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| Human | Watson |
| Reason for consult PEG malfunction. History of present illness, patient is a  73-year-old African-American male with history of CVA with residual left-sided hemiplegia and associated dysphagia,  dependent on chronic gastrostomy tube feedings; who was admitted to outside hospital with acute onset of shortness of breath. This was attributed to pneumonia, likely from aspiration.  Hospital course was complicated by paroxysmal AFib,  for which he was treated with Cardizem drip  and subsequently transferred to Hospital Name. In the Hospital Name, patient initially was in the ICU and on Cardizem drip. Once stabilized, he was transferred to the floor. While in ICU, patient's gastrostomy tube was accidently removed.  NG tube was placed and patient has been receiving feedings via the NG tube since,  which he has been tolerating well {period}  Past, patient himself is nonverbal, unable to provide any history. All history is obtained from the chart {period} Past medical and surgical history includes CVA  with residual left-sided hemiplegia and aphasia. Next number,  recurrent aspiration. Next number, diabetes mellitus. Next number, paroxysmal AFib. Next number, seizure disorder. Next number, COPD. Next number, functional quadriplegia. Next number, sacral bilateral  buttock ulcers.  Review of systems, unable to obtain. Patient with underlying encephalopathy. Social history patient is a skilled nursing facility resident. History of tobacco, alcohol is unknown. Family history, not available. Allergies, no known drug allergies. Medications,  aspirin, atorvastatin, Unasyn, neomycin suspension, Protonix 40 daily, lactobacillus,  insulin, albuterol, Atrovent, metoprolol 25 q.12,  Depakene syrup, and  acetaminophen.  On physical exam, patient has a blood pressure of 158/83, pulse is 97, temp is 97.1, respiratory rate is 20, and O2 sat is 97%  on 5 liters. Generally, patient is chronically ill-appearing African-American male, in no acute distress. HEENT, head is normocephalic, atraumatic. Pupils are sluggish. Neck is supple. No masses. Lungs, coarse breath sounds bilaterally. Heart is regular rate.  Abdomen is soft, nontender, and nondistended. Foley catheter in place with a previously existing gastrostomy tube.  Extremities, no cyanosis or clubbing. 1+ pulses. Skin, no rash or lesion appreciated. Neurologically, patient is  minimally responsive to pain.  Laboratory, patient has a white count of 9.6, hemoglobin is 8.9, platelet count is 127. INR is 1.1, PTT is 42.1.  Stool C. diff is negative.  Creatinine is 0.65, BUN is 20. T-bili is 0.4,  alk phos is 58.  Chest x-ray to evaluate shows cardiomegaly, bilateral lower lobe pneumonia. Impression and recommendations, patient is a  73-year-old African-American male recovering from aspiration pneumonia with history of CVA and associated dysphagia, whose gastrostomy tube was dislodged and will need to be replaced  so that patient can continue long-term nutritional supports.  Patient will benefit from EGD with replacement of gastrostomy tube. Risks, benefits, and alternatives discussed, to be discussed with patient's family  to obtain consent {period}  Patient's respiratory status is relatively stable and he should be able to tolerate mild sedation with no difficulty. Continue with bronchodilators. Pulmonary Medicine is following.  Regarding anemia, this is stable, no evidence of gastrointestinal bleeding. Peptic ulcer disease will be ruled out at the time of endoscopy {period}  Continue with Protonix daily {period}  Regarding underlying pneumonia, continue with IV Unasyn.  Thank you or this consultation.  Follow patient with you. End of dictation. | IBM is for consult peg malfunction history present illness patient is a  seventy three year old African American male with history of CVA residual left sided hemiplegia and associated dysphagia  dependent on chronic gastrostomy tube feedings who was admitted to %HESITATION to outside hospital with acute on social suppress this is attributed to pneumonia likely from aspiration %HESITATION  hospital course was complicated by paroxysmal a fab  for which she was treated with Cardizem drip  Bartolo inviolable shin issue was in the ICU and on Cardizem drip once stabilized was transferred to the floor while in ICU patient's gastrostomy tube was accidently removed %HESITATION  NG tube was placed and patient and patient has receiving feedings via the NG tube since  which he has been tolerating well period  past patient self is nonverbal unable to provide any history %HESITATION his his update from the chart period past medical surgical history includes CVA  with residual left sided hemiplegia and aphasia next number  recurrent aspiration the server diabetes mellitus if the price in a fib excellent seizures or next with COPD so functional quadriplegia next number sacral bilateral %HESITATION  by talk %HESITATION ulcers  review of systems unable to obtain patient and really insightful uppity social history patient or seeing skilled nursing facility resident history of tobacco alcohol is unknown family history not available allergies or drink allergies medications  aspirin atorvastatin units in you may stay in suspension protonix forty daily Lactobacillus  insulin albuterol atrovent metoprolol twenty five Q. twelve  depakene said %HESITATION syrup  acetaminophen  on physical exam patient the blood pressure one fifty eight of eighty three pulse is ninety seven temp is a simply motives to raise twenty two sat is ninety seven percent  on five liters is generally patient is chronically ill appearing African American male no acute distress HAT it is number cephalic H. many pills are sluggish neck is supple no license lungs coarse breath sounds bilaterally heart is regular rate  abdomen is soft nontender nondistended %HESITATION Foley catheter in place of the previously existing gastrostomy tube  extremities no cyanosis claim of us with the skin no rashes your patient logically patient is  Millie responsive to pain  laboratory patient has white count nine point six moves eight point nine platelet count is one twenty seven INR is one point one PTT is forty two point one  stool C. diff is negative  crane is point six five units twenty T. bili zero point four  alk phos is fifty eight  chest X. ray to evaluate shows cardiomegaly bilateral of pneumonia impression recommendations patient is a  seventy three year old African American male %HESITATION recovering from aspiration pneumonia %HESITATION with history of CVA associate dysphagia who had his gastrostomy tube was dislodged and will need to be replaced %HESITATION  the patient can continue long term nutritional supports  patient benefit from EGD with replacement of gastrostomy tube risks benefits and alternatives discussed %HESITATION to be discussed with patient's family  obtain consent periods  patient respite this process is relatively stable and %HESITATION he should be able to tolerate mild sedation with no difficulty continues bronchodilators pulmonary medicine is following  anemia this is stable status of gastritis of bleeding peptic ulcer disease will be ruled out at the time of endoscopy period  continue with protonix daily paste  regarding underlying pneumonia continue with IV descent  thank you for the %HESITATION %HESITATION no well  thank you for this consultation for patient with you end of dictation |