ARAGON CLI AL RISK ASSES NT

Patient Name: Rebecca Pillsbury **Room:** 220
DOB: 04/25/1935 **Date of Service:** 12/18/19
Reason for Visit: Admitting Risk Assessment

HPI: 74 y.o. female patient of Dr Olson's PMH per below admitted to facility s/p 12/10-12/17/19 hospitalization at SCH. Patient presented to ED s/p fall at home. Patient tripped while getting out of bed. Imaging without acute injury. UA/CS was negative for UTI. Labs with hypercalcemia, home calcitriol held and given pamidronate. Patient had seizure while hospitalized and was started on Keppra. Patient fentanyl was discontinued d/t AMS. Patient became hypocalcemic and was given 1 g calcium gluconate 12/16. PMH also significant for stays at facility earlier this year s/p fall with L rib fractures and s/p hospitalization for AMS, VRE UTI. Patient admitted to SPH for skilled rehab.
Saw patient today while upright in bed. Patient alert, cooperative, NAD. Patient with O2 via NC in place. Denies any SOB, DOE, wheeze, cough. Patient endorses generalized chronic pain worst in lower legs and back. Patient states oxycodone remains effective for pain, though pain regimen less effective for her since fentanyl recently d/c'd. Patient with no other medical complaints. No new concerns from nursing.

PMH/PSH: SLE, mixed connective tissue disease, spinal compression fractures, LLE ORIF, arthritis, asthma, CAD s/p CABG, HLD, HTN, hypothyroid, hypocalcemia, UTI, L foot hammertoe, L 6th and 7th rib fractures, morbid obesity, VRE UTI, CKD4, MDD, OA, mild diastolic CHF

LACE:
L: Length of stay: 5
A: Acuity of Admission: 3
C: Comorbidities: 5
E: Emergency Department Visits: 2
TOTAL LACE SCORE: 15 HIGH RISK RETURN TO HOSPITAL

ALLERGIES: clindamycin, iodine, sulfa

SH:
Tobacco Use: NA
Marital Status: Single
Advanced Care Plan: Full code, surrogate decision maker is her partner, Lance

ROS:
General: Denies fever/chills, malaise. *+BLE and lumbago*
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, *+history of falls, +muscular weakness*
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
MSK: No swelling, erythema. *+BLE and lumbago*

Heather Sandler, CNP 1

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NEURO: Pt A&Ox2. No focal weakness, PERRLA.
SKIN: Visible skin dry and intact, warm. No wounds or rash. +*multiple bruises*
PSYCH: pleasant, normal mood

LABS: 1/23/19 HGBA1c 6.5

Date:	12/18/19	12/17/19
NA	142	146
K	3.2	3.9
CL	107	113
CO2	24	20
BUN	14	17
Creat	1.22	1.1
Ca	7.1	7.3
WBC	7.1	7.19
HGB	9.4	11
HCT	30.3	33.4
PLT	183	160

ASSESSMENT/PLAN:

Repeated falls (R29.6), Weakness (R53.1), Pain (R52)
- Skilled therapy to eval/tx
- Continue fall/safety precautions
- DVT prophy with Eliquis
- Requested to provide script for PRN oxycodone, left hard script for 60 w NOD, later found script for 15 tabs from SCH in hospital records and left with NOD
- Pain management per OP pain clinic MD Dr Xie

Hypocalcemia (E83.51)
- Increased Ca supplementation to 500 mg BID
- CMP to be faxed to nephro Dr Shetty, repeat CMP 12/20/19

Hypokalemia (E87.6)
- Started K 20 mEq PO QD, repeat CMP 12/20/19

Anemia (D64.9)
- Increased Fe to BID, repeat CBC 12/20/19

HTN (I10)
- Lasix discontinued in hospital per nephro recommendations
- Continues metoprolol, amlodipine
- Ordered in house cardio consult for HTN, CAD, CHF

Asthma, O2 use
- Ordered in house RT consult

Endorsed to nursing, AP
Medications, labs, chart, hospital chart reviewed

Heather Sandler, CNP 2