2/10/2020 3:37 PM (CST) Assessment ld: 154011994

Patient: Morris, Mary P (Admission 70720)

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PROGRESS NOTE - HISTORY

Name

Morris, Mary P

Gender Facility

Lexington Health Care Center of La

Grange

Room# Admission Date Date Form Opened 237 12/14/19 1/3/2020 MR#

143841 02/24/1927

Birth Date Marital Status Widowed

Reason For Visit

Directives:

f/u Ortho visit 1/3/20

Chief Complaint

Past Medical History Reviewed

Additional Notes Regarding Advanced

PMHx: HTN, Dementia, Hypothyroldism, Anemia, Anxiety, Vit. D

History of Present Illness:

92 y/o CF with significant PMHx- HTN, Dementia, and s/p R hip replacement last April, 2019 after a fall. She fell while trying to sit on her w/c. 12/10/19 To Amita Health Jollet Hosp. d/t subcapital femoral neck fx, left hip, s/p partial left hip replacement 12/11/19. Hosp. course complicated with pain and anxiety treated with Morphine and alprazolam. 12/14/19 transferred to Lexington La Grange for SAR and goal of care is to transfer back to Assisted living memory care.

Seen pt in f/u of AMS with UTI.

She is going to see Ortho later this PM, Left hip XR was done with CD requested to be sent to Ortho during tis visit. She seems doing well w/ pain well controlled. Also doing well in therapy.

Past Medical/Surgical History:

Deficiony, Insomnia. PSHx: Right Hip Replacement- April 2019

Health Status

Advanced Directives:

Full Code/Attempt Resuscitation/CPR,Full Code/Attempt Resuscitation/CPR.

Select dropdown arrow to see all diagnoses. Admitting diagnosis is at the top.

S72.92XD — Unspecified fracture of left femur. subsequent encounter for closed fracture with routine healing

Recent Physician Progress Notes (Click links to view):

Recent Laboratory and Diagnostic Tests (Click Link to Access Laboratory Attachments):

Reviewed Laboratory Results

Labs/Radiology (List reviewed labs with 12/23/19 wbc 8.13 hgb 8.2 (7.0) plt 525 Na 141 K 4.7 gluc 78 BUN 11 Scr 11 egfr > 60 Ca 8.2 12/19/19: WBC 7.83, H/H 7.0/22.0,PLT 381, GFR >60, NA 140, K 3.8, CL 108, B/C 8/0.51, GLU 72, LFT 12/16/58, ALB 2.5, TO

Hosp. Labs: 12/14/19

CBC: WBC 7.4, RBC 2.39, Hb 7.3, MCV 89,

MCH 30.6, PLT 165.

CMP: Na 136, K 3.5, Cl 108, CO2 24, BUN

9, Cr 0.4, eGFR 149, Glu 89, Ca 7.6, Mg 1.7, AST/SGOT 23, ALT /SGPT 12, Albumin 2.5, Total protein 4.6.

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Health Status (Continued)

Allergy List:

acetaminophen, alendronate sodium, atorvastatin, baclofen, dye, fesoterodine, gabapentin, lecithin, mirabegron, oxybutynin, pregabalin, tramadol

Medication List (Click link to view all orders):

Reviewed Medications

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Review of Systems

CONST	Y	N	RESP	Y	N	GU	Y	N	MS	Y	N
WNL to ALL Constitution	***************************************		WNL to ALL RE	SP		WNL to ALL GU			WNL to ALL MS		
Fever			SOB	······································		Dysuria	(A) 4**		Joint Pain	·	**********
Δ Mental Status			Cough			Hematuria		Mid Rotellian	Swelling	····	·····
Δ Function			Wheezing			Frequency		***************************************	Myalgia	*********	······································
∆ Weight			Phlegm			Urgency		· · · · · · · · · · · · · · · · · · ·	Arthralgia	W. C. C.	
Pain			Hx Smoking			Nocturia		 	Fall last 30 days		
			, , , ,			Foley			Hx of Falls	-T. Jan	***************************************
									Gait D/O	- Winds west in A . The An-	

<u>HEENT</u>	Y N	GI Y N	NEURO Y N	PSYCH Y N
WNL to ALL HEENT		WNL to ALL GI	WNL to ALL NEURO	WNL to ALL PSYCH
Eye Discharge		Nausea	Syncope	Anxiety
Δ Visual		Vomiting	Aphasia	Depression
HOH		Obesity	HA	Sleep Disturbance
Epistaxis		Abd Pain	Vertigo	Agitation
Rhinitlis		Diarrhea	Focal Weakness	Combative
Tinnitus		Constipation	Paraesthesia	Hallucination
Sore Throat		Melena	Seizures	Psychosis
		Hemoccult	Confused	∆ Mood
		Dysphagia		
		Dyspepsia		
		Δ Appetite	1	
		Δ Stools		
		G tube		

CV/PV	Υ	N	DERM	Ŷ		Other
WNL to ALL CV/P\	-		WNL to ALL DERM			
Chest Pain			Rash			
Palpitation	COST Con the man and an arrangement		Pruritus			
Dizzy			Bruising		*********	
DOE Edema						

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Abdomen:

Bowel Sounds:

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Physical Examination

			, - , - , - ,				
Latest Vital	ls:	Past Vitals (Click	link to view all vital	ls)			
Welght:	134.20		Temperature: 9	7.60 [Temporal]			
Blood Pressure:	102 / 59 [L Arm Sitting]		Pulse: 9	7.00 [Brachial]			
Respiration:	18.00		Pulse Ox: 9	5,00 [Room Air]			
Physical E	xamination:						
LOC:		Change from baseline?		Comments			
Orientation:		Change from baseline?		Comments			
Neuro		A CONTRACTOR OF THE PARTY OF TH		Comments			
HEENT:		MALL TO THE RESERVE T	<u> </u>	Comments			
Apical/Radia Pulse:	1		Change from baseline?	Comments	***************************************		
Murmur?	de	Yes, scribe urmur					
Edema:		Pitting Edema, scale +	Change from baseline?	Comments	Name of the State	ACT. 11.00	
Peripheral	Right:	***************************************	Right Capillary refill <	3	Comments		<u>againment an</u>
Pulses:	Left:		seconds Left Capillary refill < seconds	3:			
Skin:		Turgor:		Change from Baseline			**********
Skin Color:	L A	onormal:		Skin Comments			
Respiration:	A	bnormal:		Respiratory Comments	000-000-000-00-00-00-00-00-00-00-00-00-		
Breath Sounds:	Right: Left:		Change from baseline?	The second secon			
Cough:	De	escribe:	Change from baseline?				

Change from baseline?

Change from baseline?

Abdomen/Bowel Comments

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Urinary:		Comments		
Psych	Comments	WARREST TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO		
Pain: Scale 0 - 10	Change from baseline?	Comments - Sites		
Other	No. of the second secon			

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Assessment/Plan

Select Problem		_
N39.0: UTI d/c Cipro d/t severe drug interaction per pharm recs with start Cephalexin 500 mg BID 500 mg x 5 days for empiric 1/3/20: Ua/Cx: preleim results showed >100k GNB aw: presenting sx: AMS per dtr; no feer, chills; dysuria; CVA o increase fluid intake consult ID seen and evaluated pt today; agreed with Potent labs: CBC and BMP 1/6/20 monitor for progression of sx; fall precns; temp; SE/AR from the problem 2 Select Problem	treatment — okayed by Pharmacy per nsg aiting for final results/sensitivity or pelvic tenderness; no changes in appetite; seems stable OCs]
S72.92XD: Unspecified Fx of Left Femur, subsequent end h/o falls - PT/OT- tolerating well - Fall and hip precns - Cont. Tramadol 50 mg q12 hrs pm - per PCP ok to have - cont flexeril for muscle spasms - pain is aggravated with - Cont. Multivitamins and Vit. D3 supplement cont. GI prophylaxis: Famotidine 20 mg PO daily - F/u with Ortho today 1/3/20 with left hip XR done with CI -OOB to WC daily - compliant Problem 3 Select Problem	Tramadol (with allergy to Tramadol). Tramadol helps the p n msucele spasms; help control pain	pain.
S71.002D: Unspecified open wound, left hip, subsequent wound vac. d/c 12/20/19 ->>mepilex dressing f/u with ortho as indicated Wound care team following Monitor for wound drainage and s/sx of infection pt is a Keep abductor pillow in place while in bed Problem 4 Select Problem		1
F03.90: Unspecified dementia w/o behavioral disturbance F41.8: Anxiety monitor mood and behavior with Restlessness and agitation esp at night likely sundow Cont. donepezil 5 mg at hs; Memantine 10 mg PO BID; Qualifier for the problem 5 Select Problem	uning' none noted during this visit or while dir is here	
I10: HTN — Cont. Metoprolol 25 mg PO BID; low-salt, low D64.9: Anemia — Cont. Vit. B 12 1000 mcg PO daily and repeat CBC 1/6/20 G47.00 Insomnia, unspecified — cont. Melatonin 5 mg P Problem 6 Select Problem	-fat diet. Cont. ASA 81 mg PO daily; monitor BP/HR; chec FeSO4 325 mg PO dally. CBC 12/19 with hgb level at 8.2,	." k kidney fxn on 12/23 was 7.0 on 12/19;
K59.00: Constipation - monitor BM and chart in vision - Changed Docusate 100 mg PO BID PRN to schedule BII - Added Miralax 17 gm daily PRN Increase fluid intake, fiber in diet Increase activity with therapy Problem 7 Select Problem	D.	
R26.89: Galt and mobility d/o PT/OT fall precns pain management		1
Problem 8 Select Problem		
Seen >60 mins f/f time with pt and daughter with >50% of dtr in length and care coordination with pt, dtr, staff, consul	time spent on doing education on disease process, manag lts, PCP, DON/NM.	pement, plans of care with pt and
Signature (Click on the chark how to sign)		

Signature (Click on the check box to sign)

Dyenina Donnelly, NP (01/04/2020 04:16 PM (CST))