

**Home Health Referral**Referral date: 10/13/22

We will see your patient within hours unless a specific start of care date is provided here:

10/14/22

Patient name: [REDACTED]

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Alternate contact: \_\_\_\_\_ Contact #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Payer:  Medicare  Insurance (insurance contact #): \_\_\_\_\_ Other: \_\_\_\_\_

HIC/ID#: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Referring Primary Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring facility: \_\_\_\_\_

Primary Care Provider for home health orders: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnoses: \_\_\_\_\_

**Face-To-Face Encounter**Visit within past 90 days:  Yes  No Face-to-Face Encounter date: \_\_\_\_\_

Please send the completed referral form and attach a copy of the Primary Care Provider's most recent signed and dated encounter with this patient which supports the reason for the ordered Home Health services. Examples may include: Primary Care Provider progress note, history and physical, discharge summary.

**Orders**Skilled Nursing for:  Medication management and teaching  Disease management and teaching Observation and assessment of: \_\_\_\_\_ Wound care (specify below or attach orders): location: \_\_\_\_\_ Frequency: \_\_\_\_\_

Clean w/: \_\_\_\_\_ Dress w/: \_\_\_\_\_

Pack w/: \_\_\_\_\_ Cover w/: \_\_\_\_\_

 Other (specify): \_\_\_\_\_Physical Therapy for:  Evaluation and treatment  Other (specify): \_\_\_\_\_Occupational Therapy for:  Evaluation and treatment  Other (specify): \_\_\_\_\_Speech Therapy for:  Evaluation and treatment  Other (specify): \_\_\_\_\_Home Health Aide for:  Personal care/assist with ADLsMedical Social Worker for:  Community resources  Long-term planning  Other (specify): \_\_\_\_\_**Specialty Programs** Cardiopulmonary/Keeping Hearts at Home  Safe Strides MyNICAs OrthopedicPrimary Care Provider's signature: [REDACTED] Date: 10/13/22

OR signature/credential of clinician taking verbal order: \_\_\_\_\_

Name of contact person: \_\_\_\_\_ On behalf of: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Home health services are available for all eligible patients with a healthcare provider referral.

**ADMISSION RECORD**  
The Citadel at Mooresville - SNF

Oct 13, 2022 11:59:56 ET

**RESIDENT INFORMATION**

|                             |                |                        |                |                         |                       |                            |               |
|-----------------------------|----------------|------------------------|----------------|-------------------------|-----------------------|----------------------------|---------------|
| Resident Name               | Preferred Name | Unit                   | Room / Bed     | Adm. Date               | In/Adm. Date          | Discharge Date             | Resident #    |
| [REDACTED]                  | [REDACTED]     | [REDACTED]             | [REDACTED]     | 09/26/2022              | 09/26/2022            | 09/26/2022                 | [REDACTED]    |
| Previous address            |                |                        |                | Previous Phone #        |                       | Legal Mailing Address      |               |
|                             |                |                        |                |                         |                       | Same as Previous Address   |               |
| Sex                         | Birthdate      | Age                    | Marital Status | Religion                | Race                  | Occupation(s)              | Primary Lang. |
| F                           | [REDACTED]     | 80                     | Married        | No Religious Preference | White                 | Graphic Designer/Yarn shop | English       |
| Admitted From               |                | Admission Location     |                |                         | Birth Place           | Citizenship                | Maiden Name   |
| Acute care hospital         |                | [REDACTED]             |                |                         | [REDACTED]            | [REDACTED]                 | [REDACTED]    |
| Authorization               |                | Celingan               |                |                         | Managed Medicaid      | Medicare (HICN)            |               |
| Medicare/Medicaid ID        |                | Medicare Replacement # |                |                         | Medicaid #            | Medicare Advantage Name    |               |
| Medicare Advantage Policy # |                | Medicaid MCO Ins. Name |                |                         | Medicaid MCO Policy # | Social Security #          |               |
| Alt Insurance 1 ID#         |                | HMO/Managed Care Name  |                |                         | Insurance Policy #    | Insurance Policy #1        |               |
| PASRR                       |                | PASRR Expiration       |                |                         | Alt Insurance 2       | Family Care                |               |
| HMO/Managed Policy          |                | Insurance Policy #2    |                |                         | Other Insurance Name  | Other Insurance Policy #   |               |
| Other Insurance Policy Type |                | Part D Policy #        |                |                         | Auto/Accident Claim # | Co-Insurance Name          |               |
| Group A                     |                | Part D Insurance Name  |                |                         | Co-Insurance Policy # | Worker's Comp.Claim #      |               |
| Additional Insurance #      |                | Part D Policy Name     |                |                         | Dental Policy Name    | Dental Policy #            |               |

**PAYER INFORMATION**

|               |                |          |  |
|---------------|----------------|----------|--|
| Primary Payer | MCA-Medicare A | Medicare |  |
|---------------|----------------|----------|--|

**OTHER INFORMATION**

|                                |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Most Recent Hospital Stay      | Allergies                      |                                |                                |
| 09/13/2022                     | 09/26/2022                     | Doxycycline                    |                                |
| Affiliation Type               | Admitting Diagnosis            | Advanced Directive             | Authorization Agreement Status |
| Sepsis                         |                                |                                | Signed                         |
| Arbitration Agreement          | Authorization Number           | Code Status                    | County for Medicaid Reporting  |
| County of Origin               | Dear ESOP                      | Facility/Dose Resident Laundry | Facilities Info                |
| Influenza Immunization         | Insurance Card Received Date   | MA Effective Date              | Med. D Plan Effective Date     |
| Med D Plan Number              | Medicaid State                 | Medicaid                       | Medicare A                     |
| Medicare B                     | Medicare Coverage              | Medicare D PDP                 | Medicare D Plan                |
| YES                            |                                |                                | YES                            |
| Medicare Part A Effective Date | Medicare Part B Effective Date | Military Branch                | Mother's Maiden Name           |
|                                |                                | N/A                            | [REDACTED]                     |
| Mother's name                  | NextHealth Authorization       | Other Advanced Directives      | Part D Carter                  |
| Part D Insurance               | Part D Policy                  | PASRR Date                     | PASRR Number                   |
| PASRR                          | Place of Birth                 | Pneumococcal Vaccine           | Preferred Language             |
| Previous Zip Code              | Primary Ins Group #            | Primary Ins Policy #           | Primary Insurance              |
| QMB Eligible                   | Receives Personal Mail         | Resident's Phone Number        | Secondary Ins Policy #         |
| Secondary Insurance Notes      | Secondary Insurance            | SSI Disability Pending         | Tertiary Ins Policy #          |
| Tertiary Insurance             | Veteran?                       |                                |                                |
|                                | No                             |                                |                                |

**CARE PROVIDERS**

- Continued on Page 2

**CARE PROVIDERS**

| Provider  | Phone      | Address    | UPIN       | NPI        |
|---|------------|------------|------------|------------|
| Medical Director<br>(Primary)<br>[REDACTED] Omodele | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Nurse Practitioner<br>[REDACTED] Melissa            | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Nurse Practitioner<br>[REDACTED] Danielle           | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

**PHARMACY**

| Pharmacy  | Phone/Fax  | Address    |
|---|------------|------------|
| Polaris Pharmacy of NC (Primary)<br>Primary Contact: Molly [REDACTED] | [REDACTED] | [REDACTED] |

**EXTERNAL FACILITIES (No Data Found)**

| Facility Name | Phone      | Facility Type |
|---------------|------------|---------------|
| [REDACTED]    | [REDACTED] | [REDACTED]    |

**CONTACTS**

| Name       | Contact Type                               | Relationship | Address    | Phone/Email |
|------------|--|--------------|------------|-------------|
| [REDACTED] | Emergency Contact # 1<br>Responsible Party |              | [REDACTED] | [REDACTED]  |
| [REDACTED] | Emergency Contact # 2                      | Son          | [REDACTED] | [REDACTED]  |
| [REDACTED] | Emergency Contact # 3                      | Daughter     | [REDACTED] | [REDACTED]  |
| [REDACTED] |  | Self         | [REDACTED] | [REDACTED]  |

**DIAGNOSIS INFORMATION**

| Code    | Description  | Onset Date | Rank                     | Classification       |
|---------|--|------------|--------------------------|----------------------|
| J96.01  | ACUTE RESPIRATORY FAILURE WITH HYPOXIA               | 09/26/2022 | Principle                | Present on Admission |
| K92.2   | GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED             | 09/26/2022 | Secondary 1              | History of           |
| R13.12  | DYSPHAGIA, OROPHARYNGEAL PHASE                       | 09/27/2022 | Secondary 2              |                      |
| K21.9   | GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS | 09/26/2022 | Secondary 3              | Present on Admission |
| K70.30  | ALCOHOLIC CIRRHOsis OF LIVER WITHOUT ASCITES         | 09/26/2022 | Secondary 4              | Present on Admission |
| D84.9   | ANEMIA, UNSPECIFIED                                  | 09/26/2022 | Secondary 5              | Present on Admission |
| I10     | ESSENTIAL (PRIMARY) HYPERTENSION                     | 09/26/2022 | Secondary 6              | Present on Admission |
| I48.91  | UNSPECIFIED ATRIAL FIBRILLATION                      | 09/26/2022 | Secondary 7              | Present on Admission |
| M62.81  | MUSCLE WEAKNESS (GENERALIZED)                        | 09/27/2022 | Diagnosis 9              |                      |
| R26.2   | DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED      | 09/27/2022 | Secondary 10             |                      |
| R27.9   | UNSPECIFIED LACK OF COORDINATION                     | 09/27/2022 | Secondary 11             |                      |
| R41.841 | COGNITIVE COMMUNICATION DEFICIT                      | 09/27/2022 | Secondary Diagnosis (12) |                      |

**ADVANCE DIRECTIVE**

ADC: Do Not Resuscitate - DNR

**MISCELLANEOUS INFORMATION**

| Date of Discharge          | Time | Length of Stay | Discharged to (Marshall Name and License No.) |
|----------------------------|------|----------------|---|
|                            |      | 17             |   |
| Signature                  |      |                | Date  |
|                            |      |                |   |
| Personal Effects Sent With |      |                | Date  |
|                            |      |                |   |

**Resident:** [REDACTED] **Active Orders As Of: 10/13/2022****Resident:** [REDACTED]**Client Id Number:** [REDACTED]**Physician:** [REDACTED]**Allergies:** Doxycycline**Diagnoses:** GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED(K92.2), GASTRO-EOSOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS(K21.9), ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES(K70.30), ANEMIA, UNSPECIFIED(D64.9), ESSENTIAL (PRIMARY) HYPERTENSION(I10), UNSPECIFIED ATRIAL FIBRILLATION(I48.91), ACUTE RESPIRATORY FAILURE WITH HYPOXIA(J96.01), MUSCLE WEAKNESS (GENERALIZED)(M62.81), DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED(R26.2), UNSPECIFIED LACK OF COORDINATION(R27.9), COMMUNICATION DEFICIT(R41.841), DYSPHAGIA, OROPHARYNGEAL PHASE(R13.12)**Location:** [REDACTED]**Gender:** F**Admission:** 09/26/2022**Date of Birth:** [REDACTED]**Pharmacy:** Polaris Pharmacy [REDACTED]**Dietary - Diet:**

| <u>Order Summary</u>   | <u>Communication Method</u> | <u>Order Status</u> | <u>Order Date</u> | <u>Start Date</u> | <u>End Date</u> |
|--|-----------------------------|---------------------|-------------------|-------------------|-----------------|
| AHR-Regular diet AHR-Mechanical Soft texture, AHR- Phone Regular/Thin Liquids consistency, [or No salt packets | Phone                       | Active              | 09/29/2022        | 09/29/2022        |                 |

**Laboratory:**

| <u>Order Summary</u>   | <u>Communication Method</u> | <u>Order Status</u> | <u>Order Date</u> | <u>Start Date</u> | <u>End Date</u> |
|--|-----------------------------|---------------------|-------------------|-------------------|-----------------|
| Participate in Covid (SAR-CoV-2) Testing Protocol with Swabs per regulations for the duration of the Covid Pandemic as needed for Covid S/S or flu Participate in Covid (SAR-CoV-2) Testing Protocol with Swabs per regulations for the duration of the Covid Pandemic | Phone                       | Active              | 09/26/2022        | 09/26/2022        |                 |

**Other:**

| <u>Order Summary</u>          | <u>Communication Method</u> | <u>Order Status</u> | <u>Order Date</u> | <u>Start Date</u> | <u>End Date</u> |
|-------------------------------|-----------------------------|---------------------|-------------------|-------------------|-----------------|
| ADC: Do Not Resuscitate - DNR | Prescriber Entered          | Active              | 09/28/2022        |                   |                 |

Facility # [REDACTED]

Date: Oct 13, 2022

Time: 12:00:22 ET

The Citadel at Mooresville - SNF

## Order Summary Report

Facility Code: [REDACTED]

User: Gazella [REDACTED]

## Resident [REDACTED] Active Orders As Of: 10/13/2022

Resident: [REDACTED]

| Order Summary  | Location:            | Admissions:  |            |            |
|--|----------------------|--------------|------------|------------|
|  | Communication Method | Order Status | Start Date | End Date   |
| Admission: Admit for "Skilled Services".   | Phone                | Active       | 09/26/2022 |            |
| Behavior monitoring Anti-Anxiety Q Shift 0. None f.<br>Afraid 2. Agitated 3. Angry 4. Anxious 5. Mood Change<br>6. Noisy 7. Restless 8. Withdrawn/Depressed 9. Crying<br>10. Combative 11. other- specify in progress note every shift | Verbal               | Active       | 09/27/2022 | 09/27/2022 |
| Complete Respiratory Assessment (in UDA's) Every shift   | Verbal               | Active       | 09/27/2022 | 09/27/2022 |
| Consult and Treat Psychiatry as needed   | Phone                | Active       | 09/26/2022 |            |
| Document lung sounds 1 = clear 2 = rales 3 = rhonchi Verbal<br>4 = wheezing every shift for Monitoring For Covid-19<br>monitoring Document lung sounds 1 = clear 2 = rales<br>3 = rhonchi 4 = wheezing                                 | Verbal               | Active       | 09/27/2022 | 09/27/2022 |
| Generic equivalents may be used unless otherwise specified.  | Phone                | Active       | 09/26/2022 |            |
| I certify this resident to require SNF placement.  | Phone                | Active       | 09/26/2022 |            |
| If necessary all meds may be opened or crushed and mixed with applesauce, pudding, etc., except those that cannot be crushed.  | Phone                | Active       | 09/26/2022 |            |
| left knee cleanse with wound cleanser, pat dry, apply xeroform and dry dressing until healed qid and pm every day shift every other day for skin tear  | Verbal               | Active       | 10/08/2022 | 10/08/2022 |
| May change medication form as condition warrants (solid, liquid, crush)  | Phone                | Active       | 09/26/2022 |            |
| May DIC "PRN" meds after 60 days of non-use excluding bowel medications and/or medications for elevated temperature.   | Phone                | Active       | 09/26/2022 |            |

**Resident:** [REDACTED] **Active Orders As Of: 10/13/2022****Resident:** [REDACTED]**Location:** 106 A**Admission:** 09/26/2022**Order Summary****Communication Method****Order Status****Start Date****End Date****Prescriber Entered****Entered****Phone****Active****09/26/2022**

**May Initiate eval and treatment by Podiatry/Dental/Ophthalmology/Optometry/Audiology consult/care per regulation**

**May use facility approved drug formulary**

**Nursing Daily Skilled Assessment (document in UDA's) every shift**

**Observation: Pain - Observe every shift. If pain present, complete pain flow sheet and treat trying non-pharmacologic interventions prior to medicating if appropriate. Document in the PN's, every shift**

**Occupational Therapy evaluation and treatment as indicated.**

**OT clarification order: Skilled OT services 5x week x Verbal 30 days for treatment to include ther act, neuro re-ed, modalities PRN, Manual Therapy, self care, and pt/fam/staff ed one time only for 30 Days**

**OT clarification order: Skilled OT services 5x week x Verbal 30 days for treatment to include ther act, neuro re-ed, modalities PRN, Manual Therapy, self care, and pt/fam/staff ed one time only for 30 Days**

**Physical Therapy evaluation and treatment as indicated.**

**Please apply barrier cream to area of excoriation around buttocks, three times a day for excoriation education, group PRN one time only until 10/20/2022**

**PT Clarification skilled PT QD 5x week x 30 days for ther act, neuro reed, massage, gait tr, p/tCG education, group PRN one time only until 10/20/2022**

**23:59**

**Resident [REDACTED] Active Orders As Of: 10/13/2022**

Resident [REDACTED]

Location: 106 A

Admission: 09/26/2022

**Order Summary**

**Resident's plan of care, Drug Regimen & Specific orders have been reviewed and approved for 60 Days, unless otherwise indicated.**

**Side Effects - Anticholhetics: Indicate letter if observed:** Verbal

A= Sedation; B= Drowsiness; C= Abdominal Discomfort; E= Nausea; F= Vomiting; G= Confusion; H= Headache; I= Blurred Vision; J= Skin Rash; NA= None every shift for Monitoring Anticholitic Use

**Speech Therapy evaluation and treatment as indicated.**

**Wound Consult and Treat**

**Pharmacy****Order Summary**

**Aspirin Acid Tablet 250 MG Give 1 tablet by mouth two times a day for supplement**

**Cyanocobalamin Tablet 1000 MCG Give 1 tablet by mouth one time a day for supplement**

**Furosemide Tablet 325 (65 Fe) MG Give 1 tablet by mouth one time a day for iron supplement. TAKE WITH BREAKFAST.**

**Furosemide Tablet 40 MG Give 1 tablet by mouth one time a day for diuretic**

**hydroXYzine HCl Tablet 25 MG Give 25 mg by mouth prn Insomnia as needed for insomnia give at bedtime pm**

**Lactulose Solution 20 GM/30ML Give 15 ml by mouth three times a day for cirrhosis of liver.**

Facility # [REDACTED]

The Citadel at Mooresville - SNF

Date: Oct 13, 2022

Time: 12:00:22 ET

## Order Summary Report

Resident: [REDACTED]

Active Orders As Of: 10/13/2022

Resident: [REDACTED]

Admission: 09/26/2022

Location: 106 A

| Order Summary  | Communication Method | Order Status | Order Date | Start Date | End Date   |
|--|----------------------|--------------|------------|------------|------------|
| <b>Levothyroxine Sodium Tablet 50 MCG Give 1 tablet by mouth one time a day for hypothyroidism.</b>  | Phone                | Active       | 09/26/2022 | 09/27/2022 |            |
| <b>Mesalox Plus Suspension 225-200-25 MG/5ML (Alum &amp; Mag Hydrochloride-Strength) Give 30 milliliter by mouth before meals for mouth sores for 24 Days Mix with viscous lidocaine. Swish and swallow.</b> | Prescriber Entered   | Active       | 09/28/2022 | 09/28/2022 | 10/18/2022 |
| <b>Melatonin Tablet 5 MG Give 5 mg by mouth at bedtime for insomnia.</b>   | Prescriber Entered   | Active       | 09/28/2022 | 09/28/2022 |            |
| <b>Ondansetron HCl Tablet 4 MG Give 1 tablet by mouth Verbal every 6 hours as needed for nausea/vomiting</b>   | Verbal               | Active       | 10/02/2022 | 10/02/2022 |            |
| <b>Protonix Tablet Delayed Release 40 MG (Pantoprazole Sodium) Give 1 tablet by mouth one time a day for GERD</b>  | Phone                | Active       | 09/26/2022 | 09/27/2022 |            |
| <b>RifAXIMin Tablet 550 MG Give 1 tablet by mouth two times a day for diarrhea</b>   | Phone                | Active       | 09/26/2022 | 09/26/2022 |            |
| <b>Spiroindacene Tablet 100 MG Give 1 tablet by mouth one time a day for HTN</b>   | Phone                | Active       | 09/26/2022 | 09/27/2022 |            |
| <b>Thiamine HCl Tablet 100 MG Give 1 tablet by mouth one time a day for supplement</b>   | Phone                | Active       | 09/26/2022 | 09/27/2022 |            |

I have approved these orders for [REDACTED]

No. 7796 P. 8/13

[REDACTED] Total pages 5.

Physician: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[REDACTED]

Physician: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DOB: [REDACTED] (80 yo F) Acc No. [REDACTED] DOS: 10/12/2022

80 Y old Female, DOB: [REDACTED]  
Account Number: [REDACTED]

Guarantor: [REDACTED]

Insurance: MEDICARE NC  
PCP: OMODELE [REDACTED]

Appointment Facility: The Citadel at Mooresville

10/12/2022

Progress Note: DANIELLE [REDACTED], FNP

**Review of Systems**

All Other Systems:  
Review of Systems (ROS) See HPI

for details. All others  
negative except those  
mentioned in HPI.

**Reason for Appointment**

1. Follow up visit NP

**Assessments**

1. Blood loss anemia - D50.0 (Primary)
2. Encephalopathy, hepatic - K72.90
3. Cirrhosis of liver - K74.60
4. Hypothyroidism - E03.9

**Treatment****1. Blood loss anemia**

Notes: Multiple episode of melena at outside hospital status post multiple endoscopies and flex sig which was significant for rectal artery bleeding which was cauterized Seen by GI, status post Endo Clip as above CT scan of abdominal pelvis without any acute evidence of bleeding 9/23. Continue Ferrous Sulfate Tablet 325 daily. Montior for bleeding  
CBC (9/28/22) H/H 9.9/30  
10/6/22: CBC (10/5/22) H/H 11.2/32.4, stable increased.  
10/11/2022: CBC from 10/10/2022, H&H 10.4/29.7. Stable

**2. Encephalopathy, hepatic**

Notes: Appears to be multifactorial, delirium versus UTI. Continue lactulose TID and rifaximin. Will obtain ammonia level.  
09/29/22: Ammonia Level from 9/28/22 was 19 WNL  
10/04/2022: Last ammonia level on 10/02/2022 was 9. Will repeat ammonia level tomorrow. Continue lactulose 15 mL t.i.d  
10/6/22: Ammonia level on 10/5/22 was 66, husband reports patient was refusing a few doses. Discussed importance of taking as prescrbed. Will keep same dose. Repeat in 2 days. Monitor mental status.  
10/10/2022: Ammonia level from 10/10/2022 is 22. Stable. Continue current regimen

**3. Cirrhosis of liver**

Notes: Per hospital report, patient with Moderate ascites, lasix and spironolactone restarted 09/25 INR within normal limits Continue lactulose and rifaximin. F/U Ammonia level  
09/28/22 Ammonia level 19  
10/6/22: Ammonia level 66, continue lactulose 15 ml TID.

DOB: [REDACTED] (80 yo F) Acc No. [REDACTED] DOS: 10/12/2022

**4. Hypothyroidism**

Notes: Continue Levothyroxine MCG daily, f/u TSH.

**5. Others**

Notes: Time spent on patient: minutes: 30 at bedside, reviewing labs and radiology, updating family, discussing with healthcare team.

**History of Present Illness****HISTORY OF PRESENT ILLNESS:**

Ms. [REDACTED] is a 80-year-old female with past medical history of cirrhosis complicated by variceal bleeding status post TIPS in 2019 abdominal aortic aneurysm, potentially acute celiac artery aneurysm, A. fib who presented initially to outside hospital with hematemesis and melena also with impression of DIC, diagnosed with COVID now has metabolic encephalopathy likely from UTI. Multiple episode of melena at outside hospital status post multiple endoscopies and flex sig which was significant for rectal artery bleeding which was cauterized Seen by GI here, status post Endo Clip as above CT scan of abdominal pelvis without any acute evidence of bleeding 9/23. Per husband report patient also with elevated ammonia in the hospital as high as 200 on admission. She was admitted to Citadel Mooresville on 9/26/22 for rehab.

Today she is seen sitting up in bed, she appears comfortable, no acute distress noted. She reports she did not sleep well last night. Currently alert and oriented x3. She denies chest pain, SOB, abdominal pain, nausea, vomiting, diarrhea, constipation, dysuria. No acute nursing concerns at this time. VSS/MAR/Chart reviewed.

09/29/2022: Patient seen today for follow up new patient visit. She is seen sitting up in bed. Her husband is visiting at bedside. She is much more alert today and per husband mental status back to baseline. She was very confused yesterday only alert to self. Today alert and oriented x3 and able to communicate appropriately. Husband and staff report she slept very well last night. Her ammonia level came back at 19 so WNL. She has no acute complaints or concerns today. She denies chest pain, SOB, abdominal pain, nausea, vomiting, diarrhea, constipation, dysuria. VSS/MAR/Chart reviewed.

10/03/2022: The patient is seen today for new patient followup visit. She is seen sitting up in her chair in her room. Her husband is visiting at bedside. She appears comfortable. No acute distress noted. Her ammonia level has been within normal limits and less than 9. Will decrease lactulose from 30 mL four times a day to three times a day. Her sodium was noted to be 130 on her labs. Discussed case with Dr. [REDACTED] Will hold her diuretics for two days including spironolactone and furosemide and encourage oral hydration. Her hyponatremia likely due to hypovolemia due to diarrhea from lactulose. The patient remains alert and oriented x3 today. She denies chest pain, shortness of breath, abdominal pain, nausea, vomiting, diarrhea, constipation, or dysuria. Vital signs are stable. MAR and chart reviewed.

10/04/2022: The patient is seen today for new patient followup visit. She is seen seated in her wheelchair in her room. Her husband is visiting at