

Patient Information: John Doe, Age 67, male, presenting with a primary diagnosis of Congestive Heart Failure (CHF), with a history of hypertension and type 2 diabetes. The patient was admitted to the hospital due to worsening shortness of breath, fatigue, and bilateral lower extremity edema. Upon initial evaluation, vital signs demonstrated elevated blood pressure at 160/95 mmHg, heart rate of 92 bpm, respiratory rate of 22 breaths per minute, and oxygen saturation at 92% on room air. Physical examination revealed jugular venous distention, positive hepatojugular reflux, and crackles in bilateral lung bases indicating pulmonary congestion. Chest X-ray confirmed interstitial edema and cardiomegaly. Laboratory results indicated elevated B-type natriuretic peptide (BNP) levels, renal function within normal limits, and electrolytes stable. Treatment initiated included diuretics (furosemide intravenously, with rapid response noted), beta-blocker (metoprolol), and an ACE inhibitor (lisinopril) for heart failure management. The patient was started on a low-sodium diet, and nutritional consultation was planned. Cardiology consulted, recommending further assessment with echocardiogram to evaluate left ventricular function. Post-treatment, the patient's dyspnea improved significantly, and edema reduced. A follow-up plan includes education on heart failure self-management, medication adherence, and structured outpatient follow-up with primary care and cardiology within one week of discharge. Additional recommendations for ongoing management of hypertension and diabetes were also provided. The patient expressed understanding of the treatment plan and agreed to follow-up appointments. Discharge planning includes coordinated care with home health, and the patient will receive instructions on daily weights, diet modifications, and signs for which to seek immediate medical attention.