

Cory, Holly S

Nursing

Signed

Care
Management

11/04/16 1045

Following for discharge planning. Spoke with pt's Molina case manager yesterday afternoon, Erica. Pt was discharged from BGP 10/12 - she had no hospital admissions elsewhere since. Erica has been arranging transportation for pt to Dr Brennan's office for weekly educational sessions.

Spoke with pt this am. She initially was lethargic at start of conversation. Pt perked up when we started talking about her visits to Dr Brennan's office. She feels the visits are helping her understand and cope with her diabetes better. She states she really enjoys going. The plan is for her to find an insulin pump that her insurance will cover. She plans to continue these visits every Wednesday until Thanksgiving.

Case discussed with nurse manager, controller, and social work. Possible discharge later today or tomorrow. Will notify Erica, and send referral to BHC at discharge. HC x 6140

Alrais, Mark, MD

Physician

Signed

Progress
Notes

11/10/16 0737

Beaumont | HEALTH
SYSTEM**Mark B. Alrais, M.D****Shorepointe Family Physicians**

22646 Nine Mile Rd, Saint Clair Shores, MI 48080

Phone: [REDACTED] Fax: (586) 498-4830

Page: [REDACTED] Physician ID: 7335

INPATIENT PROGRESS NOTE**Patient Name:****Patient DOB:****Beaumont MR:****Date of Admission:** 11/01/2016**Length Of Hospitalization:** 2 Days**Attending Physician:** Alrais, Mark, MD**Consultants:**

Provider	Role	From	To
Voci, James Matthew, MD	Consulting Physician	11/08/16 1810	--
Marchese, Robert L, MD	Consulting Physician	11/08/16 1933	--
Brennan, Michael R, DO	Consulting Physician	11/08/16 1935	--
Patel, Sudhanshu, MD	Consulting Physician	11/09/16 0821	--
Hryhorczuk, Linda, MD	Consulting Physician	11/09/16 0822	--

Diagnoses on Admission: Dehydration, moderate (E86.0), and Diabetic ketoacidosis without coma associated with type 1 diabetes mellitus (E10.10)**Hospital Principal Problem:** Acute abdominal pain**Code Status:****Code Status**

Code Status	Comments
Prior	(none)

SUBJECTIVE HISTORY

[REDACTED] is African American female who was seen and examined today, for acute abdominal pain, nausea and vomiting, dehydration, history of uncontrolled diabetes

Comfortable in bed with no distress, no events overnight. Feels better with less abdominal pain. Tolerating diet.

We had a multidisciplinary meeting at 9 AM today in the presence of Dr. Brennan from endocrine, care management, social worker, patient's nurse, and the patient's mother [REDACTED] over the phone, and myself, for more than 30 minutes.

Allergies:

Allergen

- Reglan [Metoclopramide]

Reactions

Anxiety and GI Distress

Medications:

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Last Rate
• calcium carbonate tablet 648 mg	648 mg	Oral	DAILY	
• dicyclomine (BENTYL) tablet 20 mg	20 mg	Oral	AC & HS	
• diphenoxylate-atropine (LOMOTIL) 2.5-0.025 MG tablet 1 Tab	1 Tab	Oral	AC & HS	
• enoxaparin (LOVENOX) injection 30 mg	30 mg	Subcutaneous	Q 24 H	
• ferrous sulfate tablet 325 mg	325 mg	Oral	BID	
• gabapentin (NEURONTIN) capsule 400 mg	400 mg	Oral	Q 8 H	
• insulin glargine (LANTUS) injection HIGH ALERT 18 Units	18 Units	Subcutaneous	AC DINNER	
• insulin lispro (humaLOG) injection HIGH ALERT 2-8 Units	2-8 Units	Subcutaneous	AC & HS	
• insulin lispro (humaLOG) injection HIGH ALERT 6 Units	6 Units	Subcutaneous	TID WITH MEALS	
• magnesium oxide (MAG-OXIDE) tablet 400 mg	400 mg	Oral	DAILY	
• omeprazole (PRILOSEC) DR capsule 20 mg	20 mg	Oral	AC BRKFST	
• propranolol (INDERAL) tablet 10 mg	10 mg	Oral	Q 12 H	
• venlafaxine (EFFEXOR XR) 24-hour capsule 75 mg	75 mg	Oral	DAILY	
• vitamin D tablet 2,000 Units	2,000 Units	Oral	DAILY	

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Last Rate
• diphenhydrAMINE (BENADRYL) tablet 50 mg	50 mg	Oral	Q 6 H PRN	
• hydrocodone-acetaminophen (NORCO) 10-325 MG tablet 1 Tab	1 Tab	Oral	Q 6 H PRN	
• HYDROmorphONE injection 0.5 mg	0.5 mg	Intravenous	Q 6 H PRN	

- promethazine 12.5 mg Intravenous TID PRN
(PHENERGAN) 12.5 mg in sodium chloride 0.9 % 50 mL infusion
- sodium chloride 0.9 % 3 mL Intravenous PRN
flush injection 3 mL

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Last Rate
• sodium chloride infusion 0.9 %		Intravenous	Continuous	125 mL/hr at 11/10/16 0233

OBJECTIVE**Last Filed Vitals:**

Temp	97.2 °F (36.2 °C) (11/10/16 0556)	Source	Oral (11/10/16 0556)
BP	129/96 mmHg (11/10/16 0556)	Heart Rate	108 (11/10/16 0556)
Resp	16 (11/10/16 0556)	O2 (L/min)	ra (11/10/16 0556)
SpO2	99 % (11/10/16 0556)	O2%	21 % (11/08/16 2215)
Height	164.6 cm (5' 4.8") (11/09/16 0800)	Weight	46.3 kg (102 lb 1.2 oz) (11/09/16 1254)
BMI	17.1 (11/09/16 1254)		

GENERAL:

Alert, cooperative, comfortable, no distress, emaciated

HENT:

NC/AT, Normal mucous membranes and moist, normal external ears

EYES:

Conjunctivae / corneas are clear, No icterus, EOM's intact

NECK:

supple, symmetrical, trachea midline, no adenopathy

LUNG / CHEST:

Normal respiratory efforts, clear to auscultation bilaterally

CVS / HEART:

Tachy, regular rate and rhythm, S1, S2 normal, no murmur

ABDOMEN/BACK:

Soft not rigid, no distension, less tenderness, no rebound, No mass felt, bowel sounds positive.

EXTREMITIES:

extremities atraumatic, FROM all extremities, No BL LE edema, SCDs

SKIN:

Warm and dry. No suspicious lesions, extensive abdominal healed surgical scars

NEUROLOGY:

AOX3, Normal mental status & speech, No Gross focal Neurological Deficit

PSYCHIATRY:

Depressed mood and affect, not suicidal or homicidal

LABAROTORY AND DIAGNSOTICS**Recent selective lab results (may not include all current labs):****Recent Labs**

Component	11/10/16 0601	11/08/16 1758	11/02/16 0307
WBC	5.2	7.6	8.3
RBC	3.40*	4.54	3.77*
HGB	9.5*	12.8	10.6*
MCV	84	82	81
PLT	209	301	271

Asterisks denote abnormal values*Recent Labs**

Component	11/08/16 1905	11/04/16 0608	11/03/16 0557		11/02/16 0307		11/01/16 1324
NA	137	144	144	< >	148*	< >	138
K	4.2	3.9	3.1*	< >	3.8	< >	4.8
CL	100	108	111*	< >	118*	< >	104
CO2	21*	25	25	< >	22	< >	13*

ANIONGAP	16	11	8	< >	8	< >	21*
BUN	14	<5*	<5*	--	5*	--	10
CREAT	1.23	0.75	0.70	--	0.87	--	1.20
GFRNONAFR	63	114	>120	--	95	--	65
GFRAFR	73	>120	>120	--	110	--	75
ALB	4.4	--	--	--	3.5	--	4.3
GLOBULIN	4.0	--	--	--	2.9	--	3.9
AGRATIO	1.1	--	--	--	1.2	--	1.1
ALP	102	--	--	--	77	--	101
AST	20	--	--	--	12	--	27
ALT	33	--	--	--	16*	--	26
BILITOTAL	0.5	--	--	--	0.3	--	0.5

< > = values in this interval not displayed.

Recent Labs

Component	11/09 /16 2023	11/09 /16 1646	11/09 /16 1133	11/09 /16 0914	11/09 /16 0843	11/09 /16 0542	11/09 /16 0153	11/08 /16 2117	11/08 /16 1956	11/08 /16 1905	11/08 /16 1745	11/05 /16 1459	11/05 /16 1157	11/05 /16 1020	11/05 /16 0959
GLU	260*	327*	204*	75	65	97	306*	226*	231*	217*	358*	187*	257*	173*	68

I have reviewed the patient's medical history, Labs, diagnostics, consults in detail IN EPIC, and updated the computerized patient record.

ASSESSMENT / PLAN

- 1- **Acute on Chronic abdominal pain with intractable N/V/D:** Due to severe gastroparesis and dumping syndrome, pain control with minimal narcotics, IVF, monitor electrolytes
- 2- **Abnormal CXR:** No respiratory symptoms, pulmonary consult for further evaluation for need for antibiotics
- 3- **Suspected Syncope:** vasovagal versus seizure, stable, seizure precautions, continue home medication, neurology evaluation
- 4- **Metabolic Acidosis / Dehydration:** due to No.1, IV fluid hydration, encourage by mouth intake, monitor electrolytes
- 5- **Anemia of chronic disease / IDA:** stable, monitor CBC
- 6- **DM 1 with complications / Diabetic autonomic neuropathy associated with type 1 diabetes mellitus / diabetic gastroparesis / chronic diarrhea with dumping syndrome:** nutritional supplement and high caloric diabetic diet, Lomotil 2-3 times daily, Needs outpatient follow-up with GI (referred to U of M & BRO many times and was admitted once in both facilities, but no follow-up with the GI team yet), patient and her mother were reminded and they are agreeable
- 7- **Hypotension and tachycardia:** Secondary to dehydration, had many IV fluid boluses, continue IV fluids, continue Inderal
- 8- **Chronic pain syndrome / Opiates dependence:** Continue pain control, high risk for dependence, low-dose pain medications
- 9- **GAD / Major depression / persistent noncompliance:** C/W current treatment, not suicidal or homicidal, social worker evaluation, Consult psychiatry
- I had a long discussion with the patient regarding the importance of risk factor modification including diabetes management by dieting and exercising regularly, and compliance with the treatment and follow-up with PCP, endocrine, and GI.
- 10- **Hx of Malrotation, congenital S/p Multiple surgeries / adhesions**
- 11- **Moderate protein-calorie malnutrition / Adult Failure to thrive / Underweight:** advance diet when stable, nutritional supplement
- 12- Continue GI prophylaxis and DVT prophylaxis per VTE assessment

Disposition: IV fluid hydration, monitor electrolytes, pain control, DC planning in AM

Patient was provided time for questions, and plan of care was discussed

Multidisciplinary meeting 11/10/16 at 9 AM at BGP:

We had a multidisciplinary meeting today in the presence of Dr. Brennan from endocrine, care management, social worker, nurse practitioner Ben, and the patient's mother. _____ over the phone.

I discussed with the patient her clinical medical conditions/ diagnoses in details, the current complications, and the poor prognosis with expected severe complications including death 2/2 noncompliance. I made it clear to her that she needs to be more compliant and Commit to take her insulin and other medications, also follow up as outpatient with her endocrinologist, myself, and a tertiary Medical Center for management of her complicated case (agreed to follow up with Beaumont RO GI Center) to avoid further deterioration of her medical conditions.

I confronted her that her recurrent admissions where because of stopping taking her insulin and increasing sugar/carb intake causing herself to be in DKA and severe abdominal pain, her mother _____ over the phone confirmed this fact/behavior and stated that she tried to advise her many times, but she wants to come to the hospital for IV pain medications. I made it clear to her that I'm no longer using any IV morphine or Dilaudid for her pain control during any future admission.

She agreed at the end of the meeting to all the above, and to be more compliant, and to try to avoid such behavior for better outcome and to follow up as recommended in the presence of the whole team and her mother over the phone.

I have discussed the case with Dr. Marchese, Dr. Brennan, Dr. Patel, RN, patient, and patient's mother _____ over the phone

I have reviewed this Inpatient Progress Note and this is my electronic signature.
Electronically signed by Mark Alrais, MD

Beaumont®HEALTH
SYSTEM**GROSSE POINTE HOSPITAL**
Chart Review CopyAccount Number:
CSN:

DOB:

PT CLASS: Inpatient
PATIENT STATUS: DischargedDEPT: 3 WEST GP
BED: :

ORD DR:

AUTH DR:

Care Management by Cory, Holly S at 04/05/17 1124

Author: Cory, Holly S

Service: (none)

Author Type: Nursing

Filed: 04/05/17 1409

Note Time: 04/05/17 1124

Note Type: Care Management

Status: Signed

Editor: Cory, Holly S (Nursing)

Per SW, Molina has denied SAR for pt. Spoke with Dr Alrais, he does not want to do a peer to peer with the medical director, as he has done so in the past. Plan will need to be home with home care and infusion. Met with pt, explained that she needs to be responsible for her care, and that there will be detrimental results if she doesn't. Explained that pt MUST answer her phone when the home care nurse calls to set up appointments. Explained that she MUST finish all of her antibiotics as they are prescribed. Pt nodded her head in agreement.

Authorization from Molina for the oral vancomycin obtained and placed in chart. Script for Invanz sent to Active Infusion, along with clinicals. Spoke with Stephanie in intake at Advanced Professional Home Care. She states that they will accept pt, as long as it is not a visit the day of discharge. They will not see the pt after 4 pm. Await call back from Active Infusion regarding authorization for invanz.

Pt's transition of care CM, Brianna (248-925-1790 x 154918) notified of plan for discharge. Will fax Brianna the AVS when discharge is written (248-925-1740) Pt's Molina CM, Claudette 248-925-1705 notified of discharge plan. Will follow. HC x 6140

Electronically Signed by Cory, Holly S on 04/05/17 1409

Chart Review Routing History

Routing history could not be found for this note. This is because the note has never been routed or because it was routed prior to the date on which the required Chart Review routing print group setup was completed (2/1/2009).

Beaumont®HEALTH
SYSTEM**GROSSE POINTE HOSPITAL**
Chart Review CopyAccount Number
CSN:

DOB:

PT CLASS: Inpatient
PATIENT STATUS: DischargedDEPT: 3 WEST GP
BED: ^ 3

ORD DR:

AUTH DR:

Care Management by Cory, Holly S at 04/06/17 0856

Author: Cory, Holly S

Service: (none)

Author Type: Nursing

Filed: 04/06/17 0858

Note Time: 04/06/17 0856

Note Type: Care Management

Status: Signed

Editor: Cory, Holly S (Nursing)

Spoke to pt about the possibility of going to the infusion suite for her iv abx. Transportation could be arranged through her insurance. Pt would be going to a controlled environment at the same time every day and would be accountable to be home when the driver came. Pt declined, states she would rather do the infusions at home. HC x 6140

Electronically Signed by Cory, Holly S on 04/06/17 0858

Chart Review Routing History

Routing history could not be found for this note. This is because the note has never been routed or because it was routed prior to the date on which the required Chart Review routing print group setup was completed (2/1/2009).

Bowness, Jacquelyn Marie **Nursing**

Signed

Nsg Progress **06/14/17 1700**
Note

Patient asked RN if she could order Hungry Howies for dinner and have someone escort her to the main entrance to pick up carry out order. Charge RN spoke with patient & relayed this was not encouraged & explained importance of proper food choices in regards to controlling blood sugars. Patient reluctantly relayed understanding & ordered from hospital menu.