

Name: ____ Unit No: ____

Admission Date: ____ Discharge Date: ____

Date of Birth: ____ Sex: F

Service: MEDICINE

Allergies:

No Known Allergies / Adverse Drug Reactions

Attending: ____

Chief Complaint:

Worsening ABD distension and pain

Major Surgical or Invasive Procedure:

Paracentesis

History of Present Illness:

____ HCV cirrhosis c/b ascites, hiv on ART, h/o IVDU, COPD, bioplar, PTSD, presented from OSH ED with worsening abd distension over past week.

Pt reports self-discontinuing lasix and spironolactone ____ weeks ago, because she feels like "they don't do anything" and that she "doesn't want to put more chemicals in her." She does not follow Na-restricted diets. In the past week, she notes that she has been having worsening abd distension and discomfort. She denies ____ edema, or SOB, or orthopnea. She denies f/c/n/v, d/c, dysuria. She had food poisoning a week ago from eating stale cake (n/v 20 min after food ingestion), which resolved the same day. She denies other recent illness or sick contacts. She notes that she has been noticing gum bleeding while brushing her teeth in recent weeks. She denies easy bruising, melena, BRBPR, hemetesis, hemoptysis, or hematuria.

Because of her abd pain, she went to OSH ED and was transferred to ____ for further care. Per ED report, pt has brief period of confusion - she did not recall the ultrasound or bloodwork at osh. She denies recent drug use or alcohol use. She denies feeling confused, but reports that she is forgetful at times.

In the ED, initial vitals were 98.4 70 106/63 16 97%RA

Labs notable for ALT/AST/AP ____: ____,

Tbili 1.6, WBC 5K, platelet 77, INR 1.6

Past Medical History:

1. HCV Cirrhosis
2. No history of abnormal Pap smears.
3. She had calcification in her breast, which was removed previously and per patient not, it was benign.
4. For HIV disease, she is being followed by Dr. ____ Dr. ____.
5. COPD
6. Past history of smoking.
7. She also had a skin lesion, which was biopsied and showed skin cancer per patient report and is scheduled for a complete removal of the skin lesion in ____ of this year.
8. She also had another lesion in her forehead with purple discoloration. It was biopsied to exclude the possibility of ____'s sarcoma, the results is pending.
9. A 15 mm hypoechoic lesion on her ultrasound on ____

and is being monitored by an MRI.

10. History of dysplasia of anus in ____.

11. Bipolar affective disorder, currently manic, mild, and PTSD.

12. History of cocaine and heroin use.

Social History:

Family History:

She a total of five siblings, but she is not talking to most of them. She only has one brother that she is in

touch with and lives in _____. She is not aware of any known GI or liver disease in her family.

Her last alcohol consumption was one drink two months ago. No regular alcohol consumption. Last drug use ____ years ago. She quit smoking a couple of years ago.

Physical Exam:

VS: 98.1 107/61 78 18 97RA

General: in NAD

HEENT: CTAB, anicteric sclera, OP clear

Neck: supple, no LAD

CV: RRR,S1S2, no m/r/g

Lungs: CTAB, prolonged expiratory phase, no w/r/r

Abdomen: distended, mild diffuse tenderness, +flank dullness, cannot percuss liver/spleen edge ____ distension

GU: no foley

Ext: wwp, no c/e/e, + clubbing

Neuro: AAO3, converse normally, able to recall 3 times after 5 minutes, CN II-XII intact

Discharge:

PHYSICAL EXAMINATION:

VS: 98 105/70 95

General: in NAD

HEENT: anicteric sclera, OP clear

Neck: supple, no LAD

CV: RRR,S1S2, no m/r/g

Lungs: CTAB, prolonged expiratory phase, no w/r/r

Abdomen: distended but improved, TTP in RUQ,

GU: no foley

Ext: wwp, no c/e/e, + clubbing

Neuro: AAO3, CN II-XII intact

Pertinent Results:

____ 10:25PM GLUCOSE-109* UREA N-25* CREAT-0.3* SODIUM-138
POTASSIUM-3.4 CHLORIDE-105 TOTAL CO2-27 ANION GAP-9

____ 10:25PM estGFR-Using this

____ 10:25PM ALT(SGPT)-100* AST(SGOT)-114* ALK PHOS-114*

TOT BILI-1.6*

____ 10:25PM LIPASE-77*

____ 10:25PM ALBUMIN-3.3*

____ 10:25PM WBC-5.0# RBC-4.29 HGB-14.3 HCT-42.6 MCV-99*

MCH-33.3* MCHC-33.5 RDW-15.7*

____ 10:25PM NEUTS-70.3* LYMPHS-16.5* MONOS-8.1 EOS-4.2*

BASOS-0.8

____ 10:25PM PLT COUNT-71*

___ 10:25PM ___ PTT-30.9 ___
___ 10:25PM ___
.

CXR: No acute cardiopulmonary process.

U/S:

1. Nodular appearance of the liver compatible with cirrhosis.
Signs of portal hypertension including small amount of ascites and splenomegaly.
2. Cholelithiasis.
3. Patent portal veins with normal hepatopetal flow.
Diagnostic para attempted in the ED, unsuccessful.
On the floor, pt c/o abd distension and discomfort.

Brief Hospital Course:

___ HCV cirrhosis c/b ascites, hiv on ART, h/o IVDU, COPD, bioplar, PTSD, presented from OSH ED with worsening abd distension over past week and confusion.

Ascites - p/w worsening abd distension and discomfort for last week. likely ___ portal HTN given underlying liver disease, though no ascitic fluid available on night of admission. No signs of heart failure noted on exam. This was ___ to med non-compliance and lack of diet restriction. SBP negative diuretics:

- > Furosemide 40 mg PO DAILY
- > Spironolactone 50 mg PO DAILY, chosen over the usual 100mg dose d/t K⁺ of 4.5.

CXR was wnl, UA negative, Urine culture blood culture negative.

Pt was losing excess fluid appropriately with stable lytes on the above regimen. Pt was scheduled with current PCP for ___ check upon discharge.

Pt was scheduled for new PCP with Dr. ___ at ___ and follow up in Liver clinic to schedule outpatient screening EGD and ___.

Medications on Admission:

The Preadmission Medication list is accurate and complete.

1. Furosemide 20 mg PO DAILY
2. Spironolactone 50 mg PO DAILY
3. Albuterol Inhaler 2 PUFF IH Q4H:PRN wheezing, SOB
4. Raltegravir 400 mg PO BID
5. Emtricitabine-Tenofovir (Truvada) 1 TAB PO DAILY
6. Nicotine Patch 14 mg TD DAILY
7. Ipratropium Bromide Neb 1 NEB IH Q6H SOB

Discharge Medications:

1. Albuterol Inhaler 2 PUFF IH Q4H:PRN wheezing, SOB
2. Emtricitabine-Tenofovir (Truvada) 1 TAB PO DAILY
3. Furosemide 40 mg PO DAILY
RX *furosemide 40 mg 1 tablet(s) by mouth Daily Disp #*30 Tablet
Refills:*3
4. Ipratropium Bromide Neb 1 NEB IH Q6H SOB
5. Nicotine Patch 14 mg TD DAILY
6. Raltegravir 400 mg PO BID
7. Spironolactone 50 mg PO DAILY
8. Acetaminophen 500 mg PO Q6H:PRN pain

Discharge Disposition:

Home

Discharge Diagnosis:

Ascites from Portal HTN

Discharge Condition:

Mental Status: Clear and coherent.

Level of Consciousness: Alert and interactive.

Activity Status: Ambulatory - Independent.

Discharge Instructions:

Dear Ms. _____,

It was a pleasure taking care of you! You came to us with stomach pain and worsening distension. While you were here we did a paracentesis to remove 1.5L of fluid from your belly. We also placed you on you 40 mg of Lasix and 50 mg of Aldactone to help you urinate the excess fluid still in your belly. As we discussed, everyone has a different dose of lasix required to make them urinate and it's likely that you weren't taking a high enough dose. Please take these medications daily to keep excess fluid off and eat a low salt diet. You will follow up with Dr. _____ in liver clinic and from there have your colonoscopy and EGD scheduled. Of course, we are always here if you need us. We wish you all the best!

Your _____ Team.

Followup Instructions:
