(i) Responses to this message will be visible to other users coordinating the patient's care.

☑ Message

Received: Yesterday

Lynn Brandt, RN P Link Altercare Of Canal Winchester

SS#288-30-0231--Can you accept? Patient has pericardial drain-plan for removal 1st of week.

Thanks, Lynn RN CM 614-234-8521-ADOD TBD

■ Comments

Patient	Intorm	ation.
rauciii	,,,,,,,,,,,	auon

Patient Name Nicholson, Kay D

Date of Birth 03/05/1937

Age 85 y.o.

Sex Female

Language English

Insurance Information MEDIGOLD MEDICARE

ADVANTAGE

Admitting Provider Singh, Rao, MD

Admission Date/Time 02/16/2023 1425

Expected Length of Stay Length of Stay 3d 19h

Discharge Provider **Expected Discharge** 6d 9h

Date

Discharge Disposition

Discharge Destination

2/23/2023

Attending Provider: Stevco

Isolation: None

Ht: 1.62 m (63.78")

Admission Cmt: None

Stefanoski, MD

Infection: None

Code Status: DNRCC-A DNI

Wt: 87 kg (191 lb 12.8 oz)

Principal Problem: Pericardial

effusion [I31.39]

Allergies: Montelukast,

Statins-hmg-coa Reductase Inhibitors, Amlodipine, Apixaban, Erythromycin Base

Hospital Account

Name

Acct ID

Class

Status

Primary Coverage

Nicholson, Kay D

1200002805417 Inpatient

Open

MEDIGOLD MEDICARE ADVANTAGE -**MEDIGOLD**

Guarantor Account (for Hospital Account #1200002805417)

Relation to

Name

Address

Pt

Service Area

THSA

Active? Yes

Acct Type

Personal/Family

Nicholson, Kay D

Self

Phone

3918 ABBIE COVE LN

440-670-7464(H)

CANAL WINCHESTER, OH 43110-7535

Coverage Information (for Hospital Account #1200002805417)

F/O Payor/Plan

Precert #

MEDIGOLD MEDICARE ADVANTAGE/MEDIGOLD Subscriber

A230216034 Subscriber #

Nicholson, Kay D

00012055301

Address

Phone

Demographics

Address

Phone Numbers

Marital Status

Insurance Information

Religion

3918 ABBIE COVE LN CANAL WINCHESTER

440-670-7464

Hm: 440-670-7464 Cell: Divorced

MEDIGOLD MEDICARE

Protestant (None)

ADVANTAGE

OH 43110-7535

Emergency Contact Information

Relation

Home

Work

Mobile

Holloway, Kathy Harmon, Gary

Relative Other

614-440-3458

614-312-1009

Medical Problems

Problem List

	Noted
Pericardial effusion	2/16/2023
Angina pectoris (CMS/HCC)	Unknown
Asthma	4/12/2017
Stage 4 chronic kidney disease	Unknown
Coronary arteriosclerosis in native artery	Unknown

Essential hypertension 9/28/2021 4/12/2017 Gastroesophageal reflux disease History of gout Unknown

Hyperlipidemia Unknown Secondary hyperparathyroidism 9/28/2021 Type 2 diabetes mellitus (CMS/HCC) 4/12/2017 Chronic systolic heart failure 9/28/2021

History of deep vein thrombosis of lower extremity Unknown Ischemic cardiomyopathy 9/28/2021 Left ventricular thrombus 9/28/2021

Chronic obstructive pulmonary disease (CMS/HCC) 7/23/2021 Mitral valve regurgitation Unknown Hypothyroidism Unknown

Obstructive sleep apnea syndrome 6/20/2022 Osteoarthritis Unknown Vitamin D deficiency Unknown Paroxysmal atrial fibrillation Unknown

10/31/2022 Obesity (BMI 30-39.9) Monitoring for long-term anticoagulant use 2/2/2023

ID Vitals and Labs (Since Date of Admission)

02/16 0700 - 02/20 1004

24h Max

Temp (°C)

Sparkline visualization is not available.

36.7 (98.1)

No lab results data found

H&P Notes

Interval H&P Note by Essa M Essa at 2/17/2023 3:14 PM

Version 1 of 1

Author: Essa M Essa

Service: Cardiology

Author Type: Physician

Filed: 2/17/2023 3:14 PM

Date of Service: 2/17/2023 3:14 PM

Status: Signed

Editor: Essa M Essa (Physician)

I have interviewed and reexamined the patient and I have identified the changes/additional information noted in my "sedation

evaluation" note.

Source Note

H&P by Rao Singh, MD at 2/16/2023 2:30 PM

Service: Internal Medicine Author Type: Physician

Author: Rao Singh, MD Filed: 2/16/2023 5:11 PM

Editor: Rao Singh, MD (Physician)

Date of Service: 2/16/2023 2:30 PM Status: Signed



PRIMARY CARE

HOSPITALISTS

Raorajeshwar Singh, MD	History and Physical
COPC Hospitalists	

Patient Name: Kay D Nicholson MRN: 104833897 Acct #: 1000239252522 DOB: 3/5/1937

Admit Date: 021623

Physicians: Lara Blumberg, MD (PCP)

Perpetual Assessment: Kay Nicholson is a 85 y.o. female who presented from freestanding Ohio health ER on 2/16/2023 with reports of a fall at home along with generalized weakness, apparently was on the floor for several hours, imaging done at the outlying ER had shown evidence of moderate to large sized pericardial effusion

Assessment and Plan

Pericardial effusion

- -Patient went to a local emergency room after she had a fall at home, was on the floor for most of the night
- -CT chest done in the ER showed moderate to large sized pericardial effusion, mild to moderate left pleural effusion
- -Admit patient to the hospital for further evaluation and treatment
- -As of now the patient remains hemodynamically stable
- -Given the coagulopathy with INR of over 7 the concern is if she has a hemopericardium
- -We will obtain a stat TTE
- -Hold Coumadin, may have to reverse with FFP
- -Depending upon the results may need cardiology input

Coagulopathy

- -Patient with ongoing use of Coumadin in the setting of underlying atrial fibrillation
- -INR at the outlying facility was 7.6
- -Hold Coumadin, will likely need to reverse the INR pending the TTE results
- -Repeat PT, INR in a.m.

CAD with angina

- -With history of multiple PCI's in the past
- -Follows up with cardiology Dr. Frank Tice
- -Currently without any ongoing chest pain, will resume her back on her home regimen and monitor

Chronic systolic heart failure

- -With no evidence of acute decompensation
- -She did receive Lasix 20 mg IV x1 at the outlying facility, will hold on any further diuresis until TTE results as outlined above are available

Ischemic cardiomyopathy

- -With a EF of about 24% as per last TTE from 11/2022
- -Has AICD in place

Paroxysmal atrial fibrillation

- -With a CHADS Vasc score of 7
- -She has been chronically anticoagulated with Coumadin which will be put on hold given the coagulopathy and concerns for possible hemopericardium

Nicholson, Kay D (MRN 104833897) Printed by Elizabeth Evans [38582] at 2/20/2023 10:04 AM

Version 1 of 1

Essential hypertension

-Blood pressure stable, continue with a home regimen and monitor

CKD stage IV

- -Creatinine today at the outlying facility was 2.4, looking at her previous blood work she had a creatinine of 3 about a month ago
- -Avoid any nephrotoxic agents, continue to monitor with daily labs

Asthma

-With no evidence of acute exacerbation, continue with a home regimen of inhalers

Medication Reconciliation: Reviewed

DVT Prophylaxis: SCD/TEDS

Code Status: DNR CCA DNI, this is as per my discussion with the patient at the time of admission

Expected Date of Discharge: TBD

Medical/Social Complexity:

Patient requires hospitalization due to pericardial effusion, needs further evaluation by cardiology, may need pericardiocentesis

History

Chief Complaint: Fall, weakness

HPI and ROS: Kay Nicholson is a 85 y.o. female with extensive past medical history as outlined above including a known history of underlying atrial fibrillation, chronic anticoagulation with Coumadin presented to a local emergency room with a fall at home last night. The patient apparently had not been feeling well over the last about 3 to 4 weeks, just overall sense of malaise and fatigue and nothing in particular. She did had some decrease in her overall appetite. Last night she went out to her garage around midnight, apparently was trying to get some soda out of the fridge when she felt lightheaded and fell to the ground, she did not lose her consciousness completely. Tells me that she felt very weak and could not get up, apparently was there most of the night, however only in the morning she was able to crawl back into her apartment, called the EMS and she was taken to a local emergency room. On further questioning she tells me that she has not really had an appetite almost for about a month, has not been eating as much. She also reports that she always has some chronic shortness of breath but feels like it has gotten worse lately, even walking a few steps she has to slow down and rest before doing anything again. At the outlying emergency room the patient had imaging done which had shown evidence of moderate to large sized pericardial effusion along with a left-sided pleural effusion, she also had CT of the thoracic and lumbar spine which did not show any evidence of acute fractures, we were contacted at this time for admission to the hospital. Seems like she was given 20 mg of IV Lasix before she was transferred here to MCE.

PMH/PSH/SH/FH:

Past Medical History:

Diagnosis

Date

- Asthma
- Coronary arteriosclerosis in native artery
- · Essential hypertension
- · Gastroesophageal reflux disease
- History of deep vein thrombosis of lower extremity
- · History of gout
- · Hyperlipidemia
- Hypothyroidism
- Ischemic cardiomyopathy
- · Left ventricular thrombus
- Obesity (BMI 30-39.9)
- · Obstructive sleep apnea syndrome

- Osteoarthritis
- · Paroxysmal atrial fibrillation (CMS/HCC)
- · Secondary hyperparathyroidism (CMS/HCC)
- · Stage 4 chronic kidney disease (CMS/HCC)
- Type 2 diabetes mellitus (CMS/HCC)
- · Vitamin D deficiency

Past Surgical History:

Procedure	Laterality	Date
 CARDIAC 		06/04/2008
CATHETERIZATION		

 CARDIAC 01/24/2006

CATHETERIZATION

 CARDIAC 1999

CATHETERIZATION

 CARDIAC 1995

CATHETERIZATION

 CATARACT EXTRACTION, **BILATERAL**

 CORONARY **ANGIOPLASTY**

 CORONARY STENT 07/01/2021

PLACEMENT

X2

 CORONARY STENT 06/06/2008

PLACEMENT LAD with DES

 CORONARY STENT 12/14/2005

PLACEMENT

 CORONARY STENT 1995

PLACEMENT OM1

 CORONARY STENT 06/23/2022

PLACEMENT RCA distal

Family History

Problem Relation Age of Name Onset

 Diabetes Mother Heart Mother attack

Hypertensi Mother

Father Heart

attack Hypertensi Father

on Kidney Sister

disease

Sister Diabetes

 Stroke **Brother** Asthma Father's

Sister

Social History

Socioeconomic History

· Marital status: Divorced Spouse name: Not on file

• Number of children:

· Years of education: Not on file Not on file · Highest education level:

Occupational History

Secretary - General Motors · Occupation:

Comment: Retired

Tobacco Use

 Smoking status: Never Smokeless tobacco: Never

Vaping Use

 Vaping Use: Never used · Passive vaping exposure: Yes

Substance and Sexual Activity

· Alcohol use: Never Never · Drug use: Not on file Sexual activity: Other Topics Concern

· Not on file

Social History Narrative

What is your level of caffeine consumption: Moderate

3 cups coffee daily - decafe

Allergy Information:

I have reviewed the patient's allergies.

Montelukast, Statins-hmg-coa reductase inhibitors, Amlodipine, Apixaban, and Erythromycin base

Home Medications:

Prior to Admission medications

Medication Start Date End Date Takin Authorizing Provider

g?

Historical Provider, MD

Historical Provider, MD

Historical Provider, MD

Historical Provider, MD

albuterol 0.63 mg/3 mL

nebulizer solution total) by

Historical Provider, MD Take 3 mL (0.63 mg

nebulization every 6 (six) hours if needed for wheezing.

allopurinoL (ZYLOPRIM)

100 mg tablet

Take 1 tablet (100 Historical Provider, MD

mg total) by mouth 1 (one) time each

day.

amitriptyline (ELAVIL) 10

mg tablet

Take 1 tablet (10 10/17/22

mg total) by mouth at bedtime. at

bedtime for 30

days

buPROPion XL

Take 1 tablet (150 1/16/23

(WELLBUTRIN XL) 150 mg mg total) by mouth

24 hr tablet

1 (one) time each

day.

cholecalciferol (VITAMIN

Take 1 tablet (5,000

D-3) 5,000 Units tablet

Units total) by mouth 1 (one) time

each day.

clopidogreL (PLAVIX) 75

TAKE 1 TABLET

10/26/22 Timothy Nuss, NP

mg tablet

fluticasone propion-

DAILY

Inhale 1 puff 2

salmeteroL (ADVAIR

(two) times a day.

DISKUS) 100-50 mcg/dose Rinse mouth with diskus inhaler water after use to reduce aftertaste and incidence of candidiasis. Do not swallow. Take 1 tablet (25 hydrALAZINE 12/19/22 12/19/23 Michelle Galloway, NP (APRESOLINE) 25 mg mg total) by mouth tablet 3 (three) times a day. insulin aspart protamine-Inject 20 Units Historical Provider, MD insulin aspart (NovoLOG under the skin 2 70/30 FlexPen) 100 (two) times a day unit/mL (70-30) injection before meals. Use pen as directed. isosorbide dinitrate Take 2 tablets (40 12/19/22 12/19/23 Michelle Galloway, NP (ISORDIL) 20 mg tablet mg total) by mouth 4 (four) times a day. metoprolol succinate Take 3 tablets (150 1/23/23 1/23/24 Frank Tice, MD (TOPROL-XL) 50 mg 24 hr mg total) by mouth tablet 1 (one) time each day. Do not crush or chew. MULTIVITAMIN ORAL Take 1 tablet by Historical Provider, MD mouth 1 (one) time each day. nitroglycerin (NITROSTAT) Frank Tice, MD Place 1 tablet (0.4 11/22/22 0.4 mg SL tablet mg total) under the tongue every 5 (five) minutes if needed for chest pain. Call 911 if second tablet needed after resting 5 minutes. pantoprazole (Protonix) 40 Take 1 tablet (40 2/14/22 2/14/23 Timothy Nuss, NP mg EC tablet mg total) by mouth 1 (one) time each day before breakfast. Do not crush, chew, or ranolazine (RANEXA) 1,000 Take 1 tablet (1,000 1/23/23 1/23/24 Frank Tice, MD mg 12 hr tablet mg total) by mouth 1 (one) time each day. Do not crush, chew, or split. ranolazine (RANEXA) 500 Take 1 tablet (500 1/23/23 1/23/24 Frank Tice, MD mg 12 hr tablet mg total) by mouth 1 (one) time each day. Do not crush, chew, or split. rosuvastatin (CRESTOR) 10 Take 1 tablet (10 11/4/22 11/4/23 Frank Tice, MD mg tablet mg total) by mouth 1 (one) time each day. 1/9/24 torsemide (DEMADEX) 20 Take 1 tablet (20 1/9/23 Michelle Galloway, NP mg tablet mg total) by mouth

2 (two) times a day.

vitamin B complex vit C no.3 (VITAMIN B COMP AND C NO.3 ORAL)

Take 1 tablet by mouth 1 (one) time Historical Provider, MD

warfarin (COUMADIN) 5

each day.

Take as directed by 7/22/22

Meredith N Mucha, MD

mg tablet

period Patient taking differently: 0.5 tab on Monday, 1 tab all over days

Clinic over a 90 day

Physical	Examination		
			_

Vital Signs:

GENERAL: Awake, not in distress CV: Heart sounds distant, no murmurs.

RESP: Breathing comfortably, diminished breath sounds in the left base, no wheezing or crackles

GI: Soft, non-tender.

NEURO: Alert, Ox3. No focal deficits.

Laboratory and Additional Data Reviewed	<u>:</u>
Laboratory	Transcriptions
Radiology	Microbiology
Cardiology	Outside Records
Medications	Family

H&P (View-Only) by Theodore Parker, PA at 2/16/2023 3:03 PM

Version 1 of 1

Author: Theodore Parker, PA Filed: 2/16/2023 4:53 PM

Service: Cardiology

Date of Service: 2/16/2023 3:03 PM

Status: Attested

Cosigner: Jason Evanchan, DO at

Author Type: Physician Assistant

2/16/2023 4:53 PM

Attestation signed by Jason Evanchan, DO at 2/16/2023 4:53 PM

Cardiology Attending Attestation.

Editor: Theodore Parker, PA (Physician Assistant)

I saw and examined this patient with Ted Parker. I reviewed his past medical, surgical, family history, medications as detailed below. I independently examined the patient.

Briefly, she has not been feeling well over the last couple weeks. She has been having fatigue and dyspnea on exertion. Her nephew is at bedside and states that this has been a significant change. While she is not overly active at baseline, she has been getting fatigued and short of breath just walking 10 feet. She has not been having significant swelling, and her weight is stable at 198. This is on the low end of what she typically runs. No significant swelling in her legs. She has chronic orthopnea.

She went to go get ginger ale out of her garage. She bent over to get the soda out of the box. When she stood up she became lightheaded and presyncopal. She fell down to the ground. She did not have an overt syncopal episode. She was very weak and was having difficulty getting up. She had a car slowly crawled back in the apartment. Ultimately she was able to call EMS and was taken to the emergency department.

She was taken the emergency department at Ohio health. She had a CT scan of her chest abdomen pelvis. She was found to have a moderate to large sized pericardial effusion as well as a Left-sided pleural effusion. Cardiology was consulted for further evaluation care.

Physical examination she has mild elevation in JVD. No murmurs gallops or rubs appreciated. No significant lower extremity edema. She is obese. She has not any distress. Her heart rate is in the 70s.

I do not see any ECG in the system

Labs from Ohio health are reviewed. Her proBNP is 9946. Troponins are 52 with a flat trend. Hemoglobin 11.4. White blood

cell count 16.4. Creatinine 2.4. GFR is 19. INR is elevated at 7.6.

Assessment and plan:

She presents with weakness and dyspnea, particular over the last couple weeks.

She has a pericardial effusion. It is moderate to large size, particularly inferior. No convincing signs of tamponade physiology although there may be early signs and that the RA has prominent invagination. The septal motion suggest there may also be a component of effusoconstrictive disease. Her INR is 7.6, and based on the appearance of the effusion this may be hemopericardium. This certainly could be a contributor to her symptoms. She is hemodynamically stable at this time.

Hold warfarin.

Monitor closely on telemetry

Monitor for signs of tamponade physiology

Decision on pericardiocentesis pending her clinical course

If INR not significantly better in the morning then would consider reversal

We will continue to follow. Please call questions

Jason Evanchan DO, FACC Cardiology

Columbus Cardiology Consultants Mount Carmel Heart and Vascular

Assessment

Patient is an 85-year-old lady who presented to an Ohio Health ER today with generalized weakness and recent fall. Apparently laid on the floor for few hours. Chest CT at the ER showed moderate to large sized pericardial effusion. Cardiology consulted in this regard.

- Moderate to large pericardial effusion per chest CT 2/16/2023. Echocardiogram pending
- CAD SP multiple PCI's. See below for details. Most recent LHC 11/17/2022 showed known CTO of ostial LAD. Right to left collaterals noted. Patent proximal and mid LCx stents with focal 30% stenosis proximally. Patent proximal mid and distal RCA stents. Focal 30-40% stenosis proximally.
- History of LV thrombus 7/2021. On warfarin
- Ischemic CMP SP ICD 10/2021: EF 24% per TTE 11/16/2022
- Chronic systolic heart failure: Last seen in the heart failure clinic 12/19/2022
- Paroxysmal atrial fibrillation: On warfarin
- Obesity: Recommend lifestyle modifications
- DVT: Hx
- HTN
- HLD

Plan

- EKG
- Telemetry
- Check vital signs
- BNP, PT/INR
- Echocardiogram pending

Further recommendations pending collection with staff

Theodore J Parker, PA

02/16/23 3:04 PM EST
Mount Carmel Heart & Vascular Specialists
85 McNaughten Road, Suite 110
Columbus, OH 43213
Office 614-627-2000



Chief Complaint: Generalized weakness, recent fall Reason for consultation: Pericardial effusion Primary cardiologist: Dr. Tice

HPI:

Patient is an 85-year-old lady who presented to an Ohio Health ER today with generalized weakness and recent fall. Apparently laid on the floor for few hours. Chest CT at the ER showed moderate to large sized pericardial effusion. Cardiology consulted in this regard.

Past medical history includes CAD with multiple PCI's, chronic systolic heart failure, Ischemic CMP SP ICD, paroxysmal atrial fibrillation (on warfarin), HTN, HLD, obese

Last seen in the office by Dr. Tice 1/23/2023 and she was stable from a cardiovascular standpoint.

Patient last seen in the heart failure clinic 12/19/2022. She was volume overloaded due to running out of her torsemide for approximately 1 week. Also dietary indiscretions reported.

Patient states she was out in the garage about midnight to get a can of pop out of the refrigerator. She then fell down following a mechanical fall and it took her 6 hours to drive yourself from the garage to the living room. Denies syncope. She has had no chest pain. She has had shortness of breath "for a while." Currently on room air. Does not think there has been a change in her weight. Denies lower extremity edema and there is none on exam. She chronically props her self up to sleep. Denies fever but she has had a cough that is mostly nonproductive. This has been occurring about 3 AM and improves after her albuterol treatment. She has had nausea but no vomiting or diarrhea. No syncopal episodes. No bleeding episodes. She has been compliant with her medications including warfarin. INR is pending

Data: Labs pending Vital signs pending EKG pending

Cardiovascular studies:

Telemetry: Will order

Device check 12/14/2022: Reviewed

Medtronic ICD Remote Interrogation received. The Impedance, Sensing and Pacing thresholds are WNL. Episode log indicates that there were no episodes since last Remote. Optivol Fluid Index and Thoracic Impedance are WNL. Average nightly heart rate 60-90 bpm. Patient activity level 1.5 hr/day. RV Pacing < 0.1%.

TTE 11/16/2022: Reviewed

- Left ventricle cavity is mildly dilated. Severe left ventricular systolic dysfunction with an ejection fraction of 24% on biplane imaging. There is global dysfunction with regional wall motion abnormalities including more severe hypokinesis/akinesis of the inferior wall and apex. No LV apical thrombus.
- · Right ventricle cavity appears normal. Grossly normal systolic function is normal. Device wires noted.
- No hemodynamically significant valvular disease.
- · Unable to estimate RVSP as there is no well-defined tricuspid valve envelope.

LHC 11/17/2022: Reviewed

- · Stable obstructive coronary artery disease
- Known CTO of ostial LAD. Right to left collaterals are seen out to the proximal LAD.
- Patent proximal and mid left circumflex stents. Focal 30% stenosis proximally
- Patent proximal mid and distal RCA stents. Focal 30 to 40% stenosis proximally

· LVEDP was not assessed due to history of LV thrombus

RECOMMENDATIONS:

1. Continue with medical management for chronic stable angina for some micro vascular disease. No findings consistent with acute, subacute stent thrombosis or new ulcerated plaque lesion.

Left Main

The vessel was visualized by angiography, is moderate in size and is angiographically normal.

Left Anterior Descending

Ostial CTO. Multiple stents are seen within the LAD and diagonal system. There is right to left collateral filling up to the proximal LAD. Collaterals

Dist LAD filled by collaterals from RPDA.

Ost LAD to Prox LAD lesion is 100% stenosed.

Left Circumflex

The vessel was visualized by angiography and is moderate in size. Patent mid left circumflex stent with no significant in-stent restenosis. Distal left circumflex stents into OM is also patent.

Prox Cx lesion is 30% stenosed.

Prox Cx to Dist Cx lesion is 10% stenosed. The lesion was previously treated using a stent of unknown type.

Right Coronary Artery

The vessel was visualized by angiography and is moderate in size. Nearly full metal jacket of RCA. There is a subtle proximal RCA stenosis around 30% this is mostly unchanged from prior cath in June 2022

Prox RCA to Dist RCA lesion is 30% stenosed. The lesion was previously treated using a stent of unknown type.

LHC/PCI 6/2022: Reviewed

Coronary artery disease with known LAD CTO, mild disease in LCx, and hemodynamically insignificant ostial RCA stenosis and mid RCA in-stent restenosis but hemodynamically significant distal RCA stenosis.

Successful PCI of distal RCA with deployment of a 2.5x15mm RESOLUTE ONYX DES.

Left Main

The vessel was visualized by angiography and is moderate in size. The vessel exhibits minimal luminal irregularities.

Left Anterior Descending

The vessel was visualized by angiography and is moderate in size.

Prox LAD lesion is 100% stenosed. TIMI flow is 0. The lesion is chronically occluded.

Left Circumflex

Mid Cx lesion is 35% stenosed. Not the culprit lesion. TIMI flow is 3. Pressure wire/FFR was performed on the lesion. FFR: 0.98.

Right Coronary Artery

Ost RCA lesion is 50% stenosed. Not the culprit lesion. TIMI flow is 3. Pressure wire/FFR was performed on the lesion. FFR: 0.98. Mid RCA lesion is 50% stenosed. Not the culprit lesion. TIMI flow is 3. The lesion was previously treated. Previous treatment took place 6-12 months ago. The lesion has restenosis. The stenosis was measured by a visual reading. Pressure wire/FFR was performed on the lesion. FFR: 0.94.

Dist RCA lesion is 75% stenosed. Culprit lesion. TIMI flow is 3. The lesion was previously treated. Pressure wire/FFR was performed on the lesion. FFR: 0.77.

Right Posterior Descending Artery

Dist RCA lesion

Angioplasty

Angioplasty was performed prior to stent deployment. Angioplasty performed using multiple inflations technique. The balloon used was a BLN NCEUP2512X RX US NC EUPHORA. Inflation 1 - Maximum pressure: 24 atm; Time: 32 sec.

Supplies used: BLN NCEUP2512X RX US NC EUPHORA

Stent

Drug-eluting stent was successfully placed. A single stent was placed. The stent used was a STENT RESOLUTE ONYX RX 2.5X15 DES. Inflation 1 - Maximum pressure: 14 atm; Time: 10 sec.

Supplies used: STENT RESOLUTE ONYX RX 2.5X15 DES

Angioplasty

Angioplasty was performed following stent deployment. Angioplasty performed using multiple inflations technique. The balloon used was a BLN NCEUP2512X RX US NC EUPHORA. Inflation 1 - Maximum pressure: 24 atm; Time: 12 sec.

Supplies used: BLN NCEUP2512X RX US NC EUPHORA

Angioplasty

Angioplasty was performed following stent deployment. Angioplasty performed using multiple inflations technique. The balloon used was a BLN NCEUP27508X RX US NC EUPHORA. Inflation 1 - Maximum pressure: 24 atm; Time: 22 sec. Inflation 2 - Maximum pressure: 24 atm; Time: 12 sec.

Supplies used: BLN NCEUP27508X RX US NC EUPHORA

Post-Intervention Lesion Assessment

The intervention was successful. The guidewire crossed the lesion. Device was deployed. Post-intervention TIMI flow is 3. There were no complications.

There is a 0% residual stenosis post intervention.

LHC 11/29/2021: Reviewed

- Recurrent high-grade in-stent restenosis in the mid RCA (at least 2 previous layers of stents). This was treated today with intravascular shockwave lithotripsy (4.0 mm lithotripsy balloon) followed by balloon angioplasty using a 5.0 mm noncompliant balloon.
- Otherwise, coronary anatomy is unchanged compared to October 2021.
- Markedly elevated LV end-diastolic pressure at 29 mmHg.
- No significant pressure gradient across the aortic valve by catheter pullback.

Left Main

The vessel was visualized by angiography and is large. There is mild diffuse disease throughout the vessel.

Left Anterior Descending

The vessel was visualized by angiography and is large.

Ost LAD lesion is 100% stenosed. Not the culprit lesion. Lesion length: 15 mm. TIMI flow is 0. The lesion is type C. The lesion is chronically occluded.

First Septal Branch

Collaterals

1st Sept filled by collaterals from RPDA.

Left Circumflex

The vessel was visualized by angiography and is large. There is mild diffuse disease throughout the vessel.

Right Coronary Artery

The vessel was visualized by angiography and is large.

Mid RCA lesion is 99% stenosed. Culprit lesion. Lesion length: 9 mm. TIMI flow is 3. The lesion is type C. The lesion is calcified. The lesion was previously treated using a drug-eluting stent. Previous treatment was on 7/8/2021. Previous treatment took place 1-5 months ago. The lesion has in-stent restenosis. Treatment was also guided by IVUS images from 10/4/2021.

Mid RCA lesion

Angioplasty

Angioplasty using a standard balloon was performed. Angioplasty performed using multiple inflations technique. Inflation 1 - Maximum pressure: 8 sec. Inflation 2 - Maximum pressure: 22 atm; Time: 35 sec. Inflation 3 - Maximum pressure: 22 atm; Time: 17 sec.

Supplies used: BLN NCEUP3012X RX US NC EUPHORA

Angioplasty

Angioplasty performed using multiple inflations technique. Inflation 1 - Maximum pressure: 4 atm; Time: 20 sec. Inflation 2 - Maximum pressure: 4 atm; Time: 20 sec. Inflation 3 - Maximum pressure: 4 atm; Time: 30 sec. Inflation 4 - Maximum pressure: 4 atm; Time: 20 sec. Inflation 5 - Maximum pressure: 4 atm; Time: 15 sec. Inflation 6 - Maximum pressure: 4 atm; Time: 15 sec. Supplies used: CATH SHOCKWAVE C2 IVL 4X12MM

Angioplasty

Angioplasty performed using multiple inflations technique. Inflation 1 - Maximum pressure: 4 atm; Time: 15 sec. Inflation 2 - Maximum pressure: 4 atm; Time: 16 sec. Inflation 3 - Maximum pressure: 10 atm; Time: 17 sec. Supplies used: CATH SHOCKWAVE C2 IVL 4X12MM

Angioplasty

Angioplasty performed using multiple inflations technique. Inflation 1 - Maximum pressure: 15 atm; Time: 60 sec. Inflation 2 -

Maximum pressure: 17 atm; Time: 60 sec. Inflation 3 - Maximum pressure: 17 atm; Time: 30 sec.

Supplies used: BLN DIL NC TREK 5.0MMX12MM

Angioplasty

Angioplasty performed using multiple inflations technique. Inflation 1 - Maximum pressure: 15 atm; Time: 17 sec. Inflation 2 -

Maximum pressure: 17 atm; Time: 30 sec.

Supplies used: BLN NCEUP5008X RX US NC EUPHORA

Post-Intervention Lesion Assessment

The intervention was successful. The guidewire crossed the lesion. Device was not deployed. Post-intervention TIMI flow is 3. Lesion had 12 mm of its length treated. There were no complications.

There is a 10% residual stenosis post intervention.

REVIEW OF SYSTEMS: As noted above and below

CARDIAC: No report of chest pain, palpitations, orthopnea, PND

GENERAL: No report of fevers, chills, or weight change

NEUROLOGIC: No report of syncope. No history of CVA or TIA **HEENT**: No report of head trauma, visual changes, difficulty hearing **PULMONARY**: No report of shortness of breath, cough, wheezing

GASTROINTESTINAL: No report of abdominal pain, nausea, vomiting, bright red blood per rectum, melena.

GENITOURINARY: No report of dysuria, hematuria or urinary incontinence.

INTEGUMENTARY: No report of rashes,

MUSCULOSKELETAL: No report of pain, joint swelling

HEMATOLOGIC: No report of abnormal bruising, frequent infections or bleeding.

ENDOCRINE: No report of thyroid disease or diabetes

Past medical history: As noted above

Past surgical history: AICD 10/2021, LHC/PCI, cataract extraction

Social history: Patient lives alone. She is divorced. No history of alcohol or tobacco abuse.

Family history: Patient's mother had MI, father had MI.

Allergies

Allergen Reactions
• Montelukast Pain

pt states she had chest pain and tightness, HA, itching, stomachache and incresed SOB

Statins-Hmg-Coa Reductase Inhibitors
 Pain

tolerates simvastatinallergy was previously input; patient states can only take 20 mg dose

Amlodipine DizzinessApixaban Other

Erythromycin Base
 Nausea And Vomiting

Medications: Per MAR

No current facility-administered medications for this encounter.

Current Outpatient Medications

Medication Instructions

albuterol
 0.63 mg, nebulization, Every 6 hours PRN

• allopurinoL (ZYLOPRIM) 100 mg tablet 1 tablet, oral, Daily

amitriptyline (ELAVIL)
 10 mg, oral, Nightly, at bedtime for 30 days

buPROPion XL (WELLBUTRIN XL)
 150 mg, oral, Daily

- cholecalciferol (VITAMIN D-3) 5,000 Units tablet
- clopidogreL (PLAVIX) 75 mg tablet
- 100-50 mcg/dose diskus inhaler
- hydrALAZINE (APRESOLINE)
- insulin aspart protamine-insulin aspart (NovoLOG 20 Units, subcutaneous, 2 times daily before 70/30 FlexPen) 100 unit/mL (70-30) injection pen
- isosorbide dinitrate (ISORDIL)
- metoprolol succinate (TOPROL-XL)
- MULTIVITAMIN ORAL
- · nitroglycerin (NITROSTAT)
- ranolazine (RANEXA)
- · ranolazine (RANEXA)
- · rosuvastatin (CRESTOR)
- torsemide (DEMADEX)
- vitamin B complex vit C no.3 (VITAMIN B COMP AND C NO.3 ORAL)
- warfarin (COUMADIN) 5 mg tablet

1 tablet, oral, Daily TAKE 1 TABLET DAILY

• fluticasone propion-salmeteroL (ADVAIR DISKUS) 1 puff, inhalation, 2 times daily, Rinse mouth with water after use to reduce aftertaste and incidence of candidiasis. Do not swallow.

25 mg, oral, 3 times daily

meals, Use as directed. 40 mg, oral, 4 times daily

150 mg, oral, Daily, Do not crush or chew.

1 tablet, oral, Daily

0.4 mg, sublingual, Every 5 min PRN, Call 911 if second tablet needed after resting 5 minutes. 1,000 mg, oral, Daily, Do not crush, chew, or split.

500 mg, oral, Daily, Do not crush, chew, or split.

10 mg, oral, Daily

20 mg, oral, 2 times daily

1 tablet, oral, Daily

Take as directed by Clinic over a 90 day period

Physical Exam Visit Vitals

Smoking Status Never

Wt Readings from Last 3 Encounters:

90.2 kg (198 lb 14.4 oz) 02/02/23

91.2 kg (201 lb) 01/23/23 01/19/23 91.4 kg (201 lb 9.6 oz)

General appearance/constitutional: The patient is in no distress.

EYES: No xanthelasma, Normal conjunctiva.

Ears, Nose, Mouth and Throat: Normocephalic. Limited dentition examination.

Neck: Trachea midline, no obvious thyroid enlargement

Respiratory/chest: Lungs clear to auscultation bilaterally without wheezes or crackles. Respirations easy and unlabored

Heart: Regular rate and rhythm. S1, S2 normal. No murmurs. There is no JVD

Gastrointestinal/Abdomen: Appears nondistended and benign **Extremities:** No lower extremity edema. No cyanosis or clubbing.

Musculoskeletal: Grossly normal muscular strength and tone. Gait was not assessed.

Skin: Skin warm, dry and intact. No rashes noted by limited skin examination

Neurologic: MOE x4, no focal deficit noted

Psychiatric: Calm and cooperative. No evidence of impaired judgment

Labs:

Lab Results

Component	Value	Date
WBC	11.6 (H)	11/17/2022
HGB	12.4	11/17/2022
HCT	37.8	11/17/2022
MCV	96.4	11/17/2022
PLT	251	11/17/2022

Lab Results

Component	Value	Date
GLUCOSE	120 (H)	12/21/2022
CALCIUM	9.2	12/21/2022
NA	137	12/21/2022

20/23, 10:04 AM	7) =		, -, = \	33897) Printed by EV			
Nicholson, Kay D (MRN 10483389	(1) Encounter Date: 02	/16/2023 4.8		11/21/2022			
K CO2		30		12/21/2022 12/21/2022			
CO2 CL		97 ((1)	12/21/2022			
BUN		58 (12/21/2022			
CREATININE			O (H)	12/21/2022			
CICE/ III III I		3.50	S (1.)	12/21/2022			
Lab Results							
Component		Valu	ue	Date			
HSTROPI		5,80	04 (HH)	11/18/2022			
No results found fo	or: TSH						
Lab Results							
Component		Valu	ue	Date			
ALT		9		06/24/2022			
AST		18		06/24/2022			
ALKPHOS		48		06/24/2022			
BILITOT		0.7		06/24/2022			
No results found fo	or: INR, PTT						
→ Vitals (last day)							
Date/Time	Temp	Pulse	Resp	BP	SpO2	Weight	Who
02/20/23 09:03:27	_	62	16	132/92 📍	95 %	·—	MC
02/20/23 08:13:11	36.5 °C (97.7	78	-	121/75	93 %	3-0	KC
	°F)			•			
02/20/23 04:55:51	36.7 °C (98.1	59	16	116/71	97 %	87 kg (191 lb	LR
	°F)			•		12.8 oz)	
02/19/23 23:39:53	36.6 °C (97.9	61	6 !	107/67	96 %	-	LR
\(\)	°F)			•			
02/19/23 2137	-	_	_	36-18 1	95 %		KH
02/19/23 20:21:38	36.5 °C (97.7	63	16	131/74	97 %	-	LR
J-, .J, _J _J 1.JO	°F)		. 3	,	- · · ·		-
02/19/23 1337	36.6 °C (97.9	77	18	119/65	94 %		AS
02/13/23 1331	°F)	• •	.5	,	2.70		
	' /						

l Lines, Drains, and Airways

02/19/23 11:29:38

02/19/23 07:56:58

02/19/23 02:57:58

02/19/23 0831

02/19/23 0500

Peripheral IV 02/16/23 Anterior;Right Forearm

°F)

°F)

36.3 °C (97.3 72

36.9 °C (98.4

36.7 °C (98.1

67

81

18

Duration 4 days

RJ

SS

RJ

RM

ΚT

87 kg (191 lb

12.8 oz)

Intake/Output

 02/20/23 0700 - 02/21/23 0659

 0700-1859
 1900-0659
 Total

 Intake
 - - -

 Total Intake
 - - -

 Output
 - 400
 - 400

 Total Output
 400
 - 400

118/67

112/66

115/67

91 %

96 %

95 %

95 %

Net I/O

-400

-400

Diet Orders

Adult diet Mount Carmel East Columbus; Cardiac; Low Saturated Fat, No Added Salt, Caffeine Restricted, Cardiac: General starting at 02/18 1438

Dietitian Notes

Notes from 2/18/2023 10:04 AM through 2/20/2023 10:04 AM

No notes exist for this encounter.

Consults

(24h ago, onward)

None

基 Results

Δ	Results							
	Collected	Updated	Procedure	Result Status				
			Prothrombin time	Final result	Component			Range & Units
	0519	0553	with INR		Protime	26.2 ^		- 14.7 sec
			[662546983]		INR	2.4	<=5.	
			(Abnormal) Blood, Venous		indication	s is 2.0-3.0	0	tic INR range for most cardiac
					For high ii recommei	-		e mechanical heart valves), the .5
			Complete blood	Final result	Component		Ref F	Range & Units
	0519	0539	count		WBC	10.5 ^	4.6 -	10.2 K/mcL
			[662546984]		RBC	3.20 ❤	3.74	- 5.34 M/mcL
			(Abnormal)		Hemoglobin	9.5 ❤	12.0	- 16.0 g/dL
			Blood, Venous		Hematocrit	30.6 ❤	34.3	- 47.9 %
					MCV	95.6	80.0	- 97.0 FL
					MCH	29.7		- 34.0 pcg
					MCHC	31.0		- 35.3 g/dL
					RDW	15.6 ^		- 14.8 %
					Platelets	317		- 424 K/mcL
					MPV	10.0	6.2 -	12.1 FL
	02/20/2023	02/20/2023	Basic metabolic	Final result	Component		Value	Ref Range & Units
	0519	0600	panel [662546985]		Sodium		137	136 - 145 mmol/L
			(Abnormal)		Potassium		3.5 ❤	3.6 - 5.1 mmol/L
			Blood, Venous		Chloride		99	98 - 107 mmol/L
					CO2		29	22 - 32 mmol/L
					Anion Gap		9	6 - 18
					Glucose		132 ^	70 - 99 mg/dL
					BUN		67 ^	8 - 20 mg/dL
					Creatinine		2.32 ^	0.60 - 1.30 mg/dL
					eGFR		20 ❤	>=60 mL/min/1.73m2
						sease Epic	demiology	culation based on the Chronic / Collaboration (CKD-EPI) equation
					BUN/Creatin	_		12.0 - 20.0
					Calcium	iiiie Natio	8.4 ₩	8.9 - 10.3 mg/dL
	02/19/2023	02/19/2023	Prothrombin time	Final result	Component	Value	Ref F	Range & Units
	0206	0405	with INR		Protime	23.0 ^		- 14.7 sec
			[662546976] (Abnormal)		INR	2.1	<=5.	

	Collected	Updated	Procedure	Status					
ì			Blood, Venous		indication. For high ir	s is 2.0-3. Intensity th	0	: INR range for mechanical hea	
	02/19/2023 0206	02/19/2023 0358	Complete blood count [662546977] (Abnormal) Blood, Venous	Final result	Component WBC RBC Hemoglobin Hematocrit MCV MCH MCHC RDW Platelets MPV	13.3 ^ 3.24 > 9.7 >	4.6 - 1 3.74 - 12.0 - 34.3 - 80.0 - 27.0 - 30.8 - 11.0 -	nge & Units 0.2 K/mcL 5.34 M/mcL 16.0 g/dL 47.9 % 97.0 FL 34.0 pcg 35.3 g/dL 14.8 % 424 K/mcL 2.1 FL	
	02/19/2023 0206	02/19/2023 0422	Basic metabolic panel [662546978] (Abnormal) Blood, Venous	Final result	Kidney Dis	ease Epic ut adjustr	lemiology (ment for rac		ol/L /L l/L L /dL /1.73m2 n the Chronic :KD-EPI) equation
	02/19/2023 0206	02/19/2023 0813	Thyroid stimulating hormone [662546980] Blood, Venous	Final result	Component TSH	Value 1.05		nge & Units 5.33 mcIU/mL	
	02/18/2023 1153	02/18/2023 1155	POCT Glucose, blood [662546970] (Abnormal) Blood, Capillary	Final result	Component Glucose POC	Value T 130 △		ange & Units 99 mg/dL	
1		02/18/2023 0616	POCT Glucose, blood [662546966] (Abnormal) Blood, Capillary	Final result	Component Glucose POC	Value T 116 ▲		ange & Units 99 mg/dL	
7	02/18/2023 0526	02/18/2023 0539	CBC and differential [662546961] (Abnormal)	Final result	Component No compone				

Collected	Updated	Procedure Blood, Venous	Status				
		Basic metabolic	Final result	Component	Value	Ref Range	
0526	0553	panel [662546962]		Sodium	141	136 - 145	
		(Abnormal)		Potassium	3.6	3.6 - 5.1 n	
		Blood, Venous		Chloride	101	98 - 107 r	
				CO2	28	22 - 32 m	moi/L
				Anion Gap	12 107 ^	6 - 18	a /all
				Glucose		70 - 99 m	
				BUN	60 ^ 2.13 ^	8 - 20 mg	
				Creatinine	2.13 ↑ 22 ¥	0.60 - 1.30	_
				eGFR Effective October 9, Kidney Disease Epic refit without adjusti	2022, calcu demiology C	lation bas Collaboration	/min/1.73m2 ed on the Chronic on (CKD-EPI) equation
				BUN/Creatinine Ratio		12.0 - 20.0	0
				Calcium	8.5 ❤	8.9 - 10.3	
02/18/2023	02/18/2023		Final result	Component		Value	Ref Range & Units
0526	0539	differential		WBC		11.9 ^	4.6 - 10.2 K/mcL
		[662546964]		RBC		3.27 ➤	3.74 - 5.34 M/mcL
		(Abnormal)		Hemoglobin		9.9 ❤	12.0 - 16.0 g/dL
		Blood, Venous		Hematocrit		31.4 ➤	34.3 - 47.9 %
				MCV		96.0	80.0 - 97.0 FL
				MCH		30.3	27.0 - 34.0 pcg
				MCHC		31.5	30.8 - 35.3 g/dL
				RDW		15.9 ^	11.0 - 14.8 %
				Platelets		351	142 - 424 K/mcL
				MPV		10.0	6.2 - 12.1 FL
				Neutrophils Relative		77.3 ^	38.1 - 75.5 %
				Lymphocytes Relative		11.1 🗸	17.9 - 49.6 %
				Monocytes Relative		9.6	4.0 - 23.0 %
				Eosinophils Relative		0.9	0.0 - 7.0 %
				Basophils Relative		0.3	0.0 - 2.0 %
				Immature Granulocyte	es Relative	0.8	0.0 - 1.2 %
				Neutrophils Absolute		9.19 ^	1.80 - 7.70 K/mcL
				Lymphocytes Absolut	e	1.32	1.00 - 4.80 K/mcL
				Monocytes Absolute		1.14 ^	0.00 - 0.90 K/mcL
				Eosinophils Absolute		0.11	0.00 - 0.70 K/mcL
				Basophils Absolute Immature Granulocyt	es Absolute	0.03 0.10	0.00 - 0.20 K/mcL 0.00 - 0.10 K/mcL
02/17/2023	02/17/2023	POCT Glucose,	Final result	Component Value	Ref R	ange & Ur	nits
2337	2338	blood [662546954] (Abnormal) Blood, Capillary		Glucose POCT 117 ^	70 - 9	99 mg/dL	
02/17/2023	02/17/2023	POCT Glucose,	Final result	Component Value	Ref R	ange & Ur	nits
1753	1755	blood [662546952] (Abnormal) Blood, Capillary		Glucose POCT 149 ^		99 mg/dL	

Result	
Status	

Final result

Updated Procedure Collected 02/17/2023 02/19/2023 Culture body fluid Final result with gram stain 1644 1223

[661739006]

from Pericardium

Pericardial Fluid

Value Component

No growth at 2 days Fluid Culture

Gram Stain Result Many Polymorphonuclear leukocytes This is an appended report. These results have been appended

to a previously preliminary verified report.

Gram Stain Result No Epithelial cells

This is an appended report. These results have been appended to a previously preliminary verified report.

Gram Stain Result No organisms seen

Dispense Refills Start Date End Date

This is an appended report. These results have been appended to a previously preliminary verified report.

02/17/2023 02/17/2023 POCT Glucose, 1225 1226

blood

[661738995] (Abnormal) Blood, Capillary Component Value

Glucose POCT 166 ^

3/3

90 tablet 1/1

02/14/2022

07/22/2022

Ref Range & Units 70 - 99 mg/dL

DAW

No

No

No

Comments

Patient's Medications Prior To Admission

Order ID Medication Sig

297085528 MULTIVITAMIN ORAL Take 1 tablet by mouth 1 (one) time

each day.

297085533 vitamin B complex vit Take 1 tablet by

C no.3 (VITAMIN B mouth 1 (one) time COMP AND C NO.3 each day.

ORAL)

297085534 cholecalciferol

Take 1 tablet (5,000 (VITAMIN D-3) 5,000 Units total) by Units tablet mouth 1 (one) time each day.

297085539 allopurinoL

(ZYLOPRIM) 100 mg mg total) by mouth tablet 1 (one) time each

day.

Take 1 tablet (100

353456067 pantoprazole

(Protonix) 40 mg EC

tablet

Take 1 tablet (40 mg 90 each total) by mouth 1

(one) time each day before breakfast. Do not crush, chew, or

split.

463187336 fluticasone propion-

salmeteroL (ADVAIR DISKUS) 100-50 mcg/dose diskus inhaler

Inhale 1 puff 2 (two) times a day. Rinse mouth with water after use to reduce

aftertaste and incidence of candidiasis. Do not

swallow.

478540645 warfarin

(COUMADIN) 5 mg

tablet

Take as directed by Clinic over a 90 day

period Patient taking

differently: Take 0.5

141011	Order ID	RN 104833897) Encounter Da Medication	Sig	Dispense	Refills	Start Date	End Date	DAW	Comments
	O'del ID	Wedlearen	tablets (2.5 mg total) by mouth. 0.5 tab on	Disperise	Kenns	Start Date	End Date	DAW	Comments
			Monday and Thursday						
	549187498	clopidogreL (PLAVIX) 75 mg tablet		90 tablet	3/3	10/26/2022		No	
	549187501	amitriptyline (ELAVIL) 10 mg tablet	Take 1 tablet (10 mg total) by mouth at bedtime. at bedtime for 30 days			10/17/2022			
	553988218	rosuvastatin (CRESTOR) 10 mg tablet	Take 1 tablet (10 mg total) by mouth 1 (one) time each day.	90 each	3/3	11/04/2022	11/04/2023	No	
	568459808	nitroglycerin (NITROSTAT) 0.4 mg SL tablet	Place 1 tablet (0.4 mg total) under the tongue every 5 (five) minutes if needed for chest pain. Call 911 if second tablet needed after resting 5 minutes.	25 tablet	6/6	11/22/2022		No	
	568459809	albuterol 0.63 mg/3 mL nebulizer solution	Take 3 mL (0.63 mg total) by nebulization every 6 (six) hours if needed for wheezing.					No	
	593024031	isosorbide dinitrate (ISORDIL) 20 mg tablet	Take 2 tablets (40 mg total) by mouth 4 (four) times a day.	720 tablet	2/2	12/19/2022	12/19/2023	No	
	593024032	hydrALAZINE (APRESOLINE) 25 mg tablet	Take 1 tablet (25 mg total) by mouth 3 (three) times a day. Patient not taking: Reported on 2/16/2023	270 each	11/11	12/19/2022	12/19/2023	No	
	631416756	torsemide (DEMADEX) 20 mg tablet	Take 1 tablet (20 mg total) by mouth 2 (two) times a day.	180 each	1/1	01/09/2023	01/09/2024	No	
	631416759	buPROPion XL (WELLBUTRIN XL) 150 mg 24 hr tablet	Take 1 tablet (150 mg total) by mouth 1 (one) time each day.			01/16/2023			
		1,000 mg 12 hr tablet	Take 1 tablet (1,000 mg total) by mouth 1 (one) time each day. Do not crush, chew, or split. Patient taking differently: Take 1 tablet (1,000 mg total) by mouth at bedtime. Do not	90 tablet	3/3	01/23/2023	01/23/2024	No	Patient taking 1000 mg in the am and 500 mg in the pm
		ranołazine (RANEXA)	crush, chew, or split. Take 1 tablet (500 mg total) by mouth	90 each	3/3	01/23/2023	01/23/2024	No	

/20/2	23, 10:04 AM		Nicholson, Kay D	(MR#10483	3897) Pri	nted by EVANS	S, ELIZABETH	[38582]	
Nicho	olson, Kay D (MF	RN 104833897) Encounter Da	te: 02/16/2023						
	Order ID	Medication	Sig 1 (one) time each day. Do not crush, chew, or split. Patient taking differently: Take 1 tablet (500 mg total) by mouth 1 (one) time each day in the morning. Do not crush, chew, or split.	Dispense	Refills	Start Date	End Date	DAW	Comments
	631416763	metoprolol succinate (TOPROL-XL) 50 mg 24 hr tablet	Take 3 tablets (150 mg total) by mouth 1 (one) time each day. Do not crush or chew.	270 each	3/3	01/23/2023	01/23/2024	No	
	661597999	warfarin (COUMADIN) 5 mg tablet	Take 1 tablet (5 mg total) by mouth. 5 mg on Tues, Wed, Fri, Sat and Sun					No	
	661598000	ondansetron (ZOFRAN) 4 mg tablet	Take by mouth every 8 (eight) hours if needed for nausea or vomiting.					No	
	661738967	hydrALAZINE (APRESOLINE) 10 mg tablet	Take 1 tablet (10 mg total) by mouth 3 (three) times a day.					No	
)	661738968	insulin aspart protamine-insulin aspart (NovoLOG 70/30) 100 unit/mL (70-30) injection	Inject 20 Units under the skin 2 (two) times a day before meals. Vials should be rolled between palms of hands ten times prior to each use. Administer 5 to 15 minutes before a meal.					No	
4	Medicatio	ons							
	Scheduled								
	Medication allopurinol	L (ZYLOPRIM) tablet 10	00 mg	Fre	quency	ose/Rate, Ro	ute,	Giver	Action n, 100 mg at 02/20
	amiodaron	e (PACERONE) tablet	200 mg	200) ma or	al, Daily		0956 Orde	red
		e (PACERONE) tablet	_		o mg, or	_			n, 200 mg at 02/20
	amitriptylir	ne (ELAVIL) tablet 10 n	mg	10	mg, ora	l, Nightly		Giver 2104	n, 10 mg at 02/19
	aspirin EC	tablet 81 mg		81	mg, ora	l, Daily		Giver 0956	n, 81 mg at 02/20
									10 100/10

40 mg, oral, Nightly

0.5 mg, nebu, Daily

0.5 mg (And Linked Group #1)Nicholson, Kay D (MRN 104833897) Printed by Elizabeth Evans [38582] at 2/20/2023 10:04 AM

Given, 40 mg at 02/19

Given, 0.5 mg at 02/19

2104

0828

budesonide (PULMICORT) 0.5 mg/2 mL nebulizer solution

atorvastatin (LIPITOR) tablet 40 mg

cho	olson, Kay D (MRN 104833897) Encounter	Date: 02/16/2023				
	N.A. aliantian			Ordered Dose/Rat	te, Route,	Last Astion
	Medication buPROPion XL (WELLBUTRIN X	(L) 24 hr tablet 150	mg	Frequency 150 mg, oral, Daily	y	Last Action Given, 150 mg at 02/20
	cholecalciferol (VITAMIN D-3)	tablet 5,000 Units		5,000 Units, oral, [Daily	0956 Given, 5,000 Units at 02/20 0956
	formoterol (PERFOROMIST) 20 20 mcg (And Linked Group #1)	mcg/2 mL nebulize	er solution	20 mcg, nebu, BID		Given, 20 mcg at 02/19 2133
	hydrALAZINE (APRESOLINE) ta	ablet 25 mg		25 mg, oral, TID		Given, 25 mg at 02/20 0956
	isosorbide dinitrate (ISORDIL)	tablet 40 mg		40 mg, oral, 4x da	ily	Given, 40 mg at 02/20 0956
	metoprolol succinate (TOPROL	XL) 24 Hour tablet	t 150 mg	150 mg, oral, Daily	у	Given, 150 mg at 02/20 0956
	pantoprazole (PROTONIX) EC t	ablet 40 mg		40 mg, oral, q AM	AC	Given, 40 mg at 02/20 0654
	psyllium (METAMUCIL) packet	1 packet		1 packet, oral, Dai	ly	Given, 1 packet at 02/19 1343
	ranolazine (RANEXA) 12 hr tab	let 1,000 mg		1,000 mg, oral, Ni	ghtly	Given, 1,000 mg at 02/19 2104
	ranolazine (RANEXA) 12 hr tab	let 500 mg		500 mg, oral, q AM	M	Given, 500 mg at 02/20 0654
	torsemide (DEMADEX) tablet 2	20 mg		20 mg, oral, BID 0	9-17	Given, 20 mg at 02/20 0956
	PRN			Ordered Dose/Rat	te. Route.	
	Medication	Medication			ic, Houte,	Last Action
	acetaminophen (TYLENOL) tab	let 650 ma		Frequency 650 mg, oral, q6h	PRN	Ordered
	albuterol 1.25 mg/3 mL nebuliz		a	0.63 mg, nebu, q6		Ordered
	nitroglycerin (NITROSTAT) SL t		9	0.4 mg, SL, q5 mir		Ordered
	ondansetron (PF) (ZOFRAN) in	_	nked Group			Ordered
	ondansetron ODT (ZOFRAN-O	DT) disintegrating t	tablet 4 mg	4 mg, oral, q8h PF	RN	Ordered
	Radiology .ast 24 hours)					
'ι-	02/20 0928	US Thorac	ontocic w In	nage Guidance Left	-	Images
	02/17 1656		th procedur	_	•	Images
E	CG/EMG Results					
E	CG 12 lead [661597994]			Re	esulted: 02/17/23 0619,	Result status: Preliminary result
	Ordering provider: Theodore Pa	arker, PA 02/16/23	1543	Resulting lab: GEN	MUSE	
	Specimen Collection			3		
	-	Source		Collected On		
		_		02/16/23 1624		
	Components					
	Component	Valu	ie i	Reference Range	Flag	Lab
	Ventricular Rate ECG	73		3PM		_
	Atrial Rate	73		3PM	-	_
	P-R Interval	190		ns		
ř.	QRS Duration	78		ns	===	=
	Q-T Interval				-	=
	QTc	392		ns ns		_
	P Wave Axis	36		degrees	_	_
	r vvave Axis	30	=	aegrees		

ComponentValueReference RangeFlagLabR Axis-5degrees——T Axis68degrees——ECG Interpretation--———

Result:

Normal sinus rhythm Low voltage QRS

Cannot rule out Anteroseptal infarct, age undetermined

Abnormal ECG

Physician Progress Notes

Filed: 2/19/2023 1:39 PM

Notes from 02/18/23 through 02/20/23

Progress Notes by Shahed Hasnat, MD at 2/19/2023 1:35 PM

Author: Shahed Hasnat, MD

Service: Internal Medicine
Date of Service: 2/19/2023 1:35 PM

Author Type: Physician

Status: Signed

Editor: Shahed Hasnat, MD (Physician)



Shahed Hasnat	MD	

Shahed Hasnat, MD
COPC Hospitalists

Patient Name: Kay D Nicholson MRN: 104833897 Acct #: 1000239252522

PCP: Lara Blumberg, MD

Perpetual Assessment:

Kay Nicholson is a 85 y.o. female who presented from Freestanding Ohio health the ER on 2/16/2023 with reports of a fall at home along with generalized weakness, apparently was on the floor for several hours, imaging done at the outlying ER had shown evidence of moderate to large sized pericardial effusion

Assessment and Plan

Pericardial effusion

- -Patient went to a local emergency room after she had a fall at home, was on the floor for most of the night
- -CT chest done in the ER showed moderate to large sized pericardial effusion, mild to moderate left pleural effusion
- -TTE shows a moderate to large sized pericardial effusion particularly inferiorly without any convincing evidence of pericardial tamponade, there is report of possible early signs that RA has prominent invagination and septal motion with a component of effuso-constrictive ds
- -Patient remains hemodynamically stable at this time
- -Underwent pericardiocentesis
- -INR has been reversed prior to the procedure for supratherapeutic INR
- -Has pericardial drain for pericardial window

Left pleural effusion

- -Chest x-ray from 2/17 showing interval development of a left pleural effusion with adjacent lung consolidation
- -IR consulted for thoracentesis
- -We will follow

Coagulopathy

Supratherapeutic INR

- -Patient with ongoing use of Coumadin in the setting of underlying atrial fibrillation
- -INR at the outlying facility was 7.6, it was 8 upon presentation here
- -Patient received vitamin K 5 mg IV x1 at the time of admission, INR today 2.1
- -Continue to hold Coumadin as of now

CAD with angina

- -With history of multiple PCI's in the past
- -Follows up with cardiology Dr. Frank Tice
- -As per my discussion with cardiology Plavix has been put on hold and she has been started on aspirin 81 mg daily for now

Chronic systolic heart failure

- -With no evidence of acute decompensation
- -Patient currently on torsemide 20 mg twice daily

Ischemic cardiomyopathy

- -With a EF of about 24% as per last TTE from 11/2022
- -Has AICD in place
- -Also on torsemide 20 mg twice daily

Paroxysmal atrial fibrillation

- -With a CHADS Vasc score of 7
- -She has been chronically anticoagulated with Coumadin which is currently on hold due to supratherapeutic INR requiring pericardial window for pericardial effusion

Essential hypertension

-Blood pressure stable, continue with a home regimen and monitor

CKD stage IV

- -Creatinine today at the outlying facility was 2.4, looking at her previous blood work she had a creatinine of 3 about a month ago
- -Creatinine of 2.2 has plateaued around that range
- -Avoid any nephrotoxic agents, continue to monitor with daily labs

Asthma

-With no evidence of acute exacerbation, continue with a home regimen of inhalers

Code Status: DNRCC-A DNI

DVT Prophylaxis: SCD/TEDS

Expected Date of Discharge: TBD

Medical/Social Complexity and Disposition:

Patient requires continued hospitalization due to moderate to large sized pericardial effusion, needs repeat TTE, may need pericardiocentesis

PT, OT evaluation, case management is on board for discharge planning

History

Chief Complaint/Reason for follow up: Weakness, fall, shortness of breath

<u>HPI and ROS</u>: Patient seen and examined, condition discussed with patient's RN, having breakfast this morning, on nasal cannula oxygen she feels much relieved with her shortness of breath, she still has the pericardial drain, denies any chest pain or discomfort at this time

Physical Examination

Temp: 36.3 °C (97.3 °F) (02/19 1129)

Heart Rate: 72 (02/19 1129) Resp: 18 (02/19 0831) BP: 118/67 (02/19 1129) **GENERAL:** Awake, not in distress

CV: Regular rate and rhythm, no murmurs. Pericardial drain present **RESP:** Breathing comfortably, diminished breath sounds in the left base

GI: Soft, non-tender.

NEURO: Alert, Ox3. No focal deficits.

Reviewed 02/19/23 1:35 PM EST:	
Laboratory	Transcriptions
Radiology	Microbiology
Cardiology	Outside Records
Medications	Family

Electronically signed by Shahed Hasnat, MD on 2/19/2023 1:39 PM

Nursing Activity Orders

(From admission, onward)

None

→ Skin Assessment (last 2 days)

Date/Time 02/20/23 0300	Integumentary (WDL) X	Skin Color Appropriate for ethnicity	Skin Condition/Temp Warm;Dry	Skin Integrity Bruising;Skin tear	Skin Location —	Skin Turgor Epidermis thin with loss of subcutaneous tissue	Integumentary Additional Assessments(Read Only) —	Who HD
02/19/23 2300	Х	Appropriate for ethnicity	Warm;Dry	Bruising;Skin tear	_	Epidermis thin with loss of subcutaneous tissue	_	HD
02/19/23 1900	X	Appropriate for ethnicity	Warm;Dry	Bruising;Skin tear	_	Epidermis thin with loss of subcutaneous tissue	_	HD
02/19/23 1600	X	:	Warm;Dry	Bruising;Skin tear	_	Epidermis thin with loss of subcutaneous tissue	° an	AS
02/19/23 1200	Х	=	Warm;Dry	Bruising;Skin tear	_	Epidermis thin with loss of subcutaneous tissue	_	AS
02/19/23 0831	X	-	Warm;Dry	Bruising;Skin tear	_	Epidermis thin with loss of subcutaneous tissue		КО
02/19/23 0800	X	-	Warm;Dry	Bruising;Skin tear	_	Epidermis thin with loss of	_	AS

	Integumentary		Skin	Skin	Skin		Integumentary Additional Assessments(Read	
Date/Time	(WDL)	Skin Color	Condition/Temp		Location	Skin Turgor	Only)	Who
Date, Time	(1122)		condition, ramp			subcutaneous tissue	• •	
02/19/23 0300	Χ	-	-	Bruising;Skin tear	_	_		RM ——
02/18/23 2300	Χ	3 2		Bruising;Skin tear	_			RM
02/18/23 1900	X	, ,	=	Bruising;Skin tear	_	=	=	RM
02/18/23 1600	X	_	Warm;Dry	Bruising;Skin tear	_	Epidermis thin with loss of subcutaneous tissue	:	AS
02/18/23 1200	X		Warm;Dry	Bruising;Skin tear	_	Epidermis thin with loss of subcutaneous tissue	_	AS
02/18/23 0800	X	_	Warm;Dry	Bruising;Skin tear	_	Epidermis thin with loss of subcutaneous tissue	-	AS
02/18/23 0400	X	=	Warm;Dry	Skin tear	=	<u></u>	=	DA
02/18/23 0000	X	?——:	Warm;Dry	Skin tear	=	:	_	DA
D-414-Ol								

Patient Observations

(Last 24 hours)

BP	
02/20 0903	132/92
02/20 0813	121/75
02/20 0455	116/71
02/19 2339	107/67
02/19 2021	131/74
02/19 1337	119/65
02/19 1129	118/67
Pulse	
02/20 0903	62
02/20 0813	78
02/20 0455	59
02/19 2339	61
02/19 2021	63
02/19 1337	77
02/19 1129	72
Resp	
02/20 0903	16
02/20 0455	16
02/19 2339	[‡] 6
02/19 2021	16

2/20	23, 10:04 AM	Nicholson, Kay D (MR#10483389	97) Printed by EVANS, ELIZABETH [38582]
Nich	olson, Kay D (MRN 1048	833897) Encounter Date: 02/16/2023	
	02/19 1337	18	
	SpO2		
	02/20 0903	95 %	
	02/20 0813	93 %	
	02/20 0455	97 %	
	02/19 2339	96 %	
	02/19 2137	95 %	
	02/19 2021	97 %	
	02/19 1337	94 %	
	02/19 1129	91 %	
	Temp src		
	02/20 0813	Oral	
	02/20 0455	Oral	
	02/19 2339	Oral	
	02/19 2021	Oral	
	Temp		
	02/20 0813	36.5 °C (97.7 °F)	
	02/20 0455	36.7 °C (98.1 °F)	
	02/19 2339	36.6 °C (97.9 °F)	
	02/19 2021	36.5 °C (97.7 °F)	
	02/19 1337	36.6 °C (97.9 °F)	
	02/19 1129	36.3 °C (97.3 °F)	
	Notes		
	02/19 1433	Progress Notes by Lynn Brandt, RN	Note
	02/19 1335	Progress Notes by Shahed Hasnat, MD	Note
)(■ Activities of Da	nily Living	
	Flowsheet Row	Most Recent Value	
	IP ADL		

IP ADL	
Patient's Vision Adequate to	Yes
Safely Complete Daily Activities	
Patient's Judgment Adequate to	Yes
Safely Complete Daily Activities	
Patient's Memory Adequate to	Yes
Safely Complete Daily Activities	
Patient's concentration adequate	Yes
to safely complete daily activities	
Patient Able to Express	Yes
Needs/Desires	
Patient's ability to complete	Needs assistance
errands	
Which is your dominant hand?	Right
Which is your dominant hand? Upper Body Dressing	Right Needs assistance
	9
Upper Body Dressing	Needs assistance
Upper Body Dressing Lower Body Dressing	Needs assistance Needs assistance
Upper Body Dressing Lower Body Dressing Grooming	Needs assistance Needs assistance Needs assistance
Upper Body Dressing Lower Body Dressing Grooming Oral Care	Needs assistance Needs assistance Needs assistance Independent
Upper Body Dressing Lower Body Dressing Grooming Oral Care Feeding	Needs assistance Needs assistance Needs assistance Independent Independent
Upper Body Dressing Lower Body Dressing Grooming Oral Care Feeding Bathing	Needs assistance Needs assistance Needs assistance Independent Independent Needs assistance
Upper Body Dressing Lower Body Dressing Grooming Oral Care Feeding Bathing Toileting	Needs assistance Needs assistance Needs assistance Independent Independent Needs assistance Needs assistance
Upper Body Dressing Lower Body Dressing Grooming Oral Care Feeding Bathing Toileting Putting on/taking off footwear	Needs assistance Needs assistance Needs assistance Independent Independent Needs assistance Needs assistance Needs assistance
Upper Body Dressing Lower Body Dressing Grooming Oral Care Feeding Bathing Toileting Putting on/taking off footwear In/Out Bed	Needs assistance Needs assistance Needs assistance Independent Independent Needs assistance Needs assistance Needs assistance

2/20/23, 10:04 AM Nicholson, Kay D (MR#104833897) Printed by EVANS, ELIZABETH [38582] Nicholson, Kay D (MRN 104833897) Encounter Date: 02/16/2023 Flowsheet Row Most Recent Value Both Weakness of Legs Weakness of Arms/Hands None Hearing - Right Ear **Functional Functional** Hearing - Left Ear **IP ADL Devices** Assistive Devices Walker, Dentures upper PT ASSESSMENT (last 72 hours) **PT Assessment** Row Name 02/18/23 2012 02/18/23 1422 02/17/23 1720 02/17/23 1400 02/17/23 1200 Precautions Fall Risk Medical Precautions Safety Interventions Call bell within reach; Gait belt **Prior Function** Which is your dominant — Right Right hand? **Prior Function** ind at baseline. Recent Comments functional decline, pt had a fall with inability to get off the floor for extended time. Pain Assessment Pain Assessment No/denies pain No/denies pain No/denies pain Plan Treatment/Interventions — ADL retraining; Functional transfer training;UE strengthening/ROM;LE strengthening/ROM;Endurance training;Patient/family training; Equipment eval/education;Bed mobility;Gait training;Compensatory technique education;Continued evaluation; Balance training PT Plan Skilled PT PT Frequency 5 days per week PT Duration of Sessions — **PRN** PT Treatments per day 1-2 times per day PT Discharge Skilled nursing facility Recommendations placement Equipment FWW recommended for Recommended ambulation/trasnfer safety/stability. PT - Evaluation Status Complete PT TREATMENT (last 72 hours) PT Treatment 02/19/23 1900 02/19/23 1700 Row Name 02/19/23 1500 02/19/23 1300 02/19/23 1100

Wound Skin Tear 02/16/23 Wrist Left; Posterior

Wound **Properties** Primary Wound Type: Skin tear Date First Assessed: 02/16/23 Time First Assessed: 1449 Present on Hospital Admission: Y Hand Hygiene Completed: Yes Degree of Burn: Superficial (1st) Location: Wrist

Wound Location Orientation: Left;Posterior

Nicholson, Kay D (MRN 104833897) Encounter Date: 02/16/2023 Row Name 02/19/23 1900 02/19/23 1700 02/19/23 1500 02/19/23 1300 02/19/23 1100 Wound Bed Unable to assess Tissue Assessment Peri-Wound Intact Assessment Dressing Gauze Gauze Gauze Gauze Gauze Dressing Maintained Changed **Dressing Status** Clean; Dry; Intact Row Name 02/19/23 0955 02/19/23 0900 02/19/23 0700 02/19/23 0300 02/19/23 0100 Mobility Distance 20 ft Ambulated (ft) Wound Skin Tear 02/16/23 Wrist Left; Posterior Wound Primary Wound Type: Skin tear Date First Assessed: 02/16/23 Time First Assessed: 1449 Present on **Properties** Hospital Admission: Y Hand Hygiene Completed: Yes Degree of Burn: Superficial (1st) Location: Wrist Wound Location Orientation: Left; Posterior Wound Bed Unable to assess Unable to assess Unable to assess Unable to assess Tissue Assessment Dressing Gauze Gauze Gauze Gauze **Dressing Status** Clean; Dry; Intact Clean; Dry; Intact Clean; Dry; Intact Clean; Dry; Intact Row Name 02/18/23 2300 02/18/23 2100 02/18/23 2012 02/18/23 1900 02/18/23 1700 Pain Assessment Pain Assessment No/denies pain Wound Skin Tear 02/16/23 Wrist Left; Posterior Wound Primary Wound Type: Skin tear Date First Assessed: 02/16/23 Time First Assessed: 1449 Present on Hospital Admission: Y Hand Hygiene Completed: Yes Degree of Burn: Superficial (1st) Location: Wrist **Properties** Wound Location Orientation: Left:Posterior Wound Bed Unable to assess Unable to assess Unable to assess Unable to assess Tissue Assessment Dressina Gauze Gauze Gauze Gauze Clean;Dry;Intact **Dressing Status** Clean; Dry; Intact Clean; Dry; Intact Clean; Dry; Intact 02/18/23 Row Name 02/18/23 1500 02/18/23 1422 02/18/23 1300 02/18/23 1100 0902 Mobility Distance Ambulated (ft) — 100 ft Wound Skin Tear 02/16/23 Wrist Left; Posterior Wound Properties Primary Wound Type: Skin tear Date First Assessed: 02/16/23 Time First Assessed: 1449 Present on Hospital Admission: Y Hand Hygiene Completed: Yes Degree of Burn: Superficial (1st) Location: Wrist Wound Location Orientation: Left:Posterior Wound Bed Tissue Unable to assess — Unable to assess Unable to assess Assessment Dressing Gauze Gauze **Dressing Status** Clean; Dry; Intact Clean; Dry; Intact Clean; Dry; Intact Plan Treatment/Interventions — ADL retraining; Functional transfer training;UE strengthening/ROM;LE strengthening/ROM;Endurance training; Patient/family

ch	olson, Kay D (MRN 1048	333897) Encounter Date: 02/	16/2023								
	Row Name	02/18/23 150	0 02/18/23 1422	O	2/18/23 1300	02/18/23	02/18/23 1100 0902				
1			training; Equipm eval/education; l mobility; Gait training; Compe technique education; Conti evaluation; Balar	Bed nsatory inued							
	PT Plan	_	Skilled PT	_	_						
	PT Frequency		5 days per week	-	_						
	PT Duration of Se	essions —	PRN	` _	_	_					
	PT Treatments pe		1-2 times per da	av –	_	_	_				
	PT Discharge Recommendation	_	Skilled nursing f	-	_	_	_				
	Equipment Recommended	_	FWW recomments ambulation/trassafety/stability.		_	_	_				
	PT - Evaluation St	atus —	Complete	_	_	_					
	Row Name	02/18/23 0900	02/18/23 0700	02/18/23 0600	02/18/23	0400	02/18/23 0200				
	Wound Skin Te	ear 02/16/23 Wrist	Left;Posterior								
	Wound Properties	Hospital Admission	e: Skin tear Date Firs : Y Hand Hygiene Col ientation: Left;Poste	mpleted: Yes Deg							
	Wound Bed Tissue Assessment	Unable to assess	Unable to assess	Unable to asse	ss Unable to	assess	Unable to assess				
	Dressing	Gauze	Gauze	Gauze	Gauze		Gauze				
	Dressing Status Row Name	Clean;Dry;Intact 02/18/23 0000	Clean;Dry;Intact 02/17/23 2200	Clean;Dry;Intac 02/17/23 2000	t Clean;Dry		Clean;Dry;Intact 02/17/23 1700				
	Pain Assessme	nt									
	Pain Assessment	_		_	No/denie	s pain	_				
	Wound Skin Te	Wound Skin Tear 02/16/23 Wrist Left;Posterior									
	Wound Primary Wound Type: Skin tear Date First Assessed: 02/16/23 Time First Assessed: 1449 Preserve Hospital Admission: Y Hand Hygiene Completed: Yes Degree of Burn: Superficial (1st) Location Wound Location Orientation: Left;Posterior										
	Wound Bed Tissue Assessment	Unable to assess	Unable to assess	Unable to asse	ss —		Unable to assess ≧ dsg intact				
	Dressing	Gauze	Gauze	Gauze	_		Gauze; Vaseline gauze				
	Dressing Changed	_	_	Maintained	_		Maintained				
	Dressing Status Row Name	Clean;Dry;Intact 02/17/23 1400	Clean;Dry;Intact 02/17/23 1200	Clean;Dry;Intac	t —		Clean;Dry;Intact				
	Pain Assessmen	nt									
	Pain Assessment	_	No/denies pain								
		ar 02/16/23 Wrist	<u>.</u>								
ļ	Wound Properties	Primary Wound Type Hospital Admission:	e: Skin tear Date Firs Y Hand Hygiene Cor ientation: Left;Poste	mpleted: Yes Degi							
	Wound Bed Tissue Assessment		Unable to assess ≧ dsg in place								

Row Name

02/17/23 1400

02/17/23 1200

Dressing

Gauze; Vaseline

Gauze; Vaseline

gauze;Other (Comment) gauze;Other (Comment)

coban

coban

Dressing Status

Clean;Dry;Intact

Author: -

Clean; Dry; Intact

Service: -

Author Type: -

Filed:

Date of Service:

Status: (Other)

OT Notes

Notes from 02/18/23 through 02/20/23

No notes of this type exist for this encounter.

SLP Notes

Notes from 02/18/23 through 02/20/23

No notes of this type exist for this encounter.

Active Wound Orders

None

Respiratory

Report

Lab Data (Last 48 hours)

None

O2/Vent Data (Last 4)

02/19 2339

02/20 0455

02/20 0813

02/20 0903

SpO2 (%)

96

97

93

95

Current Code Status

Date Active

Code Status DNRCC-A

DNI

Order ID

Comments

User

Rao Singh, MD

Context Inpatient

2/16/2023 1515

661597983 This code status was

ascertained in the following

way: Code status

discussion: discussion with

patient

To update the patient's code status, place a code status order. Do not modify or discontinue any currently active code status orders.

Advance Care Planning Notes

This patient has no ACP notes on file.

Most Recent Care Plan Note

Care Plan by Hadja Diallo, RN at 2/19/2023 9:33 PM

Author: Hadja Diallo, RN

Service: ---

Author Type: Registered Nurse

Filed: 2/19/2023 9:34 PM

Date of Service: 2/19/2023 9:33 PM

Status: Signed

Editor: Hadja Diallo, RN (Registered Nurse)

Signed Goals:

Problem: Falls:

Goal: Patient will not fall or injure themselves during hospitalization.

Outcome: Progressing

Problem: Skin Integrity:

Goal: Will not develop new pressure injury

Outcome: Progressing

Problem: Respiratory:

Goal: Ability to maintain normal pulse oximetry readings will improve

Outcome: Progressing

Goal: Will achieve and/or maintain a regular respiratory rate

Outcome: Progressing

Problem: Cognitive:

Goal: Ability to maintain a clear airway will improve

Outcome: Progressing

Problem: Mobility

Goal: Patient will ambulate Outcome: Progressing

Problem: Transfers

Goal: Patient to transfer to and from sit to supine

Outcome: Progressing

Goal: Patient will transfer sit to and from stand

Outcome: Progressing

Identify possible barriers to meeting goals/advancing plan of care:

Stability of the patient: Moderately Stable - Low risk of patient condition declining or worsening

End of Shift Summary: Continue plan of care

Discharge Info

(From admission, onward)

None

Wound Summary

	02/10	02/11	02/12	02/13	02/14	02/15	02/16	02/17	02/18	02/19	02/20	
Day:	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	
✓ [REMOVED] Wound M	oisture	Associat	ted Derm	atitis 1	1/16/22 /	Abdomen	Lower	;Medial				
									2100 Prim	ary Wound	Type: Mois	sture Associated Dermatitis Presen
Wound Length (cm)												Wound Length (cm)
Wound Width (cm)												Wound Width (cm)
Wound Surface Area (cm^2)												Wound Surface Area (cm^2)
Wound Depth (cm)												Wound Depth (cm)
Wound Volume (cm^3)												Wound Volume (cm^3)
Wound Healing %												Wound Healing %
State of Healing												State of Healing
Wound Bed Granulation (%)												Wound Bed Granulation (%)
Wound Bed Epithelialization												Wound Bed Epithelialization (%)
Wound Bed Slough (%)												Wound Bed Slough (%)
Wound Bed Eschar (%)												Wound Bed Eschar (%)
Tunneling Clock Position of												Tunneling Clock Position of Wo
Underming Start Clock Posi												Underming Start Clock Position
Underming End Clock Positi												Underming End Clock Position
Pressure Injury Stage												Pressure Injury Stage
→ Wound Skin Tear 02/1	6/23 Wri	st Left;P	osterior									
Date First Assessed/Time First	Assessed:	02/16/23 1	449 Primar	y Wound ^a	Type: Skin	Tear Presen	t on Hosp	ital Admiss	on: Yes Ha	ind Hygien	e Complete	ed: Yes Degree of Burn: Superficial
Wound Length (cm)							4					Wound Length (cm)
Wound Width (cm)							2					Wound Width (cm)
Wound Surface Area (cm^2)							8					Wound Surface Area (cm^2)
Wound Depth (cm)							0)				Wound Depth (cm)
Wound Volume (cm ³)							0)				Wound Volume (cm^3)
Wound Healing %												Wound Healing %
State of Healing												State of Healing
Wound Bed Granulation (%)												Wound Bed Granulation (%)
Wound Bed Epithelialization												Wound Bed Epithelialization (%)
Wound Bed Slough (%)												Wound Bed Slough (%)

Ony | View All

Wound Bed Eschar (%)
Tunneling Clock Position of ...
Underming Start Clock Posi...
Underming End Clock Positi...
Pressure Injury Stage

Wound Bed Eschar (%)
Tunneling Clock Position of Wo...
Underming Start Clock Position ...
Underming End Clock Position ...
Pressure Injury Stage

Allergy History as of 02/20/23

AMLODIPINE					
	Noted	Status	Severity	Туре	Reaction
09/28/21 1031 Robert McCormack	09/28/21	Active		Allergy	Dizziness
ERYTHROMYCIN BASE					
	Noted	Status	Severity	Туре	Reaction
09/28/21 1031 Robert McCormack	09/28/21	Active		Allergy	Nausea And Vomiting
MONTELUKAST					
	Noted	Status	Severity	Type	Reaction
09/28/21 1031 Robert McCormack	07/22/19	Active	Medium	Allergy	Pain
Comments: pt states she had ches SOB	st pain and ti	ghtness, HA,	itching, stomach	nache and increse	d
09/28/21 1031 Robert McCormack	07/22/19	Active	Medium	Allergy	Pain
STATINS-HMG-COA REDUCTASE INF	HIBITORS				
	Noted	Status	Severity	Type	Reaction
09/28/21 1032 Robert McCormack	09/28/21	Active	Medium	Allergy	Pain
Comments: tolerates simvastatina dose	llergy was pr	eviously inpu	ıt; patient states	can only take 20	mg
09/28/21 1031 Robert McCormack	09/28/21	Active	Medium	Allergy	Pain
APIXABAN					
	Noted	Status	Severity	Туре	Reaction
11/16/21 1335 Rochelle Wiseman, MA	07/23/21	Active		Allergy	Other

Immunizations	NICHOLSON.KAY D

Influenza (IM) Preservativ	e Free			
Date	Manufacturer	Lot# Route/Site Dose	VIS Date	Admin By
11/16/2014	PMC	1458 /RIGHT ARM		
Influenza TIV (IM)				
Date	Manufacturer	Lot# Route/Site Dose	VIS Date	Admin By
10/30/2015	PMC	UI452AA IM/R Deltoid		
9/12/2016	PMC	IM/R Deltoid		
10/5/2016				
9/29/2018				
Influenza, Unspecified				
Date	Manufacturer	Lot# Route/Site Dose	VIS Date	Admin By
10/5/2016				
10/21/2019				
11/13/2019				
10/28/2021				
Influenza, high dose seas	onal, preservative fr	ee		
Date	Manufacturer	Lot# Route/Site Dose	VIS Date	Admin By

Influenza, high dose seaso	nal, preservative fre	ee				
Date	Manufacturer	Lot#	Route/Site	Dose	VIS Date	Admin By
10/5/2016						
1/29/2018		UI892AA		0.5 mL		
9/27/2018	PMC	UI994AB	IM/L Deltoid			
10/21/2019						
9/21/2020						
10/27/2021	PMC	UJ733AA	IM/R Deltoid			

Date Manufacturer Lot# Route/Site Dose VIS Date Admin By

PMC UJ882AB IM/RIGHT 10/17/2022

ARM

Influenza, high-dose, quadrivalent

Manufacturer Lot# Route/Site Dose VIS Date Admin By Date

1/29/2018 9/27/2018

Moderna SARS-CoV-2 COVID-19, mRNA, LNP-S, preservative free

Admin By Manufacturer Lot# Route/Site Dose VIS Date Date

2/12/2021 0.5 mL

044A21A 0.5 mL 3/12/2021

4/16/2021

066F21A IM/RIGHT 0.25 mL 10/20/2021 11/4/2021 Moderna

ARM

Moderna 045J21A IM/RIGHT 4/21/2022

ARM

Pneumococcal Conjugate 13-Valent

VIS Date Lot# Route/Site Admin By Date Manufacturer Dose

PFR M16258 IM/R Deltoid 11/27/2015

10/5/2016 10/31/2016

Pneumococcal Polysaccharide

Date Manufacturer Lot# Route/Site Dose VIS Date Admin By

0.5 mL N030849 6/28/2018

T020638 IM/LEFT **MSD** 10/6/2020

ARM

SARS-COV-2 (COVID-19) Vaccine, Unspecified

Manufacturer VIS Date Admin By Date Lot# Route/Site Dose

2/18/2021 3/11/2021

Tdap

Route/Site VIS Date Admin By Manufacturer Lot# Dose Date

PMC C5882AA IM/RIGHT 8/6/2021 11/15/2022

ARM

Zoster Recombinant

Lot# Route/Site VIS Date Admin By Date Manufacturer Dose

4/11/2019 10/2/2020

Results

Date/Time Component Value Units Procedure

Culture body fluid with gram stain [661739006] Collected: 02/17/23 1644

Updated: 02/19/23 1223 Specimen: Pericardial Fluid

Order Status: Completed

from Pericardium

Fluid Culture No growth at 2 days

Many Polymorphonuclear leukocytes **Gram Stain Result**

Comment: This is an appended report. These results have been appended to a previously

preliminary verified report.

No Epithelial cells

Comment: This is an appended report. These results have been appended to a previously

preliminary verified report.

No organisms seen

Procedure

Component

Value

Units

Date/Time

Comment: This is an appended report. These results have been appended to a previously preliminary verified report.

Op Notes

No notes of this type exist for this encounter.

Patient Lines/Drains/Airways Status

Active Hemodialysis Catheter

None

Inactive Hemodialysis Catheter

None

	Assessment

Pre-nemodialysi	s Assessment			
Date/Time	Temp	Temp Source	Heart Rate	Heart Rate Source
02/20/23 09:03:27	_	_	62	_
02/20/23 08:13:11	36.5 °C (97.7 °F)	Oral	78	=
02/20/23 04:55:51	36.7 °C (98.1 °F)	Oral	59	_
02/19/23 23:39:53	36.6 °C (97.9 °F)	Oral	61	-
02/19/23 2137	_		 -	() ;
02/19/23 20:21:38	36.5 °C (97.7 °F)	Oral	63	·
02/19/23 1337	36.6 °C (97.9 °F)	-	77	i—
02/19/23 11:29:38	36.3 °C (97.3 °F)		72	
			MAP (Device/Manual	
Date/Time	Resp	BP	Entry)	MAP (Calculated)
02/20/23 09:03:27	16	132/92 !	_	105 mm Hg
02/20/23 08:13:11	-	121/75	90 mmHg	90 mm Hg
02/20/23 04:55:51	16	116/71	86 mmHg	86 mm Hg
02/19/23 23:39:53	6 !	107/67	80 mmHg	80 mm Hg
02/19/23 2137	_	_		
02/19/23 20:21:38	16	131/74	93 mmHg	93 mm Hg
02/19/23 1337	18	119/65	83 mmHg	83 mm Hg
02/19/23 11:29:38	-	118/67	84 mmHg	84 mm Hg
Date/Time	BP Method	BP Location	Patient Position	ETCO2 (mmHg)
02/20/23 09:03:27	=		=	_ ` ` ` ` `
02/20/23 08:13:11	_	_	_	°
02/20/23 04:55:51	_	_	_	-
02/19/23 23:39:53	=	_	=	i — .
02/19/23 2137		-		_

Nicholson, Kay D (MRN 104833897) Encounter Date: 02/16/2023 Date/Time **BP Method BP** Location **Patient Position** ETCO2 (mmHg) 02/19/23 20:21:38 02/19/23 1337 02/19/23 11:29:38 Arterial Line MAP Date/Time Arterial Line BP (mmHg) SpO₂ ETCO2 02/20/23 95 % 09:03:27 93 % 02/20/23 08:13:11 02/20/23 97 % 04:55:51 02/19/23 96 % 23:39:53 02/19/23 2137 95 % 97 % 02/19/23 20:21:38 02/19/23 1337 94 % 91 % 02/19/23 11:29:38 Hepatitis B Surface Hepatitis B Surface Hepatitis B Surface Hep B Ag and Hep B Ab Date/Time Antibody **Antibody Quantity** Results Antigen 02/20/23 09:03:27 02/20/23 08:13:11 02/20/23 04:55:51 02/19/23 23:39:53 02/19/23 2137 02/19/23 20:21:38 02/19/23 1337 02/19/23 11:29:38 Hepatitis B Surface Hepatitis B Surface Antibodies (Anti-HBs) Consents Signed Therapy Number Date/Time Antigen 02/20/23 09:03:27 02/20/23 08:13:11 02/20/23 04:55:51 02/19/23 23:39:53 02/19/23 2137 02/19/23 20:21:38 02/19/23 1337 02/19/23 11:29:38

Nich	olson, Kay D (MRN 1048	333897) Encounter Date: 02/16/2023	3		
	Date/Time	Dialyzer	Dialysate K (mEq/L)	Dialysate CA (mEq/L)	Bicarb Conductivity
	02/20/23 09:03:27	_	_	_	
	02/20/23 08:13:11	-	_	=	-
	02/20/23	_		_	_
	04:55:51 02/19/23		_ = = =		
	23:39:53 02/19/23 2137		_ = = = = = = =		
	02/19/23		_		
	20:21:38				
	02/19/23 1337	_	_	:	
	02/19/23 11:29:38	_	_	— Total	Dialygata Tamparatura
	Date/Time	Dialysate Na (mEq/L)	Dialysate HCO3 (mEq/L)	Chlorine/Chloramine	Dialysate Temperature (Celcius)
	02/20/23 09:03:27	_		-	_
	02/20/23 08:13:11	-	 .	-	_
	02/20/23 04:55:51		_	=	=
	02/19/23 23:39:53	_	-	_	_
	02/19/23 2137	-	-	_	_
)	02/19/23 20:21:38	_	· <u> </u>	=	=
	02/19/23 1337	_	-		_
	02/19/23 11:29:38	_		_	=
	Date/Time	Estimated Dry Weight	Pre-Treatment Weight	рН	Gross Bleach Negative
	02/20/23 09:03:27	5	-	_	_
	02/20/23 08:13:11			壽	_
	02/20/23 04:55:51	-	_	_	_
	02/19/23 23:39:53	-:	_	_	_
	02/19/23 2137	=	-	=	-
	02/19/23 20:21:38	_	-	_	_
	02/19/23 1337	_	_		_
	02/19/23		_	_	
	11:29:38				
	D . T.	A1	S	Hemodialysis	
	Date/Time	Alarms Verified	Parathyroid Test Passed	Conductivity	Conductivity Machine
	02/20/23 09:03:27		=	=	55-1 .
J	02/20/23 08:13:11	_	<u></u>	=	
	02/20/23 04:55:51	-	_	-	_

Date/Time	333897) Encounter Date: 02/16/202 Alarms Verified	Parathyroid Test Passed	Hemodialysis Conductivity	Conductivity Machine
02/19/23 23:39:53		-	=	=
02/19/23 2137	—	_	_	=
02/19/23	:	÷	_	_
20:21:38				
02/19/23 1337	i iä	_	-	100 4
02/19/23	====1)	_	_	_
11:29:38				
	Extra-corporeal Circuit	Conductivity		Pre-Hemodialysis
Date/Time	Integrity	Independent Meter	Sodium Modeling	Comments
02/20/23		-	, , , , , , , , , , , , , , , , , , , ,	-
09:03:27				
02/20/23		=		
08:13:11				
02/20/23 04:55:51	- -	_	_	_
02/19/23 23:39:53	: :	-	-	_
02/19/23 2137	8 8	_		_
02/19/23	5—3	-		-
20:21:38				
02/19/23 1337	-	-	_	_
02/19/23		=		
11:29:38				
Date/Time	Patient Status	Dialyzer	Dialysate K (mEq/L)	Dialysate CA (mEq/L)
02/20/23 09:03:27	 0	 .		
02/20/23 08:13:11	7 <u></u> 7)		_	_
02/20/23	_	_	-	_
04:55:51				
02/19/23 23:39:53	8 8		-	=
02/19/23 2137		=	<u></u>	<u></u>
02/19/23	-	()	_	_
20:21:38				
02/19/23 1337	_		-	=
02/19/23	6 (i)	-	_	_
11:29:38				
.	B: 1	D: 1 . 1/602 / E //)	(RETIRED) Dialysate	(RETIRED) Prime Ordered
Date/Time	Dialysate Na (mEq/L)	Dialysate HCO3 (mEq/L)	Temperature	(mL)
02/20/23 09:03:27	-		=	
02/20/23	_			
08:13:11	_	_	_	_
02/20/23	_		_	_
04:55:51				
02/19/23	-	_	==	-
23:39:53				
02/19/23 2137	_	· <u></u>	(<u>2</u>	
02/19/23	::	·— ·	-	_
20:21:38				

ich	olson, Kay D (MRN 1048	33897) Encounter Date: 02/16/2023	3		
	Date/Time	Dialysate Na (mEq/L)	Dialysate HCO3 (mEq/L)	(RETIRED) Dialysate Temperature	(RETIRED) Prime Ordered (mL)
	02/19/23 1337	===:	(2.	_
	02/19/23 11:29:38	_		·—·	_
	Date/Time	Prime Ordered (mL)	Treatment Status	Venous Pressure (mmHa)	Arterial Pressure (mmHg)
	02/20/23 09:03:27		=	—	— (mm/g)
	02/20/23 08:13:11	· · · · · · · · · · · · · · · · · · ·		=	
	02/20/23	_	2-0	-	
	04:55:51 02/19/23 23:39:53	=	·		-
	02/19/23 2137	_	_		
	02/19/23	_	·		_
	20:21:38				
	02/19/23 1337	 0	_	_	_
	02/19/23 11:29:38		_	=	_
		Transmembrane Pressure			RO/MACHINE LOG
	Date/Time	(mmHg)	RO Manufacturer/Model	RO Serial Number	COMPLETE
	02/20/23 09:03:27		-	-	_
	02/20/23 08:13:11		=	=	_
	02/20/23 04:55:51	-	_	<u></u>	_
	02/19/23 23:39:53	=	_	-	_
	02/19/23 2137	_	_	_	_
	02/19/23	_	-	_	_
	20:21:38				
	02/19/23 1337	-	-	() 	_
	02/19/23 11:29:38	_		_	 >
		Treatment Initiation -			
	Date/Time	with Dialysis Precautions	Machine MFR/Model	Machine Serial Number	Dialyzer Lot Number
	02/20/23 09:03:27		_	_	_
	02/20/23 08:13:11			=	-
	02/20/23 04:55:51	 :		-	=
	02/19/23 23:39:53		_	_	_
	02/19/23 2137		_		
	02/19/23	_	-	_	
	20:21:38				
	02/19/23 1337	_	-	_	_
	02/19/23 11:29:38			_	_

02/19/23 11:29:38

Nicholson, Kay D (MRN 104833897) Encounter Date: 02/16/2023 Date/Time Dialyzer Expiration Date Tubing Lot Number **Tubing Expiration Date** Notes/Comments 02/20/23 09:03:27 02/20/23 08:13:11 02/20/23 04:55:51 02/19/23 23:39:53 02/19/23 2137 02/19/23 20:21:38 02/19/23 1337