

383938711 ELMVH  
08236772  
6307693  
10/30/2006 12:00:00 AM  
s / p Multiple falls  
DIS  
Admission Date :  
10/30/2006  
Report Status :  
Discharge Date :  
11/03/2006  
\*\*\*\*\* FINAL DISCHARGE ORDERS \*\*\*\*\*  
TROUITSA , WIN  
509-64-03-7 E03  
Room :  
40R-480  
Service :  
RNM  
DISCHARGE PATIENT ON :  
11/03/06 AT 10:45 AM  
CONTINGENT UPON  
Not Applicable  
WILL D / C ORDER BE USED AS THE D / C SUMMARY :  
YES  
Attending :  
FYFE , NAAN ACANDEA , M.D.  
CODE STATUS :  
Full code  
DISPOSITION :  
Home w/ services  
DISCHARGE MEDICATIONS :  
TYLENOL ( ACETAMINOPHEN ) 650 MG PO Q4H Starting Today ( 11/02 ) PRN Headache  
Instructions :  
Do not take more than 4gm / day ACETYLSALICYLIC ACID 325 MG PO DAILY PHOSLO ( CA  
LCIUM ACETATE ( 1 GELCAP = 667 MG ) ) 1,334 MG PO TID  
Instructions :  
Please give with meals FLOVENT HFA ( FLUTICASONE PROPIONATE ) 44 MCG INH BID LAB  
ETALOL HCL 300  
MG PO BID  
HOLD IF :  
SBP < 100 or HR < 55  
Food / Drug Interaction Instruction  
Take consistently with meals or on empty stomach .  
COZAAR ( LOSARTAN ) 50  
MG PO DAILY HOLD IF :  
SBP < 100  
Number of Doses Required ( approximate ) :  
3  
NEPHROCAPS ( NEPHRO-VIT RX ) 1 TAB PO DAILY  
Alert overridden :  
Override added on 10/30/06 by FELSAPPRYDEFUSC , ERI N. , M.D.  
POTENTIALLY SERIOUS INTERACTION :  
SIMVASTATIN and NIACIN , VIT. B-3  
Reason for override :  
will monitor  
ZOCOR ( SIMVASTATIN ) 40 MG PO BEDTIME  
Food / Drug Interaction Instruction  
Avoid grapefruit unless MD instructs otherwise .  
Override Notice :  
Override added on 10/30/06 by FELSAPPRYDEFUSC , ERI N. , M.D. on order for NEPHR

OCAPS PO ( ref # 581988585 )

POTENTIALLY SERIOUS INTERACTION :

SIMVASTATIN and NIACIN , VIT .

B-3

Reason for override :

will monitor

DIET :

House / 2 gm Na / Low saturated fat low cholesterol / 2 gram K+ , Renal diet &lt; I &gt; &lt; FDI &gt;

ACTIVITY :

Walking as tolerated

FOLLOW UP APPOINTMENT ( S ) :

Hemodialysis MWF , Dr. Gaetz 220-871-6906 1-2 weeks , Dr. Clow 836-771-4924 1 week , Cardiology Clinic 452-860-1428 , please call to make an appointment in 1-2 weeks with a cardiology fellow ,

ALLERGY :

NKA

ADMIT DIAGNOSIS :

s / p Multiple falls

PRINCIPAL DISCHARGE DIAGNOSIS :

Responsible After Study for Causing Admission ) s / p Multiple falls

OTHER DIAGNOSIS :

Conditions , Infections , Complications , affecting Treatment / Stay

IHSS AF ESRD on HD , IgA nephropathy on transplant list , COPD , s / p pacemaker for afib , BPH s / p TURP , HTN , hypothyroidism , gout , h / o positive PPD MR

OPERATIONS AND PROCEDURES :

None

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

Hemodialysis s / p abdominal fat pad biopsy 11/2/06

BRIEF RESUME OF HOSPITAL COURSE :

cc :

falls

HPI :

62 yo m w / IgA nephropathy , developmental delay , began HD 7/31 .

Was seen in dialysis on day of admission and was seen to have " raccoon eyes " and HD staff was worried about sending home .

Head CT w / o bleed .

Trauma series normal .

Pt denies abuse or loc associated w / fall , but has noticed several recent falls .

Recent neuro w / u including EEG , carotid u / s , head ct ( old stroke ) , dobutamine-MIBI ( fixed defect and small inferolateral reversible ) were all negative .

Notable

PMH :

ESRD from IgA , s / p PPI after nodal ablation , HTN , COPD , hypothyroid , hypertrophic

CM PE :

T 96.5 , BP 145/97 , p 70 , Pox 98% Gen AO x 3 , raccoon eyes , large forehead hematoma

Lungs :

clear

Abd :

soft , NT

Ext :

1+ edema b / l

Skin :

warm , smooth , no rashes

Access site :

clean w / o inflammation

Labs :

K 3.5 , Creat 3.8 , Trop-I 0.45 , INR 1.6

HOSPITAL COURSE :

1. Falls-A PT consult was obtained to assist with ambulation .

A social work consult was also obtained and deemed that the patient has appropriate support at home and is safe at home .

The patient was placed on telemetry and had no telemetry events while an inpatient .

He was also seen by the Electrophysiology service , his pacemaker was interrogated and working fine , with no signs of recent ventricular arrhythmia .

The patient is undergoing a TTE prior to discharge to rule out a thrombus .

His TTE showed EF 45-50% , moderate cLVH , abnormal diastolic function , moderate MR , moderate TR and severe LAE .

There was a question of infiltrative cardiomyopathy , and the patient underwent abdominal fat pad biopsy to assess for amyloidosis .

He also currently has an SPEP / UPEP/Beta 2 microglobulin / ACE test that are currently pending .

These should be followed up as an outpatient .

He had carotid ultrasound studies 3 months ago that were normal without evidence for stenosis .

2. Renal - cont MWF HD ; electrolytes have been stable .

Perhaps his recent falls are related to orthostatic hypotension after dialysis .

3. CV -The pt has a small area of reversible ischemia on recent MIBI , and has troponins persistently elevated in the setting of his renal disease .

His troponins remained lower than his baseline levels and there was no suspicion of ACS causing syncope .

He continued on his zocor , cozaar and labetalol .

We will now hold his coumadin given his recent falls and bleeding risk .

His aspirin was restarted prior to discharge .

4. Endo - TSH was 4.7 and normal .

5. Heme :

The patient has a macrocytosis .

His B12 level was 418 and normal .

He does have a history of B12 deficiency in the past , and evidence for peripheral neuropathy BLE which may also be contributing to his recent falls . ? EtOH

6. Psych :

watch for EtOH WD .

The patient had no signs of alcohol withdrawal .

His serum toxicology screen was negative .

7. Pulm :

COPD and R pleural effusion , off oxygen and stable .

8. GU :

R complex renal cyst , bladder diverticula .

The patient will need a follow up ultrasound to further evaluate these incidental findings seen on imaging upon admission .

9. ID :

The patient 's urinalysis was normal .

He had no fecal leukocytes .

A c.difficile test is negative on prelim read , however very low suspicion given no recent antibiotic use .

ADDITIONAL COMMENTS :

Please return to the hospital if you have falls , headache , visual changes , muscle weakness , chest pain , shortness of breath .

DISCHARGE CONDITION :

Stable

TO DO / PLAN :

1) Hemodialysis

2) Please do not take coumadin .

- 3) Please follow up with PCP to have ultrasound of right kidney and bladder to assess right kidney cyst and bladder diverticula seen incidentally
- 4) Please follow up with Dr. Clow to follow up results of abdominal fat pad biopsy and blood tests to assess for amyloid .

No dictated summary

ENTERED BY :

FELSAPPRYDEFUSC , ERI N. , M.D. ( NT717 ) 11/03/06 10:51 AM

\*\*\*\*\* END OF DISCHARGE ORDERS \*\*\*\*\*

[ report\_end ]