

(80 y.o. F) (Adm: 10/23/23)

Guarantor Information

Name:				SSN:			
Address:							
City:	Aurora	State:	IL	Zip:		Phone:	
Employer:							
Address:							
City:		State:		Zip:	Phone:		
Guar DOB:							

Emergency Contact Information

Name:				Relationship:	CH		
Address:							
City:	AURORA	State:	IL	Zip:		Phone:	
						Business phone:	

Principal Problem Audit Trail

Problem	Noted By	Date/Time
Pelvic mass in female		10/05/23 1231

Medical Problems

Hospital Problem List			Date Reviewed: 10/22/2023			
	ICD-10-		Priority	Class	Noted	POA
* (Principal) Pelvic mass in female	R19.00				1/11/2023	Unknown
Preop testing	Z01.818				10/23/2023	Unknown
Acute blood loss as cause of postoperative anemia	D62				10/24/2023	Yes
Essential thrombocythosis (CMS-HCC)	D47.3				10/24/2023	Yes

Non-Hospital Problem List Date Reviewed: 10/22/2023

	ICD-10-		Priority	Class	Noted
Cellulitis	L03.90				1/10/2023
Acute deep vein thrombosis (DVT) of femoral vein of left lower extremity (CMS-HCC)	I82.412				1/11/2023
Acute pulmonary embolism without acute cor pulmonale (CMS-HCC)	I26.99				1/11/2023
Presence of IVC filter RETRIEVABLE	Z95.828				1/12/2023

Overview Signed 1/13/2023 8:36 AM by [REDACTED]

ICD-10-
CM Priority Class Noted

Retrievable IVC filter placed at CDH on 01/12/2023 by Dr. [REDACTED]
Acute PE & DVT with pelvic mass. Needs mass resection
[REDACTED]

Care Plan Problems

Clinical Goals

PCP
[REDACTED]

Patient Demographics

Name [REDACTED]	Patient ID [REDACTED]	Gender Identity Female	Birth Date [REDACTED] (80 yrs)
Address [REDACTED]	Phone [REDACTED]	Email [REDACTED]	[REDACTED]
Reg Status Verified	PCP [REDACTED]	Date Last Verified [REDACTED]	Next Review Date [REDACTED]

Demographics

Address: [REDACTED]	Home Phone: [REDACTED]	Work Phone: [REDACTED]	Mobile Phone: [REDACTED]
SSN: [REDACTED]	Insurance: MEDICAID REPLACEMENT	Marital Status: Widowed	Religion: [REDACTED]

□ Documents Filed to Patient

Power of Attorney	Living Will	Clinical Unknown	Study Attachment	Consent Form	ABN Waiver	After Visit Summary	Lab Result Scan	Code Status	MyNM Status
Not on File	Not on File	Not on File	Not on File	Filed	Not on File	Filed	Not on File	FULL [Updated on 10/23/23 1245]	Pending

Admission Information

Current Information

Attending Provider [REDACTED]	Admitting Provider [REDACTED]	Admission Type Elective	Admission Status Confirmed Admission
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Admission Date/Time	Inpatient Admission Date/Time	Discharge Date	Hospital Service
10/23/23 0627	10/23/23 1247		Surgery
Hospital Area	Unit	Room/Bed	Auth/Cert Status
CENTRAL DUPAGE HOSPITAL IP	CDH GENERAL SURGERY & ORTHOPEDICS	249/A	Incomplete

Hospital Account

Name	Acct ID	Class	Status	Primary Coverage
[REDACTED]	[REDACTED]		Open	MEDICAID REPLACEMENT - MERIDIAN HEALTH PLAN OF IL

Guarantor Account (for Hospital Account # [REDACTED])

Name	Relation to Pt	Service Area	Active?	Acct Type
[REDACTED]	Self	NMH	Yes	Personal/Family
Address	Phone	[REDACTED]		

Coverage Information (for Hospital Account #58352147)

F/O Payor/Plan	Precert #
MEDICAID REPLACEMENT/MERIDIAN HEALTH PLAN OF IL	[REDACTED]
Subscriber	Subscriber #
Address	Phone

H&P Notes

[REDACTED] MD (Physician) 10/23/2023 17:08 Hospitalist
CDIP Hospitalist Admission H&P

Patient name: [REDACTED]
 Room: [REDACTED]
 Date of admission: 10/23/2023
 Primary care physician: [REDACTED]
 CODE STATUS: full

Chief complaint: s/p exlap, R oophrectomy, LOA, omentectomy

HPI: [REDACTED] with a history of essential thrombocytosis, DVT, PE s/p IVC

filter, B12 deficiency anemia, pelvic mass, admitted 10/23/2023 s/p exlap, R oophorectomy, LOA, omentectomy. Pt's daughter at bedside interpreting. Pt c/o 5/10 pain "all over". Denies specific abdominal pain. Denies nausea.

ROS:

10 point ros (-) except as stated above

Constitutional: denies weight loss, fevers

Eyes: denies visual changes, eye pain

Head/Ears/nose/throat: denies headache, runny/congested nose, ear pain, tinnitus, odynophagia

CV: denies chest pain, DOE, PND, orthopnea, palpitations

Pulm: denies cough, sputum, wheezing, hemoptysis, SOB

GI: denies abdominal pain, dysphagia, nausea/vomiting, diarrhea/constipation, hematemesis, BRBFR, melena

GU: denies dysuria, incontinence

MS: denies joint pain, stiffness, swelling

Skin: denies pruritis, rashes, lesions, nodules

Neuro: denies numbness, tingling, ataxia, speech problems

Psych: denies sleep disturbances, depression or home safety issues

Past Medical History:

Diagnosis	Date
• Anemia	
• Essential hypertension, benign	
• PE (pulmonary thromboembolism) (CMS-HCC)	
• Thrombocytosis	
• Vitamin B 12 deficiency	

Past Surgical History:

Procedure	Laterality	Date
• ABDOMEN SURGERY <i>Exploratory laparatomy, right oophorectomy, pelvic and paraaortic lymphadenectomy, infragastric omentectomy, right ureterolysis with Dr. Alter @ CDH</i>		10/23/2023
• HYSTERECTOMY		1990
• IR BIOPSY BONE MARROW <i>IR BIOPSY BONE MARROW 5/31/2023 CDH INTERVENTIONAL LABS</i>		05/31/2023
• IR IVC FILTER PLACEMENT <i>IR IVC FILTER PLACEMENT 1/12/2023 CDH INTERVENTIONAL LABS</i>		01/12/2023

Family History

Problem	Relation	Age of Onset
• Breast Cancer	Neg Hx	
• Ovarian Cancer	Neg Hx	
• Uterine Cancer	Neg Hx	

Social History

Socioeconomic History

- Marital status: Widowed
- Tobacco Use
 - Smoking status: Never
 - Smokeless tobacco: Never
- Vaping Use
 - Vaping Use: Never used
- Substance and Sexual Activity
 - Alcohol use: No
 - Drug use: No
 - Sexual activity: Defer

Social History Narrative

Number of pregnancies - 8
Number of miscarriages - 4
Age at menarche - 12
Age at first live birth - 19
Breast feed children - Yes
Hysterectomy - Yes
Oophorectomy - Yes (both)
Menstruating regularly - No
Currently taking birth control pills - No
Ever taken birth control pills - No
Menopause - Yes
Currently taking hormone replacement therapy - No
Ever taken hormone replacement therapy - No
Prior breast biopsies - No

Social Determinants of Health

Food Insecurity: Low Risk (1/10/2023)

Food Insecurity

- Have there been times that your food ran out and you didn't have money to get more? : No
- Have there been any times recently that you worried whether your food would run out before you got money to buy more?: No

Transportation Needs: Low Risk (1/10/2023)

Transportation Needs

- Do you have trouble getting transportation to medical appointments?: No

Housing Stability: Low Risk (1/10/2023)

Housing Stability

- Are you concerned about having a safe and reliable place to live?: No

No Known Allergies

Home medications:

Medications Prior to Admission

Medication	Sig	Dispense	Refill	Last Dose
• acetaminophen 325 mg tablet	Take 2 tablets by mouth every 4 (four) hours as needed.	30 tablet	0	Unknown

• apixaban (ELIQUIS DVT-PE TREAT 30D START) 5 mg (74 tabs) tablets,dose pack	Take 2 tablets (10 mg total) by mouth 2 (two) times a day for 7 days, then take 1 tablet (5 mg total) by mouth 2 (two) times a day	74 tablet	0	10/19/2023
• carboxymethylcellulose-glycerin (REFRESH OPTIVE) 0.5-0.9 % Drops	1 drop if needed.			10/22/2023
• cyanocobalamin (VITAMIN B-12) 1,000 mcg tablet	Take 1 tablet by mouth daily.			10/22/2023
• ELIQUIS 5 mg Tablet				10/22/2023
• famotidine 20 mg tablet	Take 1 tablet by mouth daily.			10/22/2023
• hydroxyurea 500 mg capsule	Take 1 capsule by mouth 2 (two) times daily.	60 capsule	2	10/22/2023
• latanoprost 0.005 % ophthalmic solution	Place 1 drop into both eyes every evening before dinner.			10/22/2023
• losartan 25 mg tablet	Take 1 tablet by mouth daily.			10/22/2023
• mv-mn/iron/folic acid/herb 190 (VITAMIN D3 COMPLETE ORAL)	Take by mouth.			10/18/2023
• simvastatin 10 mg tablet	Take 1 tablet by mouth nightly. Indications: combination with potassium			10/22/2023
• traMADoL 50 mg tablet	Take 1 tablet by mouth every 6 (six) hours as needed for pain.			10/22/2023

OBJECTIVE

Vitals:

	10/23/23 1235	10/23/23 1245	10/23/23 1300
BP:	108/59	110/59	105/54
Pulse:	66	62	62
Resp:	15	17	15
Temp:			
TempSrc:			
SpO2:	93%	96%	100%
Weight:			
Height:			

Gen: Well groomed, no acute distress

HEENT: anicteric sclerae, mmm
 Neck: supple, trachea midline
 CV: rrr, no m/r/g
 Lungs: no increased wob, ctab
 Abdomen: dressings w small amount of serosanguinous staining, jp drain w serosanguinous fluid, +bs, nondistended, soft, no guarding/rigidity
 Ext: BUE no cyanosis or clubbing, no edema; BLE no edema
 Skin: warm, normal turgor, no obvious rashes, petechiae or lesions
 Neuro: EOMI, smile symmetric, speech fluent, squeezes hands b/l, wiggles feet b/l
 Psych: Alert and oriented x3, normal affect

LABS

Recent Labs

Lab	10/23/23 1037
HGB	8.8*

	Latest Reference Range & Units	10/23/23 10:37
pH, Arterial Blood		7.34
pCO ₂ , Arterial	35.0 - 45.0 mm Hg	38.7
pO ₂ , Arterial	80.0 - 105.0 mm Hg	290.0 (HH)
HCO ₃ , Arterial	22 - 26 mmol/L	21 (L)
Sodium, Whole Blood Gas	138 - 146 mEq/L	141
Potassium Bld Gas	3.5 - 4.9 mEq/L	3.8
CTCO ₂ Arterial POC	23.0 - 27.0 mmol/L	22.0 (L)
CSO ₂ , Arterial POC	95 - 98 %	100 (H)

(HH): Data is critically high

(L): Data is abnormally low

(H): Data is abnormally high

	Latest Reference Range & Units	09/29/23 14:21
WBC	3.6 - 10.2 10 ³ /µL	6.1

RBC	(Based on documented legal sex) 4.10-5.30 $10^6/\mu\text{L}$	2.52 (L)
HGB	(Based on documented legal sex) 11.9-15.8 g/dL	10.6 (L)
HCT	(Based on documented legal sex) 37.4-48.3 %	32.0 (L)
MCV	82.0 - 99.0 fL	127.0 (H)
MCH	27.0 - 33.0 pg	42.1 (H)
MCHC	32.0 - 36.0 g/dL	33.1
RDW	11.0 - 15.0 %	12.1
PLT	150 - 450 $10^3/\mu\text{L}$	198
MPV	9.8 - 12.7 fL	9.1 (L)
Nucleated RBCs	0 %	0.0
Instrument Absolute Neutrophil Count	1.1 - 6.0 $10^3/\mu\text{L}$	3.4

(L): Data is abnormally low

(H): Data is abnormally high

	Latest Reference Range & Units	09/29/23 14:21
Sodium	133 - 146 mmol/L	142
Potassium	3.5 - 5.1 mmol/L	4.6
Chloride	98 - 107 mmol/L	106
CO2	21 - 31 mmol/L	27
Calcium	8.3 - 10.5 mg/dL	9.6
Bun	7 - 25 mg/dL	18
Creatinine	0.60 - 1.30 mg/dL	0.84

Glucose	70 - 100 mg/dL	106 (H)
ALT (SGPT)	9 - 43 units/L	14
AST (SGOT)	13 - 39 units/L	19
Albumin	3.5 - 5.0 g/dL	4.5
Alkaline Phosphatase	34 - 104 units/L	50
Bilirubin Total	0.2 - 1.2 mg/dL	0.3
Total Protein	6.4 - 8.3 g/dL	7.3
Anion Gap	4 - 13 mmol/L	9
eGFRcr (CKD-EPI 2021)	>=60 mL/min/1.73 m ²	70

(H): Data is abnormally high

EKG:

10/14 nsr w incomplete rbbb

IMAGING:

10/14 CXR

FINDINGS/

IMPRESSION:

1. Patchy opacity in the peripheral right lower lobe may represent atelectasis, chronic parenchymal scarring or focal pneumonia in the proper clinical setting. No pneumothorax. No pleural effusion.
2. Normal heart size. Atherosclerotic tortuosity of the thoracic aorta.
3. No acute osseous abnormality. There is an IVC filter.

9/22 CT ABD/PELV

Again seen is a complex pelvic mass at and slightly to the right of midline, now measuring 11.4 cm anteroposterior, 10 cm transverse, and 11.5 cm craniocaudal, previously 14.5 x 11.4 x 11.2 cm when using similar measurement technique. Although there is interval decrease in size, this appears to represent decrease in the cystic component, as there is increasing mural and septal nodularity and thickening compared to previous imaging. Finding is consistent with ovarian neoplasm. Degree of mass effect on the left common iliac vein is decreased compared to the prior study.

IMPRESSION:

1. Complex cystic and solid mass in the pelvis as detailed above, suspicious for ovarian neoplasm. Since previous imaging, the mural/septal nodularity and wall thickening appear increased.
2. Asymmetrically smaller left common and external iliac veins, consistent with sequela of prior thrombus. No acute deep vein thrombus is identified.

ASSESSMENT/PLAN:

[REDACTED] is a 80 y.o. F with a history of essential thrombocythosis, DVT, PE s/p IVC filter, B12 deficiency anemia, pelvic mass, admitted 10/23/2023 s/p exlap, R oophrectomy, LOA, omentectomy.

s/p exlap, R oophorectomy, LOA, omentectomy
- management per gyn onc

H/o essential thrombocytosis
- continue hydroxyurea
- f/u w Dr. Eisner

H/o DVT, PE, IVC filter
- hold AC, AP, NSAID 2/2 post op bleeding concerns
- pt to f/u w IR as outpatient for IVC filter removal

B 12 deficiency anemia
- continue B12

Glaucoma
- continue latanoprost

Hospital Medicine Checklist 10/23/2023

DVT prophylaxis: scd

CVC/Foley: Yes

AM Labs: Yes

IV fluids: Yes

Tele: No

Expected Discharge Date: 3 days

Provider, External () 10/6/2023 13:43

Document on 10/6/2023 1:43 PM by [REDACTED]

Progress Notes Last 48hrs (Notes from 10/23/2023 1:59 PM through 10/25/2023 1:59 PM)

Notes from 10/23/2023 1:59 PM through 10/25/2023 1:59 PM

Progress Notes by [REDACTED] PA-C at 10/25/2023 9:48 AM Version 1 of 1

Author: [REDACTED] PA-C Service: Gynecology Oncology Author Type: Physician Assistant

Filed: 10/25/2023 9:54 AM Date of Service: 10/25/2023 9:48 Status: Cosign Needed
AM

Editor: [REDACTED] PA-C (Physician Assistant) Cosign Required: Yes

Gynecologic Oncology Progress Note

Subjective:

Surgery Date: 10/23/2023

POD: 2 Days Post-Op

Surgery: Procedure(s):

Exploratory laparotomy, right oophorectomy, pelvic and paraaortic lymphadenectomy, infragastric omentectomy, right ureterolysis, extensive lysis of adhesions

Interval History:

Patient sitting up in chair, family at bedside. VSS, afebrile. Labs stable, hgb 8.5. JP with 350cc overnight, SSG output. Voiding spontaneously, adequate UOP. Some nausea this morning but relieved with Zofran. Otherwise, tolerating diet. Denies flatus. Pain overall well controlled with PO meds. Due to ambulate.

Objective:

Scheduled Meds:

Current Facility-Administered Medications

Medication	Dose	Route	Frequency
• acetaminophen (TYLENOL) tablet 650 mg 650 mg	650 mg	Oral	4x Daily
• [START ON 10/26/2023] bisacodyL (DULCOLAX) suppository 10 mg	10 mg	Rectal	Once
• cyanocobalamin tablet 1,000 mcg	1,000 mcg	Oral	Daily
• famotidine (PEPCID) tablet 20 mg	20 mg	Oral	BID
• heparin (porcine) injection 5,000 Units Units	5,000 Units	Subcutaneous	TID
• hydroxyurea (HYDREA) capsule 500 mg	500 mg	Oral	BID
• latanoprost (XALATAN) 0.005 % ophthalmic solution 1 drop	1 drop	Both Eyes	QPM
• pravastatin (PRAVACHOL) tablet 20 mg	20 mg	Oral	Nightly
• senna-docusate (PERICOLACE) 8.6-50 mg per tablet 2 tablet	2 tablet	Oral	BID

Continuous Infusions:

Current Facility-Administered Medications

Medication	Dose	Route	Frequency
• Lactated Ringers		IV Infusion	Continuous
• Lactated Ringers		IV Infusion	Continuous

PRN Meds: benzocaine- menthol (CEPACOL) sore throat, diphenhydrAMINE, diphenhydrAMINE, HYDROmorphine, metoclopramide, ondansetron (PF) **OR** ondansetron-ODT, polyvinyl alcohol, prochlorperazine, simethicone, traMADoL

Allergies: Patient has no known allergies.

Temperature: [97.8 °F (36.6 °C)-99.1 °F (37.3 °C)] 97.8 °F (36.6 °C)

Heart Rate: [80-84] 84
Respirations: [16-18] 17
Blood Pressure: (109-135)/(41-55) 125/54
SpO2: [91 %-98 %] 97 %

Intake/Output:

I/O last 3 completed shifts:
In: 1708.7 [P.O.:840; I.V.:268.7; Blood:600]
Out: 2250 [Urine:1650; Drains:600]

Physical Exam:

General: This woman is in no distress appearing comfortable, she is alert and oriented and responds appropriately to questions.

HEENT: moist mucous membranes, no thrush

Lungs are clear to auscultation bilaterally with normal chest excursions.

Cardiovascular examination reveals RRR, without S3 or rub.

Abdomen is soft, nontender, nondistended without hepatosplenomegaly. She has no evidence of hernia, mass or ascites. + BS x 4. JP drain with SSG output

Extremities are without cyanosis, clubbing or edema.

Neuro exam is grossly nonfocal.

Wound Description: midline incision island dressing removed. Staples intact.

Data Review:

HEM:

Recent Labs

Lab	10/23/23 1037	10/24/23 0438	10/24/23 1257	10/25/23 0517
WBC	--	9.0	10.8*	9.1
HGB	8.8*	6.4*	9.0*	8.5*
PLT	--	117*	125*	128*

Chem:

Recent Labs

Lab	10/24/23 0438	10/25/23 0517
NA	138	142
K	4.6	3.9
CL	108*	108*
CO2	25	27
BUN	16	16
CREATININE	0.71	0.70
GLUCOSE	117*	109*
CALCIUM	8.7	8.0*

Coagulation:

Recent Labs

Lab	10/24/23 0438	10/24/23 1257	10/25/23 0517
PLT	117*	125*	128*

Tumor Markers:

CA 125

Date	Value	Ref Range	Status
03/31/2023	35.0	0.0 - 35.0 Units/mL	Final
01/12/2023	59.0 (H)	0.0 - 35.0 Units/mL	Final

Last 3 Weights:

Wt Readings from Last 3 Encounters:

10/23/23 59.2 kg (130 lb 8.2 oz)
 10/06/23 58.1 kg (128 lb)
 09/29/23 59.4 kg (130 lb 14.4 oz)

Assessment:

80 y.o. female POD #2 after Procedure(s):

Exploratory laparotomy, right oophorectomy, pelvic and paraaortic lymphadenectomy, infragastric omentectomy, right ureterolysis, extensive lysis of adhesions

Patient Active Problem List

Diagnosis

- Cellulitis
- Acute deep vein thrombosis (DVT) of femoral vein of left lower extremity (CMS-HCC)
- Acute pulmonary embolism without acute cor pulmonale (CMS-HCC)
- Pelvic mass in female
- Presence of IVC filter RETRIEVABLE
- Preop testing
- Acute blood loss as cause of postoperative anemia
- Essential thrombocytosis (CMS-HCC)

Plan:

ONC: Pathology Pending, frozen c/w HGSOC. Will need to be presented at tumor board when final path resulted

GI: regular diet, - flatus. Inpatient nausea protocol. Bowel protocol.

Pain: controlled with Acetaminophen and Tramadol prn

GI prophylaxis: Pepcid

CV: normal heart rate and BP

Pulm: encourage IS and deep breathing

GU: Voiding, adequate UOP.

DVT prophylaxis: SCDs, transition to lovenox starting tomorrow morning. Will need AC upon d/c.

Heme: stable WBC, hgb stable, s/p 1u PRBC on 10/24. No transfusion needs at this time.

Electrolytes: replete as needed per protocol

Activity: ambulate several times a day, encourage IS 10x/hr while awake

Disposition: anticipate discharge home possibly 2-3d. PT recommending SAR placement upon d/c

Case discussed with Dr. [REDACTED]

[REDACTED]
[REDACTED] PA-C
Gynecologic- Oncology
[REDACTED]

Progress Notes by [REDACTED] PA-C at 10/24/2023 7:32 AM Version 1 of 1

Author: [REDACTED] PA-C Service: Gynecology Oncology Author Type: Physician Assistant

Filed: 10/24/2023 10:32 AM Date of Service: 10/24/2023 7:32 Status: Cosign Needed
AM

Editor: [REDACTED] PA-C (Physician Assistant) Cosign Required: Yes

Gynecologic Oncology Progress Note

Subjective:

Surgery Date: 10/23/2023

POD: 1 Day Post-Op

Surgery: Procedure(s):

Exploratory laparotomy, right oophorectomy, pelvic and paraaortic lymphadenectomy, infragastric omentectomy, right ureterolysis, extensive lysis of adhesions

Interval History: patient resting in bed. VSS, afebrile. Hgb this AM to 6.4, 1u PRBC ordered. States she has been feeling "weak". JP drain with 200cc output overnight. Tolerating general diet, ate full breakfast without nausea. Pain well controlled with PO tylenol. Foley with 550cc urine output in past 12h, appears yellow this AM. Has not yet ambulated 2/2 weakness, denies SOB/CP. Denies flatus or BM.

Objective:

Scheduled Meds:

Current Facility-Administered Medications

Medication	Dose	Route	Frequency
• acetaminophen (TYLENOL) tablet	650 mg 650 mg	Oral	4x Daily
• [START ON 10/26/2023] bisacodyL (DULCOLAX) suppository	10 mg	Rectal	Once
• cyanocobalamin tablet	1,000 mcg	Oral	Daily

• [Held by Provider]	40 mg	Subcutaneous	Daily
enoxaparin (LOVENOX) injection 40 mg			
• famotidine	20 mg	Oral	BID
(PEPCID) tablet			
20 mg			
• hydroxyurea	500 mg	Oral	BID
(HYDREA)			
capsule 500 mg			
• latanoprost	1 drop	Both Eyes	QPM
(XALATAN) 0.005 % ophthalmic solution			
1 drop			
• pravastatin	20 mg	Oral	Nightly
(PRAVACHOL)			
tablet 20 mg			
• senna-docusate	2 tablet	Oral	BID
(PERICOLACE)			
8.6-50 mg per tablet			
2 tablet			

Continuous Infusions:

Current Facility-Administered Medications

Medication	Dose	Route	Frequency
• Lactated Ringers		IV Infusion	Continuous
• Lactated Ringers		IV Infusion	Continuous
• Lactated Ringers		IV Infusion	Continuous

PRN Meds: benzocaine- menthol (CEPACOL) sore throat, diphenhydRAMINE, diphenhydRAMINE, HYDROmorphine, metoclopramide, ondansetron (PF) **OR** ondansetron-ODT, polyvinyl alcohol, prochlorperazine, simethicone, traMADoL

Allergies: Patient has no known allergies.

Temperature: [97.1 °F (36.2 °C)-98.9 °F (37.2 °C)] 98.9 °F (37.2 °C)

Heart Rate: [52-77] 77

Respirations: [14-18] 16

Blood Pressure: (92-117)/(43-59) 103/43

SpO2: [90 %-100 %] 97 %

\$ O2 Flow Rate (L/min): [1 L/min-2 L/min] 1 L/min

Intake/Output:

I/O last 3 completed shifts:

In: 3628.7 [P.O.:360; I.V.:2768.7; IV Piggyback:500]

Out: 1475 [Urine:675; Drains:300; Blood:500]

Physical Exam:

General: This woman is in no distress appearing comfortable, she is alert and oriented and responds appropriately to questions.

HEENT: moist mucous membranes, no thrush

Lungs are clear to auscultation bilaterally with normal chest excursions.

Cardiovascular examination reveals RRR, without S3 or rub.

Abdomen is soft, nontender, nondistended without hepatosplenomegaly. She has no evidence of hernia, mass or ascites. + BS x 4. JP drain with SSG output, **75cc emptied**
Extremities are without cyanosis, clubbing or edema.

Neuro exam is grossly nonfocal.

Wound Description: midline incision with island dressing in place, stained with light pink drainage

Data Review:

HEM:

Recent Labs

Lab	10/23/23 1037	10/24/23 0438
WBC	--	9.0
HGB	8.8*	6.4*
PLT	--	117*

Chem:

Recent Labs

Lab	10/24/23 0438
NA	138
K	4.6
CL	108*
CO2	25
BUN	16
CREATININE	0.71
GLUCOSE	117*
CALCIUM	8.7

Coagulation:

Recent Labs

Lab	10/24/23 0438
PLT	117*

Tumor Markers:

CA 125

Date	Value	Ref Range	Status
03/31/2023	35.0	0.0 - 35.0 Units/mL	Final
01/12/2023	59.0 (H)	0.0 - 35.0 Units/mL	Final

Last 3 Weights:

Wt Readings from Last 3 Encounters:

10/23/23	59.2 kg (130 lb 8.2 oz)
10/06/23	58.1 kg (128 lb)
09/29/23	59.4 kg (130 lb 14.4 oz)

Assessment:

80 y.o. female POD 1 after Procedure(s):

Exploratory laparotomy, right oophorectomy, pelvic and paraaortic lymphadenectomy, infragastric omentectomy, right ureterolysis, extensive lysis of adhesions

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- Pelvic mass in female
- Presence of IVC filter RETRIEVABLE
- Preop testing

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ONC: Pathology Pending, frozen c/w HGSOC. Will need to be presented at tumor board when final path resulted

GI: regular diet, - flatus

Pain: controlled with Acetaminophen and Tramadol prn

GI prophylaxis: Pepcid

CV: normal heart rate and BP

Pulm: encourage IS and deep breathing

GU: Foley catheter d/c

DVT prophylaxis: SCDs, hold chemoprophylaxis until afternoon hgb

Heme: stable WBC, hgb to 6.4, 1u PRBC ordered for transfusion. Will recheck hgb this afternoon

Electrolytes: replete as needed per protocol

Activity: ambulate several times a day, **encourage IS** 10x/hr while awake

Disposition: anticipate discharge home possibly 2-3d

Seen with dr [REDACTED]



[REDACTED] PA-C
Gynecologic Oncology
[REDACTED]

Author: [REDACTED] MD

Service: Hospitalist

Author Type: Physician

Filed: 10/24/2023 10:10 AM

Date of Service: 10/24/2023 8:00

Status: Signed

AM

Editor: [REDACTED] MD (Physician)

NMRMG Hospitalist Progress Note

Patient name: [REDACTED]

Room: [REDACTED]

Date of admission: 10/23/2023

Primary care physician: [REDACTED] MD

Daughter assisted with Urdu translation per pt preference

CC / Reason for visit: gen med f/u s/p gyne onc surgery

Interval Events:

- HGB 6.4 this AM. 1 unit pRBC ordered
- repeat cbc planned for early afternoon

S:

- she has some post-op pain. She has some dizziness. No vomiting.

O:

No Known Allergies

Scheduled Meds:

Current Facility-Administered Medications

Medication	Dose	Route	Frequency
• acetaminophen (TYLENOL) tablet 650 mg	650	Oral	4x Daily
• [START ON 10/26/2023] bisacodyL (DULCOLAX) suppository 10 mg	10 mg	Rectal	Once
• cyanocobalamin tablet 1,000 mcg	1,000	Oral	Daily
• [Held by Provider] enoxaparin (LOVENOX) injection 40 mg	40 mg	Subcutaneous	Daily
• famotidine (PEPCID) tablet 20 mg	20 mg	Oral	BID
• hydroxyurea (HYDREA) capsule 500 mg	500	Oral	BID
• latanoprost (XALATAN) 0.005 % ophthalmic solution 1 drop	1 drop	Both Eyes	QPM

• pravastatin (PRAVACHOL) tablet 20 mg	20 mg	Oral	Nightly
• senna-docusate (PERICOLACE) 8.6-50 mg per tablet 2 tablet	2	Oral tablet	BID

Continuous Infusions:

Current Facility-Administered Medications

Medication	Dose	Route	Frequency
• Lactated Ringers		IV Infusion	Continuous
• Lactated Ringers		IV Infusion	Continuous
• Lactated Ringers		IV Infusion	Continuous

PRN Meds: benzocaine- menthol (CEPACOL) sore throat, diphenhydRAME, diphenhydRAME, HYDROmorphine, metoclopramide, ondansetron (PF) **OR** ondansetron-ODT, polyvinyl alcohol, prochlorperazine, simethicone, traMADoL

Vitals:

	10/23/23 1950	10/23/23 2330	10/24/23 0344
BP:	108/51	(!) 101/44	(!) 103/43
Pulse:	61	62	77
Resp:	16	16	16
Temp:	98.1 °F (36.7 °C)	98.8 °F (37.1 °C)	98.9 °F (37.2 °C)
TempSrc:	Oral	Oral	Oral
SpO2:	92%	98%	97%
Weight:			
Height:			

Gen - Pleasant, in no acute distress. Non-toxic appearing, alert/appropriate

HEENT - moist mucus membranes, ncat

Neck - trachea midline.

CV - RRR, no m/r/g

Lungs - clear to auscultation bilaterally, no w/r/r, nml effort on room air

Abdomen - +minimal distension. Incision dressed with minimal strike through, +JP, +BS

Ext - no edema or cyanosis, distal ext warm and well perfused

Skin - no jaundice

Neuro - speech fluent. No tremor

Labs:

CBC, INR

Recent Labs

Lab	10/23/23 1037	10/24/23 0438
WBC	--	9.0
HGB	8.8*	6.4*
PLT	--	117*

CMP

Recent Labs

Lab	10/24/23 0438
NA	138
K	4.6
CL	108*
CO2	25
BUN	16
CREATININE	0.71
GLUCOSE	117*
CALCIUM	8.7

Pending Labs

Order	Current Status
CYTOLGY, BODY FLUID	In process
SURGICAL PATHOLOGY	In process
RBC Prepare and Crossmatch, 1 Units	Preliminary result
RBC Prepare and Crossmatch, 2 Units	Preliminary result

Imaging:

None this encounter

A/P:

[REDACTED] is a 80 y.o. F with a history of essential thrombocytosis, DVT, PE s/p IVC filter, B12 deficiency anemia, pelvic mass, admitted 10/23/2023 s/p exlap, R oophrectomy, LOA, omentectomy.

s/p exlap, R oophrectomy, LOA, omentectomy

- management per gyn onc

Acute blood loss anemia superimposed on chronic anemia

- transfuse 1 unit pRBC
- trend cbc . Repeat early afternoon
- anticoagulation on hold

H/o essential thrombocytosis

- continue hydroxyurea
- f/u w/ Dr. Eisner

Hx of DVT/ PE

Hx of IVC filter

- hold AC, AP, NSAID 2/2 post op bleeding concerns acutely. Reassess pending clinical course and HGB trend
- pt to eventually f/u w/ IR as outpatient for IVC filter removal

B 12 deficiency anemia

- continue B12

Glaucoma

- continue latanoprost

DVT prophylaxis: SCDs
CVC/Foley: +foley post-op / no CVC
AM Labs: Yes - post-op
IV fluids: Yes - post-op
Tele: No
Expected Discharge Date: TBD pending post op course. Hear at least one more night to monitor HGB

[REDACTED] MD
NMRMG Hospitalist
(Tele): [REDACTED]
(Fax): [REDACTED]

☒ Therapy Note (last 48 hours)

[REDACTED] PT (Physical Therapist) 10/25/2023 09:41 Rehabilitation Services
Physical Therapy Initial Evaluation

PATIENT NAME: [REDACTED]

DOB: 12/15/1942 **MRN:** [REDACTED] **CSN:** [REDACTED]

Payor: Payor: MEDICAID REPLACEMENT / Plan: MERIDIAN HEALTH PLAN OF IL /
Product Type: HMO /

Session Date: 10/25/23 **Session Time:** 0928

Patient Received: Supine in bed
Medical Lines/Equipment: (none)

History of Present Illness/Therapy Diagnosis: pelvis mass

Pertinent Past Medical/Surgical History:

Past Medical History:

Diagnosis	Date
• Anemia	
• Essential hypertension, benign	
• Essential thrombocythosis (CMS-HCC)	10/24/2023
• PE (pulmonary thromboembolism) (CMS-HCC)	
• Thrombocytosis	
• Vitamin B 12 deficiency	

Past Surgical History:

Procedure	Laterality	Date
• ABDOMEN SURGERY		10/23/2023
<i>Exploratory laparatomy, right oophorectomy, pelvic and paraaortic lymphadenectomy, infragastric omentectomy, right ureterolysis with Dr. Alter @ CDH</i>		
• HYSTERECTOMY		1990
• IR BIOPSY BONE MARROW		05/31/2023
<i>IR BIOPSY BONE MARROW 5/31/2023 CDH INTERVENTIONAL LABS</i>		
• IR IVC FILTER PLACEMENT		01/12/2023
<i>IR IVC FILTER PLACEMENT 1/12/2023 CDH INTERVENTIONAL LABS</i>		

RUE weight bearing: No restrictions
LUE weight bearing: No restrictions
RLE weight bearing: No restrictions
LLE Weight Bearing: No restrictions

Precautions: Fall

Interpreter Use

Free and Confidential Interpreter Offered: Yes
Interpreter Name and ID: dtr requested to interpret but despite several requests for dtr to walk with pt, dtr remained in room on phone. pt was able to understand general english for communication
Topic of interpretation : General communication, Assessment
Patient Declining Hospital Interpretation Services: Yes

Subjective

Subjective

PT Subjective Report: "I feel tired"

Home Environment:

Type of Home: Apartment/condo
Home Layout: (lives on second level and dtr reports no elevator but dtr is from out of town)
;
Lives With: Alone
Receives help from: Family
Needs Assistance With: Meal preparation, Household chores, Driving, Med management, Shopping, Bathing, Ambulation, Bowel/Bladder, Finances, Dressing, Transfers
Home Equipment: Cane (straight) (requests a walker for home use)

Prior Level Of Function:

Prior Function: home ambulation
Prior Function - Home Ambulation: Modified independent
Braces/Equipment/Devices
Patient used prior to hospitalization: Assistive device(s)
Assistive Devices: Single point/straight cane
Pt lives alone in second story apt with family periodically coming by. Has stairs and no elevator per family report. Uses SC PTA and family drives pt.

Pain:

Pain: Yes
Pain Intervention(s): Rest
Pain scale used: 0-10
Pain Score: (did not rate pain)
Pain Location: Abdomen
Pain Quality: Aching
Patient Behavior: Calm
Is patient willing to proceed?: Yes

Objective

OBJECTIVE

Vision: WFL

PT Cognition: Orientation: oriented to person and oriented to place and Safety Awareness: good awareness of safety precautions

Speech: Intact

Behavior: Cooperative

Sensation: Not assessed

Skin: Unremarkable

UE: AROM appears WFL and observed pt move B UE agasint gravity

LE: AROM appears WFL And observed pt move B LE agasint gravity

Balance: Sitting static: Good, Sitting dynamic: Good, Standing static: Good and Standing dynamic: Fair plus with walker

Posture: Sitting Posture: forward head and rounded shoulder and Standing Posture: forward head and rounded shoulder

Coordination: NT

Mobility:

Bed Mobility: Bed Mobility: (pt up in chair upon entering)

Transfers: Transfer: sit to stand, stand to sit

Equipment Used: Rolling Walker

Sit to Stand: stand by assist

Stand to Sit: stand by assist

Gait: Distance Ambulated (ft): 125 ft

Ambulation Device: Rolling Walker

Ambulation Assistance Level: contact guard assist

Gait Assessment: pt sitting in chair upon entering. pt sit-stand with RW and SBA. pt CGA for ambulation with RW. requested to ambulated beyond room. pt slow and needs incrased time but able to complete distance. question if pt able to manage l at home with ADL etc. per CM notes, pt has assist from family but dtr today requested rehab at DC.

Number of Assist: 1 staff member

Stairs:

Vitals:

Supplemental Oxygen Supply:

Outcome Measures:

Six Clicks:

How much difficulty does the patient currently have turning over in bed (including adjusting bedclothes, sheets and blankets)?: None

How much difficulty does the patient currently have sitting down on and standing up from a chair with arms (e.g., wheelchair, bedside commode, etc.)?: None

How much difficulty does the patient currently have moving from lying on back to sitting on the side of the bed?: A Little

How much help from another person does the patient currently need moving to and from a bed to a chair (including a wheelchair)?: None

How much help from another person does the patient currently need to walk in hospital room?: A Little

How much help from another person does the patient currently need climbing 3-5 steps with a railing?: A Little

Mobility Six Clicks Total Score: 21

Therapeutic Exercises:

n/a

Treatment Rendered During Session / Patient Education:

See above comments

End of session position: Up in chair, Call light within reach, All lines intact, Chair alarm on, Nursing notified

Assessment**ASSESSMENT****Goal Timeline: LOS**

Patient Stated Goals: to go home

Goals:

Goal	Progress
Patient will be independent with supine to sit transfers.	New goal
Patient will be modified independent with sit to stand transfers with rolling walker	New goal
Patient will ambulate 51-100 feet modified independent with rolling walker	New goal
Patient will go up and down 6-10 stairs modified independent with one railing	New goal

Patient is a 80 y.o. female who presents to physical therapy pelvic mass. Currently, the patient demonstrates impairments and functional limitations as listed below. The patient would benefit from continued skilled physical therapy intervention to improve these impairments and limitations, maximize safety, progress functional independence and

facilitate safe discharge. Patient's prognosis for goal completion is Good as evidenced by CGA/SBA for mobility with RW. Recommend SAR as pt is not at baseline and was using SC PTA. However, if pt not qualified, then home with family assist and RW/HHPT would be rec. Disc with MD and CM.

Impairments: Impaired posture, Pain, Decreased balance

Functional Limitations: Decreased independence with gait, Decreased independence with stair negotiation

Therapy charges were separate and distinct activities:

Plan
PLAN

Physical Therapy Plan of Care

Treatment Intervention:

Treatment/Interventions: Stair negotiation, Gait training, ADL training, Balance, Compensatory technique education, Bed mobility

PT Frequency: 3-5x/wk

Equipment Recommended: Assistive device(s)

Assistive Devices: Standard walker with wheels

Plan PT/PTA Communication: Yes

Discharge Disposition:

Sub acute rehab (SAR pt is not at baseline as she was ambulatory with SC PTA and now using RW. if pt does not qualify then home with family assist and HHPT. will need RW for home at that time also.)

Name: [REDACTED] PT
10/25/2023

Current IP Meds

(From admission, onward)

	Start	Stop	Status	Route	Frequency	Ordered
	10/26/23 0900	bisacodyL (DULCOLAX) suppository 10 mg	-- Verified	Rect	ONCE	10/23/23 1616
	10/26/23 0900	enoxaparin (LOVENOX) injection 40 mg	-- Verified	SubQ	EVERY 24 HOURS	10/25/23 0955

	Start	Stop	Status	Route	Frequency	Ordered
10/24/23 2200	heparin (porcine) injection 5,000 Units	10/26/23 0559	Dispensed	SubQ	3 TIMES DAILY	10/24/23 1635
10/24/23 1430	ALPRAZolam (XANAX) split tab 0.125 mg	10/24/23 1502	Completed	Oral	ONCE	10/24/23 1409
10/24/23 1200	enoxaparin (LOVENOX) injection 40 mg (CDH ENOXAPARIN 40 MG DAILY WHEN DOSE GIVEN WITHIN 24 HOURS) Status: Discontinued	10/24/23 1638	Discontinued	SubQ	DAILY	10/23/23 1245
10/24/23 0900	cyanocobalamin tablet 1,000 mcg	--	Dispensed	Oral	DAILY	10/23/23 1707
10/23/23 2100	pravastatin (PRAVACHOL) tablet 20 mg	--	Dispensed	Oral	NIGHTLY	10/23/23 1616
10/23/23 2100	famotidine (PEPCID) tablet 20 mg	--	Dispensed	Oral	2 TIMES DAILY	10/23/23 1616
10/23/23 2100	senna-docusate (PERICOLACE) 8.6-50 mg per tablet 2 tablet	--	Dispensed	Oral	2 TIMES DAILY	10/23/23 1616
10/23/23 2100	hydroxyurea (HYDREA) capsule 500 mg	--	Dispensed	Oral	2 TIMES DAILY	10/23/23 1616
10/23/23 1800	acetaminophen (TYLENOL) tablet 650 mg	--	Dispensed	Oral	4 TIMES DAILY (8A,1P,6P,11P)	10/23/23 1616
10/23/23 1757	polyvinyl alcohol (AKWA TEARS) 1.4 % ophthalmic solution 1 drop	--	Dispensed	Both Eyes	4 TIMES DAILY PRN	10/23/23 1758
10/23/23 1715	diphenhydRamine (BENADRYL) injection 25 mg (Nausea Protocol (Adult) medications)	--	Verified	IVPUSH	PRN	10/23/23 1716

Start		Stop Status	Route	Frequency	Ordered
10/23/23 1715	ondansetron (PF) (ZOFTRAN) injection 4 mg (Nausea Protocol (Adult) medications) See attached printout for full Linked Orders Report.	-- Dispensed	IVPUSH	EVERY 6 HOURS PRN	10/23/23 1716
10/23/23 1715	ondansetron-ODT (ZOFTRAN-ODT) disintegrating tablet 4 mg (Nausea Protocol (Adult) medications) See attached printout for full Linked Orders Report.	-- Verified	Oral	EVERY 6 HOURS PRN	10/23/23 1716
10/23/23 1715	metoclopramide (REGLAN) injection 10 mg (Nausea Protocol (Adult) medications)	-- Verified	IVPUSH	EVERY 6 HOURS PRN	10/23/23 1716
10/23/23 1715	prochlorperazine (COMPAZINE) suppository 25 mg (Nausea Protocol (Adult) medications)	-- Verified	Rect	EVERY 12 HOURS PRN	10/23/23 1716
10/23/23 1700	latanoprost (XALATAN) 0.005 % ophthalmic solution 1 drop	-- Dispensed	Both Eyes	EVERY EVENING BEFORE DINNER	10/23/23 1616
10/23/23 1645	lactated ringers infusion	10/24/23 1644	Verified	IV Drip	CONTINUOUS 10/23/23 1616
10/23/23 1615	traMADoL (ULTRAM) tablet 50 mg (Pain Management - Moderate Pain (tramadol))	-- Verified	Oral	EVERY 6 HOURS PRN	10/23/23 1616

Start		Stop Status	Route	Frequency	Ordered
10/23/23 1615	HYDROmorphine (PF) (DILAUDID) injection 0.5-1 mg (Pain Management - Severe Pain - HYDROmorphine IV)	-- Verified	IVPUSH	EVERY 3 HOURS PRN	10/23/23 1616
10/23/23 1615	diphenhydrAMINE (BENADRYL) injection 25 mg	-- Verified	IVPUSH	EVERY 6 HOURS PRN	10/23/23 1616
10/23/23 1615	simethicone (MYLICON) chewable tablet 80 mg	-- Verified	Oral	4 TIMES DAILY PRN	10/23/23 1616
10/23/23 1615	benzocaine- menthol (CHLORASEPTIC SORE THROAT) 6-10 mg 1 lozenge	-- Verified	Bucl	EVERY 4 HOURS PRN	10/23/23 1616
10/23/23 1300	lactated ringers infusion	-- Verified	IV Drip	CONTINUOUS	10/23/23 1230
10/23/23 0800	lactated ringers infusion	-- Verified	IV Drip	CONTINUOUS	10/23/23 0740

Last 24 HRs of Admins

All administrations since 10/24/2023 are shown below each listed medication.

acetaminophen

Order	Dose	Action	Date
acetaminophen (TYLENOL) tablet 650 mg	650 mg	Given	10/24/2023
	650 mg	Given	10/24/2023

alprazolam

Order	Dose	Action	Date
ALPRAZolam (XANAX) split tab 0.125 mg	0.125 mg	Given	10/24/2023

cyanocobalamin (vitamin B-12)

Order	Dose	Action	Date
cyanocobalamin tablet 1,000 mcg	1,000 mcg	Given	10/25/2023
	1,000 mcg	Given	10/24/2023

famotidine

Order	Dose	Action	Date
famotidine (PEPCID) tablet 20 mg	20 mg	Given	10/25/2023
	20 mg	Given	10/24/2023

20 mg Given 10/24/2023

heparin sodium,porcine

Order	Dose	Action	Date
heparin (porcine) injection 5,000 Units	5,000 Units	Given	10/25/2023
	5,000 Units	Given	10/24/2023

hydroxyurea

Order	Dose	Action	Date
hydroxyurea (HYDREA) capsule 500 mg	500 mg	Given	10/25/2023
	500 mg	Given	10/24/2023

latanoprost

Order	Dose	Action	Date
latanoprost (XALATAN) 0.005 % ophthalmic solution 1 drop	1 drop	Given	10/24/2023

ondansetron HCl/PF

Order	Dose	Action	Date
ondansetron (PF) (ZOFTRAN) injection 4 mg	4 mg	Given	10/25/2023

pravastatin sodium

Order	Dose	Action	Date
pravastatin (PRAVACHOL) tablet 20 mg	20 mg	Given	10/24/2023

sennosides/docusate sodium

Order	Dose	Action	Date
senna-docusate (PERICOLACE) 8.6-50 mg per tablet 2 tablet	2 tablet	Given	10/25/2023

Lab Results Last 72hrs

-Blood Smear Exam, RBC Morphology [LAB █] Reflex Order#: █

(Ord#: █ Class: Lab Collect STANDING

Standing Order Information

Remaining Occurrences: 0/1 Interval: ONE TIME

Last released: 10/25/2023

CBC [LAB █] Order #: █ Spec. #: █ Class: Lab Collect

Resulted: 10/25/2023 6:19 AM Abnormal Final result

Collected: Blood 10/25/2023 5:17 AM By: █

Priority: Routine

Lab: CDH LAB

Component	Value	Flag	Low	High	Units	Status
WBC	9.1		3.6	10.2	$10^3/\mu\text{L}$	F
RBC	2.29 ▼	L			$10^6/\mu\text{L}$	F
HGB	8.5 ▼	L			g/dL	F
HCT	25.6 ▼	L			%	F
MCV	111.8 ▲	H	82.0	99.0	fL	F
MCH	37.1 ▲	H	27.0	33.0	pg	F
MCHC	33.2		32.0	36.0	g/dL	F
RDW						F
Not measured						
PLT	128 ▼	L	150	450	$10^3/\mu\text{L}$	F
MPV	9.8		9.8	12.7	fL	F
Nucleated RBCs	0.0				%	F
Absolute Nucleated RBCs	0.0				$10^3/\mu\text{L}$	F

Provider Status: Open

Basic Metabolic Panel [LAB █] Order #: █ Spec. #: █ Class: Lab Collect

Resulted: 10/25/2023 6:04 AM Abnormal Final result

Collected: Blood 10/25/2023 5:17 AM By: █

Priority: Routine

Lab: CDH LAB

Component	Value	Flag	Low	High	Units	Status
Sodium	142				mmol/L	F
Potassium	3.9				mmol/L	F
Chloride	108 ▲	H			mmol/L	F
CO2	27				mmol/L	F
Anion Gap	7				mmol/L	F
Bun	16				mg/dL	F
Creatinine	0.70		0.60	1.30	mg/dL	F
eGFRcr (CKD-EPI 2021)	87				mL/min/1.73 m ²	F
Calcium	8.0 ▼	L			mg/dL	F
Glucose	109 ▲	H			mg/dL	F

Provider Status: Open

-Blood Smear Exam, RBC Morphology [LAB] Reflex Order#: [REDACTED]

(Ord#: [REDACTED]) Spec. #: [REDACTED] Class: Lab Collect

Resulted: 10/25/2023 6:19 AM Abnormal Final result

Collected: Blood 10/25/2023 5:17 AM By: [REDACTED]

Priority: Routine

Lab: CDH LAB

Component	Value	Flag	Low	High	Units	Status
RBC Morphology	Reviewed					F
Polychromasia	Few !	A				F
PLATELET	Normal					F
MORPHOLOGY - Hx						
Upload						
Macrocytosis	Many !	A				F

Provider Status: Open

-Blood Smear Exam, RBC Morphology [LAB] Reflex Order#: [REDACTED]

(Ord#: [REDACTED]) Spec. #: [REDACTED] Class: Lab Collect STANDING

Standing Order Information

Remaining Occurrences: 0/1 Interval: ONE TIME

Last released: 10/24/2023

CBC without Differential (Hemogram) [LAB] Order #: [REDACTED] Spec. #: [REDACTED]

[REDACTED] Class: Lab Collect

Resulted: 10/24/2023 1:42 PM Abnormal Final result

Collected: Blood 10/24/2023 12:57 PM By: [REDACTED]

Priority: Routine

Lab: CDH LAB

Component	Value	Flag	Low	High	Units	Status
WBC	10.8 ^	H	3.6	10.2	$10^3/\mu\text{L}$	F
RBC	2.42 ▼	L			$10^6/\mu\text{L}$	F
HGB	9.0 ▼	L			g/dL	F
HCT	26.5 ▼	L			%	F
MCV	109.5 ^	H	82.0	99.0	fL	F
MCH	37.2 ^	H	27.0	33.0	pg	F
MCHC	34.0		32.0	36.0	g/dL	F
RDW						F
	Not measured					
PLT	125 ▼	L	150	450	$10^3/\mu\text{L}$	F
MPV	10.0		9.8	12.7	fL	F
Nucleated RBCs	0.0				%	F
Absolute Nucleated RBC	0.0				$10^3/\mu\text{L}$	F

Provider Status: Open

-Blood Smear Exam, RBC Morphology [LAB] Reflex Order#: [REDACTED]

(Ord#: [REDACTED]) Spec. #: [REDACTED] Class: Lab Collect

Resulted: 10/24/2023 1:42 PM Abnormal Final result

Collected: Blood 10/24/2023 12:57 PM By: [REDACTED]

Priority: Routine

Lab: CDH LAB

Component	Value	Flag	Low	High	Units	Status
RBC Morphology	Reviewed					F
PLATELET	Enlarged					F
MORPHOLOGY - Hx						
Upload						
Macrocytosis	Moderate !	A				F
Provider Status:	Open					

CBC without Differential (Hemogram) [LAB [REDACTED]] Order #: [REDACTED] Class: Lab Collect STANDING

Standing Order Information

Remaining Occurrences: 0/1 Interval: ONE TIME

Last released: 10/24/2023

[CANCELED] CBC without Differential (Hemogram) [LAB [REDACTED]] Order #: [REDACTED] Class: Lab Collect STANDING

Standing Order Information

Remaining Occurrences: 1/1 Interval: Routine 1 time Draw in AM

Basic Metabolic Panel [LAB [REDACTED]] Order #: [REDACTED] Class: Lab Collect STANDING

Standing Order Information

Remaining Occurrences: 4/5 Interval: DAILY (specify time)

Last released: 10/25/2023

[CANCELED] Type and Screen [LAB [REDACTED]] Order #: [REDACTED] Class: Lab Collect

Magnesium Level [LAB [REDACTED]] Order #: [REDACTED] Spec. #: [REDACTED] Class: Lab Collect

Resulted: 10/24/2023 5:34 AM Normal Final result

Collected: Blood 10/24/2023 4:38 AM By: [REDACTED]

Priority: Routine

Lab: CDH LAB

Component	Value	Flag	Low	High	Units	Status
Magnesium	1.9		1.7	2.8	mg/dL	F
Provider Status:	Open					

CBC [LAB [REDACTED]] Order #: [REDACTED] Spec. #: [REDACTED] Class: Lab Collect

Resulted: 10/24/2023 5:19 AM Abnormal Final result

Collected: Blood 10/24/2023 4:38 AM By: [REDACTED]

Priority: Routine

Lab: CDH LAB

Component	Value	Flag	Low	High	Units	Status
WBC	9.0		3.6	10.2	$10^3/\mu\text{L}$	F
RBC	1.56 ▼	L			$10^6/\mu\text{L}$	F
HGB	6.4 ▼	LL			g/dL	F
HCT	19.7 ▼	L			%	F

Component	Value	Flag	Low	High	Units	Status
MCV	126.3 ^	H	82.0	99.0	fL	F
MCH	41.0 ^	H	27.0	33.0	pg	F
MCHC	32.5		32.0	36.0	g/dL	F
RDW	12.8		11.0	15.0	%	F
PLT	117 v	L	150	450	10^3/ μ L	F
MPV	9.9		9.8	12.7	fL	F
Nucleated RBCs	0.0				%	F
Absolute Nucleated RBCs	0.0				10^3/ μ L	F

Result Narrative:

10/24/2023 5:18 AM: P indicates partial results on a panel have been released. Additional results will follow.

10/24/2023 5:19 AM: This result has been final verified. No additional or changed results are expected.

Provider Status: Open

Basic Metabolic Panel [LAB] Order #: [REDACTED] Spec. #: [REDACTED] Class: Lab Collect

Resulted: 10/24/2023 5:34 AM Abnormal Final result

Collected: Blood 10/24/2023 4:38 AM By: [REDACTED]

Priority: Routine

Lab: CDH LAB

Component	Value	Flag	Low	High	Units	Status
Sodium	138				mmol/L	F
Potassium	4.6				mmol/L	F
Chloride	108 ^	H			mmol/L	F
CO2	25				mmol/L	F
Anion Gap	5				mmol/L	F
Bun	16				mg/dL	F
Creatinine	0.71		0.60	1.30	mg/dL	F
eGFRcr (CKD-EPI 2021)	86				mL/min/1.73 m ²	F
Calcium	8.7				mg/dL	F
Glucose	117 ^	H			mg/dL	F

Provider Status: Open

[CANCELED] Creatinine [LAB] Order #: [REDACTED] Class: Lab Collect

[CANCELED] Potassium Level [LAB] Order #: [REDACTED] Class: Lab Collect

[CANCELED] Creatinine [LAB] Order #: [REDACTED] Class: Lab Collect

Magnesium Level [LAB] Order #: [REDACTED] Class: Lab Collect STANDING

Standing Order Information

Remaining Occurrences: 0/1 Interval: Routine 1 time Draw in AM

Last released: 10/24/2023

[CANCELED] Creatinine [LAB] Order #: [REDACTED] Class: Lab Collect STANDING

Standing Order Information

Remaining Occurrences: 0/1 Interval: Routine 1 time Draw in AM

Last released: 10/24/2023

[CANCELED] Potassium Level [LAB █] Order #: █ Class: Lab Collect STANDING

Standing Order Information

Remaining Occurrences: 0/1 Interval: Routine 1 time Draw in AM

Last released: 10/24/2023

[CANCELED] Creatinine [LAB █] Order #: █ Class: Lab Collect STANDING

Standing Order Information

Remaining Occurrences: 0/1 Interval: Routine 1 time Draw in AM

Last released: 10/24/2023

CBC [LAB █] Order #: █ Class: Lab Collect STANDING

Standing Order Information

Remaining Occurrences: 3/5 Interval: DAILY (specify time)

Last released: 10/25/2023

Basic Metabolic Panel [LAB █] Order #: 1766692107 Class: Lab Collect STANDING

Standing Order Information

Remaining Occurrences: 0/1 Interval: Routine 1 time Draw in AM

Last released: 10/24/2023

Blood Gas,Istat,Arterial [LAB █] Order #: █ Class: Unit Collect STANDING

Standing Order Information

Remaining Occurrences: 0/1 Interval: PROCEDURE ONCE

Last released: 10/23/2023

Blood Gas,Istat,Arterial [LAB █] Order #: █ Spec. #: █ Class:

Lab Collect

Resulted: 10/23/2023 10:52 AM Abnormal Final result

Collected: Blood 10/23/2023 10:37 AM By: █

Priority: Routine

Lab: CDH LAB

Component	Value	Flag	Low	High	Units	Status
pH, Arterial Blood	7.34					F
pCO ₂ , Arterial	38.7		35.0	45.0	mm Hg	F
PO ₂ , Arterial	290.0 	HH	80.0	105.0	mm Hg	F
HCO ₃ , Arterial	21 	L	22	26	mmol/L	F
HCT	26 	L			%	F
HGB	8.8 	L			g/dL	F
Sodium, Whole Blood	141		138	146	mEq/L	F
Potassium Bld Gas	3.8		3.5	4.9	mEq/L	F
Ionized Calcium,	1.23		1.12	1.32	mmol/L	F
Whole Blood						
CTCO ₂ Arterial POC	22.0 	L	23.0	27.0	mmol/L	F
CSO ₂ , Arterial POC	100 	H	95	98	%	F

Provider Status: Open

SURGICAL PATHOLOGY [LAB █] Order #: █ Class: Clinic Performed STANDING

Standing Order Information

Remaining Occurrences: 0/1 Interval: RELEASE UPON ORDERING

Last released: 10/23/2023