

PARAGON CLINICAL DISCHARGE SUMMARY**Patient Name:** Donna Lipkin**DOB:** 02/16/1936**Room:** 112**Date of Service:** 12/5/19**Reason for Visit:** Continuity of care: R hydronephrosis, L hydronephrosis s/p bilateral nephrostomy tube placement

HPI: 83 y.o. male patient of Dr Malani's PMH per below admitted to SPH s/p 10/10-10/22/19 hospitalization at Rush. Patient presented to Rush ED with BLE edema and SOB. Found to have R hydronephrosis, kidney stones, UTI. Patient underwent bilateral nephrostomy tube placement. UTI and PNA treated with Levaquin. Patient admitted to SPH for skilled rehab. Saw patient today for discharge to Uptown LTC. Saw patient while upright in bed. Patient alert, cooperative, NAD. Patient denies abdominal pain, fever/chills, malaise. Nephrostomy tubes draining clear yellow urine. Remains VSS, afebrile. Patient with no questions or concerns regarding discharge today. No new concerns from nursing.

PMH/PSH: BPH, CKD, a fib, RLE skin graft d/t chronic venous insufficiency (12/2018), OA, atrial septal aneurysm, PNA

ALLERGIES: NKA**ROS:****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 abd pain, n/v/d, melena, anorexia, constipation**GU:** Denies dysuria, frequency, urgency, hematuria, nocturia**MSK:** Denies arthralgia, myalgia, swelling, +muscular weakness, history of falls**NEURO:** Denies headache, syncope, confusion, vertigo, paraesthesias**SKIN:** Denies rash, wounds, pruritus, bruising**PSYCH:** No hallucinations, sleep disturbance, depression, anxiety**PE:****General:** Pt calm, cooperative, NAD**HEENT:** MMM, Conjunctiva pink, no exudate. No pharyngeal erythema/exudate. No lymphadenopathy.**CV:** +S1, S2, RRR, no murmurs, rubs, thrills. No 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, +nephrostomy tubes draining clear, yellow urine**MSK:** No joint pain, swelling, erythema.**NEURO:** Pt A&Ox3. No focal weakness, PERRLA.**SKIN:** Visible skin dry and intact, warm. No wounds or rash.**PSYCH:** pleasant, normal mood**LABS:**

Date:	10/21/19	9/11/19	8/20/19
NA	140	138	142
K	3.6	4	4.4
CL	107	103	106
CO2	22	25	27
BUN	15	19	19
Creat	1.27	1.33	1.25
TSH			2.698
WBC	5.15	6.03	5.43
HGB	10.8	11	12.7
HCT	35	35.6	42.4
PLT	281	246	274

ASSESSMENT/PLAN:**Generalized weakness (R53.1), hx of falls (Z91.81)**

- Patient to transfer to Uptown LTC this morning, no concerns
- Patient profile filled out and left with NOD

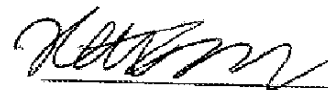
R hydronephrosis, L hydronephrosis (N13.2) s/p bilateral nephrostomy tube placement (Z93.6)

- Patient had urology appointment with Dr Adelstein 11/12/19 with recommendation for OP lithotripsy, patient wants to see another Uro
- Referral made to Dr Chernoff, appointment was scheduled for 12/12 but per nurse was moved to January by office
- Further management per OP uro and Uptown LTC

Endorsed to nursing

Medications, labs, chart reviewed

Less than 30 min spent


 Heather Sandler, CNP