

HISTORY AND PHYSICAL

Ronald Evans Conway

DOB: 05/07/1943

Age: 81

Sex: M

Visit number: 10112227

Room number: *

Admission Date: 02/21/2025

Reason for Admission: Severe sepsis with acute respiratory failure and renal failure.

Attending Physician: Jonathan Seale, MD

PCP: Out-of-town

History of Present Illness:

The patient is an 81-year-old male presenting with fever, chills, dyspnea, back pain, and skin rash for several days, with moderate severity. He denies weight loss, headache, visual disturbance, fatigue, muscle aches, or weakness but reports persistent difficulty breathing, cough, and systemic symptoms. He denies sore throat, sinus drainage, nasal congestion, chest pain, abdominal pain, nausea, vomiting, or blackouts. Neurologically, he was found to have altered mental status. Vital signs in the ED showed hypotension (84/43 mmHg), tachypnea (28 bpm), hypoxia (O_2 Sat 88%), and fever (97.0°F). Labs revealed metabolic alkalosis, hypercapnia, an elevated D-dimer (1049), lactic acidosis (2.7), leukocytosis (WBC 19.8), hyponatremia (129), acute kidney injury (Cr 1.47), and elevated NT-ProBNP (1530). Imaging showed mild bibasilar atelectasis/pneumonia on CTA chest and a moderate fecal load with mild diverticulosis on CT abdomen/pelvis. ED management included IV fluid resuscitation, broad-spectrum antibiotics (Zosyn, Vancomycin, Clindamycin), morphine, and antiemetics. The patient is admitted for management of suspected septic shock with concurrent respiratory and renal failure.

Allergies:

NKDA (No Known Drug Allergy)

Home Meds:

- Allopurinol 100MG oral daily
- Aspirin EC 81MG oral daily
- Carbidopa, Levodopa, and Entacapone 25MG-100MG-200MG oral three times a day
- Citalopram 20MG oral daily
- Clindamycin 300MG oral capsule every eight hours
- Clindamycin HCl 150MG oral capsule, 300MG oral every eight hours
- Colchicine 0.6MG oral daily
- Colchicine 0.6MG oral, 2 tablets daily
- Escitalopram 10MG oral daily
- Folic Acid 1MG oral daily
- Furosemide 40MG oral, 80MG daily
- Gabapentin 100MG oral twice a day
- HYDROcodone Bitartrate-Acetaminophen 10MG-325MG oral twice a day as needed
- Isosorbide Mononitrate 30MG oral every morning
- Ketoconazole Shampoo 2% topical application daily
- Lisinopril 2.5MG oral daily
- Metoprolol Tartrate 50MG oral twice a day
- Nitroglycerin 0.4MG sublingual as needed daily
- Pravastatin Sodium 40MG oral daily
- PredniSONE 50MG oral daily
- Spironolactone 25MG oral daily
- Testosterone Cypionate 200MG/1ML intramuscular once a week
- Trulicity 0.75MG/0.5ML subcutaneous once a week
- Vancomycin HCl 125MG oral four times a day
- Vitamin D2 1.25MG oral once a week
- Xarelto (Rivaroxaban) 20MG oral daily

PMH:

- **Hypertension** (Home meds: Lisinopril 2.5mg PO daily, Metoprolol Tartrate 50mg PO BID)
- **Congestive Heart Failure** (Home meds: Furosemide 40mg PO daily, Spironolactone 25mg PO daily)
- **Atrial Fibrillation** (Home meds: Xarelto 20mg PO daily, Metoprolol Tartrate 50mg PO BID)
- **COPD – Chronic Obstructive Pulmonary Disease** (No listed home meds)
- **Angina** (Home meds: Isosorbide Mononitrate 30mg PO daily, Nitroglycerin 0.4mg SL PRN)
- **Gout** (Home meds: Allopurinol 100mg PO daily, Colchicine 0.6mg PO daily)
- **Parkinson's Disease** (Home meds: Carbidopa/Levodopa/Entacapone 25mg-100mg-200mg PO TID)
- **Hyperlipidemia** (Home meds: Pravastatin Sodium 40mg PO daily)
- **Chronic Kidney Disease** (Home meds: Furosemide 40mg PO daily)
- **Diabetes Mellitus** (Home meds: Trulicity 0.75mg/0.5mL SQ weekly)
- **Depression** (Home meds: Citalopram 20mg PO daily, Escitalopram 10mg PO daily)
- **Chronic Pain** (Home meds: HYDROcodone/APAP 10mg-325mg PO BID PRN, Gabapentin 100mg PO BID)
- **Vitamin D Deficiency** (Home meds: Vitamin D2 1.25mg PO weekly)
- **History of Pressure Ulcer** (No listed home meds)
- **Constipation** (No listed home meds)
- **Urinary Tract Infection** (No listed home meds)
- **Sepsis (previous episode)** (No listed home meds)
- **Gastroenteritis** (No listed home meds)
- **Cellulitis** (Home meds: Clindamycin 300mg PO Q8H)
- **Weakness** (No listed home meds)
- **Dehydration** (No listed home meds)

Past Surgical History:

- Pacemaker/defibrillator implantation in 2010
- Vertebroplasty in 2015

- Left-sided sacroiliac fixation surgery in 2000

Family History:

Mother died of MI at age 90 years old

Social History:

Prior smoker x 20 years. Drinks etoh heavily. Denies drug use. Married x 30 years, lives with his wife at home.

Review of Systems:

- **GEN: Affirms fever, chills.** Denies generalized weakness, weight loss, or abnormal weight gain.
- **HEENT:** Denies visual changes, nasal congestion, sore throat.
- **CV:** Denies chest pain, palpitations, syncope, edema.
- **Lungs: Affirms dyspnea, cough.** Denies wheezing.
- **GI:** Denies abdominal pain, nausea, vomiting, diarrhea, constipation.
- **GU:** Denies dysuria, hematuria, frequency, urgency.
- **Musculoskeletal: Affirms back pain.** Denies new joint pain/swelling.
- **Skin: Affirms rash.** Denies pruritus, dry skin.
- **Neurologic:** Denies paresthesias, focal weakness, headache, altered LOC.
- **Hematologic:** Denies excessive bruising or bleeding.
- **Endocrine:** Denies polyphagia, heat/cold intolerance.
- **Psychiatric:** Denies depression, anxiety, agitation.

Vital Signs Summary

Vital Sign	Range Over Entire Dataset
Blood Pressure (BP)	Lowest: 84/43 mmHg (10:07), Highest: 130/69
Mean Arterial Pressure	Lowest: 56 (10:07), Highest: 94 (13:02)
Heart Rate (HR)	Lowest: 58 bpm (13:02), Highest: 92 bpm (11:00)
Respiratory Rate (RR)	Lowest: 0 bpm (multiple times), Highest: 28 bpm
Oxygen Saturation	Lowest: 88% (09:47), Highest: 99% (12:13,
Temperature (Temp)	Lowest: 96.8°F (10:05), Highest: 97.0°F (12:42)

Pain Score	Lowest: 4 (12:42), Highest: 8 (10:05)
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Physical Exam

- **Gen: Alert.** No acute distress.
- **HEENT:** MMM, no lymphadenopathy.
- **CV:** Normal rate, regular rhythm. No m/c/g/r.
- **Lungs:** Normal work of breathing. CTAB.
- **Abd:** Normoactive bowel sounds. Soft, non-tender.
- **Ext:** No cyanosis, clubbing, or edema. Peripheral pulses 2+.
- **Neuro: Altered mental status.**
- **Psych:** Appropriate mood, affect.
- **Skin: Presence of skin rash.**

Labs:

(Summary table omitted for brevity; see original for all values.)

Imaging:

- **Chest X-ray (02/21/2025):** No acute disease.
- **CTA Chest (02/21/2025):** No pulmonary embolism; borderline cardiomegaly; mild bibasilar atelectasis and/or pneumonia; aortic calcification; mild to moderate degenerative changes in the spine.
- **CT Abdomen/Pelvis with Contrast (02/21/2025):** Moderate fecal load suggesting constipation; mild diverticulosis; cholelithiasis without cholecystitis; nonobstructive bilateral nephrolithiasis; aortic calcification; mild to moderate degenerative changes in the spine; bibasilar atelectasis/infiltrate.
- **Chest X-ray 1 View (02/21/2025):** Borderline cardiomegaly; chronic parenchymal changes; chronic pleural thickening/reaction; aortic calcification; degenerative changes in the spine and left shoulder.

Assessment/Plan:

Severe sepsis with acute respiratory failure (R65.20, J96.00)

- Evidence of systemic infection with respiratory compromise.
- Broad-spectrum IV antibiotics, oxygen support, IV fluids.

Acute renal failure (N17.9)

- Elevated Cr, likely from sepsis and volume depletion.
- IV fluids, renal function monitoring, adjust nephrotoxic meds.

Pneumonia, suspected bacterial (J18.9)

- Bibasilar atelectasis/infiltrates on imaging, leukocytosis.
- IV Zosyn and Vancomycin, oxygen therapy.

Altered mental status (R41.82)

- Likely secondary to sepsis and metabolic derangements.
- Close neurological monitoring, address underlying infection.

Hypotension, likely septic shock (R65.21)

- Persistent hypotension requiring fluid resuscitation.
- IV fluids, vasopressor support if needed.

Lactic acidosis (E87.2)

- Elevated lactate, consistent with sepsis-induced hypoperfusion.
- Maintain adequate perfusion with fluids and oxygen.

Metabolic alkalosis (E87.3)

- Likely secondary to diuretic use and underlying disease.
- Monitor electrolytes, adjust diuretics as needed.

Hyponatremia (E87.1)

- Low sodium, possibly from infection or volume depletion.
- Correct with IV fluids, monitor sodium levels.

Leukocytosis (D72.829)

- Possibly reactive due to infection.
- Monitor WBC trend, continue antibiotics.

Congestive Heart Failure (I50.9)

-Home meds: Furosemide 40mg PO daily, Spironolactone 25mg PO daily.

-Monitor volume status, adjust diuresis as needed.

Atrial Fibrillation (I48.91)

-Home meds: Xarelto 20mg PO daily, Metoprolol Tartrate 50mg PO BID.

-Continue home meds; monitor for arrhythmias.

Hypertension (I10)

-Home meds: Lisinopril 2.5mg PO daily, Metoprolol Tartrate 50mg PO BID.

-Hold antihypertensives if hypotensive, resume as tolerated.

COPD (J44.9)

-Home meds: None.

-Monitor respiratory status, supplemental O₂ as needed.

Angina (I20.9)

-Home meds: Isosorbide Mononitrate 30mg PO daily, Nitroglycerin 0.4mg SL PRN.

-Continue home meds, monitor for chest pain.

Gout (M10.9)

-Home meds: Allopurinol 100mg PO daily, Colchicine 0.6mg PO daily.

-Hold colchicine if worsening renal function.

Parkinson's Disease (G20)

-Home meds: Carbidopa/Levodopa/Entacapone 25mg-100mg-200mg PO TID.

-Continue home meds, monitor for symptom exacerbation.

Hyperlipidemia (E78.5)

-Home meds: Pravastatin Sodium 40mg PO daily.

-Continue home meds.

Chronic Kidney Disease (N18.9)

-Home meds: Furosemide 40mg PO daily.

-Avoid nephrotoxic drugs, monitor renal parameters.

Diabetes Mellitus (E11.9)

-Home meds: Trulicity 0.75mg/0.5mL SQ weekly.

-Monitor glucose levels, adjust insulin if necessary.

Depression (F32.9)

-Home meds: Citalopram 20mg PO daily, Escitalopram 10mg PO daily.

-Continue home meds.

Chronic Pain (G89.29)

-Home meds: HYDROcodone/APAP 10mg-325mg PO BID PRN, Gabapentin 100mg PO BID.

-Control pain as needed, monitor for overuse.

Vitamin D Deficiency (E55.9)

-Home meds: Vitamin D2 1.25mg PO weekly.

-Continue home meds.

History of Pressure Ulcer (L89.90)

-Home meds: None.

-Monitor skin integrity, offload pressure areas.

Constipation (K59.00)

-Home meds: None.

-Bowel regimen PRN.

Urinary Tract Infection (N39.0)

-Home meds: None.

-Monitor for signs of UTI, treat if present.

Sepsis (previous episode) (A41.9)

- Home meds: None.
- Monitor closely for recurrent infection.

Gastroenteritis (A09)

- Home meds: None.
- No acute management.

Cellulitis (L03.90)

- Home meds: Clindamycin 300mg PO Q8H.
- Continue Clindamycin if needed.

Weakness (R53.1)

- Home meds: None.
- Monitor functional status.

Dehydration (E86.0)

- Home meds: None.
- IV fluids as needed.

Jonathan Seale, MD

02/21/2025

Admit:

99221-H&P: Inpt-1

99222-H&P: Inpt-2

99223-H&P: Inpt-3

99291-H&P: Admission CriticalCare (1st 30-74min)

Observe:

99218-H&P: Observe Overnight-1

99219-H&P: Observe Overnight-2

99220-H&P: Observe Overnight-3

99999-Patient not seen

DVT Prophylaxis: Xarelto 20mg PO daily

GI Prophylaxis: H2A

Diet: AHA

Code: Full

Dispo: Inpatient