



Saint Thomas West Hospital
4220 Harding Rd
Nashville, TN 37205
Phone: (615) 222-6605

Name: ASHBY, ANNIE LAURIE
MRN: S-00706201
FIN: S-2419376941
Admit Date: 12/8/2018
Dischg Dt: 12/11/2018
Sex: Female DOB: 4/4/1932

Discharge Summary

Performed information:

Martel MD, Benjamin (12/12/2018 16:37 CST); Hughes
RESMD, Allyson Louise (12/11/2018 13:03 CST)

Sign information:

Martel MD, Benjamin (12/12/2018 16:37 CST); Hughes
RESMD, Allyson Louise (12/11/2018 13:03 CST)

Addendum by Martel MD, Benjamin on December 12, 2018 16:37:03 CST

Pt seen and examined with Dr. Hughes on 12/11. Agree with discharge plan. Pt stable on discharge.

(Electronically Signed on 12/12/18 16:37)

Martel MD, Benjamin

Patient Information

Primary Diagnosis: HTN urgency
Discharge Location: 4C
Primary Care Physician: Dibble MD, Timothy D
Admit Date/Time: 12/08/18 19:26

Discharge Diagnosis

Hypertensive urgency (I16.0)
Atrial fibrillation (I48.91)
Elevated troponin (R74.8)
Shortness of breath (R06.02)
Hyperlipidemia, unspecified (E78.5)

Hospital Course

HPI

"86-year-old female with history of atrial fibrillation, and hypertension who presented to St. Thomas West emergency department from ALF for evaluation and management of uncontrolled hypertension. Most of the history was obtained by the patient, and her daughter who was present at bedside. Patient was seen by her cardiologist last Thursday, and was noted to have high blood pressure in clinic. It was suggested that she continue to monitor her blood pressure at home 3 times a week. Today, the blood pressure was elevated at 200/100 in the ALF. During this time, she denies having chest pain/pressure, shortness of breath, edema, headaches and changes of vision. She does however reports increased psychosocial stressors. She reports medication compliance with amlodipine, lisinopril and carvedilol. She denies any recent febrile illness. No focal neurological symptoms. In the ER she was afebrile, tachycardic to 111, BP 175/86 and saturating 97% on room air. BMP and CBC were unremarkable. Troponin 0.05. EKG demonstrated atrial fibrillation, but no acute ischemic changes. Chest x-ray was negative for infiltrates. Patient was admitted for obs."

Hospital Course

Hypertensive urgency (I16.0): Patient was started on increased dose of carvedilol 12.5mg twice daily. She continued her home dose of amlodipine 5mg and lisinopril 20mg twice daily. She tolerated this medication change well and was discharged with instructions to continue these doses.

Atrial fibrillation (I48.91): Her rate was well controlled following increasing her dose of carvedilol.

Elevated troponin (R74.8): Her troponin was initially elevated to 0.05. Repeat remained stable and she did not have chest pain or EKG

Discharge Summary

changes.

Shortness of breath (R06.02): She reports chronic shortness of breath that was acutely worsened for 2 weeks. She required some supplemental oxygen but was saturating well without supplemental O2 on day of discharge.

Hyperlipidemia, unspecified (E78.5): Her home statin medication was continued.

Objective

<u>Vital Signs (24 hrs)</u>	<u>Last Charted</u>		<u>Minimum</u>		<u>Maximum</u>	
Temp	36.3	12/11/2018 11:49	36.8	12/10/2018 20:30	36.8	12/10/2018 20:30
Peripheral Pulse Rate	L 59	12/11/2018 11:49	L 59	12/11/2018 11:49	82	12/11/2018 00:20
Resp Rate	18	12/11/2018 00:20	16	12/10/2018 15:19	20	12/10/2018 20:30
SBP	107	12/11/2018 11:49	107	12/11/2018 11:49	154	12/11/2018 08:21
DBP	69	12/11/2018 11:49	L 59	12/10/2018 20:30	76	12/11/2018 00:20
MAP	84	12/11/2018 11:49	84	12/10/2018 20:30	104	12/11/2018 08:21
SpO2	L 84	12/11/2018 11:49	L 84	12/11/2018 11:49	99	12/11/2018 00:20
Oxygen Delivery	Room Air		Room Air		Room Air	

Physical Exam

General: Elderly woman sitting up in chair at bedside, well appearing.

Mental Status: Oriented to person, place and time. Normal affect.

Ear, Nose and Throat: Oropharynx clear, mucous membranes moist.

Respiratory: Clear to auscultation bilaterally.

Cardiovascular: Heart sounds normal. Irregularly irregular rhythm, rate controlled. No murmurs, rubs, or gallops.

Gastrointestinal: Abdomen soft, non-tender, non-distended. Normal bowel sounds.

Neurologic: No focal neurological deficits. Moves all extremities spontaneously. Sensation intact bilaterally.

Skin: Trace edema in bilateral lower extremities.

Musculoskeletal: No cyanosis or clubbing. No gross deformities.

Discharge Medications

amLODIPine (amLODIPine 5 mg oral tablet) By mouth once every day

aspirin (aspirin 81 mg oral tablet, chewable) 81 Milligram 1 tab(s) Chewed once every day for 30 Days

calcium chloride

carvedilol (carvedilol 12.5 mg oral tablet) 12.5 Milligram 1 tab(s) By mouth Twice daily

cholecalciferol (Vitamin D3)

clopidogrel (clopidogrel 75 mg oral tablet) 75 Milligram 1 tab(s) By mouth once every day

cyanocobalamin (Vitamin B-12)

lisinopril (lisinopril 20 mg oral tablet) Twice daily

multivitamin with minerals (PreserVision AREDS 2)

pravastatin (pravastatin 20 mg oral tablet) 20 Milligram 1 tab(s) By mouth once every day

Inpatient Medications

Active (9)

Scheduled: (8)

amLODIPine 5 mg tab 5 mg 1 tab, PO, QDay

aspirin 81 mg chewable tab 81 mg 1 tab, Chewed, QDay

carvedilol 12.5 mg tab 12.5 mg 1 tab, PO, BID

clopidogrel 75 mg tab 75 mg 1 tab, PO, QDay

enoxaparin 40 mg/0.4 mL syringe 40 mg 0.4 mL, Subcutaneous, q24hrs

lisinopril 20 mg tab 20 mg 1 tab, PO, BID

ocuvite eye vitamins 1 tab, PO, QDay

pravastatin 20 mg tab 20 mg 1 tab, PO, QDay

Discharge Summary

Continuous: (0)
 PRN: (1)
cloNIDine 0.1 mg tab 0.1 mg 1 tab, PO, q6hrs

Follow-Up/Discharge Instructions

Follow-up

Timothy Dibble, In 1 weeks
 Mark Goldfarb, Within 1 to 2 weeks

Return if blood pressure >180/100, or if you develop headache, chest pain, or shortness of breath.
 Take carvedilol 12.5mg twice daily.
 Continue other home medications.
 Participate in physical therapy 3 times weekly.
 Follow up with Dr. Goldfarb in 1-2 weeks.
 Follow up with PCP in 1 week.

Post Discharge Care

Discharge Order

• to Home

Results

Discharge Labs

Blood Chemistry Studies

Sodium	138 mmol/L	12/08/2018 20:35	Potassium	4.3 mmol/L	12/08/2018 20:35
Chloride	106 mmol/L	12/08/2018 20:35	CO2	23 mmol/L	12/08/2018 20:35
BUN	23 mg/dL (High)	12/08/2018 20:35	Creatinine Level	0.7 mg/dL	12/08/2018 20:35
Glomerular Filtration Rate (MDRD)	79 mL/min/1.73 m2	12/08/2018 20:35	Glucose Level	98 mg/dL	12/08/2018 20:35
Calcium, Serum	9.2 mg/dL	12/08/2018 20:35	AGAP	9.0	12/08/2018 20:35

Cardiac Enzymes and Troponin

Troponin I Ultra	.05 ng/mL (Critical)	12/09/2018 02:20			
-------------------------	-----------------------------	-------------------------	--	--	--

Hematology

WBC	7.1 x10 ³ /mm3	12/08/2018 20:35	RBC	4.41 x10 ⁶ /mm3	12/08/2018 20:35
Hgb	13.8 gm/dL	12/08/2018 20:35	Hct	42.4 %	12/08/2018 20:35
MCV	96.1 fl	12/08/2018 20:35	MCH	31.3 pg	12/08/2018 20:35
MCHC	32.5 %	12/08/2018 20:35	RDW	14.0	12/08/2018 20:35
Platelet	272 x10 ³ /mm3	12/08/2018 20:35	Neut Percent	65 %	12/08/2018 20:35
Lymph Percent	19 % (Low)	12/08/2018 20:35	Mono Percent	13 % (High)	12/08/2018 20:35
Eos Percent	1 %	12/08/2018 20:35	Baso Percent	1 %	12/08/2018 20:35
IG Percent	.40 %	12/08/2018 20:35	Neutro Auto Abs	4.6 x10 ³ /mm3	12/08/2018 20:35
Lymph Auto Abs	1.4 x10 ³ /mm3	12/08/2018 20:35	Mono Auto Abs	0.9 x10 ³ /mm3	12/08/2018 20:35
Eos Auto Abs	0.1 x10 ³ /mm3	12/08/2018 20:35	Basophil Auto Abs	0.1 x10 ³ /mm3	12/08/2018 20:35
IG Auto Abs	.030 x10 ³ /mm3	12/08/2018 20:35	Diff Type?	Auto Diff	12/08/2018 20:35
PLT Morphology	Normal	12/08/2018 20:35	RBC Morphology	Normal	12/08/2018 20:35



Saint Thomas West Hospital
4220 Harding Rd
Nashville, TN 37205
Phone: (615) 222-6605

Name: ASHBY, ANNIE LAURIE
MRN: S-00706201
FIN: S-2419376941
Admit Date: 12/8/2018
Dischg Dt: 12/11/2018
Sex: Female DOB: 4/4/1932

<i>Discharge Summary</i>

(Electronically Signed on 12/11/18 13:03)

Hughes RESMD, Allyson Louise