

767751445 ELMVH  
45154940  
6035801  
12/6/2005 12:00:00 AM  
COPD exacerbation with NSTEMI  
DIS  
Admission Date :  
12/06/2005  
Report Status :  
Discharge Date :  
12/10/2005  
\*\*\*\*\* FINAL DISCHARGE ORDERS \*\*\*\*\*  
SCHOELLSULLKOTEFONG , MAUSTINIE  
161-66-98-5 W53  
Room :  
66R-249  
Service :  
MED  
DISCHARGE PATIENT ON :  
12/09/05 AT 08:00 PM  
CONTINGENT UPON  
Attending evaluation  
WILL D / C ORDER BE USED AS THE D / C SUMMARY :  
YES  
Attending :  
FREIERMFUSC , SHAIGAYDONA , M.D. , M.DIV.  
CODE STATUS :  
Full code  
DISPOSITION :  
Home w/ services  
DISCHARGE MEDICATIONS :  
VITAMIN C ( ASCORBIC ACID ) 1,000 MG PO QD ECASA ( ASPIRIN ENTERIC COATED ) 81 M  
G PO QD CALCIUM CARBONATE ( 500 MG ELEMENTAL CA++ ) 500 MG PO BID PREDNISONE 20  
MG PO QAM Starting Today ( 12/09 )  
Instructions :  
taper over 2 weeks MULTIVITAMIN THERAPEUTIC ( THERAPEUTIC MULTIVI ... ) 5 MILLIL  
ITERS PO QD  
Override Notice :  
Override added on 12/07/05 by BELB , BRITHERL , M.D. on order for ATORVASTATIN P  
O ( ref # 33823759 )  
POTENTIALLY SERIOUS INTERACTION :  
NIACIN , VIT .  
B-3 and ATORVASTATIN CALCIUM  
Reason for override :  
md aware  
Previous override information :  
Override added on 12/06/05 by BELB , BRITHERL , M.D. on order for ZOCOR PO ( ref  
# 33033281 )  
POTENTIALLY SERIOUS INTERACTION :  
NIACIN , VIT .  
B-3 and SIMVASTATIN  
Reason for override :  
md aware  
FLOVENT ( FLUTICASONE PROPIONATE ) 44 MCG INH BID Starting Today ( 12/09 ) LEVAQ  
UIN ( LEVOFLOXACIN ) 500 MG PO QD  
Food / Drug Interaction Instruction  
Administer iron products a minimum of 2 hours before or after a levofloxacin or  
ciprofloxacin dose dose  
If on tube feeds , please cycle ( hold 1 hr before to 2 hr after )  
Take 2 hours before or 2 hours after dairy products .

Alert overridden :  
Override added on 12/06/05 by BELB , BRITHERL , M.D.  
POTENTIALLY SERIOUS INTERACTION :  
SALMETEROL XINAFOATE and LEVOFLOXACIN  
Reason for override :  
md aware  
SEREVENT DISKUS ( SALMETEROL DISKUS ) 1 PUFF INH BID  
Override Notice :  
Override added on 12/06/05 by BELB , BRITHERL , M.D. on order for LEVAQUIN PO ( ref # 57095042 )  
POTENTIALLY SERIOUS INTERACTION :  
SALMETEROL XINAFOATE and LEVOFLOXACIN  
Reason for override :  
md aware  
LISINOPRIL 5 MG PO QD  
Alert overridden :  
Override added on 12/08/05 by :  
POTENTIALLY SERIOUS INTERACTION :  
POTASSIUM CHLORIDE and LISINOPRIL  
Reason for override :  
md aware  
TOPROL XL ( METOPROLOL SUCCINATE EXTENDED RELEASE ) 25 MG PO QD Starting Today ( 12/09 )  
Food / Drug Interaction Instruction  
Take consistently with meals or on empty stomach .  
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 ALBUTEROL INHALER 2 PUFF INH QID Starting Today ( 12/09 ) ATROVENT INHALER ( IPRATROPIUM INHALER ) 2 PUFF INH QID Starting Today ( 12/09 )  
DIET :  
No Restrictions  
ACTIVITY :  
Resume regular exercise  
FOLLOW UP APPOINTMENT ( S ) :  
Gento Yaneslaunt 03/17/06 scheduled ,  
Arois Mailllliepslighsint 02/18/06 scheduled ,  
ALLERGY :  
NKA ADMIT DIAGNOSIS :  
COPD exacerbation  
PRINCIPAL DISCHARGE DIAGNOSIS ;  
Responsible After Study for Causing Admission ) COPD exacerbation with NSTEMI  
OTHER DIAGNOSIS ;  
Conditions , Infections , Complications , affecting Treatment / Stay  
severe COPD Pneumonia recovering alcoholic recovering barbituate abuse unexplained hct drop poor appetite x 1 week  
STEROID PSYCHOSIS NO BENZOS  
OPERATIONS AND PROCEDURES :  
none  
OTHER TREATMENTS / PROCEDURES ( NOT IN O.R. )  
Heparin while having a demand ischemic episode  
BRIEF RESUME OF HOSPITAL COURSE :  
\* CC :  
82F with COPD exacerbation  
\* DDx :  
COPD exacerbation with troponin leak likely NSTEMI secondary to demand ischemia  
.  
\* HPI :  
4 days of worsening SOB with sore throat and cough productive of yellow / green

sputum .

Fatigue secondary to worsening dyspnea .

took Prednisone 40 at home and presented to ED where found to have 1mm lateral S T depressions and slight troponin and MB leak .

no N / V/HA / D no sweats , no chills , of abdominal pain , no chest pain , no pleurisy , no LEE , no paresthesias , no numbness , no shoulder pain , no jaw pain .

\* PMH :

COPD ( s / p lung resection FEV1 25% ) , chronic pericardial effusion , PVD , R renal artery stenosis , osteoporosis , presbylaryngis

\*\*\*\*\* PATIENT STATUS \*\*\*\*\*

98.4 , 94 , 22 , 120/96 , 98% on 2L. NAD , using scalenes , AT / NC , no oral lesions , Bibasilar rales otherwise clear , good air movement , RRR , no MRG , NTN D +BS , no CCE , 2+ DPs .

Guiaac negative

\*\*\*\*\* STUDIES \*\*\*\*\*

LABS :

WBC 12.91

CXR :

small pleural effusion , flat diaphragms no acute changes

Echo -

\*\*\*\*\* HOSPITAL COURSE \*\*\*\*\*

1. CV :

likely having a NSTEMI secondary to demand .

Cardiac enzymes trending down on 12.7.05 , anticoagulated while having leak .

I - heparin for PTT 50-70 during enzyme leak . metoprolol 12 QID .

Cardiac enzymes BID while actively having leak , ASA

R - monitor on telemetry

P - no evidence of failure

- Echo :

2. COPD :

likely exacerbation possibly from URI / pneumonia .

Sputum cultures pending .

Treated with :

atrovent NEB QID , albuterol Neb QID , ipratropium NEB BID , flovent INH BID , Serevent INH BID , and prednisone 30 QD taper .

Levaquin 500 QD empirically

3. GI :

PPI prophylaxis

4. FEN :

MVI , Cardiac diet

ADDITIONAL COMMENTS :

Please make an appointment to see dr. Arois Mailliepslightsint within 2-3 weeks after you leave the hospital

Please taper off your prednisone within 2 weeks

DISCHARGE CONDITION :

Stable

TO DO / PLAN :

PT :

please evaluate ambulation ability and O2 requirement

Please evaluate resolution of cardiac troponin leak and stable EKG .

Please evaluate resolution of COPD exacerbation and need for any further antibiotics

No dictated summary

ENTERED BY :

BELB , BRITHERL , M.D. ( IL35 ) 12/10/05 02:50 PM

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

[ report\_end ]