

2017-05-12 12:45

Infusion 2948411 >>

P 2/8

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Pitytikowa Orderst I

OR	Flays	IONAL MEDICAL CENTER ICIBII Order Form USE ABBREVIATIONS	Linda Dos:	Bakonyi 0 30 1951	
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Physician Orders/ /

No. 8201 P. .4 **3/8**

Encounter Date: 05/10/2017

Bakonyi, Linda

MRN: 815020179 Description: 65 year old female

Telephone Encounter Encourser Date: 5/10/2017

Lesley A Stead, MD Hematology

Pt needs Venofer 100mg IV weekly x 6 doses Electronically signed by Lesley A Steed, MD at 05/10/17 1336

Talaphone on 5/10/2017

Note Details

Author

Lesley A Stead, MD

Physician

File Time Status 05/10/17 1336 Signed

Signe

Medical Oncology

Author Type Last Editor

Lettley A Stead, MD

Specialty

No. 8201 P. .5 4/8

Encounter Date: 04/13/2017

Bakonyi, Linda

more thank to the second section of the second that

MRN: 816020179 Description: 65 year old female

Progress Notes Encounter Date: 4/43/2017

Lesley A Stead, MD Hematology

4/13/2017

Linda Bakonyi 816020179 10/30/1951

GHIEF COMPLAINT: anomis

HISTORY OF PRESENT ILLNESS: SE y.o. female with PMH as below referred by Dr. Ober for evaluation and management of anomia. She complains of mild fatigue. She has frequent dizziness which she attributes to her history of stroke. She has dyspnes on exection which she attributes to her history of asthma. Recently started Topamex. She has been on Carbatrol for years. Dose of Carbatrol was recently decreased in December 2015. She denies melena of bright red blood per rectum.

Past Medical History:

Past Medical History:

DELEGATION OF THE PROPERTY OF

Asthma

Epilepsy (HCC)

- GERD (gastroesophageal reflux disease)
- Hydrocephalus
- Hyportension
- · S/P VP shunt

Past Surgical History:

Past Surgical History:

Proceedings of the Control of the Co

- HX CESAREAN SECTION
- HX CHOLECYSTECTOMY
- HX CSF SHUNT
- HX KNEE REPLACEMENT

FAMILY HISTORY: No family history on file.

BOCIAL HISTORY:

Social History

SCHOOL STATE OF STATE

Marital status;

DIVORGED

Spouse

MA

name:

NA

 Number of children:

Years of

MA

education:

Bakonyi, Linda (MR # 816020179) Printed by Wioletta Smiechowski [53/762] at 5/12/17 12... Page 1 of 5

No. 8201 P. 6 5/8

Encounter Date: 04/13/2017

removed of present flower in a constraint (a)

diction than a visual transfer of the second Former Smoker Smoking

status:

Packs/day: 0.50

Years:

10.00

Types:

Cigarettes

Quit date: Smokeless

7/15/1994 **Never Used**

tobacço:

 Alcohol use No

Drup use:

(40)

Sexuel

Not on file

activity:

Other Toppeds

Not on file

Social Medical Administra

CURRENT MEDICATIONS:

- Tree series of the Whiteham and a series			
Current Outpetient Prescriptions		Disparso	Rem
metroNiDAZOLE (METROCREAM) 0.75 % topical cream	Apply to affected area two (2) times a day, Use a thin layer to affected areas after washing	45 g	5
 topiramate (TOPAMAX) 25 mg tablet 	Take 2 Tabs by mouth two (2) times a day, indications: MIGRAINE PREVENTION	120 Tab	ŏ
 lisinopril (PRINIVIL, ZESTRIL) 40 mg teblet foretadine (CLARITIN) 10 mg teblet femotidine (PEPCID) 20 mg teblet 	Take 1 Tab by mouth daily. Take 10 mg by mouth. Take 20 mg by mouth two (2) times a day.	90 Tab	3
 diclofense EC (VOLTAREN) 60 mg EC tablet 	Take 1 Tab by mouth two (2) times daily as needed.	60 Tab	3
diTIAZem CD (CARDIZEM CD) 240 mg ER capsule	Take by mouth daily.		
 latenoprost (XALATAN) 0.005 % optithalmic solution 	Administer 1 Drop to both eyes nightly.		
 carBAMazapine ER (CARBATROL) 200 mg captule 	Take 1 Cep by mouth two (2) times a day.	180 Gap	1
 montelukast (SINGULAIR) 10 mg tablet 	Take 1 Tab by mouth every evening.	90 Tab	2
 albuterol (PROVENTIL) 4 mg tablet 	Taks 1 Tab by mouth two (2) times a day.	60 Tab	5
 theophylline ER.12 hour, (THEOCHRON) 300 mg tablet 	Take 1 Tab by mouth two (2) times a day.	60 Tab	5
 atorvastatin (LIPITOR) 40 mg tablet cloNiDine HOI (CATAPRES) 0.2 mg tablet 	Take 1 Tab by mouth delly. Take by mouth two (2) times	90 Tab	3
 torsemide (DEMADEX) 5 mg tablet albukerol-ipretroplum (DUONEB) 2.5 mg-0.5 mg/3 ml nebulizer solution 	a day. Take by mouth daily. 3 ml. by Nabulization route four (4) times daily. 4 times a day	120 vial	5 .
 neproxen (NAPROSYN) 250 mg tablet 	t ind daily		

No. 8201 P. .7 **6/8**

Denouncer Date: 04/13/2017

lamotrigine (LAMICTAL) 100 mg tablet

Take 200 mg by mouth two (2) times a day.

Current Facility-Administered Medications

Medication (Co.)	Comp. (e)		Frequency	and the state of t	Pote test
 cyanocobalamin 	1,000	IntraMUSCular	Q30D	Selvatore J	1,000
(VITAMIN B12)	meg	·		Devincenzo, MD	tte gorn
Injection 1,000 mag					01/20/17
					1547

ALLERGIES: Codeine; Talwin [pentazocine lectate]; and Tape [adhesive]

REVIEW OF SYSTEMS:

A detailed 10 organ review of systems is obtained with pertinent positives as listed in the History of Present Illness and Past Medical History. All others are negative.

PHYSICAL EXAMINATION:

Visit Vitale

* BP 116/78
* Ht 5' 3" (1.6 m)
* V/t 209 lb (94.8 kg)
* BMI 37.02 kg/m2

No acute distress.

HEENT: NC/AT, PERRLA, oropharynx clear Neck: supple, no lymphadenopathy, no JVD

Lungs: CTA bileterally, no rhonchi, no wheezes, no raics

CV: RRR, no murmurs, rubs or gallops

Abd; soft, nontender, nondistended, normosotive bowel sounds, no masses, no

hepatosplenomegaly

Ext: no cyanosis, clubbing or edema

LABS:

Results for orders pisced or performed during the hospital encounter of 02/15/17 CBC WITH AUTOMATED DIFF

Promite 1997	THE RESIDENCE OF THE PARTY OF T	Fiel Range
WBC	4.7 (L)	4.8 - 10.8 RVUL
RBC	3.70 (L)	4.20 - 5.40 M/uL
HGE	10.5 (L)	12.0 - 16.0 g/dL
HOT	32.1 (L)	37.0 - 47.0 %
MČV	8,8	81.0 - 100.0 FL
MOH	28.4	27.0 - 31.0 PG
MCHC	32.7	30,5 - 36.0 g/dL
RDW	13.3	11.4 - 14.6 %
-,,	353	122 - 400 K/uL
PLATELET	8.1 (L)	10.2 - 12.7 FL
MPV		42.2 - 76.2 %
NEUTROPHILS	86	20.5 - 51.1 %
LYMPHOCYTES	21	
MONOCYTES	10	1.7 - 10.0 %
EOSINOPHILS	2	0.0 - 2.0 %
BASCPHILS	4 [0.0 - 1.0 %

26. 2017. 4:00 PM.	Infusion 2948411 >>	No. 8201 P. 8 7/8
and the state of t	Iniusion 2940411 >>	Encounter Date: 04/13/2017
		extraoperent fatient has 100 to 11
ABS. NEUTROPHILS	3.1	71 A A 4 12 11 12
ABS. LYMPHOCYTES	3.1 1.0	2.0 - 8.1 K/L)L
ABS, MONOCYTES		1.0-5.5 K/UL
	Ŏ .&	0.1 - 1.0 KUL
ABS. EOSINOPHILS	0.1	0.0 - 0.2 K/UL
ABS. BASOPHILS	0.0	0.0 - 0.1 K/UL
OF	AUTOMATED	
METABOLIC PANEL, COMPREHENSIVE	ROBERTATION DE L'ANNE DE 	A Charles and the second and the sec
Sodium	135 (L)	136 - 145 mmol/L
Polassium	4.0	3,5 - 5.1 mmol/L
Chloride	89	98 - 107 mmol/L
COZ	30	21 - 32 mmol/L
Anion gap	6 (L)	8 - 20 mmol/L
Glucose	98	74 - 106 mg/dL
BUN	15	7 - 18 mg/dL
Creatimine	0.96	0.65 - 1.02 mg/dL
GFR est AA	>60	>60 ml/min/1.73m2
GFR est non-AA	>60	>60 ml/min/1.73m2
Cafelum	9.4	8.5 - 10.1 mg/dL
Billirubin, total	0.2	0.2 - 1.0 mg/dL
ALT (SGPT)	25	12 - 78 U/L
AST (SGOT)	13 (L)	15 - 37 U/L
Alk, phosphatase	200 (H)	45 - 118 U/L
	5.7	6.4 - 8.2 g/dL
Protein, total		
Albumin	3.9	3.4 - 5.0 g/dL
Globulin	2.8	5.2 - 2.0 BML
A-G Retio	4,4	1.0 - 1.5
PROTHROMBIN TIME + INR	en antikaring samaga ang katang ak 1130 milikaring 1557 kan antikaring 1567.	· Noori an mark is see in it is a fact of the control of the cont
	是一种的一种,但是一种的一种的一种,但是一种的一种的一种。	9.6 - 11.0 sec
Protivombin time	10.2	
INR	1.0	0.8 - 1.2
TROPONIN I	apontitudade tendro de compresso de la compression de la compresso de la compr	Pet Pands
PANTE SALES OF THE		0.00 - 0.09 NG/ML
Troponin-i, Ot.	<0.04	Diffe - Chan Lichting
EKG, 12 LEAD, INITIAL	(A. B.	The state of the s
Ventricular Rate	69	BPM
	89	BPM
Atrial Rate	164	ma ma
P-R Interval	90	ms
QRS Duration		
Q-T Interval	360	ms ms
QTC Calculation (Bezet)	385 28	qeduae
Calculated P Axis	69	
Calculated R Axis	4	degrees degrees
Calculated T Axia	107	nafitaes
Diagnosis		
Normal sinus rhythm		
Voltage criteria for left yer	micries hypernophy	
ST & T wave abnormality.	consider lateral ischemia	
Abnormal ECG		;
No previous ECGs availa		ALVA SEA
Confirmed by Hurwitz MD	, Seth (7107) on 2/16/2017 5:22	DIFFIN

ABSESSMENT AND PLAN:

Anemia -initial workup as below. Use of Topamax and carbamazepine have been associated with anemia and bone marrow suppression and may be contributing factors to patient's enemia.

Orders Placed This Encounter

- CBC WITH AUTOMATED DIFF
- Iron and TIBC
- + FERRITIN
- VITAMIN B12
- Folate
- ERYTHROPOIETIN

1.	Anemia, unspecified type	MEDISCOM DE4.9	285.9	CBC WITH AUTOMATED DIFF IRON PROFILE FERRITIN VITAMIN 812 FOLATE ERYTHROPOIETIN
2.	Cerebrovascular acoldent (CVA), unspecified mechanism (HCC)	163.9	10.484	
3,	Chronic low back pain with scietics, sciatics leterality unspecified, unspecified back pain leterality	M54.40	724.2	
		G89.29	724.3 338,29	
4,	Essential hypertension	110	401.9	·
5.	Mild intermittent estrone without complication	J45.20	493.90	

Follow-up Disposition: Not on File Lesley A Stead, MD

Electronically signed by Lealey A Stoad, MD at 04/13/17 1522

Office Visit on 4/13/2017

Note Details

Author	Lesley A Stead, MD	File Time	04/13/17 1522
Author Type	Physician	autale	Signed
Last Editor	Losley A Steed, MD	Spacialty	Medical Oncology

Sep. 26. 2017. 4:01PM

Goshen Medical 2940102 >>

No. 8201 P. 113/8 Encounter Late: 03/00/2017

Bakonyi, Linda

MRN: 816020179 Description: 85 year old famale

Progress Notes Encounter Date: 3/6/2017

Salvatore J. Devincenzo, MD Pulmonary Disease

PULMONARY/SLEEP MEDICINE

3/8/2017

CHIEF COMPLAINT: had concerns including Asthma.

HISTORY OF PRESENT ILLNESS: Linda Bakonyi presents for had concerns including Asthme. + Onset of right arm and right leg weakness started around 10:00 this morning noticed no aphasia expressive aphasia dysiexia or trouble swallowing

10/18/2016 update

Tendemess to the following is very unsteady

Patient has many revisions of her cerebral shunt and may not be functioning Went to the emergency room on that day and had a CT of the brain all labs CT of the brain microvascular disease

No chest pains may have blurred vision

11/22/2016 update

Continues to fail to the right side with no specific eticlogy diagnosis Followed by neurology with no specific diagnosis The patient does have a history of seizure disorder

Recently was hospitalized in physical rehab at Orange Regional Medical Center and did very well she was in rehab for unsteady gait

Encephalomalacia

Feeling much better

No cough congestion and sputum no chills fevers and sweats

3/6/2070

Falling occasionally probably has ataxia

Past Modical History:

THE THE THE TENTH OF THE TENTH Asthma

Epilepsy (HCC)

GERD (gestroesophagest reflux disease)

Hvdracephalus

Hypertension

* S/P VP shunt

Paut Surgical History: Procedure

HX CESAREAN SECTION

· HX CHOLECYSTECTOMY

HX CSF SHUNT

Dave

Cen

· HX KNEE REPLACEMENT

Current Outpatient Prescriptions		İl	
Meckation	A STATE OF THE PROPERTY OF THE		Roffl
 lisinopril (PRINIVIL, ZESTRIL) 40 mg tablet 	Take 1 Tab by mouth daily.	90 Tab	3
 foretadine (CLARITIN) 10 mg tablet 	Take 10 mg by mouth.		
 femotidine (PEPCID) 20 mg tebiet 	Take 20 mg by mouth two (2) times a day.		
 diciplanac EC (VOLTAREN) 60 mg EC tablet 	Take 1 Tab by mouth two (2) times dally as needed.	BO Tab	3
 diTIAZem CD (CARDIZEM CD) 240 mg ER capsule 	Take by mouth daily.		
letenoprost (XALATAN) 0,085 % ophthelmic solution	Administer 1 Drop to both eyes nightly.		
 carBAMazepine ER (CARBATROL) 200 mg capsule 		180 Cap	1
 montelukast (SINGULAIR) 10 mg tablet 	Take 1 Tab by mouth every evening.	St Tab	2
 albuterol (PROVENTIL) 4 mg tablet 	Take 1 Tab by mouth two (2) times a day.	do Tab	5
theophylline ER,12 hour, (THEOCHROM) 300 mg tablet.	Take 1 Tab by mouth two (2) times a day.	60 Tab	5
 atorvæstatin (LIPITOR) 40 mg tablet 	Take 1 Tab by mouth daily.	SO Tab	3
cloMiDire HOI (CATAPRES) 0.2 mg tablet	Take by mouth two (2) times a day.		
 riboflavin, vitamin 62, (VITAMIN 8-2) 100 mg tablet 	Take by mouth four (4) times daily.		
cyanocobalarrán (VITAMIN B-12) 1,000 mog/mL injection	1,000 mcg by IntraMUSCular route once.		
torsemide (DEMADEX) 5 mg tablet	Take by mouth daily.		
aButerol-ipratropism (DUONES) 2.5	3 mi. by hisbulization route	120 vial	5
mg-0.5 mg/3 mt nebulizer solution	four (4) times daily, 4 times a day		
 naproxen (NAFROSYN) 250 mg tablet 	1 tab daily		
 lamotrigine (LAMICTAL) 100 mg tablet 	Take 200 mg by mouth two (2) times a day.		
Current Facility-Administered Medications			4 2 #% _ 3 V V
Medication Cose Rode:	Fisquency Provider		Last Rete Last Dose
 cysnocobalamin 1,000 intraMUSC 	dar 9300 Selvator		1,000
(VITAMIN 912) mcg Injection 1,000 mcg	Dennes	nzo, MD	mcg at 01/20/17 1547

I attest that current medications are reviewed and are accurate.

Allergies Allergies Codeine	Registions Anaphylaxis
With high doses Talwin [Pentazocine Lactate]	Other (comments
Effects nerves • Tape [Adhesive]	Rash

Social History

abdomini pain. Ino swallowing or regurgitation. Inc nausea or vomiting. Inc constipation. no se difficult or peinful urination. no frequent winstion. diamhea. Ino fingers turn white and swelling at the ankles. Inc. in joint pains or muscle aches. Inc. painful in the cold. Inc . back pain or neck pain. Inc . automobile accident or other serios numbness or injury. Ind unusual dizziness, faintness or loss of consciousness. Ves weakness of part of your body. Inc anxiety. Inc depression.

PHYSICAL EXAM:

Visk Vitals

- BP

130/80

• Fulse

73

No. 8201 ENCOUNTER LAME: VO/VOVAULE

* **|** 5' 3" (1.6 m)

* W 84.7 kg (206 lb 11.2 cz) • SpO2

99% · BMI 38.97 kg/m2

General Appearance: NAD, pleasant, well built and nourished

HEENT: no thrush, no mucceitis, TM's normal, turbinates normal, propharynx normal

Oral Cavity: normal teeth, no lesions

bleck, Thyroid: supple, no lymphadenopathy, traches at midline, no thyromegaly, JVP flat

Heart: regular rate and rhythm, S1, S2 without murmur. Lungs: clear to auscultation, good air entry bilaterally.

Chest: normal shape and expansion, no use of accessory muscles, cleer to percussion, normal

Abdomen: soft, NT/ND, BS present, no masses palpated, no hepatospienomegaly

Extremities: no cyanosis, no clubbing, no edeme.

Peripheral pulses: normal (2+) bilaterally

Neurologic: no focal signs, awake and alart, oriented x 3, normal cranial nerves II-XII sensory and

motor wal, DTR 2 plus, gait normal, normal sensation and strength

Lymph nodes not palpable Skin: warm, dry, normal, no rash Back: no midline or CVA tendemess Lymphatics: lymphoedema absent

Neuro right arm right leg weakness can barely lift

LABS AND TESTING:

Results for orders placed or performed during the hospital encounter of 02/15/17 CBC WITH AUTOMATED DIFF

Result :	AND THE PROPERTY OF THE PROPER	RefRance
WEC	4.7 (1.)	4.8 - 10.8 K/uL
RBC	3.70 (L)	4.20 - 5.40 M/aL
HGB	10.5 (2)	
HCT	32.1 (L)	12.0 - 16.0 g/dL
MOV	36.8	37.0 - 47.0 %
MCH	25.4	81.0 - 100.0 FL
MCHC	32.7	27.0 - 31.0 PG
RDW	13.3	30.5 - 38.0 g/dL
PLATELET	· · ·	11.4 - 14.8 %
MEV	353	122 - 400 K/UL
NEUTROPHILS	8.1 (L)	10.2 - 12.7 FL
LYMPHOCYTES	SS	42.2 - 75.2 %
MONOCYTES	21	20.5 - 51.1 %
EOSINOPHILS	10	1.7 - 10.0 %
BASOPHILS	2 1	0.0 - 2.0 %
ABS. NEUTROPHILS		0.0 - 1.0 %
	3.1	2.0 - 8.1 KAUL
ABS. LYMPHOCYTES	1.0	1.0 - 5.5 K/UL
ABS. MONOCYTES	0.5	0.1 - 1.0 K/UL
ABS, EOSINOPHILS	0.1	0.0 - 0.2 K/UL
ABS. SASOPHILS	0.0	0.0 - 0.1 K/UL
DF	ALITOMATED	
METABOLIC PANEL, COMPREHENSIVE	TO THE STANDARD CO. TO THE STANDARD CO. TO THE STANDARD CO.	
The state of the s	All the state of t	Raf Renge
Sodium	135 (L)	136 - 145 mmol/L
Potassium Chioride	4.0	3.5 - 5.1 mmol/L
CO2	56	98 - 107 mmol/L
* And Marie	30	21 - 32 mmol/L

forested to your sent the state of the state

No. 8201

Encounter Date: U3/U6/ZV17

8 - 20 mmoVL

7 - 18 mg/dL

74 - 106 ma/cL

0.55 - 1.02 mg/dL

>60 ml/min/1.73m2

>60 ml/min/1,73m2

8.5 - 10.1 mg/dL

0.2 - 1.0 mg/dL

12 - 78 U/L

15 - 37 LVL

46 - 116 U/L

6.4 - 8.2 g/dL

3.4 - 5.0 g/dL

2.5 - 5.0 gAdL

Hat Flance 9.6 - 11.0 sec

Ref Rame 0.00 - 0.09 NG/ML

1.0 - 1.5

0.8 - 1.2

Ref Range SPM

BPM

打路

ms

1115

m6

degrees

degrees

degrees

6 (L) . Anion gap 96 Glucose BUN 15 0.95Creatinine >60 GFR est AA >60 GFR est non-AA **≨.4** Celolum 0.2Silinubin, total 25 ALT (SGPT) 13 (L) AST (SGOT) 200 (H) Alk, phosphatase 6.7 Protein, total 3.9 Albumin 2.8 Globulin 1.4 A-G Ratio

PROTHROMEIN TIME + INR

PLANT TO THE TAXABLE PROPERTY OF THE PROPERTY 10.2 Prothrombin time 1.G INR

TROPONIN I

Remarks 1997 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 <0.04 Troponin-I, Qt.

EKG, 12 LEAD, INITIAL Provide the second seco

30 Ventricular Rate 89 Atrial Rate 184 P-R Interval 80 QRS Duration 360 Q-T interval 385 QTC Calculation (Bezet) 69 Calculated P Axis 4

Calculated R Axis Calculated T Axis

Diagnosis

Normal sinus rhythm Voltage criteria for left ventricular hypertrophy ST & T wave abnormality, consider lateral ischemia

Abnormal ECG

No previous ECGs available

Confirmed by Hurwitz MD, Seth (7107) on 2/16/2017 8:22:39 AM

107

ASSESSMENT

Encounter Diagnoses

1. Mild intermittent astrona without complication

CO-10-OM ICD-9-CM

PLAN

To Orange Regional Medical Center ER immediately

10/18/2016 update

Bakonyi, Linda (MR # 816020179) Printed by Robyn L Clark, RN [59282] at 5/2/17 3:48 PM Page 5 of 6

No. 8201 P. 163/8 Encounter Date: 03/06/2017

She is to follow-up with neurology Dr kaznetcheeva Referred to Dr. Vincent guilo for rehab evaluation If no better she will need to go to the emergency room where she should be admitted

11/22/2016

Appointment to see neurology Dr. David Ober MRI of the brain MRA of the brain

1/20/2017

Vitamin 812.1 mg IM monthly start today Taper Flexeril over 3 weeks Appointment to see neurology Dr. Ober 6 weeks

3/6/2017

Follow-up Disposition: Return in about 3 months (around 6/6/2017). Salvatore J. Devincenzo, MD

Electronically signed by Salvatore J. Devincenzo, MD at 03/06/17 1412

Office Visit on 3/6/2017

Note Details

Author Audior Type Salvatore J. Devincenzo, MD

File Time

03/06/17 1412

Physician

Status

Signed

Last Editor

Salvatore J. Devincenzo, MD

Specially

Pulmonary Disease

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Physician Orders/ /

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Sep. 26. 2017 4:05PM 2017-02-10 10:06

MONORYK WHICH EIGHT IN DICHEMITT

Infusion 2948411 >>

No. 8201 P. 1912

pacounter Date: 01/40/4017

Bakonyi, Linda

MRN 316020178 description 85 year old female

Digitally.

Progress Notes Encounter Date: 1/20/2017

Salvatore J. Devincenzo, MD

Fulmohary Disease

PULMONARY/SLEEP MEDICINE

1/20/2017

CHIEF COMPLAINT: had concerns including Hospital Follow Up.

HISTORY OF PRESENT ILLNESS: Linds Bakonyl presents for had concerns including Hospital

+ Onset of right arm and right leg weakness started around 10:00 this morning noticed no aphasia Follow Up. expressive aphasia dysiexia or trouble swallowing

10/18/2016 update

Tendemess to the following is very unsteady

Patient has many revisions of her cerebral shunt and may not be functioning

Went to the emergency room on that day and had a CT of the brain all labs CT of the brain

microvascular disease No chest pains may have blurred vision

11/22/2016 update

Continues to fall to the right side with no specific eticlogy diagnosis

Followed by neurology with no specific diagnosis

The patient does have a history of seizure disorder

Recently was hospitalized in physical rehab at Orange Regional Medical Center and did very well

she was in rehab for unsteady galit

Encephalomalacia

Feeling much better

No cough congestion and sputum no chills fevers and sweats

Past Medical History

Diagnosia

- Ashma
- Hydrocephalus
- + S/P VP shunt

No past surgical history on file.

No past surgices rescriptions Current Outpations Prescriptions Medication	Sig Take 1 Tab by mouth every	Olspense 90 Tab	Refil 2
montelukast (SINGULAIR) 10 mg teblet abuterol (PROVENTIL) 4 mg teblet	avaning. Take 1 Tab by mouth two (2 times a day.	60 Tab	5 5
 theophylline ER,12 hour. (THEOCHRON) 300 mg teblet atorvestetin (LIPITOR) 40 mg teblet 	Take 1 Tab by mouth two (times a day. Take 1 Tab by mouth daily		3

Bakonyi, Linda (MR # 816020179) Primed by Robyn L Clark, RN [59282] at 2/10/17 9:52 ... Page 1 of 3

intusion 2948411 >> No. 8201 P. 20 4/12 DISCOUNTER DATE: VISHISWI

	· cyclobenzapnne ;			Te (3)	on 1 Tab by mu times delig	Xith three	90 Tab		1
+	· İlainoprii (PRIMIVI dahiiDine HCI (CA	L, ZESTR TAPRES	iL) 40 mg teble I 0.2 mg teblet	it Tak Tak	e 1 Teb by mo e by mouth tw	with delity.	30 Tab		ß
*	lklocsine-prilocaine ribofisvin, vitamin i mg tablet			a or App nee	iy. Iy to affected ; ded for Pain. It by mouth for	âf64 46	30 g		Q
	cyanocobalamin (v mcg/mL injection ditiazem XR (O)LA capsule torsemide (DEMAD)	COR XR) EX: 5 ma	180 mg XR	firme 1,00 route Take	s daily. 0 mcg by Intra 3 once, 1 240 mg by mi 1 by mouth dail	MUSCuler outh daily			
	albuterol-lpratroplur mg-0.5 mg/3 ml net naproxen (NAPROS	iulizer esk	ution	3 mL four (day	by Nebulizatic (4) times daily.	or Pourte	120 viei	ă.	5
*	carbamazepine ER capsule	(CARBA)	(ROL) 200 mg		daily Hrae times a	day			
<u>.</u>	iemotrighe (LAMIC)	TAL) 100 i		Take (2) tir	200 mg by mo nes a day,	civil ritiu			
Cun	ent Facility-Adminis	tered Medi	cations						
:// @ #\$	ication	Oose	Route		Frequency	Provider		Last Rate	
4	yanocobalamin VITAMIN 812) Ijaolion 1,000 mcg	1,000 Mag	intraMUBCula	¥	Q30D	Salvatore Devincero			Dose

I attest that current medications are reviewed and are accurate.

Unetains	
Aserceo	

· Codeine

With high doses

 Talwin [Pentazocine Lactate] Effects nerves

Tape [Adhesive]

Reactions

Anaphylaxis

Other (comments)

Rash

Social History

Social History

· Maritel status: DIVORCED

Spouse

W/A

name:

MA

 Number of children:

* Years of

MA

education:

Social History Main Topica

Smoking

Former Smoker

otatus: Packs/day: 0.50

10.00

2017-Sep. 26. 2017**6** 4:06PM No. 8201 P. 21/12 Infusion 2948411 >> Duronyi, Linea (ivin # 6100201/4) encounter lane: On/Zovzony Types: Cigarettes Out date: 7/15/1994 Smokeless Never Used fobacco: Alcohol use No Drug use; Not on file Sexual Not on file activity: Other Topics Concern Not on file Social History Narrative No family history on file. REVIEW OF SYSTEMS: no w dyspnes. no w hemoptysis, no w cough, no w orthopnes, no w wheere. no 🐼 sputum production, no 🐼 fever, sweats, or chilis. no 🐼 unusual fatigue. Inc 🚱 loss of appetite. no weight loss more than 5 lbs. no w headaches. no weight loss more than 5 lbs. no w eye irritation. Inc M blurred or double vision. Inc M nose or sinus problems, including hay fever. Ino 🔀 dry eyes or dry mouth. Inc 💟 enoring. Inc 🔯 breast discomfort. Inc 🔯 chast pain. The 👺 irregular or rapid heart beats. The 🐼 heartburn or indigestion. The 🐼 difficulty ewellowing or regurgitation. no a nausea or vomiting. no abdomini pain. no & diarrhea. no 🚾 constitution. no 🔯 difficult or painful urination. no 🙀 frequent urination. no washing at the ankles. Inc in ioint pains or muscle aches. Inc io fingers turn white and painful in the cold. Inc. back pain or neck pain. Inc. automobile accident or other series injury. Inc M unusual dizziness, faintness or loss of consciousness. Ives 22 numbness or weakness of part of your body. no anxiety. no depression. PHYSICAL EXAM: VISIT VITE 144/72 · 89 78 * Puise & 2" (1.675 m) * 钟 93.9 kg (207 lb) Wt 98% SpO2 37.86 kg/m2 · BMI General Appearance: NAD, pleasant, well built end nourished HEENT: no thrush, no mucceitis, TM's normal, turbinates normal, oropharynx normal Oral Cavity: normal teeth, no lesions Neck, Thyroid: supple, no lymphadenopathy, traches at midline, no thyromegaly, JVP fist Heart: regular rate and rhythm, S1, S2 without murmur. Lungs: clear to auscultation, good air entry bliaterally. Chest: normal shape and expansion, no use of socessory muscles, clear to percussion, normal Abdomen: soft, NT/ND, BS present, no masses palpated, no hapatosplehomegaly Extremities: no oyanosis, no clubbing, no adema.

Bakonyi, Linda (MR # 816020179) Printed by Robyn L Clark, RN (59282) at 2/10/17 9:52 ... Page 3 of 3

Encounter Date: 01/20/2017

Peripheral pulses: normal (2+) bilaterally

Neurologic: no focal signs, awake and alert, oriented x 3, normal cranial herves II-XII sensory and

motor wnl, DTR 2 plus, galt normal, normal sensation and strength

Lymph nodes not palpable Skin: warm, dry, normal, no rash Beck: no midline or CVA tendemess

Lymphatics: lymphoedema absent

Neuro right arm right leg weakness can barely lift

LASS AND TESTING:

Results for orders placed or performed during the hospital encounter of 10/31/12 CBC WITH AUTOMATED DIFF

Result	Value	Raf Range
Wec	4.8	4.8 - 11.0 K/uL
rec	4,25	4.20 - 8,40 MAIL
HGB	12.3	12.0 - 16.0 g/dl.
	36.5	36.0 - 43.0 %
HOT		
MCV	35.9	80.0 - 100.0 FL
MCH	28.8	27.0 - 91.0 PG
MGHC	33.7	31.0 - 37.0 g/dL
RDW	13.2	11.5 - 14.0 %
PLATELET	397	130 - 400 KAIL
MPV	6 .2	6.5 - 9.5 PL
NEUTROPHILS	69	42.2 - 75.2 %
LYMPHOCYTES	18 (L)	20.5 - 51.1 %
MONOCYTES	*	0.0 - 12.0 %
EOSINOPHILS	4	0.0 - 7.0 %
· ·	4	0.0 - 2.5 %
BASOPHILS	3.4	2.0 - 8.1 K/UL
ABS, NEUTROPHILS		1.3 - 3.4 K/UL
ABS, LYMPHOCYTES	0.8 (L)	
ABS. MONOCYTES	0.4	0.1 - 1.0 K/UL
ABS, EOSINOPHILS	0.2	0.0 - 0.2 KAUL
ABS, BASOPHILS	0.0	0.0 - 0.1 K/UL
DF	AUTOMATED	
IMMATURE GRANULOCYTES	0.2	0 - 2 %
ABS, IMM, GRANS.	0.0	0 KAUL
metabolic panel, comprehensive		
Result	Value	Ref Range
Sodium	136	136 - 145 mmol/L
Potassium	4.8	3.5 - 5.1 mmcVL
Chioride	99	98 - 107 mmol/L
COZ	34 (H)	21 - 32 mmol/L
	3 (L)	10 - 20 mmal/L
Anion gap	110 (H)	74 - 106 mg/dL
Glucose	19 (H)	7 - 18 mg/dL
BUN	0.8	0.5 - 1.0 mg/dL
Creatinine		>60 ml/min/1,73m2
GFR est AA	>60	>60 m/min/1.73m2
GFR est non-AA	<u> </u>	8.5 - 10.1 mg/dL
Caktum	9.7	T .
Ellimubin, total	0.3	0.2 - 1.0 mg/dL
ALT	25	12 - 78 WL
AST	20	15 - 37 U/L
Alk, phosphatase	172 (H)	50 - 136 U/L
Protein, total	7.8	6.4 - 8.2 g/gL
Albumin	4 . ‡	3.4 - 5.0 g/dL
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2017-Sep. 26. 2017/7 4:07PM

Infusion 2948411 >>

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No. 8201 P. 23**/12**

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Globulin A-G Ratio

2.8 - 3.9 g/dL 1.0 - 1.5

ASSESSMENT

Encounter Diagnoses

1. All informittent asthma without complication

KCD-10-CM KCD-9-CM J45.20 493.90

PLAN

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10/18/2016 update

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6 weeks

Follow-up Disposition:

Return in about 6 weeks (around 3/3/2017). Salvatore J. Devincenzo, MD

Lieotrorscally signed by Salvatore J. Devincenzo, MD at 01/24/17 1857

Office Visit on 1/20/2017

Note Details

Author

Salvatore J. Devincenzo, MD

File Turns

01/24/17 1857

Author Type

Physician

Status

Signad

Lasi Editor

Salvatore J. Davincenzo, MD

Boardalty

Pulmonary Disease