Patient Name: [Jane Doe]
Age/Sex: 68-year-old female
Date: [Insert Date]
MRN: M123456

Chief Complaint:

Cough, fever, and shortness of breath for 3 days

History of Present Illness:

A 68-year-old female with a history of type 2 diabetes mellitus and hypertension presents with a 3-day history of productive cough, subjective fevers, fatigue, and dyspnea. She reports chills and mild pleuritic chest pain. No hemoptysis, leg swelling, or recent travel. No prior pneumonia in the past year. Denies sick contacts.

Past Medical History:

- Type 2 Diabetes Mellitus
- Hypertension

Medications:

- **Metformin** 1000 mg PO BID
- **Glipizide** 20 mg PO daily
- **Lisinopril** 10 mg PO daily

Allergies:

No known drug allergies

Social History:

- Non-smoker
- No alcohol or illicit drug use
- Lives at home with husband

Review of Systems:

- **Constitutional:** Fevers, fatigue
- **Respiratory:** Productive cough, shortness of breath
- **Cardiovascular:** No chest pain (except mild pleuritic pain), no palpitations
- **GI:** No nausea, vomiting, or diarrhea

- **GU:** No dysuria
- **Neuro:** No headache, dizziness

Physical Exam:

Vital Signs:

- Temp: 101.2°F (38.4°C)
- BP: 138/82 mmHg
- HR: 102 bpm
- RR: 22/min
- SpO_2: 92% on room air

General: Alert, in mild respiratory distress
Lungs: Crackles and decreased breath sounds at the right lower lobe
CV: Regular rhythm, no murmurs
Abdomen: Soft, non-tender
Neuro: Alert and oriented x3
Extremities: No edema, no calf tenderness

Labs & Imaging:

- CBC: WBC 13.2 $\times 10^9$/L (elevated)
- BMP: Within normal limits
- A1c: 8.1% (from previous records)
- CXR: Right lower lobe infiltrate consistent with pneumonia
- COVID-19: Negative
- Blood cultures: Pending
- Sputum culture: Sent

Assessment:

68-year-old female with community-acquired pneumonia (CAP) likely bacterial in origin, with comorbidities of DM and HTN. Currently stable for admission and IV antibiotics.

Plan:

1. **Antibiotics**:
    - Start IV ceftriaxone + azithromycin
    - Consider switch to PO after 48–72 hours of clinical improvement
2. **Supportive Care**:
    - Antipyretics (acetaminophen)
    - IV fluids if needed for hydration
    - Monitor oxygen saturation; supplemental O_2 if < 92%
3. **Diabetes Management**:
    - Hold metformin due to acute illness and risk of lactic acidosis
    - Monitor blood glucose closely; consider sliding scale insulin
4. **Hypertension**:
    - Continue lisinopril if hemodynamically stable
    - Monitor BP and renal function
5. **Monitoring**:
    - Monitor vitals, respiratory status, intake/output
    - Repeat labs in 24–48 hours
    - Follow-up blood and sputum culture results
6. **Disposition**:
    - Admit to medical floor
    - Reassess in 48–72 hours for clinical improvement and possible discharge planning

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Physician Name: [Dr. John Smith, MD]
Signature: _____
Date/Time: [Insert]