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3/6/2003 12:00:00 AM

Discharge Summary

Signed

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Admission Date :

Report Status :

Signed

Discharge Date :

03/06/2003

Date of Discharge :

03/06/2003

ATTENDING :

BLOCK AISTAKEFLICHSKI MD

The patient was a 78 year old male with a history of COPD and IPF , chronically vented on trach with prolonged Lilum stay from September to December who presents from his nursing home with hypoxia and hypertension .

HISTORY OF PRESENT ILLNESS :

The patient was most recently admitted to Middso Memorial Hospital 's on October 2 with a myocardial infarction .

He was taken to Cath where he had an IV , bypass lalema to an LAD .

His postop course was complicated by difficulty weaning off the vent , multiple aspirations .

He was given a trach and a bag .

He was ultimately DC 'd to rehab and has had most recently been at Cootend Care .

On February 11 , the patient was noted to be tachypneic , four days with pulmonary edema .

His eyes and nose at that time were 1.6 in and 400 out .

He was given an additional dose of 40 mg of Lasix and ABG at that time revealed a pH of 7.47 , PCO2 of 63 , 81 and 96% .

At 10 p.m. that evening , the patient was found to have a blood pressure of 70/40 and a heart rate of 80 with an O2 sat of 95% .

His hematocrit was 23 .

He was given 2 liters of normal saline , vancomycin and levo .

His blood pressure did not respond so he was transferred to Ca Valley Hospital .

It is unclear from the progress notes , but at some point the patient was found to have an O2 sat of 59% , which increased to 93% with suction .

PAST MEDICAL HISTORY :

The patient 's past medical history is significant for A. fib , coronary artery disease and status post one vessel CABG in September of this year , VT status post AICD placement , peripheral vascular disease , restrictive lung disease with an FEV1 of 45% at 1.6 , FVC2 of 2 and 47% and a total lung capacity of 3.7 liters .

His DLCO is 5.6 , and that was in October 2003 .

ALLERGIES :

No known drug allergies . .

MEDICATIONS ON ADMISSION :

The patient came in on prednisone 5 once a day , Zocor 20 mg once a day , vitamin D3 800 units , Oscal , nepro 55/hour , Protonix 40 x1 , Coumadin 4 mg once a day , remeron 30 mg once a day , Lasix 40 IV once a day , Zyprexa 5 mg once a day , Lopressor 10 mg , Digoxin .125 mg per day , diltiazem 30 mg 3 times a day .

SOCIAL HISTORY :

At the rehab , the patient reports no history of alcohol or smoking per chart .

Family history if unknown .

VITALS ON ADMISSION :

Temperature of 98 .

Pulse of 84 .

Blood pressure of 106/62 , breathing 14 times per minute and satting 100% on room air .

He was minimally responsive .

He opens his eyes to name .

His heart exam was irregularly irregular with a 2/6 systolic murmur best heard at the fourth intercostal space .

His lung exam was significant for diffuse crackles .

His abdominal exam demonstrated positive bowel sounds .

He was distended .

His extremities showed 1+ edema bilaterally with chronic venostasis .

His neurological exam was negative for clonus .

There was no Babinski sign , but he did not follow commands .

His labs on admission were significant for bicarb of 34 .

His Digoxin level was 1.3 .

An EKG showed atrial fibrillation in the 90s with a left anterior fascicular block .

His chest x-ray was significant for bilateral interstitial and alveolar opacities , cardiomegaly and a bleb in the right upper lobe .

His head CT was negative for any acute bleed .

An echo in December 2003 showed concentric LVH with an EF of 50% , mild MR and moderate TR .

The patient was transferred from the medical ICU on February 22 , 2003 .

During his hospital course in the medical ICU , the patient was started on vancomycin , levo , and Flagyl for aspiration pneumonia which was then changed from levo to ceftaz when the sputum grew out pseudomonas .

Tobramycin as well was added at that time .

Initially he was given fluids and dopamine , but was weaned off after several days .

His course in the medical ICU by system is as follows :

1. Cardiovascular :

He was in A. fib .

He was on digoxin .125 q.d. and dilt 60 .

Both were increased two days before transfer from the ICU on February 20 for an episode of A. fib .

2. Respiratory :

He usually was on pressure support and the peep of 5 , pressure support of 20 overnight with a trach collar trials .

His trach was changed to a smaller size .

A leak was present but a smaller size helped him speak .

3. Infectious disease :

He was on day 11 of 14 at the time of transfer on vancomycin , ceftaz , Flagyl for his pneumonia .

He was diagnosed in the medical ICU with hypothyroidism and was started on Synthroid 50 mcg per day .

His testosterone level was also found to be low as well .

There was some question of adrenal insufficiency .

Stem test was found to be .3 to 8.7 .

He was started on prednisone 60 on admission , which was tapered over the course of his hospital stay .

At the time of transfer from the medical ICU , he was therapeutic on Coumadin .

After his transfer from the medical ICU , his hospital course was as follows :

The patient arrived to the floor and was off the vent during the day .

Overnight , the patient was on vent with a pressure support of 15 and a peep of 5 , which he tolerated well .

In terms of his respiratory infections , the patient was off Flagyl on February 24 .

Vancomycin was discontinued on February 26 and ceftaz was discontinued on March 1 .

4. Cardiovascular :

The patient was in A. fib with a rapid ventricular response .

On February 26 , the patient had an idioventricular rhythm and 6 beats of bi-directional VT on February 26 , so the digoxin was changed to q.o.d .

The patient was also switched from diltiazem to long-acting medication Tiazac that was increased to 240 mg on March 2 for rate control .

5. Endocrine :

In terms of his endocrine status , the patient was on 50 mcg of Synthroid for hypothyroidism .

The patient was started on androderm for testosterone deficiency .

6. GI :

The patient received a video esophagoscopy which showed possible aspirations , so patient was receiving therapeutic feeds with _____ .

There were no residuals in his tube feeds and they were working well .

The patient's course over the last week of his hospital stay was unremarkable .

The patient has been awaiting a bed at Dencenot. Paimark Medical Center with a vent .

The patient will be leaving the hospital on the following medications :

1. Aspirin 325 mg PO q.d.
2. Digoxin .125 mg PO q.o.d.
3. Vitamin D 50,000 units PO q. week .
4. Synthroid 50 mcg PO q. day .
5. Nutrifas 500 mg PO t.i.d.
6. Prednisone 5 mg PO q.d.
7. Multivitamin .
8. Coumadin 4 mg PO q.h.s.
9. Simvastatin 40 mg q.h.s.
10. Tiazac 300 mg PO q.d.
11. Prevacid 30 mg q.d.
12. Remeron 30 mg q.h.s.
13. Zyprexa 5 mg q.h.s.
14. Androderm two 2.5 mg packets Dr. Freddele Tracetosa , the patient's pulmonologist , will follow Mr. Block at Dencenot. Paimark Medical Center .

eScription document :

6-1897382 NPSJdq Tel

Dictated By :

DRIN , FONDT

Attending :

AISTAKEFLICHSKI , TAINE Dictation ID 2187219

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