

# HOMESTEAD

POST ACUTE

1608 Versailles Road

Lexington, KY 40504

Phone: 859-252-0871

Fax: 859-255-2467

To: McLanahan Wheel CareDate: 8/21/25From: Elvita T.Fax: 859-399-6697Re: M. Brown

No. of Pages \_\_\_\_\_

 Urgent For Review Please Comment Please Reply

Notes:

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## ADMISSION RECORD

Homestead Post Acute  
1608 Versailles Road  
Lexington, KY 40504-2402

United States  
TEL: (859) 252-0871  
FAX: (859) 255-2467

Aug 20, 2025 12:39:36 ET

## RESIDENT INFORMATION

Resident Name	Preferred Name	W/H	Room/Unit	Admission Date	Discharge Date	Or/Admit Date	Reason
Brown, Mildred		500-B	523-D	07/30/2025	07/30/2025	07/30/2025	10047
Previous Address				Current/Mailing Address			
1109 SHAGBARK LANE, Lexington, KY, 40515				(606) 424-1369 Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Language
F	01/31/1934	91	Widowed	Christian	White	County Clerk	English
Admission Facility		Admission Location		Birthplace		Education	
Acute care hospital		Baptist Health		Lawrenceburg KY		Medical Needs	
Name (HICN)		Name (Emergency ID)		Ex-Offender		Admit Type	
		7VG4FF3UT90		***-**-4306		H04837829	
Available Plan Name		Name		Managed by		Policy	
Humana							
Explanation of Benefits		Policy/Insurance Name		Type (Insurance Policy)		Policy Number	
Policy		Medical Record #					

## PAYER INFORMATION

Policy#	Humana Levels	Policy#	H04837829	Group#		To Company	Humana Insurance
Policy#	Managed Care Coins - Private Pay (MCP)						

## OTHER INFORMATION

Medicaid/Other Health Insay		Admitted	
07/24/2025	07/30/2025	Listnopril, PHENoarbital, tiZANidine, Cymbalta	
(0/00)		Admission Facility	
Admission Date		Admission Facility	
Community Pharmacy	Concertia Pharmacy	Concertia or Preferred Pharmacy	
Caregiver Psychological (PCP)	Calloway Psychological Services	County Admitted from	
Date Medications should be supplied for	07/31/2025	Breakthrough DRG	
Emergency Room	Emergency Room	Health Community	
Medicare	MEDICAL CERTIFY	Health Community	
Medicaid Name & State	Medicaid Recipient Information	Medicaid Recipient Information	
Medicare Advantage?	Medicare Coverage MCO	Medicare Group	
Medicare/Medicaid Name	Group Name	Facility DRG	
Physical	Preferred Health	Facility DRG	
Health Insurance Coverage (HICN)	Resident Name (HICN)	Facility DRG	
Discharge Disposition	Discharge Disposition	Facility DRG	
Other Facility/Health Center	Other Facility/Health Center	Veteran	
Waiver?		Young Status	

## CARE PROVIDERS

Primary	Phone	Address	OBIN	NRI
Attending Physician (Primary) Doodnauth, Davenand	Office:(859) 286-9951 Fax:(859) 286-9952	1050 Monarch St Suite 300 Lexington, KY 40573	157254	1568499804
Attending Physician Carr-Jarmon, Avis	Office:(859) 244-1978 Fax:(859) 263-0650	1700 Old Lebanon Rd. Campbellsville, KY 42718	1881891588	1881891588

Brown, Mildred(10047) – Continued on Page 2

## CARE PROVIDERS

**Physician**  
Ilkanich, Paul  
Office:(872) 231-3162  
401 Michigan Avenue  
Chicago, IL  
60611  
1639674500

PHARMACY

Provider	Phone/Fax	Address
Med Care Pharmacy (Primary)	Phone: (859) 689-7130 Fax: (859) 689-6212	350 Aristocrat Drive Suite B Florence, KY, 41042

## **EXTERNAL FACILITIES**

Facility Name	Phone	Facility Type
Baptist Health	Phone: (859) 260-6100	Hospital
Solaris Diagnostics	Phone: (844) 550-0308	Laboratory
Gash Memorial Chapel	Phone: (502) 839-6801	Funeral Home

## **CONTACTS**

Name	Contact Type	Relationship	Address	Phone/Email
Rogers, Jackie	Emergency Contact # 1 Healthcare Decision-maker Responsible Party	Daughter	1109 SHAGBARK LANE Lexington, KY, 40515	Cell:(859) 619-7066 Office:(859) 278-7066 Email:jackie.rogers@hotmail.com
Porter, Brenda	Emergency Contact # 2 Healthcare Decision-maker	Daughter		Cell:(606) 424-1369

**DIAGNOSIS INFORMATION**

DIAGNOSIS INFORMATION					
Code	Description	Date	Type	Rank	Classification
N10	ACUTE PYELONEPHRITIS	07/30/2025	Primary		Admission
N12	TUBULO-INTERSTITIAL NEPHRITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	07/30/2025	A		Admission
R78.81	BACTEREMIA	07/30/2025	B		Admission
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	07/30/2025	C		Admission
M62.91	MUSCLE WEAKNESS (GENERALIZED)	07/30/2025	D		Active Dx
Z74.09	OTHER REDUCED MOBILITY	07/30/2025	E		Admission
R13.10	DYSPHAGIA, UNSPECIFIED	07/30/2025	F		Admission
J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	07/30/2025	G		Admission
D84.821	IMMUNODEFICIENCY DUE TO DRUGS	07/30/2025	H		Admission
I10	ESSENTIAL (PRIMARY) HYPERTENSION	07/30/2025			Admission
F33.9	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	07/30/2025	I		Admission
E78.5	HYPERLIPIDEMIA, UNSPECIFIED	07/30/2025	Rank N/A		Admission
F41.9	ANXIETY DISORDER, UNSPECIFIED	07/30/2025	Rank N/A		Admission
G25.81	RESTLESS LEGS SYNDROME	07/30/2025	Rank N/A		Admission
G47.00	INSOMNIA, UNSPECIFIED	07/30/2025	Rank N/A		Admission
H35.30	UNSPECIFIED MACULAR DEGENERATION	07/30/2025	Rank N/A		Admission
K21.9	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	07/30/2025	Rank N/A		Admission
M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	07/30/2025	Rank N/A		Admission
M10.9	GOUT, UNSPECIFIED	07/30/2025	Rank N/A		Admission
M80.00XD	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SITE, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	07/30/2025	Rank N/A		Admission
S72.	DISPLACED INTERTROCHANTERIC FRACTURE OF RIGHT FEMUR, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	04/23/2025	Rank N/A		Admission
141D					

#### **ADVANCE DIRECTIVE**

DNR

#### MISCELLANEOUS INFORMATION

Date of Birth (D)      Time      Length of Stay      Discharged to (Hospital Name and Address No.)

21

Digitized by srujanika@gmail.com

Relationship	Role	Time
POLITICAL REGIONS	None	None

## TRANSFER / DISCHARGE REPORT

20 Aug, 2025

Homestead Post Acute  
1608 Versailles Road  
Lexington KY 40504-2402 United States  
(859) 252-0971

## RESIDENT INFORMATION

Resident Name	Unit	Room#	Admision Date	Readmit No.		
Brown, Mildred	500-B	523 0	07/30/2025	10047		
Sex	Birthdate	Age	Medical Status	Religion	Primary Language	Secondary Language
F	01/31/1934	91	Widowed	Christian	English	
(Medicare (HIC))			(Medicare Beneficiary ID)		Social Security	Advantage Plan
			7VG4FF3UT90		***-**-4306	H04837829
Advantage Plan Name			Medicaid#		Married Medicare ID#	Care Policy#
Humana						
Co-Insurance Name			Life Insurance Name		Life Insurance Policy#	
Policy#			Medical Record#			

## OTHER INFORMATION

Allergies						
Lisinopril, PHENobarbital, IZANidine, Cymbalta		Copy Advance Directive/Living Will Enclosed		Diet Type	Diet Toxico	Gelatin Compatiblity
Advance Directive		YES	NO	High Protein, NAS	Mechanical Soft Ground	Thin Liquids
DNR						

## PRIMARY CONTACT

Name	Notified	Relationship	Address	Phone
Rogers, Jackie	YES NO	Daughter	1109 SHAGBARK LANE Lexington,KY 40515	Cell: (859) 619-7065 Bus: (859) 278-7065Ext: N/A

## PRIMARY PHYSICIAN

Physician	Phone	Address
Doodnauth, Davanand	Office:(859) 286-9951	1050 Monarch St Lexington,KY

## DIAGNOSES

ACUTE KIDNEY FAILURE, UNSPECIFIED (N17.9)	ACUTE PYELONEPHRITIS (N10)
AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SITE, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING (M80.00XD)	ANXIETY DISORDER, UNSPECIFIED (F41.9)
BACTEREMIA (R78.81)	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED (J44.9)
DISPLACED INTERTROCHANTERIC FRACTURE OF RIGHT FEMUR, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING (S72.141D)	DYSPHAGIA, UNSPECIFIED (R13.10)
ESSENTIAL (PRIMARY) HYPERTENSION (I10)	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS (K21.8)
GOUT, UNSPECIFIED (M10.9)	HYPERLIPIDEMIA, UNSPECIFIED (E78.5)
IMMUNODEFICIENCY DUE TO DRUGS (D84.821)	INSOMNIA, UNSPECIFIED (G47.00)
MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED (F33.9)	MUSCLE WEAKNESS (GENERALIZED) (M62.81)
OTHER REDUCED MOBILITY (Z74.09)	RESTLESS LEGS SYNDROME (G25.81)
RHEUMATOID ARTHRITIS, UNSPECIFIED (M06.9)	TUBULO-INTERSTITIAL NEPHRITIS, NOT SPECIFIED AS ACUTE OR CHRONIC (N12)
UNSPECIFIED MACULAR DEGENERATION (H35.30)	

## LAST VITAL SIGNS

Blood Pressure	Pulse	Temperature	Respirations	Oxygen Saturation
131/70 Date: 08/20/2025	82 Date: 08/20/2025	97.5 Date: 08/19/2025	16 Date: 08/19/2025	

**TRANSFER / DISCHARGE REPORT**

20 Aug, 2025

Homestead Post Acute  
 1608 Versailles Road  
 Lexington KY 40504-2402 United States  
 (859) 252-0871

**RESIDENT INFORMATION**

Resident Name	Unit	Room/Bed	Admission Date	Resident #6
Brown, Mildred	500-B	523 0	07/30/2025	10047

**CHIEF COMPLAINT(reason for transfer)****RELEVANT INFORMATION**

Employment	Ambulation	Diet	EDWU	Other

Usual Level of Functioning

**MISCELLANEOUS INFORMATION**

Date of Transfer/Discharge	Place	To/From/Discharged To	Date	Date

Person(s) Effectively With

Relationship

Date

Date

## TRANSFER / DISCHARGE REPORT

20 Aug, 2025

Homestead Post Acute  
 1608 Versailles Road  
 Lexington KY 40504-2402 United States  
 (859) 252-0871

## RESIDENT INFORMATION

Residents Name	Unit	Room/Edd	Admission Date	Resident No.
Brown, Mildred	500-B	523 0	07/30/2025	10047

## CURRENT MEDICATIONS

The Last Administered column only includes medications with a Chart Code of 0 - Administered. For complete details, see the Medication Administration Record (MAR).

Medicine/Info	Last Administered	Related Diagnoses	Start Date	End Date
Diclofenac Sodium External Gel 1 %. Directions: Apply to BUE/BLE topically four times a day for pain 2grams each area	08/20/2025 11:33		07/30/2025	
diTIAZem HCl ER Oral Tablet Extended Release 24 Hour 240 MG. Directions: Give 1 tablet by mouth one time a day for HTN hold systolic less than 110 HR less than 60	08/20/2025 08:05		07/31/2025	
Lidocaine Patch 4 %. Directions: Apply to left shoulder topically one time a day for pain and remove per schedule	08/20/2025 08:05		08/01/2025	
MiraLax Oral Powder 17 GM/SCOOP. Directions: Give 1 scoop by mouth one time a day for constipation hold for loose stool	08/20/2025 08:05		08/06/2025	
Multivitamin-Minerals Oral Tablet. Directions: Give 1 tablet by mouth one time a day for supplement	08/20/2025 08:05		07/31/2025	
Vitamin B-12 Oral Tablet 1000 MCG. Directions: Give 1 tablet by mouth one time a day for supplement	08/20/2025 08:05		07/31/2025	
Calcium-Vitamin D Tablet 600-200 MG-UNIT. Directions: Give 2 tablet by mouth one time a day for supplementation	08/20/2025 08:05		07/31/2025	
Cetirizine HCl Oral Tablet 10 MG. Directions: Give 1 tablet by mouth one time a day for congestion	08/20/2025 08:02		07/31/2025	
Folic Acid Oral Tablet 1 MG. Directions: Give 1 tablet by mouth one time a day for supplement	08/20/2025 08:02		07/31/2025	
HYDROcodone-Acetaminophen Oral Tablet 10-325 MG. Directions: Give 1 tablet by mouth two times a day for pain	08/20/2025 08:01		08/06/2025	
Mirtazapine Oral Tablet 7.5 MG. Directions: Give 1 tablet by mouth at bedtime for depression	08/19/2025 22:07		07/30/2025	
Omeprazole Oral Capsule Delayed Release 20 MG. Directions: Give 1 capsule by mouth at bedtime for GERD	08/19/2025 22:07		07/31/2025	
Melatonin Oral Tablet 5 MG. Directions: Give 1 tablet by mouth at bedtime for insomnia	08/19/2025 22:07		07/30/2025	
Skin Prep Spray Miscellaneous. Directions: Apply to right heel topically every day shift for unstageable pressure wound cleanse wound with NS, pat dry, apply skin prep allow to dry	08/19/2025 11:39		08/15/2025	
Tylenol Extra Strength Oral Tablet 500 MG. Directions: Give 2 tablet by mouth every 8 hours as needed for pain	08/18/2025 22:01		08/06/2025	
MiraLax Oral Powder 17 GM/SCOOP. Directions: Give 1 scoop by mouth as needed for constipation Daily hold for loose stool	08/17/2025 20:00		07/30/2025	
Zofran Oral Tablet 4 MG. Directions: Give 1 tablet by mouth every 8 hours as needed for nausea			07/30/2025	

## IMMUNIZATIONS

Immunization	Date Given
TB 2 Step Mantoux Skin Test (Step2)	08/11/2025
TB 2 Step Mantoux Skin Test (Step1)	07/30/2025
Pfizer COVID-19(Comirnaty)Seasonal 2024-2025	02/28/2025
Influenza (high dose)	11/07/2024
Pneumococcal PCV13	09/07/2018

**Physical Therapy  
Treatment Encounter Note(s)**

Provider: Homestead Post Acute

**Brown, Mildred**

### **Identification Information**

Patient: Brown, Mildred  
MRN: 10047

**DOB:**

1/31/1934

Date of Service: 8/19/2025

**Completed Date:** 8/19/2025

**Supporting (P)TLS 1.3 Services**

<b>Precautions</b>	Precautions: high fall risk, L shoulder pain, B heel wounds
97110	97110: Pt reported seated BLE reciprocal strengthening exer x 10 min to promote LE strength for improved mobility w/ skill of PT for monitoring activity tolerance, set up and load mgmt. Pt performed seated BLE exer 10 x 2 reps. Skill of PT for LE excursion, sequencing and cadence. Assessment of LE strength for PT progress report
97530	97530: Pt xfer'd STS x 3 reps using grab bars w/ min A. Pt xfer'd w/c<>toilet w/ min<>mod A. Pt reports having raised toilet seat at home. Pt stood w/ 1 UE support transitioning to no UE support 30 sec w/ min A. Skill of PT for hand/foot placement, sequencing and task/mvmt initiation. Pt reports not amb past 5 yrs. Assessment of xfer's, standing balance and bed mobility for PT progress report

**Response to Tx**      **Response to Treatment: Participatory and motivated**

### **Supervising Therapist: Participatory and motivated**

## *Functional States as a Result of Skillful Interventions*

**Bed Mobility** = Bed Mobility = Min (A); Rolling = SBA; Supine → Sit = Min (A); Sit → Supine = CGA

**Transfers** = Min (A); Sit  $\rightarrow$  Stand = Min (A)

Galt: Level Surfaces = DNT; Distance Level Surfaces = 5 feet; Assistive Device = Two-wheeled walker; Galt: Uneven Surfaces = N/A - Not Applicable at this time

**Other Areas:** Stairs = N/A - Not Applicable at this time

**Sitting Balance**      Static Sitting = Fair; Dynamic Sitting = Poor+

**Standing Balance**    Static Standing = Fair-; Dynamic Standing = Poor+

I accept responsibility for the content I documented in this patient's record and attest, to the best of my knowledge, that it accurately reflects the current performance, condition and medically necessary, skilled services provided per this patient's current treatment plan.

**Original Signature:**

Electronically signed by Denise Sandman, PT

8/19/2025 02:20:39 PM EDT

Draft

**Occupational Therapy  
Treatment Encounter Note(s)**

Provider: Homestead Post Acute

Brown, Mildred

**Identified Condition**Patient: Brown, Mildred  
MRN: 10047

DOB: 1/31/1934

**Date of Service:** 8/19/2025**Completed Date:** 8/19/2025**Summary of Daily Skilled Services**

**Precautions** Precautions: Fall risk, visual impairment, L shoulder pain, B/L heel wounds/threat to skin integrity.  
97110 97110: Facilitated BUE ther-ex reciprocal exerciser with min resistance for increase RCM, ax tolerance, endurance and muscle strength to promote IND in self care and transfers to return to prior level of living.  
97535 97535: Assessed toileting task. Pt on commode and staff had assisted. Pt completed perl care IND. Sit to stand from commode with min A. Pt donned pull up with CGA. Pivot transfer to w/c with CGA using grab bar to assist.

**Response to Tx** Response to Treatment: Good**Functional Status as a Result of Skilled Interventions**

Self Feeding Self Feeding = Supervised (A)  
UB Dressing UB Dressing = Mod (A)  
LB Dressing LB Dressing = Max (A)  
Toileting Toileting = Mod (A)  
Bathing UB Bathing = Max (A); LB Bathing = Total Dependence without attempts to initiate

I accept responsibility for the content I documented in this patient's record and attest, to the best of my knowledge, that it accurately reflects the current performance, condition and medically necessary, skilled services provided per this patient's current treatment plan.

Original Signature:

Electronically signed by Jennifer Shipp, COTA

8/19/2025 03:15:53 PM EDT

Date

Brown, Mildred W DOB: 01/31/1934 Unofficial Copy of Medical Record



**BAPTIST HEALTH®**

**Brown, Mildred W**

MRN: 8910852066

Lambert, Margaret E, APRN

Nurse Practitioner

Hospitalist

H&P

Attested

Date of Service: 07/24/25 1741

Creation Time: 07/24/25 1741

Attested

Attestation signed by Bhinder, Muhammad, MD at 07/24/25 2300

**Attending Cosignature**

Pyelonephritis, await cultures continue antibiotics, due to Immunocompromise status will be broad to cover for pneumonia as well. Inflammatory markers significantly elevated.

I supervised care of the patient on day of service with direct care provided by the advanced care provider (APC).

*Muhammad Bhinder, MD*  
07/24/25



**BAPTIST HEALTH**

**Baptist Health Lexington Hospital Medicine Services**  
**HISTORY AND PHYSICAL**

**Patient Name:** Mildred W Brown

**DOB:** 1/31/1934

**MRN:** 8910852066

**Primary Care Physician:** Holestol, Bjorn L, MD

**Date of admission:** 7/24/2025

**Subjective**



**Subjective**

**Chief Complaint:** Increased generalized weakness, N/V/D, anorexia, confusion

**HPI:**

Brown, Mildred W (MR # 8910852066) Printed by Hatton, Julie [605899] at 7/29/2025 11:20 AM

Encounter Date: 07/24/2025

Brown, Mildred W DOB: 01/31/1934 Unofficial Copy of Medical Record

Mildred W Brown is a 91 y.o. female with PMH significant for recent right hip fracture with repair 4/23/2025 (BHL, Dr. Denehy), HTN, HLD, RA (on prednisone, methotrexate, Remicade), GERD, anxiety who presents to BHL ED via EMS for progressive weakness, anorexia, N/V/D, and confusion after a fall at home 4 days ago. Patient reports that she slid out of her wheelchair on Sunday and her grandson caught her. She denies hitting her head but has had left shoulder pain since that time. Daughter, Brenda, at bedside reports that her mom has had ongoing nausea, vomiting, and diarrhea in the same timeframe. She called EMS today based on patient's profound weakness and increasing confusion. Patient found to have a kidney infection. She denies having a kidney infection before or frequent UTIs. She does wear Depends for urinary incontinence. Since her hip fracture in April, she has been using a wheelchair for mobility and transfers with a walker. She is current with Centerwell Home Health.

On presentation to the ED, patient is afebrile, HR and BP are stable and within normal limits. Labs are notable for Na 132, Cr 1.43, mag 2.7, alk phos 246, procalcitonin 10.10, WBCs 15.37 with abs neuts 14.14. UA show turbid urine with moderate blood, WBCs TNTC, 4+ bacteria. CT A&P shows edematous left kidney consistent with extensive pyelonephritis but without evidence of abscess or obstructive uropathy. Also shows mild patchy RLL disease, atelectasis vs pneumonia. CT head is negative. Urology contacted from ED and does not recommend a ureteral stent and recommends treatment with antibiotics. Patient received 1 dose Rocephin in ED.

### Personal History

#### Past Medical History:

##### Diagnosis

Date

- Anemia
- Anxiety
- Arthritis
- Breast lump
- Cancer  
*endometrial*
- Chronic back pain
- COPD (chronic obstructive pulmonary disease)  
*Secondhand smoke*
- Depression
- Diverticulitis
- Endometrial cancer
- Fatigue
- GERD (gastroesophageal reflux disease)
- Gout
- Hypertension
- Incontinence of urine
- Macular degeneration
- Mild cognitive impairment with memory loss  
*Mainly short term memory*
- Osteoarthritis of knee
- Osteoporosis
- Pyelonephritis
- RA (rheumatoid arthritis)
- RAD (reactive airway disease)
- Renal insufficiency
- RLS (restless legs syndrome)
- Visual impairment

05/12/2021

7/24/2025

10/15/2024

Brown, Mildred W DOB: 01/31/1934 Unofficial Copy of Medical Record

**Past Surgical History:**

Procedure	Laterality	Date
• APPENDECTOMY		
• BACK SURGERY		
• BREAST LUMPECTOMY		
• HIP TROCHANTERIC NAILING WITH INTRAMEDULLARY HIP SCREW	Left	
	Right	4/23/2025
Procedure: HIP TROCHANTERIC NAILING RIGHT; Surgeon: Denehy, Kevin M, MD; Location: BH LEX OR; Service: Orthopedics; Laterality: Right;		
• HYSTERECTOMY		

**Family History:** family history includes Arthritis in her sister; Cancer in her father and son; Heart attack in her father; Heart disease in her father; Hyperlipidemia in her daughter and son; Leukemia in her father; Lung cancer in her daughter and son; Obesity in her daughter; Osteoarthritis in her mother.

**Social History:** reports that she has never smoked. She has been exposed to tobacco smoke. She has never used smokeless tobacco. She reports that she does not drink alcohol and does not use drugs.

**Social History****Social History Narrative**

2023: Lives with daughter Jackie. She also has another daughter, lost 1 son from lung cancer around 2015. She used to do accounting in the past, worked for the state. Per 2023 patient is wheelchair dependent.

**Medications:**

B-12, Calcium-Magnesium-Vitamin D, HYDROcodone-acetaminophen, acetaminophen, cetirizine, cloNIDine, dilTIAZem CD, folic acid, hydrOXYzine, inFLIXimab, melatonin, methocarbamol, methotrexate, mirtazapine, multivitamin with minerals, omeprazole, ondansetron, polyethylene glycol, predniSONE, and valsartan

**Allergies****Allergen**

- Lisinopril
- Phenobarbital
  - Blisters
- Tizanidine
- Cymbalta [Duloxetine Hcl]

**Reactions**

Cough  
Other (See Comments)

Hallucinations  
Anxiety and Hallucinations

**Objective****Objective****Vital Signs:**

Temp: [98.2 °F (36.8 °C)] 98.2 °F (36.8 °C)

Heart Rate: [74-80] 80

Resp: [14] 14

BP: (105-162)/(65-90) 151/66

**Physical Exam**

Constitutional: Awake, alert

Eyes: PERRLA, sclerae anicteric, no conjunctival injection

Brown, Mildred W DOB: 01/31/1934 Unofficial Copy of Medical Record

- HENT: NCAT, mucous membranes moist
- Neck: Supple, no thyromegaly, no lymphadenopathy, trachea midline
- Respiratory: Pleural rub RLL, other lobes CTA bilaterally, nonlabored respirations, room air
- Cardiovascular: RRR, no murmurs, rubs, or gallops, palpable pedal pulses bilaterally
- Gastrointestinal: Positive bowel sounds, soft, nontender, nondistended
- Musculoskeletal: No bilateral ankle edema, no clubbing or cyanosis to extremities
- Psychiatric: Appropriate affect, cooperative
- Neurologic: Oriented x 3, strength symmetric in all extremities, Cranial Nerves grossly intact to confrontation, speech clear
- Skin: No rashes, bilateral heel dressings intact

**Result Review:**

I have personally reviewed the results from the time of this admission to 7/24/2025 19:18 EDT and agree with these findings:

- Laboratory list / accordion
- Microbiology
- Radiology
- EKG/Telemetry
- Cardiology/Vascular
- Pathology
- Old records
- Other:

**Most notable findings include:**

**LAB RESULTS:**

Lab	07/24/25 1741	07/24/25 1537
WBC	--	15.37*
HEMOGLOBIN	--	11.4*
HEMATOCRIT	--	34.3
PLATELETS	--	186
NEUTROS ABS	--	14.14*
EOS ABS	--	0.15
MCV	--	97.4*
SED RATE	--	>130*
CRP	--	43.00*
PROCALCITONIN	--	10.10*
LACTATE	1.5	--
CK TOTAL	--	95

Lab	07/24/25 1537
SODIUM	132*
POTASSIUM	4.4
CHLORIDE	99
CO2	21.7*
ANION GAP	11.3
BUN	54.3*
CREATININE	1.43*
EGFR	34.7*
GLUCOSE	92
CALCIUM	8.7
MAGNESIUM	2.7*

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Lab	07/24/25 1537
TOTAL PROTEIN	6.5
ALBUMIN	2.9*
GLOBULIN	3.6
ALT (SGPT)	22
AST (SGOT)	47*
BILIRUBIN	0.9
ALK PHOS	246*
LIPASE	19

**Brief Urine Lab Results** (Last result in the past 365 days)

	Color	Clarity	Blood	Leuk Est	Nitrite	Protein	CREAT	Urine HCG
07/24/25 1533	Yellow	Turbid !	Moderate	Large (3+) (2+) !	Negative	100 mg/dL		

**Microbiology Results** (last 10 days)

\*\* No results found for the last 240 hours. \*\*

**CT Abdomen Pelvis With Contrast**

Result Date: 7/24/2025

CT ABDOMEN PELVIS W CONTRAST Date of Exam: 7/24/2025 4:48 PM EDT Indication: N/V/D. Comparison: None available. Technique: Axial CT images were obtained of the abdomen and pelvis following the uneventful intravenous administration of 85 mL Isovue-300. Reconstructed coronal and sagittal images were also obtained. Automated exposure control and iterative construction methods were used. Findings: There is mild patchy atelectasis versus pneumonia or aspiration in the posterior right lower lobe, benign-appearing left basilar pleural scarring and a calcified right middle lobe granuloma. There is diffuse fatty liver change. No liver lesions are identified. Gallbladder appears normally distended with no visible gall stones or gallbladder inflammation. No biliary ductal dilatation is appreciated. Pancreas appears within normal limits for age. Spleen is not enlarged. Adrenal glands appear normal. Right kidney appears normal with with normal enhancement and no evidence of obstructive uropathy. Left kidney, by contrast, appears edematous, with markedly abnormal enhancement throughout nearly all of the renal parenchyma consistent with pyelonephritis. No renal mass is seen. Coronal images show partially duplicated left renal collecting system with upper and lower pole ureters, both of which show increased urothelial enhancement, coronal images 58 through 52 series 900. There is a small nonenhancing lower pole cyst. No obstructive uropathy is seen. Ureters are normal in caliber. Bladder is mildly distended and normal in appearance. No free air, ascites, or adenopathy is seen. No abnormally dilated or inflamed bowel loops are appreciated. No intrapelvic mass or inflammatory change is seen. Uterus and ovaries are not identified, either atrophic or surgically absent. Delayed venous phase images show normal contrast excretion by the right upper renal pole moiety, and slightly delayed contrast excretion into the left lower pole collecting system. There is normal contrast opacification of right upper ureter, and contrast is seen forming a left ureteral "jet" indicating patency of the left UVJ. There is attenuation of the left renal calyces due

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to edema/inflammation, but no delay in excretion. Left ureter opacifies normally with contrast Bony structures appear intact. Advanced L3-4 L4-5 and L5-S1 degenerative disc disease is noted.

Impression: Impression: 1. Markedly abnormal, hypoenhancing appearance of the left kidney and edematous appearance of the left kidney, consistent with extensive pyelonephritis. No evidence of abscess, and no evidence of significant obstructive uropathy. 2. At least partial duplication of the left renal collecting system with upper and lower pole collecting systems. 3. Mild patchy right lower lobe disease, whether atelectasis or pneumonia.. Electronically Signed: Marc Ford, MD 7/24/2025 5:28 PM EDT Workstation ID: KYRAI025

CT Head Without Contrast

Result Date: 7/24/2025

CT HEAD WO CONTRAST Date of Exam: 7/24/2025 3:43 PM EDT Indication: fall. Comparison: 5/27/2025 head CT scan Technique: Axial CT images were obtained of the head without contrast administration. Automated exposure control and iterative construction methods were used. Findings: The calvarium appears intact. Paranasal sinuses and mastoids appear clear. Orbita appear unremarkable except for bilateral lens replacements. No scalp hematoma or foreign body is seen. There is a relatively mild degree of generalized cerebral atrophy for the patient's age. There is no evidence of intracranial hemorrhage, contusion, or edema, no evidence of mass or mass effect, infarct, hydrocephalus, or abnormal extra-axial collection.

Impression: Impression: No evidence of acute trauma to the brain or other acute intracranial disease. Electronically Signed: Marc Ford, MD 7/24/2025 4:09 PM EDT Workstation ID: KYRAI025

XR Shoulder 2+ View Left

Result Date: 7/24/2025

XR HUMERUS LEFT, XR SHOULDER 2+ VW LEFT Date of Exam: 7/24/2025 1:37 PM EDT Indication: fall Comparison: None available. Findings: Radiographs of the left shoulder and left humerus obtained. No evidence of acute fracture. No joint dislocation. Moderate degenerative changes of the acromioclavicular and glenohumeral joints. Bones appear demineralized.

Impression: Impression: No acute osseous abnormality. Chronic/degenerative findings as above. Electronically Signed: Trevor Stone, MD 7/24/2025 2:26 PM EDT Workstation ID: KYRAI045

XR Humerus Left

Result Date: 7/24/2025

XR HUMERUS LEFT, XR SHOULDER 2+ VW LEFT Date of Exam: 7/24/2025 1:37 PM EDT Indication: fall Comparison: None available. Findings: Radiographs of the left shoulder and left humerus obtained. No evidence of acute fracture. No joint dislocation. Moderate degenerative changes of the acromioclavicular and glenohumeral joints. Bones appear demineralized.

Impression: Impression: No acute osseous abnormality. Chronic/degenerative findings as above. Electronically Signed: Trevor Stone, MD 7/24/2025 2:26 PM EDT Workstation ID: KYRAI045

XR Chest 1 View

Result Date: 7/24/2025

XR CHEST 1 VW Date of Exam: 7/24/2025 1:37 PM EDT Indication: fall Comparison: None available. Findings: Heart size and pulmonary vessels are within normal limits. No focal airspace consolidation. There are calcified granulomas within the right lung base. No pleural effusion. No pneumothorax. Severe degenerative changes are noted of both shoulders. No definite acute fractures are identified.

Impression: Impression: 1. No acute cardiopulmonary disease. Electronically Signed: Scott Stevens, MD 7/24/2025 2:07 PM EDT Workstation ID: KYRAI017

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### Assessment & Plan

#### Assessment & Plan

- Pyelonephritis
- Mixed hyperlipidemia
- Essential hypertension
- Falls frequently
- MDD (major depressive disorder), recurrent, In partial remission

Mildred W Brown is a 91 y.o. female with PMH significant for recent right hip fracture with repair 4/23/2025 (BHL, Dr. Denehy), HTN, HLD, RA (on prednisone, methotrexate, Remicade, RLS, GERD, gout, anxiety who presents to BHL ED via EMS for progressive weakness, anorexia, N/V/D, and confusion after a fall at home 4 days ago.

#### Pyelonephritis

- Pt afebrile and VSS on admission
- WBCs 15.37, abs neuts 14.14, procalc 10.10, lactate 1.5
- CRP 43, known RA
- UA UA shows turbid urine with moderate blood, WBCs TNTC, 4+ bacteria.
- Urine culture and BC x 2 pending
- S/p Rocephin x 1 dose and 2L NS bolus in ED
- Continue IV abx with IV Zosyn and IV Zyvox given immunocompromise
- Consult ID out of caution as pt immunocompromised
- Continue IV NS x 16 hours
- Strict I's & O's to monitor UOP
- Check PVR x 1
- AM CBC w/ diff

#### ?PNA

- CT A/P shows mild patchy RLL disease that could be atelectasis vs pneumonia
- CXR negative
- Cover with Zosyn and Zyvox as above
- Urinary antigens pending
- Respiratory panel and sputum culture pending
- Duonebs prn, OPEP
- AM CBC w/ diff

#### AKI

- Likely secondary to hypovolemia from N/V/D
- Baseline creatinine 0.60-0.90
- Cr 1.43 on admission
- Hold losartan
- Avoid nephrotoxic meds
- Continue IVF overnight, NS @ 75 ml/hr x 16 hours
- AM BMP

#### N/V/D

##### Increased confusion - Improving

- Likely secondary to infection
- CT head negative for acute intracranial process
- S/p 2L IV NS in ED, confusion improving with hydration per daughter
- Supportive care with IVF, antiemetics
- Continue IVF as above

#### Fall at home

#### Left shoulder pain

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--X-rays left humerus and left shoulder negative for fractures

--Of note, has macular degeneration

--PT and OT consults, wheelchair with mobility at baseline since hip fracture and repair in April 2025

--Pain control with prn Norco, prn Robaxin per home dosing, add lidocaine patch to left shoulder

#### **RA**

--Immunocompromised at baseline, on Remicade infusions, methotrexate, prednisone

--Hold methotrexate, prednisone for now

#### **HTN**

#### **HLD**

--Hold home losartan d/t AKI

--Hold clonidine while monitoring BP, BP 142/105 at time of exam but pt has not taken any home meds

--Continue diltiazem 240 mg daily in AM

--Patient not on home statin

#### **GERD**

--Continue PPI

#### **DVT prophylaxis:** Medical

#### **CODE STATUS:**

Code Status (Patient has no pulse and is not breathing): No CPR (Do Not Attempt to Resuscitate)

Medical Interventions (Patient has pulse or is breathing): Limited Support

Medical Intervention Limits: No intubation (DNI)

Level Of Support Discussed With: Patient

#### **Expected Discharge**

Expected Discharge Date: 7/28/2025; Expected Discharge Time:

*This note has been completed as part of a split-shared workflow.*

Signature: Electronically signed by Margaret E Lambert, APRN, 07/24/25, 5:41 PM EDT

Cosigned by: Bhinder, Muhammad, MD at 07/24/25 2300

Electronically signed by Lambert, Margaret E, APRN at 07/24/25 1920

Electronically signed by Bhinder, Muhammad, MD at 07/24/25 2300

#### **Routing History**

Date/Time	From	To	Method
07/24/25 2300	Bhinder, Muhammad, MD	Holestol, Bjorn L, MD	In Basket

#### **Revision History**

Date/Time	User	Provider Type	Action
07/24/25 2300	Bhinder, Muhammad, MD	Physician	Cosign
07/24/25 1920	Lambert, Margaret E, APRN	Nurse Practitioner	Sign

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ED to Hosp-Admission (Current) on 7/24/2025      *Note viewed by patient*

### Additional Details

Note status

Signed

### Visit Information

Department

7/24/2025 1:23 PM

BAPTIST HEALTH LEXINGTON 4G

Brown, Mildred W (MR # 8910852066) Printed by Hatton, Julie [605899] at 7/29/2025 11:20 AM

Encounter Date: 07/24/2025

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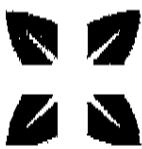
BAPTIST HEALTH®

**Brown, Mildred W**

MRN: 8910852066

Lyons, Andrea L, MD  
Physician  
HospitalistDischarge Summary  
SignedDate of Service: 07/30/25 1125  
Creation Time: 07/30/25 1125

Signed



BAPTIST HEALTH

Baptist Health Lexington Hospital Medicine Services  
DISCHARGE SUMMARY**Patient Name:** Mildred W Brown**DOB:** 1/31/1934**MRN:** 8910852066**Date of Admission:** 7/24/2025 1:23 PM**Date of Discharge:** 7/30/2025**Primary Care Physician:** Holestol, Bjorn L, MD**Consults**

Date and Time	Order Name	Status	Description
7/26/2025 3:11 PM	Inpatient Palliative Care MD Consult	Completed	
7/25/2025 8:33 AM	Inpatient Orthopedic Surgery Consult	Completed	
7/24/2025 9:20 PM	Inpatient Infectious Diseases Consult	Completed	

**Hospital Course****Presenting Problem:****Active Hospital Problems**

Diagnosis	POA
• **Pyelonephritis [N12]	Yes
• MDD (major depressive disorder), recurrent, in partial remission [F33.41]	Yes
• Falls frequently [R29.6]	Not Applicable
• Essential hypertension [I10]	Yes

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- Mixed hyperlipidemia [E78.2]

Yes

**Resolved Hospital Problems**

: No resolved problems to display.

**Hospital Course:**

Mildred W Brown is a 91 y.o. female with PMH significant for recent right hip fracture with repair 4/23/2025 (BHL, Dr. Denehy), HTN, HLD, RA (on prednisone, methotrexate, Remicade, RLS, GERD, gout, anxiety who presents to BHL ED via EMS for progressive weakness, anorexia, N/V/D, and confusion after a fall at home 4 days ago. Found to have E. Coli bacteremia d/t pyelonephritis. ID followed and treated with abx.

**E. coli bacteremia**

**Pyelonephritis**

--E. Coli in both blood and urine cultures,  
--ID followed. D/w Dr. Miedler recs rocephin 2G daily x 6 more days either IM or through PIV (will give a dose today prior to discharge so should start tomorrow on 7/31/2025)  
-- ID was concerned about left shoulder as well and consulted ortho who has seen and recs that no signs of infection of shoulder

**?PNA**

--CT A/P shows mild patchy RLL disease that could be atelectasis vs pneumonia  
--CXR negative  
--continue rocephin  
--strep and legionella antigens negative  
--Respiratory panel and MRSA PCR negative  
--Duonebs prn, OPEP

**AKI**

--Likely secondary to hypovolemia from N/V/D  
--Baseline creatinine 0.60-0.90  
--Cr 1.43 on admission  
--Hold losartan  
--Avoid nephrotoxic meds  
--resolved with IVF

**Anemia**

**Tcp**

--both improved. Platelets back to normal

**N/V/D**

**Increased confusion - improving**

--Likely secondary to infection  
--CT head negative for acute intracranial process  
--puny but now tolerating diet

**Fall at home**

**Left shoulder pain**

--X-rays left humerus and left shoulder negative for fractures  
--Of note, has macular degeneration.  
--PT and OT consults, wheelchair with mobility at baseline since hip fracture and repair in April 2025  
--Pain control with prn Norco, prn Robaxin per home dosing, lidocaine patch to left shoulder  
--seen by ortho who recs that this is d/t her advanced rotator cuff arthropathy of her left shoulder  
--add voltaran gel per patient request

**RA**

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- Immunocompromised at baseline, on Remicade infusions, methotrexate, prednisone
- Hold methotrexate, prednisone and Remicade infusion as well while treating bacteremia. Will be per her PCP/rheumatologist when to restart. Would consider starting prednisone sooner after bacteremia treated as maybe holding it is why she feels so bad still

**HTN**

**HLD**

- Hold home losartan d/t AKI
- Hold clonidine while monitoring BP, BP 142/105 at time of exam but pt has not taken any home meds
- Continue diltiazem 240 mg daily in AM
- Patient not on home statin

**GERD**

- Continue PPI

: Long discussion with daughter at bedside on 7/26.

Palliative care following and hospice gave family information per their request

**Discharge Follow Up Recommendations for outpatient labs/diagnostics:**

F/u with PCP 1 week after discharged from rehab

F/u with ID/Dr. Miedler

**Day of Discharge**

**HPI:**

Says "I don't know" when asked how she is. Continues to be puny but was sitting up in bed and her ate all of her breakfast.

**Review of Systems**

- Gen- No fevers, chills
- CV- No chest pain, palpitations
- Resp- No cough, dyspnea
- GI- No N/V/D, abd pain

**Vital Signs:**

Temp: [97.5 °F (36.4 °C)-98.4 °F (36.9 °C)] 98.4 °F (36.9 °C)

Heart Rate: [69-90] 83

Resp: [16-18] 16

BP: (133-140)/(63-70) 133/63

Flow (L/min) (Oxygen Therapy): [2] 2

**Physical Exam:**

Constitutional: No acute distress, awake, alert, frail/puny

HENT: NCAT, mucous membranes moist

Respiratory: Clear to auscultation bilaterally, respiratory effort normal

Cardiovascular: RRR, no murmurs, rubs, or gallops

Gastrointestinal: Positive bowel sounds, soft, nontender, nondistended

Musculoskeletal: No bilateral ankle edema

Psychiatric: Appropriate affect, cooperative

Neurologic: Oriented x 3, MAE, speech clear

Skin: No rashes

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**Pertinent and/or Most Recent Results****LAB RESULTS:**

Lab	07/29/25 0707	07/28/25 0643	07/27/25 1000	07/26/25 0751	07/25/25 0752	07/24/25 1741	07/24/25 1537
WBC	10.57	11.24*	14.39*	11.14*	18.58*	--	15.37*
HEMOGLOBIN	10.2*	9.9*	11.3*	10.7*	11.3*	--	11.4*
HEMATOCRIT	31.2*	30.6*	35.2	32.6*	35.4	--	34.3
PLATELETS	148	116*	132*	166	183	--	186
NEUTROS ABS	--	--	--	--	17.09*	--	14.14*
EOS ABS	--	--	--	--	0.00	--	0.15
MCV	99.0*	98.4*	99.7*	97.6*	99.2*	--	97.4*
SED RATE	--	--	--	--	--	--	>130*
CRP	--	--	--	--	--	--	43.00*
PROCALCITONIN	--	--	--	--	--	--	10.10*
LACTATE	--	--	--	--	--	1.5	--

Lab	07/30/25 0542	07/29/25 0707	07/28/25 0643	07/27/25 2006	07/27/25 1000	07/26/25 0751	07/25/25 0752	07/24/25 1537
SODIUM	138	135*	137	--	136	137	< >	132*
POTASSIUM	3.7	3.7	4.0	4.0	3.5	3.8	< >	4.4
CHLORIDE	106	103	105	--	105	106	< >	99
CO2	24.4	24.0	24.0	--	19.1*	22.0	< >	21.7*
ANION GAP	7.6	8.0	8.0	--	11.9	9.0	< >	11.3
BUN	17.6	18.5	19.4	--	20.3	31.7*	< >	54.3*
CREATININE	0.93	0.73	0.79	--	0.89	0.95	< >	1.43*
EGFR	58.1*	77.8	70.7	--	61.3	56.7*	< >	34.7*
GLUCOSE	85	82	89	--	116*	100*	< >	92
CALCIUM	8.3	8.4	8.4	--	8.2	8.7	< >	8.7
MAGNESIUM	1.9	--	--	--	--	--	--	2.7*
PHOSPHORUS	2.4*	--	--	--	--	--	--	--

&lt; &gt; = values in this interval not displayed.

Lab	07/24/25 1537
TOTAL PROTEIN	6.5
ALBUMIN	2.9*
GLOBULIN	3.6
ALT (SGPT)	22
AST (SGOT)	47*
BILIRUBIN	0.9
ALK PHOS	246*
LIPASE	19

**Brief Urine Lab Results (Last result in the past 365 days)**

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	Color	Clarity	Blood	Leuk Est	Nitrite	Protein	CREAT	Urine HCG
07/24/25 1533	Yellow	Turbid ! (2+)	Moderate Large (3+)	Large (3+) !	Negative	100 mg/dL (2+) !		

**Microbiology Results (last 10 days)**

Procedure	Component	Value	Date/Time
<b>Respiratory Panel PCR w/COVID-19(SARS-CoV-2)</b>			Collected: 07/25/25 0648
LOU/LEX/FLO/PAD/COR/RIC In-House, NP Swab In UTM/VTM, 2			
HR TAT - Swab, Nasopharynx [828420266] (Normal)			
Lab Status: Final result	Specimen: Swab from Nasopharynx		Updated: 07/25/25 0851
<b>ADENOVIRUS, PCR</b>	Not Detected		
<b>Coronavirus 229E</b>	Not Detected		
<b>Coronavirus HKU1</b>	Not Detected		
<b>Coronavirus NL63</b>	Not Detected		
<b>Coronavirus OC43</b>	Not Detected		
<b>COVID19</b>	Not Detected		
<b>Human Metapneumovirus</b>	Not Detected		
<b>Human Rhinovirus/Enterovirus</b>	Not Detected		
<b>Influenza A PCR</b>	Not Detected		
<b>Influenza B PCR</b>	Not Detected		
<b>Parainfluenza Virus 1</b>	Not Detected		
<b>Parainfluenza Virus 2</b>	Not Detected		
<b>Parainfluenza Virus 3</b>	Not Detected		
<b>Parainfluenza Virus 4</b>	Not Detected		
<b>RSV, PCR</b>	Not Detected		
<b>Bordetella pertussis PCR</b>	Not Detected		
<b>Bordetella parapertussis PCR</b>	Not Detected		
<b>Chlamydophila pneumoniae PCR</b>	Not Detected		
<b>Mycoplasma pneumoniae PCR</b>	Not Detected		

**Narrative:**

In the setting of a positive respiratory panel with a viral infection PLUS a negative procalcitonin without other underlying concern for bacterial infection, consider observing off antibiotics or discontinuation of antibiotics and continue supportive care. If the respiratory panel is positive for atypical bacterial infection (Bordetella pertussis, Chlamydophila pneumoniae, or Mycoplasma pneumoniae), consider antibiotic de-escalation to target atypical bacterial infection.

**MRSA Screen, PCR (Inpatient) - Swab, Nares [828420269]** Collected: 07/25/25 0648  
(Normal)

Lab Status: Final result Specimen: Swab from Nares Updated: 07/25/25 0904

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Procedure	Component	Value	Date/Time
	<b>MRSA PCR</b>	Negative	
<b>Narrative:</b>			
The negative predictive value of this diagnostic test is high and should only be used to consider de-escalating anti-MRSA therapy. A positive result may indicate colonization with MRSA and must be correlated clinically.			
MRSA Negative			
<b>Blood Culture - Blood, Arm, Left [828407045] (Abnormal)</b>			Collected: 07/24/25 1741
<b>(Susceptibility)</b>			
Lab Status: Final result			Specimen: Blood from Arm, Left Updated: 07/27/25 0628
<b>Blood Culture</b>			<b>Escherichia coli</b>
<b>Isolated from</b>			Aerobic and Anaerobic Bottles
<b>Gram Stain</b>			<b>Anaerobic Bottle Gram negative bacilli</b>
			<b>Aerobic Bottle Gram negative bacilli</b>

**Narrative:**

Less than seven (7) mL's of blood was collected. Insufficient quantity may yield false negative results.

**Susceptibility**

	Escherichia coli MIC
Amoxicillin + Clavulanate	<b>Susceptible</b>
Ampicillin	<b>Resistant</b>
Ampicillin + Sulbactam	<b>Susceptible</b>
Cefazolin (Non Urine)	<b>Susceptible</b>
Cefepime	<b>Susceptible</b>
Ceftazidime	<b>Susceptible</b>
Ceftriaxone	<b>Susceptible</b>
Cefuroxime axetil	<b>Susceptible</b>
Gentamicin	<b>Susceptible</b>
Levofloxacin	<b>Susceptible</b>
Piperacillin + Tazobactam	<b>Susceptible</b>
Trimethoprim + Sulfamethoxazole	<b>Resistant</b>

**Susceptibility Comments****Escherichia coli**

With the exception of urinary-sourced infections, aminoglycosides should not be used as monotherapy.

<b>Blood Culture ID, PCR - Blood, Arm, Left [828541041]</b>	Collected: 07/24/25 1741
<b>(Abnormal)</b>	

Lab Status: Final result	Specimen: Blood from Arm, Left Updated: 07/25/25 0815
<b>BCID, PCR</b>	<b>Escherichia coli. Identification by BCID2 PCR.</b>

**Narrative:**

No resistance genes detected.

<b>Blood Culture - Blood, Wrist, Right [828407044] (Abnormal)</b>	Collected: 07/24/25 1725
Lab Status: Final result	Updated: 07/27/25 0628

<b>Blood Culture</b>	<b>Escherichia coli</b>
<b>Isolated from</b>	Aerobic and Anaerobic Bottles
<b>Gram Stain</b>	<b>Anaerobic Bottle Gram negative bacilli</b>
	<b>Aerobic Bottle Gram negative bacilli</b>

**Narrative:**

Less than seven (7) mL's of blood was collected. Insufficient quantity may yield false negative results.

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Procedure	Component	Value	Date/Time																												
Refer to previous blood culture collected on 07/24/2025 1741 for MICs																															
	<b>Urine Culture - Urine, Urine, Catheter [828404160] (Abnormal) (Susceptibility)</b>	Collected: 07/24/25 1533																													
Lab Status: Final result	Specimen: Urine, Catheter	Updated: 07/26/25 0322																													
<b>Urine Culture</b> >100,000 CFU/mL <b>Escherichia coli</b> !																															
Narrative: Colonization of the urinary tract without infection is common. Treatment is discouraged unless the patient is symptomatic, pregnant, or undergoing an invasive urologic procedure.																															
Susceptibility																															
<table> <thead> <tr> <th></th> <th style="text-align: center;">Escherichia coli MIC</th> </tr> </thead> <tbody> <tr> <td>Amoxicillin + Clavulanate</td> <td>Susceptible</td> </tr> <tr> <td>Ampicillin</td> <td>Resistant</td> </tr> <tr> <td>Ampicilln + Sulbactam</td> <td>Susceptible</td> </tr> <tr> <td>Cefazolin (Urine)</td> <td>Susceptible</td> </tr> <tr> <td>Cefepime</td> <td>Susceptible</td> </tr> <tr> <td>Ceftazidime</td> <td>Susceptible</td> </tr> <tr> <td>Ceftriaxone</td> <td>Susceptible</td> </tr> <tr> <td>Cefuroxime axetil</td> <td>Susceptible</td> </tr> <tr> <td>Gentamicin</td> <td>Susceptible</td> </tr> <tr> <td>Levofloxacin</td> <td>Susceptible</td> </tr> <tr> <td>Nitrofurantoin</td> <td>Susceptible</td> </tr> <tr> <td>Piperacillin + Tazobactam</td> <td>Susceptible</td> </tr> <tr> <td>Trimethoprim + Sulfamethoxazole</td> <td>Resistant</td> </tr> </tbody> </table>					Escherichia coli MIC	Amoxicillin + Clavulanate	Susceptible	Ampicillin	Resistant	Ampicilln + Sulbactam	Susceptible	Cefazolin (Urine)	Susceptible	Cefepime	Susceptible	Ceftazidime	Susceptible	Ceftriaxone	Susceptible	Cefuroxime axetil	Susceptible	Gentamicin	Susceptible	Levofloxacin	Susceptible	Nitrofurantoin	Susceptible	Piperacillin + Tazobactam	Susceptible	Trimethoprim + Sulfamethoxazole	Resistant
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Cefuroxime axetil	Susceptible																														
Gentamicin	Susceptible																														
Levofloxacin	Susceptible																														
Nitrofurantoin	Susceptible																														
Piperacillin + Tazobactam	Susceptible																														
Trimethoprim + Sulfamethoxazole	Resistant																														

<b>S. Pneumo Ag Urine or CSF - Urine, Urine, Clean Catch [828420267] (Normal)</b>	Collected: 07/24/25 1533
Lab Status: Final result	Specimen: Urine, Clean Catch
<b>Strep Pneumo Ag</b>	
	Negative
<b>Legionella Antigen, Urine - Urine, Urine, Clean Catch [828420268] (Normal)</b>	Collected: 07/24/25 1533
Lab Status: Final result	Specimen: Urine, Clean Catch
	Negative
<b>LEGIONELLA ANTIGEN, URINE</b>	

## CT Abdomen Pelvis With Contrast

Result Date: 7/24/2025

CT ABDOMEN PELVIS W CONTRAST Date of Exam: 7/24/2025 4:48 PM EDT Indication: N/V/D. Comparison: None available. Technique: Axial CT images were obtained of the abdomen and pelvis following the uneventful intravenous administration of 85 mL Isovue-300. Reconstructed coronal and sagittal images were also obtained. Automated exposure control and iterative construction methods were used. Findings: There is mild patchy atelectasis versus pneumonia or aspiration in the posterior right lower lobe, benign-appearing left basilar pleural scarring and a calcified right middle lobe granuloma. There is diffuse fatty liver change. No liver lesions are identified. Gallbladder appears normally distended with no visible gall stones or gallbladder inflammation. No biliary ductal dilatation is appreciated. Pancreas appears within normal limits for age. Spleen is not enlarged. Adrenal glands appear normal. Right kidney appears normal with normal enhancement and no evidence of obstructive uropathy. Left kidney, by contrast, appears edematous, with markedly abnormal enhancement throughout nearly all of the renal parenchyma consistent with pyelonephritis. No renal mass is seen. Coronal images show partially duplicated left renal collecting system with upper and

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lower pole ureters, both of which show increased urothelial enhancement, coronal images 58 through 52 series 900. There is a small nonenhancing lower pole cyst. No obstructive uropathy is seen. Ureters are normal in caliber. Bladder is mildly distended and normal in appearance. No free air, ascites, or adenopathy is seen. No abnormally dilated or inflamed bowel loops are appreciated. No intrapelvic mass or inflammatory change is seen. Uterus and ovaries are not identified, either atrophic or surgically absent. Delayed venous phase images show normal contrast excretion by the right upper renal pole moiety, and slightly delayed contrast excretion into the left lower pole collecting system. There is normal contrast opacification of right upper ureter, and contrast is seen forming a left ureteral "jet" indicating patency of the left UVJ. There is attenuation of the left renal calyces due to edema/inflammation, but no delay in excretion. Left ureter opacifies normally with contrast. Bony structures appear intact. Advanced L3-4 L4-5 and L5-S1 degenerative disc disease is noted.

Impression: 1. Markedly abnormal, hypoenhancing appearance of the left kidney and edematous appearance of the left kidney, consistent with extensive pyelonephritis. No evidence of abscess, and no evidence of significant obstructive uropathy. 2. At least partial duplication of the left renal collecting system with upper and lower pole collecting systems. 3. Mild patchy right lower lobe disease, whether atelectasis or pneumonia.. Electronically Signed: Marc Ford, MD 7/24/2025 5:28 PM EDT Workstation ID: KYRAI025

CT Head Without Contrast

Result Date: 7/24/2025

CT HEAD WO CONTRAST Date of Exam: 7/24/2025 3:43 PM EDT Indication: fall. Comparison: 5/27/2025 head CT scan Technique: Axial CT images were obtained of the head without contrast administration. Automated exposure control and iterative construction methods were used. Findings: The calvarium appears intact. Paranasal sinuses and mastoids appear clear. Orbita appear unremarkable except for bilateral lens replacements. No scalp hematoma or foreign body is seen. There is a relatively mild degree of generalized cerebral atrophy for the patient's age. There is no evidence of intracranial hemorrhage, contusion, or edema, no evidence of mass or mass effect, infarct, hydrocephalus, or abnormal extra-axial collection.

Impression: No evidence of acute trauma to the brain or other acute intracranial disease.

Electronically Signed: Marc Ford, MD 7/24/2025 4:09 PM EDT Workstation ID: KYRAI025

XR Shoulder 2+ View Left

Result Date: 7/24/2025

XR HUMERUS LEFT, XR SHOULDER 2+ VW LEFT Date of Exam: 7/24/2025 1:37 PM EDT Indication: fall Comparison: None available. Findings: Radiographs of the left shoulder and left humerus obtained. No evidence of acute fracture. No joint dislocation. Moderate degenerative changes of the acromioclavicular and glenohumeral joints. Bones appear demineralized.

Impression: No acute osseous abnormality. Chronic/degenerative findings as above. Electronically Signed: Trevor Stone, MD 7/24/2025 2:26 PM EDT Workstation ID: KYRAI045

XR Humerus Left

Result Date: 7/24/2025

XR HUMERUS LEFT, XR SHOULDER 2+ VW LEFT Date of Exam: 7/24/2025 1:37 PM EDT Indication: fall Comparison: None available. Findings: Radiographs of the left shoulder and left humerus obtained. No evidence of acute fracture. No joint dislocation. Moderate degenerative changes of the acromioclavicular and glenohumeral joints. Bones appear demineralized.

Impression: No acute osseous abnormality. Chronic/degenerative findings as above. Electronically Signed: Trevor Stone, MD 7/24/2025 2:26 PM EDT Workstation ID: KYRAI045

XR Chest 1 View

Result Date: 7/24/2025

XR CHEST 1 VW Date of Exam: 7/24/2025 1:37 PM EDT Indication: fall Comparison: None available. Findings: Heart size and pulmonary vessels are within normal limits. No focal airspace consolidation. There are calcified granulomas within the right lung base. No pleural effusion. No

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pneumothorax. Severe degenerative changes are noted of both shoulders. No definite acute fractures are identified.

Impression: 1. No acute cardiopulmonary disease. Electronically Signed: Scott Stevens, MD  
7/24/2025 2:07 PM EDT Workstation ID: KYRAI017

#### Plan for Follow-up of Pending Labs/Results:

#### Discharge Details

#### Discharge Medications

##### PAUSE taking these medications

	Instructions	Start Date
cloNIDine 0.1 MG tablet  Wait to take this until your doctor or other care provider tells you to start again.  Commonly known as: CATAPRES	0.1 mg, Oral, Every 12 Hours	
methotrexate 2.5 MG tablet  Wait to take this until your doctor or other care provider tells you to start again.	15 mg, Oral, Weekly, Takes 6 tablets on Sundays	
prednISONE 1 MG tablet  Wait to take this until your doctor or other care provider tells you to start again.  Commonly known as: DELTASONE	4 mg, Oral, Daily	
REMICADE IV  Wait to take this until your doctor or other care provider tells you to start again.	Infuse into a venous catheter. Every 5 weeks	
valsartan 160 MG tablet  Wait to take this until your doctor or other care provider tells you to start again.  Commonly known as: DIOVAN	160 mg, Oral, Daily	

#### New Medications

	Instructions	Start Date
cefTRIAZone 1 g injection  Commonly known as: ROCEPHIN	2 g, Intramuscular, Every 24 Hours	Start Date: July 31, 2025
Diclofenac Sodium 1 % gel gel  Commonly known as: VOLTAREN	2 g, Topical, 4 Times Daily	

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	Instructions	Start Date
Lidocaine 4 %	1 patch, Transdermal, Every 24 Hours Scheduled, Remove & Discard patch within 12 hours or as directed by MD	Start Date: July 31, 2025

**Changes to Medications**

	Instructions	Start Date
<b>HYDROcodone-acetaminophen 10-325 MG per tablet</b> Commonly known as: NORCO What changed: <ul style="list-style-type: none"><li>• when to take this</li><li>• reasons to take this</li></ul>	1 tablet, Oral, Every 4 Hours PRN	

**Continue These Medications**

	Instructions	Start Date
<b>acetaminophen 325 MG tablet</b> Commonly known as: TYLENOL	650 mg, Oral, Every 8 Hours	
<b>B-12 1000 MCG tablet</b>	1,000 each, Daily	
<b>CALCIUM 1200+D3 PO</b>	1 each, Daily	
<b>cetirizine 10 MG tablet</b> Commonly known as: zyrTEC	TAKE ONE TABLET BY MOUTH DAILY	
<b>diltIAZem CD 240 MG 24 hr capsule</b> Commonly known as: CARDIZEM CD	240 mg, Oral, Daily	
<b>folic acid 1 MG tablet</b> Commonly known as: FOLVITE	1 mg, Oral, Daily	
<b>hydrOXYzine 25 MG tablet</b> Commonly known as: ATARAX	25 mg, Oral, Nightly PRN	
<b>melatonin 5 MG tablet</b>	5 mg, Oral, Nightly PRN	
<b>methocarbamol 500 MG tablet</b> Commonly known as: ROBAXIN	250 mg, Oral, 3 Times Daily PRN	
<b>mirtazapine 7.5 MG tablet</b> Commonly known as: REMERON	7.5 mg, Oral, Nightly	
<b>multivitamin with minerals tablet</b>	1 each, Daily	
<b>omeprazole 20 MG capsule</b> Commonly known as: prilLOSEC	20 mg, Oral, Daily	
<b>ondansetron 4 MG tablet</b> Commonly known as: Zofran	4 mg, Oral, Every 8 Hours PRN	