

PATIENT:Marmol, Tina - 12/05/1963 Generated on 2017-07-21 - ViSolve Clinic 000-000-0000

ViSolve Clinic

000-000-0000

Tina Marmol

Generated on: 2017-07-21

Patient Data:

Who Name: Mrs. Tina R. Marmol External ID: 553-82-1234

DOB: 1963-12-05

Sex: Female

History Data:

Insurance Data:

Primary Insurance Data:

Subscriber Date of Birth:

0000-00-00

Secondary Insurance Data:

Subscriber Date of Birth:

0000-00-00

Tertiary Insurance Data:

Subscriber Date of Birth:

0000-00-00

Billing Information:

Patient Immunization:

Patient Notes:

2017-07-19: DIAGNOSIS AT ADMISSION: Congestive heart failure (CHF) with left pleural effusion. DIAGNOSES AT DISCHARGE 1. Congestive heart failure (CHF) with pleural effusion. 2. Hypertension. 3. Leukocytosis. 4. Anemia of chronic disease. 5. Breast cancer in remission HOSPITAL COURSE: The patient was admitted to the emergency room by Dr. X. She has diuresed with IV Lasix. She was placed on Prinivil, aspirin, oxybutynin, docusate, and Klor-Con. Chest x-rays were followed. She did have free flowing fluid in her left chest. Radiology consultation was obtained for thoracentesis. The patient was seen by Dr. Y. and an echocardiogram was done. This revealed an ejection fraction of 60% with diastolic dysfunction and periaortic stenosis with an opening of 1 cubic cm. An adenosine sestamibi heart scan was done in March 2016, showing a small fixed apical defect, but no ischemia. Cardiac enzymes were negative. Dr. Y recommended a beta-blocker with an ACE inhibitor; therefore, the lisinopril was discontinued. Procedure: Thoracentesis: Needle aspiration removed 300 cc of clear straw colored fluid. Microscopic analysis showed no indication of an infectious process, the fluid was sent for culture. The patient felt much better after the thoracentesis. LABORATORY AT DISCHARGE: Sodium 134, potassium 4.2, chloride 99, CO2 26, glucose 182, BUN 17, and creatinine 1.0. Glucose was elevated because of several doses of Solu-Medrol given to her because of bronchospams. Magnesium was 1.8, calcium was 8.1. Liver enzymes were unremarkable. Cardiac enzymes were normal as mentioned. PT/INR is 1.02, PTT 31.3, white blood cell count 15, 000 with a left shift. This was presumed due to the corticosteroids. H&H was 32.3/11.3 and platelets 352,000, and MCV was 99. The patient's O2 saturations on room air were normal.

Vital signs were stable. DISCHARGE MEDICATIONS: She is being discharged home on Lasix 40 mg daily, potassium chloride 10 mEq daily, atenolol 25 mg daily, aspirin 5 grains daily, Ditropan 5 mg b.i.d., and Colace 100 mg b.i.d. FOLLOWUP: She will be followed in my office in 1 week. She is to notify if recurrent fever or chills or recurrent SOB. PROGNOSIS: Guarded.

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Patient Transactions:

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Patient Communication sent:

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Recurrent Appointments:

None

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Issues

Medications:

Lasix 40 mg daily:
 potassium chloride 10 mEq daily:
 atenolol 25 mg daily:
 aspirin 5 grains daily:
 Ditropan 5 mg b.i.d.:
 Colace 100 mg b.i.d:

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New Patient Encounter

(2017-07-19) Provider: Administrator Administrator

Facility: ViSolve Clinic

Reason: The patient was admitted to the emergency room by Dr. X. She has diuresed with IV Lasix. She was placed on Prinivil, aspirin, oxybutynin, docusate, and Klor-Con. Chest x-rays were followed. She did have free flowing fluid in her left chest. Radiology consultation was obtained for thoracentesis. The patient was seen by Dr. Y. and an echocardiogram was done. This revealed an ejection fraction of 60% with diastolic dysfunction and periaortic stenosis with an opening of 1 cubic cm. An adenosine sestamibi heart scan was done in March 2016, showing a small fixed apical defect, but no ischemia. Cardiac enzymes were negative. Dr. Y recommended a beta-blocker with an ACE inhibitor; therefore, the lisinopril was discontinued.

Signature: _____