

Note ID: 13180007-DS-14

Subject ID: 13180007

HADM ID: 25747322

Storetime: 11/11/60 13:09

Name: \_\_\_\_ Unit No: \_\_\_\_

Admission Date: \_\_\_\_ Discharge Date: \_\_\_\_

Date of Birth: \_\_\_\_ Sex: M

Service: MEDICINE

Allergies:

No Known Allergies / Adverse Drug Reactions

Attending: \_\_\_\_.

Chief Complaint:

Vomiting

Major Surgical or Invasive Procedure:

None

History of Present Illness:

\_\_\_ yo M with IDDM, HTN, CVA, asthma who presents to the ED after vomiting multiple times last night. He notes he ate taco bell at 5, then at 6pm ate dinner and vomited all his rice at that time. Continued to vomit multiple times and decided to come to the ED. Non bilious non bloody. Doesn't have vomiting often. Denies any problems with bowel movements.

He notes that he has been having problems with his BPs at home. Notes compliance and uses a pill box that his wife helps him fill. Notes that he tries to eat healthy (although he did have tacobell last night around 5pm). He also notes feeling "off balance" when his BPs are raised but doesn't check them often at home. Has been trying to check blood sugars more recently. Doesn't have a log here.

Notes he sometimes has chest pain. Currently without chest pain. Notes that he doesn't get it with walking unless walking long distance. Can walk up about 20 steps without stopping.

#### Past Medical History:

- DM2
- Diabetic Retinopathy
- Hypothyroidism
- CKD Stage IIIa
- HLD
- HTN

- Pulmonary Nodule
- Ischemic Stroke
- Erectile Dysfunction
- Lumbar Stenosis
- Aortic Insufficiency
- ASD

Social History:

\_\_\_\_\_

Family History:

Noncontributory

Physical Exam:

ED Vitals: T98, HR 87, BP 120/55, RR:20 <-- BP before Nitropaste removed.

Current BP ~ 170s/90s

Gen: NAD, Pleasant

HEENT: Moist oral mucosa. EOMI

CV: RRR, holosystolic murmur RUSB + short diastolic murmur LUSB

Lungs: Good air movement. Slight wheeze throughout

Extremities: 1+ pitting edema in legs bilaterally

Abd: Soft, Distended, without fluid wave. + BS

Neuro: No gross focal deficits

Patient examined on day of discharge; AVSS with systolics in the

150s. On exam, he was pitting edema to his shins, JVP unable to

be evaluated. S2, S2, no mrg, lungs CTAB. Abd S/NT/ND +BS.

#### Pertinent Results:

#### LABORATORY RESULTS

\_\_\_ 12:10AM BLOOD WBC-4.6 RBC-4.10\* Hgb-11.7\* Hct-34.1\*

MCV-83 MCH-28.5 MCHC-34.3 RDW-14.6 RDWSD-44.0 Plt \_\_\_

\_\_\_ 12:10AM BLOOD Neuts-83.5\* Lymphs-8.9\* Monos-6.7

Eos-0.0\* Baso-0.2 Im \_\_\_ AbsNeut-3.85 AbsLymph-0.41\*

AbsMono-0.31 AbsEos-0.00\* AbsBaso-0.01

\_\_\_ 12:10AM BLOOD Glucose-213\* UreaN-12 Creat-1.7\* Na-137

K-3.6 Cl-99 HCO3-26 AnGap-12

\_\_\_ 07:25AM BLOOD Glucose-182\* UreaN-32\* Creat-2.1\* Na-138

K-3.9 Cl-99 HCO3-25 AnGap-14

\_\_\_ 12:10AM BLOOD ALT-35 AST-34 AlkPhos-85 TotBili-0.4

\_\_\_ 12:10AM BLOOD proBNP-\_\_\_\*

\_\_\_ 12:10AM BLOOD cTropnT-0.04\*

\_\_\_ 07:25AM BLOOD cTropnT-0.03\*

\_\_\_ 07:25AM BLOOD Calcium-7.6\* Phos-4.7\* Mg-2.0

\_\_\_ 12:10AM BLOOD D-Dimer-670\*

\_\_\_ 01:04AM BLOOD %HbA1c-10.5\* eAG-255\*

#### CTA CHEST ABDOMEN

1. No evidence of pulmonary embolus.
2. Unchanged small pericardial effusion.
3. No specific abdominal findings to explain epigastric pain.

4. Stable pulmonary nodules since \_\_\_\_, measuring up to 1.0 cm.

Follow-up as detailed previously.

CXR

IMPRESSION:

Central pulmonary vascular congestion exaggerated by low lung volumes without definite edema.

Brief Hospital Course:

Mr. \_\_\_\_ was admitted with acute onset of vomiting (which his wife also experienced) after eating Taco Bell. He was noted to be hypertensive in the ED, and treated as above. After admission to the floor, his symptoms rapidly resolved. On HD#1, he was noted to continue to have \_\_\_\_ (Cr 2.0, baseline ~ 1.2). His troponin had trended down 0.04->0.03. Taking additional history, he tells me he has felt more tired over the past six months, though without any PND or orthopnea. He does have some lower extremity edema. He denied any chest pain. He tells me he feels completely better and is anxious to get home to care for his wife in the snowstorm. I called Dr. \_\_\_\_ PCP, and we discussed his care -- Dr. \_\_\_\_ will see him in clinic next

week with a follow up BMP to ensure resolution of his \_\_\_\_\_. I

also e-mailed the \_\_\_\_\_, as his A1C is 10.6 and he

has had difficulty controlling his blood sugars.

He does have an elevated BNP, lower extremity edema, and some vascular congestion seen on CXR. However, he denies any other symptoms of heart failure, and a recent TTE did not show any dysfunction \_\_\_\_\_, LVEF 56%). I did not prescribe furosemide given his lack of symptoms and kidney injury. He will follow up with his cardiologist.

Finally, his troponin was mildly elevated, in the setting of an unchanged EKG, no cardiac symptoms, and renal failure. It did not uptrend, and this likely represents demand ischemia. He will again follow up with his cardiologist for consideration of stress testing.

#### HOSPITAL COURSE BY PROBLEM:

1. Viral gastroenteritis. Resolved.

2. \_\_\_\_\_ on CKD. Repeat BMP in one week.

3. DM2. Continue home insulin, will follow up with \_\_\_\_\_

\_\_\_\_\_

4. HLD. Home statin

5. Pulmonary nodule seen on CT. Previously seen. Follow up CT in \_\_\_\_\_ months.

6. Hypothyroidism. TSH normal.

7. History of CVA.

#### TRANSITIONAL ISSUES:

- patient will need a follow up CT scan in \_\_\_\_ months
- would continue to evaluate the patient for symptomatic heart failure -- BNP was elevated, and lower extremity edema, but otherwise no symptoms
- repeat BMP next week to confirm improved kidney function
- on cardiology follow up, patient could be considered for a stress test given small troponin leak

>35 minutes spent on discharge activities.

#### Medications on Admission:

The Preadmission Medication list may be inaccurate and requires further investigation.

1. Lisinopril 40 mg PO DAILY
2. Gabapentin 400 mg PO TID
3. Fish Oil (Omega 3) 1000 mg PO BID
4. amlodipine 10 mg PO DAILY
5. Atorvastatin 80 mg PO QPM
6. MetFORMIN (Glucophage) 850 mg PO TID
7. Metoprolol Tartrate 25 mg PO DAILY

8. Polyethylene Glycol 17 g PO DAILY:PRN Constipation
9. CloNIDine 0.2 mg PO BID
10. Ezetimibe 10 mg PO DAILY
11. Baclofen 10 mg PO Q12H:PRN Muscle Spasms
12. Glargine 55 Units Bedtime
13. aspirin-dipyridamole \_\_\_\_ mg oral DAILY
14. Chlorthalidone 25 mg PO DAILY
15. GlipiZIDE XL 2.5 mg PO DAILY
16. albuterol sulfate 2.5 mg/0.5 mL inhalation Q4H:PRN

Discharge Medications:

1. Glargine 55 Units Bedtime
2. albuterol sulfate 2.5 mg/0.5 mL inhalation Q4H:PRN
3. amLODIPine 10 mg PO DAILY
4. aspirin-dipyridamole \_\_\_\_ mg oral DAILY
5. Atorvastatin 80 mg PO QPM
6. Baclofen 10 mg PO Q12H:PRN Muscle Spasms
7. Chlorthalidone 25 mg PO DAILY
8. CloNIDine 0.2 mg PO BID
9. Ezetimibe 10 mg PO DAILY
10. Fish Oil (Omega 3) 1000 mg PO BID
11. Gabapentin 400 mg PO TID
12. GlipiZIDE XL 2.5 mg PO DAILY
13. Lisinopril 40 mg PO DAILY
14. MetFORMIN (Glucophage) 850 mg PO TID



15. Metoprolol Tartrate 25 mg PO DAILY

16. Polyethylene Glycol 17 g PO DAILY:PRN Constipation

Discharge Disposition:

Home

Discharge Diagnosis:

\_\_\_ on CKD

Viral gastroenteritis

Discharge Condition:

Mental Status: Clear and coherent.

Level of Consciousness: Alert and interactive.

Activity Status: Ambulatory - Independent.

Discharge Instructions:

You were admitted with a vomiting likely due to an infection.

Your blood pressure was very high. Overnight, your vomiting resolved and you were feeling better.

However, your kidney function was worse. Because you wanted to leave the hospital, I called your primary care doctor and we discussed that you would come see him next week and repeat your

kidney function tests.

Usted ingresó con un vómito probablemente debido a una infección. \_\_\_\_ presión arterial era muy \_\_\_\_, sus vómitos se resolvieron y usted se sintió mejor.

Sin embargo, \_\_\_\_ función renal fue peor. Como deseaba \_\_\_\_ \_\_\_\_ hospital, llamé \_\_\_\_ médico de atención primaria y hablamos de que vendría a verlo \_\_\_\_ próxima \_\_\_\_ repetiría las pruebas de función renal.

¡Fue un placer cuidarte!

It was a pleasure taking care of you!

Followup Instructions:

\_\_\_\_\_