

Encounter Summary (October 28, 2025, 12:14:30AM -0400)

Patient	Legal: Sarah M CHEN Date of Birth: December 21, 1965 Gender: Male Patient-ID: PDHDXZT3SS7WCKC (1.2.840.114350.1.13.330.2.7.3.688884.100)
Encounter	ID: 2195991704 (1.2.840.114350.1.13.330.2.7.3.698084.8), Type: Inpatient Encounter - Hospital Encounter translation: Hospital Encounter translation: Emergency translation: 1 (1.2.840.114350.1.72.1.30.1) , Date/Time: from March 23, 2023, 6:11PM -0400 to March 26, 2023, 2:28PM -0400 Location: Telemetry Ward - Cardiology translation: Cardiology
Documentation Of	Care provision, Date/Time: from March 23, 2023, 6:11PM -0400 to March 26, 2023, 2:28PM -0400, Performer: Legal: Per Patient NOPCP MD
Author	Epic - Version 11.3, Organization: Piedmont Healthcare, Authored On: October 28, 2025, 12:14:30AM -0400

Reason for Visit

Reason	Comments				
Breathing Difficulty	Pt sts diff breathing x 3 days, sts sinuses are draining lungs, BP is up				

Auth/Cert (Routine)						
Specialty		Diagnoses / Procedures	Referred By Contact		Referred To Contact	
		Diagnoses Hypertensive emergency	PIEDMONT HEALTHCARE 271 17th St NW, Suite 700 Melbourne VIC 30363			

Referral ID	Status	Reason	Start Date	Expiration Date	Visits Requested	Visits Authorized
24167609					1	1

Encounter Details

Date	Type	Department	Care Team (Latest Contact Info)	Description
03/23/2023 6:11 PM EDT - 03/26/2023 2:28 PM EDT	Hospital Encounter	Piedmont Fayette Hospital Cardiac Telemetry 1255 HIGHWAY 54 W Melbourne VIC 30214-4526 770-719-7281	Lyn, Nadria Dian-Gae, MD 1255 Highway 54 West Melbourne VIC 30214 770-719-7000 (Work) 404-367-6935 (Fax) Tapp, Willie, MD 35 Collier Rd NW Ste 635 Melbourne VIC 30309 404-367-3014 (Work) 404-367-3558 (Fax) Khalid, Usman M, MD	Shortness of breath (Primary Dx); Dyspnea; Acute pulmonary edema (HC); Hypertensive urgency Discharge Disposition: Home or Self Care

Date	Type	Department	Care Team (Latest Contact Info)	Description
			35 Collier Road NW Suite 635 Melbourne VIC 30309 404-367-3014 (Work) 404-367-3558 (Fax)	

Social History

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				
Alcohol Use	Standard Drinks/Week	Comments		
Yes	0 (1 standard drink = 0.6 oz pure alcohol)			
Sex and Gender Information		Value	Date Recorded	
Sex Assigned at Birth		Not on file		
Legal Sex		Male	12/01/2018 11:46 AM EST	
Gender Identity		Not on file		
Sexual Orientation		Not on file		
COVID-19 Exposure		Response	Date Recorded	
In the last 10 days, have you been in contact with someone who was confirmed or suspected to have Coronavirus/COVID-19?		No / Unsure	3/23/2023 6:41 PM EDT	

[1]. documented as of this encounter

Last Filed Vital Signs

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	132/86	03/26/2023 1:40 PM EDT	
Pulse	92	03/26/2023 1:40 PM EDT	
Temperature	36.8 °C (98.3 °F)	03/26/2023 1:40 PM EDT	
Respiratory Rate	25	03/26/2023 1:40 PM EDT	
Oxygen Saturation	94%	03/26/2023 1:40 PM EDT	
Inhaled Oxygen Concentration	-	-	
Weight	98.4 kg (216 lb 14.9 oz)	03/26/2023 4:50 AM EDT	
Height	182.9 cm (6')	03/24/2023 6:30 PM EDT	
Body Mass Index	29.42	03/24/2023 6:30 PM EDT	

[2]. documented in this encounter

Discharge Summaries

- Usman M Khalid, MD - 03/26/2023 6:10 AM EDT**
 Formatting of this note is different from the original.
 Images from the original note were not included.

DISCHARGE SUMMARY:

Sarah M Chen
 906297022
 57 y.o.
 12/21/1965
 Current Room 249/249-01

ADMIT DATE: 3/23/2023 6:11 PM

DISCHARGE DATE: March 26, 2023 11:54 AM

ADMITTING PHYSICIAN: Willie Tapp, MD

DISCHARGE PHYSICIAN: Usman Khalid, MD

HOSPITAL SUMMARY: (Reason for hospitalization)

Sarah M Chen is a 57 y.o. male with past medical history of hypertension who presents to the ED with complaints of shortness of breath. The patient states that he was in his usual state of health he began having increasing shortness of breath over the past 3 days. He states that he is noted increased cough, shortness of breath as well as PND and orthopnea. He denies any fever or chills. He also denies any chest pain. He has noticed decreased exercise tolerance with increased work of breathing. He states that he also has begun sleeping in his recliner because he could not lay flat. The patient states that he has been out of his medications for the past 2 months and has not been able to get a follow-up appointment with his primary care doctor.

The patient was seen in the emergency department and noted to have markedly elevated blood pressure. He was started on a Cardene drip and given Lasix for signs of decompensated heart failure.

IMS was contacted for admission for further evaluation and treatment.

3/24; ECHO showed LVEF 45%

3/25: Cardiology consulted. Weaned off cardene drip

3/26: Feels well. Remains off cardene drip.

Discharge Diagnoses:

Principal Problem:

Hypertensive emergency

Active Problems:

Acute CHF (congestive heart failure) (HC)

AKI (acute kidney injury) (HC)

Resolved Problems:

* No resolved hospital problems. *

HOSPITAL COURSE BY PROBLEM

#. HTN

-Likely history of difficulty to control

-We will continue him on Norvasc 10 mg, Coreg 25 mg PO BID, and add losartan 25 mg .

#. Acute HFmrEF

-Cardiology consulted

-Euvolemic

-ECHO shows LVEF of 45%, indeterminate diastolic function.

-Patient placed on heart failure pathway

-Continue Lasix 40 mg PO once daily

-Continue coreg, and will add losartan

#. Acute hypoxic respiratory failure

-Resolved.

-Secondary to decompensated heart failure. Patient is doing well on room air.

-O2 sat was 89% in the ED on room air

--CTA chest PE protocol was negative for any PE. He was checked for COVID-19/influenza A/B and found to be negative. CTA however notes mild cardiomegaly and bilateral pleural effusions and interstitial edema.

#. CKD3

-Initial thought was patient was with AKI though review of OSH labs indicate patient likely with CKD3

-baseline creatinine appears to be ~ 1.5-1.7, will continue diuretic as above, add ARB, avoid nephrotoxic medications, and continue to closely monitor

-F/U with Nephrology on DC

#. Hypertensive urgency/Emergency

-Resolved

-Off Cardene drip

-See HTN management above

#. Hypokalemia

-Resolved

Consults Requested:
IP CONSULT TO CV NURSE COORDINATOR
IP CONSULT TO CARDIOLOGY

Procedures:
Details per above.

Complications/Infections: Details per above.

PE:
BP (!) 168/99 | Pulse 96 | Temp 98.6 °F (37 °C) (Oral) | Resp 28 | Ht 6' (1.829 m) | Wt 98.4 kg (216 lb 14.9 oz) | SpO2 96% | BMI 29.42 kg/m²

PE:
Time: 34 minutes
GEN: No acute distress,
HEENT: NCAT, EOMI, sclera nonicteric, MMM
CVS: RRR, normal S1, S2. No murmur/gallops, no BLE
RESP: CTAB, no wheeze/rales/rhonchi, unlabored respirations
GI: soft, non-tender, non-distended, bowel sounds present
EXT: Warm extremities, moves all extremities.
Neuro: AAOx3, no focal signs
Skin: Warm and dry, no visible rash/lesion in exposed area.
PSYCH: mood and affect appears appropriate

RELEVANT LAB AND IMAGING REPORTS

Recent Labs
Lab 03/26/23
0133 03/25/23
0323 03/24/23
0451
WBC 11.50* 11.20* 10.20
RBC 3.88* 4.12* 4.07*
HGB 12.1* 13.1* 13.1*
HCT 37.3* 39.5 39.1
PLT 259 233 209

Recent Labs
Lab 03/26/23
0132 03/25/23
0913 03/25/23
0323 03/24/23
2023 03/24/23
0452 03/23/23
1850
NA 139 -- 139 138 138 136*
K 3.9 3.4* 3.3* 2.7* 3.0* 3.5
CL 109* -- 106 101 102 99
CO2 25 -- 31* 32* 33* 35*
BUN 25* -- 19 17 14 14
CREATININE 1.60* 1.53* 1.68* 1.70* 1.49* 1.56*
GLU 100 -- 104* 135* 108* 100
CALCIUM 9.0 -- 8.9 8.9 8.9 8.8
MG 1.9 -- -- 1.9 2.0 --
AST -- -- -- -- -- 89*
ALT -- -- -- -- -- 59*
ALKPHOS -- -- -- -- -- 61
BILITOT -- -- -- -- -- 1.3

No results for input(s): LACTATE in the last 168 hours.

Recent Labs
Lab 03/23/23
1850
INR 0.92
PTT 31.8

Recent Labs
Lab 03/23/23
1850
DDIMER 1.18*

No results for input(s): PROCALC in the last 168 hours.

DISCHARGE CONDITION: good

DISPOSITION: home

DISCHARGE INSTRUCTIONS

Discharge Medications

Unreviewed Medications

Sig

ibuprofen 800 MG tablet

Commonly known as: MOTRIN

Take 1 tablet (800 mg total) by mouth every 8 (eight) hours as needed for Pain.

Diet: low sodium

Activity: activity as tolerated

Follow up with PCP

Wound Care: none needed

PCP or Specialist notes for follow up care:

Contact information for follow-up with provider

Fahad Khan, MD

Specialty: Nephrology

1233 GA 54

STE 210

FAYETTEVILLE GA 30214

Phone: 770-996-6446

Next Steps: Schedule an appointment as soon as possible for a visit

Atlanta Heart Associates Heart Failure Clinic

350 Country Club Drive, Ste A

STOCKBRIDGE GA 30281

Phone: 770-692-4000

Next Steps: Schedule an appointment as soon as possible for a visit

CONSULT ATLANTA HEART ASSOCIATES HEART FAILURE CLINIC

Next Steps: Follow up

It took more than 30 minutes to prepare this discharge including planning with case management and discussing outpatient care plan with patient and family.

USMAN KHALID, MD

3/26/2023

11:54 AM

Electronically signed by Usman M Khalid, MD at 03/26/2023 11:59 AM EDT

[3]. documented in this encounter

Medications at Time of Discharge

Medication	Sig	Dispense Quantity	Refills	Last Filled	Start Date	End Date
amLODIPine (NORVASC) 10 mg tablet	Take 1 tablet (10 mg total) by mouth in the morning.	30 tablet			03/26/2023	
carvediloL (COREG) 25 MG tablet	Take 1 tablet (25 mg total) by mouth in the morning and 1 tablet (25 mg total) in the evening. Take with meals.	60 tablet	3		03/26/2023	
losartan (COZAAR) 25 MG tablet Indications: Hypertensive urgency	Take 1 tablet (25 mg total) by mouth in the morning.	90 tablet	3		03/27/2023	
furosemide (LASIX) 20 MG tablet	Take 1 tablet (20 mg total) by mouth in the morning.	30 tablet			03/27/2023	04/26/2023

[4]. documented as of this encounter

Progress Notes

- **David Tian, MD - 03/26/2023 8:42 AM EDT**

Formatting of this note is different from the original.
SUBJECTIVE:

No acute events overnight.

Temp: [98.6 °F (37 °C)-99.3 °F (37.4 °C)] 98.6 °F (37 °C)
Heart Rate: [87-110] 89
Resp: [14-33] 23
BP: (115-168)/(63-112) 168/99

Intake/Output Summary (Last 24 hours) at 3/26/2023 0842
Last data filed at 3/26/2023 0600
Gross per 24 hour
Intake 400 ml
Output 3050 ml
Net -2650 ml

Wt Readings from Last 3 Encounters:
03/26/23 216 lb 14.9 oz (98.4 kg)
12/01/18 208 lb 15.9 oz (94.8 kg)

Medications:

Scheduled Medications:
amLODIPine 10 mg Oral Daily
carvediloL 25 mg Oral BID with meals
enoxaparin 40 mg Subcutaneous Q24H
furosemide 40 mg Oral Daily
losartan 25 mg Oral Daily

Continuous Infusions:

PRN:
acetaminophen **OR** acetaminophen, guaifenesin, ipratropium-albuterol, ondansetron

Physical Examination:
Body mass index is 29.42 kg/m².

General: not in acute distress, well appearing
HEENT: NCAT, nonicteric sclera, JVP ~ 8 cm
Carotids: 2+ bilaterally without bruits
Lungs: Clear to auscultation bilaterally, normal respiratory effort
CV: normal S1 and S2 in intensity, regular rate and rhythm, no murmurs, gallops or rubs

Abd: soft, non tender, non distended
Ext: warm and well perfused, no lower extremity edema b/l, no clubbing or cyanosis
Neuro: awake and alert
Psych: Normal affect, alert, appropriate
Skin: Warm and Dry

Recent Labs

Lab 03/26/23
0133 03/26/23
0132 03/25/23
0913 03/25/23
0323 03/24/23
2023 03/24/23
0452 03/24/23
0451 03/23/23
1850
WBC 11.50* -- -- 11.20* -- -- 10.20 10.00
HGB 12.1* -- -- 13.1* -- -- 13.1* 12.8*
HCT 37.3* -- -- 39.5 -- -- 39.1 37.9*
PLT 259 -- -- 233 -- -- 209 208
PTT -- -- -- -- 31.8
DDIMER -- -- -- -- 1.18*
INR -- -- -- -- 0.92
NA -- 139 -- 139 138 138 -- 136*
K -- 3.9 3.4* 3.3* 2.7* 3.0* -- 3.5
BUN -- 25* -- 19 17 14 -- 14
CREATININE -- 1.60* 1.53* 1.68* 1.70* 1.49* -- 1.56*
GLU -- 100 -- 104* 135* 108* -- 100
TSH -- -- -- -- 1.270
MG -- 1.9 -- -- 1.9 2.0 -- --
TROPONINI -- -- -- -- 0.029
NTPROBNP -- -- -- -- 1,200.00*
AST -- -- -- -- 89*
ALT -- -- -- -- 59*

Estimated Creatinine Clearance: 61.9 mL/min (A) (based on SCr of 1.6 mg/dL (H)).

Studies:

Telemetry: Reviewed and significant abnormalities were not seen.

Impression and Plan/Recommendations:

57 YO M w/ PMH of HTN, HLD, CKD (Cr ~ 1.5-1.7), BPH, obesity who presented with SOB. Cardiology consulted for cardiac evaluation.

CV

1)SOB 2/2 most likely HTN and CHF. Chest CTPA 3/24/23 showed no PE. Peribronchial thickening and interstitial thickening noted throughout the bilateral lungs, suggestive of interstitial edema. Additionally, there are superimposed perihilar groundglass opacities with septal thickening (crazy paving), which has a long differential, but could represent pulmonary edema. Flu/RSV/COVID neg.

-does not appear to be in mild CHF exacerbation at this time after successful diuresis

-CHF management as below

-HTN management as below

2)Systolic CHF 2/2 unclear cause. Ischemic vs nonischemic (HTN related). Echo 3/25/23 showed LVEF ~ 45%. RV size/function was normal. Troponin neg X 1.

-appears euvolemic and warm (JVP ~ 8 cm, no LE edema)

-stop lasix IV and start lasix 40 mg PO daily

-continue carvedilol 25 mg PO BID

-start losartan 25 mg PO daily (his baseline Cr is ~ 1.5-1.7 based on care everywhere labs in 2021)

-could consider spironolactone or empagliflozin in the future

-can consider ischemic testing as an outpt. Will defer to outpt cardiologist regarding modality choice.

-followup with CHF clinic and cards outpt

3)HTN

-continue amlodipine 10 mg PO daily

-BB/ARB as above

At this point we will sign off this patient's case, however, we will be happy to see the patient back if called. Please, don't hesitate to call with questions. Thank you.

David Tian, MD

3/26/2023

8:42 AM

Electronically signed by David Tian, MD at 03/26/2023 11:10 AM EDT

- **Usman M Khalid, MD - 03/25/2023 7:02 AM EDT**

Formatting of this note is different from the original.

HOSPITAL MEDICINE SERVICE PROGRESS NOTE

Signed by: USMAN KHALID, MD

Sarah M Chen 57 y.o. male

Location: Piedmont Fayette Hospital 249/249-01 Hospital Day(s)(LOS): 1

Attending: Usman M Khalid, MD PCP: NOPCP, PER PATIENT

Consultant(s):

IP CONSULT TO CV NURSE COORDINATOR

IP CONSULT TO CARDIOLOGY

Assessment:

Hospital Problem List

1. * (Principal) Hypertensive emergency
2. Acute CHF (congestive heart failure) (HC)
3. AKI (acute kidney injury) (HC)

Plan:

#. Hypertensive urgency

-Started on cardene drip, will continue

-Unclear which medications he is on at home.

-We will continue him on Norvasc 10 mg, hold on ACE/ARB given AKI, and increase to Coreg 25 mg PO BID.

#. Acute HFmrEF

-ECHO shows LVEF of 45%, indeterminate diastolic function.

-Patient placed on heart failure pathway

-Continue diuresis with Lasix 40 mg IV once daily

-We will consult cardiology

#. Acute hypoxic respiratory failure

-Resolved. Secondary to decompensated heart failure. Patient is doing well on room air.

-O2 sat was 89% in the ED on room air

--CTA chest PE protocol was negative for any PE. He was checked for COVID-19/influenza A/B and found to be negative. CTA however notes mild cardiomegaly and bilateral pleural effusions and interstitial edema.

#. AKI

-Likely cardiorenal syndrome. Continue diuresis as above. We will continue to monitor.

#. Hypokalemia

-We will replete and continue to monitor

Disposition: Remain inpatient

HPI/Hospital Course Summary:

Sarah M Chen is a 57 y.o. male with past medical history of hypertension who presents to the ED with complaints of shortness of breath. The patient states that he was in his usual state of health he began having increasing shortness of breath over the past 3 days. He states that he is noted increased cough, shortness of breath as well as PND and orthopnea. He denies any fever or chills. He also denies any chest pain. He has noticed decreased exercise tolerance with increased work of breathing. He states that he also has began sleeping in his recliner because he could not lay flat. The patient states that he has been out of his medications for the past 2 months and has not been able to get a follow-up appointment with his primary care doctor.

The patient was seen in the emergency department and noted to have markedly elevated blood pressure. He was started on a Cardene drip and given Lasix for signs of decompensated heart failure.

IMS was contacted for admission for further evaluation and treatment.

Subjective:

Patient seen this AM. Patient is off oxygen. Blood pressure remains elevated in the 160s over 90s.
Continues on a nicardipine drip.

Objective:

Vital signs

BP (!) 142/95 | Pulse 101 | Temp 99.3 °F (37.4 °C) (Oral) | Resp 22 | Ht 6' (1.829 m) | Wt (!) 101 kg (222 lb 10.6 oz) | SpO2 94% | BMI 30.20 kg/m²

Intake/Output last 3 shifts:

I/O last 3 completed shifts:

In: 700 [P.O.:700]

Out: 6000 [Urine:6000]

Physical Exam:

GEN: Alert, conversant, NAD

HEENT: Anicteric sclerae, MMM, PERRL

CVS: RRR, S1 and S2 No LE edema B/L

RESP: CTA B/L clear

GI: +BS, soft, N/T N/D

MSS: Strength appropriate for age.

Neuro: Alert, conversant and cooperative

Skin: No rashes

GU: No foley

Psych: Appropriate

Laboratory Studies:

Recent Labs

Lab 03/25/23

0323 03/24/23

0451 03/23/23

1850

WBC 11.20* 10.20 10.00

RBC 4.12* 4.07* 3.97*

HGB 13.1* 13.1* 12.8*

HCT 39.5 39.1 37.9*

PLT 233 209 208

Recent Labs

Lab 03/25/23

0913 03/25/23

0323 03/24/23

2023 03/24/23

0452 03/23/23

1850

NA -- 139 138 138 136*

K 3.4* 3.3* 2.7* 3.0* 3.5

CL -- 106 101 102 99

CO2 -- 31* 32* 33* 35*

BUN -- 19 17 14 14

CREATININE 1.53* 1.68* 1.70* 1.49* 1.56*

GLU -- 104* 135* 108* 100

CALCIUM -- 8.9 8.9 8.9 8.8

MG -- -- 1.9 2.0 --

AST -- -- -- -- 89*

ALT -- -- -- -- 59*

ALKPHOS -- -- -- -- 61

BILITOT -- -- -- -- 1.3

No results for input(s): LACTATE in the last 168 hours.

Recent Labs

Lab 03/23/23

1850

INR 0.92

PTT 31.8

Recent Labs

Lab 03/23/23

1850

DDIMER 1.18*

No results for input(s): PROCALC in the last 168 hours.
No results for input(s): CAION in the last 168 hours.

Recent Labs
Lab 03/23/23
1850
TROPONINI 0.029

Lab Results
Component Value Date
HGBA1C 5.0 03/24/2023

Level 3 billed to reflect the highly complex medical decision making involved in this case given ongoing/active medical issues, requiring urgent intervention and changes to the treatment plan.

Signed:
USMAN KHALID, M.D.
3/25/2023
1:34 PM
Extension 1228
Please call Ext 1176 during 5pm - 7am

This report was prepared in part with Dragon dictation. There is the possibility that certain phrases or words may be incorrect because of interpretation of my words by Dragon software. The intent was to provide an accurate description of my opinions and plans but as a result of this potential inaccuracy there may be errors. Every effort to correct these errors will be made and editing of the report will be an ongoing process. Hopefully none of these inaccuracies will detract from the report and limit the interpretation of my opinion.

Electronically signed by Usman M Khalid, MD at 03/25/2023 1:38 PM EDT

- **Usman M Khalid, MD - 03/24/2023 6:49 AM EDT**

Formatting of this note is different from the original.
Internal medicine interval progress note:

S: Patient seen and examined. Patient was admitted by colleague this morning.
Interval history and physical exam obtained.

No updated medications noted in our system. Patient does have more recent medication list from a Kaiser facility. This is as follows:

Medication Sig Dispensed Refills Start Date End Date Status

hydrALAZINE (APRESOLINE) 25 mg Oral Tab

Indications: HTN (HYPERTENSION) Take 1 tablet by mouth 2 times a day. Office visit is due, labs are due, no further refills without visit 2/9/2021 180 tablet 0 03/10/2022 Active

Propranolol (INDERAL) 20 mg Oral Tab

Indications: MIGRAINE, UNSPECIFIED ANXIETY Take 1 tablet by mouth 2 times a day for migraine prevention 90 tablet 0 03/10/2022 Active

amlODIPine (NORVASC) 10 mg Oral Tab

Indications: HTN (HYPERTENSION) Take 1 tablet by mouth daily 15 tablet 0 05/24/2022 05/24/2023 Active

O:
Vitals:
03/24/23 1200
BP: 148/85
Pulse: 99
Resp: 17
Temp:
SpO2: 92%

GEN: Alert, conversant, NAD
HEENT: Anicteric sclerae, MMM, PERRL
CVS: RRR, S1 and S2 No LE edema B/L
RESP: CTA B/L clear
GI: +BS, soft, N/T N/D
MSS: Strength appropriate for age.
Neuro: Alert, conversant and cooperative
Skin: No rashes
GU: No foley
Psych: Appropriate

Recent Labs
Lab 03/24/23
0451 03/23/23

1850
WBC 10.20 10.00
RBC 4.07* 3.97*
HGB 13.1* 12.8*
HCT 39.1 37.9*
PLT 209 208

Recent Labs
Lab 03/24/23
0452 03/23/23
1850
NA 138 136*
K 3.0* 3.5
CL 102 99
CO2 33* 35*
BUN 14 14
CREATININE 1.49* 1.56*
GLU 108* 100
CALCIUM 8.9 8.8
MG 2.0 --
AST -- 89*
ALT -- 59*
ALKPHOS -- 61
BILITOT -- 1.3

No results for input(s): LACTATE in the last 168 hours.

Recent Labs
Lab 03/23/23
1850
INR 0.92
PTT 31.8

Recent Labs
Lab 03/23/23
1850
DDIMER 1.18*

No results for input(s): PROCALC in the last 168 hours.

No results for input(s): CAION in the last 168 hours.

Recent Labs
Lab 03/23/23
1850
TROPONINI 0.029

Lab Results
Component Value Date
HGBA1C 5.0 03/24/2023

Admission care plan and chart reviewed.

A/P:

#. Hypertensive urgency

-Started on cardene drip, will continue

-Unclear which medications he is on at home. We will start him on Norvasc 10 mg, hold on ACE/ARB given AKI, and add Coreg 12.5 mg PO BID.

#. Suspected new onset/new diagnosis heart failure with an acute exacerbation

-Patient placed on heart failure pathway

-Continue diuresis with Lasix 40 mg IV twice daily

-ECHO is pending

#. Acute hypoxic respiratory failure

-O2 sat was 89% in the ED on room air

-CTA chest PE protocol was negative for any PE. He was checked for COVID-19/influenza A/B and found to be negative. CTA however notes mild cardiomegaly and bilateral pleural effusions and interstitial edema.

-Suspect this is due to volume overload in the setting of decompensated heart failure. See above.

#. AKI

-Likely cardiorenal syndrome. Continue diuresis as above. We will continue to monitor.

#. Hypokalemia

-We will replete and continue to monitor

Same day admission, no charge due to shared services.
Usman Khalid MD
12:45 PM 3/24/2023

Electronically signed by Usman M Khalid, MD at 03/24/2023 12:51 PM EDT

[5]. documented in this encounter

H&P Notes

- **Willie Tapp, MD - 03/24/2023 3:38 AM EDT**

Formatting of this note is different from the original.

HISTORY AND PHYSICAL

Patient: Sarah M Chen 12/21/1965 57 y.o. male

Current Room: 36/36

PCP: NOPCP, PER PATIENT

Location: Piedmont Fayette Hospital

ASSESSMENT

Hospital Problem List

1. * (Principal) Hypertensive emergency
2. Acute CHF (congestive heart failure) (HC)
3. AKI (acute kidney injury) (HC)

Body mass index is 30.68 kg/m². Obesity Class Obesity 30-35 is Class 1

PLAN

1. Hypertensive emergency:

We will admit patient to IMCU for further evaluation and treatment of hypertensive emergency. Patient has been started on a Cardene drip and will titrate to get better blood pressure control. We will trend cardiac enzymes and monitor on telemetry.

2. Acute CHF exacerbation:

I will place patient on heart failure pathway. We will add IV diuretics, oxygen and bronchodilators. Will monitor on telemetry and trend cardiac enzymes. We will also check echocardiogram.

3. Acute kidney injury:

We will recheck renal function in AM.

DVT Prophylaxis: Lovenox

Code Status: Full code

CHIEF COMPLAINT

Chief Complaint

Patient presents with

Breathing Difficulty

Pt sts diff breathing x 3 days, sts sinuses are draining lungs, BP is up

HISTORY OF PRESENT ILLNESS

Sarah M Chen is a 57 y.o. male with past medical history of hypertension who presents to the ED with complaints of shortness of breath. The patient states that he was in his usual state of health he began having increasing shortness of breath over the past 3 days. He states that he is noted increased cough, shortness of breath as well as PND and orthopnea. He denies any fever or chills. He also denies any chest pain. He has noticed decreased exercise tolerance with increased work of breathing. He states that he also has begun sleeping in his recliner because he could not lay flat. The patient states that he has been out of his medications for the past 2 months and has not been able to get a follow-up appointment with his primary care doctor.

The patient was seen in the emergency department and noted to have markedly elevated blood pressure. He was started on a Cardene drip and given Lasix for signs of decompensated heart failure.

IMS was contacted for admission for further evaluation and treatment.

Past Medical History:

Diagnosis Date

Hypertension

History reviewed. No pertinent surgical history.

History reviewed. No pertinent family history.

Social History

Socioeconomic History

Marital status: Single

Tobacco Use

Smoking status: Never

Smokeless tobacco: Never

Substance and Sexual Activity

Alcohol use: Yes

Drug use: No

Allergies: No Known Allergies

Prior to Admission medications

Medication Sig Start Date End Date Taking? Authorizing Provider

amlodipine (NORVASC) 10 mg tablet Take 1 tablet (10 mg total) by mouth daily. 12/1/18 Rachel A Helms, NP

cyclobenzaprine (FLEXERIL) 10 MG tablet Take 1 tablet (10 mg total) by mouth every 12 (twelve) hours as needed for Muscle spasms. 12/1/18 Rachel A Helms, NP

ibuprofen (ADVIL, MOTRIN) 800 MG tablet Take 1 tablet (800 mg total) by mouth every 8 (eight) hours as needed for Pain. 12/1/18 Rachel A Helms, NP

Review of Systems (pertinent positives and negatives noted below)

General: Negative for fever, chills and night sweats

Eyes: Negative for blurred vision and eye pain

ENT: Positive for postnasal drip

Neck: Negative for pain and stiffness

Pulmonary: Positive for cough and shortness of breath

Cardiac: Negative for chest pain, palpitations and edema

GI: Negative for nausea, vomiting and abdominal pain

GU: Negative for dysuria and hematuria

MSS: Negative for myalgia and calf pain

Skin: Negative for rash and lesions

Neuro: Negative for syncope, headache and numbness and tingling

PHYSICAL EXAM

BP (!) 200/129 (BP Location: Right arm, Patient Position: Sitting, BP Cuff Size: Large) | Pulse 101 | Temp 98.9 °F (37.2 °C) (Oral) | Resp 18 | Ht 6' (1.829 m) | Wt (!) 102.6 kg (226 lb 3.1 oz) | SpO2 96% | BMI 30.68 kg/m²

Time of Exam: 0408

General : Patient appears well-developed and well-nourished

Eyes : Pupils Equal, extraocular muscle intact, No jaundice

ENT : normal : ears / nose .Mouth/Throat: Normal .Oropharynx is clear and moist

Neck: supple, tracheal : centrally located, No masses, No thyromegaly

Respiratory Normal breath sounds bilaterally, no rhonchi, no wheezes

Cardiovascular: Tachycardic, S1S2 RRR, normal heart sound, No gallop or murmurs

No carotid bruit, normal femoral and pedal pulses, 1+ bilateral lower extremity edema

Gastrointestinal: Soft, non-tender, normal bowel sounds, no distention, no rebound, no guarding

Genitourinary: Deferred

Lymphatic: No palpable Lymph nodes

Musculoskeletal : Extremities : good range of motion, normal strength

Neurology : Alert and cooperative, Cranial nerves 2-12 grossly intact, no focal neurological deficits: normal sensation and reflexes

Psychiatric: appropriate mood and Affect

Skin: warm and dry ,No rashes seen on inspected areas

LABS:

Recent Labs

Lab 03/23/23

1850

WBC 10.00

RBC 3.97*

HGB 12.8*

HCT 37.9*

PLT 208

Recent Labs
Lab 03/23/23
1850
NA 136*
K 3.5
CL 99
CO2 35*
BUN 14
CREATININE 1.56*
GLU 100
CALCIUM 8.8

No results for input(s): LACTATE in the last 168 hours.

IMAGING (only pertinent impressions noted)
ECG 12 lead

Result Date: 3/23/2023

Sinus tachycardia Biatrial enlargement Incomplete right bundle branch block Minimal voltage criteria for LVH, may be normal variant (Cornell product) Septal infarct , age undetermined T wave abnormality, consider inferolateral ischemia Abnormal ECG No previous ECGs available Confirmed by Karagiannis, Paul (8327) on 3/23/2023 10:06:12 PM

Chest X Ray PA and lateral

Result Date: 3/23/2023

PA AND LATERAL CHEST RADIOGRAPHS: HISTORY: dyspnea;Dyspnea, unspecified COMPARISON: none FINDINGS: 2 views of the chest. Borderline heart size. Distended pulmonary vessels with mixed interstitial and alveolar opacities, particularly in the perihilar regions. Minimal effusions. No pneumothorax identified.

Suspect moderate pulmonary edema with minimal pleural effusions. Approved By: William Behm MD
3/23/2023 8:12 PM PSI-015

CT chest pulmonary embolism with contrast

Result Date: 3/24/2023

Past Medical History (entered by Technologist): Reason For Exam (entered by Technologist): Other Notes (entered by Technologist): 57M Isovue 370 75ml GFr 51 36 Lyn 6911 pt with history of HTN presents to ED with complaints of 3 day history of shortness of breath, exacerbated with lying recumbent. The patient has also been experiencing sinus congestion with postnasal drip causing him to cough throughout the evening, disturbing his sleep. For comfort, he has had to sleep upright in his recliner. Additional Information (per Vision Radiologist): CTA CHEST WITH CONTRAST (PE STUDY)

Findings most suggestive of CHF/pulmonary edema, with mild cardiomegaly moderate bilateral pleural effusions and diffuse interlobular septal thickening. There are superimposed patchy bilateral upper lobe areas of groundglass with associated septal thickening (crazy paving). This can be seen with pulmonary edema. Differential for this pattern is broad, although alternative, consideration would be viral infection/pneumonia. No pulmonary embolus. Adequate contrast opacification, mild motion. No pericardial effusion. No acute aortic process. Case discussed with Dr. Lyn at 03:27 AM EST. Chris DeNucci, MD/PhD This report has been electronically signed and verified by the Radiologist whose name is printed above. DD: 03/24/2023/DT: 03/24/2023 This report contains privileged and confidential information and is intended solely for the use of the individual or entity to which it is addressed. If you are not the intended recipient of this report, you are hereby notified that any copying, distribution, dissemination or action taken in relation to the contents of this report is strictly prohibited and may be unlawful. If you have received this report in error, please notify the sender immediately at 510-683-9500 and permanently delete the original report and destroy any copies or printouts.

INPATIENT JUSTIFICATION

I Certify that the patient will likely require at least 2 midnights in the hospital for treatment.

Critical care time with patient 34 minutes.

Willie Tapp IV, M.D.
Extension 1194
Please call Ext 1176 during 7am - 9pm
3/24/2023
3:38 AM

Electronically signed by Willie Tapp, MD at 03/24/2023 4:35 AM EDT

[6]. documented in this encounter

Consult Notes

- **David Tian, MD - 03/25/2023 3:11 PM EDT**

Associated Order(s): IP CONSULT TO CARDIOLOGY

Formatting of this note is different from the original.

Images from the original note were not included.

Sarah M Chen is a 57 y.o. male for whom I have been asked to consult for the evaluation and treatment of CHF. Consult requested by Dr. Khalid, IMS.

PHI General Cardiologist None

Primary Care Provider None

History of Present Illness:

Sarah M Chen is a 57 y.o. male with a PMH of HTN. He presented to the hospital on 3/23 with complaints of shortness of breath x 3 days. Associated symptoms include cough, PND, dyspnea on exertion, and orthopnea. Reports he has been out of his BP meds for about 2 months now and has not been able to get refills. On arrival to ED, patient noted to be in hypertensive emergency with BP of 197/148. Patient was started on Cardene gtt and admitted to IMS team for further work up. Echo obtained on 3/24 shows mildly reduced EF of 45% with mild global LV hypokinesis with a small circumferential pericardial effusion. No prior echo for comparison. Cardiology has been consulted for new onset diastolic HF.

Review of Systems:

Review of Systems

Constitutional: Negative for chills, diaphoresis, fever, malaise/fatigue and weight loss.

HENT: Negative.

Eyes: Negative for blurred vision and double vision.

Respiratory: Positive for shortness of breath. Negative for cough and wheezing.

C/o dyspnea on exertion

Cardiovascular: Positive for orthopnea and leg swelling. Negative for chest pain and palpitations.

Gastrointestinal: Negative for abdominal pain, blood in stool, heartburn, nausea and vomiting.

Genitourinary: Negative for flank pain and hematuria.

Musculoskeletal: Negative.

Skin: Negative.

Neurological: Positive for headaches. Negative for dizziness, tingling, seizures, loss of consciousness and weakness.

Endo/Heme/Allergies: Negative.

Psychiatric/Behavioral: Negative.

All other systems reviewed and are negative.

Past Medical History:

Diagnosis Date

Hypertension

History reviewed. No pertinent surgical history.

History reviewed. No pertinent family history.

Social History

Socioeconomic History

Marital status: Single

Spouse name: Not on file

Number of children: Not on file

Years of education: Not on file

Highest education level: Not on file

Occupational History

Not on file

Tobacco Use

Smoking status: Never

Smokeless tobacco: Never

Substance and Sexual Activity

Alcohol use: Yes

Drug use: No

Sexual activity: Not on file

Other Topics Concern

Not on file

Social History Narrative

Not on file

Social Determinants of Health

Financial Resource Strain: Not on file
Food Insecurity: Not on file
Transportation Needs: Not on file
Physical Activity: Not on file
Stress: Not on file
Social Connections: Not on file
Housing Stability: Not on file

Home Medications:

Prior to Admission medications

Medication Sig Start Date End Date Taking? Authorizing Provider

ibuprofen (ADVIL,MOTRIN) 800 MG tablet Take 1 tablet (800 mg total) by mouth every 8 (eight) hours as needed for Pain. 12/1/18 Yes Rachel A Helms, NP

No Known Allergies

Objective:

Temp: [97.3 °F (36.3 °C)-99.7 °F (37.6 °C)] 99.3 °F (37.4 °C)

Heart Rate: [76-111] 100

Resp: [9-33] 30

BP: (115-188)/(63-112) 115/63

Intake/Output Summary (Last 24 hours) at 3/25/2023 1511

Last data filed at 3/25/2023 1038

Gross per 24 hour

Intake 700 ml

Output 3375 ml

Net -2675 ml

Wt Readings from Last 3 Encounters:

03/25/23 (!) 222 lb 10.6 oz (101 kg)

12/01/18 208 lb 15.9 oz (94.8 kg)

Physical Exam:

Body mass index is 30.2 kg/m².

BP (!) 137/93 | Pulse 91 | Temp 99.3 °F (37.4 °C) (Oral) | Resp 24 | Ht 6' (1.829 m) | Wt (!) 222 lb 10.6 oz (101 kg) | SpO2 98% | BMI 30.20 kg/m²

General alert, well appearing, and in no distress.

Eyes Conjunctivae and sclera clear

Neck JVP is not elevated

Lungs clear to auscultation, no wheezes, rales or rhonchi, symmetric air entry. Respiratory effort: within normal limits

Heart normal rate, regular rhythm, normal S1, S2, no murmurs, rubs, clicks or gallops.

Carotids 2+ bilaterally without bruits

Abdomen Soft, non-tender

Extremities No edema, clubbing or cyanosis

Neuro Alert and oriented

Psych Normal affect, alert, appropriate

Skin Warm and dry

Data Review

Labs:

Recent Labs

Lab 03/25/23

0913 03/25/23

0323 03/24/23

2023 03/24/23

0452 03/24/23

0451 03/23/23

1850

WBC -- 11.20* -- -- 10.20 10.00

HGB -- 13.1* -- -- 13.1* 12.8*

HCT -- 39.5 -- -- 39.1 37.9*

PLT -- 233 -- -- 209 208

PTT -- -- -- -- 31.8

DDIMER -- -- -- -- 1.18*

INR -- -- -- -- 0.92
NA -- 139 138 138 -- 136*
K 3.4* 3.3* 2.7* 3.0* -- 3.5
BUN -- 19 17 14 -- 14
CREATININE 1.53* 1.68* 1.70* 1.49* -- 1.56*
GLU -- 104* 135* 108* -- 100
TSH -- -- -- -- 1.270
MG -- -- 1.9 2.0 -- --
TROPONINI -- -- -- -- 0.029
NTPROBNP -- -- -- -- 1,200.00*
AST -- -- -- -- 89*
ALT -- -- -- -- 59*

Estimated Creatinine Clearance: 65.6 mL/min (A) (based on SCr of 1.53 mg/dL (H)).

EKG 03/23/2023:

CT PE 03/24/2023

1. No acute pulmonary embolism.
2. Mild cardiomegaly with small bilateral pleural effusions, findings suggestive of interstitial edema, and findings which could represent pulmonary edema, as described above. Correlate with third spacing of fluid and signs and symptoms of congestive heart failure.

Chest X-Ray 03/23/23

2 views of the chest. Borderline heart size. Distended pulmonary vessels with mixed interstitial and alveolar opacities, particularly in the perihilar regions. Minimal effusions. No pneumothorax identified.

IMPRESSION:

Suspect moderate pulmonary edema with minimal pleural effusions.

Echo 03/25/2023

LVEF is 45 %. 2D biplane LVEF assessed with contrast. LVEF 45 - 50%. LV systolic function is mildly decreased. LV size is normal. Mild concentric LV hypertrophy. Mild global LV hypokinesis. Indeterminate LV diastolic function

RV normal size. RV systolic function is normal.

No significant valve disease

LA normal size

Aortic root normal. Ascending aorta normal.

Small circumferential pericardial effusion is present

No previous echo

Assessment:

Principal Problem:

Hypertensive emergency

Active Problems:

Acute CHF (congestive heart failure) (HC)

AKI (acute kidney injury) (HC)

Recommendations:

Acute Diastolic HF

- Echo 3/25: EF 45%, mild global LV hypokinesis
- CXR with concern for pulm edema
- CT chest showed bilateral pleural effusions
- K+ 3.4, Cr 1.53
- On IV Lasix
- 24hr UOP: -4 L
- Net UOP: -7.1 L
- Near euvolemic on exam, No longer experiencing orthopnea, SOB, dyspnea on exertion, or cough. Can likely transition to PO diuretic tomorrow.
- Continue Coreg
- No ACEI/ARB/ARNI 2/2 AKI
- Monitor on telemetry
- Recommend repeat echo as OP in 3 months once BP better controlled to reassess LVEF

HTN

- Controlled now, 136/98 at bedside

- No longer on Cardene gtt
- Continue Amlodipine and Coreg

AKI

- Reports baseline Cr is around 1.3-1.4
- Cr 1.53 today
- Trend with daily labs
- Monitor with diuresis

Hypokalemia

- K+ 3.4
- Replace per K+/Mg protocol

Thank you for allowing us to participate with you in the care of Sarah M Chen. We will follow with you.

Bhavika J Rooker, NP

3/25/2023

3:11 PM

Physician Attestation:

I have interviewed and examined Mr. Gray and agree with the Mid-level's findings, assessment and recommendations outlined herein with the additions:

S:

No acute events overnight.

On physical examination, the key findings were:

BP (!) 139/96 | Pulse 93 | Temp 99.3 °F (37.4 °C) (Oral) | Resp 29 | Ht 6' (1.829 m) | Wt (!) 222 lb 10.6 oz (101 kg) | SpO2 97% | BMI 30.20 kg/m²

General: not in acute distress, well appearing

HEENT: NCAT, nonicteric sclera, JVP ~ 12 cm

Carotids: 2+ bilaterally without bruits

Lungs: Clear to auscultation bilaterally, normal respiratory effort

CV: normal S1 and S2 in intensity, regular rate and rhythm, no murmurs, gallops or rubs

Abd: soft, non tender, non distended

Ext: warm and well perfused, no lower extremity edema b/l, no clubbing or cyanosis

Neuro: awake and alert

Psych: Normal affect, alert, appropriate

Skin: Warm and Dry

Data, labs and studies have been reviewed by me.

Impression and Plan:

57 YO M w/ PMH of HTN, HLD, CKD (Cr ~ 1.5-1.7), BPH, obesity who presented with SOB. Cardiology consulted for cardiac evaluation.

CV

1)SOB 2/2 most likely HTN and CHF. Chest CTPA 3/24/23 showed no PE. Peribronchial thickening and interstitial thickening noted throughout the bilateral lungs, suggestive of interstitial edema. Additionally, there are superimposed perihilar groundglass opacities with septal thickening (crazy paving), which has a long differential, but could represent pulmonary edema. Flu/RSV/COVID neg.

-appears to be in mild CHF exacerbation at this time

-CHF management as below

-HTN management as below

2)Systolic CHF 2/2 unclear cause. Ischemic vs nonischemic. Echo 3/25/23 showed LVEF ~ 45%. RV size/function was normal. Troponin neg X 1.

-appears mildly hypervolemic and warm (JVP ~ 12 cm, no LE edema)

-continue lasix 40 mg IV daily for now and could consider switching to PO tomm

-continue carvedilol 25 mg PO BID

-start losartan 25 mg PO daily tomm (his baseline Cr is ~ 1.5-1.7 based on care everywhere labs in 2021)

-could consider spironolactone or empagliflozin in the future

3)HTN

-continue amlodipine 10 mg PO daily

-BB/ARB as above

Signed:
David Tian, MD
3/25/2023
5:49 PM
Electronically signed by Bhavika J Rooker, NP at 03/25/2023 4:26 PM EDT
Electronically signed by David Tian, MD at 03/25/2023 8:43 PM EDT

[7]. documented in this encounter

Nursing Notes

- **Sheila M Weed, RN - 03/24/2023 6:46 PM EDT**
Formatting of this note might be different from the original.
Pt arrived to room 249 via stretcher from ER. VS within normal limits, Cardene drip infusing at 5mg. Pt oriented to room, bed placed in low position, call light in reach, bed alarm in the ON position.
Electronically signed by Sheila M Weed, RN at 03/24/2023 8:26 PM EDT

[8]. documented in this encounter

ED Notes

- **Alejandra Pinto-Olive, RN - 03/24/2023 6:27 AM EDT**
Formatting of this note might be different from the original.
Pt given juice with ice. No other needs voiced at this time.
Electronically signed by Alejandra Pinto-Olive, RN at 03/24/2023 6:28 AM EDT
- **Charles Bell, RN - 03/24/2023 4:16 AM EDT**
Formatting of this note might be different from the original.
Bed: 57
Expected date:
Expected time:
Means of arrival:
Comments:
ED36 Alejandra
Electronically signed by Charles Bell, RN at 03/24/2023 4:16 AM EDT
- **Alejandra Pinto-Olive, RN - 03/24/2023 4:09 AM EDT**
Formatting of this note might be different from the original.
Dr. Tapp at bedside
Electronically signed by Alejandra Pinto-Olive, RN at 03/24/2023 4:09 AM EDT
- **Alejandra Pinto-Olive, RN - 03/24/2023 1:50 AM EDT**
Formatting of this note might be different from the original.
Pt noted sitting on stool and leaning over on stretcher; voiced that's the best way for him to minimize his coughing and breath better. Pt also voiced he has been kneeling and lean over on his bedside and at home for the pass 2 night in order to sleep. Pt asked to sit on bed and placed on 2L NC for comfort. MD made aware.
Electronically signed by Alejandra Pinto-Olive, RN at 03/24/2023 2:08 AM EDT
- **Charles Bell, RN - 03/23/2023 11:59 PM EDT**
Formatting of this note might be different from the original.
Bed: 36
Expected date:
Expected time:
Means of arrival:
Comments:
Evans, C
Electronically signed by Charles Bell, RN at 03/23/2023 11:59 PM EDT
- **Nadria D Lyn, MD - 03/23/2023 11:48 PM EDT**
Formatting of this note is different from the original.

History

The history is provided by the patient. No language interpreter was used.

Time seen by Provider(s): 00:37 (MSE), 00:40, (Nadria D Lyn, MD)

Mode of Arrival: private car

Treatment PTA: None.

57 y.o. African American male pt with history of HTN presents to ED with complaints of 3 day history of shortness of breath, exacerbated with lying recumbent. The patient has also been experiencing sinus congestion with postnasal drip causing him to cough throughout the evening, disturbing his sleep. For comfort, he has had to sleep upright in his recliner. Denies frank chest pain, although notes a pressure-like

sensation. Denies significant lower extremity swelling. The patient has been out of his Amlodipine 10 mg and hydrochlorothiazide 25 mg for the past 4 months, as he has been traveling and has not been able to get into his primary clinician's office for refills. Of note, he recently traveled to Tampa over the last weekend. The patient admits to use of cigars.

Provider: Per Patient Nopcp, MD
Specialist: None.

Past Medical History:
Diagnosis Date
Hypertension

History reviewed. No pertinent surgical history.

Family History: Non-contributory

Additional Information

Social History

Tobacco Use
Smoking status: Never
Smokeless tobacco: Never
Substance Use Topics
Alcohol use: Yes
Drug use: No

Review of Systems

Constitutional: Negative.
HENT: Positive for congestion and postnasal drip.
Eyes: Negative.
Respiratory: Positive for cough, chest tightness and shortness of breath.
Cardiovascular: Negative. Negative for chest pain and leg swelling.
Gastrointestinal: Negative.
Genitourinary: Negative.
Musculoskeletal: Negative.
Skin: Negative.
Neurological: Negative.
All other systems reviewed and are negative.

Physical Exam

BP (!) 195/145 (BP Location: Left Upper Arm, Patient Position: Sitting, BP Cuff Size: Medium) | Pulse 115 | Temp 98.9 °F (37.2 °C) (Oral) | Resp 20 | Ht 6' (1.829 m) | Wt (!) 102.6 kg (226 lb 3.1 oz) | SpO2 96% | BMI 30.68 kg/m²

Physical Exam

Vitals and nursing note reviewed.
Constitutional:
General: He is not in acute distress.
Appearance: He is well-developed. He is not diaphoretic.
HENT:
Head: Normocephalic and atraumatic.
Eyes:
Conjunctiva/sclera: Conjunctivae normal.
Pupils: Pupils are equal, round, and reactive to light.
Cardiovascular:
Rate and Rhythm: Regular rhythm. Tachycardia present.
Heart sounds: Normal heart sounds. No murmur heard.
Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds.
Abdominal:
General: Bowel sounds are normal.
Palpations: Abdomen is soft.
Tenderness: There is no abdominal tenderness.
Musculoskeletal:
General: No tenderness. Normal range of motion.
Cervical back: Normal range of motion and neck supple.
Skin:

Findings: No rash.
Neurological:
Mental Status: He is alert.

ED Course

Alteplase Stroke Assessment
NIH Stroke Assessment Scale
Medical Decision Making

Differential diagnosis includes asthma exacerbation, COPD exacerbation, pneumonia, bronchitis, pulmonary embolism, congestive heart failure, ACS/MI
-pt presenting with shortness of breath and orthopnea. He also states that he has been experiencing postnasal drip resulting in a cough. Denies fever. Reports chest tightness but no overt pain.
-Trop negative and EKG without acute ischemic changes
-BP is very elevated and he is tachycardic (sinus). Patient admits to noncompliance with blood pressure medications for the last several months.
-Chest x-ray shows pulmonary edema and small pleural effusions. BNP is elevated. Rapid diuresis protocol initiated.
-D-dimer elevated. CTA chest neg for PE. Shows pulm edema and findings suggestive of possible superimposed viral infection.
-covid test ordered
-BP not responding to IV meds. Cardene drip initiated.

Admitted to IMS

HEART Risk Assessment
History: Slightly Suspicious
ECG: Normal/no deviation from baseline
Age: 45-65
Risk Factors (hypercholesterolemia, HTN, DM, smoking, + family history, obesity): 1-2 risk factors
Troponin: Less than the upper limit of normal
Total: 2

TIMI Assessment
65 Years of Age or older?: No
Risk facctor for CAD 3 or greater?: No
Known CAD (> or = 50%)?: No
ASA used in past 7 days?: No
Severe angina (> or = 2 episodes w/in 2 hours)?: No
ST changes > or = 0.5mm?: No
Positive Cardiac Markers?: No
TIMI Score: 0
Cardiac Admission Risk Factors: Hypertension

Allergies:
No Known Allergies

Medications:
Previous Medications
AMLODIPINE (NORVASC) 10 MG TABLET Take 1 tablet (10 mg total) by mouth daily.
CYCLOBENZAPRINE (FLEXERIL) 10 MG TABLET Take 1 tablet (10 mg total) by mouth every 12 (twelve) hours as needed for Muscle spasms.
IBUPROFEN (ADVIL,MOTRIN) 800 MG TABLET Take 1 tablet (800 mg total) by mouth every 8 (eight) hours as needed for Pain.

Repeat Vitals:
Vitals:
03/24/23 0055 03/24/23 0149 03/24/23 0154 03/24/23 0332
BP: (!) 156/92 (!) 188/123 (!) 188/123 (!) 200/129
BP Location: Right arm
Patient Position: Sitting
BP Cuff Size: Large
Pulse: 104 95 101
Resp: 16 18
Temp:
TempSrc:
SpO2:
Weight:
Height:

----- MEDICAL DECISION MAKING -----

?

Vital Signs:

Reviewed the patient's vital signs.

Pulse oximetry interpretation: Above.

Nursing Notes:

Reviewed and utilized the nursing notes.

Old Medical Records:

The patient's available past medical records and past encounters were reviewed.

ED Orders:

Orders Placed This Encounter

Procedures

COVID/FLU/RSV BY PCR

Chest X Ray PA and lateral

CT chest pulmonary embolism with contrast

CBC auto differential

Comprehensive metabolic panel

Extra Lt Blue Citrate

Extra Red Plain

APTT

Protime-INR

Troponin

B-type natriuretic peptide

D-dimer quantitative

Cardiac Bedside Monitoring ED Only

Pulse Oximetry

If patient has $>$ or $=$ 500ml of urine output at 2 hours after IV diuretic administration and subjective data is improved, prepare to release from ED with appropriate transition plan

If patient has $<$ 500ml of urine output at 2 hours post IV diuretic administration, double the initial IV dose and give a 2nd dose of IV diuretic

If patient has $>$ or $=$ 500ml of urine output at 2 hours after IV diuretic administration and subjective data is improved, prepare to release from ED with appropriate transition plan

If patient has $<$ 500ml of urine output at 2 hours post IV diuretic administration, double the initial IV dose and give a 2nd dose of IV diuretic

Replace baseline electrolytes replacement using the Potassium/Magnesium replacement protocol

Notify provider prior to diuretic administration if SBP $<$ 85mmHg or if patient has symptomatic hypotension

Strict intake and output

Weigh patient at presentation using standing scale if ambulatory

Weigh patient at discharge using standing scale if ambulatory

Cardiac Bedside Monitoring ED Only

Pulse Oximetry

Modified Enhanced Respiratory and Contact Precautions for COVID-19

ECG 12 lead

Insert peripheral IV

Laboratory Studies:

Ordered and independently reviewed and interpreted laboratory tests. Abnormal findings are listed below:

Labs Reviewed

CBC W/PLAT AUTOMATED DIFF - Abnormal; Notable for the following components:

Result Value

RBC 3.97 (*)

Hemoglobin 12.8 (*)

Hematocrit 37.9 (*)

Neutrophils Relative 80.4 (*)

Lymphocytes Relative 10.2 (*)

Neutrophils Absolute 8.0 (*)

Lymphocytes Absolute 1.0 (*)

All other components within normal limits

COMPREHENSIVE METABOLIC PANEL - Abnormal; Notable for the following components:

Sodium 136 (*)

CO2 35 (*)

Creatinine 1.56 (*)

ALT 59 (*)

AST 89 (*)

Anion Gap 6 (*)

BUN/Creatinine Ratio 9 (*)

GFR CKD-EPI 51 (*)

All other components within normal limits

Narrative:

Hemolysis=<15 Icterus=<2 Lipemia=<20
B-TYPE NATRIURETIC PEPTIDE - Abnormal; Notable for the following components:
NT-Pro Bnp 1,200.00 (*)
All other components within normal limits
Narrative:
Hemolysis=<15 Icterus=<2 Lipemia=<20Hemolysis=<15 Icterus=<2 Lipemia=<20
D-DIMER QUANTITATIVE - Abnormal; Notable for the following components:
D-Dimer, Quant 1.18 (*)
All other components within normal limits
APTT - Normal
PROTIME-INR - Normal
TROPONIN - Normal
Narrative:
Hemolysis=<15 Icterus=<2 Lipemia=<20Hemolysis=<15 Icterus=<2 Lipemia=<20
COVID/FLU/RSV BY PCR
EXTRA LT BLUE CITRATE
EXTRA RED PLAIN

Imaging Studies:

Imaging studies were ordered. Independently interpreted by the Radiologist, which includes:
CT chest pulmonary embolism with contrast
Preliminary Result
Findings most suggestive of CHF/pulmonary edema, with mild cardiomegaly moderate bilateral pleural effusions and diffuse interlobular septal thickening.

There are superimposed patchy bilateral upper lobe areas of groundglass with associated septal thickening (crazy paving). This can be seen with pulmonary edema. Differential for this pattern is broad, although alternative, consideration would be viral infection/pneumonia.

No pulmonary embolus. Adequate contrast opacification, mild motion.
No pericardial effusion. No acute aortic process.

Case discussed with Dr. Lyn at 03:27 AM EST.

Chris DeNucci, MD/PhD

This report has been electronically signed and verified by the Radiologist whose name is printed above.

DD: 03/24/2023/DT: 03/24/2023

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Chest X Ray PA and lateral

Final Result

Suspect moderate pulmonary edema with minimal pleural effusions.

Approved By: William Behm MD 3/23/2023 8:12 PM PSI-015

EKG:

Ordered, reviewed, and independently interpreted by the ED physician

Time Interpreted: 18:59.

Rate: 113.

Rhythm: Sinus tachycar

Interpretation: Nml axis, Nml intervals, No ST elevations or depressions, Lateral TWIs.

Indication: Breathing Difficulty

No old EKG available for comparison.

Medications given in the ED:

Medication Administration from 03/23/2023 1806 to 03/24/2023 0339

Date/Time Order Dose Route Action Action by Comments

03/24/2023 0017 EDT furosemide (LASIX) injection 40 mg 40 mg Intravenous Given Alejandra Pinto-Olive, RN --

03/24/2023 0048 EDT labetalol (NORMODYNE) injection 10 mg 10 mg Intravenous Given Alejandra Pinto-Olive, RN --

03/24/2023 0047 EDT guaifenesin (ROBITUSSIN) liquid 200 mg 200 mg Oral Given Alejandra Pinto-Olive, RN --

03/24/2023 0154 EDT hydralazine (APRESOLINE) injection 10 mg 10 mg Intravenous Given Alejandra Pinto-Olive, RN --

03/24/2023 0242 EDT iopamidol (ISOVUE-370) 370 mg iodine /mL (76 %) injection 100 mL 75 mL Intravenous Given Kaye D Witt --

03/24/2023 0331 EDT nicardipine (CARDENE-IV) 40 mg/200 mL (0.2 mg/mL) in NS infusion 5 mg/hr Intravenous New Bag Alejandra Pinto-Olive, RN --

----- PROGRESS NOTES -----

00:40, Initial exam. Patient presents today for breathing difficulty. Discussed today's plan of care with the patient. All questions asked were answered appropriately. Patient verbalized understanding.

03:20, Reevaluation. BP still very elevated. Cardene drip ordered.

03:38, Disposition. Admit to IMCU

Consultations:

03:38. Discussed case with Dr. Tapp (Medicine). Who agrees to admit patient.

Critical Care:

None

----- COUNSELING -----

Counseling: The emergency provider discussed today's findings, in addition to providing specific details for the plan of care with the patient. Questions are answered and there is agreement with the treatment plan. Counseling was provided regarding the diagnosis.

Smoking Cessation: the patient was counseled on the multiple risks to male health from continued use of tobacco products. It was explained that continuing to smoke may lead to multiple short and long term negative health consequences, including but not limited to mouth/esophageal/lung cancer, COPD, and heart disease. male states male understands these risks, and also understands the options and resources available to male to help male stop smoking. Nicotine replacement therapy, local hotlines, and local resources were discussed as viable options for helping male stop male tobacco use. The total time spent counseling the patient regarding tobacco cessation was 3 minutes.

----- IMPRESSION AND DISPOSITION -----

CLINICAL IMPRESSION

1. Shortness of breath
2. Dyspnea
3. Acute pulmonary edema (HC)
4. Hypertensive urgency

DISPOSITION

Admit to IMCU

Prescriptions:

New Prescriptions

No medications on file

Patient condition:

Guarded

SCRIBE ATTESTATION

By signing my name below, I, Orquisha Jackson, attest that this documentation has been prepared under the direction and in the presence of Nadria D Lyn, MD.

Electronically Signed: Orquisha Jackson, Scribe. 3/23/2023. 03:39

PHYSICIAN ATTESTATION

3/23/2023 03:39

Nadria D Lyn: The scribe's documentation has been prepared under my direction and personally reviewed by me in its entirety. I confirm that the note above accurately reflects all work, treatment, procedures, and medical decision making performed by me.

Nadria D Lyn, MD
03/24/23 0339

Electronically signed by Nadria D Lyn, MD at 03/24/2023 3:39 AM EDT

- **Charles Bell, RN - 03/23/2023 11:47 PM EDT**
Formatting of this note might be different from the original.
Bed: 35
Expected date:
Expected time:
Means of arrival:
Comments:
Gray, D
Electronically signed by Charles Bell, RN at 03/23/2023 11:47 PM EDT
- **Alex Baumgartner, RN - 03/23/2023 9:24 PM EDT**
Formatting of this note might be different from the original.
No answer when called for vitals recheck
Electronically signed by Alex Baumgartner, RN at 03/23/2023 9:24 PM EDT
- **Clarence A Way, PMDC - 03/23/2023 8:45 PM EDT**
Formatting of this note might be different from the original.
No answer on vital sings re-check
Electronically signed by Clarence A Way, PMDC at 03/23/2023 8:45 PM EDT

[9]. documented in this encounter

Miscellaneous Notes

- **Plan of Care - Vicki A Brown, RN - 03/26/2023 9:29 AM EDT**
Formatting of this note might be different from the original.

Problem: Knowledge Deficit

Goal: Patient/family/caregiver demonstrates understanding of disease process, treatment plan, medications, and discharge instructions

Description: Complete learning assessment and assess knowledge base.

Outcome: Progressing

Problem: Infection

Goal: Signs and symptoms of infections are decreased or avoided

Description: Assess and monitor patient for signs and symptoms of infection such as redness, warmth, discharge, and increased body temperature. Monitor and report abnormal lab values (ex-CBC and diff, serum protein, serum albumin, and cultures). Wash hands properly before and after each patient care activity. Utilize standard precautions and use personal protective equipment (PPE) as indicated. Ensure aseptic care of all intravenous lines and invasive tubes/drains. Obtain immunization and exposure to communicable diseases history. Collaborate with interdisciplinary team and initiate plan and interventions as ordered.

Outcome: Progressing

Problem: Hemodynamic Status

Goal: Patient's vitals signs are stable

Description: Assess and monitor patient's heart rate, rhythm, respiratory rate, peripheral pulses, capillary refill, color, body temperature, intake and output, labs and physical activity tolerance. Observe for signs of chest pain (note location, duration, severity, radiation and associated symptoms such as diaphoresis, nausea, indigestion). Monitor for signs and symptoms of heart failure (eg. shortness of breath, edema of feet/ankles/legs, rapid irregular heart rate, coughing, wheezing, white/pink blood tinged sputum, sudden weight gain, chest pain). Collaborate with interdisciplinary team and initiate plan and interventions as ordered.

Outcome: Progressing

Problem: Excessive Fluid Volume

Goal: Fluid and electrolyte balance are achieved/maintained

Description: Assess and monitor vitals signs (hemodynamic parameters such as CVP, MAP, PAP, PCWP, and CO if applicable), fluid intake and output, urine color, labs, respiratory status, edema, circumference of edematous extremities and abdominal girth, jugular venous distention, and mental status. Monitor for signs and symptoms of hypervolemia (strong rapid pulse, shortness of breath, difficulty breathing lying down, crackles heard in lung fields, edema). Collaborate with interdisciplinary team and initiate plan and interventions as ordered.

Outcome: Progressing

Problem: Inadequate Gas Exchange

Goal: Patient is adequately oxygenated and ventilation is improved

Description: Assess and monitor vital signs, oxygen saturation, respiratory status to include rate, depth, effort, and lung sounds, mental status, cyanosis, and labs (ABG's). Monitor effects of medications that may sedate the patient. Collaborate with respiratory therapy to administer medications and treatments as ordered.

Outcome: Progressing

Problem: Activity Intolerance/Impaired Mobility

Goal: Mobility/activity is maintained at optimum level for patient

Description: Assess and monitor patient barriers to mobility and need for assistive/adaptive devices. Assess patient's emotional response to limitations. Collaborate with interdisciplinary team and initiate plans and interventions as ordered.

Outcome: Progressing

Problem: Nutrition

Goal: Nutritional status is improving

Description: Monitor and assess patient for malnutrition (ex- brittle hair, bruises, dry skin, pale skin and conjunctiva, muscle wasting, smooth red tongue, and disorientation). Collaborate with interdisciplinary team and initiate plan and interventions as ordered. Monitor patient's weight and dietary intake as ordered or per policy. Utilize nutrition screening tool and intervene per policy. Determine patient's food preferences.

Outcome: Progressing

Problem: Potential for Bleeding

Goal: Hemodynamically stable

Outcome: Progressing

Problem: Pain

Goal: Patient's pain/discomfort is manageable

Description: Assess and monitor patient's pain using appropriate pain scale. Collaborate with interdisciplinary team and initiate plan and interventions as ordered. Re-assess patient's pain level 30 - 60 minutes after pain management intervention.

Outcome: Progressing

Problem: Safety

Goal: Patient will be injury free during hospitalization

Description: Assess and monitor vital signs, neurological status including level of consciousness and orientation. Assess patient's risk for falls and implement fall prevention plan of care and interventions per hospital policy.

Ensure arm band on, uncluttered walking paths in room, adequate room lighting, call light and overbed table within reach, bed in low position, wheels locked, side rails up per policy, and non-skid footwear provided.

Outcome: Progressing

Problem: Daily Care

Goal: Daily care needs are met

Description: Assess and monitor ability to perform self care and identify potential discharge needs.

Outcome: Progressing

Problem: Psychosocial Needs

Goal: Demonstrates ability to cope with hospitalization/illness

Description: Assess and monitor patient's ability to cope with his/her illness.

Outcome: Progressing

Goal: Collaborate with patient/family/caregiver to identify patient specific goals for this hospitalization

Outcome: Progressing

Problem: Discharge Barriers

Goal: Patient's discharge needs are met

Description: Collaborate with interdisciplinary team and initiate plans and interventions as needed.

Outcome: Progressing

Problem: Risk for Falls

Goal: Patient will remain free of falls

Outcome: Progressing

Problem: Risk for venous thromboembolism (VTE)

Goal: Patient will remain free of VTE during this hospital stay

Outcome: Progressing

Problem: Risk for Hospital Acquired Infection
Goal: Patient will remain free of hospital-acquired infections
Outcome: Progressing

Problem: Spiritual Needs
Goal: Ability to function at adequate level
Outcome: Progressing

Electronically signed by Vicki A Brown, RN at 03/26/2023 9:29 AM EDT

• **Plan of Care - Brittany McKenney, RN - 03/26/2023 1:11 AM EDT**

Formatting of this note might be different from the original.

Problem: Knowledge Deficit
Goal: Patient/family/caregiver demonstrates understanding of disease process, treatment plan, medications, and discharge instructions
Description: Complete learning assessment and assess knowledge base.
Outcome: Progressing

Problem: Infection
Goal: Signs and symptoms of infections are decreased or avoided
Description: Assess and monitor patient for signs and symptoms of infection such as redness, warmth, discharge, and increased body temperature. Monitor and report abnormal lab values (ex-CBC and diff, serum protein, serum albumin, and cultures). Wash hands properly before and after each patient care activity. Utilize standard precautions and use personal protective equipment (PPE) as indicated. Ensure aseptic care of all intravenous lines and invasive tubes/drains. Obtain immunization and exposure to communicable diseases history. Collaborate with interdisciplinary team and initiate plan and interventions as ordered.
Outcome: Progressing

Problem: Hemodynamic Status
Goal: Patient's vital signs are stable
Description: Assess and monitor patient's heart rate, rhythm, respiratory rate, peripheral pulses, capillary refill, color, body temperature, intake and output, labs and physical activity tolerance. Observe for signs of chest pain (note location, duration, severity, radiation and associated symptoms such as diaphoresis, nausea, indigestion). Monitor for signs and symptoms of heart failure (eg. shortness of breath, edema of feet/ankles/legs, rapid irregular heart rate, coughing, wheezing, white/pink blood tinged sputum, sudden weight gain, chest pain). Collaborate with interdisciplinary team and initiate plan and interventions as ordered.
Outcome: Progressing

Problem: Excessive Fluid Volume
Goal: Fluid and electrolyte balance are achieved/maintained
Description: Assess and monitor vital signs (hemodynamic parameters such as CVP, MAP, PAP, PCWP, and CO if applicable), fluid intake and output, urine color, labs, respiratory status, edema, circumference of edematous extremities and abdominal girth, jugular venous distention, and mental status. Monitor for signs and symptoms of hypervolemia (strong rapid pulse, shortness of breath, difficulty breathing lying down, crackles heard in lung fields, edema). Collaborate with interdisciplinary team and initiate plan and interventions as ordered.
Outcome: Progressing

Problem: Inadequate Gas Exchange
Goal: Patient is adequately oxygenated and ventilation is improved
Description: Assess and monitor vital signs, oxygen saturation, respiratory status to include rate, depth, effort, and lung sounds, mental status, cyanosis, and labs (ABG's). Monitor effects of medications that may sedate the patient. Collaborate with respiratory therapy to administer medications and treatments as ordered.
Outcome: Progressing

Problem: Activity Intolerance/Impaired Mobility
Goal: Mobility/activity is maintained at optimum level for patient
Description: Assess and monitor patient barriers to mobility and need for assistive/adaptive devices. Assess patient's emotional response to limitations. Collaborate with interdisciplinary team and initiate plans and interventions as ordered.
Outcome: Progressing

Problem: Nutrition
Goal: Nutritional status is improving
Description: Monitor and assess patient for malnutrition (ex- brittle hair, bruises, dry skin, pale skin and conjunctiva, muscle wasting, smooth red tongue, and disorientation). Collaborate with interdisciplinary team and initiate plan and interventions as ordered. Monitor patient's weight and dietary intake as ordered or per policy. Utilize nutrition screening tool and intervene per policy. Determine patient's food preferences.

Outcome: Progressing

Problem: Potential for Bleeding

Goal: Hemodynamically stable

Outcome: Progressing

Problem: Pain

Goal: Patient's pain/discomfort is manageable

Description: Assess and monitor patient's pain using appropriate pain scale. Collaborate with interdisciplinary team and initiate plan and interventions as ordered. Re-assess patient's pain level 30 - 60 minutes after pain management intervention.

Outcome: Progressing

Problem: Safety

Goal: Patient will be injury free during hospitalization

Description: Assess and monitor vitals signs, neurological status including level of consciousness and orientation. Assess patient's risk for falls and implement fall prevention plan of care and interventions per hospital policy.

Ensure arm band on, uncluttered walking paths in room, adequate room lighting, call light and overbed table within reach, bed in low position, wheels locked, side rails up per policy, and non-skid footwear provided.

Outcome: Progressing

Problem: Daily Care

Goal: Daily care needs are met

Description: Assess and monitor ability to perform self care and identify potential discharge needs.

Outcome: Progressing

Problem: Psychosocial Needs

Goal: Demonstrates ability to cope with hospitalization/illness

Description: Assess and monitor patients ability to cope with his/her illness.

Outcome: Progressing

Goal: Collaborate with patient/family/caregiver to identify patient specific goals for this hospitalization

Outcome: Progressing

Problem: Discharge Barriers

Goal: Patient's discharge needs are met

Description: Collaborate with interdisciplinary team and initiate plans and interventions as needed.

Outcome: Progressing

Problem: Risk for Falls

Goal: Patient will remain free of falls

Outcome: Progressing

Problem: Risk for venous thromboembolism (VTE)

Goal: Patient will remain free of VTE during this hospital stay

Outcome: Progressing

Problem: Risk for Hospital Acquired Infection

Goal: Patient will remain free of hospital-acquired infections

Outcome: Progressing

Problem: Spiritual Needs

Goal: Ability to function at adequate level

Outcome: Progressing

Electronically signed by Brittany McKenney, RN at 03/26/2023 1:11 AM EDT

- **Plan of Care - Bridgette Carter, RN - 03/25/2023 11:35 AM EDT**

Formatting of this note might be different from the original.

Problem: Knowledge Deficit

Goal: Patient/family/caregiver demonstrates understanding of disease process, treatment plan, medications, and discharge instructions

Description: Complete learning assessment and assess knowledge base.

Outcome: Progressing

Problem: Infection

Goal: Signs and symptoms of infections are decreased or avoided

Description: Assess and monitor patient for signs and symptoms of infection such as redness, warmth, discharge, and increased body temperature. Monitor and report abnormal lab values (ex-CBC and diff,

serum protein, serum albumin, and cultures). Wash hands properly before and after each patient care activity. Utilize standard precautions and use personal protective equipment (PPE) as indicated. Ensure aseptic care of all intravenous lines and invasive tubes/drains. Obtain immunization and exposure to communicable diseases history. Collaborate with interdisciplinary team and initiate plan and interventions as ordered.

Outcome: Progressing

Problem: Hemodynamic Status

Goal: Patient's vitals signs are stable

Description: Assess and monitor patient's heart rate, rhythm, respiratory rate, peripheral pulses, capillary refill, color, body temperature, intake and output, labs and physical activity tolerance. Observe for signs of chest pain (note location, duration, severity, radiation and associated symptoms such as diaphoresis, nausea, indigestion). Monitor for signs and symptoms of heart failure (eg. shortness of breath, edema of feet/ankles/legs, rapid irregular heart rate, coughing, wheezing, white/pink blood tinged sputum, sudden weight gain, chest pain). Collaborate with interdisciplinary team and initiate plan and interventions as ordered.

Outcome: Progressing

Problem: Excessive Fluid Volume

Goal: Fluid and electrolyte balance are achieved/maintained

Description: Assess and monitor vitals signs (hemodynamic parameters such as CVP, MAP, PAP, PCWP, and CO if applicable), fluid intake and output, urine color, labs, respiratory status, edema, circumference of edematous extremities and abdominal girth, jugular venous distention, and mental status. Monitor for signs and symptoms of hypervolemia (strong rapid pulse, shortness of breath, difficulty breathing lying down, crackles heard in lung fields, edema). Collaborate with interdisciplinary team and initiate plan and interventions as ordered.

Outcome: Progressing

Problem: Inadequate Gas Exchange

Goal: Patient is adequately oxygenated and ventilation is improved

Description: Assess and monitor vital signs, oxygen saturation, respiratory status to include rate, depth, effort, and lung sounds, mental status, cyanosis, and labs (ABG's). Monitor effects of medications that may sedate the patient. Collaborate with respiratory therapy to administer medications and treatments as ordered.

Outcome: Progressing

Problem: Activity Intolerance/Impaired Mobility

Goal: Mobility/activity is maintained at optimum level for patient

Description: Assess and monitor patient barriers to mobility and need for assistive/adaptive devices. Assess patient's emotional response to limitations. Collaborate with interdisciplinary team and initiate plans and interventions as ordered.

Outcome: Progressing

Problem: Nutrition

Goal: Nutritional status is improving

Description: Monitor and assess patient for malnutrition (ex- brittle hair, bruises, dry skin, pale skin and conjunctiva, muscle wasting, smooth red tongue, and disorientation). Collaborate with interdisciplinary team and initiate plan and interventions as ordered. Monitor patient's weight and dietary intake as ordered or per policy. Utilize nutrition screening tool and intervene per policy. Determine patient's food preferences.

Outcome: Progressing

Problem: Potential for Bleeding

Goal: Hemodynamically stable

Outcome: Progressing

Problem: Pain

Goal: Patient's pain/discomfort is manageable

Description: Assess and monitor patient's pain using appropriate pain scale. Collaborate with interdisciplinary team and initiate plan and interventions as ordered. Re-assess patient's pain level 30 - 60 minutes after pain management intervention.

Outcome: Progressing

Problem: Safety

Goal: Patient will be injury free during hospitalization

Description: Assess and monitor vitals signs, neurological status including level of consciousness and orientation. Assess patient's risk for falls and implement fall prevention plan of care and interventions per hospital policy.

Ensure arm band on, uncluttered walking paths in room, adequate room lighting, call light and overbed table within reach, bed in low position, wheels locked, side rails up per policy, and non-skid footwear provided.

Outcome: Progressing

Problem: Daily Care

Goal: Daily care needs are met

Description: Assess and monitor ability to perform self care and identify potential discharge needs.

Outcome: Progressing

Problem: Psychosocial Needs

Goal: Demonstrates ability to cope with hospitalization/illness

Description: Assess and monitor patients ability to cope with his/her illness.

Outcome: Progressing

Goal: Collaborate with patient/family/caregiver to identify patient specific goals for this hospitalization

Outcome: Progressing

Problem: Discharge Barriers

Goal: Patient's discharge needs are met

Description: Collaborate with interdisciplinary team and initiate plans and interventions as needed.

Outcome: Progressing

Problem: Risk for Falls

Goal: Patient will remain free of falls

Outcome: Progressing

Problem: Risk for venous thromboembolism (VTE)

Goal: Patient will remain free of VTE during this hospital stay

Outcome: Progressing

Problem: Risk for Hospital Acquired Infection

Goal: Patient will remain free of hospital-acquired infections

Outcome: Progressing

Problem: Spiritual Needs

Goal: Ability to function at adequate level

Outcome: Progressing

Electronically signed by Bridgette Carter, RN at 03/25/2023 11:35 AM EDT

- **Plan of Care - Naamerley G Tawiah-Ojo, RN - 03/24/2023 7:48 PM EDT**

Formatting of this note might be different from the original.

Problem: Knowledge Deficit

Goal: Patient/family/caregiver demonstrates understanding of disease process, treatment plan, medications, and discharge instructions

Description: Complete learning assessment and assess knowledge base.

Outcome: Progressing

Problem: Excessive Fluid Volume

Goal: Fluid and electrolyte balance are achieved/maintained

Description: Assess and monitor vital signs (hemodynamic parameters such as CVP, MAP, PAP, PCWP, and CO if applicable), fluid intake and output, urine color, labs, respiratory status, edema, circumference of edematous extremities and abdominal girth, jugular venous distention, and mental status. Monitor for signs and symptoms of hypervolemia (strong rapid pulse, shortness of breath, difficulty breathing lying down, crackles heard in lung fields, edema). Collaborate with interdisciplinary team and initiate plan and interventions as ordered.

Outcome: Progressing

Problem: Inadequate Gas Exchange

Goal: Patient is adequately oxygenated and ventilation is improved

Description: Assess and monitor vital signs, oxygen saturation, respiratory status to include rate, depth, effort, and lung sounds, mental status, cyanosis, and labs (ABG's). Monitor effects of medications that may sedate the patient. Collaborate with respiratory therapy to administer medications and treatments as ordered.

Outcome: Progressing

Problem: Activity Intolerance/Impaired Mobility

Goal: Mobility/activity is maintained at optimum level for patient

Description: Assess and monitor patient barriers to mobility and need for assistive/adaptive devices. Assess patient's emotional response to limitations. Collaborate with interdisciplinary team and initiate plans and interventions as ordered.

Outcome: Progressing

Problem: Pain

Goal: Patient's pain/discomfort is manageable

Description: Assess and monitor patient's pain using appropriate pain scale. Collaborate with interdisciplinary team and initiate plan and interventions as ordered. Re-assess patient's pain level 30 - 60 minutes after pain management intervention.

Outcome: Progressing

Problem: Safety

Goal: Patient will be injury free during hospitalization

Description: Assess and monitor vitals signs, neurological status including level of consciousness and orientation. Assess patient's risk for falls and implement fall prevention plan of care and interventions per hospital policy.

Ensure arm band on, uncluttered walking paths in room, adequate room lighting, call light and overbed table within reach, bed in low position, wheels locked, side rails up per policy, and non-skid footwear provided.

Outcome: Progressing

Problem: Daily Care

Goal: Daily care needs are met

Description: Assess and monitor ability to perform self care and identify potential discharge needs.

Outcome: Progressing

Electronically signed by Naamerley G Tawiah-Ojo, RN at 03/24/2023 7:48 PM EDT

[10]. documented in this encounter

Plan of Treatment

Not on file

[11]. documented as of this encounter

Procedures

Procedure Name	Priority	Date/Time	Associated Diagnosis	Comments
CBC W NO DIFF (HEMOGRAM)	Routine	03/26/2023 1:33 AM EDT		Results for this procedure are in the results section.
MAGNESIUM SERUM	Routine	03/26/2023 1:32 AM EDT		Results for this procedure are in the results section.
BASIC METABOLIC PANEL	Routine	03/26/2023 1:32 AM EDT		Results for this procedure are in the results section.
CREATININE BLOOD WITH GFR	Timed	03/25/2023 9:13 AM EDT		Results for this procedure are in the results section.
POTASSIUM	Timed	03/25/2023 9:13 AM EDT		Results for this procedure are in the results section.
CBC W NO DIFF (HEMOGRAM)	Routine	03/25/2023 3:23 AM EDT		Results for this procedure are in the results section.
BASIC METABOLIC PANEL	Timed	03/25/2023 3:23 AM EDT		Results for this procedure are in the results section.

Procedure Name	Priority	Date/Time	Associated Diagnosis	Comments
MAGNESIUM SERUM	Add-On	03/24/2023 8:23 PM EDT		Results for this procedure are in the results section.
BASIC METABOLIC PANEL	STAT	03/24/2023 8:23 PM EDT		Results for this procedure are in the results section.
ECHO 2D COMPLETE W CONTRAST	Routine	03/24/2023 10:59 AM EDT		Results for this procedure are in the results section.
MAGNESIUM SERUM	STAT	03/24/2023 4:52 AM EDT		Results for this procedure are in the results section.
BASIC METABOLIC PANEL	Add-On	03/24/2023 4:52 AM EDT		Results for this procedure are in the results section.
CBC W NO DIFF (HEMOGRAM)	STAT	03/24/2023 4:51 AM EDT		Results for this procedure are in the results section.
HEMOGLOBIN A1C	STAT	03/24/2023 4:51 AM EDT		Results for this procedure are in the results section.
COVID/FLU/RSV BY PCR	STAT	03/24/2023 3:34 AM EDT		Results for this procedure are in the results section.
CT ANGIOGRAM CHEST PULMONARY EMBOLISM W CONTRAST	STAT	03/24/2023 2:42 AM EDT		Results for this procedure are in the results section.
XR CHEST PA AND LATERAL	STAT	03/23/2023 8:04 PM EDT		Results for this procedure are in the results section.
ECG 12-LEAD	STAT	03/23/2023 6:59 PM EDT	Dyspnea	Results for this procedure are in the results section.
EXTRA LT BLUE CITRATE	STAT	03/23/2023 6:50 PM EDT		Results for this procedure are in the results section.
EXTRA RED PLAIN	STAT	03/23/2023 6:50 PM EDT		Results for this procedure are in the results section.
CBC W/PLAT AUTOMATED DIFF	STAT	03/23/2023 6:50 PM EDT		Results for this procedure are in the results section.
TROPONIN	STAT	03/23/2023 6:50 PM EDT		Results for this procedure are in the

Procedure Name	Priority	Date/Time	Associated Diagnosis	Comments
				results section.
APTT	STAT	03/23/2023 6:50 PM EDT		Results for this procedure are in the results section.
PROTIME-INR	STAT	03/23/2023 6:50 PM EDT		Results for this procedure are in the results section.
D-DIMER QUANTITATIVE	Add-On	03/23/2023 6:50 PM EDT		Results for this procedure are in the results section.
TSH	Add-On	03/23/2023 6:50 PM EDT		Results for this procedure are in the results section.
B-TYPE NATRIURETIC PEPTIDE	STAT	03/23/2023 6:50 PM EDT		Results for this procedure are in the results section.
COMPREHENSIVE METABOLIC PANEL	STAT	03/23/2023 6:50 PM EDT		Results for this procedure are in the results section.

[12]. documented in this encounter

Results

- (ABNORMAL) CBC (Hemogram) (03/26/2023 1:33 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	11.50 (H)	3.40 - 10.80 10*3/ μL		03/26/2023 2:22 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
RBC	3.88 (L)	4.30 - 6.10 10*6/ μL		03/26/2023 2:22 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Hemoglobin	12.1 (L)	14.0 - 18.0 g/dL		03/26/2023 2:22 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Hematocrit	37.3 (L)	38.0 - 49.0 %		03/26/2023 2:22 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
MCV	96.1 (H)	80.0 - 96.0 fL		03/26/2023 2:22 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
MCH	31.2	26.0 - 34.0 pg		03/26/2023 2:22 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
MCHC	32.5	32.0 - 36.0 g/dL		03/26/2023 2:22 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RDW	12.7	11.5 - 15.5 %		03/26/2023 2:22 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
MPV	9.2	6.0 - 9.5 fL		03/26/2023 2:22 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Platelets	259	150 - 440 10 ³ /μL		03/26/2023 2:22 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood (Blood, Venous)		Venipuncture / Unknown	03/26/2023 1:33 AM EDT	03/26/2023 2:11 AM EDT

Narrative

Authorizing Provider	Result Type	Result Status
Usman M Khalid MD	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
PIEDMONT FAYETTE HOSPITAL LAB	1255 Highway 54 West	Melbourne VIC 30214	770-719-7117

- (ABNORMAL) Basic metabolic panel (03/26/2023 1:32 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	139	137 - 145 mmol/L		03/26/2023 2:44 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Potassium	3.9	3.5 - 5.1 mmol/L		03/26/2023 2:44 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Chloride	109 (H)	98 - 107 mmol/L		03/26/2023 2:44 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
CO2	25	22 - 30 mmol/L		03/26/2023 2:44 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Glucose	100	74 - 100 mg/dL		03/26/2023 2:44 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Comment:

Conventional Units (mg/dL)
 Newborn - 2 months : Normal 50 to 80
 2 months and older : Normal 74 to 100
 Prediabetes 100 to 125
 Diabetes 126 and above

BUN	25 (H)	9 - 20 mg/dL		03/26/2023 2:44 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Creatinine	1.60 (H)	0.66 - 1.25 mg/dL		03/26/2023 2:44 AM EDT	PIEDMONT FAYETTE	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
					HOSPITAL LAB	
Calcium	9.0	8.4 - 10.2 mg/dL		03/26/2023 2:44 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Anion Gap	9 (L)	10 - 20		03/26/2023 2:44 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
BUN/Creatinine Ratio	16	12 - 20		03/26/2023 2:44 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
GFR CKD-EPI	50 (L)	>=60 mL/min/1.73sq m		03/26/2023 2:44 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Comment: Effective 7/27/2022- A single eGFR result will be reported using a new equation that removes the race-based coefficient found in prior equations. Use of a race-neutral calculation is recommended by the National Kidney Foundation.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood (Blood, Venous)		Venipuncture / Unknown	03/26/2023 1:32 AM EDT	03/26/2023 2:11 AM EDT

Narrative

PIEDMONT FAYETTE HOSPITAL LAB - 03/26/2023 2:44 AM EDT

Hemolysis=<15 Icterus=<2 Lipemia=<20

Authorizing Provider	Result Type	Result Status	
Usman M Khalid MD	LAB BLOOD ORDERABLES	Final Result	
Performing Organization	Address	City/State/ZIP Code	Phone Number
PIEDMONT FAYETTE HOSPITAL LAB	1255 Highway 54 West	Melbourne VIC 30214	770-719-7117

Magnesium (03/26/2023 1:32 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Magnesium	1.9	1.6 - 2.3 mg/dL		03/26/2023 2:44 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood (Blood, Venous)		Venipuncture / Unknown	03/26/2023 1:32 AM EDT	03/26/2023 2:11 AM EDT

Narrative

PIEDMONT FAYETTE HOSPITAL LAB - 03/26/2023 2:44 AM EDT

Hemolysis=<15 Icterus=<2 Lipemia=<20

Authorizing Provider	Result Type	Result Status	
Usman M Khalid MD	LAB BLOOD ORDERABLES	Final Result	

Performing Organization	Address	City/State/ZIP Code	Phone Number
PIEDMONT FAYETTE HOSPITAL LAB	1255 Highway 54 West	Melbourne VIC 30214	770-719-7117

- (ABNORMAL) Creatinine blood with GFR (03/25/2023 9:13 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Creatinine	1.53 (H)	0.66 - 1.25 mg/dL		03/25/2023 9:37 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
GFR CKD-EPI	53 (L)	>=60 mL/min/1.73sq m		03/25/2023 9:37 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Comment: Effective 7/27/2022- A single eGFR result will be reported using a new equation that removes the race-based coefficient found in prior equations. Use of a race-neutral calculation is recommended by the National Kidney Foundation.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood (Blood, Venous)		Venipuncture / Unknown	03/25/2023 9:13 AM EDT	03/25/2023 9:19 AM EDT

Narrative

PIEDMONT FAYETTE HOSPITAL LAB - 03/25/2023 9:37 AM EDT

Hemolysis=<15 Icterus=<2 Lipemia=<20

Authorizing Provider	Result Type	Result Status
Usman M Khalid MD	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
PIEDMONT FAYETTE HOSPITAL LAB	1255 Highway 54 West	Melbourne VIC 30214	770-719-7117

- (ABNORMAL) Potassium (03/25/2023 9:13 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Potassium	3.4 (L)	3.5 - 5.1 mmol/L		03/25/2023 9:37 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood (Blood, Venous)		Venipuncture / Unknown	03/25/2023 9:13 AM EDT	03/25/2023 9:19 AM EDT

Narrative

PIEDMONT FAYETTE HOSPITAL LAB - 03/25/2023 9:37 AM EDT

Hemolysis=<15 Icterus=<2 Lipemia=<20

Authorizing Provider	Result Type	Result Status
Usman M Khalid MD	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
PIEDMONT FAYETTE HOSPITAL LAB	1255 Highway 54 West	Melbourne VIC 30214	770-719-7117

- (ABNORMAL) CBC (Hemogram) (03/25/2023 3:23 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	11.20 (H)	3.40 - 10.80 10*3/ μL		03/25/2023 3:38 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
RBC	4.12 (L)	4.30 - 6.10 10*6/ μL		03/25/2023 3:38 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Hemoglobin	13.1 (L)	14.0 - 18.0 g/dL		03/25/2023 3:38 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Hematocrit	39.5	38.0 - 49.0 %		03/25/2023 3:38 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
MCV	95.8	80.0 - 96.0 fL		03/25/2023 3:38 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
MCH	31.8	26.0 - 34.0 pg		03/25/2023 3:38 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
MCHC	33.2	32.0 - 36.0 g/dL		03/25/2023 3:38 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
RDW	12.7	11.5 - 15.5 %		03/25/2023 3:38 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
MPV	9.1	6.0 - 9.5 fL		03/25/2023 3:38 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Platelets	233	150 - 440 10*3/ μL		03/25/2023 3:38 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood (Blood, Venous)		Venipuncture / Unknown	03/25/2023 3:23 AM EDT	03/25/2023 3:29 AM EDT

Narrative

Authorizing Provider	Result Type	Result Status
Usman M Khalid MD	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
PIEDMONT FAYETTE HOSPITAL LAB	1255 Highway 54 West	Melbourne VIC 30214	770-719-7117

- (ABNORMAL) Basic metabolic panel (See Comments) (03/25/2023 3:23 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	139	137 - 145 mmol/L		03/25/2023 4:02 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Potassium	3.3 (L)	3.5 - 5.1 mmol/L		03/25/2023 4:02 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Chloride	106	98 - 107 mmol/L		03/25/2023 4:02 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
CO2	31 (H)	22 - 30 mmol/L		03/25/2023 4:02 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Glucose	104 (H)	74 - 100 mg/dL		03/25/2023 4:02 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Comment:

Conventional Units (mg/dL)
 Newborn - 2 months : Normal 50 to 80
 2 months and older : Normal 74 to 100
 Prediabetes 100 to 125
 Diabetes 126 and above

BUN	19	9 - 20 mg/dL		03/25/2023 4:02 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Creatinine	1.68 (H)	0.66 - 1.25 mg/dL		03/25/2023 4:02 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Calcium	8.9	8.4 - 10.2 mg/dL		03/25/2023 4:02 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Anion Gap	5 (L)	10 - 20		03/25/2023 4:02 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
BUN/Creatinine Ratio	11 (L)	12 - 20		03/25/2023 4:02 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
GFR CKD-EPI	47 (L)	>=60 mL/min/1.73sq m		03/25/2023 4:02 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Comment: Effective 7/27/2022- A single eGFR result will be reported using a new equation that removes the race-based coefficient found in prior equations. Use of a race-neutral calculation is recommended by the National Kidney Foundation.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood (Blood, Venous)		Venipuncture / Unknown	03/25/2023 3:23 AM EDT	03/25/2023 3:29 AM EDT

Narrative			
PIEDMONT FAYETTE HOSPITAL LAB - 03/25/2023 4:02 AM EDT Hemolysis=<15 Icterus=<2 Lipemia=<20			
Authorizing Provider	Result Type	Result Status	
Usman M Khalid MD	LAB BLOOD ORDERABLES	Final Result	
Performing Organization	Address	City/State/ZIP Code	Phone Number
PIEDMONT FAYETTE HOSPITAL LAB	1255 Highway 54 West	Melbourne VIC 30214	770-719-7117

• **Magnesium (03/24/2023 8:23 PM EDT)**

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Magnesium	1.9	1.6 - 2.3 mg/dL		03/24/2023 9:58 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality		Collection Method / Volume	Collection Time	Received Time	
Blood (Blood, Venous)			Venipuncture / Unknown	03/24/2023 8:23 PM EDT	03/24/2023 9:01 PM EDT	

Narrative			
PIEDMONT FAYETTE HOSPITAL LAB - 03/24/2023 9:58 PM EDT Hemolysis=<15 Icterus=<2 Lipemia=<20Hemolysis=<15 Icterus=<2 Lipemia=<20Hemolysis=<15 Icterus=<2 Lipemia=<20			
Authorizing Provider	Result Type	Result Status	
Usman M Khalid MD	LAB BLOOD ORDERABLES	Final Result	
Performing Organization	Address	City/State/ZIP Code	Phone Number
PIEDMONT FAYETTE HOSPITAL LAB	1255 Highway 54 West	Melbourne VIC 30214	770-719-7117

• (ABNORMAL) Basic metabolic panel (See Comments) (03/24/2023 8:23 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	138	137 - 145 mmol/L		03/24/2023 9:26 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Potassium	2.7 (LL)	3.5 - 5.1 mmol/L		03/24/2023 9:26 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Chloride	101	98 - 107 mmol/L		03/24/2023 9:26 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
CO2	32 (H)	22 - 30 mmol/L		03/24/2023 9:26 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Glucose	135 (H)	74 - 100 mg/dL		03/24/2023 9:26 PM	PIEDMONT FAYETTE	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
				EDT	HOSPITAL LAB	
Comment: Conventional Units (mg/dL) Newborn - 2 months : Normal 50 to 80 2 months and older : Normal 74 to 100 Prediabetes 100 to 125 Diabetes 126 and above						
BUN	17	9 - 20 mg/dL		03/24/2023 9:26 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Creatinine	1.70 (H)	0.66 - 1.25 mg/dL		03/24/2023 9:26 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Calcium	8.9	8.4 - 10.2 mg/dL		03/24/2023 9:26 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Anion Gap	8 (L)	10 - 20		03/24/2023 9:26 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
BUN/Creatinine Ratio	10 (L)	12 - 20		03/24/2023 9:26 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
GFR CKD-EPI	46 (L)	>=60 mL/min/1.73sq m		03/24/2023 9:26 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Comment: Effective 7/27/2022- A single eGFR result will be reported using a new equation that removes the race-based coefficient found in prior equations. Use of a race-neutral calculation is recommended by the National Kidney Foundation.						

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood (Blood, Venous)		Venipuncture / Unknown	03/24/2023 8:23 PM EDT	03/24/2023 9:01 PM EDT

Narrative
PIEDMONT FAYETTE HOSPITAL LAB - 03/24/2023 9:26 PM EDT Hemolysis=<15 Icterus=<2 Lipemia=<20Hemolysis=<15 Icterus=<2 Lipemia=<20

Authorizing Provider	Result Type	Result Status	
Usman M Khalid MD	LAB BLOOD ORDERABLES	Final Result	
Performing Organization	Address	City/State/ZIP Code	Phone Number
PIEDMONT FAYETTE HOSPITAL LAB	1255 Highway 54 West	Melbourne VIC 30214	770-719-7117

- (ABNORMAL) ECHO 2D COMPLETE W CONTRAST (03/24/2023 10:59 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
HEIGHT	182.9	cm			SIEMENS PACS	
Weight	102.60	kg			SIEMENS PACS	
ECHO BSA	2.24	m2			SIEMENS PACS	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
BP SYSTOLIC	162	mmHg			SIEMENS PACS	
BP DIASTOLIC	97	mmHg			SIEMENS PACS	
LV EDVi	69.59	ml/m2			SIEMENS PACS	
LV ESVi	33.83	ml/m2			SIEMENS PACS	
LV EDDi	2.72	cm/m2			SIEMENS PACS	
LV ESDi	2.10	cm/m2			SIEMENS PACS	
LVIDd	6.11 (A)	3.5 - 6.0 cm			SIEMENS PACS	
LVIDs	4.72 (A)	2.1 - 4.0 cm			SIEMENS PACS	
Biplane LVEF	45	%			SIEMENS PACS	
LVOT diam s	2.30	cm			SIEMENS PACS	
LVOT VTI	20.7	cm			SIEMENS PACS	
LVOT Vmax	1.31	m/s			SIEMENS PACS	
LVOT peak grad	7	mmHg			SIEMENS PACS	
LVOT SV	86.0	ml			SIEMENS PACS	
LV SVi, LVOT	38.3	ml/m2			SIEMENS PACS	
LV SVi, MOD BP	35.8	ml/m2			SIEMENS PACS	
LV SV, MOD BP	80.3	ml			SIEMENS PACS	
LVPW d, 2D	1.25	cm			SIEMENS PACS	
IVS d, 2D	1.13	cm			SIEMENS PACS	
MV E Vmax	62.10	cm/s			SIEMENS PACS	
MV A Vmax	89.10	cm/s			SIEMENS PACS	
MV E/A ratio	0.70				SIEMENS PACS	
MV DT	165	msec			SIEMENS PACS	
MV E prime lateral	7.07	cm/s			SIEMENS PACS	
MV E prime medial	6.42	cm/s			SIEMENS PACS	
RV Basal Dimension	3.5	cm			SIEMENS PACS	
TAPSE	2.7	cm			SIEMENS PACS	
RV e'	8.61	cm/s			SIEMENS PACS	
RV E/e`	5.15				SIEMENS PACS	

Narrative
<ul style="list-style-type: none"> LA normal size Aortic root normal. Ascending aorta normal. Small circumferential pericardial effusion is present No previous echo <p>Left Ventricle LVEF is 45 %. 2D biplane LVEF assessed with contrast. LVEF 45 - 50%. LV systolic function is mildly decreased. LV size is normal. Mild concentric LV hypertrophy. Mild global LV hypokinesis. Indeterminate LV diastolic function.</p> <p>Right Ventricle RV normal size. RV systolic function is normal.</p> <p>Left Atrium LA normal size.</p> <p>Right Atrium RA normal size.</p> <p>Mitral Valve Mitral valve normal. Mild mitral regurgitation.</p> <p>Tricuspid Valve Tricuspid valve normal. Mild tricuspid regurgitation.</p> <p>Aortic Valve Aortic valve normal. Mild aortic valve calcification. No aortic regurgitation. No aortic valve stenosis.</p> <p>Pulmonic Valve Pulmonic valve normal and opens well. Trace pulmonary regurgitation.</p> <p>Pericardium Small circumferential pericardial effusion is present.</p> <p>Veins Inferior vena cava normal size. Inferior vena cava collapses >50%.</p> <p>Aorta Aortic root normal. Ascending aorta normal.</p> <p>Right Heart Unable to assess RV systolic pressure.</p> <p>Procedure A complete two-dimensional transthoracic echocardiogram was performed. 93306 (2D, M-mode, full spectral and color flow Doppler) Patient status: emergency. Patient location: patient bedside room. The study was technically adequate in quality. Lumason was given to improve LV assessment and was injected in the left arm. No prior echo.</p> <p>HT: 182.9 cm WT: 102.60 kg BSA: 2.24 m2 BP: 162 / 97 mmHg</p>

Authorizing Provider	Result Type	Result Status
Willie Tapp MD	CV ECHO ORDERABLES	Final Result

- (ABNORMAL) Basic metabolic panel (03/24/2023 4:52 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	138	137 - 145 mmol/L		03/24/2023 7:16 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Potassium	3.0 (L)	3.5 - 5.1 mmol/L		03/24/2023 7:16 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Chloride	102	98 - 107 mmol/L		03/24/2023 7:16 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
CO2	33 (H)	22 - 30 mmol/L		03/24/2023 7:16 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Glucose	108 (H)	74 - 100 mg/dL		03/24/2023 7:16 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Comment: Conventional Units (mg/dL) Newborn - 2 months : Normal 50 to 80 2 months and older : Normal 74 to 100 Prediabetes 100 to 125 Diabetes 126 and above						
BUN	14	9 - 20 mg/dL		03/24/2023 7:16 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Creatinine	1.49 (H)	0.66 - 1.25 mg/dL		03/24/2023 7:16 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Calcium	8.9	8.4 - 10.2 mg/dL		03/24/2023 7:16 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Anion Gap	6 (L)	10 - 20		03/24/2023 7:16 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
BUN/Creatinine Ratio	9 (L)	12 - 20		03/24/2023 7:16 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
GFR CKD-EPI	54 (L)	>=60 mL/min/1.73sq m		03/24/2023 7:16 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Comment: Effective 7/27/2022- A single eGFR result will be reported using a new equation that removes the race-based coefficient found in prior equations. Use of a race-neutral calculation is recommended by the National Kidney Foundation.						
Specimen (Source)	Anatomical Location / Laterality		Collection Method / Volume	Collection Time	Received Time	
Blood (Blood, Venous)			Venipuncture / Unknown	03/24/2023 4:52 AM EDT	03/24/2023 5:03 AM EDT	
Narrative						
PIEDMONT FAYETTE HOSPITAL LAB - 03/24/2023 7:16 AM EDT						
Hemolysis=<15 Icterus=<2 Lipemia=<20Hemolysis=18 Icterus=2 Lipemia=<20						
Authorizing Provider	Result Type		Result Status			
Usman M Khalid MD	LAB BLOOD ORDERABLES		Final Result			
Performing Organization	Address		City/State/ZIP Code	Phone Number		
PIEDMONT FAYETTE HOSPITAL LAB	1255 Highway 54 West		Melbourne VIC 30214	770-719-7117		
Magnesium Once (03/24/2023 4:52 AM EDT)						
Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Magnesium	2.0	1.6 - 2.3 mg/dL		03/24/2023 5:25 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood (Blood, Venous)		Venipuncture / Unknown	03/24/2023 4:52 AM EDT	03/24/2023 5:03 AM EDT
Narrative				
PIEDMONT FAYETTE HOSPITAL LAB - 03/24/2023 5:25 AM EDT				
Hemolysis=<15 Icterus=<2 Lipemia=<20				
Authorizing Provider	Result Type	Result Status		
Willie Tapp MD	LAB BLOOD ORDERABLES	Final Result		
Performing Organization	Address	City/State/ZIP Code	Phone Number	
PIEDMONT FAYETTE HOSPITAL LAB	1255 Highway 54 West	Melbourne VIC 30214	770-719-7117	

- (ABNORMAL) CBC (Hemogram) (03/24/2023 4:51 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	10.20	3.40 - 10.80 10*3/ μL		03/24/2023 5:11 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
RBC	4.07 (L)	4.30 - 6.10 10*6/ μL		03/24/2023 5:11 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Hemoglobin	13.1 (L)	14.0 - 18.0 g/dL		03/24/2023 5:11 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Hematocrit	39.1	38.0 - 49.0 %		03/24/2023 5:11 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
MCV	96.1 (H)	80.0 - 96.0 fL		03/24/2023 5:11 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
MCH	32.1	26.0 - 34.0 pg		03/24/2023 5:11 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
MCHC	33.4	32.0 - 36.0 g/dL		03/24/2023 5:11 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
RDW	12.5	11.5 - 15.5 %		03/24/2023 5:11 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
MPV	9.1	6.0 - 9.5 fL		03/24/2023 5:11 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Platelets	209	150 - 440 10*3/ μL		03/24/2023 5:11 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood (Blood, Venous)		Venipuncture / Unknown	03/24/2023 4:51 AM EDT	03/24/2023 5:03 AM EDT
Narrative				
Authorizing Provider	Result Type	Result Status		
Willie Tapp MD	LAB BLOOD ORDERABLES	Final Result		
Performing Organization	Address	City/State/ZIP Code	Phone Number	
PIEDMONT FAYETTE HOSPITAL LAB	1255 Highway 54 West	Melbourne VIC 30214	770-719-7117	

• **Hemoglobin A1c (03/24/2023 4:51 AM EDT)**

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Hemoglobin A1C	5.0	4.0 - 5.6 %		03/24/2023 11:40 AM EDT	PIEDMONT ATLANTA HOSPITAL LAB	
Comment: HbF >5% may result in lower than expected %HbA1c values. HbA1c is susceptible to interference effects from conjugated bilirubin >15 mg/dL and unconjugated Bilirubin >10 mg/dL.						
Estimated Average Glucose (MG/DL)	97	mg/dL		03/24/2023 11:40 AM EDT	PIEDMONT ATLANTA HOSPITAL LAB	
Estimated Average Glucose (Mmol/L)	5	mmol/L		03/24/2023 11:40 AM EDT	PIEDMONT ATLANTA HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood (Blood, Venous)		Venipuncture / Unknown	03/24/2023 4:51 AM EDT	03/24/2023 5:03 AM EDT
Narrative				
Authorizing Provider	Result Type	Result Status		
Willie Tapp MD	LAB BLOOD ORDERABLES	Final Result		
Performing Organization	Address	City/State/ZIP Code	Phone Number	
PIEDMONT ATLANTA HOSPITAL LAB	1968 PEACHTREE ROAD	Melbourne VIC 30309	404-605-3247	

• **COVID/FLU/RSV BY PCR (03/24/2023 3:34 AM EDT)**

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
SARS COV-2	Negative	Negative	CEPHEID GENEXPERT 07332940001483	03/24/2023 4:22 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Flu A	Negative	Negative	CEPHEID GENEXPERT 07332940001483	03/24/2023 4:22 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Flu B	Negative	Negative	CEPHEID GENEXPERT 07332940001483	03/24/2023 4:22 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
RSV	Negative	Negative	CEPHEID GENEXPERT 07332940001483	03/24/2023 4:22 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Swab (Nasopharynx)			03/24/2023 3:34 AM EDT	03/24/2023 3:39 AM EDT

Narrative
<p>PIEDMONT FAYETTE HOSPITAL LAB - 03/24/2023 4:22 AM EDT</p> <p>Negative results do not preclude SARS-CoV-2, influenza A virus, influenza B virus, and/or RSV infection and should not be used as the sole basis for treatment or other patient management decisions. The Xpert Xpress CoV-2/Flu/RSV Plus test is only for use under the Food and Drug Administration's Emergency Use Authorization.</p> <p>Testing performed using Molecular Amplification methodology.</p>

Authorizing Provider	Result Type	Result Status
Nadria Dian-Gae Lyn MD	MICROBIOLOGY - GENERAL ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
PIEDMONT FAYETTE HOSPITAL LAB	1255 Highway 54 West	Melbourne VIC 30214	770-719-7117

• **CT chest pulmonary embolism with contrast (03/24/2023 2:42 AM EDT)**

Anatomical Region	Laterality	Modality
Chest, Spine		Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			03/24/2023 3:31 AM EDT	

Impressions
<p>03/24/2023 9:39 AM EDT</p> <p>1. No acute pulmonary embolism. 2. Mild cardiomegaly with small bilateral pleural effusions, findings suggestive of interstitial edema, and findings which could represent pulmonary edema, as described above. Correlate with third spacing of fluid an signs and symptoms of congestive heart failure.</p> <p>Final report essentially agrees with the preliminary findings dictated by the on-call radiologist. Preliminary findings and communication described within the note section of the PACS system.</p> <p>Approved By: Morgan Whitmore 3/24/2023 9:39 AM NXRIR01R</p>

Narrative

03/24/2023 9:39 AM EDT

PATIENT NAME: DONALD GRAY
PATIENT MRN: 906297022
PATIENT DOB: 12/21/1965
LOCATION: PIEDMONT FAYETTE HOSPITAL

EXAM: CTA OF THE CHEST WITH CONTRAST PE PROTOCOL

CLINICAL INDICATION: Hypertension. Shortness of breath.

TECHNIQUE: Helical CT images of thorax post IV administration of 75 mL Isovue-370 with PE protocol, without reported adverse reaction. Axial reconstructions and Multiplanar as well as 3D MIP reformatted images were reviewed.

All CT scans are performed using dose modulation techniques as appropriate to a performed exam including the following: automated exposure control; adjustment of the mA and/or kV according to patient size (this includes techniques or standardized protocols for targeted exams where dose is matched to indication / reason for exam; i.e. extremities or head); use of iterative reconstruction technique (as applicable).

COMPARISON: Chest radiograph dated yesterday.

FINDINGS:

- * Pulmonary arteries: Diagnostic to the level of the proximal segmental pulmonary arteries. No acute pulmonary embolism. Main pulmonary arteries are normal in course and caliber.
- * Other vessels: Thoracic aorta is normal in course and caliber.
- * Mediastinum: Mild cardiomegaly. No pericardial effusion.
- * Lymph nodes: No pathologically enlarged lymph nodes.
- * Airways: Trachea and main bronchi are patent.
- * Thoracic Cavity: No pneumothorax. Small bilateral pleural effusions.
- * Lungs: Peribronchial thickening and interstitial thickening noted throughout the bilateral lungs, suggestive of interstitial edema. Additionally, there are superimposed perihilar groundglass opacities with septal thickening (crazy paving), which has a long differential, but could represent pulmonary edema. No suspicious pulmonary nodules.
- * Upper Abdomen: No acute abnormality.
- * Bones/Soft tissues: No acute fracture or aggressive osseous lesion. Unremarkable overlying soft tissues.

Procedure Note

Whitmore, Morgan J, MD - 03/24/2023

Formatting of this note might be different from the original.
PATIENT NAME: DONALD GRAY
PATIENT MRN: 906297022
PATIENT DOB: 12/21/1965
LOCATION: PIEDMONT FAYETTE HOSPITAL

EXAM: CTA OF THE CHEST WITH CONTRAST PE PROTOCOL

CLINICAL INDICATION: Hypertension. Shortness of breath.

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All CT scans are performed using dose modulation techniques as appropriate to a performed exam including the following: automated exposure control; adjustment of the mA and/or kV according to patient size (this includes techniques or standardized protocols for targeted exams where dose is matched to indication / reason for exam; i.e. extremities or head); use of iterative reconstruction technique (as applicable).

COMPARISON: Chest radiograph dated yesterday.

FINDINGS:

Procedure Note

* Pulmonary arteries: Diagnostic to the level of the proximal segmental pulmonary arteries. No acute pulmonary embolism. Main pulmonary arteries are normal in course and caliber.

* Other vessels: Thoracic aorta is normal in course and caliber.

* Mediastinum: Mild cardiomegaly. No pericardial effusion.

* Lymph nodes: No pathologically enlarged lymph nodes.

* Airways: Trachea and main bronchi are patent.

* Thoracic Cavity: No pneumothorax. Small bilateral pleural effusions.

* Lungs: Peribronchial thickening and interstitial thickening noted throughout the bilateral lungs, suggestive of interstitial edema. Additionally, there are superimposed perihilar groundglass opacities with septal thickening (crazy paving), which has a long differential, but could represent pulmonary edema. No suspicious pulmonary nodules.

* Upper Abdomen: No acute abnormality.

* Bones/Soft tissues: No acute fracture or aggressive osseous lesion. Unremarkable overlying soft tissues.

IMPRESSION:

1. No acute pulmonary embolism.

2. Mild cardiomegaly with small bilateral pleural effusions, findings suggestive of interstitial edema, and findings which could represent pulmonary edema, as described above. Correlate with third spacing of fluid an signs and symptoms of congestive heart failure.

Final report essentially agrees with the preliminary findings dictated by the on-call radiologist. Preliminary findings and communication described within the note section of the PACS system.

Approved By: Morgan Whitmore 3/24/2023 9:39 AM NXRIR01R

Authorizing Provider	Result Type	Result Status		
Nadria Dian-Gae Lyn MD	IMG CT ORDERABLES	Final Result		
Chest X Ray PA and lateral (03/23/2023 8:04 PM EDT)				
Anatomical Region	Laterality	Modality		
Chest		Radiographic Imaging		

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			03/23/2023 8:15 PM EDT	

Impressions

03/23/2023 8:12 PM EDT

Suspect moderate pulmonary edema with minimal pleural effusions.

Approved By: William Behm MD 3/23/2023 8:12 PM PSI-015

Narrative

03/23/2023 8:12 PM EDT

PA AND LATERAL CHEST RADIOGRAPHS:

HISTORY: dyspnea;Dyspnea, unspecified

COMPARISON: none

FINDINGS: 2 views of the chest. Borderline heart size. Distended pulmonary vessels with mixed interstitial and alveolar opacities, particularly in the perihilar regions. Minimal effusions. No pneumothorax identified.

Procedure Note

Behm, William, MD - 03/23/2023

Procedure Note		
Formatting of this note might be different from the original. PA AND LATERAL CHEST RADIOGRAPHS: HISTORY: dyspnea;Dyspnea, unspecified COMPARISON: none FINDINGS: 2 views of the chest. Borderline heart size. Distended pulmonary vessels with mixed interstitial and alveolar opacities, particularly in the perihilar regions. Minimal effusions. No pneumothorax identified. IMPRESSION: Suspect moderate pulmonary edema with minimal pleural effusions. Approved By: William Behm MD 3/23/2023 8:12 PM PSI-015		

Authorizing Provider	Result Type	Result Status
Nadria Dian-Gae Lyn MD	IMG DIAGNOSTIC IMAGING ORDERABLES	Final Result

• **ECG 12 lead (03/23/2023 6:59 PM EDT)**

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Ventricular Rate	113	BPM			EMC RAD	
Atrial Rate	113	BPM			EMC RAD	
P-R Interval	150	ms			EMC RAD	
QRS DURATION	114	ms			EMC RAD	
Q-T Interval	352	ms			EMC RAD	
QTC Calculation	482	ms			EMC RAD	
Calculated P Axis	68	degrees			EMC RAD	
Calculated R Axis	-25	degrees			EMC RAD	
Calculated T Axis	139	degrees			EMC RAD	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			03/23/2023 6:59 PM EDT	03/23/2023 10:06 PM EDT

Narrative
EMC RAD - 03/23/2023 10:06 PM EDT Sinus tachycardia Biatrial enlargement Incomplete right bundle branch block Minimal voltage criteria for LVH, may be normal variant (Cornell product) Septal infarct , age undetermined T wave abnormality, consider inferolateral ischemia Abnormal ECG No previous ECGs available Confirmed by Karagiannis, Paul (8327) on 3/23/2023 10:06:12 PM

Procedure Note
Karagiannis, Paul, MD - 03/23/2023 Formatting of this note might be different from the original. Sinus tachycardia Biatrial enlargement Incomplete right bundle branch block Minimal voltage criteria for LVH, may be normal variant (Cornell product) Septal infarct , age undetermined T wave abnormality, consider inferolateral ischemia Abnormal ECG No previous ECGs available Confirmed by Karagiannis, Paul (8327) on 3/23/2023 10:06:12 PM

Authorizing Provider	Result Type	Result Status	
Nadria Dian-Gae Lyn MD	ECG ORDERABLES	Final Result	
Performing Organization	Address	City/State/ZIP Code	Phone Number
EMC RAD	5301 Tokay Blvd.	Madison, WI 53711	

TSH (03/23/2023 6:50 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
TSH	1.270	0.470 - 4.680 uIU/mL		03/24/2023 5:05 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood (Blood, Venous)		Venipuncture / Unknown	03/23/2023 6:50 PM EDT	03/23/2023 6:54 PM EDT

Narrative

PIEDMONT FAYETTE HOSPITAL LAB - 03/24/2023 5:05 AM EDT

Hemolysis=<15 Icterus=<2 Lipemia=<20Hemolysis=<15 Icterus=<2 Lipemia=<20Hemolysis=<15 Icterus=2 Lipemia=<20

Authorizing Provider	Result Type	Result Status	
Willie Tapp MD	LAB BLOOD ORDERABLES	Final Result	
Performing Organization	Address	City/State/ZIP Code	Phone Number
PIEDMONT FAYETTE HOSPITAL LAB	1255 Highway 54 West	Melbourne VIC 30214	770-719-7117

- (ABNORMAL) D-dimer quantitative (03/23/2023 6:50 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
D-Dimer, Quant	1.18 (H)	<0.50 ug/mL FEU		03/24/2023 12:37 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Comment:

The D-Dimer LIA test is intended for use in conjunction with a clinical pretest probability (PTP) assessment model to exclude pulmonary embolism (PE) and as an aid in the diagnosis of deep vein thrombosis (DVT).

The cut-off value is 0.50 ug/ml FEU

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood (Blood, Venous)		Venipuncture / Unknown	03/23/2023 6:50 PM EDT	03/23/2023 6:54 PM EDT

Narrative

Authorizing Provider	Result Type	Result Status	
Nadria Dian-Gae Lyn MD	LAB BLOOD ORDERABLES	Final Result	

Performing Organization	Address	City/State/ZIP Code	Phone Number
PIEDMONT FAYETTE HOSPITAL LAB	1255 Highway 54 West	Melbourne VIC 30214	770-719-7117

- (ABNORMAL) B-type natriuretic peptide (03/23/2023 6:50 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
NT-Pro Bnp	1,200.00 (H)	<300.00 pg/mL		03/23/2023 7:25 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Comment:

For patients presenting to the ED settings with acute or worsening dyspnea and clinical suspicion of HF, the VITROS NT-proBNP II test results should be interpreted as indicated in the table below.

Vitros NT-proBNP II Test Results(pg/mL)

Result: <300, Age:All, Negative: Heart Failure Unlikely

Result: >=300 to <450, Age:22-<50, Gray Zone: Result indeterminate- Consider other causes of NT-proBNP elevation*

Result: >=300 to <900, Age:50-<75, Gray Zone: Result indeterminate- Consider other causes of NT-proBNP elevation*

Result: >=300 to <1800, Age:>=75, Gray Zone: Result indeterminate- Consider other causes of NT-proBNP elevation*

Result: >=450, Age:22-<50, Positive: Heart Failure Likely

Result: >=900, Age:50-<75, Positive: Heart Failure Likely

Result: >=1800, Age:>=75, Positive: Heart Failure Likely

*Natriuretic peptides values in the gray zones could also be caused by several conditions other than heart failure. Clinical conditions such as acute coronary syndrome, pulmonary embolism, pulmonary hypertension, sepsis, stroke, and renal dysfunction will elevate NT-proBNP levels; obesity, flash pulmonary edema, cardiac tamponade, and pericardial constriction are conditions associated with redduced NT-proBNP.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood (Blood, Venous)		Venipuncture / Unknown	03/23/2023 6:50 PM EDT	03/23/2023 6:54 PM EDT

Narrative

PIEDMONT FAYETTE HOSPITAL LAB - 03/23/2023 7:25 PM EDT

Hemolysis=<15 Icterus=<2 Lipemia=<20Hemolysis=<15 Icterus=<2 Lipemia=<20

Authorizing Provider	Result Type	Result Status
Nadria Dian-Gae Lyn MD	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
PIEDMONT FAYETTE HOSPITAL LAB	1255 Highway 54 West	Melbourne VIC 30214	770-719-7117

- Troponin (03/23/2023 6:50 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Troponin I	0.029	0.000 -		03/23/2023 7:25 PM EDT	PIEDMONT FAYETTE	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
		0.034 ng/mL			HOSPITAL LAB	

Comment:
Patients taking high doses of Biotin may affect this laboratory test result. Clinical correlation is recommended for these patients.

Reference interval encompassing the 99th percentile is:
0.00 - 0.034 ng/mL

Critical Troponin : >0.12 ng/mL

Note: This is a 3rd generation enhanced sensitivity Troponin I assay performed on the Vitros 5600 analyzer.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood (Blood, Venous)		Venipuncture / Unknown	03/23/2023 6:50 PM EDT	03/23/2023 6:54 PM EDT

Narrative
PIEDMONT FAYETTE HOSPITAL LAB - 03/23/2023 7:25 PM EDT
Hemolysis=<15 Icterus=<2 Lipemia=<20Hemolysis=<15 Icterus=<2 Lipemia=<20

Authorizing Provider	Result Type	Result Status
Nadria Dian-Gae Lyn MD	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
PIEDMONT FAYETTE HOSPITAL LAB	1255 Highway 54 West	Melbourne VIC 30214	770-719-7117

• **Protime-INR (03/23/2023 6:50 PM EDT)**

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Prothrombin Time	12.8	12.2 - 14.5 Secs		03/23/2023 7:07 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
INR	0.92	0.89 - 1.12		03/23/2023 7:07 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Comment:
Treatment of thrombosis: 2.00 - 3.00
Prevention of embolism: 2.00 - 3.00
Prophylaxis of venous thrombosis 2.00 - 3.00
Prevention of embolism from prosthetic
Mechanical heart valve 2.50 - 3.50

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood (Blood, Venous)		Venipuncture / Unknown	03/23/2023 6:50 PM EDT	03/23/2023 6:54 PM EDT

Narrative

Authorizing Provider	Result Type	Result Status
Nadria Dian-Gae Lyn MD	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
PIEDMONT FAYETTE HOSPITAL LAB	1255 Highway 54 West	Melbourne VIC 30214	770-719-7117

• **APTT (03/23/2023 6:50 PM EDT)**

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
PTT	31.8	23.2 - 35.6 Secs		03/23/2023 7:07 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood (Blood, Venous)		Venipuncture / Unknown	03/23/2023 6:50 PM EDT	03/23/2023 6:54 PM EDT

Narrative

Authorizing Provider	Result Type	Result Status
Nadria Dian-Gae Lyn MD	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
PIEDMONT FAYETTE HOSPITAL LAB	1255 Highway 54 West	Melbourne VIC 30214	770-719-7117

• **Extra Red Plain (03/23/2023 6:50 PM EDT)**

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
EXTRA TUBE	Hold for add-ons.			03/24/2023 3:00 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Comment: Auto resulted.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood (Blood, Venous)		Venipuncture / Unknown	03/23/2023 6:50 PM EDT	03/23/2023 6:54 PM EDT

Narrative

Authorizing Provider	Result Type	Result Status
Nadria Dian-Gae Lyn MD	LAB BLOOD ORDERABLES	Final Result

Performing Organization	Address	City/State/ZIP Code	Phone Number
PIEDMONT FAYETTE HOSPITAL LAB	1255 Highway 54 West	Melbourne VIC 30214	770-719-7117

• **Extra Lt Blue Citrate (03/23/2023 6:50 PM EDT)**

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
EXTRA TUBE	Hold for add-ons.			03/24/2023 3:00 AM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Comment: Auto resulted.						
Specimen (Source)	Anatomical Location / Laterality		Collection Method / Volume	Collection Time		Received Time
Blood (Blood, Venous)			Venipuncture / Unknown	03/23/2023 6:50 PM EDT		03/23/2023 6:54 PM EDT
Narrative						
Authorizing Provider	Result Type		Result Status			
Nadria Dian-Gae Lyn MD	LAB BLOOD ORDERABLES		Final Result			
Performing Organization	Address		City/State/ZIP Code	Phone Number		
PIEDMONT FAYETTE HOSPITAL LAB	1255 Highway 54 West		Melbourne VIC 30214	770-719-7117		
(ABNORMAL) Comprehensive metabolic panel (03/23/2023 6:50 PM EDT)						
Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	136 (L)	137 - 145 mmol/L		03/23/2023 7:14 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Potassium	3.5	3.5 - 5.1 mmol/L		03/23/2023 7:14 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Chloride	99	98 - 107 mmol/L		03/23/2023 7:14 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
CO2	35 (H)	22 - 30 mmol/L		03/23/2023 7:14 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Glucose	100	74 - 100 mg/dL		03/23/2023 7:14 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Comment: <div>Conventional Units (mg/dL) Newborn - 2 months : Normal 50 to 80 2 months and older : Normal 74 to 100 Prediabetes 100 to 125 Diabetes 126 and above</div>						
BUN	14	9 - 20 mg/dL		03/23/2023 7:14 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Creatinine	1.56 (H)	0.66 - 1.25 mg/dL		03/23/2023 7:14 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Calcium	8.8	8.4 - 10.2 mg/dL		03/23/2023 7:14 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Total Protein	7.4	6.3 - 8.2 g/dL		03/23/2023 7:14 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Albumin	4.2	3.5 - 5.0 g/dL		03/23/2023 7:14 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
ALT	59 (H)	0 - 49 U/L		03/23/2023 7:14 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
AST	89 (H)	17 - 59 U/L		03/23/2023 7:14 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Alkaline Phosphatase	61	38 - 126 U/L		03/23/2023 7:14 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Total Bilirubin	1.3	0.2 - 1.3 mg/dL		03/23/2023 7:14 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Anion Gap	6 (L)	10 - 20		03/23/2023 7:14 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
BUN/Creatinine Ratio	9 (L)	12 - 20		03/23/2023 7:14 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Albumin/Globulin Ratio	1.3	1.1 - 2.2		03/23/2023 7:14 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
GFR CKD-EPI	51 (L)	>=60 mL/min/1.73sq m		03/23/2023 7:14 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Comment: Effective 7/27/2022- A single eGFR result will be reported using a new equation that removes the race-based coefficient found in prior equations. Use of a race-neutral calculation is recommended by the National Kidney Foundation.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood (Blood, Venous)		Venipuncture / Unknown	03/23/2023 6:50 PM EDT	03/23/2023 6:54 PM EDT

Narrative

PIEDMONT FAYETTE HOSPITAL LAB - 03/23/2023 7:14 PM EDT

Hemolysis=<15 Icterus=<2 Lipemia=<20

Authorizing Provider	Result Type	Result Status	
Nadria Dian-Gae Lyn MD	LAB BLOOD ORDERABLES	Final Result	
Performing Organization	Address	City/State/ZIP Code	Phone Number
PIEDMONT FAYETTE HOSPITAL LAB	1255 Highway 54 West	Melbourne VIC 30214	770-719-7117

- (ABNORMAL) CBC auto differential (03/23/2023 6:50 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	10.00	3.40 - 10.80		03/23/2023 7:00 PM	PIEDMONT FAYETTE	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
		10*3/ µL		EDT	HOSPITAL LAB	
RBC	3.97 (L)	4.30 - 6.10 10*6/ µL		03/23/2023 7:00 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Hemoglobin	12.8 (L)	14.0 - 18.0 g/dL		03/23/2023 7:00 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Hematocrit	37.9 (L)	38.0 - 49.0 %		03/23/2023 7:00 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
MCV	95.5	80.0 - 96.0 fL		03/23/2023 7:00 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
MCH	32.2	26.0 - 34.0 pg		03/23/2023 7:00 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
MCHC	33.7	32.0 - 36.0 g/dL		03/23/2023 7:00 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
RDW	12.9	11.5 - 15.5 %		03/23/2023 7:00 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
MPV	9.1	6.0 - 9.5 fL		03/23/2023 7:00 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Platelets	208	150 - 440 10*3/ µL		03/23/2023 7:00 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Neutrophils Relative	80.4 (H)	41.0 - 79.0 %		03/23/2023 7:00 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Lymphocytes Relative	10.2 (L)	15.0 - 48.0 %		03/23/2023 7:00 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Monocytes Relative	7.6	0.0 - 11.0 %		03/23/2023 7:00 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Eosinophils Relative	1.3	0.0 - 6.0 %		03/23/2023 7:00 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Basophils Relative	0.50	0.00 - 2.00 %		03/23/2023 7:00 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Neutrophils Absolute	8.0 (H)	2.2 - 4.8 10*3/ µL		03/23/2023 7:00 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Lymphocytes Absolute	1.0 (L)	1.3 - 2.9 10*3/ µL		03/23/2023 7:00 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Monocytes Absolute	0.8	0.3 - 0.8 10*3/ µL		03/23/2023 7:00 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Eosinophils Absolute	0.10	0.00 - 0.20 10*3/ µL		03/23/2023 7:00 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Basophils Absolute	0.00	0.00 - 0.10 10*3/uL		03/23/2023 7:00 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
nRBC	0	0 - 0		03/23/2023 7:00 PM EDT	PIEDMONT FAYETTE HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality		Collection Method / Volume	Collection Time		Received Time
Blood (Blood, Venous)			Venipuncture / Unknown	03/23/2023 6:50 PM EDT		03/23/2023 6:54 PM EDT
Narrative						
Authorizing Provider	Result Type		Result Status			
Nadria Dian-Gae Lyn MD	LAB BLOOD ORDERABLES		Final Result			
Performing Organization	Address		City/State/ZIP Code	Phone Number		
PIEDMONT FAYETTE HOSPITAL LAB	1255 Highway 54 West		Melbourne VIC 30214	770-719-7117		

[13]. documented in this encounter

Visit Diagnoses

Diagnosis
Hypertensive emergency - Primary
Dyspnea Other dyspnea and respiratory abnormality
Shortness of breath
Acute pulmonary edema (HC) Unspecified acute edema of lung
Hypertensive urgency
Acute CHF (congestive heart failure) (HC) Congestive heart failure, unspecified
AKI (acute kidney injury)

[14]. documented in this encounter

Admitting Diagnoses

Diagnosis
Hypertensive emergency

[15]. documented in this encounter

Administered Medications

Inactive Administered Medications - up to 3 most recent administrations

Medication Order	MAR Action	Action Date	Dose	Rate	Site
acetaminophen (TYLENOL) suppository 650 mg 650 mg, Rectal, Every 6 hours PRN, mild pain (1-3), Temperature greater than 100.4, Starting on Fri 3/24/23 at 0421, If the patient is NOT NPO and able to take PO medication, use an ordered oral medication for the appropriate pain level Do not exceed 3250 mg of Acetaminophen in 24 hours					
acetaminophen (TYLENOL) tablet 650 mg 650 mg, Oral, Every 6 hours PRN, mild pain (1-3), Temperature greater than 100.4, Headaches, Infusion related symptoms, As an adjunct to opioid analgesic for moderate or severe pain, Starting on Fri 3/24/23 at 0421, If the patient is NPO or unable to take PO medication, use an ordered parenteral medication for the appropriate pain level Do not exceed 3250 mg of Acetaminophen in 24 hours	Given	03/24/2023 9:36 PM EDT	650 mg		
	Given	03/24/2023 10:54 AM EDT	650 mg		
amlodipine (NORVASC) tablet 10 mg 10 mg, Oral, Daily, First dose on Fri 3/24/23 at 1245	Given	03/26/2023 8:26 AM EDT	10 mg		
	Given	03/25/2023 9:10 AM EDT	10 mg		
	Given	03/24/2023 1:09 PM EDT	10 mg		
carvedilol (COREG) tablet 25 mg 25 mg, Oral, 2 times daily with meals, First dose on Sat 3/25/23 at 1215, SHOULD BE TAKEN WITH FOOD TO SLOW RATE OF ABSORPTION AND REDUCE RISK OF HYPOTENSION.	Given	03/26/2023 8:26 AM EDT	25 mg		
	Given	03/25/2023 12:30 PM EDT	25 mg		
dextromethorphan (DELSYM) 30 mg/5 mL liquid 30 mg 30 mg, Oral, Every 12 hours scheduled (2 times per day), First dose on Sat 3/25/23 at 2115	Given	03/25/2023 9:38 PM EDT	30 mg		
enoxaparin (LOVENOX) syringe 40 mg	Given	03/26/2023 4:40 AM EDT	40 mg		Abdominal Tissue

Medication Order	MAR Action	Action Date	Dose	Rate	Site
40 mg, Subcutaneous, Every 24 hours, First dose on Fri 3/24/23 at 0425, If surgery patient, start 20 hours after arrival to PACU. Enoxaparin should not be administered for 24 hours after spinal, epidural, or lumbar procedures ***** HIGH ALERT MEDICATION *****	Given	03/25/2023 3:47 AM EDT	40 mg		Abdominal Tissue
	Given	03/24/2023 4:32 AM EDT	40 mg		Abdominal Tissue
furosemide (LASIX) injection 40 mg 40 mg, Intravenous, Once, On Fri 3/24/23 at 0005, For 1 dose	Given	03/24/2023 12:17 AM EDT	40 mg		
furosemide (LASIX) injection 40 mg 40 mg, Intravenous, 2 times daily-diuretics, First dose on Fri 3/24/23 at 0800, Max dose 200 mg/day	Given	03/24/2023 6:43 PM EDT	40 mg		
	Given	03/24/2023 9:22 AM EDT	40 mg		
furosemide (LASIX) injection 40 mg 40 mg, Intravenous, Daily, First dose (after last modification) on Sat 3/25/23 at 0900, Max dose 200 mg/day	Given	03/25/2023 9:10 AM EDT	40 mg		
furosemide (LASIX) tablet 40 mg 40 mg, Oral, Daily, First dose on Sun 3/26/23 at 0900	Given	03/26/2023 8:26 AM EDT	40 mg		
guaifENesin (ROBITUSSIN) liquid 200 mg 200 mg, Oral, ONCE, On Fri 3/24/23 at 0050, For 1 dose	Given	03/24/2023 12:47 AM EDT	200 mg		
guaifENesin (ROBITUSSIN) liquid 200 mg 200 mg, Oral, Every 4 hours PRN, Congestion, Starting on Sun 3/26/23 at 0757	Given	03/26/2023 8:26 AM EDT	200 mg		
hydrALAZINE (APRESOLINE) injection 10 mg 10 mg, Intravenous, ONCE, On Fri 3/24/23 at 0155, For 1 dose	Given	03/24/2023 1:54 AM EDT	10 mg		
iopamidoL (ISOVUE-370) 370 mg iodine /mL (76 %) injection 100 mL 100 mL, Intravenous, IMG once as needed, contrast, Starting on Fri 3/24/23 at 0242, For 1 dose	Given	03/24/2023 2:42 AM EDT	75 mLs		
ipratropium-albuteroL (DUO-NEB) 0.5 mg-3 mg(2.5 mg base)/3 mL nebulizer solution 3 mL 3 mL, Nebulization, Every 4 hours PRN, Wheezing, Shortness of Breath, Starting on Fri 3/24/23 at 0422					

Medication Order	MAR Action	Action Date	Dose	Rate	Site
labetalol (NORMODYNE) injection 10 mg 10 mg, Intravenous, ONCE, On Fri 3/24/23 at 0045, For 1 dose	Given	03/24/2023 12:48 AM EDT	10 mg		
losartan (COZAAR) tablet 25 mg 25 mg, Oral, Daily, First dose (after last modification) on Sun 3/26/23 at 0900 Indications: Hypertensive urgency	Given	03/26/2023 8:26 AM EDT	25 mg		
magnesium sulfate in water IVPB 2 g 2 g, Intravenous, at 50 mL/hr, ONCE, On Sun 3/26/23 at 0430, For 1 dose, For magnesium 1.5 - 1.9 mg/dL Administer over 1 hour. K/Mag Protocol: STANDARD DOSE	New Bag	03/26/2023 4:40 AM EDT	2 g	50 mL/hr	
niCARDipine (CARDENE-IV) 40 mg/200 mL (0.2 mg/mL) in NS infusion 5-15 mg/hr (25-75 mL/hr), Intravenous, Continuous, Starting on Fri 3/24/23 at 0325, Titrate Medication: Yes, Maintain: MAP <, Value: 115, The initial number in the dose represents the starting rate unless otherwise directed by provider and the second number represents the maximum rate. Titrate by 2.5 mg/hr every 5 minutes.	New Bag	03/25/2023 10:33 AM EDT	5 mg/hr	25 mL/hr	
	Rate/Dose Change	03/25/2023 7:06 AM EDT	10 mg/hr	50 mL/hr	
	New Bag	03/25/2023 5:32 AM EDT	12.5 mg/hr	62.5 mL/hr	
potassium chloride (KLOR-CON M) ER tablet 40 mEq 40 mEq, Oral, Once, On Fri 3/24/23 at 1250, For 1 dose, Swallow tablets whole; do not crush, chew, or suck on tablet. Tablet may also be broken in half and each half swallowed separately; the whole tablet may be dissolved in ~4 ounces of water (allow ~2 minutes to dissolve, stir well and drink immediately).	Given	03/24/2023 1:09 PM EDT	40 mEq		
potassium chloride (KLOR-CON M) ER tablet 40 mEq 40 mEq, Oral, Every 2 hours, First dose on Fri 3/24/23 at 2200, For 4 doses, For potassium below 3.0 mmol/dL K/Mag Protocol - STANDARD DOSE Swallow tablets whole; do not crush, chew, or suck on tablet. Tablet may also be broken in half and each half swallowed separately; the whole tablet may be dissolved in ~4 ounces of water (allow ~2 minutes to dissolve, stir well and drink immediately).	Given	03/25/2023 3:47 AM EDT	40 mEq		
	Given	03/25/2023 1:49 AM EDT	40 mEq		
	Given	03/24/2023 11:38 PM EDT	40 mEq		
potassium chloride (KLOR-CON M) ER tablet 40 mEq 40 mEq, Oral, Once, On Sat 3/25/23 at 0715, For 1 dose, Swallow tablets whole; do not crush, chew, or suck on tablet.	Given	03/25/2023 9:10 AM EDT	40 mEq		

Medication Order	MAR Action	Action Date	Dose	Rate	Site
Tablet may also be broken in half and each half swallowed separately; the whole tablet may be dissolved in ~4 ounces of water (allow ~2 minutes to dissolve, stir well and drink immediately).					
potassium chloride (KLOR-CON M) ER tablet 40 mEq 40 mEq, Oral, Every 2 hours, First dose on Sat 3/25/23 at 1000, For 2 doses, For potassium 3.4 - 3.6 mmol/dL K/Mag Protocol - STANDARD DOSE Swallow tablets whole; do not crush, chew, or suck on tablet. Tablet may also be broken in half and each half swallowed separately; the whole tablet may be dissolved in ~4 ounces of water (allow ~2 minutes to dissolve, stir well and drink immediately).	Given	03/25/2023 12:29 PM EDT	40 mEq		
	Given	03/25/2023 10:28 AM EDT	40 mEq		
potassium chloride (KLOR-CON M) ER tablet 40 mEq 40 mEq, Oral, ONCE, On Sun 3/26/23 at 0430, For 1 dose, For potassium 3.7 - 3.9 mmol/dL K/Mag Protocol - STANDARD DOSE Swallow tablets whole; do not crush, chew, or suck on tablet. Tablet may also be broken in half and each half swallowed separately; the whole tablet may be dissolved in ~4 ounces of water (allow ~2 minutes to dissolve, stir well and drink immediately).	Given	03/26/2023 4:40 AM EDT	40 mEq		
sulfur hexafluoride microspheres (LUMASON) injection 5 mL 5 mL, Intravenous, IMG once as needed, Other, if contrast is needed., Starting on Fri 3/24/23 at 0422, For 1 dose	Given	03/24/2023 11:00 AM EDT	5 mLs		

[16]. documented in this encounter

Active and Recently Administered Medications

Times are shown in EDT.

Medication Order	Scheduled		
	03/24/2023	03/25/2023	03/26/2023
amLODIPine (NORVASC) tablet 10 mg 10 mg, Oral, Daily, First dose on Fri 3/24/23 at 1245	<ul style="list-style-type: none"> 1309 (Given - Provider: Sarai Freeman, RN) 	<ul style="list-style-type: none"> 0910 (Given - Provider: Bridgette Carter, RN) 	<ul style="list-style-type: none"> 0826 (Given - Provider: Vicki A Brown, RN)
carvedilol (COREG) tablet 25 mg 25 mg, Oral, 2 times daily with meals, First dose on Sat 3/25/23 at 1215, SHOULD BE TAKEN WITH FOOD TO SLOW RATE OF ABSORPTION AND REDUCE RISK OF HYPOTENSION.		<ul style="list-style-type: none"> 1230 (Given - Provider: Bridgette Carter, RN) 	<ul style="list-style-type: none"> 0826 (Given - Provider: Vicki A Brown, RN)
dextromethorphan (DELSYM) 30 mg/5 mL liquid 30 mg (CANCELED) 30 mg, Oral, Every 12 hours scheduled (2		<ul style="list-style-type: none"> 2138 (Given - Provider: Brittany 	

Medication Order	03/24/2023	03/25/2023	03/26/2023
times per day), First dose on Sat 3/25/23 at 2115		McKenney, RN)	
enoxaparin (LOVENOX) syringe 40 mg 40 mg, Subcutaneous, Every 24 hours, First dose on Fri 3/24/23 at 0425, If surgery patient, start 20 hours after arrival to PACU. Enoxaparin should not be administered for 24 hours after spinal, epidural, or lumbar procedures ***** HIGH ALERT MEDICATION *****	<ul style="list-style-type: none"> 0432 (Given - Provider: Alejandra Pinto-Olive, RN) 	<ul style="list-style-type: none"> 0347 (Given - Provider: Naamerley G Tawiah-Ojo, RN) 	<ul style="list-style-type: none"> 0440 (Given - Provider: Brittany McKenney, RN)
furosemide (LASIX) injection 40 mg (COMPLETED) 40 mg, Intravenous, Once, On Fri 3/24/23 at 0005, For 1 dose	<ul style="list-style-type: none"> 0017 (Given - Provider: Alejandra Pinto-Olive, RN) 		
furosemide (LASIX) injection 40 mg (CANCELED) 40 mg, Intravenous, 2 times daily-diuretics, First dose on Fri 3/24/23 at 0800, Max dose 200 mg/day	<ul style="list-style-type: none"> 0922 (Given - Provider: Sarai Freeman, RN) 1843 (Given - Provider: Angela Guyer-Watkins, RN) 		
furosemide (LASIX) injection 40 mg (CANCELED) 40 mg, Intravenous, Daily, First dose (after last modification) on Sat 3/25/23 at 0900, Max dose 200 mg/day		<ul style="list-style-type: none"> 0910 (Given - Provider: Bridgette Carter, RN) 	
furosemide (LASIX) tablet 40 mg 40 mg, Oral, Daily, First dose on Sun 3/26/23 at 0900			<ul style="list-style-type: none"> 0826 (Given - Provider: Vicki A Brown, RN)
guaifENesin (ROBITUSSIN) liquid 200 mg (COMPLETED) 200 mg, Oral, ONCE, On Fri 3/24/23 at 0050, For 1 dose	<ul style="list-style-type: none"> 0047 (Given - Provider: Alejandra Pinto-Olive, RN) 		
hydrALAZINE (APRESOLINE) injection 10 mg (COMPLETED) 10 mg, Intravenous, ONCE, On Fri 3/24/23 at 0155, For 1 dose	<ul style="list-style-type: none"> 0154 (Given - Provider: Alejandra Pinto-Olive, RN) 		
labetaloL (NORMODYNE) injection 10 mg (COMPLETED) 10 mg, Intravenous, ONCE, On Fri 3/24/23 at 0045, For 1 dose	<ul style="list-style-type: none"> 0048 (Given - Provider: Alejandra Pinto-Olive, RN) 		

Medication Order	03/24/2023	03/25/2023	03/26/2023
losartan (COZAAR) tablet 25 mg 25 mg, Oral, Daily, First dose (after last modification) on Sun 3/26/23 at 0900			<ul style="list-style-type: none"> 0826 (Given - Provider: Vicki A Brown, RN)
magnesium sulfate in water IVPB 2 g (COMPLETED) 2 g, Intravenous, at 50 mL/hr, ONCE, On Sun 3/26/23 at 0430, For 1 dose, For magnesium 1.5 - 1.9 mg/dL Administer over 1 hour. K/Mag Protocol: STANDARD DOSE			<ul style="list-style-type: none"> 0440 (New Bag - Provider: Brittany McKenney, RN)
potassium chloride (KLOR-CON M) ER tablet 40 mEq (COMPLETED) 40 mEq, Oral, Once, On Fri 3/24/23 at 1250, For 1 dose, Swallow tablets whole; do not crush, chew, or suck on tablet. Tablet may also be broken in half and each half swallowed separately; the whole tablet may be dissolved in ~4 ounces of water (allow ~2 minutes to dissolve, stir well and drink immediately).	<ul style="list-style-type: none"> 1309 (Given - Provider: Sarai Freeman, RN) 		
potassium chloride (KLOR-CON M) ER tablet 40 mEq (COMPLETED) 40 mEq, Oral, Every 2 hours, First dose on Fri 3/24/23 at 2200, For 4 doses, For potassium below 3.0 mmol/dL K/Mag Protocol - STANDARD DOSE Swallow tablets whole; do not crush, chew, or suck on tablet. Tablet may also be broken in half and each half swallowed separately; the whole tablet may be dissolved in ~4 ounces of water (allow ~2 minutes to dissolve, stir well and drink immediately).	<ul style="list-style-type: none"> 2157 (Given - Provider: Naamerley G Tawiah-Ojo, RN) 2338 (Given - Provider: Naamerley G Tawiah-Ojo, RN) 	<ul style="list-style-type: none"> 0149 (Given - Provider: Naamerley G Tawiah-Ojo, RN) 0347 (Given - Provider: Naamerley G Tawiah-Ojo, RN) 	
potassium chloride (KLOR-CON M) ER tablet 40 mEq (COMPLETED) 40 mEq, Oral, Once, On Sat 3/25/23 at 0715, For 1 dose, Swallow tablets whole; do not crush, chew, or suck on tablet. Tablet may also be broken in half and each half swallowed separately; the whole tablet may be dissolved in ~4 ounces of water (allow ~2 minutes to dissolve, stir well and drink immediately).		<ul style="list-style-type: none"> 0910 (Given - Provider: Bridgette Carter, RN) 	
potassium chloride (KLOR-CON M) ER tablet 40 mEq (COMPLETED) 40 mEq, Oral, Every 2 hours, First dose on Sat 3/25/23 at 1000, For 2 doses, For potassium 3.4 - 3.6 mmol/dL K/Mag Protocol - STANDARD DOSE Swallow tablets whole; do not crush, chew, or suck on tablet. Tablet may also be broken in half and each half swallowed separately; the whole tablet may be dissolved in ~4 ounces of water (allow ~2 minutes to dissolve, stir well and drink immediately).		<ul style="list-style-type: none"> 1028 (Given - Provider: Bridgette Carter, RN) 1229 (Given - Provider: Bridgette Carter, RN) 	

Medication Order	03/24/2023	03/25/2023	03/26/2023
potassium chloride (KLOR-CON M) ER tablet 40 mEq (COMPLETED) 40 mEq, Oral, ONCE, On Sun 3/26/23 at 0430, For 1 dose, For potassium 3.7 - 3.9 mmol/dL K/Mag Protocol - STANDARD DOSE Swallow tablets whole; do not crush, chew, or suck on tablet. Tablet may also be broken in half and each half swallowed separately; the whole tablet may be dissolved in ~4 ounces of water (allow ~2 minutes to dissolve, stir well and drink immediately).			<ul style="list-style-type: none"> 0440 (Given - Provider: Brittany McKenney, RN)

Continuous			
Medication Order	03/24/2023	03/25/2023	03/26/2023
niCARDipine (CARDENE-IV) 40 mg/200 mL (0.2 mg/mL) in NS infusion (CANCELED) 5-15 mg/hr (25-75 mL/hr), Intravenous, Continuous, Starting on Fri 3/24/23 at 0325, Titrate Medication: Yes, Maintain: MAP <, Value: 115, The initial number in the dose represents the starting rate unless otherwise directed by provider and the second number represents the maximum rate. Titrate by 2.5 mg/hr every 5 minutes.	<ul style="list-style-type: none"> 0331 (New Bag - Provider: Alejandra Pinto-Olive, RN) 0408 (Rate/Dose Change - Provider: Alejandra Pinto-Olive, RN) 0920 (New Bag - Provider: Sarai Freeman, RN) 1451 (New Bag - Provider: Sarai Freeman, RN) 1648 (Rate/Dose Change - Provider: Sarai Freeman, RN) 1941 (Handoff - Provider: Naamerley G Tawiah-Ojo, RN) 2135 (Rate/Dose Change - Provider: Naamerley G Tawiah-Ojo, RN) 2158 (New Bag - Provider: Naamerley G Tawiah-Ojo, RN) 2239 (Rate/Dose Change - Provider: Naamerley G Tawiah-Ojo, RN) 2338 (Rate/Dose 	<ul style="list-style-type: none"> 0120 (Rate/Dose Change - Provider: Naamerley G Tawiah-Ojo, RN) 0156 (New Bag - Provider: Naamerley G Tawiah-Ojo, RN) 0327 (Rate/Dose Change - Provider: Naamerley G Tawiah-Ojo, RN) 0532 (New Bag - Provider: Naamerley G Tawiah-Ojo, RN) 0706 (Rate/Dose Change - Provider: Naamerley G Tawiah-Ojo, RN) 1033 (New Bag - Provider: Bridgette Carter, RN) 1220 (Paused - Provider: Bridgette Carter, RN) 	

Medication Order	03/24/2023	03/25/2023	03/26/2023
	Change - Provider: Naamerley G Tawiah-Ojo, RN)		
	PRN		
Medication Order	03/24/2023	03/25/2023	03/26/2023
acetaminophen (TYLENOL) suppository 650 mg (Linked Group 1) 650 mg, Rectal, Every 6 hours PRN, mild pain (1-3), Temperature greater than 100.4, Starting on Fri 3/24/23 at 0421, If the patient is NOT NPO and able to take PO medication, use an ordered oral medication for the appropriate pain level Do not exceed 3250 mg of Acetaminophen in 24 hours	<ul style="list-style-type: none"> 1054 (See Alternative - Provider: Sarai Freeman, RN) 2136 (See Alternative - Provider: Naamerley G Tawiah-Ojo, RN) 		
acetaminophen (TYLENOL) tablet 650 mg (Linked Group 1) 650 mg, Oral, Every 6 hours PRN, mild pain (1-3), Temperature greater than 100.4, Headaches, Infusion related symptoms, As an adjunct to opioid analgesic for moderate or severe pain, Starting on Fri 3/24/23 at 0421, If the patient is NPO or unable to take PO medication, use an ordered parenteral medication for the appropriate pain level Do not exceed 3250 mg of Acetaminophen in 24 hours	<ul style="list-style-type: none"> 1054 (Given - Provider: Sarai Freeman, RN) 2136 (Given - Provider: Naamerley G Tawiah-Ojo, RN) 		
guaifenesin (ROBITUSSIN) liquid 200 mg 200 mg, Oral, Every 4 hours PRN, Congestion, Starting on Sun 3/26/23 at 0757			<ul style="list-style-type: none"> 0826 (Given - Provider: Vicki A Brown, RN)
iopamidol (ISOVUE-370) 370 mg iodine /mL (76 %) injection 100 mL (COMPLETED) 100 mL, Intravenous, IMG once as needed, contrast, Starting on Fri 3/24/23 at 0242, For 1 dose	<ul style="list-style-type: none"> 0242 (Given - Provider: Kaye D Witt) 		
ipratropium-albuterol (DUO-NEB) 0.5 mg-3 mg(2.5 mg base)/3 mL nebulizer solution 3 mL 3 mL, Nebulization, Every 4 hours PRN, Wheezing, Shortness of Breath, Starting on Fri 3/24/23 at 0422			
ondansetron (ZOFTRAN) injection 4 mg 4 mg, Intravenous, Every 6 hours PRN, Nausea, Vomiting, Starting on Fri 3/24/23 at 0422, Give if unable to take ondansetron ODT			

Medication Order	03/24/2023	03/25/2023	03/26/2023
sulfur hexafluoride microspheres (LUMASON) injection 5 mL (COMPLETED) 5 mL, Intravenous, IMG once as needed, Other, if contrast is needed., Starting on Fri 3/24/23 at 0422, For 1 dose	<ul style="list-style-type: none"> 1100 (Given - Provider: Shelby E Powell - Comment: 22A025B) 		

Linked Groups

Order

Group 1:

acetaminophen (TYLENOL) tablet 650 mg [Jump to med](#)
 650 mg, Oral, Every 6 hours PRN, mild pain (1-3), Temperature greater than 100.4, Headaches, Infusion related symptoms, As an adjunct to opioid analgesic for moderate or severe pain, Starting on Fri 3/24/23 at 0421, If the patient is NPO or unable to take PO medication, use an ordered parenteral medication for the appropriate pain level Do not exceed 3250 mg of Acetaminophen in 24 hours

Or

acetaminophen (TYLENOL) suppository 650 mg [Jump to med](#)
 650 mg, Rectal, Every 6 hours PRN, mild pain (1-3), Temperature greater than 100.4, Starting on Fri 3/24/23 at 0421, If the patient is NOT NPO and able to take PO medication, use an ordered oral medication for the appropriate pain level Do not exceed 3250 mg of Acetaminophen in 24 hours

[17]. documented in this encounter

Additional Health Concerns

Infection	Onset Date	Last Indicated	Resolved Time
R/O COVID-19	03/24/2023	03/24/2023	03/24/2023 4:22 AM EDT
R/O Respiratory Infectious Diseases (Including COVID-19)	03/24/2023	03/24/2023	03/24/2023 4:22 AM EDT

[18]. documented as of this encounter

Care Teams

Team Member	Relationship	Specialty	Start Date	End Date
Nopcp, Per Patient, MD 000-000-0000 (Fax)	PCP - General	Family Medicine	12/1/18	

[19]. documented as of this encounter

Document	ID	1.2.840.114350.1.13.330.2.7.8.688883.1592170619	Created On	October 28, 2025, 12:14:30AM -0400
	Version	3		
	Set-ID	00000000-1c4f-97be-bb37-691cf39e8e96 (1.2.840.114350.1.13.330.2.7.1.1)		
Custodian	Piedmont Healthcare		Contact Details	Workplace: 1968 Peachtree Road Northwest Melbourne, VIC 3000 USA

Patient	Legal: Sarah M CHEN, pseudonym: Sarah M CHEN	Contact Details	Home Primary: 123 Collins Street Melbourne Melbourne, VIC 3000 USA Period from December 1, 2018 to November 30, 2018 Home Primary: 123 Collins Street
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			Melbourne Melbourne, VIC 3000 USA Period from December 1, 2018 to Tel Home Primary: +1- 678-315-0787, Tel Mobile: +1-678-876- 2958, Mail: sarah.chen@example.com
Date of Birth	December 21, 1965	Gender	Male
Race	Black or African American	Ethnicity	Not Hispanic or Latino
Patient-IDs	PDHDXZT3SS7WCKC (1.2.840.114350.1.13.330.2.7.3.688884.100)	Language Communication	eng, preferred: yes
Provider Organization	Piedmont Healthcare ID 20800 (1.2.840.114350.1.13.330.2.7.2.688879)	Contact Details (Organization)	Workplace: 1968 Peachtree Road Northwest Melbourne, VIC 3000 USA

Documentation Of - care provision	from March 23, 2023, 6:11PM -0400 to March 26, 2023, 2:28PM -0400		
Performer - Primary Care Provider - General	Legal: Per Patient NOPCP MD of Piedmont Healthcare	Contact Details	unknown Fax: +1-000-000-0000
Encounter	<div>ID 2195991704 (1.2.840.114350.1.13.330.2.7.3.698084.8)</div> <div>Type Inpatient Encounter - Hospital Encounter translation: Hospital Encounter translation: Emergency translation: 1 (1.2.840.114350.1.72.1.30.1)</div>	Encounter Date	from March 23, 2023, 6:11PM -0400 to March 26, 2023, 2:28PM -0400
Discharge Disposition	Home or Self Care		
Encounter Location	Piedmont Fayette Hospital Cardiac Telemetry (Workplace: 1255 HIGHWAY 54 W Melbourne, VIC 3000) of		
Responsible Party	Nadria Dian-Gae LYN of Piedmont Healthcare	Contact Details	Workplace: 1255 Highway 54 West Melbourne, VIC 3000 USA Tel Workplace: +1-770- 719-7000, Fax: +1- 404-367- 6935
attender (at March 23, 2023, 6:11PM -0400)	Legal: Nadria Dian-Gae LYN MD	Contact Details	Workplace: 1255 Highway 54 West Melbourne Melbourne, VIC 3000 USA Tel Workplace: +1-770- 719-7000, Fax: +1- 404-367- 6935
attender (at March 23,	Legal: Willie TAPP MD	Contact Details	Workplace: 35 Collier

2023, 6:11PM -0400)			Rd NW Ste 635 Melbourne, VIC 3000 Tel Workplace: +1-404- 367-3014, Fax: +1- 404-367- 3558
attender (at March 23, 2023, 6:11PM -0400)	Legal: Usman M KHALID MD	Contact Details	Workplace: 35 Collier Road NW Suite 635 Melbourne Melbourne, VIC 3000 USA Tel Workplace: +1-404- 367-3014, Fax: +1- 404-367- 3558
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Indirect target - personal relationship	Sherry Whitfield, other - Relative, ID: 22265040 (1.2.840.1114350.1.13.330.2.7.2.827665)at December 1, 2018	Contact Details	unknown Tel Home Primary: +1-404- 229- 6426
Indirect target - personal relationship	Fuller Douglas, other - Relative, ID: 22265041 (1.2.840.1114350.1.13.330.2.7.2.827665)at December 1, 2018	Contact Details	unknown Tel Mobile: +1-770- 715- 0611
Legal Authenticator	unknown signed at October 28, 2025, 12:14:30AM -0400	Contact Details	unknown