



RHC101510



Progress Notes

Date Time	Progress / Variance Notes	Print Name/ Designation/ Signature
4/6/25	Cardiology file (intern) 80m mitraclip workup Hell ATOR Exercise tolerance low → SOB Fluid overloaded as per pt report Recent admission to RNS for HF exacerbation, cardiovascular Last INR 2.8 - last Friday, target 2-3	
	O/E: alert, SOB sic Pitting edema to mid shin	
	LV EF 20% from previous RNS/H admission eGFR 16 (Cr baseline 220) DW Dr Lan: → Not good candidate for RFT ↳ high chance of deteriorating kidney function ↳ high risk for CT and angiogram ↳ not great candidate for dialysis	
4/6/25 2250hr	Nursing - Care received @ 1330hrs for mitraclip + triclip workup: At 0. Nil complaints of pain. Observations stable. ECG done - in paced rhythm. Afebrile. Tolerating oral intake. Independent to the toilet and with mobility. Bloods taken. Not for CT tomorrow. Early breakfast ordered then NBM for TOE 5/6. K OWYER _____ _____ _____	(OWYER, RN)



Progress Notes

LOW, MR Donald
 MRN: **ME00195919
 DOB: 26/11/1944 Age: 80 (M)
 8A BULLER STREET
 SOUTH TURRAMURRA 2074
 Home Ph: 02 9449 3767
 Medicare: 2074396271
 S/Net No:
 DVA:
 NSP 0017200H

Adm No AE07431422
 Adm Date: 04/06/25 12:00
 Att Dr: Hansen, Peter S
 Ref Dr: Unknown, Referrer
 Fund: HFNIB 04028185
 MC Exp: 10/2027 MC Ref: 1
 Pen No: 281240933L



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5/6/25	<p>Nursing entry:</p> <p>04:00 TOC @ 21:30, observations Stable no SOB noted. ct cancelled due to renal impairment creat 304 eGFR 16. f) toe today @ 1pm for early breakfast then NBM. pt 91, INR 2.0, mg given. nil covering overnight. Appears to be sleeping well.</p> <p><u>N. Quinlan</u></p> <p><u>MRN</u></p>	

5/6	Warrier Iqra 80 yr old journalist born in NZ. used to work for TV news networks. married. lives in with s son. family in a home in St. Turramurra. still drives, keep active until recently when SOB. cognitively intact.
	In my view, Mr Low is medically suitable for a mutual/triward chp



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Ward: _____

URN: _____
 Surname: LOW
 Given Name: _____
 DOB: _____ Sex: _____
 (Affix Patient ID label here)

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		He has been made aware of the risk of a general anaesthetic if unable to have it done
5/6/25	0815	Cardiology Dr Hansen & team Progress: Pt updated regarding progress
		PMT: IHD, CKD, ischaemic cardiomyopathy K/t Dr Lan (nephrologist) - discussed yesterday - poor for dialysis candidate, doesn't recommend CT & angio due to renal function
		Plan: Dr Stella McLean input re: dialysis candidate with thanks! TOE today UH on CT - due to current renal function Dr Dr Hansen will DW Dr Breerton ^{form} with thanks!
		5/6/25 mcnan
		Soyroid background Hx
		CABG 2016
		NSVT - AICD + AF on w/cg
		CCF - EF 20% MR+TL
		CKD - renavasc / ↑BP / ↑CHOL
		prostate CA → recent PSA low - JVs / TEsde



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Surname: _____

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DOB: _____ Sex: _____

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BINDING MARGIN - DO NOT WRITE

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		<p>known to Patrick Ian <u>Cardsyndrome</u> 2024 - unlimited exhalence PAM - 2025 sudden onset SOB of effor unable to move arms / legs no chest pain</p> <p>PDL - woodwork - work for grandfather - no cognitive issues</p> <p>Ski - lives wife, nonsmoker</p> <p>- O2 wt 70% Bp 137/60 HR 50 mmHg edema no orthopnoe AD</p> <p>- Cardsyndrome with probable ATN 2° to the close onentresso DCT RNSM CKP values not known</p> <p>- In order to improve renal function Clow Phansen - 1 liter to 2.5 liters Stop PPI (famotidine pm) Colloids</p> <p>- Continue fluid restriction 1.5L with furosemide + spiro</p> <p>- UAC + WCC DLT - check (SPG, EP's) Check NRSN - note obstructive or (D) urine RNSN</p> <p>- Exacerbation</p>



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Ramsay
Health Care

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SOUTH TURRAMURRA 2074

Home Ph: 02 9449 3767

Medicare: 2074396271

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Att Dr: Hansen, Peter S

Ref Dr: Unknown, Referrer

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		If EF remains low may NOT be able to tolerate dyspnoea
		If cardiac intervention can improve EF then renal func ² may improve
		(2) renal func ² may deteriorate but scarily due to cancer + then improve
		or (3) renal func ² remain weaker & support turn long term dyspnoea then reviewed.
		I have given him link to Kedney Health Australia to new dialysis + CRP
		- I will ask our treatment options nurse @ RSH to touch base with him + his wife - not likely next week
		Mr LOW feels that given his QOL is mainly improves + if cardiac intervention can improve then then currently he wants to wear the NDK to GMR

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5/6/25 Nursing - TOE at 7:00hrs. Alert and oriented.
 17.15 Obi done and due meds given. Independent with mobility. Had shower this morning. Received Mr. Low from recovery post TOE unwound 15-45 hrs. Alert, oriented. ECG, obs done. Sips fast done at recovery. Donald had sandwich and juice and tolerated well. On 02 x 2 via tap from recovery. Obi done hourly. No pain or other discomfort reported. Appears comfortable. Visited by wife. Urine also for urics, albumin + protein sent. On 1.5 L FR - Patient notified — *Prayerful day*

6/6/25 Nursing: A+O. GCS:15. Nil pain. Nil SOB. Pt said he would get SOBOE - long distance, or stairs, but short distance, or flat surface is fine. Pt had recent ED admission for swelling around his scrotum area. Pt said the swelling improved, and has no symptoms currently but here's for the valve workup. Nil edema noted on the lower legs. BP on the low side (< 100.). No altered criteria for BP. Asymptomatic w/ ↓BP - Morning medications may need to be reviewed depending on the BP pre-med. Left arm N/C intact. V/P: O. Nil complaints voiced. — *MW (RN) min ho Kim* —

