

VA Admissions And Discharges

Source:	VA
Last Updated:	22 Sep 2021 @ 2159
Sorted by:	Admission Date/Time (Descending)
Discharge summaries are available thirty-six (36) hours after they are completed. If you have any questions about your information please visit the FAQs or contact your VA health care team.	

Admission Date:	03 Apr 2019 @ 1722
Location:	HOUSTON TX VAMC
Admitting Physician:	SOWERS,BRYAN J
Discharge Date:	07 Apr 2019 @ 1200
Discharge Physician:	SOWERS,BRYAN J
Discharge Summary	

LOCAL TITLE: MCL DISCHARGE SUMMARY

STANDARD TITLE: DISCHARGE SUMMARY

DICT DATE: JUN 07, 2019@06:47 ENTRY DATE: JUN 07, 2019@06:47:57

DICTATED BY: SOWERS,BRYAN J ATTENDING: SOWERS,BRYAN J

URGENCY: routine STATUS: COMPLETED

*****DISCHARGE DOCUMENT FOR PATIENT AND PROVIDERS*****

Discharge is planned for you, MEINDL,MAX JOHN III. The following are instructions from your doctor and it is very important that you read, understand and follow this advice.

Admission Date:

Discharge Date: Apr 7,2019

The reason you were admitted to the hospital:

Your inpatient team was:

Attending physician: Dr. Sowers

Resident physician: Dr. Gheeya

Case Manager:

You are being discharged to:

Home; left AMA

After hospital appointments:

APR 25,2019@10:00 KOPC PACT 06 RN

You may receive a phone call for appointments which you need, but weren't scheduled when you left, such as:

PCP; Cardiology

Your inpatient case manager will call you to notify you of these appointments. If you do not receive a phone call within 7 business days after leaving the hospital, please call the Michael E. DeBakey Telecare Center at 713-794-8985 or toll-free at 1-800-639-5137.

Your Primary Care Team should follow-up on these items:

Patient had AKI after PCI which has resolved; patient had rising troponin without overt signs of ACS; Cardiology was consulted for evaluation but patient left AMA before evaluation/ work up

Your primary care provider is DAVID H PHAM. The best way to contact your PCP is: Call the Michael E. DeBakey Telecare Center at 713-794-8985 or toll-free at 1-800-639-5137. These phone lines are staffed 24 hours a day, 7 days a week.

At your primary care follow-up appointment, all medical issues including alcohol, substance use will be addressed.

Symptoms/Instructions:

We want to ensure that you have the appropriate help after you have been discharged. PLEASE let us know if you feel you are having difficulty and need more help. If you are having problems or have other concerns, please contact our Telecare Center (either at 713-794-8985 or toll-free at 1-800-639-5137). These phone lines are staffed 24 hours a day, 7 days a week.

DIET INSTRUCTIONS:

=====

Dietitians are available to provide individual counseling or group classes to help you follow the diet listed below. Please visit the Houston outpatient nutrition walk-in clinic, located in clinic #2, Monday-Friday 8am to 3pm for an individual appointment. Dietitians are also available at the Beaumont, Lufkin, Katy, and Tomball outpatient clinics, please contact your clinic for more information. If you received handouts from a dietitian while inpatient, please refer to those for additional information. To find out how to attend a class or ask questions about your diet please call us at 713-791-1414 x24295, 23976, or 26166 or 713-794-7120.

Low fat/heart healthy diet:

Eat a variety of foods. Limit fried and greasy foods. Bake, broil,

grill, roast, boil, or microwave foods. Choose lean cuts of meats (such as white meat chicken or turkey, fish, lean cuts of beef and pork). Limit bologna, salami, bacon, sausage and cured ham. Choose fat-free or low-fat cheeses and skim or 1% milk rather than 2% or whole milk.

Low salt/low sodium diet:

Eat a variety of foods each day including fruits and vegetables. Avoid adding salt to foods during cooking or at the table. Limit luncheon or canned meats, canned vegetables, and frozen dinners. Choose herbs, spices, lemon, or vinegar for seasoning. Salt substitutes can also be used. However, if you have been told to limit potassium, it is important to avoid all potassium-based salt substitutes. A dietitian can provide additional information on how to eat a low salt diet.

RESTRICTIONS/ACTIVITY AFTER DISCHARGE:

=====

No restrictions on activity as tolerated

TOBACCO USE (Cigarettes, Smokeless, Cigars, Pipe):

=====

The Michael E. DeBakey VAMC counsels ALL patients that NO amount of smoking, smokeless tobacco, or second hand smoke is safe. Tobacco use or exposure to smoke can cause heart disease, cancer, breathing problems and other serious illnesses.

IF YOU USE TOBACCO IN ANY FORM WE ENCOURAGE YOU TO CONSIDER:

- 1) QUITTING TODAY or SETTING A QUIT DATE
- 2) IDENTIFY AND PLAN FOR THE CHALLENGES OF QUITTING
- 3) REMOVE ALL TOBACCO PRODUCTS FROM YOUR HOME
- 4) WORK WITH YOUR PC HEALTH TEAM TO ACHIEVE SUCCESS

A handout called, "Quit Smoking" is available to you. It has information on the importance of quitting, things to prepare for when quitting, strategies that help successful quitting and counseling, and anti-nicotine therapy. Please use the links and/or telephone numbers provided below for more helpful information.

1-800-QUIT-NOW or 1-855-QUIT-VET

www.ucanquit2.org or www.publichealth.va.gov/smoking

Quit VET text program - text the word VET from your phone to 47848.
(www.smokefree.gov/vet)

CRISIS HOTLINE:

=====

If you're a Veteran in crisis or know a Veteran who is, confidential support is only a phone call away-24 hours a day, 7 days a week, 365 days a year. Call the Veterans Crisis Line at 1-800-273-8255, then press 1. You can also visit www.veteranscrisisline.net or text to 838255 from your mobile phone for more resources.

DISCHARGE MEDICATIONS - PURPOSE AND DOSING INSTRUCTIONS:

=====

Medication Reconciliation/List of Home Medications:

+++++

Medications discontinued from previous home regimen during this admission:
DC coreg; daily.

New medications added to previous home regimen during this admission:
start metop 50 daily; take plavix 1 tab BID till 4/11 and then 1 tab

Houston VA Allergies: CONTRAST MEDIA, AMLODIPINE, LISINOPRIL

Outside Houston Documented Allergies:

FACILITY	ALLERGY/ADR
----------	-------------

No Remote Allergy/ADR Data available for this patient

HOUSTON VAMC

AMLODIPINE

HOUSTON VAMC

CONTRAST MEDIA

HOUSTON VAMC

LISINOPRIL

DISEASE SPECIFIC MEDICATIONS AND INSTRUCTIONS:

+++++

You have been treated with a coronary stent (either a "bare metal" or "drug eluting" stent) for "acute coronary syndrome" (rest chest pain or heart attack) or for "angina" (recurring chest pain with exertion).

For your coronary stent:

You need treatment with aspirin + another blood thinner (clopidogrel, prasugrel, or ticagrelor) for at least 1 month and ideally up to 12 months. After this time, you will need to continue taking aspirin indefinitely unless your doctor advises you to stop. Do not stop these medicines without talking to your doctor.

Tobacco Cessation Review

You were not prescribed tobacco cessation medication/nicotine replacement because:
left AMA; will follow up with PCP

A referral was submitted for you to the tobacco cessation team. Please come to the Primary Care Tobacco Cessation GRP Room 1A-442, Clinic 4, at Houston VA, next Wednesday at 1pm for tobacco cessation clinic. The patient is not interested in attending a group focused on quitting tobacco and/or a telephone call follow up after discharge at this time. Patient was advised to discuss future intent to reduce tobacco usage with their PACT team.

New, Reconciled Outpatient Medication List:
+++++

TAKE ONLY THE FOLLOWING MEDICATIONS UNTIL OTHERWISE INSTRUCTED BY YOUR HEALTH CARE PROVIDER. Report any problems with your medications at your next clinic visit.

Active Outpatient Medications (including Supplies):

Outpatient Medications	Status

1) CLOPIDOGREL BISULFATE 75MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY TO PREVENT BLOOD CLOTS	PENDING
2) DIPHENHYDRAMINE HCL 25MG CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY FOR ALLERGIES TAKE FIRST DOSE TODAY IN THE EVENING AND SECOND DOSE TOMORROW MORNING AT 6AM PRIOR TO THE PROCEDURE.	ACTIVE
3) FUROSEMIDE 20MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY AS A DIURETIC OR "WATER PILL"	ACTIVE
4) ISOSORBIDE MONONITRATE 30MG SA TAB TAKE THREE TABLETS BY MOUTH DAILY TO PREVENT CHEST PAIN. *DO NOT CRUSH*	ACTIVE (S)
5) LOSARTAN 100MG TAB TAKE ONE TABLET BY MOUTH DAILY FOR BLOOD PRESSURE	ACTIVE (S)
6) METOPROLOL SUCCINATE 50MG SA TAB TAKE ONE TABLET BY MOUTH DAILY FOR HEART/BLOOD PRESSURE. *DO NOT CRUSH*	PENDING
7) NICOTINE (STEP 2) 14MG/24HR PATCH APPLY ONE PATCH TO THE SKIN DAILY FOR SMOKING CESSATION- DO NOT SMOKE WHILE WEARING PATCH. KEEP OUT OF REACH OF CHILDREN.	ACTIVE
8) NICOTINE (STEP 3) 7MG/24HR PATCH APPLY ONE PATCH TO THE SKIN DAILY - DO NOT SMOKE WHILE WEARING PATCH. KEEP OUT OF REACH OF CHILDREN. *USE THIS BOX AFTER COMPLETION OF 14MG PATCHES*	ACTIVE
9) POTASSIUM CHLORIDE 10MEQ SA TAB TAKE ONE TABLET BY MOUTH DAILY FOR POTASSIUM REPLACEMENT. *DO NOT CRUSH*	ACTIVE

10) PREDNISONE 20MG TAB TAKE THREE TABLETS BY MOUTH AT 4 P.M. TODAY, A SECOND DOSE AT MIDNIGHT, AND THIRD DOSE TOMORROW MORNING AT 6 A.M. PRIOR TO CATHERTIZATION

Non-VA Medications

Status

- =====
- 1) Non-VA ASPIRIN 81MG CHEW TAB 81MG MOUTH DAILY ACTIVE
 2) Non-VA Med/OTC/Herbals Pt denies use SET COQ10 ACTIVE

12 Total Medications

Your old (previous outpatient list) and new medications were reviewed with you and/or your caregiver. The medications listed HERE are those you will NOW be taking at home.

Medication Refills:

+++++

Medication refills may be requested through the following methods:

- 1) Telephone refill line 1-800-454-1062
- 2) Secure Messaging through MyHealtheVet

In general, submit a request for the next refill as soon as a prescription is received to avoid delays. If you have questions regarding your medications, please call the Michael E. DeBakey Telecare Center at 713-794-8985 or toll-free at 1-800-639-5137.

Physician-Physician Communication: Important Events in Hospital

Diagnoses:

Principal Discharge Diagnosis:

Planned PCI

Secondary Discharge Diagnoses:

1. GI bleed
2. Proxysml afib
3. AKI
4. Troponinemia without signs of ACS

Summary of hospital course and Final Assessment and Plan:

This is a 67 years old with CAD s/p PCI to LAD (08/2009), and RCA (05/2013), HTN, HLD, and chronic leukocytosis presented for planned PCI vs CABG. Patient underwent LHC on 4/3/19 where he was found to have CTO of the mid LAD at hte level of the previous stent, in addition to PCI to the proximal LAD. During the procedure, patient had SVT and severe hypertension requiring nitroglycerin gtt. Patient received integrillin bolus and 6 hour gtt for thrombus in the mid LAD as well as ticagrelor loading. Patient was admitted to

CCU post procedure. Patient's CCU stay was complicated by acute hematemesis and melena concerning for UGIB s/p 1 unit of pRBC and EGD on 4/4/2019 which showed diffused oozing without active bleeding. Subsequently patient was transferred to the floors. Patient had a mild AKI in the setting of LHC and poor PO intake (cre 1 at baseline to 2.4) which resolved with 2L IVF. On the floors, patient had an episode of chest pain that radiated to both of his arms. During this episode, EKG showed patient to be in Afib with RVR. Patient also had a mild troponin rise (0.07 on admission to 0.26) for which cardiology consulted but patient left AMA before can be seen and evaluated by cardiology. Patient felt that he was not "healing" in the hospital and wanted to be in his own bed and home where he could heal. Patient was given return precautions if he has melena, hypotension or chest pain.

Patient was given instruction for medications. He will discontinue taking coreg and start taking metoprolol 50 daily. He will take plavix BID till 4/11/19 and then take 1 plavix daily. His lisinopril and imdur were stopped in the CCU as he was normotensive and had an AKI. AKI has now resolved. Will defer to PCP to restart his home HTN medications.

Patient would need to follow up with PCP for post PCI follow up, basic lab (BMP + CBC), and HTN medication management.

Patient has already been scheduled to follow up with Dr. Jneid in 2 weeks. Patient would benefit from an outpatient holter monitoring. Team was in the process of arranging it but patient left AMA before arrangements can be made. Will now defer to cardiology for outpatient holter monitoring and logistics.

Patient was hemodynamically stable, normotensive, afebrile, with normal HR when he left. Patient did not have any chest pain, dyspnea, abdominal pain, or any other symptoms.

Consultations:
Cardiology

Procedures:
LHC

Patient's condition at discharge:

Final day's vital signs

VITAL SIGNS:

BP: 100/58 (04/07/2019 07:57)
Pulse: 70 (04/07/2019 07:57)
Resp: 17 (04/07/2019 08:00)
Pulse Ox: 95 (04/07/2019 07:57)
Temp: 98.5 (04/07/2019 07:57)
Wt: 327.3 lb [148.8 kg] (04/06/2019 11:39)
BMI: 47*

Discharge physical exam: patient left prior to being examined

Functional status at time of discharge and any significant changes from previous

Physical/Mobility

Fully ambulatory and independent

*Any significant changes from before?

No

Cognitive Status:

Cognitively intact

*Any significant changes from before?

No

Items Needing Outpatient Follow-Up and Dates:

Tests to be ordered by PCP, if indicated:

BMP; outpatient holter monitoring

Code Status:

Full code

-----END-----

/es/ BRYAN J SOWERS

Physician

Signed: 06/07/2019 06:48

Blue Button
Download
My Data



MEDICAL C