

Printable Discharge Form

Site Name	Assigned	Last Activity Date	Respond by Date	Response Status
neogen care	UnAssigned	1/23/2021 3:51 PM (PT)	1/25/2021 10:00 AM (PT)	Waiting for sender's response

Sender Name	Response Received	Response	Reason	Comment
Vijay Kumar	1/23/2021 3:51 PM (PT)	Yes, willing to accept patient		soc by 01/24

Referral Information - Referral # 59711771 - MRN: 110002313821 - BARBARA REEVES

Sending Organization:	Kaiser Permanente - Northern CA
------------------------------	---------------------------------

Referral ID:	59711771	Referral Type:	Home Health
Date First Sent:	1/23/2021 3:49 PM (PT)	Most Recent Revision:	1/23/2021 3:51 PM (PT)
Respond by Date:	1/25/2021 10:00 AM (PT)		
Primary Referral Category:		Primary Referral Reason:	

Referral Comments
B.Service Address: 3700 MARKET ST OAKLAND California 94608-3919
C.Disciplines ordered with authorization: RN-4, PT-4, OT-2, MSW-2 KPSA
D.Generalized statement of care: ATRIAL FIBRILLATION, UNSPECIFIED, LABS: Chem 7 5-7 days post discharge
E.DATE, TIME, NAME OF PROVIDER: HOSPITAL REFERRAL 1/22/2021 Dykes, Jennifer Lynn (M.D.)

Sender's last activity:	1/23/2021 3:49 PM (PT)	Your last activity:	1/23/2021 3:51 PM (PT)
--------------------------------	------------------------	----------------------------	------------------------

Contact Information

Latausha Walton Phone: (510) 752-6675
--

Patient Information - Referral # 59711771 - MRN: 110002313821 - BARBARA REEVES

Name:	BARBARA A REEVES	MRN:	110002313821
Date of Birth:	6/10/1947 (73 years)	Gender:	Female
Address:	3700 MARKET ST OAKLAND, CA 94608-3919	Home: Work: Alt:	(510) 653-0472 (510) 653-0472
Marital Status:	Married	SSN:	
Race:	Black / African American	Race 2:	
Religion:	Baptist Church, NOS		

Emergency Contact 1:	FELICIA ELAINE SCOTT UNK UNK, CA 94608 Relationship: Other	Home: (925) 308-4326
Emergency Contact 2:	HERMAN ELAINE REEVES 3700 market OAKLAND, CA 94608 Relationship: Other	Home: (510) 653-0472

Admission Information - Referral # 59711771 - MRN: 110002313821 - BARBARA REEVES

Account #:	318275724330	Patient Type:	Inpatient
Admission Date:	1/15/2021 5:31 PM (PT)	Projected Discharge Date:	1/22/2021 12:00 AM (PT)

Patient Class:		Admit Source:	1
Service Type:	Internal Medicine	Location:	OAK-10N / 1015-A
Facility:	Oakland Medical Center	Level of Care:	

Primary Diagnosis:	shortness of breath, afib with RVR
---------------------------	------------------------------------

Admitting Physician:	RENUKA R (M.D.) YELDANDI	
Attending Physician:	PHILLIP (M.D.) KIM	
Primary Care Physician:	YASMEEN SHABBIR (M.D.) KAGHAZWALA	

Managed Admissions - Referral # 59711771 - MRN: 110002313821 - BARBARA REEVES

Is Managed Admission:	No	Reasons:	
------------------------------	----	-----------------	--

Financial Information - Referral # 59711771 - MRN: 110002313821 - BARBARA REEVES

Financial Class:	Member Medicare
-------------------------	-----------------

Payment Sources

Pri mar y	Financial Class:	Member Medicare
	Plan Number:	110002313821
	Group Number:	000000010-0135-000998704343
	Plan Description:	KP MEDICARE
	Insured:	HERMAN REEVES DOB: 6/2/1944
	Certification Status:	KP VERIFIED

Guarantor:	31854815 REEVES,HERMAN 3700 MARKET ST OAKLAND, CA 94608	Home: (510) 653-0472 Work: (510) 653-0472
Guarantor Employer:	RETIRED 3700 MARKET STREET OAKLAND, CA 94608	Phone: (510) 653-0472

Assessment/Needs - General Information - Referral # 59711771 - MRN: 110002313821 - BARBARA REEVES

Primary Language:	English
--------------------------	---------

Allergies/Medications - Referral # 59711771 - MRN: 110002313821 - BARBARA REEVES

Allergies
LISINOPRIL

Home Care - Referral # 59711771 - MRN: 110002313821 - BARBARA REEVES

Type of Care:	Home Health
Start Date and Time of Care:	1/23/2021 12:00 AM (PT)

Visit Location

Address:	3700 MARKET ST OAKLAND, CA 94608-3919
Phone Number:	(510) 653-0472

KAISER FOUNDATION HOSPITALS

OAK-NEW HOSPITAL
275 WEST MACARTHUR
BLVD
OAKLAND CA 94611-5641
Home Health Referral IP
Report

Reeves, Barbara A
MRN: 110002313821, DOB: 6/10/1947, Sex: F
Adm: 1/15/2021, D/C: —

Admission Information

Attending Provider	Admission Dx	Admitted on
Dykes, Jennifer Lynn (M.D.)		01/15/21
Service	Isolation	Code Status
Internal Medicine		Full Code
Allergies		
Lisinopril		

Hospital Problems

	ICD-10-CM	Priority	Class	Noted
* (Principal) ATRIAL FIBRILLATION, UNSPECIFIED (Chronic)	I48.91			6/28/2020
CHF (CONGESTIVE HEART FAILURE), UNSPECIFIED (Chronic)	I50.9			6/27/2019
HTN (HYPERTENSION) (Chronic)	I10			5/15/2002

Outpatient Medications

Losartan (COZAAR) 100 mg Oral Tab
metFORMIN (GLUCOPHAGE) 500 mg Oral Tab
K-Tab 10 mEq Oral SR Tab
Atenolol (TENORMIN) 50 mg Oral Tab
amLODIPine (NORVASC) 10 mg Oral Tab
Pentoxifylline (TRENtal) 400 mg Oral SR Tab
Oxybutynin (DITROPAN) 5 mg Oral Tab
Simvastatin (ZOCOR) 20 mg Oral Tab
Allopurinol (ZYLOPRIM) 100 mg Oral Tab
Furosemide (LASIX) 40 mg Oral Tab
Magnesium Oxide (MAGOX) 400 mg (241.3 mg magnesium) Oral Tab
Aspirin (ECOTRIN LOW STRENGTH) 81 mg Oral TBEC DR Tab

Hospital Medications

cefTRIAxone in Dextrose IV Premix 1 g (ROCEPHIN)
Pantoprazole TBEC DR Tablet 40 mg (PROTONIX)
Metoprolol Succinate 24hr SR Tab 100 mg (TOPROL XL)
Furosemide Tab 80 mg (LASIX)
dilTIAZem Inj 10 mg (CARDIZEM)
Sennosides Tab 17.2 mg (SENOKOT)
Dabigatran Etexilate Cap 150 mg (PRADAXA)
Allopurinol Tab 100 mg (ZYLOPRIM)
Lidocaine 10 mg/mL (1 %) Inj 1 mg (Xylocaine)
Chlorhexidine Gluconate Oral Soln 15 mL (PERIDEX/PERIOGARD)
Sodium Chloride 0.9% Inj Syg 3 mL (NORMAL SALINE FLUSH)
Sodium Chloride 0.9% Inj Syg 3 mL (NORMAL SALINE FLUSH)
Flu Vaccine QS 2020-21 (65 yrs up) PF IM Syg 0.7 mL (FLUZONE HIGHDOSE QUAD)
Melatonin Tab 3 mg (MELATIN)
Linked Group 1: "Or" Linked Group Details
Ondansetron (PF) Inj 4 mg (ZOFTRAN)
Acetaminophen Tab 650 mg (TYLENOL)
Polyethylene Glycol 3350 Packet 17 g (MIRALAX/GLYCOLAX)

KAISER FOUNDATION HOSPITALS

OAK-NEW HOSPITAL
275 WEST MACARTHUR
BLVD
OAKLAND CA 94611-5641
Home Health Referral IP
Report

Reeves, Barbara A
MRN: 110002313821, DOB: 6/10/1947, Sex: F
Adm: 1/15/2021, D/C: —

Hospital Medications (continued)

Aspirin TBEC DR Tab 81 mg (ECOTRIN LOW STRENGTH)
Losartan Tab 100 mg (COZAAR)
Simvastatin tablet 20 mg (ZOCOR)
WEB LINK HYPOGLYCEMIA
D50W Inj Syg 12.5 g
D50W Inj Syg 25 g
Glucagon Inj 1 mg (GLUCAGEN DIAGNOSTIC KIT)
D5W IV Premix
Insulin Lispro Sliding Scale Inj (HumaLOG)

Immunizations/Injections

Name	Date
INFs Pres Free High Dose (FLUZONE) (influenza)	10/20/2018
PNUcn13 (PREVNAR 13) (Pneumococcal conjugate, 13 valent)	12/27/2016
PPSV23 (Pneumococcal polysaccharide)	9/10/2012
Tdap (ADACEL) (Tetanus, diphtheria, acellular pertussis)	12/27/2016 , 2/24/2006
ZOS (Zostervirus live, shingles)	5/5/2014

Social History

Tobacco History

Smoking Status	Quit date	Smoking Tobacco Type
Former Smoker	2/27/2006	Cigarettes
Smokeless Tobacco Use		
Never Used		
Tobacco Comment		
about 5 cigarettes a day		

Alcohol History

Alcohol Use Status
No

Preferred Patient Language

Interpreter Needed	Spoken Language	Written Language
No	English	English

Patient Demographics

Address	Phone
3700 MARKET ST	510-653-0472 (Home)
OAKLAND CA 94608-3919	510-653-0472 (Work)
	510-653-0472 (Mobile)

Emergency Contact(s)

Name	Relation	Home	Work	Mobile
felicia elaine scott	Daughter	925-308-4326		510-316-1433
HERMAN REEVES	Spouse	510-653-0472		510-593-0952
Spouse, Herman Reeves	Spouse	510-653-0472		510-653-0472

KAISER FOUNDATION HOSPITALS

OAK-NEW HOSPITAL
275 WEST MACARTHUR
BLVD
OAKLAND CA 94611-5641
Home Health Referral IP
Report

Reeves, Barbara A
MRN: 110002313821, DOB: 6/10/1947, Sex: F
Adm: 1/15/2021, D/C: —

KAISER FOUNDATION HOSPITALS

OAK-NEW HOSPITAL
275 WEST MACARTHUR
BLVD
OAKLAND CA 94611-5641
DRAFT - Preliminary
Discharge Instructions/AVS

Reeves, Barbara A
MRN: 110002313821, DOB: 6/10/1947, Sex: F
Adm: 1/15/2021, D/C: —

DRAFT - Please DO NOT Transcribe/Copy

Printed 1/21/2021 3:10 PM

Medications

You have not been prescribed any medications.

Multidisciplinary Discharge Instructions signed by Kinoti, Claire Vunyali (R.N.) at 1/21/2021 2:38 PM

HOME HEALTH AFTER DISCHARGE FROM THE HOSPITAL

Home Health Registered Nurse and/or Physical Therapy visit(s) have been ordered for you by your doctor. If you have not received a call from OAKLAND / RICHMOND / East Bay Home Health (serving areas of Alameda, Berkeley, Emeryville, Oakland, Piedmont, Albany, Crockett, Richmond, El Cerrito, Hercules, Kensington, Pinole, Rodeo, and San Pablo) 48 hours (2 days) after discharge, please call them at 510-752-6295 to schedule the initial in-take appointment. Hours are Monday through Friday, 8 a.m. to 5 p.m. Thank You Very Much and Always Remember to live well and THRIVE!

DRAFT - Please DO NOT Transcribe/Copy

Printed 1/21/2021 3:10 PM

Patient Demographics for REEVES, BARBARA A [110002313821]

Birth date:	6/10/1947	SSN:	xxx-xx-xxxx
Age:	73 yrs	Sex:	Female
Home phone:	510-653-0472	Work phone:	510-653-0472
Address:	3700 Market St Oakland CA 94608-3919	E-mail:	
Permanent comments:			
Patient Flag:	FYI		
Health Maintenance:	IZ: Hep B High Risk Vaccine >= 60yrs Diabetes		
Interpreter:	No		
Spoken Language:	English	Written Language:	English
PCP:	Kaghazwala, Yasmeen Shabbir (M.D.)	PCP Location:	OAK-MAIN CAMPUS
PCP Phone:	510-752-5346 x5346		

Order Information

Order #:	1567942304	Procedure:	HOME HEALTH REFERRAL ORDERS
Order Date:	1/21/2021	Proc Category:	Home Health Orderable
Priority:	Routine	Status:	
Class:	Internal referral	Ordering User:	Kinoti, Claire Vunyali (R.N.)
Auth Provider:	DYKES, JENNIFER LYNN (M.D.)	Enc Provider:	
Diagnosis:	ATRIAL FIBRILLATION, UNSPECIFIED CHF (CONGESTIVE HEART FAILURE), UNSPECIFIED HTN (HYPERTENSION) SLEEP APNEA PERIPHERAL EDEMA SEVERE OBESITY, BMI 50.0-59.9, ADULT LUMBAR SPONDYLOSIS SHORTNESS OF BREATH PRIMARY PULMONARY HTN IRON DEFICIENCY ANEMIA DM 2 W CKD STAGE 1 (GFR >= 90) DM 2 OSTEOARTHRITIS OF BILAT KNEES ANEMIA OSTEOARTHRITIS OF BILAT HIPS URINARY INCONTINENCE		

Sched Instruct:

Provider Comment: HOME HEALTH FACE TO FACE ENCOUNTER
 I certify that a face to face encounter with this patient was performed during which a medical condition was addressed which is the primary reason for home health care on 1/21/2021. The patient is home bound due to: Illness. There is a normal inability to leave the home and leaving home requires a considerable and taxing effort for the patient.
 Patient requires aid of supportive devices.
 Patient requires assistance of another person in order to leave their place of residence.
 Certification for Home Health Services
 Based on the above findings, I certify that this patient is confined to the home and needs intermittent skilled nursing care, physical therapy and/or speech therapy. The patient is under my care, and a plan of care is being initiated. This patient will be followed by a physician (YASMEEN SHABBIR KAGHAZWALA MD) who will be assuming the care of the patient.

Order Specific Questions

Question	Answer	Comment
This referral order is:	New	
Select the location where the patient will receive home care.	OAK	

Homebound status : Patient has a normal inability to leave home and leaving home requires a taxing effort, PLUS (select all that apply)

Primary Qualifying Service:

Skilled Nurse Orders

Describe Labs needed:

Describe :

Supplemental Oxygen Required?

Secondary Services Requested:

Physical Therapy Orders

Occupational Therapy Orders

Social Worker Orders

Transition Support Level (IP Only) :

Weight bearing restrictions:

Does patient have CHF?

Diet Type:

Diet:

Diet Consistency (IF NOT REGULAR):

Liquid Consistency (other than thin liquids):

Fluid Restrictions:

Additional Information:

Patient has capacity to sign own consents ?

I agree with the HH parameters – (Sys BP <95 or >140, Dias BP >90, Pulse <60 or >100, newly irregular from SOC baseline, Temp>100F, O2 Sat <95%, Glucose (if diabetic) Glucometer blood sugar <70 or >250)

ERAS (Post-Op Only) Patient ?

Is the patient staying at an alternative address? If yes, enter address and phone number in comments.

Requires the assistance of another to leave home

Skilled Nursing

Skilled Assessment

Medication Management

Labs

Chem 7 5-7 days post discharge

Please assess need for Aide per daughter's request

NO

Physical Therapy

Occ Therapy

Med Social Worker

Assess Mobility Device

Gait Training

Transfer Training

Assistive device training

Establish Home Exercise program

Fall Risk

Cognition

ADLs

Energy Conservation

Community resource planning

Counseling for long range planning and decision making

Assessment of social and emotional factors

N/A

Restricted

Cardiac

Low Sodium

Referrals for Hospital Encounter - 01/15/2021

! Referral #	Rfl Date	Class	Status	Type	Referred To Location/POS	Referred To Provider/Specialty
! 3182421720	01/21/21	Outgoing	Authorized	Durable Medical Equipment *	APRIA HEALTHCARE, LLC -*	APRIA HEALTHCARE LLC-LE*

3182424287 01/21/21 Internal Pending Review

Home Health Care

OAK-HOMK >HOME HEALTH

Referral Information

Patient:	REEVES, BARBARA A [110002313821]	Referral #:	3182424287
Status:	Pending Review	Type:	Home Health Care
Class:	Internal	Reason(s):	
Start:	01/21/2021	Referred On Date	01/23/2021
Expiration:	05/21/2021		
Referring Location:	OAK-NEW HOSPITAL	Referred to Location:	
Referring Department:	OAK-10N* >NEW HOSPITAL	Referred To Department:	OAK-HOMK >HOME HEALTH
Referring Provider:	DYKES, JENNIFER LYNN (M.D.)	Referred To Provider:	
Referring Provider Phone:	510-752-7284 x7284		
AOMS Auth Number:			

Financial Info Form

Service Code (CSN):	
Misc. CSN Desc:	
Place of Service Type:	
Charge-To Type:	Provider/Fac or PCP:
Originating Fac:	Charge-To Fac:

Benefit and Eligibility Validation

Benefit available:	Bypass CCS warning:
Coverage available:	
Workers Comp or TPL:	
Contracted provider:	Ready to Finalize:

Special Case Tracking

Special Case Types:
Special Case Info:

Referral Notes

Date	Time	Type	Summary	User
1/23/2021	2:42 PM PST	General	A. PLEASE DIVERT THIS REFERRAL TO NEOGEN SOC 01/25/2021	FORTICH-KIRBY, EMMA B

Note Text:

A. PLEASE DIVERT THIS REFERRAL TO NEOGEN SOC 01/25/2021

B. Service Address:

3700 MARKET ST
OAKLAND California 94608-3919

C. Disciplines ordered with authorization:

RN-4, PT-4, OT-2, MSW-2 KPSA

D. Generalized statement of care:

ATRIAL FIBRILLATION, UNSPECIFIED, LABS: **Chem 7 5-7 days post discharge**

E. DATE, TIME, NAME OF PROVIDER:

HOSPITAL REFERRAL 1/22/2021

Dykes, Jennifer Lynn (M.D.)

Kaghazwala, Yasmeen Shabbir (M.D.)

PCP TEL# 510-752-5346

Date	Time	Type	Summary	User
1/21/2021	4:34 PM PST	General	CURRENTLY ADMITTED.	FORTICH-KIRBY, EMMA B

Note Text:

CURRENTLY ADMITTED.

Date	Time	Type	Summary	User
1/21/2021	4:08 PM PST	General	THIS IS A KAISER SENIOR ADVANTAGE PATIENT. Please be sure to give the patient the Kaiser Notice of Medicare Non-Coverage letter a minimum of 2 days prior to discharge. MBI #: 7QU2WC8PF90 DME \$0	PORRAL-HUYNH, NINIA

Note Text:

THIS IS A KAISER SENIOR ADVANTAGE PATIENT. Please be sure to give the patient the Kaiser Notice of Medicare Non-Coverage letter a minimum of 2 days prior to discharge. MBI #: 7QU2WC8PF90 DME \$0

Date	Time	Type	Summary	User
1/21/2021	3:10 PM PST	Provider Comments	Provider Comments	DYKES, JENNIFER L

Note Text:

Please coordinate visits with patient's daughter, Felicia (510-316-1433)

Date	Time	Type	Summary	User
1/21/2021	3:10 PM PST	Provider Comments	Provider Comments	DYKES, JENNIFER L

Note Text:

HOME HEALTH FACE TO FACE ENCOUNTER

I certify that a face to face encounter with this patient was performed during which a medical condition was addressed which is the primary reason for home health care on 1/21/2021. The patient is home bound due to: Illness. There is a normal inability to leave the home and leaving home requires a considerable and taxing effort for the patient.

Patient requires aid of supportive devices.

Patient requires assistance of another person in order to leave their place of residence.

Certification for Home Health Services

Based on the above findings, I certify that this patient is confined to the home and needs intermittent skilled nursing care, physical therapy and /or speech therapy. The patient is under my care, and a plan of care is being initiated. This patient will be followed by a physician (YASMEEN SHABBIR KAGHAZWALA MD) who will be assuming the care of the patient.

Reeves, Barbara A

MRN: 110002313821

ED to Hosp-Admission

1/15/2021 - 1/22/2021 (7 days)

Status: Discharged

OAK-NEW HOSPITAL

Last attending: Kim, Phillip (M.D.)

Principal problem: ATRIAL FIBRILLATION, UNSPECIFIED

Discharge Summary

Kim, Phillip (M.D.) (Physician) • Hospital Medicine • 1/22/2021 5:35 PM • Signed

East Bay Hospital Medicine Discharge Summary**Date of Admission:** 1/15/2021**Date of Discharge:** 1/22/2021 (Signed out against medical advice).**Code Status: Full Code****Advanced Healthcare Directive / POLST available:** no. LCP referral sent: No (AMA)**Reason for Hospital Admission:**

dyspnea, afib with RVR

Diagnoses:**Active Hospital Problems**

Diagnosis

- (Principal) ATRIAL FIBRILLATION, UNSPECIFIED
- CHF (CONGESTIVE HEART FAILURE), UNSPECIFIED
- HTN (HYPERTENSION)

Resolved Hospital Problems

No resolved problems to display.

Issues to be Addressed in Follow-up:

1. Patient has history of noncompliance and is signing out AMA under medically unsafe condition. Medications were not prescribed since many need close monitoring of vital signs and blood tests. Once patient is in a more stable setting and agrees to adhere to medication/diet compliance and follow-up, she needs to be started on meds for CHF, Atrial fibrillation, including anticoagulation. I have included current hospital medication as a reference.
2. Cardiology CCM referral once she agrees to participate in her care.
3. Pulmonary f/u for pHTN
4. Continue CPAP at night.
5. Prescribe iron supplements when she agrees to take meds.

Pending Study Results at Discharge:**Unresulted Lab Orders**

No orders found from 12/23/2020 to 1/23/2021.

Hospital Course and Significant Findings:

Barbara A Reeves is a 73 Y female pmh HFpEF 55%, HLD, HTN, gout, T2DM, who presents to ED after feeling malaise, acute on chronic SOB that progressively worsened over the day, one day duration of symptoms. Also with increased leg edema. No fever, chills. Based on HPI of H&P, she is not compliant with diet and meds.

In ED, afebrile, SBP 130's-150's, DBP 106-132 HR 61->150, RR up to 30's. O2 sat 100%. Exam notable for chronic BLE edema.

Weight =300lb (used to be ~315lb in 2019)

Labs notable for WBC=12.6K,(N=83), HB=10.8, PLT=258.

Lactate=2.1, Trop=0.12, BNP=742. UA abnormal but grossly contaminated. CXR unremarkable. BLE US negative. Patient was admitted for CHF, atrial fibrillation and treated with IV Lasix, with improved respiratory symptoms and BLE edema.

TSH normal.

TTE on 1/18 was of poor quality and LV assessment could not be done. Increased PAP from 57 (6/2019) to 73 mmHg noted.

Beta-blocker was titrated up for rate control (now on Toprol XL 75mg BID). Reviewed benefits/risks of anticoagulation, and patient/daughter agreed to initiate dabigatran.

Urine culture grew E coli - initially not treated given the contaminated specimen, but started on ceftriaxone on 1/21 due to delirium.

On 1/22 (projected day of discharge) - discharge was deferred due to inadequate heart rate control from atrial fibrillation despite on high-dose metoprolol XL. Discussed with Cardiology, who reviewed the recent TTE and felt that LV function was mildly depressed as compared to 2019.

Plan was to add IV->PO digoxin for further HR control without depressing LV function. I had several conversation with daughter (Felicia=DDM), and despite my multiple attempts at explaining the need for ongoing hospitalization, she and the patient demanded to leave the hospital against medical advice. They also declined changing of the attending physician from me to another provider. Since her medical conditions are not optimized and several medications require close monitoring of vital signs, electrolytes, renal function and hemoglobin (dabigatran), I opted not to prescribe meds, especially in light of the history of noncompliance.

#Acute CHF exacerbation

#HFpEF (55% 06/2019)

Presented with acute on chronic dyspnea on exertion, elevated BNP, exam consistent with volume overload in the setting of med, Na-intake, and fluid non-adherence. Associated afib with RVR discussed separately. Repeat TTE showed worsening PA pressures, unable to determine EF. Symptoms improved with diuresis, though she remained dyspneic on exertion, which is likely her baseline. Other contributory causes of her dyspnea include (phn, OSA) are discussed below.

Plan was to optimize Lasix regimen based on I/O, weight, while improving HR control, but unfortunately patient and daughter decided to leave despite being told multiple times that she cannot go home safely.

#afib with RVR

Presented with RVR, trigger likely volume overload. Was not on AC prior to admission.

Treated with longacting metoprolol titrated to 100mg BID, but per discussion with Cardiology on 1/22 plan was to switch to short-acting metoprolol and add digoxin. Patient was also started on dabigatran, after discussing with her and daughter about benefits/risks/alternatives.

#confusion, AMS

Waxing and waning of orientation and alertness suggestive of sundowning/delirium. Per daughter, suspicion for dementia given memory issues over the past few years.

Treated for E coli UTI.

Back to baseline by discharge - oriented to place, new/old president, but not year/month. Able to briefly retain information about her health enough to participate in conversation but impaired short term memory.

#anemia - fe-deficiency vs ACD

Low nl ferritin, however low Fe and transferrin sat. Though not completely consistent with Fe deficiency, her ferritin and transferrin indicated she would benefit from IV iron. She has a had a stable normocytic anemia for some time without obvious signs of bleeding.

- s/p IV iron 1/18
- started Fe supplementation

#Pulm HTN**#OSA**

PASP 73mmHg on TTE this admission, marked interval increase from 2019. Suspect her pulm htn is multifactorial, class 2 (LHD) and class 3 (OSA). Has been nonadherent with CPAP at home.

- continue HF regimen as above
- encourage CPAP use
- pulm/cards f/u

#asymptomatic bacteriuria - Ecoli

>100K E coli on admission UCx, however UA had many squams. Patient with no symptoms, suspect asymptomatic bacteriuria. Held off on abx but started on ceftriaxone when patient became delirious, with leukocytosis and repeat UA being clean but abnormal

#demand ischemia -resolved

Trop peak 0.10, no chest pain, EKG with no acute ST changes, overall high suspicion for demand ischemia d/t HF exacerbation and RVR.

- cont ASA, statin, metop, ARB.

#Lactic acidosis-resolved

Lactate 2.1 in ED, likely in s/o volume overloaded state. Cleared without fluids or antibiotics.

#HTN

- Managed with metoprolol and losartan.
- dc'd atenolol, amlodipine to allow room for beta-blocker titration.

#T2DM- Repeat A1C this admission was 6.1, stable. Resume pta metformin.

#HLD-continue PTA simvastatin, ASA

#Hx of gout- No recent gout attacks. Continue allopurinol

#Anticoagulation - Pradaxa started during this hospitalization but not continued since signing out AMA.

Complications: none

Operative Procedures:

None

Non-operative Procedures:

None

Consults:

None

Smoker: No.

Condition on Discharge: Stable

Events / Subjective: No dyspnea. Chest discomfort persistent despite Maalox, sucralfate, PPI but resolved after soda and burping.

Physical Exam:

Vitals last 24hrs

BP Min: 125/67 Max: 150/80

Temp Avg: 98.1 °F (36.7 °C) Min: 97.2 °F (36.2 °C) Max: 99.1 °F (37.3 °C)

Pulse Avg: 116.8 Min: 80 Max: 142

Resp Avg: 20.8 Min: 20 Max: 22

SpO2 Avg: 94.8 % Min: 93 % Max: 97 %

General appearance - alert, well appearing, and in no distress

Mental Status - Oriented to person, place, president but not time or why she is here.

Chest - clear to auscultation, no wheezes, rales or rhonchi

Heart - irregular rhythm, Tachycardic.

Abdomen - soft, nontender, nondistended, no masses or organomegaly

Extremities - pedal edema 2+ (stable)

Discharge Disposition: Home

CURRENT HOSPITAL MEDICATIONS

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Last Admin
• Sucralfate Oral Susp 1,000 mg (CARAFATE)	1 g	Oral	30 MIN ACHS	1,000 mg at 01/22/2 1 1245
• Metoprolol Tartrate Tab 100 mg (LOPRESSOR)	100 mg	Oral	BID (INPT RN check 1st dose)	
• Magnesium Sulfate 2 gram/50 mL (4 %) IV Premix	2 g	intraVENOUS	X1	
• cefTRIAXone in Dextrose IV Premix 1 g (ROCEPHIN)	1 g	intraVENOUS	Q24H (INPT RN check 1st dose)	1 g at 01/22/2 1 0852
• Pantoprazole TBEC DR Tablet 40 mg (PROTONIX)	40 mg	Oral	Daily	40 mg at 01/22/2 1 0855
• Furosemide Tab 80 mg (LASIX)	80 mg	Oral	BID	80 mg at 01/22/2 1 0855
• Sennosides Tab 17.2 mg (SENOKOT)	17.2 mg	Oral	BID	17.2 mg at 01/21/2 1 2100
• Dabigatran Etexilate Cap 150 mg (PRADAXA)	150 mg	Oral	BID	150 mg at 01/22/2 1 0856
• Allopurinol Tab 100 mg (ZYLOPRIM)	100 mg	Oral	BID	100 mg at 01/22/2 1 0855

• Chlorhexidine Gluconate Oral Soln 15 mL (PERIDEX/PERIOGARD)	15 mL	Oral	Q12H	15 mL at 01/22/21 0857
• Sodium Chloride 0.9% Inj Syg 3 mL (NORMAL SALINE FLUSH)	3 mL	intraVENOUS	Q8H	3 mL at 01/22/21 0429
• Flu Vaccine QS 2020-21 (65 yrs up) PF IM Syg 0.7 mL (FLUZONE HIGHDOSE QUAD)	1 Each	intraMUSCULAR	Prior to Discharge	
• Melatonin Tab 3 mg (MELATIN)	3 mg	Oral	Q24H	3 mg at 01/21/21 1717
• Polyethylene Glycol 3350 Packet 17 g (MIRALAX/GLYCO LAX)	17 g	Oral	Daily	17 g at 01/21/21 0846
• Aspirin TBEC DR Tab 81 mg (ECOTRIN LOW STRENGTH)	81 mg	Oral	QAM	81 mg at 01/22/21 0855
• Losartan Tab 100 mg (COZAAR)	100 mg	Oral	Daily	100 mg at 01/22/21 0856
• Simvastatin tablet 20 mg (ZOCOR)	20 mg	Oral	QPM	20 mg at 01/21/21 2100
• Insulin Lispro Sliding Scale Inj (HumaLOG)		Subcutaneous	TID with meals and HS	1 Units at 01/22/21 0902

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Last Rate	Last Admin
------------	------	-------	-----------	-----------	------------

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Last Admin
• MYLANTA/MAALO X Oral Susp 30 mL (Alum-Mag Hydrox-Simeth)	30 mL	Oral	Q6H PRN	30 mL at 01/22/21 1337
• OLANzapine Rap Dis Tab 5 mg (ZyPREXA ZYDIS)	5 mg	Oral	Daily PRN	
• diITIAZem Inj 10 mg (CARDIZEM)	10 mg	intraVENOUS	Q4H PRN	10 mg at 01/22/21 1440

• Lidocaine 10 mg/mL (1 %) Inj 1 mg (Xylocaine)	0.1 mL	Intradermal	PRN	
• Sodium Chloride 0.9% Inj Syg 3 mL (NORMAL SALINE FLUSH)	3 mL	intraVENOUS	PRN	3 mL at 01/22/21 1001
• Ondansetron (PF) Inj 4 mg (ZOFTRAN)	4 mg	intraVENOUS	Q6H PRN	4 mg at 01/22/21 0959
• Acetaminophen Tab 650 mg (TYLENOL)	650 mg	Oral	Q4H PRN	650 mg at 01/19/21 1943
• WEB LINK HYPOGLYCEMIA	1 Each	Miscell. (Med.Supl.;Non-Drugs)	Per protocol - multiple doses	
• D50W Inj Syg 12.5 g	25 mL	intraVENOUS	Per protocol - multiple doses	
• D50W Inj Syg 25 g	50 mL	intraVENOUS	Per protocol - multiple doses	
• Glucagon Inj 1 mg (GLUCAGEN DIAGNOSTIC KIT)	1 mg	intraMUSCULAR	Per protocol - multiple doses	
• D5W IV Premix		intraVENOUS	Per protocol - multiple doses	

Other Notes

All notes

Additional Orders and Documentation



Results
Imaging



Meds



Orders
Procedures



Flowsheets

Encounter Info: History, Allergies, Education, Care Plan, Detailed Report

New Media

Electronic signature on 1/19/2021 7:24 PM: WITNESS BY V.CHU - E-signed

Electronic signature on 1/19/2021 7:18 PM: WITNESS BY V.CHU - E-signed

MAR

Hospital Problem List

HTN (HYPERTENSION)

CHF (CONGESTIVE HEART FAILURE), UNSPECIFIED

Principal: ATRIAL FIBRILLATION, UNSPECIFIED

Care Timeline

01/16  Admitted from ED 082201/22  Discharged 1900

Discharge

 Against Medical Advice

Discharge Instructions (AVS) (Printed 1/22/2021)

Medication List at Discharge

As of 1/22/2021 10:44 PM

	Refills	Start Date	End Date
Allopurinol (ZYPLOPRIM) 100 mg Oral Tab	2/3	7/3/2019	7/2/2021
Take 1 tablet by mouth 2 times a day after breakfast and dinner - Oral			
Renewals			
Renewal provider: Thomman, Sanju K (M.D.)			
amLODIPine (NORVASC) 10 mg Oral Tab	0/0	9/8/2020	9/8/2022
Take 1 tablet by mouth daily - Oral			
Aspirin (ECOTRIN LOW STRENGTH) 81 mg Oral TBEC DR Tab			
TAKE ONE DAILY - Oral			
Patient-reported medication			
Atenolol (TENORMIN) 50 mg Oral Tab	0/0	9/8/2020	9/8/2022
Take 1 tablet by mouth daily - Oral			
Furosemide (LASIX) 40 mg Oral Tab	3/3	7/3/2019	7/2/2021
Take 1 tablet by mouth 2 times a day - Oral			
Losartan (COZAAR) 100 mg Oral Tab	0/0	1/8/2021	1/8/2023
Take 1 tablet by mouth daily - Oral			
Magnesium Oxide (MAGOX) 400 mg (241.3 mg magnesium) Oral Tab	3/3	12/28/2018	
TAKE 1 TABLET ORALLY DAILY - Oral			
Renewals			
Renewal provider: Kaghazwala, Yasmeen Shabbir (M.D.)			
metFORMIN (GLUCOPHAGE) 500 mg Oral Tab	2/2	9/10/2020	9/10/2022
Take one-half tablet by mouth 2 times a day with food or as directed - Oral			
Oxybutynin (DITROPAN) 5 mg Oral Tab	0/1	7/9/2019	1/7/2023
Take 1 tablet by mouth 2 times a day			
Pentoxifylline (TRENtal) 400 mg Oral SR Tab	1/3	7/3/2019	7/2/2021
Take 1 tablet by mouth 3 times a day - Oral			
K-Tab 10 mEq Oral SR Tab	0/0	9/8/2020	9/8/2022
Take 1 tablet orally daily while on Lasix only			
Simvastatin (ZOCOR) 20 mg Oral Tab	2/3	7/3/2019	9/3/2022
Take 1 tablet by mouth every evening . To refill by Mail, call 10 days ahead. (888) 218-6245 - Oral			

AFTER VISIT SUMMARY



Barbara A. Reeves MRN: 110002313821 Date of birth: 6/10/1947

ATRIAL FIBRILLATION 1/15/2021 - 1/22/2021 OAK-NEW HOSPITAL 510-752-1000

Instructions



No changes were made to your medications.

Appointments

You currently have no upcoming appointments scheduled.

Medications

You have not been prescribed any medications.

Stay Connected!

Sign up today at kp.org/registernow. Email your doctor, see lab results, refill prescriptions, schedule appointments, review visit or discharge instructions.

Instructions

A copy of these instructions will be made available to your primary care doctor or nurse practitioner: YASMEEN SHABBIR KAGHAZWALA MD

You were treated in the hospital for fluid overload and an abnormal heart rhythm called atrial fibrillation, which caused rapid heart rate. The plan was to remove excess fluid, control the heart rate so that the heart can function more effectively, and treat with a blood-thinning medication called dabigatran to prevent stroke.

I have explained to you and your daughter, Felicia Scott, that it is unsafe to leave the hospital under current condition, since her medical condition is not optimized.

Since you are leaving the hospital without the medication regimen being optimized, and since many medications require close monitoring of the blood pressure, heart rate, oxygen level, and blood tests, I cannot safely prescribe the medications.

Once you follow up with your primary care physician and agree to take medications and be monitored closely, your primary physician can review the hospital chart and discuss with me to come up with medication regimen.

Operative Procedures: None

Non-Operative Procedures: None

You can call the appointment / advice line at **1-866-454-8855**, if you experience any of the following symptoms, but I recommend just returning to the Emergency Department.

- Temperature of 101 degrees F or above
- Pain unrelieved by medication.
- Persistent nausea, vomiting and/or inability to eat.
- Increase in fatigue, confusion or dizziness.
- Diarrhea that is bloody or occurs more than 5-6 times a day or persists for more than 3-4 days.

Call 911 for emergencies

FOLLOW UP APPOINTMENTS

I have a telephone visit with my primary care physician YASMEEN SHABBIR KAGHAZWALA MD in 2-5 days.

Call the appointment / advice line at 1-866-454-8855 if you need to change an appointment.

REFERRALS

The following referrals have been made for you:

None, since you signed out against medical advice.

TOPICS TO DISCUSS WITH MY DOCTOR

Discuss the following with your primary care doctor or treating surgeon:

- Discuss your breathing, weight, leg swelling and work with your doctor to be on a medication regimen to effectively treat your conditions.

Instructions (continued)

DIET

Cardiac: Limit your intake of cholesterol, sodium, and fat which can come from eating processed foods (pre-packaged) and/or condiments high in sodium. Increasing fiber from whole grains, fruits, vegetables and legumes lowers cholesterol.

ACTIVITIES AND LIFESTYLE

You can do the following: Gradually increase your activity as able.

PHILLIP KIM MD 5:51 PM 1/22/2021

Multidisciplinary Discharge Instructions signed by Kinoti, Claire Vunyali (R.N.) at 1/21/2021 2:38 PM

HOME HEALTH AFTER DISCHARGE FROM THE HOSPITAL

Home Health Registered Nurse and/or Physical Therapy visit(s) have been ordered for you by your doctor. If you have not received a call from OAKLAND / RICHMOND / East Bay Home Health (serving areas of Alameda, Berkeley, Emeryville, Oakland, Piedmont, Albany, Crockett, Richmond, El Cerrito, Hercules, Kensington, Pinole, Rodeo, and San Pablo) 48 hours (2 days) after discharge, please call them at 510-752-6295 to schedule the initial in-take appointment. Hours are Monday through Friday, 8 a.m. to 5 p.m. Thank You Very Much and Always Remember to live well and THRIVE!

Medicare Meal Benefit:

You may be eligible for meal delivery after discharge. If you are eligible you will receive a call from Mom's Meals. If not eligible, you will be notified by mail.

Information About Medications:

Keep your list of current medications (prescriptions, and over the counter) and vitamins up to date. Share this list with your health care providers.