabetes mellitus on long-term insulin
COPD, not in acute exacerbation
Tobacco use disorder
Deep pressure injury of buttocks, POA
Intertrigo under skin folds
Morbid obesity, BMI 51
Suspected OSA
Paroxysmal atrial fibrillation
Secondary hyperparathyroidism
Chronic pain/chronic narcotic use
Right lower extremity edema

CODE STATUS

Prior

DISCHARGE MEDICATIONS

None–deceased

REASON FOR ADMISSION AND HOSPITAL COURSE

Daniel L Hurst is a 55 y.o. male with a past medical history of paroxysmal atrial fibrillation, hypertension, hyperlipidemia, type 2 diabetes, morbid obesity, end-stage renal disease on dialysis, OSA, tobacco use, severe aortic stenosis, combined systolic and diastolic heart failure, left lower extremity below the knee amputation who presented to Kettering health main campus on 3/12/2025 for volume overload and shortness of breath and chest discomfort.

Patient was found to have an NSTEMI during his hospitalization, unclear if type I versus type II. Patient did present with chest pain and shortness of breath and ECG showed abnormal repolarization suggesting ischemia in the anterolateral leads. Patient's troponins were elevated at 8484> 7130> 6650> 7260. Patient was started on heparin drip as well as aspirin and statin therapy and was admitted to the stepdown unit. Discussed with cardiology if they plan to cath patient on 3/13. They recommended that patient undergo dialysis due to significant volume overload with plans to cath the patient on 3/14/2025. Unfortunately patient's cardiac cath was canceled on 3/14 due to elevated potassium.

Patient was not significantly overloaded on admission. Suspect volume overload was due to decompensated heart failure as well as multiple missed sessions of hemodialysis. Patient reports that he had only been to dialysis twice in the past 2.5 weeks. Due to his volume overload he also experienced acute hypoxic respiratory failure. He was initially placed on BiPAP and was eventually weaned to nasal cannula. Nephrology was consulted on day admission and patient underwent hemodialysis on 3/13 and 4 L of fluid was removed. Plan was for repeat hemodialysis the afternoon of 3/14 after cardiac catheterization. Patient was placed on a fluid restriction and Lasix 60 mg IV every 8 hours but only was producing a very small amount of urine. His oxygen requirement was decreasing on the second day of his hospitalization after receiving hemodialysis.

Of note, patient had known severe aortic stenosis with a valve area of 0.9 and had recently been seen outpatient by cardiologist he was being worked up for aortic valve replacement with plans for right and left heart cath and TEE outpatient.

On the morning of 3/14 patient's potassium was elevated at 5.7. Lokelma, calcium gluconate, Lasix ordered to help with correction with plans for hemodialysis later that afternoon. Patient was taken down for cardiac catheter around 10:30 in the morning and did not return until 2:30 in the afternoon but did not receive his cardiac catheterization. Patient was still reporting significant chest pain/discomfort once returning to the floor. I received a call from nursing staff that patient had increased work of breathing and oxygen requirements increased to 7 L. Patient was placed on BiPAP as this had been helpful to him when he felt short of breath earlier. Stat ABG was ordered. Around 20 to 30 minutes later I received a notice from the charge nurse that patient had coded on that the code team/ICU team was at bedside. A long discussion was had with patient's wife Jeannie and his sister during the time that the code was going on. We discussed patient's current situation, what interventions have been done thus far and goals of care. Jeannie made the difficult decision to end the code after nearly 30 minutes resuscitation. Time of death was called at 1626.

DISCHARGE EXAM

No lung or heart tones. No response to stimuli.

CONDITION ON DISCHARGE

Deceased

DISCHARGE DISPOSITION

Deceased

FOLLOW UP INSTRUCTIONS

No follow-up provider specified.

Total time spent with the attending physician arranging and coordinating discharge, along with physician time at the bedside, including:
-Discussing with social services
-Discussing with the patient's RN
-Completing medication reconciliation
-Prescribing new medications
-Discussing with the patient and patient's family.
-Documenting in patient's chart 50 minutes.

Electronically signed: Lauren Marie Gin, DO 3/15/2025 6:48 AM

Note Details

Author	Lauren Marie Gin, DO	File Time	3/15/2025 10:10 PM
Author Type	Physician	Status	Signed
Last Editor	Lauren Marie Gin, DO	Service	Hospitalist
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Additional Orders and Documentation

Results
Imaging
Microbiology

Meds

Orders
Procedures

Flowsheets

Encounter Info: History, Allergies, Education, Care Plan, Detailed Report

Created by

Encounter creation information not available

Hospital Problem List

- NSTEMI (non-ST elevated myocardial infarction) (HCC)

Care Timeline

03/13 Admitted from ED 0804
03/14 Discharged 2210

Discharge

Expired

Medication List at Discharge

albuterol sulfate 90 mcg/actuation 2 puffs Inhalation EVERY 6 HOURS PRN

alcohol antiseptic pads USE AS DIRECTED 4 TIMES A DAY

apixaban 2.5 mg Oral TWO TIMES DAILY

aspirin 81 mg Oral DAILY
Patient not taking: Reported on 10/30/2024

atorvastatin calcium 20 mg Oral DAILY

B complex w-C no.20/folic acid 1 mg 1 capsule Oral DAILY
Patient not taking: Reported on 3/3/2025

benzonatate 200 mg Oral THREE TIMES DAILY PRN
Patient not taking: Reported on 10/30/2024

blood glucose monitor Use as directed
Patient not taking: Reported on 10/30/2024

blood pressure kit-extra large Check blood pressure 2 times daily. Am and pm
Patient not taking: Reported on 10/30/2024

blood sugar diagnostic

- Other BEFORE MEALS AND AT BEDTIME
- Other TWO TIMES DAILY BEFORE MEALS
  Patient not taking: Reported on 10/30/2024
- Other THREE TIMES DAILY BEFORE MEALS
  Patient not taking: Reported on 10/30/2024

blood-glucose meter Other
Patient not taking: Use meter to test blood glucose as directed. Reported on 10/30/2024

blood-glucose sensor Change sensor every 10 days as directed.

blood-glucose transmitter Change transmitter every 3 months as directed.

GENERIC AMB PRESCRIPTION RX

- Incentive Spirometer
  Patient not taking: Reported on 10/30/2024
- Disp 2 handicapped placards expiration 8/17/2025
  Patient not taking: Reported on 10/30/2024

insulin lispro 5-17 Units Subcutaneous THREE TIMES DAILY BEFORE MEALS
Patient not taking: Reported on 10/30/2024

lancets

- 33 gauge Misc, Other BEFORE MEALS AND AT BEDTIME
  Patient not taking: Test blood glucose. Reported on 10/30/2024

33 gauge Misc, Other TWO TIMES DAILY BEFORE MEALS
Patient not taking: Test blood glucose. Reported on 10/30/2024

28 gauge Misc, Other THREE TIMES DAILY BEFORE MEALS

nystatin 100,000 unit/gram Topical TWO TIMES DAILY

oxycodone HCl/acetaminophen 5-325 mg 1 tablet EVERY 6 HOURS PRN

pen needle, diabetic

31 gauge x 3/16" Ndle, 1 needle. Misc.(Non-Drug; Combo Route) NIGHTLY AT BEDTIME

31 gauge x 3/16" Ndle, USE 1 NEEDLE WITH PEN 3 TIMES A DAY.

pregabalin 100 mg TWO TIMES DAILY

promethazine HCl 25 mg Oral EVERY 8 HOURS PRN

sevelamer carbonate 800 mg THREE TIMES DAILY WITH MEALS
Patient not taking: Reported on 12/16/2024

tamsulosin HCl 0.4 mg Oral DAILY
Patient not taking: Reported on 3/3/2025

Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Roberta Dowell, RN
Registered Nurse
Nursing Handoff

Progress Notes
Signed

Date of Service: 3/14/2025 10:10 PM

Signed

Taken down to morgue.

Note Details

Author	Roberta Dowell, RN	File Time	3/14/2025 10:21 PM
Author Type	Registered Nurse	Status	Signed
Last Editor	Roberta Dowell, RN	Service	Nursing Handoff
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

Care Timeline

03/13 Admitted from ED 0804
03/14 Discharged 2210

Hurst, Daniel L (MR # E818873) Printed at 3/17/2025 8:18 AM

Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Lauren Marie Gin, DO
Physician
Hospitalist

Progress Notes
Signed

Date of Service: 3/14/2025 9:16 PM

Signed

Mr. Hurst's labs were not initially drawn this morning so lab was called to obtain AM labs. Morning potassium came back elevated at 5.7. Initial plan for HD following cardiac cath. Lokelma, 1g calcium and lasix were ordered. Patient taken to cath lab at 10:49am and did not return to 5S until 14:29. Patient did not receive cardiac cath. I was not notified from cardiology that procedure was canceled.

Received notification from RN at 15:23 that patient had returned to the floor and she was concerned he was very sleepy. I had to call her back d/t another incoming phone I received during our initial conversation. She reported patient had increased O2 requirements. Up to 6-7L. RN reported patient was arousable and answered questions appropriately. He denied nausea at the time. I instructed her to offer the bipap as this had provided patient with relief earlier. I ordered a STAT VBG. I also called dialysis unit to see when the patient would be bought down. I was informed he was on the schedule and someone should be there in not long to come take him for HD.

Patient coded at 15:54, code team was call and Dr. Razi was called to bedside for assistance with intubation. I was notified at 16:12 that was patient had coded. I immediately went to bedside. The code was already being run by the code team/Dr. Razi. I went to speak with patient's wife Jeannie and sister Kim. We had an extended discussion about the current situation and that patient had been resuscitated for nearly 30 minutes. Jeannie made the decision to stop chest compressions. Death exam performed by Dr, Razi. Time of death was pronounced at 16:26. A moment of silence was had for Mr. Hurst.

Note Details

Author	Lauren Marie Gin, DO	File Time	3/14/2025 9:34 PM
Author Type	Physician	Status	Signed
Last Editor	Lauren Marie Gin, DO	Service	Hospitalist
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

Care Timeline

03/13 Admitted from ED 0804
03/14 Discharged 2210

Hurst, Daniel L (MR # E818873) Printed at 3/17/2025 8:18 AM

Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Amy J Bowman, RN
Registered Nurse
Cardiology

Progress Notes
Signed

Date of Service: 3/14/2025 1:24 PM

Signed

Patient feeling "a little nauseated" wife says he has been nauseated off and on the past week. Zofran given IVP.

1340: Patient says the Zofran helped. Repositioned for comfort.

Note Details

Author	Amy J Bowman, RN	File Time	3/14/2025 6:02 PM
Author Type	Registered Nurse	Status	Signed
Last Editor	Amy J Bowman, RN	Service	Cardiology
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

Care Timeline

03/13 Admitted from ED 0804
03/14 Discharged 2210

Hurst, Daniel L (MR # E818873) Printed at 3/17/2025 8:18 AM

Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Sandra Dawn Tussey, RN
Registered Nurse
Rapid Response RN

Code Documentation
Signed

Date of Service: 3/14/2025 3:54 PM

Signed

Responded to code blue.

See resuscitation record.

Note Details

Author	Sandra Dawn Tussey, RN	File Time	3/14/2025 5:31 PM
Author Type	Registered Nurse	Status	Signed
Last Editor	Sandra Dawn Tussey, RN	Service	Rapid Response RN
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

Care Timeline

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Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Kimberli Lavon Andrews, RN
Registered Nurse
Dialysis Nurse

Progress Notes
Signed

Date of Service: 3/14/2025 3:57 PM

Signed

Attempted to call patient for hemodialysis. Patient unable to come due to emergent situation. Dr made aware.

Note Details

Author	Kimberli Lavon Andrews, RN	File Time	3/14/2025 5:25 PM
Author Type	Registered Nurse	Status	Signed
Last Editor	Kimberli Lavon Andrews, RN	Service	Dialysis Nurse
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

Care Timeline

03/13 Admitted from ED 0804
03/14 Discharged 2210

Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Salman Sarwar Razi, MD
Physician
Critical Care

Procedures
Signed

Date of Service: 3/14/2025 5:19 PM

Signed

Intubation note

Name: Daniel L Hurst
CSN: 687351082
Room/Bed: 5111/5111-01

Date/Time of Admission: 3/12/2025 7:41 PM
Attending Provider: Lauren Marie Gin, DO
DOB: 3/11/1970 Age: 55 y.o.

PROCEDURE NOTE

Procedure:
Laryngoscopic intubation

Indications:
Respiratory failure

Procedural Sedation:
None

Complications:
None

Note:
No consent was obtained prior to the procedure as the patient was actively undergoing ACLS protocol while being full code. Respiratory therapy had been unable to intubate the patient successfully as I was told that he was very anterior. The patient was placed in the supine position. Using a medial laryngoscope blade, a size 8 endotracheal tube was passed through the vocal cords with direct visualization. The patient was anterior with excessive surrounding tissue and blood in the airway which made visualization difficult. End-tidal CO2 monitor was positive, condensation was noted in the tubing, and breath sounds were auscultated bilaterally by staff. The endotracheal tube was secured while resuscitative efforts were ongoing. The patient tolerated the procedure well and suffered no complications but did not survive his cardiac arrest.

Electronically signed: Salman Sarwar Razi, MD 3/14/2025

Note Details

Author	Salman Sarwar Razi, MD	File Time	3/14/2025 5:21 PM
Author Type	Physician	Status	Signed
Last Editor	Salman Sarwar Razi, MD	Service	Critical Care
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

Care Timeline

03/13 Admitted from ED 0804
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Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Salman Sarwar Razi, MD
Physician
Critical Care

Progress Notes
Signed

Date of Service: 3/14/2025 5:19 PM

Signed

CODE BLUE note

Name: Daniel L Hurst
CSN: 687351082
Room/Bed: 5111/5111-01

Date/Time of Admission: 3/12/2025 7:41 PM
Attending Provider: Lauren Marie Gin, DO
DOB: 3/11/1970 Age: 55 y.o.

– I was called emergently to the patient's bedside due to cardiac arrest and subsequent code with inability to intubate the patient by respiratory therapy. Upon my arrival, the patient was undergoing ACLS protocol. I then took over and supervised the code. ACLS protocol was followed for pulseless electrical activity, then ventricular fibrillation, then asystole. The patient was intubated. Please see the note for details. Under my direct supervision, bag-valve-mask ventilation, chest compressions, defibrillation, epinephrine, atropine, calcium, bicarbonate, magnesium, and amiodarone were administered. Please see the code sheet for further details. After approximately 30 minutes total resuscitative efforts, the patient was in asystole. A conversation was had by the patient's hospitalist in my presence with the patient's family, and a decision was made to stop resuscitative efforts. The patient was pronounced dead at 4:26 PM. May God have mercy on him and his family in this difficult time.

Note Details

Author	Salman Sarwar Razi, MD	File Time	3/14/2025 5:19 PM
Author Type	Physician	Status	Signed
Last Editor	Salman Sarwar Razi, MD	Service	Critical Care
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

Care Timeline

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Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Helena Herber, MD
Resident
Internal Medicine

Significant Event
Addendum

Date of Service: 3/14/2025 4:49 PM

Addendum

Code Blue Note

Mr. Daniel L Hurst is a 55 y.o. year old male who was admitted on 3/12/2025 for NSTEMI (non-ST elevated myocardial infarction) (HCC)

Time of Code: 3:54 pm
Circumstances of code: Patient turned on side, became asystolic, found to be cyanotic and no pulse. Code blue was called.
Initial Rhythm: Asystole/PEA
Description of Code: ACLS protocol was initiated and compressions began. On arrival to bedside ACLS was already in process. Initial rhythm I observed during pulse check was asystole. At 1618, patient was in vfib, and 250 joules was administered. At pulse checks at 1620, 1622, and 1624 patient was still in vfib with subsequent shocks administered with resulting rhythm asystole. Epinephrine was given at 1557, 1606, 1611,1618, 1622. Sodium bicarb was given at 1605, 1608,1614, 1623. Amiodarone was given at 1620. Magnesium was given at 1623. 30 minutes of ACLS was performed before family asked that compressions be stopped at 16:26 pm.
Intubation:
Time of intubation: 4:16 pm
Person responsible for Intubation: Dr. Razi
Method of Intubation: direct visualization
Verification of Correct Placement: Auscultation x End tidal CO2 x
Lines Placed: none
Result of Code: Death
Next of kin notified? Yes

Patient's attending physician, Lauren Marie Gin, DO was present and discussed the code with family.

Helena Herber, MD
Internal Medicine
3/14/2025 at 4:49 PM

Note Details

Author	Helena Herber, MD	File Time	3/14/2025 5:11 PM
Author Type	Resident	Status	Addendum
Last Editor	Helena Herber, MD	Service	Internal Medicine
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

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Hurst, Daniel L (MR # E818873) Printed at 3/17/2025 8:18 AM

Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Anita Louise Blair, RN
Registered Nurse
Wound/Ostomy Care Nurse

Progress Notes
Signed

Date of Service: 3/14/2025 3:40 PM

Signed

IP Wound & Ostomy Consult

Assessment

Wound consult for dry flaky non healing wounds to right lower leg.
Isabell RN aware of Wound Nurse visit. Met with patient and family at bedside. Introduced myself and reason for visit. Amanda NA and Jair NA in to assist with turning patient. Patient alert, 02, IV, L BKA with shrinker intact. Dry scattered discolored skin to R lower leg. Hemosiderin staining with venous stasis dermatitis. Patient turned to his right side with max assist of three. L buttocks open red and bleeding, scattered open areas to R buttocks. R medial calf open area, heel dry and intact. Patient returned to his back. Wife states abdominal folds have not been washed today. Wound Nurse cleansed abdominal folds with soap and water and dried. Once done with washing abdominal folds observed patient with eyes rolling back, NA applied sternal rub with no response. Rapid response called, staff entered room and resuscitative measures initiated.

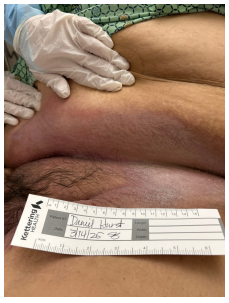
Wound 03/13/25 Pelvis Anterior;Left;Right (Active)

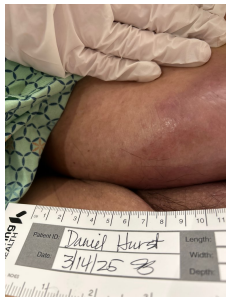
Properties

Placement Date	03/13/25
Placement Time	1700
Location	Pelvis
Primary Wound Type	Other (Comments) (excoriation, moisture dermititis)
Secondary Wound Type - Other	(MASD)
Wound Location Orientation	Anterior;Left;Right

Assessments 3/14/2025 3:40 PM

Wound Image



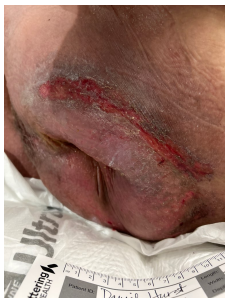


Drainage Amount	None
Site/Wound Bed Color Assessment	Red
Site/Wound Bed Additional Description	Odor
Additional Dressing/Treatment Information	Cleansed with soap and water, pat dry.

Wound 03/13/25 Buttock Left (Active)

Properties

Placement Date	03/13/25
Placement Time	1700
Location	Buttock
Primary Wound Type	Pressure Injury
Wound Location Orientation	Left
Wound Description (Comments)	red open wound

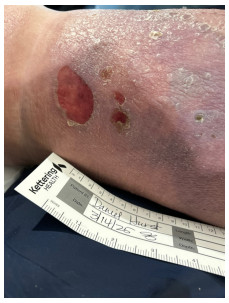
Assessments	3/14/2025 3:40 PM
Wound Image	
Pressure Injury Stage	Stage 2
Drainage Amount	Small
Drainage Description	Serosanguineous
Site/Wound Bed Color Assessment	Red
Site/Wound Bed Additional Description	Moist;Bleeding;Open
Peri-Wound Color Assessment	Red;Pink
Peri-Wound Advanced Assessment	Moist
Treatments	Zinc - oxide paste

Wound 03/14/25 Calf Right;Medial (Active)

Properties

Placement Date	03/14/25
Placement Time	1540
Location	Calf
Primary Wound Type	Vascular Ulcer
Wound Location Orientation	Right;Medial
Wound Description (Comments)	open wound

Assessments	3/14/2025 3:40 PM
Wound Image	



Drainage Amount	Small
Drainage Description	Serosanguineous
Site/Wound Bed Color Assessment	Red
Site/Wound Bed Additional Description	Moist
Peri-Wound Color Assessment	Red
Peri-Wound Advanced Assessment	Edema

Braden Score: 14

Ostomy?

☐	Yes
☑	No

☐	Colostomy	☐	Ileostomy	☐	Urostomy	☐	Fistula

LABS

Albumin

Date	Value	Ref Range	Status
01/17/2024	3.0 (A)	3.5 - 5.7 g/dL	Final

No results found for: "PREALBUMIN"

Results for orders placed or performed during the hospital encounter of 03/12/25

Hemoglobin A1C

Result	Value	Ref Range
Hemoglobin A1C	8.5 (A)	4.0 - 6.0 %
Mean Plasma Glucose	197 (A)	68 - 126 MG/DL

Last CBC w diff Results:

Recent Labs

Lab	03/12/25 2031	03/12/25 2046	03/13/25 0238	03/13/25 0434	03/14/25 0803
WBC	**11.9***	--	--	**12.1***	**13.4***
HEMOGLOBIN	**9.9***	< >	**10.7***	**9.5***	**9.4***
HCT	**29.8***	--	--	**27.7***	**28.1***
PLT	368	--	--	360	317
RBC	**3.22***	--	--	**3.04***	**3.02***
MCHC	33.3	--	--	34.1	33.5
MCH	30.8	--	--	31.2	31.2

RDW	14.6	--	--	14.5	14.9
NEUTROPHILS	84.3	--	--	--	--
MONOCYTES	9.0	--	--	--	--

< > = values in this interval not displayed.

Nutrition

Diet See diet orders.

Supplement

Recommendations

Apply Z Guard Paste to buttocks every 8 hours and as needed. Use foam cleanser and disposable washcloths for gentle cleaning.
Cleanse wound to R medial calf with NS, pat dry. Apply Opticell Ag+, ABF and Kerlix wrap daily.
Nystatin powder to abdominal folds as ordered.
Turns Q 2 hours.

Support Surfaces

☐	Pressure Reduction Mattress
☐	Low Air Overlay Mattress
☐	Stryker in Touch Critical Care Bed
☑	Air Fluidized Bed (High Air Loss)
☑	Bariatric Speciality Bed
☐	Stryker iBed-S3
☐	Low Air Loss Bed

☐ Stryker Procuity bed with Iso Tour mattress
☐ Stryker Procuity bed with Iso Tour mattress with IsoTour low air loss pump
☐ Stryker Iso Air bed(immersion)
☐ Stryker MV3 Bariatric bed

Note Details

Author	Anita Louise Blair, RN	File Time	3/14/2025 5:08 PM
Author Type	Registered Nurse	Status	Signed
Last Editor	Anita Louise Blair, RN	Service	Wound/Ostomy Care Nurse
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

Care Timeline

03/13

03/14 Admitted from ED 0804
Discharged 2210

Hurst, Daniel L (MR # E818873) Printed at 3/17/2025 8:18 AM

Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Isabel Joy Pontzer, RN
Registered Nurse

Progress Notes
Signed

Date of Service: 3/14/2025 4:26 PM

Signed

Code called, family at bedside, support and reassurance given.

Note Details

Author	Isabel Joy Pontzer, RN	File Time	3/14/2025 5:05 PM
Author Type	Registered Nurse	Status	Signed
Last Editor	Isabel Joy Pontzer, RN	Service	(none)
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

Care Timeline

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Hurst, Daniel L (MR # E818873) Printed at 3/17/2025 8:18 AM

Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Isabel Joy Pontzer, RN
Registered Nurse

Progress Notes
Signed

Date of Service: 3/14/2025 3:53 PM

Signed

Patient turned on side, lost pulse / PEA, pt cyanotic, CPR and ,code started. See Resuscitation record.

Note Details

Author	Isabel Joy Pontzer, RN	File Time	3/14/2025 5:04 PM
Author Type	Registered Nurse	Status	Signed
Last Editor	Isabel Joy Pontzer, RN	Service	(none)
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

Care Timeline

03/13 Admitted from ED 0804
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Hurst, Daniel L (MR # E818873) Printed at 3/17/2025 8:18 AM

Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Natallia Vasilievna Maroz, MD
Physician
Nephrology

Progress Notes
Signed

Date of Service: 3/14/2025 4:46 PM

Signed

I have not seen patient today as at the time of my visit to his room he was not present there at 1130. I have later communicated with cardiology need for hemodialysis due to mild hyperkalemia 6.0. Orders were given to the dialysis unit and we expect the patient to come for the treatment but unfortunately were informed that he developed cardiac arrest.

Note Details

Author	Natallia Vasilievna Maroz, MD	File Time	3/14/2025 4:48 PM
Author Type	Physician	Status	Signed
Last Editor	Natallia Vasilievna Maroz, MD	Service	Nephrology
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

Care Timeline

03/13 Admitted from ED 0804
03/14 Discharged 2210

Hurst, Daniel L (MR # E818873) Printed at 3/17/2025 8:18 AM

Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Treyton Paul Lavy, OT
Occupational Therapist
Documentation Only

Plan of Care
Signed

Date of Service: 3/14/2025 4:36 PM

Signed

Occupational Therapy Evaluation Attempt

Admit date: 3/12/2025 **Today's Date:** 3/14/2025

Patient Name/MR#: Daniel L Hurst E818873
Current Room: 5111/5111-01
Admitting Diagnosis: Shortness of breath [R06.02]
NSTEMI (non-ST elevated myocardial infarction) (HCC) [I21.4]
ESRD (end stage renal disease) on dialysis (HCC) [N18.6, Z99.2]
Diffuse ST segment depression [R94.31]
Admitting Provider: Arshad Ali Shah, MD

Evaluation Attempt
Date Initial Eval Attempted: 03/14/25
Time Initial Eval Attempted: 1100
Reason Eval Not Completed: Therapy medically contraindicated at current time (Pt with non-therapeutic XA level, plans to go to cardiac cath this date. OT will hold and follow)

Note Details

Author	Treyton Paul Lavy, OT	File Time	3/14/2025 4:37 PM
Author Type	Occupational Therapist	Status	Signed
Last Editor	Treyton Paul Lavy, OT	Service	Documentation Only
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

Care Timeline

03/13 Admitted from ED 0804
03/14 Discharged 2210

Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Lauren Marie Gin, DO
Physician
Hospitalist

Progress Notes
Signed

Date of Service: 3/14/2025 3:32 PM

Signed

Kettering HEALTH
Kettering Health Medical Group

KETTERING HEALTH MAIN CAMPUS

AFTER 7pm, PLEASE CALL THE ON CALL PROVIDER, WHO CAN BE FOUND ON **MATCHMD UNDER HOSPITALISTS**

Hospital Medicine Progress Note

Name: Daniel L Hurst
CSN: 687351082
Room/Bed: 5111/5111-01
PCP: James Barton, DO

Date/Time of Service: 3/14/2025 3:32 PM
Attending Provider: Lauren Marie Gin, DO
DOB: 3/11/1970 **Age:** 55 y.o.

Mr. Daniel L Hurst is a 55 y.o. male who was admitted on 3/12/2025 with a chief complaint of

Chief Complaint
Patient presents with
- Shortness of Breath

DISPOSITION

Estimated Discharge Date: tbd

Barriers to discharge: Clinical improvement, will need ischemic workup, volume overloaded.

TUBES, LINES, & DRAINS

Peripheral IV x2

ASSESSMENT - PLAN

Mr. Daniel hurst is a 55-year-old gentleman with a past medical history of paroxysmal atrial fibrillation,

hypertension, hyperlipidemia, type 2 diabetes, morbid obesity, end-stage renal disease on dialysis, OSA, tobacco use, severe aortic stenosis, combined systolic and diastolic heart failure, left lower extremity below the knee amputation who presented to Kettering health main campus on 3/12/2025 for volume overload and shortness of breath and chest discomfort.

1. NSTEMI, type I vs II
   -Presenting with chest pain shortness of breath.
   -ECG shows abnormal repolarization suggesting ischemia in the anterolateral leads.
   -Troponins: 8484> 7130> 6650> 7260
   -Continue heparin drip
   -Continue aspirin and statin
   -N.p.o. after midnight plan for cardiac **catheterization tomorrow 3/14**
   -Cardiology consulted-appreciate recommendations

2. Volume overload
   - Suspect due to decompensated heart failure as well as hemodialysis noncompliance
3. Acute hypoxic respiratory failure secondary to above
4. Acute on chronic HFrEF
   -BiPAP as needed, wean supplemental oxygen as able goal SpO2 >92%
   -Nephrology consulted, appreciate recommendations
   -Plan for HD this afternoon 3/14. 4 L removed 3/13
   -Fluid restriction of 1500 cc/day
   -Continue Lasix 60 mg IV every 8 hours
   -STAT VBG
   -Strict I's and O's
   -Daily weights

5. ESRD on hemodialysis
   -Has had 2 sessions of hemodialysis within the past 2 weeks. Last session was this past Saturday
   -Plan for HD today 3/14

4. Severe Aortic stenosis
   -with valve area of 0.9, recently seen by cardiologist, suspected to be due to bicuspid aortic valve
   -Seen by structural cardiology with a outpatient plan for TEE, right and left heart cath, CT surgery evaluation for possible aortic valve replacement with left atrial appendage clip, TAVR if not a candidate for open heart surgery.
   - Cardiology consult defer further workup to cardiology.

5. Peripheral arterial disease s/p left BKA
   -Continue aspirin and statin
6. Type 2 diabetes mellitus on long-term insulin
   -A1c 8.5
   -Continue Glucomander
7. COPD, no acute exacerbation
   -albuterol as needed
8. Tobacco use disorder

-Counseled on smoking cessation
-Declined nicotine replacement

9. Deep pressure injury both buttocks, unstageable, POA,
-Wound care consulted
10. Intertrigo under skin folds
- nystatin powder
11. Morbid obesity, BMI 51
12. Suspected obstructive sleep apnea, outpatient follow-up with pulmonary for sleep study
13. Paroxysmal atrial fibrillation, CHA2DS2-VASc 4. Currently on heparin drip. Hold home Eliquis
14. Secondary hyperparathyroidism-continue Renvela 800 mg 3 times daily
15. Chronic pain/chronic narcotic use–continue home Percocet 7.5 3 times daily

16. Right lower extremity edema/erythema-**ultrasound negative for DVT**
-Suspect this is lymphedema/chronic venous stasis
-No evidence of superimposed infection

Code Status: Full Code
DVT prophylaxis: Heparin drip

SUBJECTIVE:

Mr. Hurst was seen and examined this morning. Patient was not able to provide me with much information he states that he is having chest discomfort this morning. He is not certain if his breathing is improved at all compared to yesterday. Denies any fevers or chills. He states that he tolerated dialysis yesterday. Denies any abdominal pain, nausea or vomiting. Denies any pain in his right lower extremity. Initially plan was for dialysis this morning however this was canceled due to hyperkalemia.

Plan for patient to go to dialysis this afternoon. Spoke with nursing staff after he returned from the Cath Lab and he appeared very sleepy. Asked her to please obtain a stat VBG and go ahead and place him on the BiPAP as long as he is not nauseated. He does awaken and follows commands. Nursing staff also mentioned that patient's wife is concerned about his right foot. He has good pulses per nursing and that his discolored it has been since arrival. Patient denies any pain in the foot.

Of note, patient states that he lives at home with his wife and is wheelchair-bound.

No pertinent changes to past family and social history.

PHYSICAL EXAM:

BP (!) 125/98 | Pulse 96 | Temp 97.9 °F (36.6 °C) | Resp (!) 24 | Ht 6' (1.829 m) | Wt (!) 336 lb 12.8 oz (152.8 kg) | SpO2 93% | BMI 45.68 kg/m²

Physical Exam
Constitutional:
General: He is not in acute distress.
Appearance: He is obese. He is ill-appearing. He is not toxic-appearing or diaphoretic.
Comments: **Unkempt, malodorous, appears uncomfortable**
HENT:
Head: Normocephalic and atraumatic.
Nose: Nose normal.
Mouth/Throat:

Mouth: Mucous membranes are dry.
Eyes:
Extraocular Movements: Extraocular movements intact.
Conjunctiva/sclera: Conjunctivae normal.
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Pulmonary:
Breath sounds: No wheezing or rhonchi.
Comments: **Diminished airflow throughout, mild tachypnea, on nasal cannula**
Chest:
Chest wall: No tenderness.
Abdominal:
General: Bowel sounds are normal. There is no distension.
Palpations: Abdomen is soft.
Tenderness: There is no abdominal tenderness. There is no guarding.
Musculoskeletal:
Comments: **Significant right lower extremity edema, right lower extremity erythema, not warm and nontender to palpation. Left lower extremity BKA**
Skin:
General: Skin is warm and dry.
Comments: **Intertrigo in skin folds**
Neurological:
General: No focal deficit present.
Mental Status: He is alert and oriented to person, place, and time. Mental status is at baseline.
Cranial Nerves: No cranial nerve deficit.

MEDICATIONS:

MEDICATIONS REVIEWED

• aspirin	81 mg	Oral	DAILY
• atorvastatin	80 mg	Oral	DAILY
• calcium gluconate rapid infusion IVPB (HYPERKALEMIA)	1 g	Intravenous	ONCE
• chlorhexidine	30 mL	Topical (Top)	DAILY AT 12 NOON
• furosemide	60 mg	Intravenous	3 times per day
• insulin glargine	1-125 Units	Subcutaneous	NIGHTLY AT BEDTIME
• insulin lispro	1-125 Units	Subcutaneous	BEFORE MEALS AND AT BEDTIME
• nystatin		Topical	TWO TIMES DAILY
• pregabalin	50 mg	Oral	TWO TIMES DAILY
• sevelamer carbonate	800 mg	Oral	THREE TIMES DAILY WITH MEALS
• sodium zirconium cyclosilicate	10 g	Oral	ONCE
• vitamin B & C-iron-folic acid-D3-zinc	1 tablet	Oral	DAILY

albumin, human, MED NEB THERAPY **AND** albuterol, albuterol, dextrose 50 % **OR** dextrose **OR** glucagon (human recombinant), docusate, heparin (porcine), insulin lispro, ipratropium-albuteroL, lidocaine,

melatonin, midodrine, nitroGLYCERIN, ondansetron **OR** ondansetron, oxyCODONE-acetaminophen
- heparin 14.3 Units/kg/hr (03/14/25 0912)

LABORATORY DATA/IMAGING

Labs and imaging were reviewed by me. Pertinent findings are listed above.

ACTIVE HOSPITAL PROBLEMS:

Principal Problem:
NSTEMI (non-ST elevated myocardial infarction) (HCC)

ELECTRONICALLY SIGNED BY: Lauren Marie Gin, DO 3/14/2025 3:32 PM

Note Details

Author	Lauren Marie Gin, DO	File Time	3/14/2025 3:42 PM
Author Type	Physician	Status	Signed
Last Editor	Lauren Marie Gin, DO	Service	Hospitalist
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

Care Timeline

03/13 Admitted from ED 0804
03/14 Discharged 2210

Hurst, Daniel L (MR # E818873) Printed at 3/17/2025 8:18 AM

Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Amy J Bowman, RN
Registered Nurse
Cardiology

Progress Notes
Signed

Date of Service: 3/14/2025 2:23 PM

Signed

Patient stable for transport

Note Details

Author	Amy J Bowman, RN	File Time	3/14/2025 2:29 PM
Author Type	Registered Nurse	Status	Signed
Last Editor	Amy J Bowman, RN	Service	Cardiology
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

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Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Shauna Louise Reed, PA-C
Physician Assistant
Cardiology

Progress Notes
Signed

Date of Service: 3/14/2025 12:45 PM

Signed

Left heart cath cancelled due to K of 6.0. Will reach out to nephrology to see if patient may be dialyzed today.

Shauna Reed, MPAS, PA-C

Note Details

Author	Shauna Louise Reed, PA-C	File Time	3/14/2025 12:46 PM
Author Type	Physician Assistant	Status	Signed
Last Editor	Shauna Louise Reed, PA-C	Service	Cardiology
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

Care Timeline

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Hurst, Daniel L (MR # E818873) Printed at 3/17/2025 8:18 AM

Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Amy J Bowman, RN
Registered Nurse
Cardiology

Progress Notes
Signed

Date of Service: 3/14/2025 11:13 AM

Signed

Patient arrived to 1 East SSC. Oriented to room. Admission charting complete and orders implemented. Plan of care and procedural education discussed, patient expressed understanding. Prep for procedure complete. Patient awaiting transport to CDIL with call light in reach.

Note Details

Author	Amy J Bowman, RN	File Time	3/14/2025 11:13 AM
Author Type	Registered Nurse	Status	Signed
Last Editor	Amy J Bowman, RN	Service	Cardiology
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

Care Timeline

03/13 Admitted from ED 0804
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Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Katherine Wharton, PT
Physical Therapist
Specialty: Physical Therapy

Plan of Care
Signed

Date of Service: 3/14/2025 10:16 AM

Signed

Physical Therapy Evaluation Attempt

Admit date: 3/12/2025 **Today's Date:** 3/14/2025

Patient Name/MR#: Daniel L Hurst E818873
Current Room: 5111/5111-01
Admitting Diagnosis: Shortness of breath [R06.02]
NSTEMI (non-ST elevated myocardial infarction) (HCC) [I21.4]
ESRD (end stage renal disease) on dialysis (HCC) [N18.6, Z99.2]
Diffuse ST segment depression [R94.31]
Admitting Provider: Arshad Ali Shah, MD

Evaluation Attempt
Date Initial Eval Attempted: 03/14/25
Time Initial Eval Attempted: 1016
Reason Eval Not Completed: Therapy medically contraindicated at current time (Pt with non-therapeutic XA level, plans to go to cardiac cath this date, and currently declining mobility, will hold and follow)

Note Details

Author	Katherine Wharton, PT	File Time	3/14/2025 10:17 AM
Author Type	Physical Therapist	Status	Signed
Last Editor	Katherine Wharton, PT	Specialty	Physical Therapy
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

Care Timeline

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Hurst, Daniel L (MR # E818873) Printed at 3/17/2025 8:18 AM

Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Alisa Johnson, RN
Registered Nurse

Progress Notes
Signed

Date of Service: 3/14/2025 7:32 AM

Signed

Pt sat on EOB from 2345 to 0430. RN went into pt room multiple times and found pt falling asleep and sliding off the bed. Pt refused to lay in bed. Pt has a LBKA and stated he could not stand up. RN explained safety concerns to pt and pt questioned RN asking how old are you. RN told pt he is at risk for falling on the floor which could have complications. RN also told pt he need to get cleaned up and he would need to lay down and have linen changed. Pt states he cannot lay down. He understands but he cannot.

0500 Pt was placed on the bedpan and RN checked on pt multiple times and he did not have a BM. RN explained to pt that he cannot stay on the bedpan due to skin breakdown. Pt states he will stay on bedpan and call when he is ready to get off. RN and PCA laid pt down and pt said he is nauseous and he is going to vomit and needs to sit up Pt refused to cooperate and chare RN notified.

Note Details

Author	Alisa Johnson, RN	File Time	3/14/2025 7:44 AM
Author Type	Registered Nurse	Status	Signed
Last Editor	Alisa Johnson, RN	Service	(none)
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

Care Timeline

03/13 Admitted from ED 0804
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Hurst, Daniel L (MR # E818873) Printed at 3/17/2025 8:18 AM

Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Lauren Marie Gin, DO
Physician
Hospitalist

Progress Notes
Addendum

Date of Service: 3/13/2025 5:02 PM

Addendum

Kettering HEALTH
Kettering Health Medical Group

KETTERING HEALTH MAIN CAMPUS

AFTER 7pm, PLEASE CALL THE ON CALL PROVIDER, WHO CAN BE FOUND ON **MATCHMD UNDER HOSPITALISTS**

Hospital Medicine Progress Note

Name: Daniel L Hurst
CSN: 687351082
Room/Bed: 5111/5111-01
PCP: James Barton, DO

Date/Time of Service: 3/13/2025 5:02 PM
Attending Provider: Lauren Marie Gin, DO
DOB: 3/11/1970 **Age:** 55 y.o.

Mr. Daniel L Hurst is a 55 y.o. male who was admitted on 3/12/2025 with a chief complaint of

Chief Complaint
Patient presents with
- Shortness of Breath

DISPOSITION

Estimated Discharge Date: tbd

Barriers to discharge: Clinical improvement, will need ischemic workup, volume overloaded.

TUBES, LINES, & DRAINS

Peripheral IV x2

ASSESSMENT - PLAN

Mr. Daniel hurst is a 55-year-old gentleman with a past medical history of paroxysmal atrial fibrillation,

hypertension, hyperlipidemia, type 2 diabetes, morbid obesity, end-stage renal disease on dialysis, OSA, tobacco use, severe aortic stenosis, combined systolic and diastolic heart failure, left lower extremity below the knee amputation who presented to Kettering health main campus on 3/12/2025 for volume overload and shortness of breath and chest discomfort.

1. NSTEMI, type I vs II
   -Presenting with chest pain shortness of breath.
   -ECG shows abnormal repolarization suggesting ischemia in the anterolateral leads.
   -Troponins: 8484> 7130> 6650> 7260
   -Continue heparin drip
   -Continue aspirin and statin
   -N.p.o. after midnight plan for cardiac **catheterization tomorrow 3/14**
   -Cardiology consulted-appreciate recommendations

2. Volume overload
   - Suspect due to decompensated heart failure as well as hemodialysis noncompliance
3. Acute hypoxic respiratory failure secondary to above
4. Acute on chronic HFrEF
   -BiPAP as needed, wean supplemental oxygen as able,goal SpO92%>
   -Nephrology consulted, appreciate recommendations
   -Plan for hemodialysis today 3/13
   -Fluid restriction of 1500 cc/day
   -Continue Lasix 40 mg IV every 8 hours
   -Strict I's and O's
   -Daily weights

5. ESRD on hemodialysis
   -Has had 2 sessions of hemodialysis within the past 2 weeks. Last session was this past Saturday
   -Plan for HD today 3/13

4. Severe Aortic stenosis
   -with valve area of 0.9, recently seen by cardiologist, suspected to be due to bicuspid aortic valve
   -Seen by structural cardiology with a outpatient plan for TEE, right and left heart cath, CT surgery evaluation for possible aortic valve replacement with left atrial appendage clip, TAVR if not a candidate for open heart surgery.
   - Cardiology consult defer further workup to cardiology.

5. Peripheral arterial disease s/p left BKA
   -Continue aspirin and statin
6. Type 2 diabetes mellitus on long-term insulin
   -A1c 8.5
   -Continue Glucomander
7. COPD, no acute exacerbation
   -albuterol as needed
8. Tobacco use disorder

-Counseled on smoking cessation
-Declined nicotine replacement

9. Deep pressure injury both buttocks, unstageable, POA,
-Wound care consulted
10. Intertrigo under skin folds
- nystatin powder
11. Morbid obesity, BMI 51
12. Suspected obstructive sleep apnea, outpatient follow-up with pulmonary for sleep study
13. Paroxysmal atrial fibrillation, CHA2DS2-VASc 4. Currently on heparin drip. Hold home Eliquis
14. Secondary hyperparathyroidism-continue Renvela 800 mg 3 times daily
15. Chronic pain/chronic narcotic use–continue home Percocet 7.5 3 times daily

16. Right lower extremity edema/erythema-**check ultrasound to rule out DVT.**
-Suspect this is lymphedema/chronic venous stasis
-No evidence of superimposed infection

Code Status: Full Code
DVT prophylaxis: Heparin drip

SUBJECTIVE:

Mr. Hurst was seen and examined this morning. Patient was resting in bed with a BiPAP machine on. He was requesting that his BiPAP machine be removed and to be placed on supplemental oxygen. He does believe that his shortness of breath is mildly improved from when he first came to the hospital. Patient states that he is missed multiple sessions of dialysis because he was "not feeling well and had issues with his fistula. He reported in the last 2 weeks he has had 2 sessions of dialysis, the most recent 1 being this past Saturday. He states that over the past few days he has gotten significantly more short of breath. He is also reporting some substernal chest pain within the past 2 days. He states that his right lower extremity is much more edematous than it typically is. He does not weigh himself at home and does not know what his dry weight is at dialysis. He denies any fevers, chills, abdominal pain, nausea or vomiting.

Of note, patient states that he lives at home with his wife and is wheelchair-bound.

No pertinent changes to past family and social history.

PHYSICAL EXAM:

BP 98/70 | Pulse 94 | Temp 97.8 °F (36.6 °C) | Resp 12 | Ht 6' (1.829 m) | Wt (!) 378 lb 15.5 oz (171.9 kg) | SpO2 92% | BMI 51.40 kg/m²

Physical Exam
Constitutional:
General: He is not in acute distress.
Appearance: He is obese. He is ill-appearing. He is not toxic-appearing or diaphoretic.
Comments: **Unkempt, malodorous**
HENT:
Head: Normocephalic and atraumatic.
Nose: Nose normal.
Mouth/Throat:
Mouth: Mucous membranes are dry.
Eyes:

Extraocular Movements: Extraocular movements intact.
Conjunctiva/sclera: Conjunctivae normal.
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Pulmonary:
Breath sounds: No wheezing or rhonchi.
Comments: **Diminished airflow throughout, mild tachypnea, accessory muscle use, on nasal cannula**
Chest:
Chest wall: No tenderness.
Abdominal:
General: Bowel sounds are normal. There is no distension.
Palpations: Abdomen is soft.
Tenderness: There is no abdominal tenderness. There is no guarding.
Musculoskeletal:
Comments: **Significant right lower extremity edema, right lower extremity erythema, not warm and nontender to palpation. Left lower extremity BKA**
Skin:
General: Skin is warm and dry.
Comments: **Intertrigo in skin folds**
Neurological:
General: No focal deficit present.
Mental Status: He is alert and oriented to person, place, and time. Mental status is at baseline.
Cranial Nerves: No cranial nerve deficit.

MEDICATIONS:

MEDICATIONS REVIEWED

• aspirin	81 mg	Oral	DAILY
• atorvastatin	80 mg	Oral	DAILY
• chlorhexidine	30 mL	Topical (Top)	DAILY AT 12 NOON
• epoetin alfa	10,000 Units	Intravenous	Once in dialysis
• furosemide	40 mg	Intravenous	3 times per day
• insulin glargine	1-125 Units	Subcutaneous	NIGHTLY AT BEDTIME
• insulin lispro	1-125 Units	Subcutaneous	BEFORE MEALS AND AT BEDTIME
• nystatin		Topical	TWO TIMES DAILY
• pregabalin	50 mg	Oral	TWO TIMES DAILY
• sevelamer carbonate	800 mg	Oral	THREE TIMES DAILY WITH MEALS
• vitamin B & C-iron-folic acid-D3-zinc	1 tablet	Oral	DAILY

albumin, human, albuterol, dextrose 50 % **OR** dextrose **OR** glucagon (human recombinant), docusate, heparin (porcine), insulin lispro, ipratropium-albuteroL, melatonin, midodrine, ondansetron **OR** ondansetron, oxyCODONE-acetaminophen

• heparin	Stopped (03/13/25 1221)

LABORATORY DATA/IMAGING

Labs and imaging were reviewed by me. Pertinent findings are listed above.

ACTIVE HOSPITAL PROBLEMS:

Principal Problem:
NSTEMI (non-ST elevated myocardial infarction) (HCC)

ELECTRONICALLY SIGNED BY: Lauren Marie Gin, DO 3/13/2025 5:02 PM

Note Details

Author	Lauren Marie Gin, DO	File Time	3/13/2025 5:31 PM
Author Type	Physician	Status	Addendum
Last Editor	Lauren Marie Gin, DO	Service	Hospitalist
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

Care Timeline

03/13 Admitted from ED 0804
03/14 Discharged 2210

Hurst, Daniel L (MR # E818873) Printed at 3/17/2025 8:18 AM

Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Isabel Joy Pontzer, RN
Registered Nurse

Progress Notes
Signed

Date of Service: 3/13/2025 4:48 PM

Signed

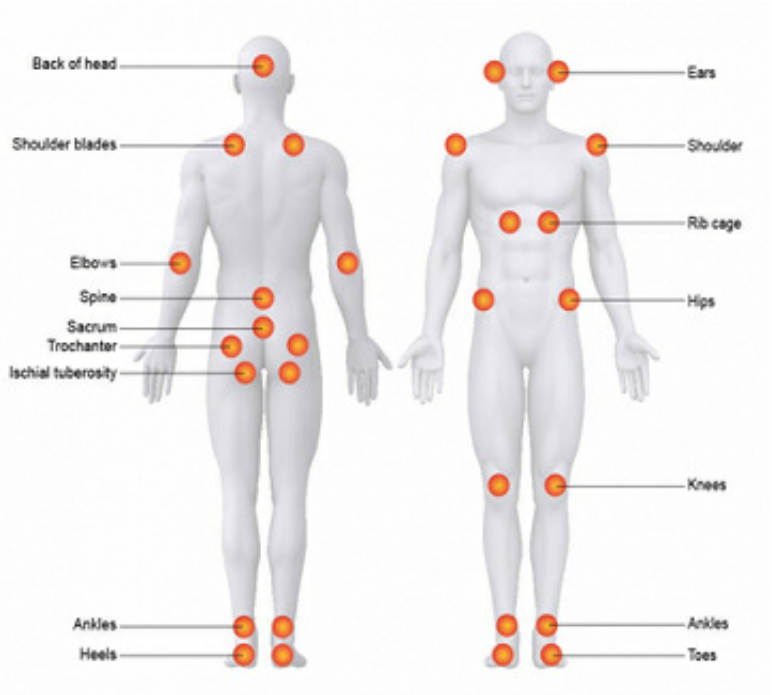
4 Eyes in 4 Hours
Admission/Transfer Wound Evaluation of Pressure Points

All pressure points below have been assessed

If Pressure injury present, please complete the following:

- Location of abnormal finding: _pink red excoriation in panus folds and peri folds, open areas bilateral gluteal folds, open areas on r lower leg_____
  - Add Pressure Injury to LDA/Wound Flowsheet (Describe and measure wound)
  - Order Wound Care Consult per pressure injury prevention policy
  - Enter photo into media (with measuring device and pt. identifier) per policy
  - If new admission to hospital: Wound RN to create Present on Admission (POA) Wound Note

Name of 2nd RN performing assessment: Anna Hauser_____



Note Details

Author	Isabel Joy Pontzer, RN	File Time	3/13/2025 4:50 PM
Author Type	Registered Nurse	Status	Signed
Last Editor	Isabel Joy Pontzer, RN	Service	(none)
Hospital Acct #	269662478	Admit Date	3/12/2025

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Created by

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Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Haley Renee Sliper, RN
Registered Nurse
Nursing Handoff

Progress Notes
Signed

Date of Service: 3/13/2025 4:02 PM

Signed

Patient belongings and isolation cart packed and taken to patient new room 5111.

Note Details

Author	Haley Renee Sliper, RN	File Time	3/13/2025 4:03 PM
Author Type	Registered Nurse	Status	Signed
Last Editor	Haley Renee Sliper, RN	Service	Nursing Handoff
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

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Hurst, Daniel L

MRN: E818873

Andrew James Steiner, RN
Registered Nurse
Dialysis Nurse

Progress Notes
Signed

Date of Service: 3/13/2025 3:33 PM

Signed

Hemodialysis

Net UF (Fluid removed): 4.6L

Tx Summary: Tx completed without issue; tolerated well.

Medications or blood products given: Albumin, Midodrine, Zofran, Retacrit

Access used: L AVF
Access function: Good flow without issue.

Treatment time: 3:00

Copy of dialysis treatment record faxed to floor, to be scanned into EMR.

Note Details

Author	Andrew James Steiner, RN	File Time	3/13/2025 3:35 PM
Author Type	Registered Nurse	Status	Signed
Last Editor	Andrew James Steiner, RN	Service	Dialysis Nurse
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

Care Timeline

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Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Rashell J Kitts, RN
Registered Nurse
Nursing Handoff

Progress Notes
Addendum

Date of Service: 3/13/2025 12:10 PM

Addendum

Rec'd call from dialysis charge nurse, patients IV has went bad. He has heparin running. It was paused at this time. Order placed for IV consult with PICC. MD aware.

Note Details

Author	Rashell J Kitts, RN	File Time	3/13/2025 3:25 PM
Author Type	Registered Nurse	Status	Addendum
Last Editor	Rashell J Kitts, RN	Service	Nursing Handoff
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

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Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Mollie Ann Scroggin, RN
Care Manager - Acute

Discharge Planning
Signed

Date of Service: 3/13/2025 3:21 PM

Signed

Discharge Planning Brief Note

Plan A: Needs opened

Plan B:

Reason for Intervention:

Patient remains in dialysis. Multiple attempts to see patient. Will see at later time.

Mollie Scroggin, BSN, RN, Care Coordinator

Note Details

Author	Mollie Ann Scroggin, RN	File Time	3/13/2025 3:22 PM
Author Type	Care Manager - Acute	Status	Signed
Last Editor	Mollie Ann Scroggin, RN	Service	(none)
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

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Hurst, Daniel L

MRN: E818873

Rashell J Kitts, RN
Registered Nurse
Nursing Handoff

Progress Notes
Signed

Date of Service: 3/13/2025 2:30 PM

Signed

Patient remain in dialysis. PICC nurse came to unit to place IV and said she will return once back from dialysis.

Note Details

Author	Rashell J Kitts, RN	File Time	3/13/2025 3:06 PM
Author Type	Registered Nurse	Status	Signed
Last Editor	Rashell J Kitts, RN	Service	Nursing Handoff
Hospital Acct #	269662478	Admit Date	3/12/2025

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Created by

Encounter creation information not available

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Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Jennifer Blair, RN
Home Health Liaison
Care Management

Discharge Planning
Signed

Date of Service: 3/13/2025 1:46 PM

Signed

Discharge Planning Brief Note

Plan A:

Plan B:

Reason for Intervention: HCL attempted to meet with patient to discuss HHC services and discharge needs.

HCL attempted to reach pt to assess home care or discharge needs, but pt is out of his room and unavailable at this time. HCL will continue to follow and will attempt to reach pt at a later time.

Note Details

Author	Jennifer Blair, RN	File Time	3/13/2025 1:49 PM
Author Type	Home Health Liaison	Status	Signed
Last Editor	Jennifer Blair, RN	Service	Care Management
Hospital Acct #	269662478	Admit Date	3/12/2025

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Created by

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Hurst, Daniel L

MRN: E818873

Natallia Vasilievna Maroz, MD
Physician
Internal Medicine

Consults
Signed

Date of Service: 3/13/2025 11:17 AM

Consult Orders
IP Consult to Nephrology [619953124] ordered by Swe Zin Mar Winhtut Oo, MD at 03/13/25 0655

Signed

KETTERING HEALTH NETWORK

Adedayo Odunsi, MD, FRCP
Melissa Schnell, MD
Sampath Thiruveedi, MD

RENAL PHYSICIANS
Phone: 937-222-3118
Fax: 937-222-1436

Augustus F. Eduafo, MD,MS, FASN, FACP
Nilesh Mhaskar, MD, FASN
Natallia Maroz, MD, FASN, FACP
Siva Ambalavanan, MD, FASN, FRCP

NEPHROLOGY CONSULT NOTE

Name: Daniel L Hurst
CSN: 687351082
@ PCP@

Date/Time of Admission: 3/12/2025 7:41 PM
Attending Provider: Lauren Marie Gin, DO
DOB: 3/11/1970 Age: 55 y.o.@

Reason for consultation: Management of End Stage Kidney Disease

ASSESSMENT

Daniel L Hurst is a 55 y.o. male with ESRD secondary to diabetic nephropathy has been admitted to the hospital for chief complaint of Shortness of Breath

ESRD due to diabetic nephropathy on HD
Hypervolemia due to decompensated heart failure likely from missed dialysis, severe symptomatic aortic stenosis, and possible NSTEMI–ACS
Anion gap metabolic acidosis likely due to uremia

Anemia of chronic renal disease with superimposed iron deficiency anemia with TSAT 14%
Secondary hyperparathyroidism related to renal disease
Class III obesity

PLAN

- Next hemodialysis session planned for today
- Continue phosphorus binders with meals
- Continue ESA for anemia of ESRD
- Fluid restriction 1500 cc/day to avoid pulmonary edema

- avoid needle sticks and blood pressure taking at UE with AVF

Thank you for giving me opportunity to participate in care of your patient
Omar Khattab, MD 03/13/25 11:22 AM MatchMD
Contact Medical Society for RPI Nephrologist on call 937-463-1500

CONSULTATION NOTE

Patient is a 55 y.o. male who was admitted 3/12/2025 with the vast volume overload and severe dyspnea, he had presented with significant swelling of all extremities. Found to have NSTEMI and started on IV heparin infusion. He only had dialysis once last week due to concern for dysfunctional AV fistula, however there is palpable thrill and it is nonswollen without concern for aneurysm or steal syndrome.

Patient has end stage kidney disease from diabetic nephropathy

PAST MEDICAL HISTORY

Past Medical History:

Diagnosis	Date
• Abscess of left buttock	2008
• ADHD (attention deficit hyperactivity disorder)	
• Aortic stenosis	
• Arrhythmia *fast at times, pvcs and palpitations, Dr. Duchak*	
• Arthritis *hands*	
• Benzodiazepine abuse (HCC)	
• Blood transfusion without reported diagnosis	05/2023
• Chronic constipation	
• Chronic kidney disease	
• COPD (chronic obstructive pulmonary disease) (HCC)	
• CPAP (continuous positive airway pressure) dependence *NON-COMPLIANT*	
• Encounter for extracorporeal dialysis (HCC) *T, TH, SAT*	
• Essential hypertension, benign	11/17/2013
• Exercise tolerance finding *Per wife, L below knee amputee. In wheelchair. Does transfer good on own. Denies SOB/CP.*	11/2023
• Fournier's gangrene	02/28/2022
• Gangrene (HCC) *testicles*	2022
• Gangrene of left foot (HCC)	05/31/2023
• GERD (gastroesophageal reflux disease)	
• Hard of hearing	
• Heart disease	
• Hyperlipidemia	
• Metabolic syndrome	07/02/2018
• Morbid obesity with BMI of 50.0-59.9, adult (HCC)	07/02/2018

- Multiple drug resistant organism (MDRO) culture positive
  3/25/2022 wound, Mercy Health (see care everywhere)
- Necrotizing fasciitis (HCC) 05/23/2023
- Non-pressure chronic ulcer of calf, limited to breakdown of skin, left (HCC) 06/13/2022
- Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed (HCC) 04/19/2023
- Non-pressure chronic ulcer of other part of left foot with fat layer exposed (HCC) 04/19/2023
- Non-pressure chronic ulcer of right calf, limited to breakdown of skin (HCC) 06/13/2022
- Open wound of scrotum and testes, complicated 05/02/2022
- Osteomyelitis (HCC) 05/22/2023
- Peri-rectal abscess 2012
- Perineal abscess 06/14/2021
- Peripheral neuropathy
  legs
- Perirectal abscess 01/29/2014
- Surgical wound, non healing 05/02/2022
- Syncope and collapse
- Type II or unspecified type diabetes mellitus without mention of complication, uncontrolled
- Ulcer of left foot, with fat layer exposed (HCC) 02/17/2023

PAST SURGERIES

Past Surgical History:

Procedure	Laterality	Date
AMPUTATION BELOW KNEE	Left	05/2023
CYST INCISION AND DRAINAGE *Peri-rectal abscess - Dr.Augusto Martinez*		06/06/2012
CYST INCISION AND DRAINAGE *abscess buttock - Dr.Greggory Volk*	Left	09/07/2008
HERNIA REPAIR *age 6 in scrotal area*		
KNEE SURGERY	Left	01/01/1986
PILONIDAL CYST EXCISION		
PR CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF *LEFT FOREARM RADIOCEPHALIC STRAIGHT GRAFT WITH POLYTETRAFLUOROETHYLENE performed by Julie Marie Gilkeson, MD at MC OR*	N/A	12/20/2023
TUMOR REMOVAL *upper arm, benign tumor*	Left	age 6

FAMILY HISTORY

Family History

Problem	Relation	Age of Onset
Diabetes	Mother	
Heart disease	Mother	
Other Diseases *arrhythmia*	Mother	
Stroke	Mother	
COPD	Mother	
Other Diseases *lung and throat CA on mother's side*	Other	

- Anesth problems Neg Hx

SOCIAL HISTORY

Social History

Tobacco Use
- Smoking status: Former
  - Current packs/day: 0.00
  - Average packs/day: 2.5 packs/day for 38.0 years (95.0 ttl pk-yrs)
  - Types: Cigarettes
  - Start date: 5/1/1985
  - Quit date: 5/1/2023
  - Years since quitting: 1.8
  - Passive exposure: Past
- Smokeless tobacco: Former
  - Quit date: 2/28/2022
- Tobacco comments:
  currently 2 ppd, in the past 3 ppd

Substance Use Topics
- Alcohol use: Not Currently
  Comment: special occasions

Social History

Social History Narrative
- Not on file

REVIEW OF SYSTEMS

The complete review of systems was done and was negative other than information presented in HPI

ALLERGIES & MEDICATIONS

Allergies

Allergen	Reactions
Bactrim [Sulfa (Sulfonamide Antibiotics)]	Shortness Of Breath, Nausea And Vomiting and Headache
Sulfamethoxazole-Trimethoprim	Shortness Of Breath, Nausea And Vomiting and Headache
Apap [Acetaminophen] *Tylenol cold and allergy*	Nausea And Vomiting
Flexeril [Cyclobenzaprine]	Itching
Tylenol Multi-Symptom Cold	Nausea And Vomiting
Pseudoephed-Dm-Acetaminophen	Rash
Pseudoephedrine-Dm	Rash
Tylenol Cold And Flu	Nausea And Vomiting and Rash

Medications directly reviewed in MAR please refer to Epic records

PHYSICAL EXAM

Vitals:BP: 107/70 (03/13 1100)
Temp: 97.8 °F (36.6 °C) (03/13 1100)
Pulse: 96 (03/13 1105)
Resp: 19 (03/13 1100)

SpO2: 96 % (03/13 1105)
FiO2 (%): 30 % (03/13 0813)
O2 Flow Rate (L/min): 5 L/min (03/13 0939)
Cardiac (WDL): --
Cardiac Rhythm: Normal sinus rhythm (03/13 1105)

Last Filed Weights

	03/12/25 1935	03/13/25 0833
Weight:	**(!) 350 lb (158.8 kg)**	**(!) 378 lb 15.5 oz (171.9 kg)**

Intake/Output:

Intake/Output Summary (Last 24 hours) at 3/13/2025 1122
Last data filed at 3/13/2025 0900

	Gross per 24 hour
Intake	0 ml
Output	0 ml
Net	**0 ml**

Mental: conversant, alert
General: Is in visible respiratory distress
HEENT: sclera is not icteric
Neck: supple
Heart: S1 S2
Lungs: Difficult auscultation due to body habitus
Abdomen: soft, non tender, not distended, bowel sounds positive
Extremities: Significant pitting edema to level of thighs, left BKA
Skin/Derm: no skin rashes
Lymphatics: no cervical lymphadenopathy
GU: Not examined
Access: Left upper extremity fistula

Chemistries

Recent Labs

Lab	03/12/25 2031	03/13/25 0434
NA	**132***	**133***
K	5.1	4.8
CL	**92***	**93***
CO2	**18***	**16***
BUN	**119***	**122***
CREATININE	**11.46***	**11.72***
CALCIUM	**7.1***	**6.7***

CBC

Recent Labs

Lab	03/12/25 2031	03/12/25 2046	03/13/25 0238	03/13/25 0434
WBC	**11.9***	--	--	**12.1***
NEUTROPHILS	84.3	--	--	--
HEMOGLOBIN	**9.9***	< >	**10.7***	**9.5***
HCT	**29.8***	--	--	**27.7***
PLT	368	--	--	360

< > = values in this interval not displayed.

Coagulation

Recent Labs

Lab	03/12/25 2031	03/12/25 2143	03/13/25 0434
PLT	368	--	360
INR	--	**1.3***	--
PTT	--	**25.7***	--

Imaging related to current encounter have been directly reviewed
Medications reviewed at MAR, please refer to Epic records

Attending Physician Attestation for Nephrology Service

I saw, performed physical examination and evaluated the patient independently. I reviewed clinical, laboratory data and the relative to the case imaging. I have reviewed PMH, PSH, allergies, medications, ROS. I obtained an independent history from the patient myself and history and exam findings were updated by myself in this note as needed to reflect these changes. I reviewed the provider history, exam and medical decision making and the plan documented was formulated by me. I performed the substantial portion of the exam and medical decision making. The time spent on entire encounter by myself represented over 50% of the total time spent on the patient by all providers

Vitals:

	03/13/25 1100	03/13/25 1105	03/13/25 1200	03/13/25 1300
BP:	107/70			107/74
Pulse:	95	96	91	90
Resp:	19		14	13
Temp:	97.8 °F (36.6 °C)			
SpO2:	96%	96%	**(!) 70%**	**(!) 91%**
Weight:				
Height:				

Patient appears to be alert and conversant, sclera not icteric, S1-S2, CTA, +3 peripheral edema
I have discussed patient with house staff officer as a part of nephrology rotation, revised resident's note and agree with the findings and assessment/ plan as documented. My impression: patient has ESRD with volume overload. Needs HD today and tomorrow
I was present for all critical portions of the care of the patient, I reviewed old records/imaging studies, laboratory tests, pathology report that helped in decision making to create our current treatment plan.

Natallia Maroz, *MD, FASN, FACP*
Renal Physicians Inc.
Please do not hesitate to call with questions.
Pg: (937)-334-0048 or via MatchMD

1:35 PM

Note Details

Author	Natallia Vasilievna Maroz, MD	File Time	3/13/2025 1:37 PM
Author Type	Physician	Status	Signed
Last Editor	Natallia Vasilievna Maroz, MD	Service	Internal Medicine
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

Care Timeline

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Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Alexander Erskine, MD
Physician
Cardiology

Consults
Signed

Date of Service: 3/13/2025 12:22 PM

Consult Orders
IP Consult to Cardiology [619921708] ordered by Arshad Ali Shah, MD at 03/12/25 2159

Signed

KETTERING Physician Network
KETTERING HEALTH NETWORK
Heart and Vascular

General Cardiologist: Dr. Lewis

ASSESSMENT

1. Non-ST elevation MI likely type II
2. Severe symptomatic aortic valve stenosis stage D1
    1. Mean gradient 49 mmHg by TTE
3. Acute on chronic heart failure due to renal insufficiency
4. ESRD on dialysis with multiple missed sessions
5. Hypertension
6. Hyperlipidemia
7. Type 2 diabetes
8. Left lower extremity below-knee amputation
9. Bilateral groin and lower extremity wounds
10. Paroxysmal atrial fibrillation
11. Morbid obesity BMI 51
12. Sleep apnea

PLAN

1. Patient presenting with elevated cardiac enzymes with a anterolateral and lateral ST depression without elevation accompanied by episodic chest pain. His chest pain is resolved and he currently feels back to baseline. Troponins are elevated at 7000. Patient will require ischemic evaluation which is already planned for his workup of aortic stenosis. We will likely do this tomorrow morning.
2. N.p.o. after midnight
3. Continue heparin drip
4. Continue aspirin high-dose statin

5. Further recommendations following left heart catheterization

CHIEF COMPLAINT

History given by patient, considered reliable.

Chief Complaint

Patient presents with

- Shortness of Breath

HPI

Daniel L Hurst is a 55 y.o. male with a history of the above presents for 3 days of intermittent chest pain which is new for the patient he denies prior episodes of this in the past. He reports this was substernal nonradiating. This is by patient report although the ER documentation on presentation reports his complaint was shortness of breath. On arrival EKG was noted to be abnormal with some depression in the anterolateral leads without reciprocal elevation. He has acute on chronic shortness of breath which is likely multifactorial in the setting of missed dialysis session and volume overload as well as morbid obesity and OHS.

PAST MEDICAL HISTORY

Past Medical History:

Diagnosis	Date
• Abscess of left buttock	2008
• ADHD (attention deficit hyperactivity disorder)	
• Aortic stenosis	
• Arrhythmia *fast at times, pvcs and palpitations, Dr. Duchak*	
• Arthritis *hands*	
• Benzodiazepine abuse (HCC)	
• Blood transfusion without reported diagnosis	05/2023
• Chronic constipation	
• Chronic kidney disease	
• COPD (chronic obstructive pulmonary disease) (HCC)	
• CPAP (continuous positive airway pressure) dependence *NON-COMPLIANT*	
• Encounter for extracorporeal dialysis (HCC) *T, TH, SAT*	
• Essential hypertension, benign	11/17/2013
• Exercise tolerance finding *Per wife, L below knee amputee. In wheelchair. Does transfer good on own. Denies SOB/CP.*	11/2023
• Fournier's gangrene	02/28/2022
• Gangrene (HCC) *testicles*	2022
• Gangrene of left foot (HCC)	05/31/2023
• GERD (gastroesophageal reflux disease)	
• Hard of hearing	
• Heart disease	
• Hyperlipidemia	

• Metabolic syndrome	07/02/2018
• Morbid obesity with BMI of 50.0-59.9, adult (HCC)	07/02/2018
• Multiple drug resistant organism (MDRO) culture positive *3/25/2022 wound, Mercy Health (see care everywhere)*	
• Necrotizing fasciitis (HCC)	05/23/2023
• Non-pressure chronic ulcer of calf, limited to breakdown of skin, left (HCC)	06/13/2022
• Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed (HCC)	04/19/2023
• Non-pressure chronic ulcer of other part of left foot with fat layer exposed (HCC)	04/19/2023
• Non-pressure chronic ulcer of right calf, limited to breakdown of skin (HCC)	06/13/2022
• Open wound of scrotum and testes, complicated	05/02/2022
• Osteomyelitis (HCC)	05/22/2023
• Peri-rectal abscess	2012
• Perineal abscess	06/14/2021
• Peripheral neuropathy *legs*	
• Perirectal abscess	01/29/2014
• Surgical wound, non healing	05/02/2022
• Syncope and collapse	
• Type II or unspecified type diabetes mellitus without mention of complication, uncontrolled	
• Ulcer of left foot, with fat layer exposed (HCC)	02/17/2023

FAMILY HISTORY

Family History

Problem	Relation	Age of Onset
• Diabetes	Mother	
• Heart disease	Mother	
• Other Diseases *arrhythmia*	Mother	
• Stroke	Mother	
• COPD	Mother	
• Other Diseases *lung and throat CA on mother's side*	Other	
• Anesth problems	Neg Hx	

SOCIAL HISTORY

reports that he quit smoking about 22 months ago. His smoking use included cigarettes. He started smoking about 39 years ago. He has a 95 pack-year smoking history. He has been exposed to tobacco smoke. He quit smokeless tobacco use about 3 years ago. He reports that he does not currently use alcohol. He reports that he does not use drugs.

SURGICAL HISTORY

Past Surgical History:

Procedure	Laterality	Date
• AMPUTATION BELOW KNEE	Left	05/2023
• CYST INCISION AND DRAINAGE *Peri-rectal abscess - Dr.Augusto Martinez*		06/06/2012

• CYST INCISION AND DRAINAGE *abscess buttock - Dr.Greggory Volk*	Left	09/07/2008
• HERNIA REPAIR *age 6 in scrotal area*		
• KNEE SURGERY	Left	01/01/1986
• PILONIDAL CYST EXCISION		
• PR CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF *LEFT FOREARM RADIOCEPHALIC STRAIGHT GRAFT WITH POLYTETRAFLUOROETHYLENE performed by Julie Marie Gilkeson, MD at MC OR*	N/A	12/20/2023
• TUMOR REMOVAL *upper arm, benign tumor*	Left	age 6

CURRENT MEDICATIONS

No outpatient medications have been marked as taking for the 3/12/25 encounter (Hospital Encounter).

ALLERGIES

Allergies

Allergen	Reactions
• Bactrim [Sulfa (Sulfonamide Antibiotics)]	Shortness Of Breath, Nausea And Vomiting and Headache
• Sulfamethoxazole-Trimethoprim	Shortness Of Breath, Nausea And Vomiting and Headache
• Apap [Acetaminophen] *Tylenol cold and allergy*	Nausea And Vomiting
• Flexeril [Cyclobenzaprine]	Itching
• Tylenol Multi-Symptom Cold	Nausea And Vomiting
• Pseudoephed-Dm-Acetaminophen	Rash
• Pseudoephedrine-Dm	Rash
• Tylenol Cold And Flu	Nausea And Vomiting and Rash

PHYSICAL EXAM

VITAL SIGNS: BP: 107/70 (03/13 1100)
Temp: 97.8 °F (36.6 °C) (03/13 1100)
Pulse: 91 (03/13 1200)
Resp: 14 (03/13 1200)
SpO2: 70 % (03/13 1200)
FiO2 (%): 30 % (03/13 1200)
O2 Flow Rate (L/min): 5 L/min (03/13 0939)
Cardiac (WDL): --
Cardiac Rhythm: Normal sinus rhythm (03/13 1105)
General appearance: Sleepy, morbidly obese comfortably sitting up in bed in dialysis
Eyes: Pupils equal and pinpoint
ENMT: oropharynx clear with moist mucous membranes.
Neck: Supple with no JVD appreciated
Respiratory: CPAP in place somewhat labored breathing
CV: Regular rate and rhythm. 3 out of 6 systolic murmur

Abdomen: Soft, non-tender with no masses or pulsations felt.
Extremities: Lower extremity below-knee amputation
Musculoskeletal: no digital cyanosis
Psych: Appropriate affect, alert and oriented to person, place and time.

LABS

CBC:

Recent Labs

Lab	03/12/25 2031	03/12/25 2046	03/13/25 0238	03/13/25 0434
WBC	**11.9***	--	--	**12.1***
HEMOGLOBIN	**9.9***	**11.1***	**10.7***	**9.5***
HCT	**29.8***	--	--	**27.7***
PLT	368	--	--	360

COAGS:

Recent Labs

Lab	03/12/25 2143
PTT	**25.7***
INR	**1.3***

BMP:

Recent Labs

Lab	03/12/25 2031	03/13/25 0434
NA	**132***	**133***
K	5.1	4.8
CL	**92***	**93***
CO2	**18***	**16***
BUN	**119***	**122***
CREATININE	**11.46***	**11.72***
GLU	**178***	**131***
CALCIUM	**7.1***	**6.7***

Cardiac Panel:

No results for input(s): "CKMB", "TROPONINI", "MYOGLOBIN" in the last 168 hours.

Invalid input(s): "CKTOTAL", "CKMBINDEX"

Lipid panel:

No results for input(s): "HDL" in the last 168 hours.

Invalid input(s): "CHOL", "LDL", "TRIGLYCERIDES"

Electronically signed by:
Alexander Erskine, MD
Contact via MatchMD

Cosigned by: Ziwar F Karabatak, MD at 3/14/2025 10:02 AM

Note Details

Author	Alexander Erskine, MD	File Time	3/13/2025 12:29 PM
Author Type	Physician	Status	Signed
Last Editor	Alexander Erskine, MD	Service	Cardiology
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

Care Timeline

03/13 Admitted from ED 0804
03/14 Discharged 2210

Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Aditya Arora, MD
ED Physician
Emergency Medicine

ED Provider Notes
Signed

Date of Service: 3/12/2025 7:45 PM

Signed

FINAL IMPRESSION:

		ICD-10-CM
1.	**Shortness of breath**	**R06.02**
2.	ESRD (end stage renal disease) on dialysis (HCC)	N18.6 Z99.2
3.	NSTEMI (non-ST elevated myocardial infarction) (HCC)	I21.4
4.	Diffuse ST segment depression	R94.31

DISPOSITION PLAN:

Hospitalize for further care

DISCHARGE MEDICATIONS & CHANGES TO HOME MEDICATIONS:

New Prescriptions
No medications on file

CHIEF COMPLAINT:

History given by: Patient
History limited by: Nothing
Chief Complaint
Patient presents with
- Shortness of Breath

TRIAGE NOTE:
Patient presents with complaints of shortness of breath and fluid retention. Patient reports that his HD "graft" hasn't been functioning and he's only had 1 HD this week and 1 HD last. Last HD was Saturday.

HISTORY OF PRESENT ILLNESS:

Daniel L Hurst is a 55 y.o. male who presents with increasing cough and shortness of breath. He has underlying history of ESRD on dialysis. His last dialysis on Saturday. He missed dialysis because his fistula was not working. He presents to ED for further evaluation. His nephrologist is Dr. Edwafo. He denies any fevers. Shortness of breath is worse with activity. He is wheelchair-bound. He has underlying history of COPD hypertension hyperlipidemia diabetes sleep apnea morbid obesity and chronic kidney disease on dialysis Tuesdays Thursdays and Saturdays. He has a amputation of his left lower extremity

PERTINENT REVIEW OF SYSTEMS:

Constitutional: No fever.
HENT: No earache. No sore throat.
Resp: + SOB.
Cardio: No chest pain.
GI: No abdominal pain. No Vomiting/Diarrhea
GU: No difficulty urinating.
Musculoskeletal: No new muscle aches or joint pains.
Neurologic: No headache.
Psych: Denies history of Depression/Anxiety
Endo: Denies history of Diabetes
Skin: No rashes
Allergy: No itching

PAST MEDICAL HISTORY & SURGICAL HISTORY:

Past Medical History:

Diagnosis	Date
• Abscess of left buttock	2008

- ADHD (attention deficit hyperactivity disorder)
- Aortic stenosis
- Arrhythmia
  fast at times, pvcs and palpitations, Dr. Duchak
- Arthritis
  hands
- Benzodiazepine abuse (HCC)
- Blood transfusion without reported diagnosis 05/2023
- Chronic constipation
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease) (HCC)
- CPAP (continuous positive airway pressure) dependence
  denies
- Encounter for extracorporeal dialysis (HCC)
  T, TH, SAT
- Essential hypertension, benign 11/17/2013
- Exercise tolerance finding 11/2023
  Per wife, L below knee amputee. In wheelchair. Does transfer good on own. Denies SOB/CP.
- Fournier's gangrene 02/28/2022
- Gangrene (HCC) 2022
  testicles
- Gangrene of left foot (HCC) 05/31/2023
- GERD (gastroesophageal reflux disease)
- Hard of hearing
- Heart disease
- Hyperlipidemia
- Metabolic syndrome 07/02/2018
- Morbid obesity with BMI of 50.0-59.9, adult (HCC) 07/02/2018
- Multiple drug resistant organism (MDRO) culture positive
  3/25/2022 wound, Mercy Health (see care everywhere)
- Necrotizing fasciitis (HCC) 05/23/2023
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- Non-pressure chronic ulcer of right calf, limited to breakdown of skin (HCC) 06/13/2022
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- Peri-rectal abscess 2012
- Perineal abscess 06/14/2021
- Peripheral neuropathy
  legs
- Perirectal abscess 01/29/2014
- Surgical wound, non healing 05/02/2022
- Syncope and collapse
- Type II or unspecified type diabetes mellitus without mention of complication, uncontrolled
- Ulcer of left foot, with fat layer exposed (HCC) 02/17/2023

Past Surgical History:

Procedure	Laterality	Date

• AMPUTATION BELOW KNEE	Left	05/2023
• CYST INCISION AND DRAINAGE *Peri-rectal abscess - Dr.Augusto Martinez*		06/06/2012
• CYST INCISION AND DRAINAGE *abscess buttock - Dr.Greggory Volk*	Left	09/07/2008
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• PR CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF *LEFT FOREARM RADIOCEPHALIC STRAIGHT GRAFT WITH POLYTETRAFLUOROETHYLENE performed by Julie Marie Gilkeson, MD at MC OR*	N/A	12/20/2023
• TUMOR REMOVAL *upper arm, benign tumor*	Left	age 6

Above past medical conditions reviewed and verified by me.

FAMILY & SOCIAL HISTORY:

Family History

Problem	Relation	Age of Onset
• Diabetes	Mother	
• Heart disease	Mother	
• Other Diseases *arrhythmia*	Mother	
• Stroke	Mother	
• COPD	Mother	
• Other Diseases *lung and throat CA on mother's side*	Other	
• Anesth problems	Neg Hx	

Social History

Socioeconomic History
- Marital status: Married

Tobacco Use
- Smoking status: Former
  - Current packs/day: 0.00
  - Average packs/day: 2.5 packs/day for 38.0 years (95.0 ttl pk-yrs)
  - Types: Cigarettes
  - Start date: 5/1/1985
  - Quit date: 5/1/2023
  - Years since quitting: 1.8
  - Passive exposure: Past
- Smokeless tobacco: Former
  - Quit date: 2/28/2022
- Tobacco comments:
  currently 2 ppd, in the past 3 ppd

Vaping Use
- Vaping status: Some Days

- Substances: Nicotine

Substance and Sexual Activity

- Alcohol use: Not Currently
  Comment: special occasions
- Drug use: No
  Comment: PATIENT ADMITS TO PURCHASING OXYDOCONE OFF THE STREET
- Sexual activity: Not Currently

Other Topics Concern

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

Above social elements reviewed and verified by me.

MEDICATIONS:

Patient's Medications

New Prescriptions

No medications on file

Previous Medications

ALBUTEROL 90 MCG/ACTUATION INHALER	Inhale 2 puffs into the lungs every 6 hours as needed
ALCOHOL PREP PADS	USE AS DIRECTED 4 TIMES A DAY
APIXABAN (ELIQUIS) 2.5 MG TABLET	Take 1 tablet (2.5 mg total) by mouth in the morning and 1 tablet (2.5 mg total) before bedtime.
ASPIRIN 81 MG ENTERIC COATED TABLET	Take 1 tablet by mouth daily.
ATORVASTATIN (LIPITOR) 20 MG TABLET	Take 1 tablet (20 mg total) by mouth daily.
B COMPLEX WITH C 20-FOLIC ACID (RENO CAPS) 1 MG CAP	Take 1 capsule by mouth daily.
BENZONATATE (TESSALON) 200 MG CAPSULE	Take 1 capsule (200 mg total) by mouth 3 times a day as needed for Cough
BLOOD GLUCOSE METER (ONETOUCH VERIO FLEX METER)	Use meter to test blood glucose as directed.
BLOOD GLUCOSE MONITOR DEVICE	Use as directed
BLOOD GLUCOSE TEST STRIP (ONETOUCH ULTRA TEST)	by Other route before meals & at bedtime.
BLOOD GLUCOSE TEST STRIP (ONETOUCH ULTRA TEST)	by Other route 2 times a day (before meals).
BLOOD GLUCOSE TEST STRIP (ONETOUCH VERIO TEST STRIPS)	by Other route 3 times a day (before meals)
BLOOD PRESSURE KIT-EXTRA LARGE KIT	Check blood pressure 2 times daily. Am and pm
BLOOD-GLUCOSE SENSOR (DEXCOM)	Change sensor every 10 days as directed.

BLOOD-GLUCOSE TRANSMITTER (DEXCOM)	Change transmitter every 3 months as directed.
GENERIC AMB PRESCRIPTION RX	Incentive Spirometer
GENERIC AMB PRESCRIPTION RX	Disp 2 handicapped placards expiration 8/17/2025
HUMALOG KWIKPEN INSULIN 100 UNIT/ML INJECTION PEN	Inject 5-17 Units under the skin in the morning and 5-17 Units at noon and 5-17 Units in the evening. Inject before meals.
LANCETS (ONE TOUCH DELICA) 33 GAUGE	Test blood glucose before meals & at bedtime.
LANCETS (ONE TOUCH DELICA) 33 GAUGE	Test blood glucose 2 times a day (before meals).
LANCETS (TRUEPLUS LANCETS) 28 GAUGE	Test blood glucose 3 times a day (before meals).
NYSTATIN (MYCOSTATIN) 100,000 UNIT/GRAM CREAM	Apply topically 2 times a day for 360 days Indications: a skin infection due to the fungus Candida
OXYCODONE-ACETAMINOPHEN (PERCOCET) 5-325 MG TABLET	Take 1 tablet by mouth every 6 hours as needed
PEN NEEDLE (B-D MINI) 31 GAUGE X 3/16"	Use 1 needle with pen at bedtime.
PEN NEEDLE (EASY TOUCH) 31 GAUGE X 3/16"	Use with pen. USE 1 NEEDLE WITH PEN 3 TIMES A DAY.
PREGABALIN (LYRICA) 25 MG CAPSULE	Take 4 capsules (100 mg total) by mouth in the morning and 4 capsules (100 mg total) before bedtime.
PROMETHAZINE (PHENERGAN) 25 MG TABLET	Take 1 tablet (25 mg total) by mouth every 8 hours as needed for Nausea
SEVELAMER CARBONATE (RENVELA) 800 MG TABLET	Take 1 tablet (800 mg total) by mouth in the morning and 1 tablet (800 mg total) at noon and 1 tablet (800 mg total) in the evening. Take with meals.
TAMSULOSIN (FLOMAX) 0.4 MG 24 HR CAPSULE	Take 1 capsule (0.4 mg total) by mouth daily

Modified Medications

No medications on file

Discontinued Medications

No medications on file

ALLERGIES:

Allergies

Allergen	Reactions
• Bactrim [Sulfa (Sulfonamide Antibiotics)]	Shortness Of Breath, Nausea And Vomiting and Headache

• Sulfamethoxazole-Trimethoprim	Shortness Of Breath, Nausea And Vomiting and Headache
• Apap [Acetaminophen] *Tylenol cold and allergy*	Nausea And Vomiting
• Flexeril [Cyclobenzaprine]	Itching
• Tylenol Multi-Symptom Cold	Nausea And Vomiting
• Pseudoephed-Dm-Acetaminophen	Rash
• Pseudoephedrine-Dm	Rash
• Tylenol Cold And Flu	Nausea And Vomiting and Rash

PERTINENT PHYSICAL EXAM:

ED Triage Vitals [03/12/25 1935]	
BP	**135/69**
Temp	**98.2 °F (36.8 °C)**
Pulse	**92**
Resp	**19**
SpO2	**100 %**
Weight	**(!) 350 lb (158.8 kg)**
Glasgow Coma Scale Score	**15**
BMI (Calculated)	**47.6**

VITAL SIGNS: BP (!) 87/77 | Pulse 94 | Temp 98.2 °F (36.8 °C) | Resp 18 | Ht 6' (1.829 m) | Wt (!) 350 lb (158.8 kg) | SpO2 99% | BMI 47.47 kg/m²
SIGNIFICANT TRIAGE VS: None
Constitutional: Well developed, Well nourished, Moderate acute distress,
HENT: Normocephalic, Atraumatic, Bilateral external ears normal, Oropharynx moist, No oral exudates, Nose normal.
Eyes: Normal inspection. PERRL, Conjunctiva normal, No discharge.
Neck: Normal range of motion, No tenderness, Supple,
Lymph: No cervical lymphadenopathy
Cardiovascular: Normal heart rate, Normal rhythm, No murmurs, gallops or rubs.
Thorax & Lungs: Decreased breath sounds, moderate respiratory distress, No wheezing, fine crackles in the base
Abdomen: Soft, No tenderness, No masses, No pulsatile masses, no distention,
Skin: Warm, Dry, No erythema, No rash.
Back: Normal inspection
Musculoskeletal/Extremities: Good range of motion in all major joints as observed. No major deformities noted. No extremity tenderness. 2+ right lower extremity edema edema. No cyanosis. Left BKA
Neurologic: Alert & oriented x 3, Normal motor function, No focal deficits noted. CNII-XII intact
Psychiatric: Affect normal, Judgment normal, Mood normal.

OLD RECORDS:

I reviewed old records

EKG & LABORATORY RESULTS:

Results for orders placed or performed during the hospital encounter of 03/12/25

EKG Standard 12 Lead

Result	Value	Ref Range
Heart Rate	96	bpm
RR INTERVAL	624	ms
PR Interval	218	ms
QRSD Interval	115	ms
QT Interval	388	ms
QTc Interval	491	ms
QRS Axis	-10	deg
T Wave Axis	72	deg
REPORT	- ABNORMAL ECG -	
REPORT	Sinus or ectopic atrial rhythm	
REPORT	Prolonged PR interval	
REPORT	Nonspecific intraventricular conduction delay	
REPORT	Probable anterior infarct, old	
REPORT	Repol abnrm suggests ischemia, anterolateral	

Interpreting Phys
Confirmed by: Arora, Aditya (MD) 12-Mar-2025 21:21:29

EKG Standard 12 Lead

Result	Value	Ref Range
Heart Rate	96	bpm
RR INTERVAL	624	ms
PR Interval	217	ms
QRSD Interval	112	ms
QT Interval	370	ms
QTc Interval	468	ms
QRS Axis	-7	deg
T Wave Axis	80	deg
REPORT	- ABNORMAL ECG -	
REPORT	Sinus rhythm	
REPORT	Prolonged PR interval	
REPORT	Anterior infarct, old	
REPORT	Repol abnrm suggests ischemia, lateral leads	

Interpreting Phys
Confirmed by: Arora, Aditya (MD) 12-Mar-2025 20:38:29

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

Result	Value	Ref Range	Status
WBC	11.9 (*)	4.0 - 10.5 K/uL	Final
RBC	3.22 (*)	4.30 -	Final

		5.86 M/uL	
HGB	9.9 (*)	13.1 - 17.6 g/dL	Final
HCT	29.8 (*)	39.0 - 51.5 %	Final
Neutrophils Absolute	10.0 (*)	2.0 - 7.3 K/uL	Final
Lymphocytes Absolute	0.7 (*)	0.8 - 3.6 K/uL	Final
Monocytes Absolute	1.1 (*)	0.3 - 0.9 K/uL	Final
MDW	21.94 (*)	%	Final

Comment: MDW value has been shown to correlate with sepsis. It is an ongoing field of study and this value is offered as an adjunct to your medical decision making along with other standard criteria and your clinical judgment.
The following chart is based on a study by E. Piva et al with 506 ICU patients and 2367 consecutive blood samples. Patients were classified as not septic, septic, or septic shock and MDW values were noted to correlate closely with diagnosis. The sensitivity and specificity for sepsis in this cohort is as follows.

MDW	Sens%	Spec%
20	95.5	26.5
21	91.8	37.8
22	85.3	50.1
23	78.4	62.8
24	71.0	72.3
25	62.0	80.6
26	51.4	86.4
27	43.0	90.7
28	36.1	93.6
29	29.5	95.6

All other components within normal limits

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

Sodium	132 (*)	136 - 145 mmol/L	Final

Chloride	92 (*)	98 - 107 mmol/L	Final
CO2	18 (*)	21 - 31 mmol/L	Final
Anion Gap	22 (*)	7 - 16 mmol/L	Final
Glucose	178 (*)	74 - 109 mg/dL	Final
BUN	119 (*)	7 - 25 mg/dL	Final
Creatinine	11.46 (*)	0.7 - 1.3 mg/dL	Final
Calcium	7.1 (*)	8.6 - 10.2 mg/dL	Final

All other components within normal limits
Narrative:
KDIGO 2012 GFR Categories

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

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

HS Troponin I	8,494 (*)	<20 pg/mL	Final

All other components within normal limits
Narrative:
The Access high sensitivity troponin assay is not intended to be used in isolation; results should be interpreted in conjunction with other diagnostic tests and clinical information.

VENOUS BLOOD GAS - Abnormal; Notable for the following components:

pH, Venous	7.27 (*)	7.30 - 7.40 pH	Final
HCO3, Venous	18.8 (*)	24.0 - 30.0 mmol/L	Final
FO2Hb	26.1 (*)	94.0 -	Final

Base Excess	-7.6 (*)	98.0 % -2.0 - 2.0 mmol/L	Final
A-A Difference Venous	>67.7 (*)	19.0 - 29.0 MMHG	Final
Hemoglobin	11.1 (*)	13.5 - 18.0 g/dL	Final

All other components within normal limits

HS TROPONIN I
ANTI XA UNFRACTIONATED HEPARIN
PROTIME-INR
PARTIAL THROMBOPLAST (KETTERING)
HS TROPONIN I

RADIOLOGY & PROCEDURES:

I have personally visualized the images and my interpretation is CHF
I reviewed the radiologist interpretation:

Results for orders placed or performed during the hospital encounter of 03/12/25
XR-CHEST PORTABLE STAT

Narrative
EXAMINATION: XR-CHEST PORTABLE STAT

DATE OF EXAM: 3/12/2025 7:53 PM

DEMOGRAPHICS: 55 years old Male

INDICATION: chest pain History: chest pain. Number of Series/Images: 1.

COMPARISON: 6/10/2023

TECHNIQUE: Single AP portable chest radiograph was obtained.

FINDINGS: The cardiomediastinal silhouette appears to be enlarged. A right pleural effusion is seen. Prominence of pulmonary vascularity is seen. The lungs and pleural spaces are clear. The osseous and soft tissue structures are without acute abnormality.

Impression
1. Findings which may represent congestive changes as noted above.

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

Electronically Signed by: Paul Mogannam, MD, 3/12/2025 8:04 PM

MEDICAL DECISION MAKING:

Pertinent Labs & Imaging studies reviewed. (See chart for details)
Patient is a 55 y.o. malewho presents to the emergency department today with worsening shortness of breath in the setting of ESRD. Blood pressure is stable. We will check basic blood work and get further guidance from nephrology.

□ • Summary / source of outside record review, if applicable:

□ • Comorbidities impacting presentation- Stability/Severity include: Morbid obesity, ESRD dialysis, diabetes, hypertension

Pertinent labs -see below

□ • Social determinants of health impacting this presentation, if applicable:

□ • Decision regarding hospitalization or escalation of care, if applicable: Patient is agreeable to

□ • Discussion(s) with other providers about care, if applicable: Nephrology, interventional cardiology, hospitalist

ED COURSE, & RE-EVALUATION:

ED Course as of 03/12/25 2148
Wed Mar 12, 2025

2050 **pH, Venous(!): 7.27** [AA]
2050 **pCO2, Venous: 42** [AA]
2050 **pO2, Venous: <40** [AA]
2050 **HCO3, Venous(!): 18.8** [AA]
2050 **FO2Hb(!): 26.1** [AA]
2050 **Base Excess(!): -7.6** [AA]
2050 **WBC(!): 11.9** [AA]
2050 **HGB(!): 9.9** [AA]
2050 **HCT(!): 29.8** [AA]
2050 **Platelet count: 368** [AA]
2105 **Sodium(!): 132** [AA]
2105 **Potassium: 5.1** [AA]
2105 **Chloride(!): 92** [AA]
2105 **CO2(!): 18** [AA]
2105 **Anion Gap(!): 22** [AA]
2105 **Glucose(!): 178** [AA]
2105 **BUN(!): 119** [AA]
2105 **Creatinine(!): 11.46** [AA]
2105 **Calcium(!): 7.1** [AA]
2105 **eGFR: 5** [AA]
2105 Patient is mildly acidemic. Potassium is 5.1.
We will contact nephrology. Patient will need

urgent dialysis. [AA]

2109 The case was discussed with nephrology. Plans for dialysis in the morning [AA]

2111 Patient's troponin is almost 8500. EKG shows ST depressions concerning for ischemia. We will contact interventional cardiology. [AA]

2115 Cardiology recommended aspirin, heparin, stat cardiac echo in the morning, urgent dialysis in the morning and close monitoring. [AA]

2125 The patient is already on Eliquis. He has not been given his nighttime dose of Eliquis. We will initiate heparin drip without a bolus. [AA]

2128 I discussed the plan with the inpatient pharmacist to help us guide the transition from Eliquis to heparin. [AA]

2148 The case was discussed with hospitalist Dr. Shah [AA]

ED Course User Index
[AA] Aditya Arora, MD

Repeat Vitals:
BP: 87/77 (03/12 2100)
Temp: 98.2 °F (36.8 °C) (03/12 1935)
Pulse: 94 (03/12 2111)
Resp: 18 (03/12 2111)
SpO2: 99 % (03/12 2111)
FiO2 (%): 28 % (03/12 2111)
O2 Flow Rate (L/min): 2 L/min (03/12 2111)
Cardiac (WDL): --
Cardiac Rhythm: --

Medications

aspirin chewable tablet 324 mg (has no administration in time range)
heparin in dextrose 5 % 25,000 unit/ 250 mL infusion (has no administration in time range)
heparin (porcine) injection 4,000 Units (has no administration in time range)
nitroGLYCERIN (NITROGLYN) 2 % ointment 0.5 inch (0.5 inches Topical Given 3/12/25 2120)

Please bill for a total of 35 minutes of critical care time excluding procedures on this patient. Critical Care time was spent obtaining a history, examining the patient, reviewing relevant medical records, discussing care with family, physician consultations and repeat assessment(s).

Skin exam showed no mottling, flushing or cyanosis. The patient has normal capillary refill and perfusion

DIFFERENTIAL DIAGNOSIS & CONSULTS:

In the work-up of this patient I considered several possible diagnoses and ruled out the following: Acute pulmonary embolism, acute pneumothorax, acute large lobar pneumonia, acute status

asthmaticus, acute respiratory failure, acute DKA, acute peritonsillar abscess, Acute STEMI

Electronically signed by: Aditya Arora, MD,3/12/2025

Transcribed electronically by Nuance Dragon Dictation,

Aditya Arora, MD
03/13/25 1148

Note Details

Author	Aditya Arora, MD	File Time	3/13/2025 11:48 AM
Author Type	ED Physician	Status	Signed
Last Editor	Aditya Arora, MD	Service	Emergency Medicine
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

Care Timeline

03/13 Admitted from ED 0804
03/14 Discharged 2210

Hurst, Daniel L (MR # E818873) Printed at 3/17/2025 8:18 AM

Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Rashell J Kitts, RN
Registered Nurse
Nursing Handoff

Progress Notes
Signed

Date of Service: 3/13/2025 11:15 AM

Signed

Patient transferred to bari bed and to dialysis. RT at bedside to take bipap to dialysis per patients request.

Note Details

Author	Rashell J Kitts, RN	File Time	3/13/2025 11:36 AM
Author Type	Registered Nurse	Status	Signed
Last Editor	Rashell J Kitts, RN	Service	Nursing Handoff
Hospital Acct #	269662478	Admit Date	3/12/2025

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Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Kyeongwon Choo, RN
Registered Nurse
Specialty: Emergency Medicine

ED Notes
Signed

Date of Service: 3/13/2025 1:28 AM

Signed

RN notified both RN and care team regarding pt's trop being 6,650.

Note Details

Author	Kyeongwon Choo, RN	File Time	3/13/2025 1:29 AM
Author Type	Registered Nurse	Status	Signed
Last Editor	Kyeongwon Choo, RN	Specialty	Emergency Medicine
Hospital Acct #	269662478	Admit Date	3/12/2025

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Hurst, Daniel L

MRN: E818873

Arshad Ali Shah, MD
Physician
Hospitalist

H&P
Addendum

Date of Service: 3/12/2025 9:59 PM

Addendum

Medicine H&P

Name: Daniel L Hurst
CSN: 687351082
Room/Bed: KH ED D45/D45

Date/Time of Admission: 3/12/2025 7:41 PM
Attending Provider: Arshad Ali Shah, MD
DOB: 3/11/1970 **Age:** 55 y.o.

After 7 pm please page on call provider via MATCHMD, check KHN Hospital medicine for schedule

CC: Shortness of breath and fluid retention

HPI: Daniel L Hurst is a 55 y.o. male with ESRD on hemodialysis, is not getting hemodialysis due to AV fistula issues, was dialyzed once last week and wants this week presenting with shortness of breath and fluid overload.
Patient has history of peripheral arterial disease s/p left BKA, severe aortic stenosis with valve area of 0.9 was recently seen in the structural cardiology, recommended TEE, right and left heart cath, CT surgery evaluation for open heart surgery with mitral clip, TAVR if not a candidate.
Presenting to the hospital with shortness of breath and fluid overload, found to have elevated BNP 8494, elevated troponin at 8494, EKG shows ST depression in lateral leads. Case was discussed with cardiology by ED physician, recommending heparin infusion.

This patient and the above details were discussed with ED provider, Dr Arora and 2 daughters at bedside.

ASSESSMENT & PLAN

- NSTMI, EKG shows ST depression in lateral leads, case was discussed with cardiology by the ED physician, started on heparin infusion, no immediate intervention. Continue

aspirin, increase Lipitor to 80 mg.
- Fluid overload, acute suspected systolic heart failure due to noncompliance with hemodialysis, free fluid restriction, Lasix, nephrology consult for dialysis tomorrow.
- Borderline low blood pressure, will start low-dose beta-blocker as blood pressure tolerate.
- ESRD on hemodialysis, nephrology was contacted by the ED physician for dialysis tomorrow morning.
- Shortness of breath due to pulmonary congestion secondary to noncompliance with dialysis.
- ESRD on hemodialysis, noncompliant with dialysis due to malfunctioning AV fistula, patient had dialysis once a week last week and once this week with resulting fluid overload. Will defer fistula investigation, ultrasound or fistulogram to nephrology if needed.
- Aortic stenosis with valve area of 0.9, suspected bicuspid aortic valve was seen by structural cardiology with a plan for TEE, right and left heart cath, CT surgery evaluation for possible aortic valve replacement with left atrial appendage clip, TAVR if not a candidate for open heart surgery. Cardiology consult defer further workup to cardiology.
- Peripheral arterial disease s/p left BKA
- DM-2, insulin-dependent, HbA1c, Glucomander
- COPD, no acute exacerbation, albuterol as needed
- Nicotine addiction, smoking cessation counseling
- Deep pressure injury both buttocks, unstageable, POA, wound care.
- Intertrigo under skin fold, extensive, keep clean, dry, nystatin powder
- Morbid obesity, BMI 47.47
- Suspected obstructive sleep apnea, outpatient follow-up with pulmonary for sleep study

PROBLEM LIST

Problem List[1]

[1]
Patient Active Problem List
Diagnosis
- Diabetes mellitus type 2, uncontrolled
- Erectile dysfunction
- Pilonidal cyst
- COPD (chronic obstructive pulmonary disease) (HCC)
- Nicotine dependence, uncomplicated
- OSA (obstructive sleep apnea)
- Syncope and collapse
- Mixed hyperlipidemia
- Essential hypertension, benign
- Urinary hesitancy
- Right shoulder pain
- Tendinitis of right rotator cuff
- Partial tear of rotator cuff right shoulder
- Dysphagia
- Other inflammatory disorder of male genital organs

- Palpitations
- PAC (premature atrial contraction)
- Type 2 diabetes mellitus with diabetic polyneuropathy, with long-term current use of insulin (HCC)
- Acute midline low back pain without sciatica
- Smokes cigarettes
- Metabolic syndrome
- BMI 50.0-59.9, adult (HCC)
- Nonrheumatic aortic (valve) stenosis with insufficiency
- Poor compliance
- Moderate episode of recurrent major depressive disorder (HCC)
- CHF (congestive heart failure), NYHA class III, acute, diastolic (HCC)
- Stable proliferative diabetic retinopathy of both eyes associated with type 2 diabetes mellitus (HCC)
- Idiopathic chronic venous hypertension of both legs with ulcer (HCC)
- Lymphedema
- Vitreous hemorrhage of right eye (HCC)
- Vitreous hemorrhage of left eye (HCC)
- S/P BKA (below knee amputation), left (HCC)
- ESRD on dialysis (HCC)
- Postop check
- S/P arteriovenous (AV) fistula creation
- Morbid (severe) obesity due to excess calories (HCC)
- Body mass index (BMI) 45.0-49.9, adult (HCC)
- Paroxysmal A-fib (HCC)
- Pressure injury of left buttock, stage 2 (HCC)
- NSTEMI (non-ST elevated myocardial infarction) (HCC)

PAST MEDICAL HISTORY

Past Medical History:

Diagnosis	Date
• Abscess of left buttock	2008
• ADHD (attention deficit hyperactivity disorder)	
• Aortic stenosis	
• Arrhythmia *fast at times, pvcs and palpitations, Dr. Duchak*	
• Arthritis *hands*	
• Benzodiazepine abuse (HCC)	
• Blood transfusion without reported diagnosis	05/2023
• Chronic constipation	
• Chronic kidney disease	
• COPD (chronic obstructive pulmonary disease) (HCC)	
• CPAP (continuous positive airway pressure) dependence *denies*	
• Encounter for extracorporeal dialysis (HCC) *T, TH, SAT*	
• Essential hypertension, benign	11/17/2013
• Exercise tolerance finding *Per wife, L below knee amputee. In wheelchair. Does transfer good on own. Denies SOB/CP.*	11/2023
• Fournier's gangrene	02/28/2022
• Gangrene (HCC)	2022

testicles
- Gangrene of left foot (HCC) 05/31/2023
- GERD (gastroesophageal reflux disease)
- Hard of hearing
- Heart disease
- Hyperlipidemia
- Metabolic syndrome 07/02/2018
- Morbid obesity with BMI of 50.0-59.9, adult (HCC) 07/02/2018
- Multiple drug resistant organism (MDRO) culture positive
  3/25/2022 wound, Mercy Health (see care everywhere)
- Necrotizing fasciitis (HCC) 05/23/2023
- Non-pressure chronic ulcer of calf, limited to breakdown of skin, left (HCC) 06/13/2022
- Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed (HCC) 04/19/2023
- Non-pressure chronic ulcer of other part of left foot with fat layer exposed (HCC) 04/19/2023
- Non-pressure chronic ulcer of right calf, limited to breakdown of skin (HCC) 06/13/2022
- Open wound of scrotum and testes, complicated 05/02/2022
- Osteomyelitis (HCC) 05/22/2023
- Peri-rectal abscess 2012
- Perineal abscess 06/14/2021
- Peripheral neuropathy
  legs
- Perirectal abscess 01/29/2014
- Surgical wound, non healing 05/02/2022
- Syncope and collapse
- Type II or unspecified type diabetes mellitus without mention of complication, uncontrolled
- Ulcer of left foot, with fat layer exposed (HCC) 02/17/2023

PAST SURGICAL HISTORY

Past Surgical History:

Procedure	Laterality	Date
• AMPUTATION BELOW KNEE	Left	05/2023
• CYST INCISION AND DRAINAGE *Peri-rectal abscess - Dr.Augusto Martinez*		06/06/2012
• CYST INCISION AND DRAINAGE *abscess buttock - Dr.Greggory Volk*	Left	09/07/2008
• HERNIA REPAIR *age 6 in scrotal area*		
• KNEE SURGERY	Left	01/01/1986
• PILONIDAL CYST EXCISION		
• PR CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF *LEFT FOREARM RADIOCEPHALIC STRAIGHT GRAFT WITH POLYTETRAFLUOROETHYLENE performed by Julie Marie Gilkeson, MD at MC OR*	N/A	12/20/2023
• TUMOR REMOVAL *upper arm, benign tumor*	Left	age 6

SOCIAL HISTORY

Social History[2]

[2]
Social History

Tobacco Use

- Smoking status: Former
  - Current packs/day: 0.00
  - Average packs/day: 2.5 packs/day for 38.0 years (95.0 ttl pk-yrs)
  - Types: Cigarettes
  - Start date: 5/1/1985
  - Quit date: 5/1/2023
  - Years since quitting: 1.8
  - Passive exposure: Past
- Smokeless tobacco: Former
  - Quit date: 2/28/2022
- Tobacco comments:
  currently 2 ppd, in the past 3 ppd

Vaping Use

- Vaping status: Some Days
- Substances: Nicotine

Substance Use Topics

- Alcohol use: Not Currently
  Comment: special occasions
- Drug use: No
  Comment: PATIENT ADMITS TO PURCHASING OXYDOCONE OFF THE STREET

FAMILY HISTORY

Family History

Problem	Relation	Age of Onset
Diabetes	Mother	
Heart disease	Mother	
Other Diseases *arrhythmia*	Mother	
Stroke	Mother	
COPD	Mother	
Other Diseases *lung and throat CA on mother's side*	Other	
Anesth problems	Neg Hx	

ALLERGIES

Allergies

Allergen	Reactions
Bactrim [Sulfa (Sulfonamide Antibiotics)]	Shortness Of Breath, Nausea And Vomiting and Headache
Sulfamethoxazole-Trimethoprim	Shortness Of Breath, Nausea And Vomiting and Headache
Apap [Acetaminophen] *Tylenol cold and allergy*	Nausea And Vomiting
Flexeril [Cyclobenzaprine]	Itching

Tylenol Multi-Symptom Cold	Nausea And Vomiting
• Pseudoephed-Dm-Acetaminophen	Rash
• Pseudoephedrine-Dm	Rash
• Tylenol Cold And Flu	Nausea And Vomiting and Rash

Medications Ordered Prior to Encounter[3]

REVIEW OF SYSTEMS;

[3]
No current facility-administered medications on file prior to encounter.

Current Outpatient Medications on File Prior to Encounter

Medication	Sig	Dispense	Refill
• albuterol 90 mcg/actuation inhaler	Inhale 2 puffs into the lungs every 6 hours as needed	1 each	5
• ALCOHOL PREP PADS	USE AS DIRECTED 4 TIMES A DAY	100 each	2
• apixaban (ELIQUIS) 2.5 mg tablet	Take 1 tablet (2.5 mg total) by mouth in the morning and 1 tablet (2.5 mg total) before bedtime.	180 tablet	3
• aspirin 81 mg enteric coated tablet	Take 1 tablet by mouth daily. (Patient not taking: Reported on 10/30/2024)	30 tablet	11
• atorvastatin (LIPITOR) 20 mg tablet	Take 1 tablet (20 mg total) by mouth daily.	30 tablet	3
• B complex with C 20-folic acid (RENO CAPS) 1 mg Cap	Take 1 capsule by mouth daily. (Patient not taking: Reported on 3/3/2025)	60 capsule	0
• benzonatate (TESSALON) 200 mg capsule	Take 1 capsule (200 mg total) by mouth 3 times a day as needed for Cough (Patient not taking: Reported on 10/30/2024)	20 capsule	0
• blood glucose meter (ONETOUCH VERIO FLEX METER)	Use meter to test blood glucose as directed. (Patient not taking: Use meter to test blood glucose as directed. Reported on 10/30/2024)	1 each	0
• blood glucose monitor device	Use as directed (Patient not taking: Reported on 10/30/2024)	1 each	0
• blood glucose test strip (ONETOUCH ULTRA TEST)	by Other route 2 times a day (before meals).	100 strip	5

	(Patient not taking: Reported on 10/30/2024)		
• blood glucose test strip (ONETOUCH ULTRA TEST)	by Other route before meals & at bedtime.	100 strip	5
• blood glucose test strip (ONETOUCH VERIO TEST STRIPS)	by Other route 3 times a day (before meals) (Patient not taking: Reported on 10/30/2024)	100 strip	11
• Blood Pressure Kit-Extra Large Kit	Check blood pressure 2 times daily. Am and pm (Patient not taking: Reported on 10/30/2024)	1 kit	0
• blood-glucose sensor (DEXCOM)	Change sensor every 10 days as directed.	1 each	11
• blood-glucose transmitter (DEXCOM)	Change transmitter every 3 months as directed.	1 each	3
• GENERIC AMB PRESCRIPTION RX	Disp 2 handicapped placards expiration 8/17/2025 (Patient not taking: Reported on 10/30/2024)	2 Device	0
• GENERIC AMB PRESCRIPTION RX	Incentive Spirometer (Patient not taking: Reported on 10/30/2024)	1 Units	0
• HUMALOG KWIKPEN INSULIN 100 unit/mL injection pen	Inject 5-17 Units under the skin in the morning and 5-17 Units at noon and 5-17 Units in the evening. Inject before meals. (Patient not taking: Reported on 10/30/2024)	100 mL	0
• lancets (ONE TOUCH DELICA) 33 gauge	Test blood glucose 2 times a day (before meals). (Patient not taking: Test blood glucose. Reported on 10/30/2024)	100 each	11
• lancets (ONE TOUCH DELICA) 33 gauge	Test blood glucose before meals & at bedtime. (Patient not taking: Test blood glucose. Reported on 10/30/2024)	100 each	5
• lancets (TRUEPLUS LANCETS) 28 gauge	Test blood glucose 3 times a day (before meals).	100 each	11
• nystatin (MYCOSTATIN) 100,000 unit/gram cream	Apply topically 2 times a day for 360 days Indications: a skin infection due to the	60 g	2

	fungus Candida		
• oxyCODONE-acetaminophen (PERCOCET) 5-325 mg tablet	Take 1 tablet by mouth every 6 hours as needed		
• pen needle (B-D MINI) 31 gauge x 3/16"	Use 1 needle with pen at bedtime.	100 needle	3
• pen needle (EASY TOUCH) 31 gauge x 3/16"	Use with pen. USE 1 NEEDLE WITH PEN 3 TIMES A DAY.	100 each	11
• pregabalin (LYRICA) 25 mg capsule	Take 4 capsules (100 mg total) by mouth in the morning and 4 capsules (100 mg total) before bedtime.		
• promethazine (PHENERGAN) 25 mg tablet	Take 1 tablet (25 mg total) by mouth every 8 hours as needed for Nausea	18 tablet	0
• sevelamer carbonate (RENVELA) 800 mg tablet	Take 1 tablet (800 mg total) by mouth in the morning and 1 tablet (800 mg total) at noon and 1 tablet (800 mg total) in the evening. Take with meals. (Patient not taking: Reported on 12/16/2024)		
• tamsulosin (FLOMAX) 0.4 mg 24 hr capsule	Take 1 capsule (0.4 mg total) by mouth daily (Patient not taking: Reported on 3/3/2025)	90 capsule	2

Generalized weakness, generalized aches and pains, ambulatory dysfunction, sacral decubitus ulcer both buttocks, lymphedema right leg, worsening over the last 2 weeks, shortness of breath is worsening over the last 2 weeks, chest pain has resolved, no nausea or vomiting, rest of all other systems reviewed and negative.

Vitals:

	03/12/25 2048	03/12/25 2100	03/12/25 2111	03/12/25 2153
BP:		**(!) 87/77**		115/67
Pulse:			94	95
Resp:			18	19
Temp:				
SpO2:	99%	94%	99%	95%
Weight:				
Height:				

PHYSICAL EXAMINATION

MENTATION: Alert, oriented to person, place and time and cooperative
GENERAL APPEARANCE: Morbidly obese in mild distress

HEENT: Head: Normocephalic, without obvious abnormality and atraumatic
Eyes: Anicteric sclera, clear conjunctiva and PERRLA and EOM's intact
Nose: Normal. Mouth/Throat: moist mucous membranes and phayrnx clear
NECK: Short and obese, unable to appreciate JVD
RESPIRATORY: labored breathing, no wheezing, distant due to body habitus.
HEART: S1, S2-normal; distant due to body habitus.
ABDOMEN: Normoactive bowel sounds, soft, nondistended, non-tender.
NEUROLOGIC: No gross focal motor deficit and CN 2-12 intact grossly, 5/5 strength.
MUSCULOSKELETAL: Muscle tone: normal.
BACK: Back symmetric, no curvature. ROM normal. No CVA tenderness.
SKIN: Skin color, texture, and turgor normal, no ecchymosis and no petechiae.
EXTREMITIES: Lymphedema right leg, left BKA.

LABORATORY DATA

Last CBC with Differential:

Recent Labs

Lab	03/12/25 2031	03/12/25 2046
WBC	**11.9***	--
HEMOGLOBIN	**9.9***	**11.1***
HCT	**29.8***	--
PLT	368	--
RBC	**3.22***	--
MCHC	33.3	--
MCH	30.8	--
NEUTROPHILS	84.3	--
MONOCYTES	9.0	--

Last BMP/Renal Panel:

Recent Labs

Lab	03/12/25 2031
NA	**132***
K	5.1
CL	**92***
CO2	**18***
BUN	**119***
CREATININE	**11.46***
GLU	**178***
CALCIUM	**7.1***

Last ABG Results:

Recent Labs

Lab	03/12/25 2046

BASEEXCESS	-7.6*

EKG: Normal sinus rhythm, no acute changes

IMAGING

XR-CHEST PORTABLE STAT
Result Date: 3/12/2025
IMPRESSION: 1. Findings which may represent congestive changes as noted above. This dictation was created with voice recognition software. While attempts have been made to review the dictation as it is transcribed, on occasion the spoken word can be misinterpreted by the technology leading to omissions or inappropriate words, phrases or sentences.
Electronically Signed by: Paul Mogannam, MD, 3/12/2025 8:04 PM

ALL ABOVE LABS AND IMAGING HAVE BEEN DIRECTLY REVIEWED BY ME.

Electronically signed: Arshad Ali Shah, MD 3/12/2025
10:02 PM

Arshad Shah, MD.

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

Note Details

Author	Arshad Ali Shah, MD	File Time	3/12/2025 11:24 PM
Author Type	Physician	Status	Addendum

Last Editor	Arshad Ali Shah, MD	Service	Hospitalist
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

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Hurst, Daniel L

MRN: E818873

Heidi Lynn Yost, RN
Registered Nurse
Specialty: Emergency Medicine

ED Notes
Signed

Date of Service: 3/12/2025 11:03 PM

Signed

Report given to next shift RN

Note Details

Author	Heidi Lynn Yost, RN	File Time	3/12/2025 11:04 PM
Author Type	Registered Nurse	Status	Signed
Last Editor	Heidi Lynn Yost, RN	Specialty	Emergency Medicine
Hospital Acct #	269662478	Admit Date	3/12/2025

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Hurst, Daniel L

MRN: E818873

Kyeongwon Choo, RN
Registered Nurse
Specialty: Emergency Medicine

ED Notes
Signed

Date of Service: 3/12/2025 10:39 PM

Signed

Bed: C36
Expected date:
Expected time:
Means of arrival:
Comments:
45

Note Details

Author	Kyeongwon Choo, RN	File Time	3/12/2025 10:39 PM
Author Type	Registered Nurse	Status	Signed
Last Editor	Kyeongwon Choo, RN	Specialty	Emergency Medicine
Hospital Acct #	269662478	Admit Date	3/12/2025

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Hurst, Daniel L

MRN: E818873

Heidi Lynn Yost, RN
Registered Nurse
Specialty: Emergency Medicine

ED Notes
Signed

Date of Service: 3/12/2025 10:11 PM

Signed

6 hour Anti Xa order placed for 0400

Note Details

Author	Heidi Lynn Yost, RN	File Time	3/12/2025 10:11 PM
Author Type	Registered Nurse	Status	Signed
Last Editor	Heidi Lynn Yost, RN	Specialty	Emergency Medicine
Hospital Acct #	269662478	Admit Date	3/12/2025

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Hurst, Daniel L

MRN: E818873

Heidi Lynn Yost, RN
Registered Nurse
Specialty: Emergency Medicine

ED Notes
Signed

Date of Service: 3/12/2025 9:11 PM

Signed
MD notified of critical labs

Note Details

Author	Heidi Lynn Yost, RN	File Time	3/12/2025 9:11 PM
Author Type	Registered Nurse	Status	Signed
Last Editor	Heidi Lynn Yost, RN	Specialty	Emergency Medicine
Hospital Acct #	269662478	Admit Date	3/12/2025

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Hurst, Daniel L (MR # E818873) DOB: 03/11/1970 Encounter Date: 03/12/2025

Hurst, Daniel L

MRN: E818873

Katherine Kody Benjamin, RN
Registered Nurse
Date of Service: 3/12/2025 7:33 PM

ED Triage Notes
Signed

Signed

Patient presents with complaints of shortness of breath and fluid retention. Patient reports that his HD "graft" hasn't been functioning and he's only had 1 HD this week and 1 HD last. Last HD was Saturday.

Note Details

Author	Katherine Kody Benjamin, RN	File Time	3/12/2025 7:36 PM
Author Type	Registered Nurse	Status	Signed
Last Editor	Katherine Kody Benjamin, RN	Service	(none)
Hospital Acct #	269662478	Admit Date	3/12/2025

ED to Hosp-Admission (Discharged) on 3/12/2025

Created by

Encounter creation information not available

Care Timeline

03/13 Admitted from ED 0804
03/14 Discharged 2210

Hurst, Daniel L (MR # E818873) Printed at 3/17/2025 8:18 AM

NAME: Hurst, Daniel L / MR#: E818873 / ACCT#: 269662478 / ADMIT DATE: 03/12/25

Orders with Associated Pumps

No pumps

Medication Administration Report

for Hurst, Daniel L as of 3/11/25 through 3/14/25

1 Day | 3 Days | 7 Days | 10 Days | < | Today | >

Legend:

Medications	03/11/25	03/12/25	03/13/25	03/14/25
0.9 % sodium chloride infusion Rate: 42 mL/hr Dose: 42 mL/hr Freq: CONTINUOUS Route: IV Start: 03/14/25 1145 End: 03/14/25 1303				1114 (42 mL/hr) 1302
albumin, human 25 % IV solution 25 g Dose: 25 g Freq: PRN DIALYSIS Route: IV PRN Comment: HD BP Support Start: 03/13/25 1201 End: 03/15/25 0021 Order specific questions:			1224 (25 g) 1239	
albuterol (PROVENTIL) 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg Dose: 2.5 mg Freq: AS NEEDED Route: NEBULIZATION PRN Reason: Wheezing Start: 03/12/25 1953 End: 03/12/25 2119		2110 (2.5 mg)		
albuterol (PROVENTIL) 2.5 mg/0.5 mL nebulizer solution 2.5 mg Dose: 2.5 mg Freq: RT PRN Route: NEBULIZATION PRN Reasons: Wheezing,Shortness of Breath Start: 03/14/25 1025 End: 03/15/25 0021				1027 (2.5 mg)
albuterol inhaler 2 puff Dose: 2 puff Freq: EVERY 6 HOURS PRN Route: IN PRN Reasons: Shortness of Breath,Wheezing Start: 03/13/25 0017 End: 03/15/25 0021 Admin Instructions:				
albuterol inhaler 2 puff Dose: 2 puff Freq: AS NEEDED Route: IN PRN Reason: Wheezing Start: 03/12/25 1953 End: 03/12/25 2119 Admin Instructions:				

aspirin chewable tablet 324 mg Dose: 324 mg Freq: ONCE Route: PO Start: 03/14/25 0700 End: 03/14/25 0830 › Admin Instructions:				0830 (324 mg)	
aspirin chewable tablet 324 mg Dose: 324 mg Freq: ONCE Route: PO Start: 03/12/25 2155 End: 03/12/25 2150		2150 (324 mg)			
aspirin EC tablet 81 mg Dose: 81 mg Freq: DAILY Route: PO Start: 03/13/25 0900 End: 03/15/25 0021 › Admin Instructions:			0949 (81 mg)	(1212) [C]	
atorvastatin (LIPITOR) tablet 80 mg Dose: 80 mg Freq: DAILY Route: PO Start: 03/13/25 0900 End: 03/15/25 0021			0948 (80 mg)	0830 (80 mg)	
calcium gluconate 1 g/50 mL NS IVPB Dose: 1 g Freq: ONCE Route: IV Start: 03/14/25 0930 End: 03/15/25 0021 › Admin Instructions:				0930	
chlorhexidine (DYHA-HEX) 4 % FOAM TOP solution 30 mL Dose: 30 mL Freq: DAILY AT 12 NOON Route: Top Start: 03/13/25 1630 End: 03/15/25 0021 › Admin Instructions: › Order specific questions:				0400	1200
chlorhexidine gluconate 2 % cloth Freq: ONCE Route: TP Start: 03/14/25 0700 End: 03/14/25 0832 › Admin Instructions: › Order specific questions:				0832 (1 each)	
dextrose 50 % (D50W) syringe 10-50 mL Dose: 10-50 mL Freq: AS NEEDED Route: IV PRN Reason: Low blood sugar Start: 03/12/25 2157 End: 03/15/25 0021 › Admin Instructions:					
Or **dextrose (GLUTOSE) 40 % 1 tube = 37.5 grams gel = 15 grams Dextrose 15 g of dextrose** Dose: 15 g of dextrose Freq: AS NEEDED Route: PO					

	PRN Reason: Low blood sugar Start: 03/12/25 2157 End: 03/15/25 0021 › Admin Instructions:					
Or	**glucagon (GLUCAGEN) injection 1 mg** Dose: 1 mg Freq: AS NEEDED Route: IM PRN Reason: Low blood sugar Start: 03/12/25 2157 End: 03/15/25 0021 › Admin Instructions:					
	docusate (COLACE) capsule 100 mg Dose: 100 mg Freq: TWO TIMES DAILY PRN Route: PO PRN Reason: Constipation Start: 03/12/25 2200 End: 03/15/25 0021					
	epoetin alfa-epbx (RETACRIT) injection 10,000 Units Dose: 10,000 Units Freq: ONCE IN DIALYSIS Route: IV Indications of Use: ESRD AND PATIENT RECEIVING DIALYSIS Start: 03/13/25 1415 End: 03/13/25 1500 › Admin Instructions:			1500 (10,000 Units) [C]		
	furosemide (LASIX) injection 40 mg Dose: 40 mg Freq: 3 times per day Route: IV Start: 03/13/25 0500 End: 03/14/25 1528 › Admin Instructions:			0443 (40 mg) (1707) 2202 (40 mg)	0516 (40 mg)	1300
	furosemide (LASIX) injection 60 mg Dose: 60 mg Freq: 3 times per day Route: IV Start: 03/14/25 1600 End: 03/15/25 0021 › Admin Instructions:				1600	2100
	heparin (porcine) injection 4,000 Units Dose: 4,000 Units Freq: AS NEEDED Route: IV PRN Comment: for anti-Xa 0 - 0.29 unit/mL Start: 03/12/25 2124 End: 03/15/25 0021 › Admin Instructions: › Order specific questions:				0039 (4,000 Units)	0906 (4,000 Units)
	heparin in dextrose 5 % 25,000 unit/ 250 mL infusion Rate: 1.5-38.1 mL/hr Dose: 1-24 Units/kg/hr Weight Dosing Info: 158.8 kg Freq: TITRATED Route: IV Start: 03/12/25 2155 End: 03/15/25		2153 (6.3 Units/kg/hr)	0829 (6.3 Units/kg/hr) 1221 [C] 1715 (6.3 Units/kg/hr)	0042 (10 Units/kg/hr) 0912 (14.3 Units/kg/hr)	0512 (10.3 Units/kg/hr)

0021 › Admin Instructions: › Order specific questions:				
insulin glargine (LANTUS) injection 1-125 Units Dose: 1-125 Units Freq: NIGHTLY AT BEDTIME Route: SC Start: 03/12/25 2230 End: 03/15/25 0021 › Admin Instructions: › Order specific questions:		2258 (24 Units)	2202 (24 Units)	2100
insulin lispro (humaLOG) injection 1-125 Units Dose: 1-125 Units Freq: PRN Route: SC PRN Comment: correction dose per Glucommander Start: 03/12/25 2157 End: 03/15/25 0021 › Admin Instructions:			1813 (9 Units)	
insulin lispro (humaLOG) injection 1-125 Units Dose: 1-125 Units Freq: BEFORE MEALS AND AT BEDTIME Route: SC Start: 03/13/25 0730 End: 03/15/25 0021 › Admin Instructions:			(0942) (1536) 1833 (9 Units) 2202 (1 Units)	0905 (2 Units) 1130 1630 2100
ipratropium-albuterol (DUONEB) 0.5 mg-3 mg(2.5 mg base)/3 mL solution for inhalation 3 mL Dose: 3 mL Freq: RT EVERY 4 HOURS PRN Route: IN PRN Reason: Shortness of Breath Start: 03/13/25 0148 End: 03/15/25 0021				1024 (3 mL)
ipratropium-albuterol (DUONEB) 0.5 mg-3 mg(2.5 mg base)/3 mL solution for inhalation 3 mL Dose: 3 mL Freq: AS NEEDED Route: IN PRN Reason: Shortness of Breath Start: 03/12/25 1953 End: 03/12/25 2119		2110 (3 mL)		
lidocaine (PF) (XYLOCAINE-MPF) 20 mg/mL (2 %) injection 1 mL Dose: 1 mL Freq: AS NEEDED Route: ID PRN Comment: for IV catheter insertion Start: 03/14/25 0628 End: 03/15/25 0021				
melatonin tablet 3 mg Dose: 3 mg Freq: NIGHTLY AT BEDTIME PRN Route: PO PRN Comment: insomnia Start: 03/12/25 2200 End: 03/15/25 0021				

midodrine (PROAMATINE) tablet 10 mg Dose: 10 mg Freq: PRN DIALYSIS Route: PO PRN Reason: Low blood pressure Start: 03/13/25 1202 End: 03/15/25 0021 › Order specific questions:			1223 (10 mg)		
nitroGLYCERIN (NITROGLYN) 2 % ointment 0.5 inch Dose: 0.5 inch Freq: ONCE Route: TP Start: 03/12/25 2119 End: 03/12/25 2120 › Admin Instructions:		2120 (0.5 inch)			
nitroGLYCERIN (NITROSTAT) SL tablet 0.4 mg Dose: 0.4 mg Freq: EVERY 5 MIN PRN Route: SL PRN Reason: Chest pain Start: 03/14/25 0628 End: 03/15/25 0021 › Admin Instructions:					
nystatin (MYCOSTATIN) topical powder Freq: TWO TIMES DAILY Route: TP Start: 03/12/25 2350 End: 03/15/25 0021 › Order specific questions:			0150	0500 0833 ( )	(0516) 2100
ondansetron (ZOFRAN) injection 4 mg Dose: 4 mg Freq: EVERY 4 HOURS PRN Route: IV PRN Reasons: Nausea,Vomiting PRN Comment: if unable to tolerate orally Start: 03/12/25 2200 End: 03/15/25 0021 › Admin Instructions:			1434 (4 mg)	0515 (4 mg)	1324 (4 mg)
Or **ondansetron (ZOFRAN-ODT) disintegrating tablet 4 mg** Dose: 4 mg Freq: EVERY 4 HOURS PRN Route: PO PRN Reasons: Nausea,Vomiting Start: 03/12/25 2200 End: 03/15/25 0021 › Admin Instructions:			~~1434 See Alt~~	~~0515 See Alt~~	~~1324 See Alt~~
oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet 1 tablet Dose: 1 tablet Freq: EVERY 6 HOURS PRN Route: PO PRN Reason: Severe pain (score 7-10) Start: 03/13/25 0017 End: 03/13/25 0931 › Admin Instructions:			0025 (1 tablet) 0223 (1 tablet)		
			0948 (1 2203 (1		

oxyCODONE-acetaminophen (PERCOCET) 7.5-325 mg per tablet 1 tablet Dose: 1 tablet Freq: EVERY 8 HOURS PRN Route: PO PRN Reasons: Moderate pain (score 4-6),Severe pain (score 7-10) Start: 03/13/25 0930 End: 03/15/25 0021 › Admin Instructions:			tablet) tablet)	
pregabalin (LYRICA) capsule 50 mg Dose: 50 mg Freq: TWO TIMES DAILY Route: PO Start: 03/13/25 0048 End: 03/15/25 0021			0026 [C] 0948 (50 mg) 2203 (50 mg)	0830 (50 mg) 2100
sevelamer carbonate (RENVELA) tablet 800 mg Dose: 800 mg Freq: THREE TIMES DAILY WITH MEALS Route: PO Start: 03/13/25 0800 End: 03/15/25 0021 › Admin Instructions:			0948 (800 mg) (1533) 1813 (800 mg)	(0830) 1200 1700
sodium zirconium cyclosilicate (LOKELMA) oral powder packet 10 g Dose: 10 g Freq: ONCE Route: PO Start: 03/14/25 0930 End: 03/15/25 0021 › Admin Instructions:				0930
vitamin B & C-iron-folic acid-D3-zinc (PRORENAL PLUS D) tablet 1 tablet Dose: 1 tablet Freq: DAILY Route: PO Start: 03/13/25 0900 End: 03/15/25 0021			0948 (1 tablet)	0900
Medications	**03/11/25**	**03/12/25**	**03/13/25**	**03/14/25**

	5 12/20/2023 10:24	4 1/17/2024 06:19	3 3/12/2025 20:31	2 3/13/2025 04:34	1 3/14/2025 08:03
CBC AND DIFF ERENTIAL					
WBC	***7.9***	***8.1 ****	***11.9*** !	***12.1*** !	***13.4*** !