

**HILL REGIONAL HOSPITAL**

101 CIRCLE DRIVE, HILLSBORO, TX 766452670 - 254-580-8500

Patient Name: KATHRYN RAMM**DOB:** 02/18/1952**MRN:** 281322**Account #:** 10096583**Note Type:** Discharge Summary

DISCHARGE SUMMARY:

Kathryn Steele Ramm

DOB: 02/18/1952

Age: 72

Sex: F

Visit number: 10096583

Room number: 102

Attending Physician: Jonathan Seale, MD

PCP: Dr. Metzger

Admission Date: 07/07/2024**Discharge Date:** 07/10/2024**Reason for Admission:** Acute Congestive Heart Failure Exacerbation**Final diagnoses:**

1. Acute Congestive Heart Failure Exacerbation (I50.9)
2. Type 2 Diabetes Mellitus (E11.9)
3. Hypertension (I10)
4. Atrial Fibrillation (I48.91)
5. Chronic Obstructive Pulmonary Disease (J44.9)
6. Chronic Pain Syndrome (M79.609)
7. Peripheral Neuropathy (G62.9)
8. Hyperlipidemia (E78.5)
9. Asthma (J45.909)
10. Gastroesophageal Reflux Disease (K21.9)
11. Iron Deficiency Anemia (D50.9)
12. Generalized Anxiety Disorder (F41.1)
13. Restless Legs Syndrome (G25.81)
14. Overactive Bladder (N32.81)

History of Present Illness:

The patient, Kathryn Steele Ramm, a 72-year-old female, presented with central chest pain described as pressure and tightness persisting for one day, accompanied by shortness of breath and difficulty breathing. She denied nausea, vomiting, and diaphoresis. Her medical history includes Type 2 Diabetes Mellitus, peripheral neuropathy, hypertension, hyperlipidemia, asthma, atrial fibrillation, COPD, and congestive heart failure. On admission, vital signs showed blood pressure at 157/60, heart rate at 82, respiratory rate at 28, and oxygen saturation at 95%. The laboratory findings revealed an elevated NT-ProBNP at 1760 pg/mL and glucose at 435 mg/dL. Imaging indicated diffuse patchy opacities consistent with pulmonary edema without cardiomegaly or effusions. The working diagnosis was an acute exacerbation of congestive heart failure, managing with IV diuretics, insulin, oral potassium chloride, and sublingual nitroglycerin.

Electronically signed by: JONATHAN SEALE, M.D., 07/11/2024 15:59 CDT

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During her hospitalization, Ms. Ramm was treated with IV diuretics, insulin, and bronchodilators. On day two, she showed improvement in breathing and reduction in edema, and her nebulizer treatments were efficacious. Despite general well-being, she continued to experience a mild cough. By day three, her respiratory status stabilized with reduced wheezing, and her swelling progressively diminished. Her vital signs were stable, and diabetic management was effective with sliding scale insulin. Ms. Ramm was diuresing well with Lasix and reported that her nebulizer treatments resulted in significant symptom relief. No further complications arose, and she showed continual improvement, rendering her stable for discharge.

SUMMARY BY PROBLEM LIST**Acute Congestive Heart Failure Exacerbation (I50.9)**

- Summary: Patient presented with chest pain and dyspnea, with elevated NT-ProBNP (1760 pg/mL). Initial treatment included IV NS bolus, followed by diuresis with IV Lasix. Significant improvements in breathing and swelling noted.
- Plan: Continue home medication Torsemide 20MG Oral Tablet daily. Monitor for symptoms of fluid overload. Educate on low-sodium diet and daily weight monitoring.

Type 2 Diabetes Mellitus (E11.9)

- Summary: Admission glucose was markedly elevated at 435 mg/dL. HbA1c was 8.4%. Managed with insulin IVP and accuchecks during admission.
- Plan: Continue home medications Metformin 1000MG Oral Tablet twice a day, insulin as directed. New prescription for Lisinopril 5MG Oral Tablet daily added. Ensure strict glycemic control with regular capillary blood glucose monitoring.

Hypertension (I10)

- Summary: Patient's BP was initially 157/60. Managed with diltiazem during admission.
- Plan: Continue home medication Diltiazem 180MG Oral Capsule, Extended Release daily. Monitor BP at home.

Atrial Fibrillation (I48.91)

- Summary: Managed with Eliquis during hospitalization. Stable on current regimen.
- Plan: Continue home medication Eliquis 5MG Oral Tablet, twice a day. Regular follow-ups for rhythm monitoring.

Chronic Obstructive Pulmonary Disease (J44.9)

- Summary: Managed with Trelegy Ellipta and Airsupra. Some improvement noted with nebulizer treatments.
- Plan: Continue home medications Trelegy Ellipta 100 MCG daily, Airsupra 90 MCG four times a day. Educate on avoiding respiratory infections and smoking cessation (although patient is a non-smoker).

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Chronic Pain (M79.609)

- Summary: Patient reported chronic pain managed with Cyclobenzaprine as needed.
- Plan: Continue Cyclobenzaprine 10MG Oral Tablet every 6 hours PRN.

Peripheral Neuropathy (G62.9)

- Summary: Managed with Gabapentin. Patient reported no new symptoms.
- Plan: Continue home medication Gabapentin 800MG Oral Tablet, 1200 milligrams, twice a day.

Hyperlipidemia (E78.5)

- Summary: Managed with Atorvastatin, with no new symptoms.
- Plan: Continue Atorvastatin 20MG Oral Tablet daily.

Asthma (J45.909)

- Summary: Managed with Trelegy Ellipta and Airsupra. Reported improvements with current regimen during hospital stay.
- Plan: Continue home medications Trelegy Ellipta 100 MCG daily, Airsupra 90 MCG four times a day.

Gastroesophageal Reflux Disease (K21.9)

- Summary: Managed with Pantoprazole. No new symptoms reported.
- Plan: Continue Pantoprazole Sodium 40MG Oral Tablet daily.

Iron Deficiency Anemia (D50.9)

- Summary: Managed with Ferrous Sulfate. Lab results included low hemoglobin (11.8 g/dL) and hematocrit (37.3%).
- Plan: Continue Ferrous Sulfate 325MG Oral Tablet daily. Monitor hemoglobin and hematocrit levels periodically.

Generalized Anxiety Disorder (F41.1)

- Summary: Managed with Paroxetine. No new psychiatric symptoms reported.
- Plan: Continue Paroxetine 40MG Oral Tablet daily.

Restless Legs Syndrome (G25.81)

- Summary: Managed with Ropinirole. No new symptoms reported.
- Plan: Continue Ropinirole 0.5MG Oral Tablet daily.

Overactive Bladder (N32.81)

- Summary: Managed with Myrbetriq. No new symptoms reported.
-

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- Plan: Continue Myrbetriq 50MG Oral Tablet daily.

Generalized Weakness

- Summary: Patient reported feeling weak, but PT has not yet initiated.
- Plan: Continue with physical therapy as outpatient. Monitor and encourage daily activity to avoid deconditioning.

Vital Signs:

Vital Sign	Range
Blood Pressure (BP)	116/53 - 175/80
Heart Rate	60 - 95
Respiration Rate	16 - 22
Temperature (°F)	96.2 - 98.5
SPO2%	91% - 98%
Blood Sugar	153 mg/dL - 349 mg/dL
Pain Score	Not provided
O2 Device	Room Air 21%
O2 L/min	Not provided
FiO2	Not provided

Physical Exam

Gen: AAO. NAD.
HEENT: MMM, no lymphadenopathy.
CV: Normal rate, regular rhythm. No m/c/g/r.
Lungs: Normal work of breathing. **Scattered expiratory wheezes.**
Abd: Normoactive bowel sounds. Soft, non-tender.
Ext: No cyanosis, clubbing, **trace bilateral LE pitting edema.** Peripheral pulses 2+.
Neuro: No focal deficits. Oriented x 3.
Psych: Appropriate mood, affect.Skin: No rashes or lesions.

Labs:

Test	07/08/2024 05:17	07/08/2024 12:24	07/09/2024 08:51	07/10/2024 04:50
SODIUM	137 mmol/L	-	138 mmol/L	136 mmol/L



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Test	07/08/2024 05:17	07/08/2024 12:24	07/09/2024 08:51	07/10/2024 04:50
POTASSIUM	4.8 mmol/L	-	3.7 mmol/L	3.6 mmol/L
CHLORIDE	99 mmol/L	-	94 mmol/L	95 mmol/L
CO2	29.0 mmol/L	-	35.0 mmol/L	37.0 mmol/L
GLUCOSE	300 mg/dL	NORM	192 mg/dL	241 mg/dL
BUN	34 mg/dL	-	39 mg/dL	38 mg/dL
CREATININE	1.40 mg/dL	-	1.43 mg/dL	1.43 mg/dL
WBC	13.3 *10^3/uL	-	11.7 *10^3/uL	9.7 *10^3/uL
RBC	4.09 *10^6/uL	-	4.48 *10^6/uL	4.21 *10^6/uL
HEMOGLOBIN	10.8 g/dL	-	11.9 g/dL	11.3 g/dL
HEMATOCRIT	34.7%	-	38.2%	36.2%
PLATELETS	244 *10^3/uL	-	271 *10^3/uL	218 *10^3/uL

Urinalysis:

Test	07/08/2024 12:24
SPEC SOURCE	CLEAN CATCH
COLOR	p.yel
CLARITY	CLEAR
pH	5
SPEC GRAVITY	1.010
NITRITE	NEG
GLUCOSE	NORM
KETONE	NEG
PROTEIN	NEG
UROBILINOGEN	NORM
BILIRUBIN	NEG
LEUK EST	NEG
BLOOD	NEG

Imaging:

X-Rays (07/07/2024):
Impression: Diffuse patchy opacities consistent with pulmonary edema. No cardiomegaly or effusions.



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EKG (07/07/2024):

Impression: Results reviewed and considered in the medical decision-making process, but no specific findings are documented in this report.

Discharge Medications:

- Trelegy Ellipta 100 MCG/1 Actuation-62.5 MCG/1 Actuation-25 MCG/1 Actuation Inhalation Powder, 1 EACH, DAILY
- Airsupra 90 MCG/1 Actuation-80 MCG/1 Actuation Inhalation Aerosol Powder, 1 EACH, FOUR TIMES A DAY
- rOPINIRole HCl 0.5MG Oral Tablet, 0.5 MILLIGRAMS, DAILY
- dilTIAZem 180MG Oral Capsule, Extended Release, 24 HR, 180 MILLIGRAMS, DAILY
- Torsemide 20MG Oral Tablet, 20 MILLIGRAMS, DAILY
- PARoxetine HCl 40MG Oral Tablet, 40 MILLIGRAMS, DAILY
- Myrbetriq 50MG Oral Tablet, Extended Release, 50 MILLIGRAMS, DAILY
- Ferrous Sulfate 325MG Oral Tablet, 325 MILLIGRAMS, DAILY
- Eliquis 5MG Oral Tablet, 5 MILLIGRAMS, TWICE A DAY
- Cyclobenzaprine 10MG Oral Tablet, 10 MILLIGRAMS, EVERY 6 HOURS PRN
- Atorvastatin Calcium AvPak 20MG Oral Tablet, 20 MILLIGRAMS, DAILY
- Lisinopril 5MG Oral Tablet, 10 MILLIGRAMS, DAILY
- metFORMIN HCl 1000MG Oral Tablet, 1000 MILLIGRAMS, TWICE A DAY
- Gabapentin 800MG Oral Tablet, 1200 MILLIGRAMS, TWICE A DAY
- levoFLOXacin 500MG Oral Tablet, 500 MILLIGRAMS, DAILY
- Pantoprazole Sodium 40 MG Oral Tablet, Delayed Release, 40 MG, DAILY

Post-Discharge Follow-Up Action Items:

- **Follow up with Primary Care Provider (PCP)** within 1-2 weeks to review overall health and medication adjustments.
- **Monitor blood glucose levels** closely and follow up on glycemic control due to new diabetes management plan including insulin and Lisinopril.
- **Monitor blood pressure and symptoms of fluid overload**, with emphasis on adherence to low-sodium diet and daily weight monitoring.
- **Evaluate hemoglobin and hematocrit levels** periodically to assess response to Ferrous Sulfate treatment for iron deficiency anemia.
- **Follow up on respiratory status** and adherence to COPD/Asthma medications (Trelegy Ellipta and Airsupra), especially with recent exacerbation management.

Total time discharging pt including exam, education, calls, summary, and prescriptions: 35 minutes.

Jonathan Seale, MD

7/10/23

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