Note ID: 13180007-DS-15

Subject ID: 13180007

HADM ID: 26167840

Storetime: 02/06/61 21:51

Name: ___ Unit No: ___

Admission Date: ___ Discharge Date: ___

Date of Birth: ___ Sex: M

Service: MEDICINE

Allergies:

No Known Allergies / Adverse Drug Reactions

Attending: ___.

Chief Complaint:

lower extremity swelling

Major Surgical or Invasive Procedure:

None

History of Present Illness:

Mr. ___ is a ___ yo M w/ a PMH significant for HTN, HLD, T2DM, and an extensive CVA in ___ who presented from heart failure clinic for evaluation of shortness of breath and weight gain.

Patient states that for the last ___ weeks he has been having increased shortness of breath, cough, and lower extremity edema. No chest pain but does wake up from sleep shortness of breath and endorses some "fever" over the last few days. Denies nausea/vomiting, or diarrhea. Attributes his cough and shortness of breath to asthma. States that he takes all his medications regularly and denies chest pain, shortness of breath laying down, or shortness of breath bending over. States that his lower extremities ___ "itchy" and like they are "burning".

Patient had a stress test in ___ of this year, after he went to the doctor complaining of chest pain. Results showed "poor functional capacity w/ some 2D echo evidence of inducible ischemia on LCx distribution". EF was normal.

In the ED

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initial vitals were: 98.7 HR80 BP140/85 RR22 99% RA

EKG: SR, NL axis, NIs, TWIs laterally (c/w prior)

Labs/studies notable for: proBNP: 1140, Cr 1.9

Patient was given: IV Furosemide 10mg

On the floor...

States that he feels better than he did when he came to the hospital. No SOB, CP, or palpitations. Only complaint is the burning/itching in his lower extremities.

Past Medical History:

1. CARDIAC RISK FACTORS

- Type 2 Diabetes Mellitus

- Hypertension

- Dyslipidemia

- Coronary artery disease

2. CARDIAC HISTORY

- Secondum ASD

- Mild AR

3. OTHER PAST MEDICAL HISTORY

- Extensive intracranial atherosclerosis, worse in the right MCA territory.

- Cerebrovascular disease, status post CVA in ___

- Asthma

- OSteoarthritis

Social History:

___

Family History:

Both parents have heart disease. Mother-___ w/ heart problems and diabetes & father is ___ w/ diabetes. 16 brothers and sisters. No known hx of early coronary artery disease or sudden cardiac death.

Physical Exam:

ADMISSION PHYSICAL EXAMINATION:

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VS: ___ 1837 Temp: 97.9 PO BP: L Lying HR: 75 RR: 17 O2 sat:

100% O2 delivery: RA Dyspnea: 0 RASS: 0 Pain Score: ___

GENERAL: Well appearing man, sitting in bed in no acute distress

HEENT: EOMI, MMM. Atraumatic, normocephalic

NECK: Supple. JVP elevated, ~15cm. Bilateral carotid bruits.

CARDIAC: Normal rate, regular rhythm. RUSB systolic murmur

LUNGS: Crackles at the bases bilaterally. Normal work of breathing

ABDOMEN: Distended, non-tender. Normal bowel sounds.

EXTREMITIES: 2+ pitting edema bilaterally in lower extremities.

Pulses 2+ bilaterally.

NEURO: Alert & oriented x3. Non-focal neuro exam.

DISCHARGE PHYSICAL EXAMINATION:

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24 HR Data (last updated ___ @ 809)

Temp: 98.1 (Tm 99.0), BP: 168/75 (142-168/69-79), HR: 88

(87-95), RR: 18 (___), O2 sat: 97% (94-97)

___ Total Intake: 720ml PO Amt: 720ml

___ Total Output: 1100ml Urine Amt: 1100ml

Fluid balance: -380

___ Total Intake: 180ml PO Amt: 180ml

___ Total Output: 900ml Urine Amt: 900ml

Fluid balance: -720

GENERAL: Sitting up comfortably at edge of bed, in NAD

HEENT: NC/AT

NECK: Supple. unable to appreciate JVD at 90 degrees

CARDIAC: RRR, no rubs/gallops

LUNGS: Faint bibasilar crackles on auscultation

ABDOMEN: Soft, NTND

EXTREMITIES: 2+ pitting edema bilaterally to knees in ___. Pulses

2+ bilaterally. WARM

NEURO: Alert, answers questions appropriately, moves all

extremities

Pertinent Results:

DISCHARGE LABS:

___ 07:59AM BLOOD WBC-6.8 RBC-3.65* Hgb-10.1* Hct-31.2*

MCV-86 MCH-27.7 MCHC-32.4 RDW-13.5 RDWSD-42.1 Plt ___

___ 07:59AM BLOOD Plt ___

___ 07:59AM BLOOD Glucose-207* UreaN-26* Creat-2.0* Na-137

K-4.7 Cl-99 HCO3-25 AnGap-13

___ 07:59AM BLOOD Calcium-8.6 Phos-4.1 Mg-2.2

HEMATOLOGY:

___ 09:10AM BLOOD WBC-5.1 RBC-3.56* Hgb-9.8* Hct-31.6*

MCV-89 MCH-27.5 MCHC-31.0* RDW-13.3 RDWSD-43.6 Plt ___

___ 07:44AM BLOOD WBC-6.9 RBC-3.79* Hgb-10.5* Hct-32.6*

MCV-86 MCH-27.7 MCHC-32.2 RDW-13.4 RDWSD-41.6 Plt ___

___ 07:00AM BLOOD WBC-5.2 RBC-3.56* Hgb-9.9* Hct-30.5*

MCV-86 MCH-27.8 MCHC-32.5 RDW-13.4 RDWSD-41.6 Plt ___

___ 07:35AM BLOOD WBC-6.8 RBC-3.76* Hgb-10.3* Hct-32.5*

MCV-86 MCH-27.4 MCHC-31.7* RDW-13.5 RDWSD-41.9 Plt ___

___ 06:45AM BLOOD WBC-7.1 RBC-3.61* Hgb-10.0* Hct-31.0*

MCV-86 MCH-27.7 MCHC-32.3 RDW-13.4 RDWSD-42.1 Plt ___

___ 09:10AM BLOOD Neuts-71.5* Lymphs-17.2* Monos-7.4

Eos-3.1 Baso-0.4 Im ___ AbsNeut-3.67 AbsLymp-0.88*

AbsMono-0.38 AbsEos-0.16 AbsBaso-0.02

COAGULATION:

___ 09:10AM BLOOD Plt ___

___ 07:44AM BLOOD ___ PTT-33.7 ___

___ 07:44AM BLOOD Plt ___

___ 07:00AM BLOOD ___ PTT-34.0 ___

___ 07:00AM BLOOD Plt ___

___ 07:35AM BLOOD ___ PTT-32.1 ___

___ 07:35AM BLOOD Plt ___

___ 07:27AM BLOOD ___ PTT-30.6 ___

___ 07:27AM BLOOD Plt ___

___ 06:45AM BLOOD Plt ___

CHEMISTRIES:

___ 09:10AM BLOOD UreaN-19 Creat-1.9* Na-139 K-4.3 Cl-102

HCO3-26 AnGap-11

___ 07:44AM BLOOD Glucose-112* UreaN-18 Creat-1.8* Na-141

K-4.1 Cl-102 HCO3-27 AnGap-12

___ 05:00PM BLOOD Glucose-131* UreaN-19 Creat-1.8* Na-138

K-4.2 Cl-98 HCO3-29 AnGap-11

___ 07:00AM BLOOD Glucose-139* UreaN-17 Creat-1.8* Na-141

K-4.2 Cl-101 HCO3-28 AnGap-12

___ 02:48PM BLOOD Glucose-143* UreaN-22* Creat-2.0* Na-140

K-4.3 Cl-100 HCO3-27 AnGap-13

___ 07:35AM BLOOD Glucose-131* UreaN-24* Creat-2.1* Na-143

K-4.2 Cl-103 HCO3-22 AnGap-18

___ 03:10PM BLOOD Glucose-236* UreaN-29* Creat-2.2* Na-135

K-4.1 Cl-96 HCO3-25 AnGap-14

___ 07:27AM BLOOD Glucose-185* UreaN-27* Creat-2.1* Na-137

K-4.3 Cl-97 HCO3-27 AnGap-13

___ 02:50PM BLOOD Glucose-248* UreaN-31* Creat-2.1* Na-137

K-4.6 Cl-97 HCO3-27 AnGap-13

___ 06:45AM BLOOD Glucose-165* UreaN-27* Creat-2.0* Na-138

K-4.3 Cl-98 HCO3-26 AnGap-14

___ 07:44AM BLOOD Calcium-9.0 Phos-4.4 Mg-1.7

___ 05:00PM BLOOD Calcium-9.2 Phos-4.8* Mg-3.2*

___ 07:00AM BLOOD Calcium-8.9 Phos-5.0* Mg-2.3

___ 02:48PM BLOOD Calcium-9.0 Phos-5.3* Mg-2.2

___ 07:35AM BLOOD Calcium-8.4 Phos-5.1* Mg-2.0

___ 03:10PM BLOOD Calcium-8.8 Phos-5.0* Mg-2.1

___ 07:27AM BLOOD Calcium-8.9 Phos-4.4 Mg-2.0

___ 02:50PM BLOOD Calcium-8.5 Phos-4.4 Mg-2.1

___ 06:45AM BLOOD Calcium-8.6 Phos-4.0 Mg-2.0

LFTs

___ 09:10AM BLOOD ALT-31 AST-25 AlkPhos-111 TotBili-<0.2

___ 07:44AM BLOOD CK(CPK)-531*

___ 07:00AM BLOOD CK(CPK)-509*

CARDIAC ENZYMES:

___ 09:10AM BLOOD proBNP-1140*

___ 07:44AM BLOOD CK-MB-7 cTropnT-0.03*

___ 05:00PM BLOOD CK-MB-7 cTropnT-0.03*

___ 07:00AM BLOOD CK-MB-6 cTropnT-0.02*

TFTs:

___ 09:10AM BLOOD TSH-9.6*

___ 07:44AM BLOOD T4-6.5 T3-118 Free T4-1.0

IMAGING:

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CXR (___):

FINDINGS:

The lung volumes are low-normal. There is no focal consolidation. There is mild prominence of the bilateral pulmonary vessels suggestive of volume overload. The heart is top-normal in size. There is no large effusion or a pneumothorax. There is no acute osseous abnormality, chronic left rib fractures are noted.

IMPRESSION:

Stable top-normal heart size with mild pulmonary vascular congestion.

TTE (___):

The left atrial volume index is normal. There is no evidence for

an atrial septal defect by 2D/color
Doppler. The estimated right atrial pressure is ___ mmHg. There
is mild symmetric left ventricular
hypertrophy with a normal cavity size. There is normal regional
and global left ventricular systolic
function. Quantitative biplane left ventricular ejection
fraction is 64 %. Left ventricular cardiac index is
normal (>2.5 L/min/m2). There is no resting left ventricular
outflow tract gradient. No ventricular septal
defect is seen. Diastolic parameters are indeterminate. The
right ventricular free wall is hypertrophied.
Normal right ventricular cavity size with normal free wall
motion. The aortic sinus diameter is normal
for gender with normal ascending aorta diameter for gender. The
aortic arch diameter is normal. The
aortic valve leaflets (?#) are mildly thickened. There is no
aortic valve stenosis. There is trace aortic
regurgitation. The mitral valve leaflets are mildly thickened
with no mitral valve prolapse. There is
trivial mitral regurgitation. The tricuspid valve leaflets
appear structurally normal. There is physiologic
tricuspid regurgitation. The estimated pulmonary artery systolic
pressure is normal. There is a small
pericardial effusion with up to 1.0 cm of fluid appreciated
anterior to the right atrium (best appreciated
in the 4 chamber view). There are no 2D or Doppler

echocardiographic evidence of tamponade.

IMPRESSION: Mild symmetric biventricular hypetrophy with
preserved biventricular systolic function. No clinically
significant valvular disease. Small, predominantly anterior
pericardial effusion
without echocardiographic evidence of tamponade.

Brief Hospital Course:

___ M w/ PMH significant for HTN, HLD, T2DM, and CVA in ___
who presents w/ increased SOB and volume retention, concerning
for CHF exacerbation.

ACTIVE ISSUES:

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#Acute HF exacerbation (preserved EF 65% on stress echo in ___,
unknown current EF)

#Hypertension

Patient presented with worsening shortness of breath, lower
extremity edema and was hypervolemic on exam w/ diffuse rhonchi
on lung auscultation, as well as elevated BNP, all concerning
for CHF exacerbation. Stress echo in ___ showed
preserved EF. Etiology could be either uncontrolled hypertension
vs ischemia (especially given history of positive stress echo).
Exacerbation could be due to medication/dietary non-compliance.

Volume overload improved with diuresis. In terms of workup, TSH was elevated but T4/T3 were normal. Urine and blood cultures negative. With regards to management, continued on home amlodipine, but held home lisinopril given ___. Hydralazine and isordil were also started for blood pressure control. Patient was on metoprolol at home but was started on carvedilol here for combined rate and blood pressure control Held off spironolactone given ___

#CAD w/ inducible ischemia: # Troponin elevation:
Patient had elevation in troponins to 0.03 at presentation. Remained stable at 0.03 to 0.02. Could be type II ischemia secondary to HFpEF exacerbation. Has history of positive stress test. Received aspirin and atorvastatin, carvedilol as above

#Tachycardia: patient had elevated heart rates in the 110s and endorsed intermittent palpitations without dyspnea or other discomfort. No afib noted on tele and no history of arrhythmia documented. Continued carvedilol as above

CHRONIC ISSUES:

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For type 2 Diabetes Mellitus: Held home metformin and gave sliding scale insulin. For hyperlipidemia, continued Atorvastatin 80mg daily. For history of CVA, continued ASA 81mg daily.

Medications on Admission:

The Preadmission Medication list is accurate and complete.

1. amLODIPine 10 mg PO DAILY

2. Atorvastatin 80 mg PO QPM

3. CloNIDine 0.2 mg PO BID

4. Gabapentin 400 mg PO TID

5. Lisinopril 40 mg PO DAILY

6. MetFORMIN (Glucophage) 850 mg PO TID

7. Metoprolol Tartrate 25 mg PO BID

8. Basaglar (Glargine) 30 Units Breakfast

9. Albuterol Inhaler 2 PUFF IH Q4H

10. Levothyroxine Sodium 100 mcg PO DAILY

11. Vitamin D ___ UNIT PO WEEKLY

Discharge Medications:

1. Aspirin 81 mg PO DAILY

RX *aspirin 81 mg 1 tablet(s) by mouth once daily Disp #*30

Tablet Refills:*0

2. Carvedilol 25 mg PO BID

RX *carvedilol 25 mg 1 tablet(s) by mouth twice daily Disp #*60

Tablet Refills:*0

3. Furosemide 40 mg PO BID

RX *furosemide 40 mg 1 tablet(s) by mouth twice daily Disp #*60

Tablet Refills:*0

4. HydrALAZINE 100 mg PO TID

RX *hydralazine 100 mg 1 tablet(s) by mouth three times daily

Disp #*90 Tablet Refills:*0

5. Glargine 30 Units Breakfast

6. Albuterol Inhaler 2 PUFF IH Q4H

7. amLODIPine 10 mg PO DAILY

8. Atorvastatin 80 mg PO QPM

9. CloNIDine 0.2 mg PO BID

10. Gabapentin 400 mg PO TID

11. Levothyroxine Sodium 100 mcg PO DAILY

12. MetFORMIN (Glucophage) 850 mg PO TID

13. Vitamin D ___ UNIT PO WEEKLY

14. HELD- Lisinopril 40 mg PO DAILY This medication was held.

Do not restart Lisinopril until told to do so by your doctor

15.Outpatient Lab Work

Chem-7 to be draw ___

ICD 10: I50.3: Diastolic (congestive) heart failure

Fax results to: ___ ATTN: ___

Discharge Disposition:

Home With Service

Facility:

___

Discharge Diagnosis:

Primary diagnosis:

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Acute exacerbation of heart failure with preserved ejection

fraction

Coronary artery disease with inducible ischemia

Secondary diagnosis:

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Hypertension

Type 2 diabetes

Hyperlipidemia

Cerebrovascular disease

Discharge Condition:

Mental Status: Clear and coherent.

Level of Consciousness: Alert and interactive.

Activity Status: Ambulatory - Independent.

Discharge Instructions:

Dear ___,

It was a pleasure to participate in your care!

You were admitted to the hospital because:

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-You had worsening shortness of breath, with increased leg swelling and weight gain.

During your stay:

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-You had too much volume onboard so you were given IV diuretic medications,. You improved significantly.

After your discharge:

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-Please continue taking all medications as prescribed (see below).

-Please stop taking Lisinopril and metoprolol.

-Please continue taking insulin according to the regimen you were following before this admission.

-New medications:

- Aspirin 81mg once daily
- Carvedilol 25mg twice daily
- Furosemide 40mg twice daily
- Hydralazine 100mg three times daily

-Please attend any upcoming outpatient appointments you have (see below).

We wish you the very best!

Your ___ healthcare team

Followup Instructions:

___