

['Admission Date: 7/10/2006']

['Discharge Date: 0/9/2006']

HISTORY OF PRESENT ILLNESS: [**] is a 60-year-old male with history of end-stage renal disease secondary to diabetes mellitus, status post living related transplant July 2005 complicated by delayed graft function, severe ATN and CVA with resultant hemiplegia, multiple reexplorations of transplant site for wound infection, transplant artery stenosis, multiple renal biopsies for delayed graft function, most recent on March of 2006 consistent with ATN. [**] presented to the ER from Rehab with worsening shortness of breath. Upon arrival, he was found to have moderate bibasilar crackles, elevated BNP and bilateral pedal edema. He was given Lasix 20 mg IV x2, aspirin and nitro paste. He denied any chest pain at that time and his troponin was 0.17. His BP upon arrival to the ED was 195/86, oxygen saturation 96% on 5 liters. EKG showed no acute changes. Creatinine upon admission was 3.6 and potassium 4.8. [**] has had several admissions over the past few months for several complaints and congestive heart failure. He has been at a Rehab Facility where he had been doing okay, although without much improvement in functional status. He persistently complains of pain over the coccyx area. He denied any fevers, cough, chest pain or abdominal pain. He reports voiding regularly. The patient denies any pruritus or metallic taste in his mouth. Reports good appetite.

PAST MEDICAL HISTORY: The patient has ESRD secondary to diabetes type 2, status post living related transplant 5/18/05, CKD baseline creatinine about 2.5, history of CVA x3 including one posttransplant resulting in dense left hemiplegia, congestive heart failure. The patient had transthoracic echocardiogram in February 2006, ejection fraction 55%, LVH, mild tricuspid regurgitation, has a history of hypertension, has a history of lumbar fracture, status post fusion with a history of C. diff, history of lower GI bleed, which has been stable off Plavix, history of depression, anxiety, history of BPH with urinary retention during the last hospitalization.

