

**PARAGON CLINICAL PROGRESS NOTE**

Patient Name: Fleming, Aldona  
 DOB: 09/10/1938  
 Reason for Visit: Nurse request: weight loss

Room: 206  
 Date of Service: 12/5/2019

**HPI:** 80 y.o. female patient of Dr Olson's PMH per below readmitted to facility s/p 10/12 -10/18/19 hospitalization at SCH. Patient underwent ORIF for R intertrochanteric hip fracture 10/13/19. HGB 6.6 post procedure, patient received transfusion. Patient sent out from facility 10/21/19 for HGB 6.7 and returned same day (no hospital records available). Patient readmitted to facility for LTC and skilled therapy. Patient completed course of skilled therapy 12/4/19 and transferred back to Crossroads 12/5/19.

Saw patient today at nurse request reported weight loss. Saw patient today while upright in bed. Patient NAD, making eye contact. Directly answers questions yes or no but otherwise non verbal. Denies nausea, abdominal pain or any pain on exam. No reports of vomiting, fever, diarrhea from staff. No other new concerns from nursing. Patient remains VSS, afebrile.

**PMH/PSH:** Alzheimer's, A fib, HTN, GERD, psychosis, IBS, HLD, osteoporosis, moderate protein calorie malnutrition  
**ALLERGIES:** NKDA

**ROS:** Completed with nursing 2/2 dementia  
**General:** Denies fever/chills, malaise. No pain  
**HEENT:** Denies sore throat, rhinitis, epistaxis, bleeding gums, vision changes, eye discharge  
**CV:** Denies CP, palpitations, dizziness  
**PULM:** Denies SOB, DOE, cough, wheezing  
**GI:** Denies n/v/d, constipation, melena, abdominal pain, *+poor appetite, weight loss*  
**GU:** Denies dysuria, frequency, urgency, hematuria, nocturia  
**MSK:** Denies, arthralgia, myalgia, swelling, *+generalized weakness, +history of falls*  
**NEURO:** Denies headache, syncope, vertigo, paresthesias, *+confusion*  
**SKIN:** Denies rash, pruritus, *+R hip surgical wound*  
**PSYCH:** No hallucinations, sleep disturbance, depression, anxiety

**PE:**  
**General:** Alert, NAD. *Thin/frail*  
**HEENT:** MMM, Conjunctiva pink, no exudate. No pharyngeal erythema/exudate. No lymphadenopathy.  
**CV:** *+S1, S2, RRR, no murmurs, rubs, thrills. +trace BLE edema*  
**PULM:** RR regular & unlabored, lungs clear, no wheezes, crackles, rhonchi.  
**GI:** Abd soft, non-distended, bowel sounds WNL, non-tender to palpation  
**GU:** No suprapubic tenderness, no CVA tenderness, no hematuria  
**MSK:** No joint pain, swelling, erythema.  
**NEURO:** Pt alert, *unable to assess orientation*. No focal weakness, PERRLA  
**SKIN:** Visible skin dry, warm. *+R hip surgical wound followed by in-house wound*  
**PSYCH:** Pleasantly confused

**LABS**

Date:	12/5/19	12/3/19	11/18/19	10/21/19	7/3/19	5/7/19	3/26/18	1/4/2019	6/29/2018
NA	145	142		143	142	141	140	144	143
K	4	4.2		4.3	4.1	5.1	4.3	3.9	4.3
CL	107	107		108	108	107	108	110	108
CO2	33	30		28	28	23	25	21	27
BUN	29	34		21	24	31	22	32	24
Creat	0.72	0.59		0.57	0.76	0.74	0.68	0.83	0.81
Pre-alb						16.7			
WBC	4.99	4.5	5.6	8.4	4.90	5	4.95	6.26	6.25
HGB	9.2	9.1	9.8	6.7	11.6	10.9	10.6	11.4	11.8
HCT	30.2	29.4	30.2	20.7	34.7	32.5	32.3	33.1	35.7
PLT	132	142	171	204	177	143	168	156	185

CXR 6/28/18: cardiomegaly

**ASSESSMENT/PLAN:**

**Weight loss (R63.4):** Patient weight has been trending down for past 2 mo. Weight was 134.4 lb on 10/19 and now down to 123.8, though notably weight 6 mo ago was 108 lb. Patient followed by dietary with recommendation to increase Med Pass to TID. Continue weekly weights. CBC, CMP to check nutritional status stable.

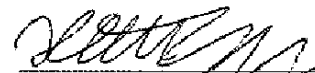
**Anemia (D64.9):** Started patient on QD Fe, repeat CBC in 1 week.

**Closed intertrochanteric fracture of R femur s/p ORIF (S72.144D, Z47.89):** Saw Dr Benuck 11/11 with orders to continue Xarelto for DVT prophylaxis and RTC 12/20. Pain control with PRN Norco, APAP. Completed skilled therapy yesterday, 12/4. Activity as tolerated, fall/safety precautions. **A fib (I48.91):** Restarted on Xarelto in hospital for DVT prophylaxis. Continues 10 mg QD. Will likely d/c when ok with Ortho d/t high fall risk and anemia. Continues atenolol.

**Alzheimer's disease (G30.9):** Continue fall precautions, behavioral monitoring. Continues quetiapine, sertraline. Medication management per in house psych. Patient transferred back to Crossroads today. CTM.

**R heel wound:** 11/18 BLE duplex Doppler with no abnormal findings. Wound MD, Dr Padilla, following.

Endorsed to nursing  
 Medications, labs, chart reviewed

 Heather Sandler, CNP