

RECORD #6637

401005851 | EOMC | 51082670 | | 4463131 | 7/10/2006 12:00:00 AM | r/o aCUTE CORONARY

SYNDROME | Signed | DIS | Admission Date: 7/10/2006 Report Status: Signed

Discharge Date: 0/9/2006

ATTENDING: LANGILL , ADOLPH M.D.

CODE STATUS: Full code.

The patient was admitted to the Renal Transplant PA Service.

ADMITTING **CHEMICAL** DIAGNOSES:

1. Acute renal failure **DISEASE** .
2. Congestive heart failure **DISEASE** .
3. End-stage renal disease **DISEASE** , status post renal transplant.

PRINCIPAL DISCHARGE DIAGNOSES:

1. Acute renal failure **DISEASE** requiring dialysis initiation.
2. CHF **DISEASE** -improved.
3. End-stage renal disease **DISEASE** , status post failed renal transplant.

OTHER DIAGNOSES AND CONDITIONS AFFECTING TREATMENT OR STAY:

Hypertension **DISEASE** , congestive heart failure **DISEASE** , chronic renal dysfunction **DISEASE** , renal transplant , CVA **DISEASE** and pulmonary hypertension **DISEASE** .

OPERATIONS AND PROCEDURE: Not applicable.

OTHER TREATMENTS AND PROCEDURES: Initiation of dialysis , IV diuretics.

BRIEF SUMMARY OF HOSPITAL COURSE:

CHIEF COMPLAINT: Shortness of breath **DISEASE** .

HISTORY OF PRESENT ILLNESS: Mr. Berliew is a 60-year-old male with history of end-stage renal disease **DISEASE** secondary to diabetes **DISEASE** mellitus **DISEASE** , status post living related transplant July 2005 complicated by delayed graft function , severe ATN **DISEASE** and CVA **DISEASE** with resultant hemiplegia , multiple reexplorations of transplant site for wound infection **DISEASE** , transplant artery stenosis **DISEASE** , multiple renal biopsies for delayed graft function , most recent on March of 2006 consistent with ATN **DISEASE** . Mr. Straathof presented to the ER from Rehab with worsening shortness of breath **DISEASE** . Upon arrival , he was found

to have moderate bibasilar **DISEASE** crackles , elevated BNP and bilateral pedal edema **DISEASE** . He was given Lasix **CHEMICAL** 20 mg IV x2 , aspirin **CHEMICAL** and nitro **CHEMICAL** paste. He denied any chest pain **DISEASE** at that time and his troponin was 0.17. His BP upon arrival to the ED was 195/86 , oxygen **CHEMICAL** saturation 96% on 5 liters. EKG showed no acute changes.

Creatinine **CHEMICAL** upon admission was 3.6 and potassium **CHEMICAL** 4.8. Mr. Umlauf has had several admissions over the past few months for several complaints and congestive heart failure **DISEASE** . 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 **DISEASE** over the coccyx area. He denied any fevers **DISEASE** , cough **DISEASE** , chest pain **DISEASE** or abdominal pain **DISEASE** . He reports voiding regularly. The patient denies any pruritus **DISEASE** or metallic taste in his mouth. Reports good appetite.

REVIEW OF SYSTEMS: As above , otherwise negative in detail.

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

MEDICATIONS: On admission include CellCept 500 mg p.o **CHEMICAL** . b.i.d **CHEMICAL** . , Decadron 1 mg p.o **CHEMICAL** . daily , Bactrim **CHEMICAL** one tab p.o **CHEMICAL** . every other day ,

aspirin **CHEMICAL** 81 mg p.o **CHEMICAL** . daily , torsemide **CHEMICAL** 50 mg p.o **CHEMICAL** . b.i.d **CHEMICAL** . , hydralazine **CHEMICAL** 25 mg p.o **CHEMICAL** . t.i.d **CHEMICAL** . , labetalol 400 mg p.o

CHEMICAL . b.i.d **CHEMICAL** . ,

Aranesp 40 mcg subcu every week , iron 324 **CHEMICAL** mg p.o **CHEMICAL** . b.i.d

CHEMICAL . , NPH 10

units subcu q.a.m. , Aspart sliding scale q.a.c. and at bedtime ,

Neurontin 300 mg p.o **CHEMICAL** . t.i.d **CHEMICAL** . , Remeron 30 mg p.o **CHEMICAL** . at bedtime ,

trazodone **CHEMICAL** 50 mg p.o **CHEMICAL** . at bedtime , Flomax 0.4 mg p.o **CHEMICAL** . daily , Xanax **CHEMICAL**

0.25 mg p.o **CHEMICAL** . at bedtime , Percocet 5/325 mg q. 6 h. p.r.n. pain **DISEASE** ,

heparin **CHEMICAL** 5000 units subcu b.i.d. , Nexium **CHEMICAL** 40 mg p.o **CHEMICAL** . daily , Colace

100 mg p.o **CHEMICAL** . b.i.d **CHEMICAL** . , lactulose **CHEMICAL** 30 mg p.o **CHEMICAL** . q.a.m.

PHYSICAL EXAM **DISEASE** ON ADMISSION: Temperature 97.2 , pulse 61 , BP

172/80 , respirations 20 , O2 **CHEMICAL** sat 98% on 5 liters. Generally , the

patient is a well-developed , obese white male in moderate

distress. HEENT , normocephalic , EOMI. PERRLA. No

lymphadenopathy **DISEASE** . No jugular venous distention **DISEASE** . Oropharynx

clear. Lungs with bibasilar rales **DISEASE** . Heart , regular rate and

rhythm. S1 , split S2. Abdomen , soft , nontender and mildly

distended , normoactive bowel sounds , allograft nontender.

Musculoskeletal , 1+ edema **DISEASE** in the lower extremities bilaterally ,

stage 2 coccyx decubitus ulcer. Neuro , alert and oriented x3.

No tremor **DISEASE** . Mood okay.

HOSPITAL COURSE:

Renal: Creatinine **CHEMICAL** elevated to 4.0. The patient exhibiting

uremic symptoms **DISEASE** . The patient was started on dialysis on 5/7/06

to improve his uremic symptoms **DISEASE** as well as his volume overload **DISEASE**

status and CHF **DISEASE** . He has a left upper extremity AV fistula for

access , which is functioning well.

Immunosuppression: The patient's CellCept was decreased to 250

mg b.i.d **CHEMICAL** . secondary to graft failure and initiation of dialysis.

Cardiovascular: The patient was admitted with congestive heart failure **DISEASE** ,

hypovolemia **DISEASE** . BP has been fairly well controlled. Volume

status- the patient is euvolemic , status post dialysis. The

patient will continue on torsemide **CHEMICAL** 100 mg p.o **CHEMICAL** . b.i.d **CHEMICAL** .

and

metolazone **CHEMICAL** 10 mg daily.

Musculoskeletal: The patient should be using an air mattress to

alleviate pressure sores **DISEASE** . His fentanyl **CHEMICAL** patch 0.25 mcg q. 72

hours and oxycodone **CHEMICAL** 5 mg p.o **CHEMICAL** . q. 6 h. p.r.n. for breakthrough

pain **DISEASE** . His pain **DISEASE** is well controlled on this regimen. Please hold

both for sedation.

Fluid and Electrolytes: The patient is on a 1 liter fluid

restriction , strict Is and Os , daily weight , renal diet.

Psych: The patient is on trazodone **CHEMICAL** , Remeron , Xanax **CHEMICAL** and Zyprexa

p.r.n. 2.5 mg p.r.n. agitation **DISEASE** . Hold if sedated. Mr. Haroun was

discharged home in stable condition with VNA Services today.

ADDITIONAL COMMENTS: The patient was instructed to call the

Renal Transplant Nursing Line at 816-876-2802 if he had any

questions or concerns. He was also instructed if it was an

emergency during the night or in the weekend to have the renal

fellow on-call paged. He was also instructed to return to the

hospital if he developed any worsening shortness of breath **DISEASE** , chest

pain **DISEASE** , fever **DISEASE** or abdominal pain **DISEASE** .

DISCHARGE MEDICATIONS:

1. Aspirin **CHEMICAL** 81 mg p.o **CHEMICAL** . daily.

2. Xanax **CHEMICAL** 0.25 mg p.o **CHEMICAL** . at bedtime.

3. Calcium acetate **CHEMICAL** 667 mg p.o **CHEMICAL** . q.a.c. Instructions to be given with meals.

4. Decadron 1 mg p.o **CHEMICAL** . daily.

5. Colace 100 mg p.o **CHEMICAL** . b.i.d **CHEMICAL** .

6. Nexium **CHEMICAL** 40 mg p.o **CHEMICAL** . daily.

7. Fentanyl **CHEMICAL** 25 mcg transdermal , q. 72 h.

8. Neurontin 100 mg p.o **CHEMICAL** . daily.

9. NovoLog sliding scale q.a.c. and at bedtime.

10. Insulin NPH Human 10 units subcu q.a.m.

11. Labetalol **CHEMICAL** 50 mg p.o **CHEMICAL** . b.i.d **CHEMICAL** .

12. Metolazone **CHEMICAL** 10 mg p.o. **CHEMICAL** . daily.
13. Miconazole nitrate **CHEMICAL** 2% powder topical b.i.d. **CHEMICAL** .
14. Remeron 30 mg p.o. **CHEMICAL** . at bedtime.
15. CellCept 250 mg p.o. **CHEMICAL** . b.i.d. **CHEMICAL** .
16. Nephrocaps one tab p.o. **CHEMICAL** . daily.
17. Zyprexa 2.5 mg p.o. **CHEMICAL** . q. 12 h. p.r.n. agitation **DISEASE** .
18. Oxycodone **CHEMICAL** 5 mg p.o. **CHEMICAL** . at bedtime. p.r.n. pain **DISEASE** , hold if
the
patient sedated.
19. Flomax 0.4 mg p.o. **CHEMICAL** . daily.
20. Torsemide **CHEMICAL** 100 mg p.o. **CHEMICAL** . b.i.d. **CHEMICAL** .
21. Trazodone **CHEMICAL** 50 mg p.o. **CHEMICAL** . at bedtime.
22. Bactrim **CHEMICAL** single strength one tab p.o. **CHEMICAL** . every other day.

eScription document: 2-2973099 CSSten **CHEMICAL** Tel

Dictated By: RANMAR , RICARDO

Attending: MICKONIS , BRETT

Dictation ID **DISEASE** 2717453 D: 10/25/06 T: 10/25/06 [report_end]