History & Physical (H&P)
Patient Name: Robert Thompson
DOB: 04/15/1949 (64 years old)
MRN: 12345678
Date of Admission: October 20, 2013
Attending Physician: Dr. John Smith, MD
Admitting Service: Internal Medicine

Chief Complaint
"Increasing shortness of breath and swelling in my legs for the past several days."

History of Present Illness (HPI)
Mr. Robert Thompson is a 64-year-old male with a history of heart failure with reduced ejection fraction (HFrEF, EF 25%), coronary artery disease (CAD) with prior MI, atrial fibrillation on warfarin, hypertension, type 2 diabetes mellitus, chronic kidney disease stage 3, and hyperlipidemia, who presents with progressive dyspnea and bilateral lower extremity edema over the past 5 days.
The patient reports that he has been feeling **increasingly fatigued** and **short of breath at rest**, requiring him to sleep upright in his recliner. He also has noticed a **4-5 lb weight gain**, along with **worsening bilateral lower extremity swelling** up to his knees. He denies **acute chest pain, fever, cough, hemoptysis, dizziness, or syncope.**
He has been **adherent** to his medications **but has missed some doses of furosemide** due to difficulty refilling his prescription. He has continued his **low-sodium diet but admits to increased fluid intake recently**.
Given his **history of worsening heart failure**, he was instructed by his cardiologist to come to the hospital for **evaluation and potential diuresis.**

Past Medical History
1. Heart failure with reduced ejection fraction (HFrEF), EF 25%
2. Coronary artery disease (CAD) with prior MI (2005)
3. Atrial fibrillation on chronic anticoagulation (warfarin)
4. Hypertension
5. Type 2 diabetes mellitus
6. Chronic kidney disease (CKD) Stage 3
7. Hyperlipidemia

Past Surgical History
- Coronary artery bypass grafting (CABG) x3 (2005)
- Bilateral knee replacements (2008)
- Cholecystectomy (1989)

Medications
1. Lisinopril 5 mg daily
2. Metoprolol succinate 50 mg daily
3. Furosemide 80 mg daily (recent noncompliance)
4. Spironolactone 12.5 mg daily
5. Warfarin 5 mg daily
6. Aspirin 81 mg daily
7. Atorvastatin 40 mg nightly
8. Insulin glargine 20 units nightly
9. Insulin aspart sliding scale with meals

Allergies
- No known drug allergies

Family History
- Father: Deceased (MI at 72 years old)
- Mother: Deceased (complications of diabetes at 79 years old)
- Brother: Alive, has diabetes and heart disease

Social History
- **Former smoker** (quit after MI in 2005, 30 pack-years history)
- **Alcohol use:** Occasional, 1-2 drinks per week
- Illicit drugs: Denies
- **Marital status:** Married, lives with wife
- **Activity level:** Limited due to fatigue and dyspnea

Review of Systems (ROS)
- **General:** Fatigue, recent weight gain (~4-5 lbs)
- **Cardiovascular:** Increased dyspnea on exertion, orthopnea, bilateral lower extremity edema
- **Pulmonary:** No cough, no hemoptysis, no fever or chills
- **Gastrointestinal:** No nausea or vomiting
- **Neurologic:** No focal weakness or dizziness
- **Urinary:** No changes in urinary frequency

Physical Examination
Vital Signs
- **Temperature:** 98.2°F (36.8°C)
- **HR:** 84 bpm, irregularly irregular
- **BP:** 140/86 mmHg
- **RR:** 20 breaths per minute
- Oxygen Saturation: 94% on room air

General
- Appears fatigued but alert, no acute distress

Cardiovascular
- Irregularly irregular rhythm
- + JVD
- S3 gallop present
- 2+ bilateral pitting edema to mid-shins

Pulmonary
- Bibasilar crackles
- No wheezing

GI/Abdomen
- Soft, non-tender, no hepatosplenomegaly

Neurologic
- No focal deficits

Laboratory & Imaging Results
Labs
- BNP: 650 pg/mL (elevated, worsening heart failure)
- Creatinine: 2.3 mg/dL (worsened from outpatient 2.1 mg/dL)
- **BUN**: 42 mg/dL
- **Na+**: 133 mmol/L
- **K+**: 5.0 mmol/L
- Hgb A1c: 8.3%
- **INR**: 2.1 (therapeutic)

Chest X-ray

- Cardiomegaly, pulmonary congestion, mild bilateral pleural effusions

Assessment & Plan
Primary Diagnosis:
Acute decompensated heart failure (HFrEF) with volume overload
Plan:

1. Initiate aggressive diuresis with IV furosemide
2. Monitor renal function and electrolytes daily
3. **Strict fluid restriction** (1.5L/day) and low-sodium diet
4. Daily weights, urine output monitoring
5. Continue chronic anticoagulation (warfarin)
6. Optimize medical therapy – evaluate for potential adjustment of medications
7. Cardiology consult for possible advanced heart failure therapies
8.