

044687343 ELMVH

01719921

1626859

3/13/2006 12:00:00 AM

COPD flare

DIS

Admission Date :

03/13/2006

Report Status :

Discharge Date :

03/19/2006

***** FINAL DISCHARGE ORDERS *****

FREIERMLINKENEIGHCAABLINFARST , ANEA

770-09-54-2 032

Room :

39K-128

Service :

MED

DISCHARGE PATIENT ON :

03/19/06 AT 01:00 PM

CONTINGENT UPON

Not Applicable

WILL D / C ORDER BE USED AS THE D / C SUMMARY :

YES

Attending :

ALBFYFEAYLES , LORRE EZO , M.D.

CODE STATUS :

Full code

DISPOSITION :

Villeflardsbroo Ands Tho Cardhako General Hospital

DISCHARGE MEDICATIONS :

ACETYLSALICYLIC ACID 81 MG PO DAILY ALBUTEROL NEBULIZER 2.5 MG NEB Q4H Starting Today (03/17) PRN Shortness of Breath LISINOPRIL 10 MG PO DAILY NIFEREX-150 15 0 MG PO BID PREDNISONE Taper PO Give 50 mg q 24 h X 1 dose (s) , then Give 40 mg q 24 h X 1 dose (s) , then Give 30 mg q 24 h X 1 dose (s) , then Give 20 mg q 24 h X 1 dose (s) , then Give 10 mg q 24 h X 1 dose (s) , then Starting Today (03/17) CLARITIN (LORATADINE) 10 MG PO DAILY

Food / Drug Interaction Instruction

Avoid grapefruit unless MD instructs otherwise .

Give on an empty stomach (give 1hr before or 2hr after food) SINGULAIR (MONTE LUKAST) 10 MG PO BEDTIME ADVAIR DISKUS 500/50 (FLUTICASONE PROPIONATE/...) 1 PUFF INH BID CALTRATE + D 1 TAB PO BID LANTUS (INSULIN GLARGINE) 35 UNITS SC Q AM DUONEB (ALBUTEROL AND IPRATROPIUM NEBULIZER) 3/0.5 MG NEB Q6H Starting Today (03/17) PRN Shortness of Breath , Wheezing NOVOLOG (INSULIN ASPART) 4 UNIT S SC AC

Instructions :

standing pre-meal novolog .

give when patient will eat and food is in the room .

NOVOLOG (INSULIN ASPART) Sliding Scale (subcutaneously) SC AC

Instructions :

pre-meal correction dose .

give in addition to standing pre-meal novolog when patient will eat and food is in the room .

If BS is less than 125 , then give 0 units subcutaneously If BS is 125-150 , then give 2 units subcutaneously If BS is 151-200 , then give 3 units subcutaneously If BS is 201-250 , then give 4 units subcutaneously If BS is 251-300 , then give 6 units subcutaneously If BS is 301-350 , then give 8 units subcutaneously If BS is 351-400 , then give 10 units subcutaneously and call HO Call HO if BS is greater than 400 PROTONIX (PANTOPRAZOLE) 40 MG PO DAILY COMBIVENT (IPRATROPIUM AND ALBUTEROL SULFATE) 2 PUFF INH QID FOSAMAX (ALENDRONATE) 70 MG PO QWEEK

Food / Drug Interaction Instruction

Give on an empty stomach (give 1hr before or 2hr after food)

Take with 8 oz of plain water SPIRIVA (TIOTROPIUM) 18

MCG INH DAILY DIET :

House / Low chol / low sat. fat

DIET :

House / ADA 1800 cal / dy

ACTIVITY :

walk with assist per PT eval

FOLLOW UP APPOINTMENT (S) :

Dr Zuknocegrend PCP 4/24 130 ,

Dr. Pump 3/25/05 1:30 ,

ALLERGY :

NKA ADMIT DIAGNOSIS :

COPD flare

PRINCIPAL DISCHARGE DIAGNOSIS ;

Responsible After Study for Causing Admission) COPD flare

OTHER DIAGNOSIS ;

Conditions , Infections , Complications , affecting Treatment / Stay

COPD (chronic obstructive pulmonary disease) DM cervical DJD () iron deficiency anemia (iron deficiency anemia) cervical and lumbar djd (12) osa (sleep apnea) s / p tb treatment (5)

OPERATIONS AND PROCEDURES :

OTHER TREATMENTS / PROCEDURES (NOT IN O.R.)

na

BRIEF RESUME OF HOSPITAL COURSE :

CC :

weakness

HPI :

75 y / o F with DM , COPD on 2L NC and Bipap at night p / w generalized weakness and fatigue , urinary incontinence and shaking as well as increased sputum production .

Per daughter these symptoms are typical of COPD flare .

ROS otherwise negative .

Admission Status :

ED :

Respiratory distress , solumedrol 125

Vitals :

t97.5 , hr 117 , bp156/81 , rr28 , o2 sats 87% RA ; 95% 4L

Exam :

NAD , pleasant , speaking in complete sentences , poor air movement bilaterally , L & R , no wheezes or rales , rrr , distant , abd benign , no edema , alert and oriented times three , no focal deficits , conversant Studies :

- EKG sinus 92 , no ST changes

- CXR no focal consolidation or edema , old biapical scarring ABG 7.34/79/74 U / A negative

Daily Status :

improving , but still poor air movement , diffusely wheezy on exam , at baseline 2L o2 requirement

A / P :

75 y / o F with h / o COPD c / b frequent exacerbations p / w typical flare symptoms .

Problem List :

CV - Ischemia ASA , lisinopril Pump no evidence of failure

Rhythm Resp - COPD

flare - steroids , cont prednisone 60 , taper slowly as tolerated , duonebs , ad vair , singulair , spiriva , claritin azithromycin for atypical bronchitis to complete a 5 day course , keep o2 sat 90-94 , home nocturnal CPAP not tolerated in house , does well on nc , appears to be at baseline

Renal -

Cr 0.8 , stress incontinence by symptoms with increased cough , no evidence of u
ti , cont to closely monitor
GI - Bowel regimen
Heme - Chronic Fe deficiency anemia , cont iron
Endo - DM on insulin with steroids
ID - afebrile , no wbc , started on Azithromycin for COPD flare
FEN - ADA diet
PPx - Lovenox , PPI
Dispo - to rehab when resp status improved , PT consulted
Code - FC
ADDITIONAL COMMENTS :
DISCHARGE CONDITION :
Stable
TO DO / PLAN :
f / u with PCP and Dr. Pump as scheduled , return to ED with worsening sob or in
creased cough or sputum production
No dictated summary
ENTERED BY :
TIKWELD , WILLAIDE V. , M.D. (QT296) 03/19/06 10:53 AM
***** END OF DISCHARGE ORDERS *****
[report_end]