Patient Information:

Patient ID: 13180007

HADM ID: 25747322

Note ID: 13180007-DS-14

Note Type: DS

Note Seq: 14

Chart Time: 11/11/60 0:00

Store Time: 11/11/60 13:09

Full Notes:

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 AbsLymp-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 AIC 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 futher 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: ___

Processed Data:

1. Name

Information not found or unclear.

2. Admission Date

2. Admission Date: ___

3. Discharge Date

Information not found or unclear.

4. Date of Birth

Information not found or unclear.

5. Service

MEDICINE

6. Allergies

No Known Allergies / Adverse Drug Reactions

7. Attending

___

8. Chief Complaint

Chief Complaint: Vomiting

9. Major Surgical or Invasive Procedure

None

10. History of Present Illness

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.

11. Past Medical History

11. Past Medical History: - DM2 - Diabetic Retinopathy - Hypothyroidism - CKD Stage IIIa - HLD - HTN - Pulmonary Nodule - Ischemic Stroke - Erectile Dysfunction - Lumbar Stenosis - Aortic Insufficiency - ASD

12. Social History

Social History: ___

13. Family History

Noncontributory

14. Physical Exam

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.

15. 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 AbsLymp-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*

16. 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 AIC 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.

17. Hospital Course By Problem

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.

18. 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

19. Medications on Admission

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20. Discharge Medications

20. 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

21. Discharge Disposition

Home

22. Discharge Diagnosis

22. Discharge Diagnosis: ___ on CKD Viral gastroenteritis

23. Discharge Condition

Mental Status: Clear and coherent. Level of Consciousness: Alert and interactive. Activity Status: Ambulatory - Independent.

24. 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. Su presión arterial era muy high. Overnight, sus vómitos se resolvieron y usted se sintió mejor. Sin embargo, su función renal fue peor. Como deseaba leave el hospital, llamé a su médico de atención primaria y hablamos de que vendría a verlo la próxima semana y repetiría las pruebas de función renal.

25. Followup Instructions

Followup Instructions: - will follow up with PCP next week - repeat BMP to confirm improved kidney function - on cardiology follow up, patient could be considered for a stress test given small troponin leak.