

Random Hospital

Patient Name  
Financial humble  
Date of Birth  
Patient Location

- H & P

Chief Complaint  
Shortness of breath  
  
History of Present Illness

Patient is an 84-year-old male with a past medical history of hypertension, HFpEF, known EF 55%, mild to moderate TR, pulmonary hypertension, permanent atrial fibrillation on Eliquis, history of GI bleed, CK-148, and anemia who presents with full weeks of generalized fatigue and feeling unwell. He also notes some shortness of breath and worsening dyspnea with minimal exertion. His major complaints are shoulder and joint pains. diffusely. He also complains of "bone pain". He denies having any fevers or chills. He denies having any chest pain, palpitations. He denies any worse extremity swelling than his baseline. He states he is compliant with his medications. Although he states he ran out of his Eliquis a few weeks ago. He denies having any blood in his stools or melena, although he does take iron pills and states his stools are frequently black. His hemoglobin is at baseline.

Twelve-lead EKG showing atrial fibrillation, RBBB, LAFB, PVC. Chest x-ray showing new small right greater than left pleural effusions with mild pulmonary vascular congestion. BNP increased to 2800, up from 1900. Troponin 0.03. Renal function at baseline. Hemoglobin at baseline.

She normally takes 80 mg of oral Lasix daily. He was given 80 mg of IV Lasix in the ED. He is currently net negative close to 1 L. He is still on 2 L nasal cannula

A 10 system review of systems was completed and negative except as documented in HPI.

Physical Exam

T: 36.8 °C (Oral) TMIN: 36.8 °C (Oral) TMAX: 37.0 °C (Oral) HR: 54 RR: 17  
BP: 140/63 WT: 100.3 KG  
Pulse Ox: 100 % Oxygen: 2 L/min via Nasal Cannula  
GENERAL: no acute distress  
HEAD: normocephalic  
EYES/EARS/NOSE/THROAT: pupils are equal. normal oropharynx  
NECK: normal inspection  
RESPIRATORY: no respiratory distress, no rales on my exam  
CARDIOVASCULAR: irregular. brady. no murmurs. rubs or gallops  
ABDOMEN: soft, non-tender  
EXTREMITIES: Bilateral chronic venous stasis changes  
NEUROLOGIC: alert and oriented x 3, no gross motor or sensory deficits

Acute on chronic diastolic CHF (congestive heart failure)  
Acute on chronic diastolic heart failure exacerbation. Small pleural effusions bilaterally with mild pulmonary vascular congestion on chest x-ray, slight elevation in BNP. We'll continue 1 more day of IV diuresis with 20 mg IV Lasix. He may have had 2 viral infection which precipitated this. We'll add Tylenol for his joint pains. Continue atenolol and

AF - Atrial fibrillation  
Permanent atrial fibrillation. Rates bradycardic in the 40s. Continue atenolol with hold parameters. Continue Eliquis for stroke prevention. No evidence of bleeding, hemoglobin at baseline.

Arteritis  
CHF - Congestive heart failure  
Chronic kidney disease  
Chronic venous insufficiency  
Edema  
GI bleeding  
glaucoma  
about  
hypertension  
of generalized  
fatigue and  
Peripheral vascular disease  
Pulmonary hypertension  
Tricuspid regurgitation  
Historical  
No qualifying data

Procedure/Surgical History  
duodenal resection, duodenojejunostomy.  
small bowel enterotomy, removal of foreign  
object and repair of enterotomy (05/21/2014).  
colonoscopy (12/10/2013), EGD (12/09/2013),  
H/O endoscopy (07/2013), H/O colonoscopy  
(03/2013), pilonidal cyst removal at base of  
spine (1981), laser eye surgery for glaucoma.  
lesions on small intestine closed up.

Home Medications

Home  
allopurinol 300 mg oral tablet, 300 MG= 1  
TAB, PO. Daily  
atenolol 25 mg oral tablet, 25 MG= 1 TAB,  
PO, Daily  
chlorothalidone 25 mg oral tablet, 25 MG= 1  
TAB, PO, MWF  
Combigan 0.2%-0.5% ophthalmic  
solution, 1 DROP, Both Eyes, Q12H  
Eliquis 5 mg oral tablet, 3 MG= 1 TAB,  
PO, BID  
ferrous sulfate 325 mg (65 mg elemental  
iron) oral tablet, 325 MG= 1 TAB, PO,  
Daily  
Lasix 80 mg oral tablet. 80 MG= 1 TAB.  
PO, BID  
omeprazole 20 mg oral delayed release  
capsule, 20 MG= 1 CAP, PO, BID  
Percocet 5/325 oral tablet. 1 TAB, PO.  
QAM  
potassium chloride 20 mEq oral tablet,  
extended release, 20 MEQ= 1 TAB, PO,  
Daily  
sertraline 50 mg oral tablet, 75 MG= 1.5  
TAB, PO. Daily  
Iriminotone 0.71% topical cream, 1 APP,  
Topical, Daily  
  
APP, Topical, Daily

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H&P

Anemia  
At baseline  
Arthritis  
Tylenol for pain. Patient also takes Percocet alt home, will add this cn.  
Chronic kidney disease  
AY baseline. Monitor while divresing.  
pain.  
Blood pressures within tolerable ranges.  
Pulmonary hypertension  
Tricuspid regurgitation  
Wild-to-moderaic on echocardiogram last year

Vitamin D2 \$0,000 final units (1.25 mg) oral capsule, 1 TAS, PO, VWeesly-Tue

Allergies  
Tylenol for  
sulfa drug (maculopapular rash)

Social History  
Ever Smoked Tobacco: Former Smoker  
Alcohol use - frequency: None  
Drug use: Never

Lab Results  
05:30 to 07/16/17 05:30

Attending physician note-the patient was interviewed and examined. The appropriatc information in power chart was reviewed. The patient was discussed with Or. Persad. Patient may h<sup>ave</sup> & mild degree of heart failurc. He and his wife were morc concernes with his peripheral edema. He has underlying renal insufficiency as well. We'll try to diurese him 10 his "dry" weight. We will then try to adjust hie medications to keep him within a natrow range of hat weight. We will stop his atenolol this point since he ts relatively bradycardic and observe his heart rate on the cardiac monitor. He will progress with his care and aclivily as tolerated.

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	L 125
	fL 32.4 \
BMP	
	05:30
GLU	102 mg/dL
NA	143 MMOL/L
K	3.6 MMOL/L
CL	98 MMOL/L
TOTAL CO2	40 MMOL/L
BUN	26 mg/dL.
CRT	1.23 mg/dL
ANION GAP	
CA	7.9 mg/dL
CBC with diff	
	05:30
WBC	3.4/nl
HGB	10.1 G/DL
HOT	32.4 %
RBC	
MCV	95.0 FL
M G H	29.6 pg
	31.2 %
RDW	
MPV	10.7 FL

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RESPIRATORY: no respiratory distress, no rales on my exam		allopurinol 300 mg oral tablet, 300 MG= 1
CARDIOVASCULAR: irregular. brady. no murmurs. rubs or gallops		TAB, PO. Daily
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		sertraline 50 mg oral tablet, 75 MG= 1,5
		TAB, PQ. Daily
		Iriamcinotone 0.71% lopical cream, 1 APP,
		Topical, Daily
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