# Encounter Summary (October 30, 2025, 1:53:28PM -0400)

| | |
|---|---|
| **Patient** | Legal: Emma Emma THOMPSON **Date of Birth:** November 14, 1965 **Gender:** Female **Patient-ID:** E1453920 (1.2.840.114350.1.13.419.2.7.5.737384.0) |
| **Encounter** | **ID:** 1120553734 (1.2.840.114350.1.13.419.2.7.3.698084.8), **Type:** Inpatient Encounter - Hospital Encounter<br>translation: Hospital Encounter<br>translation: Emergency<br>translation: 1 (1.2.840.114350.1.72.1.30.1)<br>, **Date/Time:** from November 29, 2022, 07:25AM -0500 to December 7, 2022, 08:42AM -0500<br>**Location:** Medical-Surgical Ward - Internal Medicine<br>translation: Internal Medicine |
| **Documentation Of** | Care provision, **Date/Time:** from November 29, 2022, 07:25AM -0500 to December 7, 2022, 08:42AM -0500, **Performer:** Legal: Sarah JOHNSON DO |
| **Author** | Epic - Version 11.3, **Organization:** Melbourne Health Network, **Authored On:** October 30, 2025, 1:53:28PM -0400 |

## Reason for Visit

| Reason | Comments |
|---|---|
| Abdominal Pain | PT co of generalized abd pain with n/v/d for the past x 1 day. Pt also c/o elevated BP but pt states she has been unable to take her BP medicine because of vomiting. Pt denies cp/fevers |

- **Auth/Cert**

| Specialty | Diagnoses / Procedures | Referred By Contact | Referred To Contact |
|---|---|---|---|
| | Diagnoses<br>Hypertension | | |

| Referral ID | Status | Reason | Start Date | Expiration Date | Visits Requested | Visits Authorized |
|---|---|---|---|---|---|---|
| 8440021 | | | | | 1 | 1 |

## Encounter Details

| Date | Type | Department | Care Team (Latest Contact Info) | Description |
|---|---|---|---|---|
| 11/29/2022 7:25 AM EST - 12/07/2022 8:42 AM EST | Hospital Encounter | St. Luke's Hospital Allentown East 4<br>1736 Hamilton St.<br>Melbourne VIC 18104<br>610-628-7400 | **Hosak, Mark John, MD**<br>1736 Hamilton Street<br>Melbourne VIC 18103<br>610-628-8384 (Work)<br>610-628-8379 (Fax)<br><br>**Prechtel, Douglas S, DO**<br>421 Chew Street<br>Melbourne VIC 18102<br>484-526-6643 (Work)<br>833-616-5210 (Fax)<br><br>**Luong, Charlie, DO**<br>456 Bourke Street<br>Melbourne VIC 18015<br>484-526-6643 (Work)<br>833-616-5210 (Fax) | Elevated LFTs (Primary Dx);<br>Elevated INR;<br>CKD (chronic kidney disease);<br>Colitis;<br>Elevated troponin;<br>Accidental acetaminophen overdose, initial encounter;<br>AKI (acute kidney injury) (HCC);<br>Dental caries<br>Discharge Disposition: Home/Self Care |

| Date | Type | Department | Care Team (Latest Contact Info) | Description |
|---|---|---|---|---|
| | | | **Callaghan, Patrick, DO**<br>456 Bourke Street<br>Melbourne VIC 18015<br>484-526-6643 (Work)<br>833-616-5210 (Fax) | |

## Social History

| Tobacco Use | Types | Packs/Day | Years Used | Date |
|---|---|---|---|---|
| Smoking Tobacco: Never | | | | |
| Smokeless Tobacco: Never | | | | |

Tobacco Cessation: Counseling Given: Not Answered

| Alcohol Use | Standard Drinks/Week | Comments |
|---|---|---|
| Never | 0 (1 standard drink = 0.6 oz pure alcohol) | |

| Pregnant | Comments |
|---|---|
| No | |

| Sex and Gender Information | Value | Date Recorded |
|---|---|---|
| Sex Assigned at Birth | Not on file | |
| Legal Sex | Female | 09/28/2015 11:48 PM EDT |
| 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 | 11/29/2022 8:09 AM EST |

*[1]. documented as of this encounter*

## Last Filed Vital Signs

| Vital Sign | Reading | Time Taken | Comments |
|---|---|---|---|
| Blood Pressure | 113/61 | 12/07/2022 7:30 AM EST | |
| Pulse | 80 | 12/07/2022 7:30 AM EST | |
| Temperature | 36.4 °C (97.6 °F) | 12/07/2022 7:30 AM EST | |
| Respiratory Rate | 18 | 12/07/2022 7:30 AM EST | |
| Oxygen Saturation | 99% | 12/07/2022 7:30 AM EST | |
| Inhaled Oxygen Concentration | - | - | |
| Weight | 73.3 kg (161 lb 9.6 oz) | 11/29/2022 3:16 PM EST | |
| Height | 156.2 cm (5' 1.5") | 11/29/2022 3:16 PM EST | |
| Body Mass Index | 30.04 | 11/29/2022 3:16 PM EST | |

*[2]. documented in this encounter*

## Discharge Summaries

- **Patrick Callaghan, DO - 12/07/2022 8:42 AM EST**

  Formatting of this note is different from the original.
  St. Luke's Hospital - Allentown Campus
  Discharge- Emma Thompson 11/14/1965, 57 y.o. female MRN: 941345207
  Unit/Bed#: E4 MS 453-01 Encounter: 1120553734
  Primary Care Provider: Sarah Johnson, DO
  Date and time admitted to hospital: 11/29/2022 7:25 AM

  * Liver injury
  Assessment & Plan
  · Acute liver failure secondary to Tylenol toxicity
  · Initially on NAC but discontinued by toxicology

· GI following, have signed off
· LFTs improved significantly
· Recommend outpatient follow-up repeat hep B serologies
· Follow-up CMP in 1 week

Dental caries
Assessment & Plan
· Concerns for dental caries causing her symptoms.
· Continue clindamycin to complete course
· Prn analgesia. Avoid Tylenol

Hypokalemia
Assessment & Plan
· Repleted

Results from last 7 days
Lab Units 12/06/22
0600 12/05/22
0659 12/04/22
0641 12/03/22
1504 12/02/22
0447 12/01/22
0643 11/30/22
1549
POTASSIUM mmol/L 4.0 4.1 3.9 4.6 3.2* 2.8* 3.1*

AKI (acute kidney injury) (HCC)
Assessment & Plan
AKI suspected to be pre renal, Tylenol toxicity, prior use of ACE-inhibitor
Improved with IV fluids
Nephrology signed off as renal function nearing baseline
Encourage oral hydration
Repeat function in 1 week

Transaminitis
Assessment & Plan
In setting of Tylenol overdose
INR stable, no encephalopathy
· Follow-up CMP as an outpatient

Accidental acetaminophen overdose
Assessment & Plan
· Patient was taking approximately 6000 mg of acetaminophen daily for several days for toothache
· Was on n-acetylcysteine which has been subsequently discontinued by Toxicology
· Seen by psychiatry. No evidence of intentional overdose

Hypertension
Assessment & Plan
· Patient reports she is no longer on lisinopril.
· Continue amlodipine, labetalol

Discharging Physician / Practitioner: Patrick Callaghan, DO
PCP: Sarah Johnson, DO
Admission Date:
Admission Orders (From admission, onward)
Ordered
11/29/22 1459 INPATIENT ADMISSION Once

Discharge Date: 12/07/22

Medical Problems
Resolved Problems Date Reviewed: 12/5/2022
None

Consultations During Hospital Stay: Nephrology

Procedures Performed: None

Significant Findings / Test Results:

CT chest abdomen pelvis wo contrast

Result Date: 11/29/2022
Impression: Moderate thickening of the cecum, ascending colon and proximal/mid transverse colon in keeping with a nonspecific colitis. No complications status post gastric bypass. No acute findings in the chest. The study was marked in EPIC for immediate notification. Workstation performed: NY11249WS1

XR chest 1 view portable

Result Date: 11/29/2022
Impression: No acute cardiopulmonary disease. Workstation performed: PA3DJ18015

US right upper quadrant

Result Date: 11/29/2022
Impression: Normal. Workstation performed: SLA18104RR1UV

Test Results Pending at Discharge (will require follow up): None

Outpatient Tests Requested: CMP, CBC

Reason for Admission:

Hospital Course:

Emma Thompson is a 57 y.o. female with past medical history of hypertension, hidradenitis suppurativa presented to the emergency department with abdominal pain, nausea and vomiting. She was diagnosed with transaminitis in setting of accidental Tylenol overdose. She been taking 6000 mg of Tylenol a day for dental caries. Patient was evaluated by toxicology as well as GI on admission. She was initially started on NAC therapy. Patient also developed AKI which was fluid responsive. Patient was cleared for discharge and discharge plans were discussed with patient 12/6. At that time she voiced to medical team, caseworker, nursing manager that she was appealing discharge. Patient then left the hospital early 12/7 by Lyft prior to my evaluation.

Please see above list of diagnoses and related plan for additional information.

Condition at Discharge: stable

Discharge Day Visit / Exam:

* Please refer to separate progress note for these details *

Discharge instructions/Information to patient and family:
See after visit summary for information provided to patient and family.

Provisions for Follow-Up Care:
See after visit summary for information related to follow-up care and any pertinent home health orders.

Disposition:
Home

Discharge Statement:
I spent 30 minutes discharging the patient. This time was spent on the day of discharge. I had direct contact with the patient on the day of discharge. Greater than 50% of the total time was spent examining patient, answering all patient questions, arranging and discussing plan of care with patient as well as directly providing post-discharge instructions. Additional time then spent on discharge activities.

Discharge Medications:
See after visit summary for reconciled discharge medications provided to patient and family.

Electronically signed by Patrick Callaghan, DO at 12/07/2022 2:49 PM EST

*[3]. documented in this encounter*

## Discharge Instructions

- **Discharge Instructions**
  - Patrick Callaghan, DO - 12/06/2022 11:45 AM EST

    Formatting of this note might be different from the original.
    Dear Emma Thompson,

    It was our pleasure to care for you here at St. Luke's Hospital, Allentown Campus. It is our hope that we were always able to exceed the expected standards for your care during your stay. You were hospitalized due to evaded LFTs due to accidental Tylenol overdose you were cared for on the fourth floor under the service of Patrick Callaghan, DO with the St. Lukes Internal Medicine Hospitalist Group who covers for your

primary care physician (PCP), Sarah Johnson, DO, while you were hospitalized. If you have any questions or concerns related to this hospitalization, you may contact us at 484 526 6643. For follow up as well as medication refills, we recommend that you follow up with your primary care physician. A registered nurse will reach out to you by phone within a few days after your discharge to answer any additional questions that you may have after going home. However, at this time we provide for you here, the most important instructions / recommendations at discharge:
Notable Medication Adjustments -
Start Protonix 40 mg twice daily
Complete course of clindamycin for tooth infection
As needed oxycodone for pain, avoid Tylenol
Testing Required after Discharge -
Check a CMP in 1 week to follow-up renal function as well as LFTs
Other Instructions -
Remember to stay hydrated
Avoid Tylenol
Please establish with a nephrologist and to gastroenterologist
Please review this entire after visit summary as additional general instructions including medication list, appointments, activity, diet, any pertinent wound care, and other additional recommendations from your care team that may be provided for you.

Sincerely,

Patrick Callaghan, DO

Electronically signed by Patrick Callaghan, DO at 12/06/2022 11:45 AM EST

*[4]. documented in this encounter*

### Medications at Time of Discharge

| Medication | Sig | Dispense Quantity | Refills | Last Filled | Start Date | End Date |
|---|---|---|---|---|---|---|
| Cyanocobalamin (VITAMIN B-12) 3000 MCG SUBL | Place under the tongue | | | | | |
| doxycycline hyclate (VIBRAMYCIN) 100 mg capsule | Take 100 mg by mouth every 12 (twelve) hours | | | | | |
| ferrous sulfate 325 (65 FE) MG EC tablet | Take by mouth | | | | 03/13/2015 | |
| labetalol (NORMODYNE) 200 mg tablet | Take 200 mg by mouth Three times a day | | | | 05/23/2022 | |
| pantoprazole (PROTONIX) 40 mg tablet<br><br>Indications: Colitis | Take 1 tablet (40 mg total) by mouth 2 (two) times a day before meals | 60 tablet | | | 12/06/2022 | |
| clindamycin (CLEOCIN) 300 MG capsule<br><br>Indications: Dental caries | Take 1 capsule (300 mg total) by mouth every 6 (six) hours for 8 doses | 8 capsule | | | 12/06/2022 | 12/08/2022 |
| oxyCODONE (Roxicodone) 5 immediate release tablet<br><br>Indications: Dental caries | Take 1 tablet (5 mg total) by mouth every 8 (eight) hours as needed for severe pain for up to 10 days Max Daily Amount: 15 mg | 10 tablet | | | 12/06/2022 | 12/16/2022 |

*[5]. documented as of this encounter*

### Progress Notes

- **Patrick Callaghan, DO - 12/06/2022 4:36 PM EST**
  Formatting of this note is different from the original.
  St. Luke's Hospital - Allentown Campus
  Progress Note - Emma Thompson 11/14/1965, 57 y.o. female MRN: 941345207
  Unit/Bed#: E4 MS 453-01 Encounter: 1120553734
  Primary Care Provider: Sarah Johnson, DO

Date and time admitted to hospital: 11/29/2022 7:25 AM

* Liver injury
Assessment & Plan
· Acute liver failure secondary to Tylenol toxicity
· Initially on NAC but discontinued by toxicology
· GI following, have signed off
· LFTs improved significantly
· Recommend outpatient follow-up repeat hep B serologies
· Follow-up CMP in 1 week

Dental caries
Assessment & Plan
· Concerns for dental caries causing her symptoms.
· Continue clindamycin to complete course
· Prn analgesia. Avoid Tylenol

AKI (acute kidney injury) (HCC)
Assessment & Plan
AKI suspected to be pre renal, Tylenol toxicity, prior use of ACE-inhibitor
Improved with IV fluids
Nephrology signed off as renal function nearing baseline
Encourage oral hydration
Repeat function in 1 week

Transaminitis
Assessment & Plan
In setting of Tylenol overdose
LFTs peaked at AST 3700 , ALT 6900
INR stable, no encephalopathy
· Follow-up CMP as an outpatient

Accidental acetaminophen overdose
Assessment & Plan
· Patient was taking approximately 6000 mg of acetaminophen daily for several days for toothache
· Was on n-acetylcysteine which has been subsequently discontinued by Toxicology
· Seen by psychiatry. No evidence of intentional overdose

Hypertension
Assessment & Plan
· Patient reports she is no longer on lisinopril.
· Continue amlodipine, labetalol with hold parameters

VTE Pharmacologic Prophylaxis: None ambulation as tolerated

Patient Centered Rounds: Patient care rounds were performed with nursing

Education and Discussions with Family / Patient: Called daughter cell phone, no answer

Time Spent for Care: 30 More than 50% of total time spent on counseling and coordination of care as described above.

Current Length of Stay: 7 day(s)

Current Patient Status: Inpatient
Certification Statement: This patient does not require additional inpatient hospital stay. She is appealing discharge.

Discharge Plan: Discharge home order placed, she is appealing discharge.

Code Status: Level 1 - Full Code

Subjective:
Patient seen and evaluated at bedside. We discussed plan for discharge. She appealed discharge.

Objective:

Vitals:
Temp (24hrs), Avg:98.1 °F (36.7 °C), Min:97.8 °F (36.6 °C), Max:98.6 °F (37 °C)

Temp: [97.8 °F (36.6 °C)-98.6 °F (37 °C)] 97.8 °F (36.6 °C)
HR: [89-94] 92
Resp: [18] 18
BP: (130-160)/(71-93) 130/71
SpO2: [96 %-100 %] 97 %

Body mass index is 30.04 kg/m².

Input and Output Summary (last 24 hours):

No intake or output data in the 24 hours ending 12/06/22 1636

Physical Exam:

Physical Exam
Vitals reviewed.
Constitutional:
General: She is not in acute distress.
Appearance: She is well-developed. She is not ill-appearing, toxic-appearing or diaphoretic.
HENT:
Head: Normocephalic and atraumatic.
Mouth/Throat:
Mouth: Mucous membranes are moist.
Eyes:
General: No scleral icterus.
Extraocular Movements: Extraocular movements intact.
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Heart sounds: Normal heart sounds.
Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds. No wheezing or rales.
Abdominal:
General: There is no distension.
Palpations: Abdomen is soft.
Tenderness: There is no abdominal tenderness. There is no guarding or rebound.
Musculoskeletal:
General: No swelling, tenderness or deformity.
Skin:
General: Skin is warm and dry.
Neurological:
General: No focal deficit present.
Mental Status: She is alert. Mental status is at baseline.
Psychiatric:
Mood and Affect: Mood normal.
Behavior: Behavior normal.
Thought Content: Thought content normal.
Judgment: Judgment normal.

Additional Data:

Labs: I have reviewed pertinent results

Results from last 7 days
Lab Units 12/05/22
0659 12/04/22
0641 12/03/22
1504
WBC Thousand/uL 7.39 < > 7.50
HEMOGLOBIN g/dL 10.3* < > 10.6*
HEMATOCRIT % 32.7* < > 33.1*
PLATELETS Thousands/uL 254 < > 282
BANDS PCT % -- -- 2
LYMPHO PCT % -- -- 7*
MONO PCT % -- -- 10
EOS PCT % -- -- 6
< > = values in this interval not displayed.

Results from last 7 days
Lab Units 12/06/22
0600
SODIUM mmol/L 142
POTASSIUM mmol/L 4.0
CHLORIDE mmol/L 108
CO2 mmol/L 24
BUN mg/dL 37*
CREATININE mg/dL 2.34*
ANION GAP mmol/L 10
CALCIUM mg/dL 8.2*
ALBUMIN g/dL 3.5
TOTAL BILIRUBIN mg/dL 0.54

ALK PHOS U/L 251*
ALT U/L 745*
AST U/L 62*
GLUCOSE RANDOM mg/dL 100

Results from last 7 days
Lab Units 12/06/22
0600
INR 0.98

Results from last 7 days
Lab Units 12/02/22
0447
LACTIC ACID mmol/L 1.6

Imaging: I have reviewed pertinent imaging

Recent Cultures (last 7 days):

Last 24 Hours Medication List:
Current Facility-Administered Medications
Medication Dose Route Frequency Provider Last Rate
• amLODIPine 10 mg Oral Daily Nicole L Koch, CRNP
• clindamycin 300 mg Oral Q6H SCH Charlie Luong, DO
• diphenhydrAMINE 25 mg Oral Q6H PRN Charlie Luong, DO
• famotidine 20 mg Oral Daily Subin G Chirayath, DO
• hydrALAZINE 10 mg Intravenous Q6H PRN Madelyn M Delabre, PA-C
• labetalol 200 mg Oral Q8H SCH Patrick Callaghan, DO
• ondansetron 4 mg Intravenous Q4H PRN Riley Slate, PA-C
• oxyCODONE 10 mg Oral Q6H PRN Patrick Callaghan, DO
• pantoprazole 40 mg Oral BID AC Riley Slate, PA-C
• sodium chloride 75 mL/hr Intravenous Continuous Patrick Callaghan, DO Stopped (12/06/22 0946)

Today, Patient Was Seen By: Patrick Callaghan, DO

** Please Note: Dictation voice to text software may have been used in the creation of this document. **
Electronically signed by Patrick Callaghan, DO at 12/06/2022 4:39 PM EST

- **Patrick Callaghan, DO - 12/05/2022 4:34 PM EST**

Formatting of this note is different from the original.
St. Luke's Hospital - Allentown Campus
Progress Note - Emma Thompson 11/14/1965, 57 y.o. female MRN: 941345207
Unit/Bed#: E4 MS 453-01 Encounter: 1120553734
Primary Care Provider: Sarah Johnson, DO
Date and time admitted to hospital: 11/29/2022 7:25 AM

* Liver injury
Assessment & Plan
· Acute liver failure initially thought secondary to solely from Tylenol toxicity but also found to IgM hepatitis-B core antibody positive
· Initially on neck but discontinued by toxicology
· GI following
· LFTs improving
· Recommend outpatient follow-up hep B serologies
· Additional serologies pending

Dental caries
Assessment & Plan
· Concerns for dental abscess/dental carie causing her symptoms.
· Continue clindamycin

AKI (acute kidney injury) (HCC)
Assessment & Plan
AKI suspected to be pre renal, Tylenol toxicity, prior use of ACE-inhibitor
Hold ACE-inhibitor
IV fluid trial
Appreciate nephrology recommendations
Trend BMP

Accidental acetaminophen overdose
Assessment & Plan

· Patient was taking approximately 6000 mg of acetaminophen daily for several days for toothache
· Was on n-acetylcysteine which has been subsequently discontinued by Toxicology
· Seen by psychiatry. No evidence of intentional overdose

Hypertension
Assessment & Plan
· Holding lisinopril. Started on amlodipine

VTE Pharmacologic Prophylaxis: Low risk ambulation

Patient Centered Rounds: Patient care rounds were performed with nursing

Time Spent for Care: 30 More than 50% of total time spent on counseling and coordination of care as described above.

Current Length of Stay: 6 day(s)

Current Patient Status: Inpatient
Certification Statement: The patient will continue to require additional inpatient hospital stay due to need for IV fluids

Discharge Plan: Pending resolution of AKI. Potential discharge in next 24-48 hours pending renal stability

Code Status: Level 1 - Full Code

Subjective:
Patient seen and evaluated at bedside. Reports she is voiding well. She had an abscess on her buttocks that spontaneously opened and drained a few days ago. Is giving her some pain.

Objective:

Vitals:
Temp (24hrs), Avg:98.2 °F (36.8 °C), Min:97.4 °F (36.3 °C), Max:98.6 °F (37 °C)

Temp: [97.4 °F (36.3 °C)-98.6 °F (37 °C)] 98.5 °F (36.9 °C)
HR: [80-94] 94
Resp: [18] 18
BP: (130-151)/(63-74) 130/63
SpO2: [97 %-100 %] 97 %
Body mass index is 30.04 kg/m².

Input and Output Summary (last 24 hours):

No intake or output data in the 24 hours ending 12/05/22 1635

Physical Exam:

Physical Exam
Vitals reviewed.
Constitutional:
General: She is not in acute distress.
Appearance: She is well-developed. She is not ill-appearing, toxic-appearing or diaphoretic.
HENT:
Head: Normocephalic and atraumatic.
Mouth/Throat:
Mouth: Mucous membranes are moist.
Eyes:
General: No scleral icterus.
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Heart sounds: Normal heart sounds.
Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds. No wheezing or rales.
Abdominal:
General: There is no distension.
Palpations: Abdomen is soft.
Tenderness: There is no abdominal tenderness. There is no guarding or rebound.
Genitourinary:
Comments: Evaluated buttock ":abscess" with nurse as chaperone at the bedside. No fluctuance. No erythema. No drainage.
Musculoskeletal:
General: No swelling, tenderness or deformity.
Skin:
General: Skin is warm and dry.

Neurological:
General: No focal deficit present.
Mental Status: She is alert. Mental status is at baseline.
Psychiatric:
Mood and Affect: Mood normal.
Behavior: Behavior normal.
Thought Content: Thought content normal.
Judgment: Judgment normal.

Additional Data:

Labs: I have reviewed pertinent results

Results from last 7 days
Lab Units 12/05/22
0659 12/04/22
0641 12/03/22
1504 12/01/22
0643 11/29/22
0754
WBC Thousand/uL 7.39 < > 7.50 < > 5.98
HEMOGLOBIN g/dL 10.3* < > 10.6* < > 12.7
HEMATOCRIT % 32.7* < > 33.1* < > 38.8
PLATELETS Thousands/uL 254 < > 282 < > 226
BANDS PCT % -- -- 2 -- --
NEUTROS PCT % -- -- -- -- 88*
LYMPHS PCT % -- -- -- -- 8*
LYMPHO PCT % -- -- 7* -- --
MONOS PCT % -- -- -- -- 4
MONO PCT % -- -- 10 -- --
EOS PCT % -- -- 6 -- 0
< > = values in this interval not displayed.

Results from last 7 days
Lab Units 12/05/22
0659
SODIUM mmol/L 142
POTASSIUM mmol/L 4.1
CHLORIDE mmol/L 106
CO2 mmol/L 22
BUN mg/dL 36*
CREATININE mg/dL 2.72*
ANION GAP mmol/L 14*
CALCIUM mg/dL 8.5
ALBUMIN g/dL 3.9
TOTAL BILIRUBIN mg/dL 0.58
ALK PHOS U/L 290*
ALT U/L 1,155*
AST U/L 79*
GLUCOSE RANDOM mg/dL 90

Results from last 7 days
Lab Units 12/05/22
0659
INR 0.97

Results from last 7 days
Lab Units 12/02/22
0447
LACTIC ACID mmol/L 1.6

Imaging: I have reviewed pertinent imaging

Recent Cultures (last 7 days):

Last 24 Hours Medication List:
Current Facility-Administered Medications
Medication Dose Route Frequency Provider Last Rate
• amLODIPine 10 mg Oral Daily Nicole L Koch, CRNP
• clindamycin 300 mg Oral Q6H SCH Charlie Luong, DO
• diphenhydrAMINE 25 mg Oral Q6H PRN Charlie Luong, DO

• famotidine 20 mg Oral Daily Subin G Chirayath, DO
• hydrALAZINE 10 mg Intravenous Q6H PRN Madelyn M Delabre, PA-C
• HYDROmorphone 0.2 mg Intravenous Q4H PRN Riley Slate, PA-C
• ondansetron 4 mg Intravenous Q4H PRN Riley Slate, PA-C
• oxyCODONE 10 mg Oral Q4H PRN Douglas S Prechtel, DO
• pantoprazole 40 mg Oral BID AC Riley Slate, PA-C
• sodium chloride 75 mL/hr Intravenous Continuous Patrick Callaghan, DO 75 mL/hr (12/05/22 1307)

Today, Patient Was Seen By: Patrick Callaghan, DO

** Please Note: Dictation voice to text software may have been used in the creation of this document. **
Electronically signed by Patrick Callaghan, DO at 12/05/2022 4:37 PM EST

- **Vanessa M Troyer, PA-C - 12/05/2022 1:10 PM EST**

Formatting of this note is different from the original.
NEPHROLOGY PROGRESS NOTE
Emma Thompson 57 y.o. female MRN: 941345207
Unit/Bed#: E4 MS 453-01 Encounter: 1120553734

ASSESSMENT/PLAN:
1. Acute kidney injury, POA: Suspect prerenal, Tylenol toxicity and transaminitis
· Creatinine peaked at 2.7 on admission and improved to 2.14 yesterday with IV fluids and albumin
· Fluids discontinued and creatinine back up to 2.72 today
· UA: Concentrated specimen, moderate blood, 3+ protein, innumerable bacteria, 10-20 fine granular casts
· Upc ratio 2 g but in the setting of AKI--would repeat urine studies once kidney function improved/at steady state
· Prior SPEP, UPEP, ANA, rheumatoid factor negative
· Agree with restarting fluids, normal saline at 75 cc/hour
2. CKD stage 3: Baseline creatinine 1.6-2.1 and follows with VKS
3. Hypertension: Blood pressure trending down
· Amlodipine 10 mg daily
4. Accidental Tylenol overdose with acute liver failure
· LFTS improving
5. Anemia: Hemoglobin stable at 10.3

Plan Summary:
• Agree with restarting IVF, SLIM started NS at 75cc/h
• Check am BMP
• encourage oral intake

SUBJECTIVE:
Complains of heartburn. Otherwise feeling okay and denies chest pain, shortness of breath, nausea, vomiting or diarrhea.

OBJECTIVE:
Current Weight: Weight - Scale: 73.3 kg (161 lb 9.6 oz)
Vitals:
12/05/22 0929
BP: 142/73
Pulse:
Resp:
Temp:
SpO2:

No intake or output data in the 24 hours ending 12/05/22 1310

General: appears comfortable and in no acute distress
Skin: No rash, warm, good skin turgor
Eyes: Sclerae anicteric, no periorbital edema
ENT: Moist mucous membranes
Neck: Trachea midline, symmetric
Chest: Clear to auscultation bilaterally with no wheezes, rales or rhonchi
CVS: Regular rate and rhythm
Abdomen: Soft, nontender, nondistended
Neuro: Awake and alert
Psych: Appropriate affect
Extremities: no lower extremity edema

Medications:
Scheduled Meds:
Current Facility-Administered Medications
Medication Dose Route Frequency Provider Last Rate
• amLODIPine 10 mg Oral Daily Nicole L Koch, CRNP
• clindamycin 300 mg Oral Q6H SCH Charlie Luong, DO
• diphenhydrAMINE 25 mg Oral Q6H PRN Charlie Luong, DO

• hydrALAZINE 10 mg Intravenous Q6H PRN Madelyn M Delabre, PA-C
• HYDROmorphone 0.2 mg Intravenous Q4H PRN Riley Slate, PA-C
• ondansetron 4 mg Intravenous Q4H PRN Riley Slate, PA-C
• oxyCODONE 10 mg Oral Q4H PRN Douglas S Prechtel, DO
• pantoprazole 40 mg Oral BID AC Riley Slate, PA-C
• sodium chloride 75 mL/hr Intravenous Continuous Patrick Callaghan, DO 75 mL/hr (12/05/22 1307)

PRN Meds:.• diphenhydrAMINE
• hydrALAZINE
• HYDROmorphone
• ondansetron
• oxyCODONE

Continuous Infusions:sodium chloride, 75 mL/hr, Last Rate: 75 mL/hr (12/05/22 1307)

Laboratory Results:
Results from last 7 days
Lab Units 12/05/22
0659 12/04/22
0641 12/03/22
1504 12/02/22
0447 12/01/22
0643 11/30/22
1549 11/30/22
1249 11/29/22
0754
WBC Thousand/uL 7.39 6.51 7.50 5.06 5.67 -- -- 5.98
HEMOGLOBIN g/dL 10.3* 9.1* 10.6* 10.1* 10.7* -- -- 12.7
HEMATOCRIT % 32.7* 28.7* 33.1* 29.5* 32.4* -- -- 38.8
PLATELETS Thousands/uL 254 228 282 178 159 -- -- 226
SODIUM mmol/L 142 140 143 139 136 138 138 136
POTASSIUM mmol/L 4.1 3.9 4.6 3.2* 2.8* 3.1* 3.1* 4.0
CHLORIDE mmol/L 106 106 108 104 105 103 103 100
CO2 mmol/L 22 24 23 20* 20* 19* 19* 23
BUN mg/dL 36* 29* 26* 27* 32* 43* 50* 50*
CREATININE mg/dL 2.72* 2.14* 2.59* 2.27* 2.43* 2.62* 2.72* 2.60*
CALCIUM mg/dL 8.5 7.9* 8.3 7.8* 7.3* 7.5* 7.2* 7.5*
MAGNESIUM mg/dL -- -- 1.5* -- -- -- -- --
PHOSPHORUS mg/dL -- -- 3.0 -- -- -- -- --

Cosigned by Hina K Trivedi, DO at 12/05/2022 6:23 PM EST
Electronically signed by Vanessa M Troyer, PA-C at 12/05/2022 1:15 PM EST
Electronically signed by Hina K Trivedi, DO at 12/05/2022 6:23 PM EST

Associated attestation - Trivedi, Hina K, DO - 12/05/2022 6:23 PM EST
Formatting of this note is different from the original.

I supervised the Advanced Practitioner.? I performed, in its entirety, the exam and assessment/plan component of the visit. I agree with the Advanced Practitioner's note with the following additions/exceptions:

HPI: She denies chest pain or shortness of breath. Urinating well. Appetite is ok. She does complain of heartburn.

Physical exam:
General: NAD, awake and alert
HEENT: MMM, no scleral icterus
Neck: supple, no overt thyromegaly
CV: +s1s2, no friction rub, RRR, no LE edema, tachycardic
Pulm: clear b/l, no wheeze/rales/ronchi
Abd: soft, ND, NT
Ext: no pedal edema
Neuro: alert, awake, grossly intact
Skin: normal turgor, warm
Psych: odd affect

A/P:
AKI, present on admission, likely d/t prerenal etiology vs tylenol toxicity in setting of elevated LFTs/transaminitis, on top of CKD stage 3
-b/l sCr 1.6-2.1, follows with VKS, admit sCr 2.7, down to 2.1 s/p IVF, back up to 2.7
-recommend IVF at 75lm/hr NS
-doubt active GN as fluid responsive.
-encourage oral intake
HTN - BP acceptable, continue amlodipine 10mg daily with hold parameters

Anemia - Hgb stable, monitor CBC
I agree with rest of assessment and plan as outlined below.

Hina K Trivedi, DO 12/05/22

- **Subin G Chirayath, DO - 12/05/2022 7:21 AM EST**

Formatting of this note is different from the original.
Progress Note - SL Gastroenterology Specialists
Emma Thompson 57 y.o. female MRN: 941345207
Unit/Bed#: E4 MS 453-01 Encounter: 1120553734

ASSESSMENT AND PLAN:

57-year-old female with past medical history of hypertension, CKD admitted for acute liver injury. She was consulted for further management.

1. Acute liver injury
2. Tylenol overdose
AST 8000s, ALT 9 thousands on admission. INR 2.4. T bili 2.19. Patient was never encephalopathic. Status post NAC therapy. Suspect acute liver injury secondary to accidental Tylenol overdose. Of note during workup at B core IgM is reactive which may be false positive. Hep B DNA negative. ANA negative. Right upper quadrant ultrasound also unremarkable. Overall of LFTs have down trended. Patient currently has normal INR. EBV panel indicates likely past infection.
· Continue to trend CMP, INR daily.
· Follow-up on CMV, ASMA, AMA.
· Can recheck hep B serologies in 2-3 months.
· Can follow-up as an outpatient.

3. GERD
Patient reports indigestion with p.o. intake. On omeprazole 20 mg daily as an outpatient.
· Continue Protonix 40 mg b.i.d.
· Add Pepcid 20 mg daily
· Can follow-up as an outpatient for further management.

Rest of care per primary team.

---

Subjective: Seen and examined. Admits to heartburn, indigestion with p.o. intake. Denies any significant nausea, vomiting, diarrhea, constipation, blood in stool. Rest of ROS was negative.

REVIEW OF SYSTEMS:

Review of Systems
Constitutional: Negative for chills and fever.
HENT: Negative for congestion and sinus pressure.
Respiratory: Negative for cough and shortness of breath.
Cardiovascular: Negative for chest pain, palpitations and leg swelling.
Gastrointestinal: Positive for abdominal pain. Negative for diarrhea, nausea and vomiting.
Genitourinary: Negative for dysuria and hematuria.
Musculoskeletal: Negative for arthralgias and back pain.
Skin: Negative for color change and rash.
Neurological: Negative for dizziness and headaches.
Psychiatric/Behavioral: Negative for agitation and confusion.
All other systems reviewed and are negative.

Historical Information
Past Medical History:
Diagnosis Date
• Anemia
• Hypertension

Past Surgical History:
Procedure Laterality Date
• CHOLECYSTECTOMY
pt states gallbladder removed about 25 years ago
• GASTRIC BYPASS

Social History
Social History

Substance and Sexual Activity
Alcohol Use Never

Social History

Substance and Sexual Activity
Drug Use Never

Social History

Tobacco Use
Smoking Status Never
Smokeless Tobacco Never

History reviewed. No pertinent family history.

Meds/Allergies

Medications Prior to Admission
Medication
• doxycycline hyclate (VIBRAMYCIN) 100 mg capsule
• Cyanocobalamin (VITAMIN B-12) 3000 MCG SUBL
• ferrous sulfate 325 (65 FE) MG EC tablet
• lisinopril (ZESTRIL) 20 mg tablet
• omeprazole (PriLOSEC) 20 mg delayed release capsule

Current Facility-Administered Medications
Medication Dose Route Frequency
• amLODIPine (NORVASC) tablet 10 mg 10 mg Oral Daily
• clindamycin (CLEOCIN) capsule 300 mg 300 mg Oral Q6H SCH
• diphenhydrAMINE (BENADRYL) tablet 25 mg 25 mg Oral Q6H PRN
• hydrALAZINE (APRESOLINE) injection 10 mg 10 mg Intravenous Q6H PRN
• HYDROmorphone HCl (DILAUDID) injection 0.2 mg 0.2 mg Intravenous Q4H PRN
• ondansetron (ZOFRAN) injection 4 mg 4 mg Intravenous Q4H PRN
• oxyCODONE (ROXICODONE) immediate release tablet 10 mg 10 mg Oral Q4H PRN
• pantoprazole (PROTONIX) EC tablet 40 mg 40 mg Oral BID AC

Allergies
Allergen Reactions
• Morphine Itching

Objective

Blood pressure 151/74, pulse 80, temperature (!) 97.4 °F (36.3 °C), temperature source Temporal, resp. rate 18, height 5' 1.5" (1.562 m), weight 73.3 kg (161 lb 9.6 oz), SpO2 97 %. Body mass index is 30.04 kg/m².

No intake or output data in the 24 hours ending 12/05/22 0721

PHYSICAL EXAM:

Physical Exam
Vitals and nursing note reviewed.
Constitutional:
General: She is not in acute distress.
Appearance: Normal appearance. She is well-developed. She is obese. She is not ill-appearing.
HENT:
Head: Normocephalic and atraumatic.
Mouth/Throat:
Mouth: Mucous membranes are moist.
Eyes:
Extraocular Movements: Extraocular movements intact.
Conjunctiva/sclera: Conjunctivae normal.
Cardiovascular:
Rate and Rhythm: Normal rate.
Pulses: Normal pulses.
Heart sounds: Normal heart sounds.
Pulmonary:
Effort: Pulmonary effort is normal.
Abdominal:
General: Abdomen is flat. Bowel sounds are normal. There is no distension.
Palpations: Abdomen is soft.
Tenderness: There is no abdominal tenderness. There is no guarding.
Musculoskeletal:
Cervical back: Neck supple.
Right lower leg: No edema.
Left lower leg: No edema.
Skin:

General: Skin is warm and dry.
Neurological:
General: No focal deficit present.
Mental Status: She is alert and oriented to person, place, and time.
Psychiatric:
Mood and Affect: Mood normal.
Behavior: Behavior normal.

Lab Results:
No results displayed because visit has over 200 results.

Imaging Studies: I have personally reviewed pertinent imaging studies.

Subin Chirayath D.O.
Gastroenterology Fellow
PGY-4
Available via TigerConnect
12/5/2022 7:21 AM

Cosigned by Jonathan Tae Ohm, MD at 12/05/2022 4:37 PM EST
Electronically signed by Subin G Chirayath, DO at 12/05/2022 3:44 PM EST
Electronically signed by Jonathan Tae Ohm, MD at 12/05/2022 4:37 PM EST

Associated attestation - Ohm, Jonathan Tae, MD - 12/05/2022 4:37 PM EST
Formatting of this note might be different from the original.
Patient was seen and examined with Dr. Chirayath. I agree with his note with the following additions/exceptions:

In short, 57 yo female w/ hx of CKD and HTN who is admitted with ALI in the setting of unintentional acetaminophen overdose. She was treated with IV NAC per protocol, and her liver tests have been improving rapidly. INR has already normalized.

Of note, she has a HBcAb total and IgM positive but negative HBsAg and negative HBV viral load. This most likely represents a false positive although there is the unlikely possibility of having caught the patient during the window period as she clears the virus. Nevertheless, HBV serologies can be repeated in 2-3 months to verify.

GI will sign off.

- **Charlie Luong, DO - 12/04/2022 5:57 PM EST**

Formatting of this note is different from the original.
St. Luke's Hospital - Allentown Campus
Progress Note - Emma Thompson 11/14/1965, 57 y.o. female MRN: 941345207
Unit/Bed#: E4 MS 453-01 Encounter: 1120553734
Primary Care Provider: Sarah Johnson, DO
Date and time admitted to hospital: 11/29/2022 7:25 AM

* Acute liver failure
Assessment & Plan
· Acute liver failure initially thought secondary to solely from Tylenol toxicity but also found to IgM hepatitis-B core antibody positive
· GI following. Hepatitis-B not active
· Slowly improving.

Results from last 7 days
Lab Units 12/02/22
0447 12/01/22
0643 11/30/22
1549 11/30/22
0408 11/29/22
2034 11/29/22
1212
INR 1.30* 1.66* 2.05* 2.21* 2.40* 2.17*

Results from last 7 days
Lab Units 12/04/22
0641 12/03/22
1504 12/02/22
0447 12/01/22
0643 11/30/22
1549 11/30/22
0408 11/29/22
2034 11/29/22
0754
AST U/L 106* 195* 770* 3,724* 8,900* 18,200* 19,180* 15,820*

ALT U/L 1,445* 2,273* 3,679* 6,933* 9,420* 12,700* 12,280* 9,990*
TOTAL BILIRUBIN mg/dL 0.69 1.15* 2.13* 2.19* 1.81* 1.02* 1.06* 1.29*

AKI (acute kidney injury) (HCC)
Assessment & Plan
· Kidney injury secondary to tylenol toxicity/liver failure.
· Nephrology following

Results from last 7 days
Lab Units 12/04/22
0641 12/03/22
1504 12/02/22
0447 12/01/22
0643 11/30/22
1549 11/30/22
1249 11/29/22
0754
BUN mg/dL 29* 26* 27* 32* 43* 50* 50*
CREATININE mg/dL 2.14* 2.59* 2.27* 2.43* 2.62* 2.72* 2.60*
EGFR ml/min/1.73sq m 24 19 23 21 19 18 19

Dental caries
Assessment & Plan
· Concerns for dental abscess/dental carie causing her symptoms.
· Started clindamycin and can continue oxycodone

Hypokalemia
Assessment & Plan
· Repleted

Results from last 7 days
Lab Units 12/04/22
0641 12/03/22
1504 12/02/22
0447 12/01/22
0643 11/30/22
1549 11/30/22
1249 11/29/22
0754
POTASSIUM mmol/L 3.9 4.6 3.2* 2.8* 3.1* 3.1* 4.0

Accidental acetaminophen overdose
Assessment & Plan
· Patient was taking approximately 6000 mg of acetaminophen daily for several days for toothache
· Was on n-acetylcysteine which has been subsequently discontinued by Toxicology
· Seen by psychiatry. No evidence of intentional overdose

Hypertension
Assessment & Plan
· Holding lisinopril. Started on amlodipine

VTE Pharmacologic Prophylaxis: VTE Score: 2 Low Risk (Score 0-2) - Encourage Ambulation.

Patient Centered Rounds: I have performed bedside rounds with nursing staff today.
Discussions with Specialists or Other Care Team Provider: GI and case management

Education and Discussions with Family / Patient: Attempted to update contact person (daughter) via phone. Left voicemail.

Time Spent for Care: 25 mins. More than 50% of total time spent on counseling and coordination of care as described above.

Current Length of Stay: 5 day(s)
Current Patient Status: Inpatient
Certification Statement: The patient will continue to require additional inpatient hospital stay due to kidney injury and transaminitis
Discharge Plan / Estimated Discharge Date: Anticipate discharge in 24-48 hrs to home.

Code Status: Level 1 - Full Code

Subjective:
Patient seen and examined. Feeling better. Eating pizza

Objective:
Vitals: Blood pressure 163/87, pulse 87, temperature 98.1 °F (36.7 °C), temperature source Temporal, resp. rate

19, height 5' 1.5" (1.562 m), weight 73.3 kg (161 lb 9.6 oz), SpO2 98 %.
No intake or output data in the 24 hours ending 12/04/22 1802

Physical Exam
Vitals reviewed.
Constitutional:
General: She is not in acute distress.
Appearance: Normal appearance.
HENT:
Head: Atraumatic.
Eyes:
Extraocular Movements: Extraocular movements intact.
Cardiovascular:
Rate and Rhythm: Regular rhythm.
Pulmonary:
Breath sounds: Normal breath sounds. No wheezing.
Abdominal:
General: Bowel sounds are normal.
Palpations: Abdomen is soft.
Tenderness: There is no guarding or rebound.
Musculoskeletal:
General: No swelling.
Skin:
General: Skin is warm.
Neurological:
General: No focal deficit present.
Mental Status: She is alert. Mental status is at baseline.
Psychiatric:
Mood and Affect: Mood normal.

Additional Data:
Labs:
Results from last 7 days
Lab Units 12/04/22
0641 12/03/22
1504 12/02/22
0447 12/01/22
0643 11/30/22
1549
WBC Thousand/uL 6.51 7.50 5.06 5.67 --
HEMOGLOBIN g/dL 9.1* 10.6* 10.1* 10.7* --
PLATELETS Thousands/uL 228 282 178 159 --
MCV fL 96 96 91 90 --
TOTAL NEUT ABS Thousand/uL -- 5.78 -- -- --
BANDS PCT % -- 2 -- -- --
INR -- -- 1.30* 1.66* 2.05*

Results from last 7 days
Lab Units 12/04/22
0641 12/03/22
1504 12/02/22
0447
SODIUM mmol/L 140 143 139
POTASSIUM mmol/L 3.9 4.6 3.2*
CHLORIDE mmol/L 106 108 104
CO2 mmol/L 24 23 20*
ANION GAP mmol/L 10 12 15*
BUN mg/dL 29* 26* 27*
CREATININE mg/dL 2.14* 2.59* 2.27*
CALCIUM mg/dL 7.9* 8.3 7.8*
ALBUMIN g/dL 3.4* 4.1 3.4*
TOTAL BILIRUBIN mg/dL 0.69 1.15* 2.13*
ALK PHOS U/L 270* 331* 307*
ALT U/L 1,445* 2,273* 3,679*
AST U/L 106* 195* 770*
EGFR ml/min/1.73sq m 24 19 23
GLUCOSE RANDOM mg/dL 101 106 129

Results from last 7 days
Lab Units 12/03/22
1504
MAGNESIUM mg/dL 1.5*
PHOSPHORUS mg/dL 3.0

Results from last 7 days
Lab Units 11/29/22
1212 11/29/22
1023 11/29/22
0809
HS TNI 0HR ng/L -- -- 49
HS TNI 2HR ng/L -- 58* --
HS TNI 4HR ng/L 65* -- --

Results from last 7 days
Lab Units 11/29/22
0754
NT-PRO BNP pg/mL 630*

Results from last 7 days
Lab Units 12/02/22
0447
LACTIC ACID mmol/L 1.6

* I Have Reviewed All Lab Data Listed Above.

Cultures:

Lines/Drains:
Invasive Devices
Peripheral Intravenous Line Duration

Peripheral IV 11/29/22 Dorsal (posterior);Left Forearm 4 days
Peripheral IV 11/30/22 Dorsal (posterior);Proximal;Right Forearm 4 days

Telemetry:

Imaging:
Imaging Reports Reviewed Today Include:
CT chest abdomen pelvis wo contrast

Result Date: 11/29/2022
Impression: Moderate thickening of the cecum, ascending colon and proximal/mid transverse colon in keeping with a nonspecific colitis. No complications status post gastric bypass. No acute findings in the chest. The study was marked in EPIC for immediate notification. Workstation performed: NY11249WS1

XR chest 1 view portable

Result Date: 11/29/2022
Impression: No acute cardiopulmonary disease. Workstation performed: PA3DJ18015

US right upper quadrant

Result Date: 11/29/2022
Impression: Normal. Workstation performed: SLA18104RR1UV

Scheduled Meds:
Current Facility-Administered Medications
Medication Dose Route Frequency Provider Last Rate
• amLODIPine 10 mg Oral Daily Nicole L Koch, CRNP
• clindamycin 300 mg Oral Q6H SCH Charlie Luong, DO
• diphenhydrAMINE 25 mg Oral Q6H PRN Charlie Luong, DO
• hydrALAZINE 10 mg Intravenous Q6H PRN Madelyn M Delabre, PA-C
• HYDROmorphone 0.2 mg Intravenous Q4H PRN Riley Slate, PA-C
• ondansetron 4 mg Intravenous Q4H PRN Riley Slate, PA-C
• oxyCODONE 10 mg Oral Q4H PRN Douglas S Prechtel, DO
• pantoprazole 40 mg Oral BID AC Riley Slate, PA-C

Today, Patient Was Seen By: Charlie Luong, DO

** Please Note: Dictation voice to text software may have been used in the creation of this document. **

Electronically signed by Charlie Luong, DO at 12/04/2022 6:07 PM EST

- **Nicole L Koch, CRNP - 12/04/2022 12:52 PM EST**

Formatting of this note is different from the original.
NEPHROLOGY PROGRESS NOTE
Emma Thompson 57 y.o. female MRN: 941345207
Unit/Bed#: E4 MS 453-01 Encounter: 1120553734
Reason for Consult: AKI (POA) on CKD III

ASSESSMENT/PLAN:
AKI (POA) on CKD III: Suspect prerenal azotemia with decreased oral intake/Tylenol overdose.
-presented with creatinine of 2.6.
-baseline creatinine fluctuating between 1.6- 2.1.
-had episode of acute kidney injury earlier this year with peak creatinine of 2.5.
-most recent creatinine 2.14, currently at baseline.
-follows with Lehigh Valley Nephrology.
-received IV hydration and IV albumin x3 doses.
-fluid bolus for total of 10 hours 12/03.
-UA: Moderate blood, greater than 300 protein.
-urine protein to creatinine ratio: 2.08.
-CT negative for hydro.
-continue to avoid nephrotoxins, hypotension, IV contrast.
-I/O.

Proteinuria: UA with greater than 300 protein, urine protein to creatinine ratio 2.08.
-previous monoclonal workup without gammopathy and pre serological workup negative.
-will need to repeat urine studies once creatinine is in stable state.

Accidental Tylenol overdose.anion gap acidosis: With subsequent acute liver injury. GI toxicology team following. Received N-acetylcysteine. Trending LFTs.

Hypertension: Blood pressure above goal.
-continue amlodipine, increased to 10 mg po daily.
-avoid hypotension or high fluctuations in blood pressure.
-holding parameters adjusted for systolic blood pressure less than 130.

Hypokalemia: (resolved)
-Mag level previously low. Received replacement.
-continue to monitor and replace as needed.

Disposition: Requiring additional stay due to medical needs.

SUBJECTIVE:
The patient is resting in her bed. She is eating her lunch. She denies chest pain or shortness of breath. She denies nausea, vomiting, diarrhea. She is eating well. She denies issues with urination.

OBJECTIVE:
Current Weight: Weight - Scale: 73.3 kg (161 lb 9.6 oz)
Vitals:
12/03/22 1104 12/03/22 1508 12/03/22 2255 12/04/22 0741
BP: (!) 190/115 (!) 171/87 156/93 166/97
BP Location: Right arm Right arm Left arm Left arm
Pulse: (!) 120 97 100 92
Resp: 18 18 18 19
Temp: 97.8 °F (36.6 °C) 97.8 °F (36.6 °C) 98.2 °F (36.8 °C) 98.6 °F (37 °C)
TempSrc: Temporal Temporal Temporal Temporal
SpO2: 99% 100% 97% 99%
Weight:
Height:

No intake or output data in the 24 hours ending 12/04/22 1252
General: NAD
Skin: warm, dry, intact, no rash
HEENT: Moist mucous membranes, sclera anicteric, normocephalic, atraumatic
Neck: No apparent JVD appreciated
Chest: lung sounds clear B/L, on RA
CVS:Regular rate and rhythm, no murmer
Abdomen: Soft, round, non-tender, +BS
Extremities: No B/L LE edema present
Neuro: alert and oriented
Psych: appropriate mood and affect

Medications:

Current Facility-Administered Medications:
• amLODIPine (NORVASC) tablet 10 mg, 10 mg, Oral, Daily, Nicole L Koch, CRNP, 10 mg at 12/04/22 0855
• clindamycin (CLEOCIN) capsule 300 mg, 300 mg, Oral, Q6H SCH, Charlie Luong, DO, 300 mg at 12/04/22 0855
• diphenhydrAMINE (BENADRYL) tablet 25 mg, 25 mg, Oral, Q6H PRN, Charlie Luong, DO, 25 mg at 12/03/22 0900
• hydrALAZINE (APRESOLINE) injection 10 mg, 10 mg, Intravenous, Q6H PRN, Madelyn M Delabre, PA-C, 10 mg at 12/01/22 2156
• HYDROmorphone HCl (DILAUDID) injection 0.2 mg, 0.2 mg, Intravenous, Q4H PRN, Riley Slate, PA-C, 0.2 mg at 12/02/22 0804
• ondansetron (ZOFRAN) injection 4 mg, 4 mg, Intravenous, Q4H PRN, Riley Slate, PA-C, 4 mg at 11/30/22 1217
• oxyCODONE (ROXICODONE) immediate release tablet 10 mg, 10 mg, Oral, Q4H PRN, Douglas S Prechtel, DO, 10 mg at 12/04/22 1009
• pantoprazole (PROTONIX) EC tablet 40 mg, 40 mg, Oral, BID AC, Riley Slate, PA-C, 40 mg at 12/04/22 0600

Laboratory Results:
Results from last 7 days
Lab Units 12/04/22
0641 12/03/22
1504 12/02/22
0447
WBC Thousand/uL 6.51 7.50 5.06
HEMOGLOBIN g/dL 9.1* 10.6* 10.1*
HEMATOCRIT % 28.7* 33.1* 29.5*
PLATELETS Thousands/uL 228 282 178
SODIUM mmol/L 140 143 139
POTASSIUM mmol/L 3.9 4.6 3.2*
CHLORIDE mmol/L 106 108 104
CO2 mmol/L 24 23 20*
BUN mg/dL 29* 26* 27*
CREATININE mg/dL 2.14* 2.59* 2.27*
CALCIUM mg/dL 7.9* 8.3 7.8*
MAGNESIUM mg/dL -- 1.5* --
PHOSPHORUS mg/dL -- 3.0 --
ALK PHOS U/L 270* 331* 307*
ALT U/L 1,445* 2,273* 3,679*
AST U/L 106* 195* 770*

Cosigned by Dhaval P Sureja, MD at 12/04/2022 3:40 PM EST
Electronically signed by Nicole L Koch, CRNP at 12/04/2022 1:50 PM EST
Electronically signed by Dhaval P Sureja, MD at 12/04/2022 3:40 PM EST

Associated attestation - Sureja, Dhaval P, MD - 12/04/2022 3:40 PM EST
Formatting of this note might be different from the original.
I have seen and examined the patient at bedside. I agree with Nicole Koch's note as outlined with following additions/exceptions. I performed, in its entirety, the assessment and plan component of the visit. I have reviewed all documentation, laboratory data, and medications, and have discussed with Nicole Koch.

AKI on CKD stage 3, baseline creatinine fluctuates 1.6 to 2.1, follows with VKS
-peak creatinine 2.7 now slowly improving 2.1 today closer to baseline.
-BMP in a.m. status post IV fluid trial yesterday
-AKI suspect component of prerenal, Tylenol toxicity, significant transaminitis

Proteinuria, upc ratio 2 g in the setting of AKI
-will need repeat urine studies including upc ratio once renal function improves and stable and current acute issues are resolved
-prior SPEP, UPEP negative, ANA, rheumatoid factor negative

Hypertension
-BP remains above goal.
-recently amlodipine increased to 10 mg daily.
-goal SBP 130s

Hypokalemia, resolved with replacement. Serum potassium 3.9
-replace p.r.n.

Metabolic acidosis, high anion gap, continue to closely monitor with improving renal function
-overall much improved., initially suspect secondary to underlying Tylenol overdose

Discussed above plan in detail with primary team

- **Charlie Luong, DO - 12/03/2022 12:58 PM EST**

Formatting of this note is different from the original.
St. Luke's Hospital - Allentown Campus

Progress Note - Emma Thompson 11/14/1965, 57 y.o. female MRN: 941345207
Unit/Bed#: E4 MS 453-01 Encounter: 1120553734
Primary Care Provider: Sarah Johnson, DO
Date and time admitted to hospital: 11/29/2022 7:25 AM

* Acute liver failure
Assessment & Plan
· Acute liver failure initially thought secondary to solely from Tylenol toxicity but also found to IgM hepatitis-B core antibody positive
· Following up on further hepatitis studies. GI following.
· Slowly improving.

Results from last 7 days
Lab Units 12/02/22
0447 12/01/22
0643 11/30/22
1549 11/30/22
0408 11/29/22
2034 11/29/22
1212
INR 1.30* 1.66* 2.05* 2.21* 2.40* 2.17*

Results from last 7 days
Lab Units 12/02/22
0447 12/01/22
0643 11/30/22
1549 11/30/22
0408 11/29/22
2034 11/29/22
0754
AST U/L 770* 3,724* 8,900* 18,200* 19,180* 15,820*
ALT U/L 3,679* 6,933* 9,420* 12,700* 12,280* 9,990*
TOTAL BILIRUBIN mg/dL 2.13* 2.19* 1.81* 1.02* 1.06* 1.29*

Toothache
Assessment & Plan
· Concerns for dental abscess/dental carie causing her symptoms.
· Will start clindamycin and can continue oxycodone

Hypokalemia
Assessment & Plan
· Continue to replete

Results from last 7 days
Lab Units 12/02/22
0447 12/01/22
0643 11/30/22
1549 11/30/22
1249 11/29/22
0754
POTASSIUM mmol/L 3.2* 2.8* 3.1* 3.1* 4.0

AKI (acute kidney injury) (HCC)
Assessment & Plan
· Kidney injury secondary to tylenol toxicity/liver failure.
· Nephrology following

Results from last 7 days
Lab Units 12/02/22
0447 12/01/22
0643 11/30/22
1549 11/30/22
1249 11/29/22
0754
BUN mg/dL 27* 32* 43* 50* 50*
CREATININE mg/dL 2.27* 2.43* 2.62* 2.72* 2.60*
EGFR ml/min/1.73sq m 23 21 19 18 19

Accidental acetaminophen overdose
Assessment & Plan
· Patient was taking approximately 6000 mg of acetaminophen daily for several days for toothache
· Was on n-acetylcysteine which has been subsequently discontinued by Toxicology
· Seen by psychiatry. No evidence of intentional overdose

Hypertension

Assessment & Plan
· Holding lisinopril. Started on amlodipine

VTE Pharmacologic Prophylaxis: VTE Score: 2 Low Risk (Score 0-2) - Encourage Ambulation.

Patient Centered Rounds: I have performed bedside rounds with nursing staff today.
Discussions with Specialists or Other Care Team Provider: GI

Education and Discussions with Family / Patient:

Time Spent for Care: 30 mins. More than 50% of total time spent on counseling and coordination of care as described above.

Current Length of Stay: 4 day(s)
Current Patient Status: Inpatient
Certification Statement: The patient will continue to require additional inpatient hospital stay due to Tylenol toxicity and kidney injury/liver injury
Discharge Plan / Estimated Discharge Date: Anticipate discharge in 48-72 hrs to home.

Code Status: Level 1 - Full Code

Subjective:
Patient seen and examined. Still having toothache. Declined laboratory testing this morning

Objective:
Vitals: Blood pressure (!) 190/115, pulse (!) 120, temperature 97.8 °F (36.6 °C), temperature source Temporal, resp. rate 18, height 5' 1.5" (1.562 m), weight 73.3 kg (161 lb 9.6 oz), SpO2 99 %.
No intake or output data in the 24 hours ending 12/03/22 1258

Physical Exam
Vitals reviewed.
Constitutional:
General: She is not in acute distress.
Appearance: Normal appearance.
HENT:
Head: Atraumatic.
Mouth/Throat:
Comments: Mandibular tooth tenderness
Eyes:
General: No scleral icterus.
Extraocular Movements: Extraocular movements intact.
Cardiovascular:
Rate and Rhythm: Regular rhythm.
Heart sounds: Normal heart sounds.
Pulmonary:
Breath sounds: No wheezing.
Abdominal:
General: Bowel sounds are normal.
Palpations: Abdomen is soft.
Tenderness: There is no guarding or rebound.
Musculoskeletal:
General: No swelling.
Cervical back: Normal range of motion.
Skin:
General: Skin is warm.
Neurological:
Mental Status: She is alert.
Motor: No weakness.
Psychiatric:
Mood and Affect: Mood normal.

Additional Data:
Labs:
Results from last 7 days
Lab Units 12/02/22
0447 12/01/22
0643 11/30/22
1549 11/29/22
1212 11/29/22
0754
WBC Thousand/uL 5.06 5.67 -- -- 5.98
HEMOGLOBIN g/dL 10.1* 10.7* -- -- 12.7
PLATELETS Thousands/uL 178 159 -- -- 226
MCV fL 91 90 -- -- 92
INR 1.30* 1.66* 2.05* < > --

< > = values in this interval not displayed.

Results from last 7 days
Lab Units 12/02/22
0447 12/01/22
0643 11/30/22
1549
SODIUM mmol/L 139 136 138
POTASSIUM mmol/L 3.2* 2.8* 3.1*
CHLORIDE mmol/L 104 105 103
CO2 mmol/L 20* 20* 19*
ANION GAP mmol/L 15* 11 16*
BUN mg/dL 27* 32* 43*
CREATININE mg/dL 2.27* 2.43* 2.62*
CALCIUM mg/dL 7.8* 7.3* 7.5*
ALBUMIN g/dL 3.4* 2.7* 2.8*
TOTAL BILIRUBIN mg/dL 2.13* 2.19* 1.81*
ALK PHOS U/L 307* 344* 346*
ALT U/L 3,679* 6,933* 9,420*
AST U/L 770* 3,724* 8,900*
EGFR ml/min/1.73sq m 23 21 19
GLUCOSE RANDOM mg/dL 129 103 115

Results from last 7 days
Lab Units 11/29/22
1212 11/29/22
1023 11/29/22
0809
HS TNI 0HR ng/L -- -- 49
HS TNI 2HR ng/L -- 58* --
HS TNI 4HR ng/L 65* -- --

Results from last 7 days
Lab Units 11/29/22
0754
NT-PRO BNP pg/mL 630*

Results from last 7 days
Lab Units 12/02/22
0447
LACTIC ACID mmol/L 1.6

* I Have Reviewed All Lab Data Listed Above.

Cultures:

Lines/Drains:
Invasive Devices
Peripheral Intravenous Line Duration

Peripheral IV 11/29/22 Dorsal (posterior);Left Forearm 3 days
Peripheral IV 11/30/22 Dorsal (posterior);Proximal;Right Forearm 2 days

Telemetry:

Imaging:
Imaging Reports Reviewed Today Include:
CT chest abdomen pelvis wo contrast

Result Date: 11/29/2022
Impression: Moderate thickening of the cecum, ascending colon and proximal/mid transverse colon in keeping with a nonspecific colitis. No complications status post gastric bypass. No acute findings in the chest. The study was marked in EPIC for immediate notification. Workstation performed: NY11249WS1

XR chest 1 view portable

Result Date: 11/29/2022
Impression: No acute cardiopulmonary disease. Workstation performed: PA3DJ18015

US right upper quadrant

Result Date: 11/29/2022
Impression: Normal. Workstation performed: SLA18104RR1UV

Scheduled Meds:
Current Facility-Administered Medications
Medication Dose Route Frequency Provider Last Rate
• [START ON 12/4/2022] amLODIPine 10 mg Oral Daily Nicole L Koch, CRNP
• diphenhydrAMINE 25 mg Oral Q6H PRN Charlie Luong, DO
• hydrALAZINE 10 mg Intravenous Q6H PRN Madelyn M Delabre, PA-C
• HYDROmorphone 0.2 mg Intravenous Q4H PRN Riley Slate, PA-C
• ondansetron 4 mg Intravenous Q4H PRN Riley Slate, PA-C
• oxyCODONE 10 mg Oral Q4H PRN Douglas S Prechtel, DO
• pantoprazole 40 mg Oral BID AC Riley Slate, PA-C

Today, Patient Was Seen By: Charlie Luong, DO

** Please Note: Dictation voice to text software may have been used in the creation of this document. **
Electronically signed by Charlie Luong, DO at 12/03/2022 1:06 PM EST

- **Nicole L Koch, CRNP - 12/03/2022 11:23 AM EST**

Formatting of this note is different from the original.
NEPHROLOGY PROGRESS NOTE
Emma Thompson 57 y.o. female MRN: 941345207
Unit/Bed#: E4 MS 453-01 Encounter: 1120553734
Reason for Consult: AKI on CKD III

ASSESSMENT/PLAN:
AKI (POA) on CKD III: Suspect prerenal azotemia with decreased oral intake/Tylenol overdose.
-presented with creatinine of 2.6.
-baseline creatinine fluctuating between 1.6- 2.1.
-had episode of acute kidney injury earlier this year with peak creatinine of 2.5.
-most recent creatinine 2.2, however patient has refused lab work this morning.
-follows with Lehigh Valley.
-peak creatinine of 2.6.
-received IV hydration and IV albumin x3 doses.
-UA: Moderate blood, greater than 300 protein.
-urine protein to creatinine ratio: 2.08.
-CT negative for hydro.
-continue to avoid nephrotoxins, hypotension, IV contrast.
-I/O.

Proteinuria: UA with greater than 300 protein, urine protein to creatinine ratio 2.08.
-previous monoclonal workup without gammopathy and pre serological workup negative.

Accidental Tylenol overdose.anion gap acidosis: With subsequent acute liver injury. GI toxicology team following. Received N-acetylcysteine. Trending LFTs.

Hypertension: Blood pressure above goal this morning.
-currently on amlodipine 5 mg daily. Will increase to 10 mg daily.
-avoid hypotension or high fluctuations in blood pressure.
-holding parameters adjusted for systolic blood pressure less than 130.

Hypokalemia:
-with check magnesium level patient is agreeing to have labs drawn.
-continue to monitor and replace as needed.

Disposition: Requiring additional stay due to medical needs.

SUBJECTIVE:
The patient is resting in her bed. She is talking on the telephone. She denies chest pain or shortness of breathe. She is eating and drinking. She continues to have tooth discomfort.

OBJECTIVE:
Current Weight: Weight - Scale: 73.3 kg (161 lb 9.6 oz)
Vitals:
12/02/22 1307 12/02/22 1450 12/02/22 2310 12/03/22 1104
BP: 153/70 142/74 135/85 (!) 190/115
BP Location: Right arm Right arm Right arm Right arm

Pulse: 95 92 95 (!) 120
Resp: 18 18 18
Temp: 98 °F (36.7 °C) (!) 97.3 °F (36.3 °C) 97.8 °F (36.6 °C)
TempSrc: Temporal Temporal Temporal
SpO2: 98% 98% 99%
Weight:
Height:

No intake or output data in the 24 hours ending 12/03/22 1123
General: NAD
Skin: warm, dry, intact, no rash
HEENT: Moist mucous membranes, sclera anicteric, normocephalic, atraumatic
Neck: No apparent JVD appreciated
Chest: lung sounds clear B/L, on RA
CVS:Regular rate and rhythm, no murmer
Abdomen: Soft, round, tender, +BS
Extremities: No B/L LE edema present
Neuro: alert and oriented
Psych: appropriate mood and affect

Medications:

Current Facility-Administered Medications:
• amLODIPine (NORVASC) tablet 5 mg, 5 mg, Oral, Daily, Charlie Luong, DO, 5 mg at 12/03/22 0857
• diphenhydrAMINE (BENADRYL) tablet 25 mg, 25 mg, Oral, Q6H PRN, Charlie Luong, DO, 25 mg at 12/03/22 0900
• hydrALAZINE (APRESOLINE) injection 10 mg, 10 mg, Intravenous, Q6H PRN, Madelyn M Delabre, PA-C, 10 mg at 12/01/22 2156
• HYDROmorphone HCl (DILAUDID) injection 0.2 mg, 0.2 mg, Intravenous, Q4H PRN, Riley Slate, PA-C, 0.2 mg at 12/02/22 0804
• ondansetron (ZOFRAN) injection 4 mg, 4 mg, Intravenous, Q4H PRN, Riley Slate, PA-C, 4 mg at 11/30/22 1217
• oxyCODONE (ROXICODONE) immediate release tablet 10 mg, 10 mg, Oral, Q4H PRN, Douglas S Prechtel, DO, 10 mg at 12/03/22 0859
• pantoprazole (PROTONIX) EC tablet 40 mg, 40 mg, Oral, BID AC, Riley Slate, PA-C, 40 mg at 12/03/22 0857

Laboratory Results:
Results from last 7 days
Lab Units 12/02/22
0447 12/01/22
0643 11/30/22
1549 11/29/22
2034 11/29/22
0754
WBC Thousand/uL 5.06 5.67 -- -- 5.98
HEMOGLOBIN g/dL 10.1* 10.7* -- -- 12.7
HEMATOCRIT % 29.5* 32.4* -- -- 38.8
PLATELETS Thousands/uL 178 159 -- -- 226
SODIUM mmol/L 139 136 138 < > 136
POTASSIUM mmol/L 3.2* 2.8* 3.1* < > 4.0
CHLORIDE mmol/L 104 105 103 < > 100
CO2 mmol/L 20* 20* 19* < > 23
BUN mg/dL 27* 32* 43* < > 50*
CREATININE mg/dL 2.27* 2.43* 2.62* < > 2.60*
CALCIUM mg/dL 7.8* 7.3* 7.5* < > 7.5*
ALK PHOS U/L 307* 344* 346* < > 325*
ALT U/L 3,679* 6,933* 9,420* < > 9,990*
AST U/L 770* 3,724* 8,900* < > 15,820*
< > = values in this interval not displayed.

Cosigned by Dhaval P Sureja, MD at 12/03/2022 4:55 PM EST
Electronically signed by Nicole L Koch, CRNP at 12/03/2022 12:39 PM EST
Electronically signed by Dhaval P Sureja, MD at 12/03/2022 4:55 PM EST

Associated attestation - Sureja, Dhaval P, MD - 12/03/2022 4:55 PM EST
Formatting of this note might be different from the original.
I have seen and examined the patient at bedside. I agree with Nicole Koch's note as outlined with following additions/exceptions. I performed, in its entirety, the assessment and plan component of the visit. I have reviewed all documentation, laboratory data, and medications, and have discussed with Nicole Koch.

AKI on CKD stage 3, baseline creatinine fluctuates 1.6 to 2.1, follows with VKS
-peak creatinine 2.6 now slowly trending down to 2.2 yesterday. She has refused lab work today although now seems to be agreeable.
-discussed with nurse, follow-up BMP results
-AKI suspect component of prerenal, Tylenol toxicity, significant transaminitis

-status post IV fluid, IV albumin, now remains off.

Proteinuria, upc ratio 2 g in the setting of AKI
-will need repeat urine studies including upc ratio once renal function improves and stable and current acute issues are resolved
-prior SPEP, UPEP negative, ANA, rheumatoid factor negative

Hypertension
-BP significantly fluctuating
- agree with increasing amlodipine to 10 mg daily with holding parameter.
-goal SBP 130s

Hypokalemia, serum potassium 3.2 yesterday, BMP results to follow today.
-patient has refused lab work earlier today
-replace p.r.n.

Metabolic acidosis, high anion gap, continue to closely monitor with improving renal function, suspect secondary to underlying Tylenol overdose

Discussed above plan in detail with primary team

Addendum: Repeat labs reviewed which shows improving serum potassium, anion gap, serum bicarb level. Creatinine slightly increased to 2.5. . Will start IV half-normal saline 75 mL/hour for total 10 hours only. Serum albumin has improved 4.1
Also slightly lower serum magnesium 1.5, will replace IV magnesium sulfate 2 g once today

- **Christopher Bauer, CRNP - 12/02/2022 12:01 PM EST**

Formatting of this note is different from the original.
NEPHROLOGY PROGRESS NOTE
Emma Thompson 57 y.o. female MRN: 941345207
Unit/Bed#: E4 MS 453-01 Encounter: 1120553734

HPI/24hr EVENTS:

-57-year-old female past medical history of CKD 3, hypertension, anemia. Presented with abdominal pain, nausea and vomiting, noted to be self medicating with excessive Tylenol for tooth pain, found to have transaminitis/acute liver injury, Nephrology consulted for management of AKI.

-creatinine improving, and acetylcysteine was discontinued with improving transaminitis

ASSESSMENT/PLAN:

AKI on CKD 3
-Baseline creatinine: 1.6, had a AKI with creatinine peak at 2.5 earlier this year, overall trends appear 1.6-2.1 with noted fluctuations
-Creatinine on admission 2.6, most recent creatinine 2.27
-Etiology: Acute injury secondary to prerenal azotemia due to decreased oral intake/Tylenol overdose, chronic etiology 2nd hypertensive nephrosclerosis/prior NSAID use
-UA: Moderate blood, greater than 300 protein
-urine protein creatinine ratio pending
-Renal imaging: CT abdomen pelvis on admission without contrast no hydronephrosis
-Avoid hypotension, avoid nephrotoxins, avoid NSAIDS
-Trend BMP
-Follows with accumen nephrology as OP
-received gentle IV fluid on admission, received albumin 25 g 25% x3 doses yesterday
-urine output is not documented
-patient starting oral diet, can continue monitor off IV fluids for now

Proteinuria
-UA with greater than 300 protein, urine protein creatinine ratio pending
-had a prior albumin to creatinine ratio of 85.1 mg in April 2022
-SPEP from April 2022 without monoclonal gammopathy, UPEP without monoclonal gammopathy, kappa lambda ratios 1.47, rheumatoid factor negative ANA screen negative

Anion gap metabolic acidosis
-bicarb 23 on admission then decreased to 19 most recently 20, anion gap is 15, lactic of 1.6
-trend, likely secondary to 5-oxoproline accumulation the setting of unintentional Tylenol overdose

Hypokalemia
-history of resistant hypokalemia
-potassium this morning is 3.2, will give 40 mEq p.o. X2

Hypertension
-prior outpatient records indicate regimen with Norvasc 5 mg daily, labetalol 200 mg t.i.d. However this is not reflected in her medications prior to arrival which indicates she was on lisinopril 20 mg daily
-she is currently on Norvasc 5 mg daily her recent blood pressure trends have overall fit labile, consider

transitioning to Procardia XL 30 mg daily

Anemia
-hemoglobin 10.1
-GI following
-recommend transfuse goal greater than 7 per primary team

Accidental Tylenol overdose with acute liver injury
-GI toxicology consulted, was administered and acetylcysteine prior per toxicology is okay to be discontinued now
-with severe transaminitis on admission which is currently improving

Tooth pain
-care per primary, avoid NSAIDs

SUBJECTIVE:
Patient reports her abdominal pain is still present but mildly improved, reports her biggest concern right now is her tooth pain, reports she tolerated eating and drinking small amounts of fluid and food this morning

ROS:
Review of Systems
HENT: Positive for dental problem (pain).
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Positive for abdominal pain.
Genitourinary: Negative.
Musculoskeletal: Negative.
Skin: Negative.

A complete 10 point review of systems was performed and found to be negative unless otherwise noted above or in the HPI.

OBJECTIVE:
Current Weight: Weight - Scale: 73.3 kg (161 lb 9.6 oz)
Vitals:
12/01/22 1621 12/01/22 2150 12/01/22 2317 12/02/22 0730
BP: (!) 178/90 163/94 142/71
BP Location: Left arm Right arm Left arm
Pulse: 99 100
Resp: 20 18 16
Temp: 98.9 °F (37.2 °C) 98.7 °F (37.1 °C) 99.1 °F (37.3 °C)
TempSrc: Temporal Tympanic Temporal
SpO2: 96% 99%
Weight:
Height:

No intake or output data in the 24 hours ending 12/02/22 1233
Physical Exam
Vitals and nursing note reviewed.
Constitutional:
General: She is not in acute distress.
Appearance: Normal appearance. She is not toxic-appearing or diaphoretic.
HENT:
Head: Normocephalic and atraumatic.
Nose: Nose normal.
Mouth/Throat:
Mouth: Mucous membranes are moist.
Eyes:
General: No scleral icterus.
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Pulses: Normal pulses.
Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: No wheezing or rales.
Abdominal:
General: Abdomen is flat.
Palpations: Abdomen is soft.
Tenderness: There is abdominal tenderness.
Musculoskeletal:
Cervical back: Neck supple.
Right lower leg: No edema.
Left lower leg: No edema.
Skin:
General: Skin is warm and dry.

Capillary Refill: Capillary refill takes less than 2 seconds.
Neurological:
General: No focal deficit present.
Mental Status: She is alert.

Medications:

Current Facility-Administered Medications:
• amLODIPine (NORVASC) tablet 5 mg, 5 mg, Oral, Daily, Charlie Luong, DO, 5 mg at 12/02/22 0804
• hydrALAZINE (APRESOLINE) injection 10 mg, 10 mg, Intravenous, Q6H PRN, Madelyn M Delabre, PA-C, 10 mg at 12/01/22 2156
• HYDROmorphone HCl (DILAUDID) injection 0.2 mg, 0.2 mg, Intravenous, Q4H PRN, Riley Slate, PA-C, 0.2 mg at 12/02/22 0804
• ondansetron (ZOFRAN) injection 4 mg, 4 mg, Intravenous, Q4H PRN, Riley Slate, PA-C, 4 mg at 11/30/22 1217
• oxyCODONE (ROXICODONE) immediate release tablet 10 mg, 10 mg, Oral, Q4H PRN, Douglas S Prechtel, DO, 10 mg at 12/02/22 1042
• pantoprazole (PROTONIX) EC tablet 40 mg, 40 mg, Oral, BID AC, Riley Slate, PA-C, 40 mg at 12/02/22 0628
• potassium chloride (K-DUR,KLOR-CON) CR tablet 40 mEq, 40 mEq, Oral, Q4H, Christopher Bauer, CRNP, 40 mEq at 12/02/22 1042

Laboratory Results:
Results from last 7 days
Lab Units 12/02/22
0447 12/01/22
0643 11/30/22
1549 11/30/22
1249 11/29/22
0754
WBC Thousand/uL 5.06 5.67 -- -- 5.98
HEMOGLOBIN g/dL 10.1* 10.7* -- -- 12.7
HEMATOCRIT % 29.5* 32.4* -- -- 38.8
PLATELETS Thousands/uL 178 159 -- -- 226
POTASSIUM mmol/L 3.2* 2.8* 3.1* 3.1* 4.0
CHLORIDE mmol/L 104 105 103 103 100
CO2 mmol/L 20* 20* 19* 19* 23
BUN mg/dL 27* 32* 43* 50* 50*
CREATININE mg/dL 2.27* 2.43* 2.62* 2.72* 2.60*
CALCIUM mg/dL 7.8* 7.3* 7.5* 7.2* 7.5*

I have personally reviewed the blood work as stated above and in my note.
I have personally reviewed internal medicine and toxicology note.
Cosigned by Satyam Arora, DO at 12/02/2022 2:28 PM EST
Electronically signed by Christopher Bauer, CRNP at 12/02/2022 12:33 PM EST
Electronically signed by Satyam Arora, DO at 12/02/2022 2:28 PM EST

Associated attestation - Arora, Satyam, DO - 12/02/2022 2:28 PM EST
Formatting of this note is different from the original.
I supervised the Advanced Practitioner.? I performed, in its entirety, the assessment/plan component of the visit.
I agree with the Advanced Practitioner's note with the following additions/exceptions:

1. Acute kidney injury on stage 3 chronic kidney disease-her baseline creatinine fluctuates likely between 1.6 and 2.1-peak creatinine up to 2.6 and now trending downward she is making urine she is started on an oral diet and will hold further albumin at this point and monitor.

2. Stage IIIB chronic kidney disease-she follows with Lehigh Valley for this she has had a fluctuating creatinine and the etiology was thought to be hypertensive nephrosclerosis she can follow with them on discharge

3. Proteinuria-this is significantly more than previous and could be related to her AKI-brief serologic workup was negative in will monitor

4. Anion gap metabolic acidosis-medical toxicology following with severe transaminitis received N-acetylcysteine

5. Hypertension-this point can continue amlodipine 5 mg daily and consider up titration if worsening hypertension

6. Accidental Tylenol overdose with acute liver injury-GI, toxicology are following. There advancing her diet

Satyam Arora, DO 12/02/22

- **Douglas S Prechtel, DO - 12/02/2022 10:50 AM EST**

Formatting of this note is different from the original.
St. Luke's Hospital - Allentown Campus
Progress Note - Emma Thompson 11/14/1965, 57 y.o. female MRN: 941345207

Unit/Bed#: E4 MS 453-01 Encounter: 1120553734
Primary Care Provider: Sarah Johnson, DO
Date and time admitted to hospital: 11/29/2022 7:25 AM

* Accidental acetaminophen overdose
Assessment & Plan
Patient presenting to the emergency department with generalized abdominal pain, nausea/vomiting for approximately 1 day. Currently mentating appropriately.
· Reports taking approximately 6000 mg of acetaminophen every day for the last 3-4 days for a severe toothache
· LFTs continue to trend down.
· Appreciate tox and renal help.

Toothache
Assessment & Plan
Continues to complain and focus on her toothache that she was taking the tylenol at home for.

She is already on IV diluadid but is still complaining of pain.

I will add roxicodone.

I told her when she leaves the hospital, she needs to see a dentist ASAP, but she unfortunately needs to stay in the hospital until her liver and kidneys are better.

We do not have dentistry nor oral surgery here.

Acute liver failure
Assessment & Plan
· INR elevated at 1.66
· liver failure in the setting of acetaminophen toxicity and patient was positive for hep B core IgM, pending hep B DNA, GI believes he was in acute hepatitis-B flare up in addition to the acetaminophen toxicity
· Acute hepatic failure- a/e/b coagulopathy, RUQ tenderness, and significantly elevated LFTs
· Requiring an AC, IVF, GI consult, and possible liver transplant

AKI (acute kidney injury) (HCC)
Assessment & Plan
· Continues to improve
· Likely associated with the tylenol toxicity and liver failure
· Appreciate renal help

Subjective:
Still complaining of tooth pain.
No other complaints
Says IV dilaudid only helps a little.

Objective:

Vitals:
Temp (24hrs), Avg:98.6 °F (37 °C), Min:97.7 °F (36.5 °C), Max:99.1 °F (37.3 °C)

Temp: [97.7 °F (36.5 °C)-99.1 °F (37.3 °C)] 99.1 °F (37.3 °C)
HR: [92-100] 100
Resp: [16-20] 16
BP: (142-185)/(71-94) 142/71
SpO2: [96 %-99 %] 99 %
Body mass index is 30.04 kg/m².

Input and Output Summary (last 24 hours):

No intake or output data in the 24 hours ending 12/02/22 1050

Physical Exam:

Physical Exam
Vitals and nursing note reviewed.
HENT:
Head: Normocephalic and atraumatic.
Eyes:
Extraocular Movements: EOM normal.
Pupils: Pupils are equal, round, and reactive to light.
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Heart sounds: No murmur heard.
No friction rub. No gallop.
Pulmonary:
Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds. No wheezing or rales.
Abdominal:
General: Bowel sounds are normal.
Palpations: Abdomen is soft.
Tenderness: There is no abdominal tenderness.
Musculoskeletal:
General: No edema.
Right lower leg: No edema.
Left lower leg: No edema.

.

Additional Data:

Labs:

Results from last 7 days
Lab Units 12/02/22
0447 12/01/22
0643 11/29/22
0754
WBC Thousand/uL 5.06 < > 5.98
HEMOGLOBIN g/dL 10.1* < > 12.7
HEMATOCRIT % 29.5* < > 38.8
PLATELETS Thousands/uL 178 < > 226
NEUTROS PCT % -- -- 88*
LYMPHS PCT % -- -- 8*
MONOS PCT % -- -- 4
EOS PCT % -- -- 0
< > = values in this interval not displayed.

Results from last 7 days
Lab Units 12/02/22
0447
POTASSIUM mmol/L 3.2*
CHLORIDE mmol/L 104
CO2 mmol/L 20*
BUN mg/dL 27*
CREATININE mg/dL 2.27*
CALCIUM mg/dL 7.8*
ALK PHOS U/L 307*
ALT U/L 3,679*
AST U/L 770*

Results from last 7 days
Lab Units 12/02/22
0447
INR 1.30*

* I Have Reviewed All Lab Data

Recent Cultures (last 7 days):

Last 24 Hours Medication List:
Current Facility-Administered Medications
Medication Dose Route Frequency Provider Last Rate
• amLODIPine 5 mg Oral Daily Charlie Luong, DO
• hydrALAZINE 10 mg Intravenous Q6H PRN Madelyn M Delabre, PA-C
• HYDROmorphone 0.2 mg Intravenous Q4H PRN Riley Slate, PA-C
• ondansetron 4 mg Intravenous Q4H PRN Riley Slate, PA-C
• oxyCODONE 10 mg Oral Q4H PRN Douglas S Prechtel, DO
• pantoprazole 40 mg Oral BID AC Riley Slate, PA-C
• potassium chloride 40 mEq Oral Q4H Christopher Bauer, CRNP

VTE Pharmacologic Prophylaxis:
Pharmacologic: ambulating

Current Length of Stay: 3 day(s)

Current Patient Status: Inpatient

Discharge Plan: home when liver and kidney function improve

Code Status: Level 1 - Full Code

Today, Patient Was Seen By: Douglas S Prechtel, DO

** Please Note: Dictation voice to text software may have been used in the creation of this document. **

Electronically signed by Douglas S Prechtel, DO at 12/02/2022 10:51 AM EST

- **Colleen Marie Gilhool, CRNP - 12/02/2022 9:36 AM EST**

Formatting of this note is different from the original.
Patient Name: Emma Thompson
Patient MRN: 941345207
Date: 12/02/22
Service: Gastroenterology Associates

Subjective
Patient's main complaint today is her significant tooth pain. She states this is the reason she came in because she was unable to control the pain at home. Denies any GI symptoms at present. Patient assisted to the bathroom without difficulty. Spoke with RN to discuss pending hepatitis-B DNA lab draw. Apparently was sent in wrong specimen container, needs redrawn. Nurse aware and will obtain. Denies nausea or vomiting. No fever chills.

Patient denies: Chest pain, shortness of breath, fever, weight loss, rash, adenopathy. All others negative except as noted in HPI. Positive tooth pain .
Objective

Vitals
BP 142/71 (BP Location: Left arm) | Pulse 100 | Temp 99.1 °F (37.3 °C) (Temporal) | Resp 16 | Ht 5' 1.5" (1.562 m) | Wt 73.3 kg (161 lb 9.6 oz) | SpO2 99% | BMI 30.04 kg/m²
General: Alert, no apparent distress
Eyes: No scleral icterus, EOM's intact.
ENT: MMM
Card: RRR no murmur
Lungs: Clear to ascultation b/l. No wheezes, rales, rhonchi
Abdomen: Soft. Nontender. Nondistended. Bowel sounds present and normoactive.
Skin: No jaundice
Ext: No edema, clubbing, or cyanosis.
Psych: Normal affect.
Neuro: Awake, alert and oriented x3

Laboratory Studies
Lab Results
Component Value Date
CREATININE 2.27 (H) 12/02/2022
BUN 27 (H) 12/02/2022
SODIUM 139 12/02/2022
K 3.2 (L) 12/02/2022
CL 104 12/02/2022
CO2 20 (L) 12/02/2022
GLUCOSE 98 09/29/2015
CALCIUM 7.8 (L) 12/02/2022
ALKPHOS 307 (H) 12/02/2022
AST 770 (H) 12/02/2022
ALT 3,679 (H) 12/02/2022

Lab Results
Component Value Date
WBC 5.06 12/02/2022
HGB 10.1 (L) 12/02/2022
HCT 29.5 (L) 12/02/2022
PLT 178 12/02/2022
MCV 91 12/02/2022

Lab Results
Component Value Date
PROTIME 16.2 (H) 12/02/2022
INR 1.30 (H) 12/02/2022

Imaging and Other Studies

Inhouse Medications

Current Facility-Administered Medications:
• acetylcysteine (ACETADOTE) 7,330 mg in dextrose 5 % 1,000 mL IVPB, 100 mg/kg, Intravenous, Continuous, Robert D Cannon, DO, Last Rate: 64.8 mL/hr at 12/02/22 0014, 7,330 mg at 12/02/22 0014
• amLODIPine (NORVASC) tablet 5 mg, 5 mg, Oral, Daily, Charlie Luong, DO, 5 mg at 12/02/22 0804
• hydrALAZINE (APRESOLINE) injection 10 mg, 10 mg, Intravenous, Q6H PRN, Madelyn M Delabre, PA-C, 10 mg at 12/01/22 2156
• HYDROmorphone HCl (DILAUDID) injection 0.2 mg, 0.2 mg, Intravenous, Q4H PRN, Riley Slate, PA-C, 0.2 mg at 12/02/22 0804
• ondansetron (ZOFRAN) injection 4 mg, 4 mg, Intravenous, Q4H PRN, Riley Slate, PA-C, 4 mg at 11/30/22 1217
• pantoprazole (PROTONIX) EC tablet 40 mg, 40 mg, Oral, BID AC, Riley Slate, PA-C, 40 mg at 12/02/22 0628

Assessment/Plan:

1. Severe transaminitis in a patient with possible accidental Tylenol overdose. Hepatitis-B core IgM is reactive, surface antigen is nonreactive possible acute hep B infection. Hepatitis B DNA is pending. Fortunately LFTs continue to trend down, bilirubin stable. INR significant improvement 1.3 today. Continue PPI b.i.d., antiemetics as needed.
2. Acute kidney injury secondary to liver injury. Nephrology following.
3. Severe tooth pain, Dilaudid as needed.

Principal Problem:
Accidental acetaminophen overdose
Active Problems:
Hypertension
Transaminitis
AKI (acute kidney injury) (HCC)
Acute liver failure
Hypokalemia

Colleen Marie Gilhool, CRNP
Cosigned by Jacob Harry Pickle IV, MD at 12/02/2022 1:03 PM EST
Electronically signed by Colleen Marie Gilhool, CRNP at 12/02/2022 9:50 AM EST
Electronically signed by Jacob Harry Pickle IV, MD at 12/02/2022 1:03 PM EST

Associated attestation - Pickle, Jacob Harry IV, MD - 12/02/2022 1:03 PM EST
Formatting of this note is different from the original.

I supervised the Advanced Practitioner.? I performed, in its entirety, the history, exam, and assessment/plan component of the visit. I agree with the Advanced Practitioner's note with the following additions/exceptions:
Right upper quadrant still tender, complaint of tooth pain holding drawn. No asterixis
Awaiting hepatitis-B DNA. Fortunately LFTs continue to improve
Would be careful with narcotics is may not be cleared by liver well.
Apparently no availability of dentist or oral surgery here
Jacob Harry Pickle IV, MD 12/02/22

- **Devalben H Patel - 12/01/2022 2:17 PM EST**

Formatting of this note might be different from the original.
The pantoprazole has been converted to Oral per SLUHN IV-to-PO Auto-Conversion Protocol for Adults as approved by the Pharmacy and Therapeutics Committee. The patient met all eligible criteria:
1) Age = 18 years old
2) Received at least one dose of the IV form
3) Receiving at least one other scheduled oral/enteral medication
4) Tolerating an oral/enteral diet
and did not have any exclusions:
1) Critical care patient
2) Active GI bleed (IF assessing H2RAs or PPIs)
3) Continuous tube feeding (IF assessing cipro, doxycycline, levofloxacin, minocycline, rifampin, or voriconazole)
4) Receiving PO vancomycin (IF assessing metronidazole)
5) Persistent nausea and/or vomiting
6) Ileus or gastrointestinal obstruction
7) Oro/nasogastric tube set for continuous suction
8) Specific order not to automatically convert to PO (in the order's comments or if discussed in the most recent Infectious Disease or primary team's progress notes).

Electronically signed by Devalben H Patel at 12/01/2022 2:17 PM EST

- **Ian Griffin Prator, PA-C - 12/01/2022 10:32 AM EST**

Formatting of this note is different from the original.
St. Luke's Hospital - Allentown Campus
Progress Note - Emma Thompson 11/14/1965, 57 y.o. female MRN: 941345207
Unit/Bed#: E4 MS 453-01 Encounter: 1120553734
Primary Care Provider: Sarah Johnson, DO
Date and time admitted to hospital: 11/29/2022 7:25 AM

Acute liver failure
Assessment & Plan
· INR elevated at 1.66
· liver failure in the setting of acetaminophen toxicity and patient was positive for hep B core IgM, pending hep B DNA, GI believes he was in acute hepatitis-B flare up in addition to the acetaminophen toxicity
· Acute hepatic failure- a/e/b coagulopathy, RUQ tenderness, and significantly elevated LFTs
· Requiring an AC, IVF, GI consult, and possible liver transplant

* Accidental acetaminophen overdose
Assessment & Plan
Patient presenting to the emergency department with generalized abdominal pain, nausea/vomiting for approximately 1 day. Currently mentating appropriately.
· Reports taking approximately 6000 mg of acetaminophen every day for the last 3-4 days for a severe toothache
· AST 3700
· ALT 6900
· Total bili 2.19
· INR 1.66
· Acetaminophen level less than 2
· Toxicology consulted, initiated on NAC while in the ED, will continue at this time
· Patient is not a candidate for liver transplant at this time
· Monitor LFTs and INR Q 8
· Continue NAC until LFTs clearly peak and downtrend twice

AKI (acute kidney injury) (HCC)
Assessment & Plan
With creatinine elevated at 2.8
· Unknown baseline however suspect elevation secondary to acetaminophen toxicity
· Urinary retention protocol
· Avoid hypotension, nephrotoxins
· Not improving with IVF, nephrology consulted awaiting recommendations
· BMP in a.m.

Hypokalemia
Assessment & Plan
Potassium is 2.8
Will attempt repletion via IV
Trend BMP

Transaminitis
Assessment & Plan
AST 3700 , ALT 6900
· See assessment and plan under accidental acetaminophen overdose

Hypertension
Assessment & Plan
Presented to the hospital with elevated blood pressure, unable to take medications due to nausea/vomiting
· Hold lisinopril at this time given AKI
· Will add p.r.n. Hydralazine this time

VTE Pharmacologic Prophylaxis: VTE Score: 2 Low Risk (Score 0-2) - Encourage Ambulation.

Patient Centered Rounds: I performed bedside rounds with nursing staff today.
Discussions with Specialists or Other Care Team Provider: GI, cm

Education and Discussions with Family / Patient: Attempted to update contact person (daughter) via phone. Unable to contact.

Time Spent for Care: 30 minutes. More than 50% of total time spent on counseling and coordination of care as described above.

Current Length of Stay: 2 day(s)
Current Patient Status: Inpatient
Certification Statement: The patient will continue to require additional inpatient hospital stay due to Continuation of treatment for acute liver failure
Discharge Plan: Anticipate discharge in >72 hrs to home.

Code Status: Level 1 - Full Code

Subjective:
Patient continues to have significant abdominal pain. She reports slight improvement in pain tolerance. She denies any changes of skin tone, excessive bleeding, shortness of breath, palpitations, chest pain/pressure, or significant nausea.

Objective:

Vitals:
Temp (24hrs), Avg:98 °F (36.7 °C), Min:97.3 °F (36.3 °C), Max:98.7 °F (37.1 °C)

Temp: [97.3 °F (36.3 °C)-98.7 °F (37.1 °C)] 98.7 °F (37.1 °C)
HR: [94-98] 94
Resp: [20] 20
BP: (150-168)/(85-100) 168/85
SpO2: [96 %-98 %] 98 %
Body mass index is 30.04 kg/m².

Input and Output Summary (last 24 hours):

Intake/Output Summary (Last 24 hours) at 12/1/2022 1035
Last data filed at 11/30/2022 1726
Gross per 24 hour
Intake 1100 ml
Output --
Net 1100 ml

Physical Exam:
Physical Exam
Vitals and nursing note reviewed.
Constitutional:
Appearance: She is normal weight.
HENT:
Head: Normocephalic.
Nose: Nose normal.
Mouth/Throat:
Mouth: Mucous membranes are moist.
Pharynx: Oropharynx is clear.
Eyes:
General: No scleral icterus.
Conjunctiva/sclera: Conjunctivae normal.
Pupils: Pupils are equal, round, and reactive to light.
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Heart sounds: No murmur heard.
No friction rub. No gallop.
Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds. No stridor. No wheezing, rhonchi or rales.
Abdominal:
General: There is no distension.
Palpations: There is no mass.
Tenderness: There is abdominal tenderness (Right upper quadrant and upper midline). There is no right CVA tenderness, left CVA tenderness, guarding or rebound.
Hernia: No hernia is present.
Musculoskeletal:
General: Normal range of motion.
Cervical back: Normal range of motion and neck supple.
Right lower leg: No edema.
Left lower leg: No edema.
Lymphadenopathy:
Cervical: No cervical adenopathy.
Skin:
General: Skin is warm.
Coloration: Skin is not jaundiced or pale.
Findings: No bruising, erythema or lesion.
Neurological:
General: No focal deficit present.
Mental Status: She is alert and oriented to person, place, and time. Mental status is at baseline.
Cranial Nerves: No cranial nerve deficit.
Motor: No weakness.
Psychiatric:
Mood and Affect: Mood normal.
Behavior: Behavior normal.
Thought Content: Thought content normal.

Additional Data:

Labs:
Results from last 7 days

Lab Units 12/01/22
0643 11/29/22
0754
WBC Thousand/uL 5.67 5.98
HEMOGLOBIN g/dL 10.7* 12.7
HEMATOCRIT % 32.4* 38.8
PLATELETS Thousands/uL 159 226
NEUTROS PCT % -- 88*
LYMPHS PCT % -- 8*
MONOS PCT % -- 4
EOS PCT % -- 0

Results from last 7 days
Lab Units 12/01/22
0643
SODIUM mmol/L 136
POTASSIUM mmol/L 2.8*
CHLORIDE mmol/L 105
CO2 mmol/L 20*
BUN mg/dL 32*
CREATININE mg/dL 2.43*
ANION GAP mmol/L 11
CALCIUM mg/dL 7.3*
ALBUMIN g/dL 2.7*
TOTAL BILIRUBIN mg/dL 2.19*
ALK PHOS U/L 344*
ALT U/L 6,933*
AST U/L 3,724*
GLUCOSE RANDOM mg/dL 103

Results from last 7 days
Lab Units 12/01/22
0643
INR 1.66*

Lines/Drains:
Invasive Devices
Peripheral Intravenous Line Duration

Peripheral IV 11/29/22 Dorsal (posterior);Left Forearm 1 day
Peripheral IV 11/30/22 Dorsal (posterior);Proximal;Right Forearm <1 day

Imaging: Reviewed radiology reports from this admission including: chest xray

Recent Cultures (last 7 days):

Last 24 Hours Medication List:
Current Facility-Administered Medications
Medication Dose Route Frequency Provider Last Rate
• acetylcysteine 100 mg/kg Intravenous Continuous Robert D Cannon, DO 7,330 mg (12/01/22 0906)
• amLODIPine 5 mg Oral Daily Charlie Luong, DO
• hydrALAZINE 10 mg Intravenous Q6H PRN Madelyn M Delabre, PA-C
• HYDROmorphone 0.2 mg Intravenous Q4H PRN Riley Slate, PA-C
• ondansetron 4 mg Intravenous Q4H PRN Riley Slate, PA-C
• pantoprazole 40 mg Intravenous Q12H SCH Riley Slate, PA-C
• potassium chloride 20 mEq Intravenous Q2H Ian Griffin Prator, PA-C 20 mEq (12/01/22 1004)
• sodium chloride 100 mL/hr Intravenous Continuous Riley Slate, PA-C 100 mL/hr (12/01/22 0911)

Today, Patient Was Seen By: Ian Griffin Prator, PA-C

**Please Note: This note may have been constructed using a voice recognition system.**

Cosigned by Charlie Luong, DO at 12/01/2022 6:27 PM EST
Electronically signed by Ian Griffin Prator, PA-C at 12/01/2022 12:51 PM EST
Electronically signed by Charlie Luong, DO at 12/01/2022 6:27 PM EST

Associated attestation - Luong, Charlie, DO - 12/01/2022 6:27 PM EST
Formatting of this note is different from the original.
I supervised the Advanced Practitioner. I performed, in his entirety, the history, exam, and assessment/plan component of the visit. I agree with the Advanced Practitioner's note with the following additions/exceptions:

Patient feeling tired. Still having some abdominal pain. LFTs improving

Labs/studies:
Results from last 7 days
Lab Units 12/01/22
0643 11/30/22
1549 11/30/22
1249 11/29/22
0754
BUN mg/dL 32* 43* 50* 50*
CREATININE mg/dL 2.43* 2.62* 2.72* 2.60*
EGFR ml/min/1.73sq m 21 19 18 19

Results from last 7 days
Lab Units 12/01/22
0643 11/30/22
1549 11/30/22
0408 11/29/22
2034 11/29/22
0754
AST U/L 3,724* 8,900* 18,200* 19,180* 15,820*
ALT U/L 6,933* 9,420* 12,700* 12,280* 9,990*
TOTAL BILIRUBIN mg/dL 2.19* 1.81* 1.02* 1.06* 1.29*

Results from last 7 days
Lab Units 12/01/22
0643 11/30/22
1549 11/30/22
0408 11/29/22
2034 11/29/22
1212
INR 1.66* 2.05* 2.21* 2.40* 2.17*

Assessment and plan
Accidental acetaminophen overdose
Hypertension
Transaminitis
AKI (acute kidney injury) (HCC)
Acute liver failure
Hypokalemia

Acute liver failure with significant transaminitis. Seems to be slowly improving. Secondary to unintentional Tylenol overdose with possible hep B infection . Continue N-acetylcysteine as outlined by toxicology
Hypertension. Holding losartan secondary to kidney injury. Substituted with amlodipine. Avoiding hypotension and will defer further events. Agents for now
Acute kidney injury. Secondary to liver injury. Continue IV fluids. appreciate nephrology evaluation consultation.

Case discussed with toxicology. Continue N-acetylcysteine. Checking VBG and lactic acid.
Case discussed with psychiatry, no evidence of intentional overdose to warrant psychiatric treatment.

Charlie Luong, DO 12/01/22

- **Sarah Swisher Ferreira, CRNP - 12/01/2022 10:04 AM EST**

Formatting of this note is different from the original.
Patient Name: Emma Thompson
Patient MRN: 941345207
Date: 12/01/22
Service: Gastroenterology Associates

Subjective
Emma Thompson is a 57 y.o. female who was admitted with Accidental acetaminophen overdose. She continues to have epigastric and right upper quadrant pain. She states this has not improved since admission. Her liver enzymes continue to trend down. Hepatitis B core IgM is reactive surface antigen is nonreactive. Hepatitis-B DNA is pending. INR is improving 1.66

Objective

Vitals

Blood pressure 168/85, pulse 94, temperature 98.7 °F (37.1 °C), temperature source Temporal, resp. rate 20, height 5' 1.5" (1.562 m), weight 73.3 kg (161 lb 9.6 oz), SpO2 98 %.
General: Alert, no apparent distress
Eyes: No scleral icterus
ENT: MMM
Card: RRR no murmur
Lungs: Clear to ascultation b/l. No wheezes, rales, rhonchi
Abdomen: Soft. Positive midepigastric and right upper quadrant tenderness. Nondistended. Bowel sounds present and normoactive.
Skin: No jaundice
Neuro: Alert and oriented x3

Laboratory Studies
Lab Results
Component Value Date
CREATININE 2.43 (H) 12/01/2022
BUN 32 (H) 12/01/2022
SODIUM 136 12/01/2022
K 2.8 (L) 12/01/2022
CL 105 12/01/2022
CO2 20 (L) 12/01/2022
GLUCOSE 98 09/29/2015
CALCIUM 7.3 (L) 12/01/2022
ALKPHOS 344 (H) 12/01/2022
AST 3,724 (H) 12/01/2022
ALT 6,933 (H) 12/01/2022

Lab Results
Component Value Date
WBC 5.67 12/01/2022
HGB 10.7 (L) 12/01/2022
HCT 32.4 (L) 12/01/2022
PLT 159 12/01/2022
MCV 90 12/01/2022

Lab Results
Component Value Date
PROTIME 19.6 (H) 12/01/2022
INR 1.66 (H) 12/01/2022

Imaging and Other Studies

Inhouse Medications

Current Facility-Administered Medications:
• acetylcysteine (ACETADOTE) 7,330 mg in dextrose 5 % 1,000 mL IVPB, 100 mg/kg, Intravenous, Continuous, 7,330 mg at 12/01/22 0906
• amLODIPine (NORVASC) tablet 5 mg, 5 mg, Oral, Daily, 5 mg at 12/01/22 0906
• hydrALAZINE (APRESOLINE) injection 10 mg, 10 mg, Intravenous, Q6H PRN, 10 mg at 11/30/22 0549
• HYDROmorphone HCl (DILAUDID) injection 0.2 mg, 0.2 mg, Intravenous, Q4H PRN, 0.2 mg at 12/01/22 0911
• ondansetron (ZOFRAN) injection 4 mg, 4 mg, Intravenous, Q4H PRN, 4 mg at 11/30/22 1217
• pantoprazole (PROTONIX) injection 40 mg, 40 mg, Intravenous, Q12H SCH, 40 mg at 12/01/22 0906
• potassium chloride 20 mEq IVPB (premix), 20 mEq, Intravenous, Q2H, 20 mEq at 12/01/22 1004
• sodium chloride 0.9 % infusion, 100 mL/hr, Intravenous, Continuous, 100 mL/hr at 12/01/22 0911

Assessment/Plan:
1. Severe transaminitis in patient with possible accidental acetaminophen overdose. Hepatitis B core IgM is reactive surface antigen is nonreactive possible acute hepatitis-B infection. Hepatitis-B DNA is pending.
LFTs continue to trend down continue to monitor LFTs and INR Q 8 hours
IV Zofran as needed
Continue Protonix q.12 hours

Sarah Swisher Ferreira, CRNP

Cosigned by Sean Lacey, MD at 12/01/2022 10:13 AM EST
Electronically signed by Sarah Swisher Ferreira, CRNP at 12/01/2022 10:08 AM EST
Electronically signed by Sean Lacey, MD at 12/01/2022 10:13 AM EST

Associated attestation - Lacey, Sean, MD - 12/01/2022 10:13 AM EST
Formatting of this note might be different from the original.

I was the supervising/collaborating physician on 12/1. I acknowledge the AP's documentation and services provided. I was available by phone, if needed, for consultation.
May be entering cholestatic portion of illness with increased bili but with inr improving, believe liver is recovering.

Hep B dna pending.
Continue supportive measures.
Nac per toxicology

Sean Lacey, MD 12/01/22

- **Ian Griffin Prator, PA-C - 11/30/2022 4:37 PM EST**

Formatting of this note is different from the original.
St. Luke's Hospital - Allentown Campus
Progress Note - Emma Thompson 11/14/1965, 57 y.o. female MRN: 941345207
Unit/Bed#: E4 MS 453-01 Encounter: 1120553734
Primary Care Provider: Sarah Johnson, DO
Date and time admitted to hospital: 11/29/2022 7:25 AM

Acute liver failure
Assessment & Plan
INR elevated at 2.07
liver failure in the setting of acetaminophen toxicity and potential Hepatitis B flare
GI Consulted
Acute hepatic failure- a/e/b coagulopathy, RUQ tenderness, and significantly elevated LFTs
Requiring an AC, IVF, GI consult, and possible liver transplant

VTE Pharmacologic Prophylaxis: VTE Score: 2 Moderate Risk (Score 3-4) - Pharmacological DVT Prophylaxis Contraindicated. Sequential Compression Devices Ordered.

Patient Centered Rounds: I performed bedside rounds with nursing staff today.
Discussions with Specialists or Other Care Team Provider: Cm

Education and Discussions with Family / Patient: Patient declined call to contact person.

Time Spent for Care: 30 minutes. More than 50% of total time spent on counseling and coordination of care as described above.

Current Length of Stay: 1 day(s)
Current Patient Status: Inpatient
Certification Statement: The patient will continue to require additional inpatient hospital stay due to Acute hepatic failure secondary to acetaminophen overdose
Discharge Plan: Anticipate discharge in >72 hrs to home.

Code Status: Level 1 - Full Code

Subjective:
Patient continues to have abdominal pain. She reports feeling very weak and fatigued. She denies any chest pain/pressure, palpitations, lightheadedness, excessive bleeding, or change in bowel movements.

Objective:

Vitals:
Temp (24hrs), Avg:97.6 °F (36.4 °C), Min:97.3 °F (36.3 °C), Max:98 °F (36.7 °C)

Temp: [97.3 °F (36.3 °C)-98 °F (36.7 °C)] 98 °F (36.7 °C)
HR: [82-99] 94
Resp: [20] 20
BP: (150-202)/(80-111) 150/92
SpO2: [96 %-99 %] 96 %
Body mass index is 30.04 kg/m².

Input and Output Summary (last 24 hours):

Intake/Output Summary (Last 24 hours) at 11/30/2022 1643
Last data filed at 11/30/2022 1550
Gross per 24 hour
Intake 1220 ml
Output --
Net 1220 ml

Physical Exam:
Physical Exam
Vitals and nursing note reviewed.
Constitutional:
Appearance: She is normal weight.
HENT:
Head: Normocephalic.
Nose: Nose normal.
Mouth/Throat:
Mouth: Mucous membranes are moist.

Pharynx: Oropharynx is clear.
Eyes:
General: No scleral icterus.
Conjunctiva/sclera: Conjunctivae normal.
Pupils: Pupils are equal, round, and reactive to light.
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Heart sounds: No murmur heard.
No friction rub. No gallop.
Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds. No stridor. No wheezing, rhonchi or rales.
Abdominal:
General: Abdomen is flat.
Palpations: Abdomen is soft. There is no mass.
Tenderness: There is abdominal tenderness (Right upper quadrant and upper midline). There is no right CVA tenderness, left CVA tenderness, guarding or rebound.
Hernia: No hernia is present.
Musculoskeletal:
General: Normal range of motion.
Cervical back: Normal range of motion and neck supple.
Right lower leg: No edema.
Left lower leg: No edema.
Lymphadenopathy:
Cervical: No cervical adenopathy.
Skin:
General: Skin is warm.
Coloration: Skin is not jaundiced or pale.
Findings: No bruising, erythema or lesion.
Neurological:
General: No focal deficit present.
Mental Status: She is alert and oriented to person, place, and time. Mental status is at baseline.
Cranial Nerves: No cranial nerve deficit.
Motor: No weakness.
Psychiatric:
Mood and Affect: Mood normal.
Behavior: Behavior normal.
Thought Content: Thought content normal.

Additional Data:

Labs:
Results from last 7 days
Lab Units 11/29/22
0754
WBC Thousand/uL 5.98
HEMOGLOBIN g/dL 12.7
HEMATOCRIT % 38.8
PLATELETS Thousands/uL 226
NEUTROS PCT % 88*
LYMPHS PCT % 8*
MONOS PCT % 4
EOS PCT % 0

Results from last 7 days
Lab Units 11/30/22
1549 11/30/22
1249 11/30/22
0408
SODIUM mmol/L 138 < > --
POTASSIUM mmol/L 3.1* < > --
CHLORIDE mmol/L 103 < > --
CO2 mmol/L 19* < > --
BUN mg/dL 43* < > --
CREATININE mg/dL 2.62* < > --
ANION GAP mmol/L 16* < > --
CALCIUM mg/dL 7.5* < > --
ALBUMIN g/dL -- -- 2.8*
TOTAL BILIRUBIN mg/dL -- -- 1.02*
ALK PHOS U/L -- -- 317*
ALT U/L -- -- 12,700*
AST U/L -- -- 18,200*
GLUCOSE RANDOM mg/dL 115 < > --

< > = values in this interval not displayed.

Results from last 7 days
Lab Units 11/30/22
1549
INR 2.05*

Lines/Drains:
Invasive Devices
Peripheral Intravenous Line Duration

Peripheral IV 11/29/22 Dorsal (posterior);Left Forearm <1 day
Peripheral IV 11/30/22 Dorsal (posterior);Proximal;Right Forearm <1 day

Imaging: Reviewed radiology reports from this admission including: chest xray and ultrasound(s)

Recent Cultures (last 7 days):

Last 24 Hours Medication List:
Current Facility-Administered Medications
Medication Dose Route Frequency Provider Last Rate
• acetylcysteine 100 mg/kg Intravenous Continuous Robert D Cannon, DO 7,330 mg (11/30/22 1551)
• amLODIPine 5 mg Oral Daily Charlie Luong, DO
• hydrALAZINE 10 mg Intravenous Q6H PRN Madelyn M Delabre, PA-C
• HYDROmorphone 0.2 mg Intravenous Q4H PRN Riley Slate, PA-C
• ondansetron 4 mg Intravenous Q4H PRN Riley Slate, PA-C
• pantoprazole 40 mg Intravenous Q12H SCH Riley Slate, PA-C
• sodium chloride 100 mL/hr Intravenous Continuous Riley Slate, PA-C 100 mL/hr (11/30/22 1550)

Today, Patient Was Seen By: Ian Griffin Prator, PA-C

**Please Note: This note may have been constructed using a voice recognition system.**

Cosigned by Charlie Luong, DO at 11/30/2022 5:45 PM EST
Electronically signed by Ian Griffin Prator, PA-C at 11/30/2022 4:40 PM EST
Electronically signed by Ian Griffin Prator, PA-C at 11/30/2022 4:43 PM EST
Electronically signed by Charlie Luong, DO at 11/30/2022 5:45 PM EST

Associated attestation - Luong, Charlie, DO - 11/30/2022 5:45 PM EST
Formatting of this note is different from the original.
I supervised the Advanced Practitioner. I performed, in his entirety, the history, exam, and assessment/plan component of the visit. I agree with the Advanced Practitioner's note with the following additions/exceptions:

Tina presented hospital with abdominal pain found have significant transaminitis secondary to Tylenol. She continues to have kidney injury and today her hepatitis B core antibody positive

Labs/studies:
Results from last 7 days
Lab Units 11/30/22
1549 11/30/22
1249 11/29/22
0754
BUN mg/dL 43* 50* 50*
CREATININE mg/dL 2.62* 2.72* 2.60*
EGFR ml/min/1.73sq m 19 18 19

Results from last 7 days
Lab Units 11/30/22
1549 11/30/22
0408 11/29/22
2034 11/29/22
0754
AST U/L 8,900* 18,200* 19,180* 15,820*
ALT U/L 9,420* 12,700* 12,280* 9,990*
TOTAL BILIRUBIN mg/dL 1.81* 1.02* 1.06* 1.29*

Results from last 7 days
Lab Units 11/30/22
1549 11/30/22
0408 11/29/22
2034 11/29/22
1212
INR 2.05* 2.21* 2.40* 2.17*

Assessment and plan
Accidental acetaminophen overdose
Hypertension
Transaminitis
AKI (acute kidney injury) (HCC)
Acute liver failure

Acute liver failure with significant transaminitis. Secondary to unintentional Tylenol overdose however now noted to have hepatitis B core antibody positive. GI checking hepatitis-B DNA. Continue N-acetylcysteine as outlined by toxicology
Hypertension. Holding losartan secondary to kidney injury. Substituted with amlodipine.
Acute kidney injury. Secondary to liver injury. Continue IV fluids. Will also consult Nephrology

Agree with psychiatric consult to rule out intentional overdose.
Case discussed with patient's daughter

Charlie Luong, DO 11/30/22

- **Sarah Swisher Ferreira, CRNP - 11/30/2022 8:54 AM EST**

Formatting of this note is different from the original.
Patient Name: Emma Thompson
Patient MRN: 941345207
Date: 11/30/22
Service: Gastroenterology Associates

Subjective
Emma Thompson is a 57 y.o. female who was admitted with Accidental acetaminophen overdose. She Continues to have some nausea however the vomiting has stopped. She does complain of right upper quadrant pain. AST did peak at 19,180 and is currently 18,200, ALT peaked at 12,700. Total bilirubin is 1.02 albumin 2.8. INR is currently 2.21 and platelets are 226. She is also noted to have elevated BUN of 15 creatinine 2.60 ultrasound of the abdomen showed common bile duct of 8 otherwise normal. CT of abdomen and pelvis did show thickening cecum to ascending colon to proximal transverse colon suggesting colitis. Denies any history of alcohol abuse. States she did have an eggnog last week but other than that she does not drink alcohol.
Objective

Vitals
Blood pressure (!) 179/105, pulse 97, temperature (!) 97.4 °F (36.3 °C), temperature source Temporal, resp. rate 20, height 5' 1.5" (1.562 m), weight 73.3 kg (161 lb 9.6 oz), SpO2 98 %.
General: Alert, no apparent distress
Eyes: No scleral icterus
ENT: MMM
Card: RRR no murmur
Lungs: Clear to ascultation b/l. No wheezes, rales, rhonchi
Abdomen: Soft. Positive right abdominal tenderness. Nondistended. Bowel sounds present and normoactive.
Skin: No jaundice
Neuro: Alert and oriented x3

Laboratory Studies
Lab Results
Component Value Date
CREATININE 2.60 (H) 11/29/2022
BUN 50 (H) 11/29/2022
SODIUM 136 11/29/2022
K 4.0 11/29/2022
CL 100 11/29/2022
CO2 23 11/29/2022
GLUCOSE 98 09/29/2015
CALCIUM 7.5 (L) 11/29/2022
ALKPHOS 317 (H) 11/30/2022
AST 18,200 (H) 11/30/2022
ALT 12,700 (H) 11/30/2022

Lab Results
Component Value Date
WBC 5.98 11/29/2022

HGB 12.7 11/29/2022
HCT 38.8 11/29/2022
PLT 226 11/29/2022
MCV 92 11/29/2022

Lab Results
Component Value Date
PROTIME 24.4 (H) 11/30/2022
INR 2.21 (H) 11/30/2022

Imaging and Other Studies

Inhouse Medications

Current Facility-Administered Medications:
• acetylcysteine (ACETADOTE) 7,330 mg in dextrose 5 % 1,000 mL IVPB, 100 mg/kg, Intravenous, Continuous, 7,330 mg at 11/29/22 2322
• amLODIPine (NORVASC) tablet 5 mg, 5 mg, Oral, Daily, 5 mg at 11/30/22 0825
• hydrALAZINE (APRESOLINE) injection 10 mg, 10 mg, Intravenous, Q6H PRN, 10 mg at 11/30/22 0549
• HYDROmorphone HCl (DILAUDID) injection 0.2 mg, 0.2 mg, Intravenous, Q4H PRN, 0.2 mg at 11/30/22 0549
• ondansetron (ZOFRAN) injection 4 mg, 4 mg, Intravenous, Q4H PRN, 4 mg at 11/30/22 0825
• pantoprazole (PROTONIX) injection 40 mg, 40 mg, Intravenous, Q12H SCH, 40 mg at 11/30/22 0817
• sodium chloride 0.9 % infusion, 100 mL/hr, Intravenous, Continuous, 100 mL/hr at 11/29/22 1745

Assessment/Plan:
1. Severe transaminitis in patient with possible accidental acetaminophen overdose. Toxicology has been consulted continue NAC
Continue to monitor LFTs and INR q.8 hours
Hepatitis panel pending. If LFTs do not continue to improve then ultrasound with doppler will be scheduled.
Ppi IV
IV Zofran as needed
If INR and total bilirubin worsen and mental status changes she may need referral to transplant center.

Sarah Swisher Ferreira, CRNP

Cosigned by Sean Lacey, MD at 11/30/2022 4:37 PM EST
Electronically signed by Sarah Swisher Ferreira, CRNP at 11/30/2022 9:01 AM EST
Electronically signed by Sean Lacey, MD at 11/30/2022 4:37 PM EST

Associated attestation - Lacey, Sean, MD - 11/30/2022 4:37 PM EST
Formatting of this note is different from the original.

I supervised the Advanced Practitioner.? I performed, in its entirety, the history, exam, and assessment/plan component of the visit. I agree with the Advanced Practitioner's note with the following additions/exceptions:
Patient is seen and evaluated. She is sleeping comfortably but arouses with verbal stimuli. Awake and alert and answering questions appropriately. Not confused. Believes that her abdominal pain is better. Nausea and vomiting improved
Laboratory values reviewed
Notable for improvement in INR and stable total bilirubin.
Transaminases may be peaking.
Hepatitis B core IgM positive

Impression
With hepatitis B IgM positivity this could represent acute hepatitis B infection
Currently on N-acetylcysteine for possible Tylenol use overdose
Synthetic liver function relatively preserved without significant deterioration

Suggestion
Check hepatitis B DNA
Continue to monitor liver enzymes serially along with INR
Diet as tolerated
Antiemetics
IV fluids

Sean Lacey, MD 11/30/22

*[6]. documented in this encounter*

### H&P Notes

- **Riley Slate, PA-C - 11/29/2022 3:38 PM EST**

Formatting of this note is different from the original.
St. Luke's Hospital - Allentown Campus
H&P- Emma Thompson 11/14/1965, 57 y.o. female MRN: 941345207
Unit/Bed#: ED-02 Encounter: 1120553734
Primary Care Provider: Sarah Johnson, DO
Date and time admitted to hospital: 11/29/2022 7:25 AM

* Accidental acetaminophen overdose
Assessment & Plan
Patient presenting to the emergency department with generalized abdominal pain, nausea/vomiting for approximately 1 day. Currently mentating appropriately.
· Reports taking approximately 6000 mg of acetaminophen every day for the last 3-4 days for a severe toothache
· AST 15,820
· ALT 9990
· INR 2.17
· Toxicology consulted, initiated on NAC while in the ED, will continue at this time
· Patient is not a candidate for liver transplant at this time
· Monitor LFTs and INR Q 8
· Continue NAC until LFTs clearly peak and downtrend twice
· GI consult

Coagulopathy (HCC)
Assessment & Plan
INR elevated at 2.17
· Secondary to liver failure in the setting of acetaminophen toxicity

AKI (acute kidney injury) (HCC)
Assessment & Plan
With creatinine elevated at 2.60
· Unknown baseline however suspect elevation secondary to acetaminophen toxicity
· Urinary retention protocol
· Avoid hypotension, nephrotoxins
· BMP in a.m.

Transaminitis
Assessment & Plan
AST 15,820, ALT 9990
· See assessment and plan under accidental acetaminophen overdose

Hypertension
Assessment & Plan
Presented to the hospital with elevated blood pressure, unable to take medications due to nausea/vomiting
· Hold lisinopril at this time given AKI
· Will add p.r.n. Hydralazine this time

VTE Pharmacologic Prophylaxis: Moderate Risk (Score 3-4) - Pharmacological DVT Prophylaxis Contraindicated. Sequential Compression Devices Ordered.
Code Status: No Order full code
Discussion with family: Patient declined call to contact person.

Anticipated Length of Stay: Patient will be admitted on an inpatient basis with an anticipated length of stay of greater than 2 midnights secondary to Acetaminophen toxicity.

Total Time for Visit, including Counseling / Coordination of Care: 60 minutes Greater than 50% of this total time spent on direct patient counseling and coordination of care.

Chief Complaint: Abdominal pain, nausea/vomiting

History of Present Illness:
Emma Thompson is a 57 y.o. female with a PMH of hypertension who presents with nausea, vomiting, abdominal pain. According to the patient, over the course of the last 3-4 days, she has been taking approximately 6000 mg of acetaminophen for a toothache. She is unsure about exactly how much she was taking however she states that she almost finished the bottle. She denies any suicidal ideation, or any intent to harm herself. She reports significant nausea/vomiting and abdominal pain that began yesterday morning. Due to that, she has been unable to tolerate any p.o. Intake including her blood pressure medications. She states that she was worried that her blood pressure was elevated and therefore she presented to the ED for further evaluation.

While in the ED, labs were obtained revealing severe transaminitis with AST elevated to 15,000 an ALT almost 10,000. Acetaminophen level less than 2 however toxicology was consulted and recommended the initiation of NAC.

Review of Systems:
Review of Systems
Constitutional: Negative for appetite change, chills, fever and unexpected weight change.
HENT: Negative for hearing loss, rhinorrhea and sore throat.

Eyes: Negative for pain, redness and visual disturbance.
Respiratory: Negative for cough, chest tightness and shortness of breath.
Cardiovascular: Negative for chest pain, palpitations and leg swelling.
Gastrointestinal: Positive for abdominal distention, abdominal pain, nausea and vomiting. Negative for blood in stool, constipation and diarrhea.
Endocrine: Negative for polydipsia, polyphagia and polyuria.
Genitourinary: Negative for dysuria, frequency and urgency.
Neurological: Negative for dizziness, light-headedness and headaches.

Past Medical and Surgical History:
Past Medical History:
Diagnosis Date
• Anemia
• Hypertension

Past Surgical History:
Procedure Laterality Date
• CHOLECYSTECTOMY
pt states gallbladder removed about 25 years ago
• GASTRIC BYPASS

Meds/Allergies:
Prior to Admission medications
Medication Sig Start Date End Date Taking? Authorizing Provider
Cyanocobalamin (VITAMIN B-12) 3000 MCG SUBL Place under the tongue Historical Provider, MD
ferrous sulfate 325 (65 FE) MG EC tablet Take by mouth 3/13/15 Historical Provider, MD
lisinopril (ZESTRIL) 20 mg tablet Take by mouth 10/2/15 Historical Provider, MD
omeprazole (PriLOSEC) 20 mg delayed release capsule Take 1 capsule by mouth daily 11/10/17 Peter Lundberg, MD

I have reviewed home medications with patient personally.

Allergies:
Allergies
Allergen Reactions
• Morphine Itching

Social History:
Marital Status: Single
Occupation: unknown
Patient Pre-hospital Living Situation: Home
Patient Pre-hospital Level of Mobility: walks
Patient Pre-hospital Diet Restrictions: none
Substance Use History:
Social History

Substance and Sexual Activity
Alcohol Use Never

Social History

Tobacco Use
Smoking Status Never
Smokeless Tobacco Never

Social History

Substance and Sexual Activity
Drug Use Never

Family History:
History reviewed. No pertinent family history.

Physical Exam:

Vitals:
Blood Pressure: 163/95 (11/29/22 1516)
Pulse: 102 (11/29/22 1516)
Temperature: 99 °F (37.2 °C) (11/29/22 0732)
Temp Source: Oral (11/29/22 0732)
Respirations: 20 (11/29/22 1516)
Weight - Scale: 73.3 kg (161 lb 9.6 oz) (11/29/22 0732)
SpO2: 100 % (11/29/22 1516)

Physical Exam

Vitals and nursing note reviewed.
Constitutional:
General: She is not in acute distress.
Appearance: Normal appearance. She is not ill-appearing, toxic-appearing or diaphoretic.
HENT:
Head: Normocephalic and atraumatic.
Cardiovascular:
Rate and Rhythm: Regular rhythm. Tachycardia present.
Heart sounds: No murmur heard.
No friction rub. No gallop.
Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds. No wheezing, rhonchi or rales.
Abdominal:
General: Abdomen is flat. Bowel sounds are normal. There is no distension.
Palpations: There is no mass.
Tenderness: There is abdominal tenderness. There is guarding. There is no right CVA tenderness, left CVA tenderness or rebound.
Hernia: No hernia is present.
Comments: right upper quadrant TTP
Musculoskeletal:
Right lower leg: No edema.
Left lower leg: No edema.
Skin:
General: Skin is warm and dry.
Coloration: Skin is not jaundiced or pale.
Neurological:
General: No focal deficit present.
Mental Status: She is alert. Mental status is at baseline.

Additional Data:

Lab Results:
Results from last 7 days
Lab Units 11/29/22
0754
WBC Thousand/uL 5.98
HEMOGLOBIN g/dL 12.7
HEMATOCRIT % 38.8
PLATELETS Thousands/uL 226
NEUTROS PCT % 88*
LYMPHS PCT % 8*
MONOS PCT % 4
EOS PCT % 0

Results from last 7 days
Lab Units 11/29/22
0754
SODIUM mmol/L 136
POTASSIUM mmol/L 4.0
CHLORIDE mmol/L 100
CO2 mmol/L 23
BUN mg/dL 50*
CREATININE mg/dL 2.60*
ANION GAP mmol/L 13
CALCIUM mg/dL 7.5*
ALBUMIN g/dL 3.6
TOTAL BILIRUBIN mg/dL 1.29*
ALK PHOS U/L 325*
ALT U/L 9,990*
AST U/L 15,820*
GLUCOSE RANDOM mg/dL 98

Results from last 7 days
Lab Units 11/29/22
1212
INR 2.17*

Lines/Drains:

Invasive Devices
Peripheral Intravenous Line Duration

Peripheral IV 11/29/22 Right Antecubital <1 day

Imaging: Reviewed radiology reports from this admission including: abdominal/pelvic CT
XR chest 1 view portable
Final Result by Janet Elaine Durick, MD (11/29 1502)

No acute cardiopulmonary disease.

Workstation performed: PA3DJ18015

US right upper quadrant
Final Result by Andrew Marc Shurman, MD (11/29 1351)

Normal.

Workstation performed: SLA18104RR1UV

CT chest abdomen pelvis wo contrast
Final Result by Gautham Krishna Mallampati, MD (11/29 1349)

Moderate thickening of the cecum, ascending colon and proximal/mid transverse colon in keeping with a nonspecific colitis.

No complications status post gastric bypass.

No acute findings in the chest.

The study was marked in EPIC for immediate notification.

Workstation performed: NY11249WS1

EKG and Other Studies Reviewed on Admission:
· EKG: No EKG obtained.

** Please Note: This note has been constructed using a voice recognition system. **
Cosigned by Douglas S Prechtel, DO at 11/29/2022 4:13 PM EST
Electronically signed by Riley Slate, PA-C at 11/29/2022 3:38 PM EST
Electronically signed by Douglas S Prechtel, DO at 11/29/2022 4:13 PM EST

Associated attestation - Prechtel, Douglas S, DO - 11/29/2022 4:13 PM EST
Formatting of this note is different from the original.

I supervised the Advanced Practitioner.? I performed, in its entirety, the history, exam, and assessment/plan component of the visit. I agree with the Advanced Practitioner's note with the following additions/exceptions:

Subjective
Presents with acute RUQ pain
Has been taking high doses of tylenol for a tooth ache

O
Afebrile
Abd; soft. Mild RUQ tenderness. No murphy's sign.
No rebound no guarding.
BS+

Labs
Reviewed

A/p
Acute tylenol overdose with hepatitis.
Appreciate toxicology input.

Started on NAC

Douglas S Prechtel, DO 11/29/22

*[7]. documented in this encounter*

## Consult Notes

- **Satyam Arora, DO - 12/01/2022 1:54 PM EST**
  **Associated Order(s): IP CONSULT TO NEPHROLOGY**
  Formatting of this note is different from the original.
  Consultation - Nephrology
  Emma Thompson 57 y.o. female MRN: 941345207
  Unit/Bed#: E4 MS 453-01 Encounter: 1120553734

  ASSESSMENT & PLAN

  1. Acute kidney injury versus progressive stage IIIB chronic kidney disease CKD
  o Etiology: She follows with nephrologist at Lehigh Valley Hospital, presumed secondary to hypertensive nephrosclerosis. She has had baseline creatinine is as low as 1.6 but over the last 2 years her creatinine fluctuates and has been as high as 2.5. This may have been ACE-inhibitor affect that is contributing to her fluctuating creatinine
  o Her creatinine remains within these fluctuations, this is something that we will follow-up given her most recent Tylenol overdose
  o Her oral mucosa is dry, she is not tolerating much p.o. Intake no signs of overt for volume overload continue IV fluids
  o Urine: Urinalysis shows a high specific gravity moderate blood 300+ protein innumerable bacteria
  o Will check a urine protein to creatinine ratio
  o Imaging: CT of the chest abdomen and pelvis shows unremarkable kidneys with no hydronephrosis
  o No episodes of hypotension
  o Plan: Continue supportive care, replete potassium, continue amlodipine 5 mg daily, discontinue normal saline, start albumin 25 g q.8, check a urinalysis, urine protein to creatinine ratio, urine sodium, urine creatinine
  o Overall this may be representative of her a baseline
  o Received a dose of Toradol and would hold this in the setting of her acute liver injury, acute kidney injury, chronic kidney disease
  2. Electrolytes:
  o Hypokalemia-she has a history of resistant hypokalemia. Continue potassium repletion at this point this has remained around 3.1-2.8. Will give her potassium chloride 40 mEq x2 along with her 20 mEq of IV potassium chloride x2
  3. Blood Pressure: Hypertension
  o Severe hypertension as an outpatient, on lisinopril 20 mg daily, labetalol as well
  o She will need a proper medical reconciliation her medication list from April of 2022 shows that she was on amlodipine and labetalol, our records indicate that she was last on lisinopril
  4. Hemoglobin: Anemia in the setting of Tylenol overdose, acute liver injury, CKD
  o She has had difficulties with anemia in the past
  o GI is following
  o Toxicology is follow-up
  o Will monitor
  5. Bone Mineral Disease
  o Add phosphorus to labs
  o Monitor PTH as an outpatient
  6. Accidental seen in benefit overdose with acute liver injury
  o Hepatitis studies set, currently on N-acetylcysteine
  o GI follow-up

  HISTORY OF PRESENT ILLNESS:
  Requesting Physician: Charlie Luong, DO
  Reason for Consult: Abnormal creatinine

  Emma Thompson is a 57 y.o. year old female who was admitted for accidental Tylenol overdose

  57-year-old female with a past medical history of hypertension, has nausea vomiting abdominal pain, been taking a seen a minimum in for tooth aches she denied any suicidal ideation or intent to harm herself started having abdominal pain nausea vomiting was found to have elevated liver function tests in the 15000-10000 range her acetaminophen level was less than 2 and she was initiated on NAC

  She is tired, fatigued answers questions with 1 word answers, otherwise her 12 point review of systems was negative

  PAST MEDICAL HISTORY:
  Past Medical History:
  Diagnosis Date
  • Anemia

• Hypertension

PAST SURGICAL HISTORY:
Past Surgical History:
Procedure Laterality Date
• CHOLECYSTECTOMY
pt states gallbladder removed about 25 years ago
• GASTRIC BYPASS

ALLERGIES:
Allergies
Allergen Reactions
• Morphine Itching

SOCIAL HISTORY:
Social History

Substance and Sexual Activity
Alcohol Use Never

Social History

Substance and Sexual Activity
Drug Use Never

Social History

Tobacco Use
Smoking Status Never
Smokeless Tobacco Never

FAMILY HISTORY:
History reviewed. No pertinent family history.

MEDICATIONS:

Current Facility-Administered Medications:
• acetylcysteine (ACETADOTE) 7,330 mg in dextrose 5 % 1,000 mL IVPB, 100 mg/kg, Intravenous, Continuous, Robert D Cannon, DO, Last Rate: 64.8 mL/hr at 12/01/22 0906, 7,330 mg at 12/01/22 0906
• amLODIPine (NORVASC) tablet 5 mg, 5 mg, Oral, Daily, Charlie Luong, DO, 5 mg at 12/01/22 0906
• hydrALAZINE (APRESOLINE) injection 10 mg, 10 mg, Intravenous, Q6H PRN, Madelyn M Delabre, PA-C, 10 mg at 11/30/22 0549
• HYDROmorphone HCl (DILAUDID) injection 0.2 mg, 0.2 mg, Intravenous, Q4H PRN, Riley Slate, PA-C, 0.2 mg at 12/01/22 0911
• ondansetron (ZOFRAN) injection 4 mg, 4 mg, Intravenous, Q4H PRN, Riley Slate, PA-C, 4 mg at 11/30/22 1217
• pantoprazole (PROTONIX) injection 40 mg, 40 mg, Intravenous, Q12H SCH, Riley Slate, PA-C, 40 mg at 12/01/22 0906
• potassium chloride 20 mEq IVPB (premix), 20 mEq, Intravenous, Q2H, Ian Griffin Prator, PA-C, Last Rate: 50 mL/hr at 12/01/22 1234, 20 mEq at 12/01/22 1234
• sodium chloride 0.9 % infusion, 100 mL/hr, Intravenous, Continuous, Riley Slate, PA-C, Last Rate: 100 mL/hr at 12/01/22 0911, 100 mL/hr at 12/01/22 0911

REVIEW OF SYSTEMS:

A 12 point review of systems was performed and was negative besides what is mentioned in HPI

OBJECTIVE:

Vitals:
11/30/22 0749 11/30/22 1439 11/30/22 2354 12/01/22 0748
BP: (!) 179/105 150/92 167/100 168/85
BP Location: Right arm Left arm Left arm
Pulse: 97 94 98 94
Resp: 20 20 20 20
Temp: (!) 97.4 °F (36.3 °C) 98 °F (36.7 °C) (!) 97.3 °F (36.3 °C) 98.7 °F (37.1 °C)
TempSrc: Temporal Temporal Temporal Temporal
SpO2: 98% 96% 98% 98%
Weight:
Height:

Temp: [97.3 °F (36.3 °C)-98.7 °F (37.1 °C)] 98.7 °F (37.1 °C)
HR: [94-98] 94
Resp: [20] 20
BP: (150-168)/(85-100) 168/85

SpO2: [96 %-98 %] 98 %
Body mass index is 30.04 kg/m².

I/O last 3 completed shifts:
In: 1100 [I.V.:1100]
Out: -
No intake/output data recorded.

Weight (last 2 days)
Date/Time Weight
11/29/22 1516 73.3 (161.6)
11/29/22 0732 73.3 (161.6)

Physical exam:

General: no acute distress, cooperative
Eyes: conjunctivae pink, anicteric sclerae
ENT: lips and mucous membranes moist, no exudates, normal external ears
Neck: ROM intact, no JVD
Chest: No respiratory distress, no accessory muscle use
CVS: normal rate, non pericardial friction rub
Abdomen: soft, non-tender, non-distended, normoactive bowel sounds
Extremities: no edema of both legs
Skin: no rash
Neuro: awake, alert, oriented, grossly intact
Psych: Pleasant affect

Invasive Devices:

Lab Results:
Results from last 7 days
Lab Units 12/01/22
0643 11/30/22
1549 11/30/22
1249 11/30/22
0408 11/29/22
2034 11/29/22
1516 11/29/22
0754
WBC Thousand/uL 5.67 -- -- -- -- -- 5.98
HEMOGLOBIN g/dL 10.7* -- -- -- -- -- 12.7
HEMATOCRIT % 32.4* -- -- -- -- -- 38.8
PLATELETS Thousands/uL 159 -- -- -- -- -- 226
POTASSIUM mmol/L 2.8* 3.1* 3.1* -- -- -- 4.0
CHLORIDE mmol/L 105 103 103 -- -- -- 100
CO2 mmol/L 20* 19* 19* -- -- -- 23
BUN mg/dL 32* 43* 50* -- -- -- 50*
CREATININE mg/dL 2.43* 2.62* 2.72* -- -- -- 2.60*
CALCIUM mg/dL 7.3* 7.5* 7.2* -- -- -- 7.5*
ALK PHOS U/L 344* 346* -- 317* 299* -- 325*
ALT U/L 6,933* 9,420* -- 12,700* 12,280* -- 9,990*
AST U/L 3,724* 8,900* -- 18,200* 19,180* -- 15,820*
NITRITE UA -- -- -- -- -- Negative --
BLOOD UA -- -- -- -- -- Moderate* --
LEUKOCYTES UA -- -- -- -- -- Negative --

Portions of the record may have been created with voice recognition software. Occasional wrong word or "sound a like" substitutions may have occurred due to the inherent limitations of voice recognition software. Read the chart carefully and recognize, using context, where substitutions have occurred.If you have any questions, please contact the dictating provider.

Electronically signed by Satyam Arora, DO at 12/01/2022 2:12 PM EST

- **Sean Lacey, MD - 11/29/2022 4:05 PM EST**

**Associated Order(s): IP CONSULT TO GASTROENTEROLOGY**
Formatting of this note is different from the original.
Patient MRN: 941345207
Date of Service: 11/29/2022
Referring Physician: slim
Provider Creating Note: Sean Lacey, MD
PCP: Sarah Johnson
Reason for Consult: elevated lfts
HPI
Emma Thompson is a 57 y.o. female who was admitted with Accidental acetaminophen overdose. She described

having worsing abd pain associated with n/v for one day. Was taking tylenol with last dose thought to be yesterday. Prior lfts a few yrs ago were essentially normal. cre elevated at baseline 1.66 but now worse. Ast/alt very high with elevated inr.
Mentation is fine. No headache or confusion at this time.
Pt is seen while vomitting and not wanting to answer extensive questioning
tox consult already done
Denies other meds or drugs
Past Medical History:
Diagnosis Date
• Anemia
• Hypertension

Past Surgical History:
Procedure Laterality Date
• CHOLECYSTECTOMY
pt states gallbladder removed about 25 years ago
• GASTRIC BYPASS

Medications
Home Medications:
Prior to Admission medications
Medication Sig Start Date End Date Taking? Authorizing Provider
Cyanocobalamin (VITAMIN B-12) 3000 MCG SUBL Place under the tongue Historical Provider, MD
ferrous sulfate 325 (65 FE) MG EC tablet Take by mouth 3/13/15 Historical Provider, MD
lisinopril (ZESTRIL) 20 mg tablet Take by mouth 10/2/15 Historical Provider, MD
omeprazole (PriLOSEC) 20 mg delayed release capsule Take 1 capsule by mouth daily 11/10/17 Peter Lundberg, MD

Inhouse Medications

Current Facility-Administered Medications:
• acetylcysteine (ACETADOTE) 3,665 mg in dextrose 5 % 500 mL IVPB, 50 mg/kg, Intravenous, Once
• acetylcysteine (ACETADOTE) 7,330 mg in dextrose 5 % 1,000 mL IVPB, 100 mg/kg, Intravenous, Continuous
• ondansetron (ZOFRAN) injection 4 mg, 4 mg, Intravenous, Q4H PRN

Current Outpatient Medications:
• Cyanocobalamin (VITAMIN B-12) 3000 MCG SUBL
• ferrous sulfate 325 (65 FE) MG EC tablet
• lisinopril (ZESTRIL) 20 mg tablet
• omeprazole (PriLOSEC) 20 mg delayed release capsule

Allergies
Allergies
Allergen Reactions
• Morphine Itching

Social History
reports that she has never smoked. She has never used smokeless tobacco. She reports that she does not drink alcohol and does not use drugs.
Family History
History reviewed. No pertinent family history.
ROS
ROS: Denies CP, SOB, fever, weight loss, adenopathy, rash. All others negative except as noted in HPI.

Objective
Vitals
Blood pressure 163/95, pulse 102, temperature 99 °F (37.2 °C), temperature source Oral, resp. rate 20, weight 73.3 kg (161 lb 9.6 oz), SpO2 100 %.

Physical Exam
No icterus or jaundice appreciated
Actively is vomiting, dry heaving
abd is overwt with diffuse tenderness right>left
Ext no edema
Lungs clear
Hr tachycardic
No asterixis appreciated.

Laboratory Studies
Lab Results
Component Value Date
WBC 5.98 11/29/2022
HGB 12.7 11/29/2022
HCT 38.8 11/29/2022
PLT 226 11/29/2022

MCV 92 11/29/2022

Lab Results
Component Value Date
CREATININE 2.60 (H) 11/29/2022
BUN 50 (H) 11/29/2022
SODIUM 136 11/29/2022
K 4.0 11/29/2022
CL 100 11/29/2022
CO2 23 11/29/2022
GLUCOSE 98 09/29/2015
CALCIUM 7.5 (L) 11/29/2022
ALKPHOS 325 (H) 11/29/2022
AST 15,820 (H) 11/29/2022
ALT 9,990 (H) 11/29/2022

Lab Results
Component Value Date
PROTIME 24.0 (H) 11/29/2022
INR 2.17 (H) 11/29/2022

Imaging and Other Studies
Ultrasound and ct reviewed.

Assessment and Plan:
In light of presentation with elevated dosage of tylenol usage at home, suspicion is high for tylenol toxicity causing liver injury and nac has been started.
It is too early to predict what direction she is going. If inr/tbili continue to worsen and or mental status/encephalopathy develops then referral to transplant center may be warranted.
At this time, it is hopeful that with nac, hydration and supportive care her situation will improve

Suggest
NAC as was started already
Serial lfts, inr q 8hrs until improvement noted.
Renal function monitoring
Iv fluids
tox screen
Await hepatitis panel
If lfts not improving would do doppler Ultrasound of liver vessels
Iv ppi
Iv zofran

Pt has hx of iron def anemia likely from gastric bypass; did not have opportunity to see if she had egd/colon in the past but would not be part of her current managemetn with hepatitis concerns

Principal Problem:
Accidental acetaminophen overdose
Active Problems:
Hypertension
Transaminitis
AKI (acute kidney injury) (HCC)
Coagulopathy (HCC)

Sean Lacey, MD

Electronically signed by Sean Lacey, MD at 11/29/2022 4:05 PM EST
Electronically signed by Sean Lacey, MD at 11/29/2022 4:06 PM EST

- **Rachael Christyne Westover, MD - 11/29/2022 1:42 PM EST**

**Associated Order(s): IP CONSULT TO TOXICOLOGY**
Formatting of this note is different from the original.
Images from the original note were not included.
INTERPROFESSIONAL (PHONE) CONSULTATION - Medical Toxicology
Emma Thompson 57 y.o. female MRN: 941345207
Unit/Bed#: ED-02 Encounter: 1120553734

Reason for Consult / Principal Problem: Elevated LFTs

Inpatient consult to Toxicology
Consult performed by: Rachael Christyne Westover, MD
Consult ordered by: Allison M Golia, PA-C

11/29/22

ASSESSMENT:

Elevated LFTs
Repeat supra-therapeutic acetaminophen ingestion
AKI on CKD
Elevated troponin
Elevated INR
NAC therapy

RECOMMENDATIONS:
From a toxicology perspective, the patient's acute liver injury and elevated INR could be secondary to repeated supra-therapeutic acetaminophen ingestion.

Recommend initiation of N-acetylcysteine protocol and continuation of NAC until LFTs clearly peak and down-trend twice. Monitor LFTs and INR every 8 hours.

IVF hydration for AKI.

Patient does not currently meet criteria for liver transplant per King's College Criteria (KCC for acetaminophen toxicity: major: pH < 7.3 or lactate > 3.5 after fluid resuscitation; minor: INR > 6.5 plus Cr > 3.4 plus Grade 3 or 4 hepatic encephalopathy). If patient's clinical status or laboratory studies worsen, please contact medical toxicology.

For further questions, please contact the medical toxicologist on call via Tiger Text or throughl the St. Luke's Operator Service or Patient Access Center.

Please see additional teaching note below:

Medical Toxicology Teaching Note
St. Luke’s University Health Network
Acetaminophen Toxicity
Last revised October 2017

Acetaminophen (Tylenol) is a nonopiod analgesic and antipyretic medication found in many over-the-counter and prescription products such as Tylenol PM, Norco, Percocet, Nyquil, Vicks Formula 44-D. The recommended maximum daily dose of acetaminophen for adults is 3g/day, and 75-90mg/kg/day for children. Alcoholics may safely take Tylenol in therapeutic doses, but they may be at increased risk for hepatotoxicity in overdose.

Mechanism of Toxicity: Acetaminophen is primarily metabolized by the liver. In therapeutic doses, about 90% of acetaminophen is conjugated to nontoxic metabolites (glucoronides and sulfates). A small portion (<5%) is conjugated by cytochrome P450 enzyme, subunit CYP2E1, to a toxic metabolite, N-acetyl-p-benzoquinoneimine (NAPQI). This metabolite is further conjugated by glutathione, to nontoxic metabolites eliminated by the kidneys.
Liver Injury: In toxic doses, the usual metabolic pathways are overwhelmed; acetaminophen is shunted to the cytochrome P450 pathway, creating NAPQI. Glutathione stores are depleted and NAPQI is produced. Cellular injury and hepatic necrosis may occur as NAPQI accumulates.
Renal Injury: Cytochrome P450 activity in the kidneys is thought to cause direct renal damage. Renal insufficiency may also develop during fulminant hepatic failure due to hepatorenal syndrome. Renal toxicity is usually associated with liver injury.
Pharmacokinetics: Acetaminophen is rapidly absorbed. Peak levels occur within 30-120 minutes with normal doses. Delayed absorption may occur with sustained release products or with co-ingestions that slow the GI tract (opiods, anticholinergics). The elimination half-life is 1-3 hours after therapeutic doses and may extend to 12 hours after overdose.
Toxic Dose: Toxicity in adults may occur with acute ingestions of 7g, and 200mg/kg in children. Hepatic injury following chronic ingestions may occur at any dose above the daily recommended dose.

Clinical Presentation:
Acute Ingestion: Within 8 hrs of an acute ingestion, there are usually few symptoms. Between 8-30 hours after a toxic, acute ingestion, a transaminitis will develop. Nausea, vomiting, and right upper quadrant pain may occur. Within 12-36 hours, worsening AST/ALT develops with elevated bilirubin and INR. The most severe cases will develop fulminant liver failure with hepatic encephalopathy and acidosis, usually within 3-7 days post overdose. The patient should be evaluated for a liver transplantation.
Repeated Supra-therapeutic Ingestion: Due to a sub-acute course, patients may present anywhere along a spectrum - normal LFTS to asymptomatic elevation of enzymes to hepatic failure.

Diagnosis
Acute Ingestion (Time of Ingestion Known): After an acute ingestion at a known time, obtain a 4-hour post-ingestion serum acetaminophen level and plot the level on the Rumack-Mathew’s nomogram (see below). This nomogram is used to predict the likelihood of hepatic toxicity based on the level of acetaminophen between 4 and 24 hours post-ingestion. The nomogram CANNOT be used if the time of ingestion is unknown.
The dotted line (Rumack-Mathew line), marking a 4-hour level at 200 mcg/ml, is the original line developed from the study above which hepatic toxicity will probably occur. The solid line (Treatment Line), marking a 4-hour level at 150ug/ml. is the treatment line accepted as the standard of care in the United States and is 25% lower as a safety margin. If the patient’s serum APAP level falls above the treatment line, start treatment with N-acetylcysteine (NAC). (see Treatment below)

Acute Ingestion (Time of Ingestion Unknown) or Repeated Supra-therapeutic Ingestion An acetaminophen level CANNOT be plotted on the Rumack-Mathew’s nomogram. Draw an APAP level and AST/ALT at time of

presentation. Anyone with an APAP level> 10mcg/ml OR elevated AST/ALT should start NAC. (see Treatment below)

TREATMENT
Emergency and Supportive Care: Treat nausea and vomiting to protect airway and support safe administration of charcoal and NAC, when indicated (see below). Provide standard supportive care for liver and renal failure. Contact liver transplant team if fulminant hepatic failure occurs.
Decontamination: Administer activated charcoal within 2 hours of ingestion (consider later if extended release preparations). Use antiemetics for nausea. Activated charcoal does bind to NAC, but the effect is not thought to be clinically significant. Gastric emptying is not recommended.
Specific Drugs and Antidotes.
Acute Ingestion Treat with NAC if the APAP level falls above the Treatment Line on the nomogram. The maximal benefit occurs if given within 8 hours of acute ingestion. Therefore, it is recommended to empirically start NAC before a level is obtained if there is a reasonable concern of a toxic ingestion presenting close to 8 hours or beyond. In late presenters (>8hrs), start NAC and treat for a full course or longer if LFTS remain abnormal. Treatment maybe stopped when AST/ALT peak and then downtrend, with an INR <2 and patient is clinically well. If abnormal labs persist, continue NAC and call Toxicology. There are two routes of administration for NAC, oral and IV. The treatment protocols are described below.
Acute Ingestion (Time of Ingestion Unknown) or Repeated Supra-therapeutic Ingestion
The nomogram CANNOT be used to estimate the risk of hepatotoxicity. At presentation, check a serum APAP level and AST/ALT. If the APAP level is above 10 mcg/ml or the AST/ALT are elevated, start NAC treatment for 12 hours. If abnormalities persist, continue NAC treatment and call toxicology. If the APAP level is undetectable and AST and ALT are downtrending at the end of 12 hours, treatment may be stopped.

Intravenous (Acetadote)
Loading dose- 150mg/kg infused over 15-60 minutes
Maintenance Infusion #1- 50mg/kg (12.5mg/kg/hr) over 4 hours
Maintenance Infusion #2 -100mg/kg (6.25 mg/kg/hr) until treatment endpoint
Treatment Endpoint: 20 hours or more
NAC should be continued for the full course.
NAC can be stopped when APAP is undetectable, AST/ALT have peaked and are downtrending, and patient appears clinically well. Consultation with a medical toxicologist /poison center is recommended before changes in the duration of therapy are made.

Acetaminophen Toxicity Do’s and Don’ts
Acute Ingestions
DO give charcoal for decontamination within 2 hours of ingestion if the patient can adequately protect their airway.
DO start NAC empirically, i.e. without an APAP level, if the ingestion is likely a large overdose presenting at 8 hours or more after ingestion.
DO contact the Liver Transplant Team early if liver failure is developing.
DO NOT get a level before 4hrs post-ingestion if the time of ingestion is certain in an acute overdose.
DO NOT stop NAC therapy until full course is finished or truncated therapy is recommended by the Poison Center.
Repeated Supra-Therapeutic Ingestions (RSI)
DO ask patients with pain complaints (toothaches, back pain, cancer) about the amount of acetaminophen they use.
DO NOT use the Rumack-Mathews nomogram to determine if the APAP level is toxic.
DO NOT stop NAC therapy until full course is finished or truncated therapy is recommended by the Poison Center.
NAC Protocols
DO stop IV NAC if an anaphylactoid reaction occurs (rare). Treat the reaction appropriately and call the Poison Center for recommendations on continued NAC therapy.
DO give charcoal with oral NAC when charcoal is indicated.
References
Dart RC Acetaminophen. In Dart RC, Caravati EM, McGuigan M et al eds. Medical Toxicology 3rd edition. Philadelphia PA: Lippencott Williams & Wilkins, 2004: pp.723-737.
Olson KR Acetaminophen. In Olson KR

Hx and PE limited by the dynamics of a phone consultation. I have not personally interviewed or evaluated the patient, but only advised based on the information provided to me. Primary provider is responsible for all clinical decisions.

Pertinent history, physical exam and clinical findings and course discussed: Emma Thompson is a 57 y.o. year old female who presents with abdominal pain, nausea, and vomiting that started yesterday found to have significantly elevated LFTs and INR with AKI on CKD. Upon questioning, patient endorsed use 6 grams of acetaminophen daily for several days. Mentating appropriately with mild, diffuse abdominal pain.

Review of systems and physical exam not performed by me.

Historical Information
Past Medical History:
Diagnosis Date
• Anemia
• Hypertension

Past Surgical History:

Procedure Laterality Date
• CHOLECYSTECTOMY
pt states gallbladder removed about 25 years ago
• GASTRIC BYPASS

Social History
Social History

Substance and Sexual Activity
Alcohol Use Never

Social History

Substance and Sexual Activity
Drug Use Never

Social History

Tobacco Use
Smoking Status Never
Smokeless Tobacco Never

History reviewed. No pertinent family history.

Prior to Admission medications
Medication Sig Start Date End Date Taking? Authorizing Provider
Cyanocobalamin (VITAMIN B-12) 3000 MCG SUBL Place under the tongue Historical Provider, MD
ferrous sulfate 325 (65 FE) MG EC tablet Take by mouth 3/13/15 Historical Provider, MD
lisinopril (ZESTRIL) 20 mg tablet Take by mouth 10/2/15 Historical Provider, MD
omeprazole (PriLOSEC) 20 mg delayed release capsule Take 1 capsule by mouth daily 11/10/17 Peter Lundberg, MD

Current Facility-Administered Medications
Medication Dose Route Frequency
• acetylcysteine (ACETADOTE) 10,995 mg in dextrose 5 % 200 mL IVPB 150 mg/kg Intravenous Once
• acetylcysteine (ACETADOTE) 3,665 mg in dextrose 5 % 500 mL IVPB 50 mg/kg Intravenous Once
• acetylcysteine (ACETADOTE) 7,330 mg in dextrose 5 % 1,000 mL IVPB 100 mg/kg Intravenous Once

Allergies
Allergen Reactions
• Morphine Itching

Objective

Intake/Output Summary (Last 24 hours) at 11/29/2022 1459
Last data filed at 11/29/2022 1240
Gross per 24 hour
Intake 1000 ml
Output --
Net 1000 ml

Invasive Devices:
Peripheral IV 11/29/22 Right Antecubital (Active)
Site Assessment WDL;Clean;Dry;Intact 11/29/22 0747
Dressing Type Transparent 11/29/22 0747
Line Status Blood return noted 11/29/22 0747
Dressing Status Clean;Dry;Intact 11/29/22 0747

Vitals
Vitals:
11/29/22 0732 11/29/22 1114
BP: 136/93 126/77
TempSrc: Oral
Pulse: 99 98
Resp: 20 20
Patient Position - Orthostatic VS: Lying Lying
Temp: 99 °F (37.2 °C)

EKG, Pathology, and/or Other Studies: n/a

Lab Results: I have personally reviewed pertinent reports.

Labs:

Results from last 7 days

Lab Units 11/29/22
0754
WBC Thousand/uL 5.98
HEMOGLOBIN g/dL 12.7
HEMATOCRIT % 38.8
PLATELETS Thousands/uL 226
NEUTROS PCT % 88*
LYMPHS PCT % 8*
MONOS PCT % 4

Results from last 7 days
Lab Units 11/29/22
0754
SODIUM mmol/L 136
POTASSIUM mmol/L 4.0
CHLORIDE mmol/L 100
CO2 mmol/L 23
BUN mg/dL 50*
CREATININE mg/dL 2.60*
CALCIUM mg/dL 7.5*
ALK PHOS U/L 325*
ALT U/L 9,990*
AST U/L 15,820*

Results from last 7 days
Lab Units 11/29/22
1212
INR 2.17*
PTT seconds 31

0
Lab Value Date/Time
TROPONINI <0.02 11/07/2017 1431

Results from last 7 days
Lab Units 11/29/22
1245
ACETAMINOPHEN LVL ug/mL <2*
ETHANOL LVL mg/dL 3
SALICYLATE LVL mg/dL <3*

Invalid input(s): EXTPREGUR

Imaging Studies: I have personally reviewed pertinent reports.

Counseling / Coordination of Care
Total time spent today 18 minutes. This was a phone consultation.
Electronically signed by Rachael Christyne Westover, MD at 11/29/2022 3:00 PM EST

*[8]. documented in this encounter*

### Nursing Notes

- **Christine Semanek, RN - 12/07/2022 8:41 AM EST**
  Formatting of this note might be different from the original.
  Patient discharged, stable at this time. IV removed, AVS reviewed. No further questions at this time. Pt wheeled out by RN.
  Electronically signed by Christine Semanek, RN at 12/07/2022 8:42 AM EST
- **Sakinah Warren, RN - 12/03/2022 6:05 AM EST**
  Summary: progress note

  Formatting of this note might be different from the original.
  Pt refused labs at 2100 and 0600am. Pt stated that she came here to rest and doesnt want to be woke up.
  Electronically signed by Sakinah Warren, RN at 12/03/2022 6:06 AM EST
- **Cara Riccioli, RN - 12/01/2022 5:26 PM EST**
  Formatting of this note might be different from the original.
  Dr. Luong notified of BP 178/90 following hydralazine. No further orders at this time.
  Electronically signed by Cara Riccioli, RN at 12/01/2022 5:27 PM EST
- **Cara Riccioli, RN - 12/01/2022 1:48 PM EST**
  Formatting of this note might be different from the original.
  Patient refusing blood work ordered by provider. Dr. Luong notified. Will attempt again later.
  Electronically signed by Cara Riccioli, RN at 12/01/2022 1:49 PM EST
  Electronically signed by Cara Riccioli, RN at 12/01/2022 3:01 PM EST

- **Lissette Paulino, RN - 11/30/2022 2:03 PM EST**
  Formatting of this note might be different from the original.
  Patient has been withdrawn, irritable on approach and resistive with treatment. Stat BMP ordered in a.m, allowed PCA one brief attempt which was unsuccessful due to her moving. Patient allowed a second attempt by RN at noon which was also unsuccessful, refusing further attempts. Limited sample sent for BMP and hepatic function, unable to draw for PT/INR. IV to right forearm infiltrated, NS infusion has been on hold since 1218 and M.D has been notified. Discussed with patient the need for a second IV line and that we will need to attempt again, appears agreeable upon discussion.
  Electronically signed by Lissette Paulino, RN at 11/30/2022 2:21 PM EST

*[9]. documented in this encounter*

### ED Notes

- **Kelly Garrigan, RN - 11/29/2022 5:02 PM EST**
  Formatting of this note might be different from the original.
  Pt reported pain when RN flushed IV. RN stated to pt that pt required a new IV as the current IV was not flushing well and medication is not flowing. Pt stated that she was being treated terribly here in ED. "Nobody came to check on me. My pump was beeping non-stop." RN informed pt that she was informed multiple times to straighten her arm so that the medication would go through IV and the pump would stop beeping. RN informed pt she was given pain medication and nausea medication and that she has been checked on multiple times. Pt refusing a new IV and stated "You don't look like you know what you're doing. You haven't helped me at all."

  Kelly Garrigan, RN
  11/29/22 1706

  Electronically signed by Kelly Garrigan, RN at 11/29/2022 5:06 PM EST
- **Jennifer Luciano - 11/29/2022 4:31 PM EST**
  Formatting of this note might be different from the original.
  Patient in bathroom for the past 15 mins. Patient states that she is okay, just trying to go to the bathroom

  Jennifer Luciano
  11/29/22 1632

  Electronically signed by Jennifer Luciano at 11/29/2022 4:32 PM EST
- **Kelly Garrigan, RN - 11/29/2022 3:13 PM EST**
  Formatting of this note might be different from the original.
  SLIM at bedside.

  Kelly Garrigan, RN
  11/29/22 1513

  Electronically signed by Kelly Garrigan, RN at 11/29/2022 3:13 PM EST
- **David Williams, RN - 11/29/2022 12:46 PM EST**
  Formatting of this note might be different from the original.
  Patient transported to CT

  David Williams, RN
  11/29/22 1246

  Electronically signed by David Williams, RN at 11/29/2022 12:46 PM EST
- **David Williams, RN - 11/29/2022 8:10 AM EST**
  Formatting of this note might be different from the original.
  Pt denies any chance of pregnancy. Pt states she is post menopausal

  David Williams, RN
  11/29/22 0812

  Electronically signed by David Williams, RN at 11/29/2022 8:12 AM EST
- **Allison M Golia, PA-C - 11/29/2022 7:58 AM EST**
  **Associated Order(s): ECG 12 Lead Documentation Only**
  Formatting of this note is different from the original.
  Images from the original note were not included.
  History
  Chief Complaint
  Patient presents with
  • Abdominal Pain
  PT co of generalized abd pain with n/v/d for the past x 1 day. Pt also c/o elevated BP but pt states she has been unable to take her BP medicine because of vomiting. Pt denies cp/fevers

  Patient is a 57-year-old female history of hypertension, CKD, anemia of chronic disease, surgical history of gastric bypass, cholecystectomy, abdominoplasty/breast (2022), presents emergency department for evaluation of abdominal pain, vomiting, diarrhea and shortness of breath. Patient states for the past day she has had generalized abdominal pain associated with nausea, nonbloody, nonbilious vomiting and nonbloody diarrhea. Patient reports this morning woke up with shortness of breath. Patient states she she noticed her blood pressure

is elevated this morning, unable to take her blood pressure medications due to her vomiting. Patient denies chest pain. Patient states she just on a her mother is in the ICU this morning. Patient without fevers, recent travel, hemoptysis, leg pain/swelling, palpitations, headache, vision changes, flank pain, dysuria.
Of note patient states she has been having dental pain, started taking 4-6 tablets at a time of 500mg extra strength tylenol, multiple times a day, since Friday or Saturday.

Prior to Admission Medications
Prescriptions Last Dose Informant Patient Reported? Taking?
Cyanocobalamin (VITAMIN B-12) 3000 MCG SUBL Yes No
Sig: Place under the tongue
ferrous sulfate 325 (65 FE) MG EC tablet Yes No
Sig: Take by mouth
lisinopril (ZESTRIL) 20 mg tablet Yes No
Sig: Take by mouth
omeprazole (PriLOSEC) 20 mg delayed release capsule No No
Sig: Take 1 capsule by mouth daily

Facility-Administered Medications: None

Past Medical History:
Diagnosis Date
• Anemia
• Hypertension

Past Surgical History:
Procedure Laterality Date
• CHOLECYSTECTOMY
pt states gallbladder removed about 25 years ago
• GASTRIC BYPASS

History reviewed. No pertinent family history.
I have reviewed and agree with the history as documented.

E-Cigarette/Vaping
• E-Cigarette Use Never User

E-Cigarette/Vaping Substances

Social History

Tobacco Use
• Smoking status: Never
• Smokeless tobacco: Never
Vaping Use
• Vaping Use: Never used
Substance Use Topics
• Alcohol use: Never
• Drug use: Never

Review of Systems
Constitutional: Negative for chills and fever.
HENT: Negative for ear pain and sore throat.
Eyes: Negative for visual disturbance.
Respiratory: Positive for shortness of breath. Negative for cough.
Cardiovascular: Negative for chest pain, palpitations and leg swelling.
Gastrointestinal: Positive for abdominal pain, diarrhea, nausea and vomiting. Negative for constipation.
Genitourinary: Negative for dysuria and hematuria.
Musculoskeletal: Negative for back pain and neck pain.
Skin: Negative for rash.
Neurological: Negative for speech difficulty and headaches.
Psychiatric/Behavioral: Negative for confusion.

Physical Exam
Physical Exam
Constitutional:
General: She is in acute distress (in discomfort).
Appearance: She is well-developed. She is ill-appearing. She is not diaphoretic.
HENT:
Head: Normocephalic and atraumatic.
Right Ear: External ear normal.
Left Ear: External ear normal.
Nose: Nose normal.
Mouth/Throat:
Lips: Pink.
Mouth: Mucous membranes are moist.

Eyes:
Extraocular Movements: Extraocular movements intact.
Conjunctiva/sclera: Conjunctivae normal.
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Pulmonary:
Effort: Pulmonary effort is normal.
Breath sounds: Normal breath sounds. No decreased breath sounds, wheezing, rhonchi or rales.
Abdominal:
General: Abdomen is flat. There is no distension.
Palpations: Abdomen is soft.
Tenderness: There is generalized abdominal tenderness. There is no guarding or rebound.
Musculoskeletal:
Cervical back: Normal range of motion and neck supple.
Skin:
General: Skin is warm.
Capillary Refill: Capillary refill takes less than 2 seconds.
Coloration: Skin is not jaundiced or pale.
Findings: No rash.
Neurological:
Mental Status: She is alert and oriented to person, place, and time.
Psychiatric:
Mood and Affect: Mood and affect normal.
Speech: Speech normal.

Vital Signs
ED Triage Vitals [11/29/22 0732]
Temperature Pulse Respirations Blood Pressure SpO2
99 °F (37.2 °C) 99 20 136/93 99 %

Temp Source Heart Rate Source Patient Position - Orthostatic VS BP Location FiO2 (%)
Oral Monitor Lying Right arm --

Pain Score
7

Vitals:
11/29/22 0732 11/29/22 1114 11/29/22 1516
BP: 136/93 126/77 163/95
Pulse: 99 98 102
Patient Position - Orthostatic VS: Lying Lying Lying

Visual Acuity

ED Medications
Medications
acetylcysteine (ACETADOTE) 3,665 mg in dextrose 5 % 500 mL IVPB (has no administration in time range)
acetylcysteine (ACETADOTE) 7,330 mg in dextrose 5 % 1,000 mL IVPB (has no administration in time range)
ondansetron (ZOFRAN) injection 4 mg (4 mg Intravenous Given 11/29/22 1553)
HYDROmorphone HCl (DILAUDID) injection 0.2 mg (has no administration in time range)
pantoprazole (PROTONIX) injection 40 mg (has no administration in time range)
sodium chloride 0.9 % infusion (has no administration in time range)
ondansetron (ZOFRAN) injection 4 mg (4 mg Intravenous Given 11/29/22 0751)
sodium chloride 0.9 % bolus 1,000 mL (0 mL Intravenous Stopped 11/29/22 1240)
ketorolac (TORADOL) injection 15 mg (15 mg Intravenous Given 11/29/22 0811)
sodium chloride 0.9 % bolus 1,000 mL (1,000 mL Intravenous New Bag 11/29/22 1245)
iohexol (OMNIPAQUE) 240 MG/ML solution 50 mL (50 mL Oral Given 11/29/22 1257)
acetylcysteine (ACETADOTE) 10,995 mg in dextrose 5 % 200 mL IVPB (0 mg Intravenous Stopped 11/29/22 1640)

Diagnostic Studies
Results Reviewed
Procedure Component Value Units Date/Time
Hepatic function panel [292869251]
Lab Status: No result Specimen: Blood
Protime-INR [292869252]
Lab Status: No result Specimen: Blood
Urine Microscopic [292869238] Collected: 11/29/22 1516
Lab Status: In process Specimen: Urine, Clean Catch Updated: 11/29/22 1526
POCT pregnancy, urine [292790107] (Normal) Resulted: 11/29/22 1517
Lab Status: Final result Updated: 11/29/22 1519
EXT Preg Test, Ur Negative
Control Valid
Urine Macroscopic, POC [292869236] (Abnormal) Collected: 11/29/22 1516
Lab Status: Final result Specimen: Urine Updated: 11/29/22 1517

Color, UA Brown
Clarity, UA Turbid
pH, UA 5.5
Leukocytes, UA Negative
Nitrite, UA Negative
Protein, UA >=300 mg/dl
Glucose, UA Negative mg/dl
Ketones, UA Negative mg/dl
Urobilinogen, UA 0.2 E.U./dl
Bilirubin, UA Negative
Occult Blood, UA Moderate
Specific Gravity, UA >=1.030
Narrative:
CLINITEK RESULT
Salicylate level [292869212] (Abnormal) Collected: 11/29/22 1245
Lab Status: Final result Specimen: Blood from Arm, Right Updated: 11/29/22 1420
Salicylate Lvl <3 mg/dL
Acetaminophen level-If concentration is detectable, please discuss with medical toxicologist on call. [292869214] (Abnormal) Collected: 11/29/22 1245
Lab Status: Final result Specimen: Blood from Arm, Right Updated: 11/29/22 1420
Acetaminophen Level <2 ug/mL
Ethanol [292790133] (Normal) Collected: 11/29/22 1245
Lab Status: Final result Specimen: Blood from Arm, Right Updated: 11/29/22 1415
Ethanol Lvl 3 mg/dL
Hepatitis panel, acute [292790131] Collected: 11/29/22 1245
Lab Status: In process Specimen: Blood from Arm, Right Updated: 11/29/22 1315
HS Troponin I 4hr [292790114] (Abnormal) Collected: 11/29/22 1212
Lab Status: Final result Specimen: Blood from Arm, Right Updated: 11/29/22 1253
hs TnI 4hr 65 ng/L
Delta 4hr hsTnI 16 ng/L
Protime-INR [292790121] (Abnormal) Collected: 11/29/22 1212
Lab Status: Final result Specimen: Blood from Arm, Right Updated: 11/29/22 1244
Protime 24.0 seconds
INR 2.17
APTT [292790122] (Normal) Collected: 11/29/22 1212
Lab Status: Final result Specimen: Blood from Arm, Right Updated: 11/29/22 1244
PTT 31 seconds
Comprehensive metabolic panel [292790095] (Abnormal) Collected: 11/29/22 0754
Lab Status: Final result Specimen: Blood from Arm, Right Updated: 11/29/22 1139
Sodium 136 mmol/L
Potassium 4.0 mmol/L
Chloride 100 mmol/L
CO2 23 mmol/L
ANION GAP 13 mmol/L
BUN 50 mg/dL
Creatinine 2.60 mg/dL
Glucose 98 mg/dL
Calcium 7.5 mg/dL
AST 15,820 U/L
ALT 9,990 U/L
Alkaline Phosphatase 325 U/L
Total Protein 8.2 g/dL
Albumin 3.6 g/dL
Total Bilirubin 1.29 mg/dL
eGFR 19 ml/min/1.73sq m
Narrative:
National Kidney Disease Foundation guidelines for Chronic Kidney Disease (CKD):
• Stage 1 with normal or high GFR (GFR > 90 mL/min/1.73 square meters)
• Stage 2 Mild CKD (GFR = 60-89 mL/min/1.73 square meters)
• Stage 3A Moderate CKD (GFR = 45-59 mL/min/1.73 square meters)
• Stage 3B Moderate CKD (GFR = 30-44 mL/min/1.73 square meters)
• Stage 4 Severe CKD (GFR = 15-29 mL/min/1.73 square meters)
• Stage 5 End Stage CKD (GFR <15 mL/min/1.73 square meters)
Note: GFR calculation is accurate only with a steady state creatinine
Lipase [292790096] (Normal) Collected: 11/29/22 0754
Lab Status: Final result Specimen: Blood from Arm, Right Updated: 11/29/22 1139
Lipase 108 u/L
NT-BNP PRO [292790105] (Abnormal) Collected: 11/29/22 0754
Lab Status: Final result Specimen: Blood from Arm, Right Updated: 11/29/22 1139
NT-proBNP 630 pg/mL
HS Troponin I 2hr [292790113] (Abnormal) Collected: 11/29/22 1023
Lab Status: Final result Specimen: Blood from Arm, Right Updated: 11/29/22 1116
hs TnI 2hr 58 ng/L
Delta 2hr hsTnI 9 ng/L
HS Troponin 0hr (reflex protocol) [292790104] (Normal) Collected: 11/29/22 0809

Lab Status: Final result Specimen: Blood from Arm, Right Updated: 11/29/22 0840
hs TnI 0hr 49 ng/L
CBC and differential [292790094] (Abnormal) Collected: 11/29/22 0754
Lab Status: Final result Specimen: Blood from Arm, Right Updated: 11/29/22 0804
WBC 5.98 Thousand/uL
RBC 4.21 Million/uL
Hemoglobin 12.7 g/dL
Hematocrit 38.8 %
MCV 92 fL
MCH 30.2 pg
MCHC 32.7 g/dL
RDW 14.5 %
MPV 9.7 fL
Platelets 226 Thousands/uL
nRBC 0 /100 WBCs
Neutrophils Relative 88 %
Immat GRANS % 0 %
Lymphocytes Relative 8 %
Monocytes Relative 4 %
Eosinophils Relative 0 %
Basophils Relative 0 %
Neutrophils Absolute 5.23 Thousands/µL
Immature Grans Absolute 0.02 Thousand/uL
Lymphocytes Absolute 0.46 Thousands/µL
Monocytes Absolute 0.26 Thousand/µL
Eosinophils Absolute 0.00 Thousand/µL
Basophils Absolute 0.01 Thousands/µL

XR chest 1 view portable
Final Result by Janet Elaine Durick, MD (11/29 1502)

No acute cardiopulmonary disease.

Workstation performed: PA3DJ18015

US right upper quadrant
Final Result by Andrew Marc Shurman, MD (11/29 1351)

Normal.

Workstation performed: SLA18104RR1UV

CT chest abdomen pelvis wo contrast
Final Result by Gautham Krishna Mallampati, MD (11/29 1349)

Moderate thickening of the cecum, ascending colon and proximal/mid transverse colon in keeping with a nonspecific colitis.

No complications status post gastric bypass.

No acute findings in the chest.

The study was marked in EPIC for immediate notification.

Workstation performed: NY11249WS1

Procedures
ECG 12 Lead Documentation Only

Date/Time: 11/29/2022 8:18 AM
Performed by: Allison M Golia, PA-C
Authorized by: Allison M Golia, PA-C

Indications / Diagnosis: Sob

ECG reviewed by me, the ED Provider: yes
Patient location: ED
Previous ECG:
Previous ECG: Compared to current
Comparison ECG info: 07-nov-2017
Similarity: No change
Comparison to cardiac monitor: Yes
Interpretation:
Interpretation: abnormal
Quality:
Tracing quality: Limited by artifact
Rate:
ECG rate: 95
ECG rate assessment: normal
Rhythm:
Rhythm: sinus rhythm
Ectopy:
Ectopy: none
QRS:
QRS axis: Normal
QRS intervals: Normal
Conduction:
Conduction: normal
ST segments:
ST segments: Non-specific
T waves:
T waves: non-specific
Other findings:
Other findings: prolonged qTc interval
Comments:
QT/QTc:400/502. No STEMI.

ED Course
ED Course as of 11/29/22 1645
Tue Nov 29, 2022
0841 hs TnI 0hr: 49
1200 AST(!): 15,820
1200 Creatinine(!): 2.60
1250 TT to Toxicology
1319 Toxicology recommends starting NAC given tylenol usage (6000mg) past 3 days, new onset liver failure.
Will admit
1501 Discussed with SLIM. We had a detailed discussion of the patient's condition and case, including need for admission.  Accepts to their service.  Bed request/bridging orders placed.

MDM
Number of Diagnoses or Management Options
CKD (chronic kidney disease): new and requires workup
Colitis: new and requires workup
Elevated INR: new and requires workup
Elevated LFTs: new and requires workup
Elevated troponin: new and requires workup
Diagnosis management comments: Patient is a 57-year-old female history of hypertension and anemia, surgical history of gastric bypass and cholecystectomy, presents emergency department for evaluation of abdominal pain, vomiting, diarrhea and shortness of breath.

Patient alert and oriented x3 - ill appearing
IVF and zofran given on arrival
EKG shows non-specific ST and T wave changes
Initial troponin 49, delta troponin 9 - no active chest pain
CXR clear
AKI on CKD noted
Elevated LFTs, INR elevated - liver failure likely 2/2 related to excessive tylenol usage, consulted toxicology, NAC started
Will admit

Discussed with SLIM. We had a detailed discussion of the patient's condition and case, including need for admission.  Accepts to their service.  Bed request/bridging orders placed.

Disposition
Final diagnoses:
Elevated LFTs
Elevated INR
CKD (chronic kidney disease)

Colitis
Elevated troponin

Time reflects when diagnosis was documented in both MDM as applicable and the Disposition within this note
Time User Action Codes Description Comment
11/29/2022 1:15 PM Golia, Allison Add [R79.89] Elevated LFTs
11/29/2022 2:45 PM Golia, Allison Add [R79.1] Elevated INR
11/29/2022 2:45 PM Golia, Allison Add [N18.9] CKD (chronic kidney disease)
11/29/2022 2:46 PM Golia, Allison Add [K52.9] Colitis
11/29/2022 2:46 PM Golia, Allison Add [R77.8] Elevated troponin

ED Disposition
ED Disposition
Admit
Condition
Stable
Date/Time
Tue Nov 29, 2022 2:58 PM
Comment
Case was discussed with SLIM and the patient's admission status was agreed to be Admission Status: inpatient status to the service of Dr. Prechtel .

Follow-up Information
None

Patient's Medications
Discharge Prescriptions
No medications on file

No discharge procedures on file.

PDMP Review
None

ED Provider
Electronically Signed by

Allison M Golia, PA-C
11/29/22 1646

Cosigned by Mark John Hosak, MD at 11/30/2022 9:15 AM EST
Electronically signed by Allison M Golia, PA-C at 11/29/2022 4:46 PM EST
Electronically signed by Mark John Hosak, MD at 11/30/2022 9:15 AM EST

Associated attestation - Hosak, Mark John, MD - 11/30/2022 9:15 AM EST
Formatting of this note might be different from the original.

Cosign complete.

*[10]. documented in this encounter*

### Miscellaneous Notes

- **Assessment & Plan Note - Patrick Callaghan, DO - 12/07/2022 8:42 AM EST**
  **Associated Problem(s): Liver injury**
  Formatting of this note might be different from the original.
  · Acute liver failure secondary to Tylenol toxicity
  · Initially on NAC but discontinued by toxicology
  · GI following, have signed off
  · LFTs improved significantly
  · Recommend outpatient follow-up repeat hep B serologies
  · Follow-up CMP in 1 week
  Electronically signed by Patrick Callaghan, DO at 12/07/2022 2:43 PM EST
- **Assessment & Plan Note - Patrick Callaghan, DO - 12/07/2022 8:42 AM EST**
  **Associated Problem(s): Hypertension**
  Formatting of this note might be different from the original.
  · Patient reports she is no longer on lisinopril.
  · Continue amlodipine, labetalol

Electronically signed by Patrick Callaghan, DO at 12/07/2022 2:43 PM EST
Electronically signed by Patrick Callaghan, DO at 12/07/2022 2:43 PM EST

- **Assessment & Plan Note - Patrick Callaghan, DO - 12/07/2022 8:42 AM EST**

**Associated Problem(s): Accidental acetaminophen overdose**
Formatting of this note might be different from the original.
· Patient was taking approximately 6000 mg of acetaminophen daily for several days for toothache
· Was on n-acetylcysteine which has been subsequently discontinued by Toxicology
· Seen by psychiatry. No evidence of intentional overdose
Electronically signed by Patrick Callaghan, DO at 12/07/2022 2:43 PM EST

- **Assessment & Plan Note - Patrick Callaghan, DO - 12/07/2022 8:42 AM EST**

**Associated Problem(s): Transaminitis**
Formatting of this note might be different from the original.
In setting of Tylenol overdose
INR stable, no encephalopathy
· Follow-up CMP as an outpatient
Electronically signed by Patrick Callaghan, DO at 12/07/2022 2:43 PM EST
Electronically signed by Patrick Callaghan, DO at 12/07/2022 2:46 PM EST

- **Assessment & Plan Note - Patrick Callaghan, DO - 12/07/2022 8:42 AM EST**

**Associated Problem(s): AKI (acute kidney injury) (HCC)**
Formatting of this note might be different from the original.
AKI suspected to be pre renal, Tylenol toxicity, prior use of ACE-inhibitor
Improved with IV fluids
Nephrology signed off as renal function nearing baseline
Encourage oral hydration
Repeat function in 1 week
Electronically signed by Patrick Callaghan, DO at 12/07/2022 2:43 PM EST

- **Assessment & Plan Note - Patrick Callaghan, DO - 12/07/2022 8:42 AM EST**

**Associated Problem(s): Hypokalemia**
Formatting of this note is different from the original.
· Repleted

Results from last 7 days
Lab Units 12/06/22
0600 12/05/22
0659 12/04/22
0641 12/03/22
1504 12/02/22
0447 12/01/22
0643 11/30/22
1549
POTASSIUM mmol/L 4.0 4.1 3.9 4.6 3.2* 2.8* 3.1*

Electronically signed by Patrick Callaghan, DO at 12/07/2022 2:43 PM EST

- **Assessment & Plan Note - Patrick Callaghan, DO - 12/07/2022 8:42 AM EST**

**Associated Problem(s): Dental caries**
Formatting of this note might be different from the original.
· Concerns for dental caries causing her symptoms.
· Continue clindamycin to complete course
· Prn analgesia. Avoid Tylenol
Electronically signed by Patrick Callaghan, DO at 12/07/2022 2:44 PM EST

- **Plan of Care - Christine Semanek, RN - 12/07/2022 8:40 AM EST**

Formatting of this note might be different from the original.

Problem: PAIN - ADULT
Goal: Verbalizes/displays adequate comfort level or baseline comfort level
Description: Interventions:
- Encourage patient to monitor pain and request assistance
- Assess pain using appropriate pain scale
- Administer analgesics based on type and severity of pain and evaluate response
- Implement non-pharmacological measures as appropriate and evaluate response
- Consider cultural and social influences on pain and pain management
- Notify physician/advanced practitioner if interventions unsuccessful or patient reports new pain
Outcome: Completed

Problem: INFECTION - ADULT
Goal: Absence or prevention of progression during hospitalization
Description: INTERVENTIONS:
- Assess and monitor for signs and symptoms of infection
- Monitor lab/diagnostic results
- Monitor all insertion sites, i.e. indwelling lines, tubes, and drains
- Monitor endotracheal if appropriate and nasal secretions for changes in amount and color
- Institute appropriate cooling/warming therapies per order
- Administer medications as ordered
- Instruct and encourage patient and family to use good hand hygiene technique
- Identify and instruct in appropriate isolation precautions for identified infection/condition

Outcome: Completed
Goal: Absence of fever/infection during neutropenic period
Description: INTERVENTIONS:
- Monitor WBC

Outcome: Completed

Problem: SAFETY ADULT
Goal: Patient will remain free of falls
Description: INTERVENTIONS:
- Educate patient/family on patient safety including physical limitations
- Instruct patient to call for assistance with activity
- Consult OT/PT to assist with strengthening/mobility
- Keep Call bell within reach
- Keep bed low and locked with side rails adjusted as appropriate
- Keep care items and personal belongings within reach
- Initiate and maintain comfort rounds
- Make Fall Risk Sign visible to staff
- Offer Toileting every Hours, in advance of need
- Initiate/Maintain alarm
- Obtain necessary fall risk management equipment:
- Apply yellow socks and bracelet for high fall risk patients
- Consider moving patient to room near nurses station
Outcome: Completed
Goal: Maintain or return to baseline ADL function
Description: INTERVENTIONS:
- Assess patient's ability to carry out ADLs; assess patient's baseline for ADL function and identify physical deficits which impact ability to perform ADLs (bathing, care of mouth/teeth, toileting, grooming, dressing, etc.)
- Assess/evaluate cause of self-care deficits
- Assess range of motion
- Assess patient's mobility; develop plan if impaired
- Assess patient's need for assistive devices and provide as appropriate
- Encourage maximum independence but intervene and supervise when necessary
- Involve family in performance of ADLs
- Assess for home care needs following discharge
- Consider OT consult to assist with ADL evaluation and planning for discharge
- Provide patient education as appropriate
Outcome: Completed
Goal: Maintains/Returns to pre admission functional level
Description: INTERVENTIONS:
- Perform BMAT or MOVE assessment daily.
- Set and communicate daily mobility goal to care team and patient/family/caregiver.
- Collaborate with rehabilitation services on mobility goals if consulted
- Perform Range of Motion times a day.
- Reposition patient every hours.
- Dangle patient times a day
- Stand patient times a day
- Ambulate patient times a day
- Out of bed to chair times a day
- Out of bed for meals times a day
- Out of bed for toileting
- Record patient progress and toleration of activity level
Outcome: Completed

Problem: DISCHARGE PLANNING
Goal: Discharge to home or other facility with appropriate resources
Description: INTERVENTIONS:
- Identify barriers to discharge w/patient and caregiver
- Arrange for needed discharge resources and transportation as appropriate
- Identify discharge learning needs (meds, wound care, etc.)
- Arrange for interpretive services to assist at discharge as needed
- Refer to Case Management Department for coordinating discharge planning if the patient needs post-hospital services based on physician/advanced practitioner order or complex needs related to functional status, cognitive ability, or social support system
Outcome: Completed

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.
Interventions:
- Provide teaching at level of understanding
- Provide teaching via preferred learning methods
Outcome: Completed

Electronically signed by Christine Semanek, RN at 12/07/2022 8:41 AM EST

- **Case Management - Jessica Brokenshire, LSW - 12/07/2022 8:34 AM EST**

Formatting of this note is different from the original.
Images from the original note were not included.

Case Management Discharge Planning Note

Patient name Emma Thompson
Location East 4 MS 453/E4 MS 453-* MRN 941345207
DOB: 11/14/1965 Date 12/7/2022

Current Admission Date: 11/29/2022
Current Admission Diagnosis:Liver injury
Patient Active Problem List
Diagnosis Date Noted
• Dental caries 12/02/2022
• Hypokalemia 12/01/2022
• Hypertension 11/29/2022
• Accidental acetaminophen overdose 11/29/2022
• Transaminitis 11/29/2022
• AKI (acute kidney injury) (HCC) 11/29/2022
• Liver injury 11/29/2022
• Intraabdominal fluid collection 11/08/2017

LOS (days): 8
Geometric Mean LOS (GMLOS) (days): 3.60
Days to GMLOS:-4.1

OBJECTIVE:
Risk of Unplanned Readmission Score: 16

Current admission status: Inpatient
Preferred Pharmacy:
WALGREENS DRUG STORE #05715 - Melbourne VIC - 1702 W TILGHMAN ST
1702 W TILGHMAN ST
ALLENTOWN PA 18104-4114
Phone: 610-435-3605 Fax: 610-435-6912

CVS/pharmacy #0974 - Melbourne VIC - 1601 W. LIBERTY STREET
1601 W. LIBERTY STREET
ALLENTOWN PA 18102
Phone: 610-820-9737 Fax: 610-439-8714

Primary Care Provider: Sarah Johnson, DO

Primary Insurance: AETNA MC REP
Secondary Insurance: AMERIHEALTH CARITAS COMMUNITY HEALTHCHOICES

DISCHARGE DETAILS:

Other Referral/Resources/Interventions Provided:
Interventions: Transportation
Referral Comments: Pt reports that she did not appeal her discharge through Livanta and that she is ready to be discharged. CM spoke with SLETS to arrange Lyft transportation to pt's home. Pt and RN aware transport set for 8:40 AM at south entrance via Lyft.

Electronically signed by Jessica Brokenshire, LSW at 12/07/2022 8:34 AM EST

- **Plan of Care - Shannon Bean - 12/07/2022 1:58 AM EST**

Formatting of this note might be different from the original.

Problem: PAIN - ADULT
Goal: Verbalizes/displays adequate comfort level or baseline comfort level
Description: Interventions:
- Encourage patient to monitor pain and request assistance
- Assess pain using appropriate pain scale
- Administer analgesics based on type and severity of pain and evaluate response
- Implement non-pharmacological measures as appropriate and evaluate response
- Consider cultural and social influences on pain and pain management
- Notify physician/advanced practitioner if interventions unsuccessful or patient reports new pain
Outcome: Progressing

Problem: INFECTION - ADULT

Goal: Absence or prevention of progression during hospitalization
Description: INTERVENTIONS:
- Assess and monitor for signs and symptoms of infection
- Monitor lab/diagnostic results
- Monitor all insertion sites, i.e. indwelling lines, tubes, and drains
- Monitor endotracheal if appropriate and nasal secretions for changes in amount and color
- Institute appropriate cooling/warming therapies per order
- Administer medications as ordered
- Instruct and encourage patient and family to use good hand hygiene technique
- Identify and instruct in appropriate isolation precautions for identified infection/condition
Outcome: Progressing
Goal: Absence of fever/infection during neutropenic period
Description: INTERVENTIONS:
- Monitor WBC

Outcome: Progressing

Problem: SAFETY ADULT
Goal: Patient will remain free of falls
Description: INTERVENTIONS:
- Educate patient/family on patient safety including physical limitations
- Instruct patient to call for assistance with activity
- Consult OT/PT to assist with strengthening/mobility
- Keep Call bell within reach
- Keep bed low and locked with side rails adjusted as appropriate
- Keep care items and personal belongings within reach
- Initiate and maintain comfort rounds
- Make Fall Risk Sign visible to staff
- Apply yellow socks and bracelet for high fall risk patients
- Consider moving patient to room near nurses station
Outcome: Progressing
Goal: Maintain or return to baseline ADL function
Description: INTERVENTIONS:
- Assess patient's ability to carry out ADLs; assess patient's baseline for ADL function and identify physical deficits which impact ability to perform ADLs (bathing, care of mouth/teeth, toileting, grooming, dressing, etc.)
- Assess/evaluate cause of self-care deficits
- Assess range of motion
- Assess patient's mobility; develop plan if impaired
- Assess patient's need for assistive devices and provide as appropriate
- Encourage maximum independence but intervene and supervise when necessary
- Involve family in performance of ADLs
- Assess for home care needs following discharge
- Consider OT consult to assist with ADL evaluation and planning for discharge
- Provide patient education as appropriate
Outcome: Progressing
Goal: Maintains/Returns to pre admission functional level
Description: INTERVENTIONS:
- Perform BMAT or MOVE assessment daily.
- Set and communicate daily mobility goal to care team and patient/family/caregiver.
- Collaborate with rehabilitation services on mobility goals if consulted
- Perform Range of Motion 4 times a day.
- Reposition patient every 2 hours.
- Dangle patient 4 times a day
- Stand patient 4 times a day
- Ambulate patient 4 times a day
- Out of bed to chair 4 times a day
- Out of bed for meals 4 times a day
- Out of bed for toileting
- Record patient progress and toleration of activity level
Outcome: Progressing

Problem: DISCHARGE PLANNING
Goal: Discharge to home or other facility with appropriate resources
Description: INTERVENTIONS:
- Identify barriers to discharge w/patient and caregiver
- Arrange for needed discharge resources and transportation as appropriate
- Identify discharge learning needs (meds, wound care, etc.)
- Arrange for interpretive services to assist at discharge as needed
- Refer to Case Management Department for coordinating discharge planning if the patient needs post-hospital services based on physician/advanced practitioner order or complex needs related to functional status, cognitive ability, or social support system
Outcome: Progressing

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.
Interventions:
- Provide teaching at level of understanding
- Provide teaching via preferred learning methods
Outcome: Progressing

Electronically signed by Shannon Bean at 12/07/2022 1:58 AM EST

- **Assessment & Plan Note - Patrick Callaghan, DO - 12/06/2022 4:36 PM EST**

**Associated Problem(s): Dental caries**
Formatting of this note might be different from the original.
· Concerns for dental caries causing her symptoms.
· Continue clindamycin to complete course
· Prn analgesia. Avoid Tylenol
Electronically signed by Patrick Callaghan, DO at 12/06/2022 4:36 PM EST

- **Assessment & Plan Note - Patrick Callaghan, DO - 12/06/2022 4:35 PM EST**

**Associated Problem(s): AKI (acute kidney injury) (HCC)**
Formatting of this note might be different from the original.
AKI suspected to be pre renal, Tylenol toxicity, prior use of ACE-inhibitor
Improved with IV fluids
Nephrology signed off as renal function nearing baseline
Encourage oral hydration
Repeat function in 1 week
Electronically signed by Patrick Callaghan, DO at 12/06/2022 4:35 PM EST
Electronically signed by Patrick Callaghan, DO at 12/06/2022 4:35 PM EST

- **Assessment & Plan Note - Patrick Callaghan, DO - 12/06/2022 4:34 PM EST**

**Associated Problem(s): Transaminitis**
Formatting of this note might be different from the original.
In setting of Tylenol overdose
LFTs peaked at AST 3700 , ALT 6900
INR stable, no encephalopathy
· Follow-up CMP as an outpatient
Electronically signed by Patrick Callaghan, DO at 12/06/2022 4:35 PM EST

- **Assessment & Plan Note - Patrick Callaghan, DO - 12/06/2022 4:34 PM EST**

**Associated Problem(s): Accidental acetaminophen overdose**
Formatting of this note might be different from the original.
· Patient was taking approximately 6000 mg of acetaminophen daily for several days for toothache
· Was on n-acetylcysteine which has been subsequently discontinued by Toxicology
· Seen by psychiatry. No evidence of intentional overdose
Electronically signed by Patrick Callaghan, DO at 12/06/2022 4:34 PM EST

- **Assessment & Plan Note - Patrick Callaghan, DO - 12/06/2022 4:32 PM EST**

**Associated Problem(s): Hypertension**
Formatting of this note might be different from the original.
· Patient reports she is no longer on lisinopril.
· Continue amlodipine, labetalol with hold parameters
Electronically signed by Patrick Callaghan, DO at 12/06/2022 4:33 PM EST
Electronically signed by Patrick Callaghan, DO at 12/06/2022 4:34 PM EST

- **Assessment & Plan Note - Patrick Callaghan, DO - 12/06/2022 4:31 PM EST**

**Associated Problem(s): Liver injury**
Formatting of this note might be different from the original.
· Acute liver failure secondary to Tylenol toxicity
· Initially on NAC but discontinued by toxicology
· GI following, have signed off
· LFTs improved significantly
· Recommend outpatient follow-up repeat hep B serologies
· Follow-up CMP in 1 week
Electronically signed by Patrick Callaghan, DO at 12/06/2022 4:32 PM EST

- **Case Management - Susan Brown, LSW - 12/06/2022 3:43 PM EST**

Formatting of this note is different from the original.
Images from the original note were not included.

Case Management Discharge Planning Note

Patient name Emma Thompson
Location East 4 MS 453/E4 MS 453-* MRN 941345207
DOB: 11/14/1965 Date 12/6/2022

Current Admission Date: 11/29/2022
Current Admission Diagnosis:Liver injury
Patient Active Problem List
Diagnosis Date Noted
• Dental caries 12/02/2022
• Hypokalemia 12/01/2022
• Hypertension 11/29/2022

• Accidental acetaminophen overdose 11/29/2022
• Transaminitis 11/29/2022
• AKI (acute kidney injury) (HCC) 11/29/2022
• Liver injury 11/29/2022
• Intraabdominal fluid collection 11/08/2017

LOS (days): 7
Geometric Mean LOS (GMLOS) (days): 3.60
Days to GMLOS:-3.4

OBJECTIVE:
Risk of Unplanned Readmission Score: 17.48

Current admission status: Inpatient
Preferred Pharmacy:
WALGREENS DRUG STORE #05715 - Melbourne VIC - 1702 W TILGHMAN ST
1702 W TILGHMAN ST
ALLENTOWN PA 18104-4114
Phone: 610-435-3605 Fax: 610-435-6912

CVS/pharmacy #0974 - Melbourne VIC - 1601 W. LIBERTY STREET
1601 W. LIBERTY STREET
ALLENTOWN PA 18102
Phone: 610-820-9737 Fax: 610-439-8714

Primary Care Provider: Sarah Johnson, DO

Primary Insurance: AETNA MC REP
Secondary Insurance: AMERIHEALTH CARITAS COMMUNITY HEALTHCHOICES

DISCHARGE DETAILS:

Additional Comments: When RN came in room, pt changed her mind about leaving and stated she already called to appeal her discharge. Pt did not tell this LSW that when she signed the LYFT paper. Pt also called her dtr to see if dtr could pick her up after work. This LSW stated she can go home in the evening or a free LYFT ride. Pt stated she would go by LYFT ride and signed paper. RN and MD aware pt now changed her mind and started appeal process. Informed support staff.

Electronically signed by Susan Brown, LSW at 12/06/2022 3:43 PM EST

- **Case Management - Susan Brown, LSW - 12/06/2022 3:31 PM EST**

Formatting of this note is different from the original.
Images from the original note were not included.

Case Management Discharge Planning Note

Patient name Emma Thompson
Location East 4 MS 453/E4 MS 453-* MRN 941345207
DOB: 11/14/1965 Date 12/6/2022

Current Admission Date: 11/29/2022
Current Admission Diagnosis:Liver injury
Patient Active Problem List
Diagnosis Date Noted
• Dental caries 12/02/2022
• Hypokalemia 12/01/2022
• Hypertension 11/29/2022
• Accidental acetaminophen overdose 11/29/2022
• Transaminitis 11/29/2022
• AKI (acute kidney injury) (HCC) 11/29/2022
• Liver injury 11/29/2022
• Intraabdominal fluid collection 11/08/2017

LOS (days): 7
Geometric Mean LOS (GMLOS) (days): 3.60
Days to GMLOS:-3.4

OBJECTIVE:
Risk of Unplanned Readmission Score: 17.48

Current admission status: Inpatient
Preferred Pharmacy:
WALGREENS DRUG STORE #05715 - Melbourne VIC - 1702 W TILGHMAN ST
1702 W TILGHMAN ST
ALLENTOWN PA 18104-4114
Phone: 610-435-3605 Fax: 610-435-6912

CVS/pharmacy #0974 - Melbourne VIC - 1601 W. LIBERTY STREET
1601 W. LIBERTY STREET
ALLENTOWN PA 18102
Phone: 610-820-9737 Fax: 610-439-8714

Primary Care Provider: Sarah Johnson, DO

Primary Insurance: AETNA MC REP
Secondary Insurance: AMERIHEALTH CARITAS COMMUNITY HEALTHCHOICES

DISCHARGE DETAILS:

Additional Comments: Pt now willing to go home by LYFT ride and signed paper. Paper was put in bin. MD and RN are aware of this. Will set up LYFT ride.

Electronically signed by Susan Brown, LSW at 12/06/2022 3:32 PM EST

- **Case Management - Susan Brown, LSW - 12/06/2022 12:32 PM EST**

Formatting of this note is different from the original.
Images from the original note were not included.

Case Management Discharge Planning Note

Patient name Emma Thompson
Location East 4 MS 453/E4 MS 453-* MRN 941345207
DOB: 11/14/1965 Date 12/6/2022

Current Admission Date: 11/29/2022
Current Admission Diagnosis:Liver injury
Patient Active Problem List
Diagnosis Date Noted
• Dental caries 12/02/2022
• Hypokalemia 12/01/2022
• Hypertension 11/29/2022
• Accidental acetaminophen overdose 11/29/2022
• Transaminitis 11/29/2022
• AKI (acute kidney injury) (HCC) 11/29/2022
• Liver injury 11/29/2022
• Intraabdominal fluid collection 11/08/2017

LOS (days): 7
Geometric Mean LOS (GMLOS) (days): 3.60
Days to GMLOS:-3.3

OBJECTIVE:
Risk of Unplanned Readmission Score: 17.48

Current admission status: Inpatient
Preferred Pharmacy:
WALGREENS DRUG STORE #05715 - Melbourne VIC - 1702 W TILGHMAN ST
1702 W TILGHMAN ST
ALLENTOWN PA 18104-4114
Phone: 610-435-3605 Fax: 610-435-6912

CVS/pharmacy #0974 - Melbourne VIC - 1601 W. LIBERTY STREET
1601 W. LIBERTY STREET
ALLENTOWN PA 18102
Phone: 610-820-9737 Fax: 610-439-8714

Primary Care Provider: Sarah Johnson, DO

Primary Insurance: AETNA MC REP
Secondary Insurance: AMERIHEALTH CARITAS COMMUNITY HEALTHCHOICES

DISCHARGE DETAILS:

Discharge planning discussed with:: pt
Freedom of Choice: Yes

Additional Comments: MD has discharged pt home today. MD and RN reports pt will now need a ride home. Met with pt and offer LYFT ride. Pt stated she was not going to be discharge today, but tomorrow and has a ride. Explained to pt MD has discharged her already. Pt stated she is not leaving the hospital and will go ohome tomorrow. RN Manager aware and MD.

Electronically signed by Susan Brown, LSW at 12/06/2022 12:32 PM EST

- **Quick Note - Nicole L Koch, CRNP - 12/06/2022 12:05 PM EST**

Formatting of this note might be different from the original.
Mrs. Holloway is a 57 Y/O female with history of underlying CKD stage III, and hypertension, who presents with nausea, vomiting, and abdominal pain. Fortunately suffered acute kidney injury suspected due to prerenal etiology versus Tylenol toxicity. Baseline creatinine 1.6-2.1. Follows with Valley kidney specialist. Presented with creatinine to 2.7 which has presented with creatinine to 2.7 which has improved to 2.3 today. She is encouraged to continue oral intake. Blood pressure has remained fairly stable on antihypertensives. She is currently on amlodipine 10 mg daily. Would continue to hold lisinopril until she follows up with her nephrologist. We will sign off from renal. Cleared for discharge. Will need BMP in 1 to 2 weeks.

Thank you
Cosigned by Hina K Trivedi, DO at 12/06/2022 3:31 PM EST
Electronically signed by Nicole L Koch, CRNP at 12/06/2022 12:09 PM EST
Electronically signed by Hina K Trivedi, DO at 12/06/2022 3:31 PM EST

Associated attestation - Trivedi, Hina K, DO - 12/06/2022 3:31 PM EST
Formatting of this note might be different from the original.

I agree with assessment and plan as outlined. Patient should follow with outpatient nephrologist, Valley kidney. Renal function back to baseline. Nephrology will sign off. Continue to hold lisinopril until seen by her outpatient nephrologist.

- **Plan of Care - Christine Semanek, RN - 12/06/2022 11:47 AM EST**

Formatting of this note might be different from the original.

Problem: Potential for Falls
Goal: Patient will remain free of falls
Description: INTERVENTIONS:
- Educate patient/family on patient safety including physical limitations
- Instruct patient to call for assistance with activity
- Consult OT/PT to assist with strengthening/mobility
- Keep Call bell within reach
- Keep bed low and locked with side rails adjusted as appropriate
- Keep care items and personal belongings within reach
- Initiate and maintain comfort rounds
- Make Fall Risk Sign visible to staff
- Offer Toileting every Hours, in advance of need
- Initiate/Maintain alarm
- Obtain necessary fall risk management equipment:
- Apply yellow socks and bracelet for high fall risk patients
- Consider moving patient to room near nurses station
Outcome: Completed

Problem: PAIN - ADULT
Goal: Verbalizes/displays adequate comfort level or baseline comfort level
Description: Interventions:
- Encourage patient to monitor pain and request assistance
- Assess pain using appropriate pain scale
- Administer analgesics based on type and severity of pain and evaluate response
- Implement non-pharmacological measures as appropriate and evaluate response
- Consider cultural and social influences on pain and pain management
- Notify physician/advanced practitioner if interventions unsuccessful or patient reports new pain
Outcome: Completed

Problem: DISCHARGE PLANNING
Goal: Discharge to home or other facility with appropriate resources
Description: INTERVENTIONS:
- Identify barriers to discharge w/patient and caregiver
- Arrange for needed discharge resources and transportation as appropriate
- Identify discharge learning needs (meds, wound care, etc.)
- Arrange for interpretive services to assist at discharge as needed
- Refer to Case Management Department for coordinating discharge planning if the patient needs post-hospital services based on physician/advanced practitioner order or complex needs related to functional status, cognitive ability, or social support system
Outcome: Completed

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.
Interventions:
- Provide teaching at level of understanding
- Provide teaching via preferred learning methods
Outcome: Completed

Problem: GASTROINTESTINAL - ADULT
Goal: Minimal or absence of nausea and/or vomiting
Description: INTERVENTIONS:
- Administer IV fluids if ordered to ensure adequate hydration
- Maintain NPO status until nausea and vomiting are resolved
- Nasogastric tube if ordered
- Administer ordered antiemetic medications as needed
- Provide nonpharmacologic comfort measures as appropriate
- Advance diet as tolerated, if ordered
- Consider nutrition services referral to assist patient with adequate nutrition and appropriate food choices
Outcome: Completed
Goal: Maintains or returns to baseline bowel function
Description: INTERVENTIONS:
- Assess bowel function
- Encourage oral fluids to ensure adequate hydration
- Administer IV fluids if ordered to ensure adequate hydration
- Administer ordered medications as needed
- Encourage mobilization and activity
- Consider nutritional services referral to assist patient with adequate nutrition and appropriate food choices

Outcome: Completed
Goal: Maintains adequate nutritional intake
Description: INTERVENTIONS:
- Monitor percentage of each meal consumed
- Identify factors contributing to decreased intake, treat as appropriate
- Assist with meals as needed
- Monitor I&O, weight, and lab values if indicated
- Obtain nutrition services referral as needed
Outcome: Completed
Goal: Establish and maintain optimal ostomy function
Description: INTERVENTIONS:
- Assess bowel function
- Encourage oral fluids to ensure adequate hydration
- Administer IV fluids if ordered to ensure adequate hydration
- Administer ordered medications as needed
- Encourage mobilization and activity
- Nutrition services referral to assist patient with appropriate food choices
- Assess stoma site
- Consider wound care consult
Outcome: Completed
Goal: Oral mucous membranes remain intact
Description: INTERVENTIONS
- Assess oral mucosa and hygiene practices
- Implement preventative oral hygiene regimen
- Implement oral medicated treatments as ordered
- Initiate Nutrition services referral as needed
Outcome: Completed

Electronically signed by Christine Semanek, RN at 12/06/2022 11:48 AM EST

- **Case Management - Susan Brown, LSW - 12/06/2022 10:53 AM EST**

Formatting of this note is different from the original.
Images from the original note were not included.

Case Management Discharge Planning Note

Patient name Emma Thompson
Location East 4 MS 453/E4 MS 453-* MRN 941345207
DOB: 11/14/1965 Date 12/6/2022

Current Admission Date: 11/29/2022
Current Admission Diagnosis:Liver injury
Patient Active Problem List
Diagnosis Date Noted
• Dental caries 12/02/2022
• Hypokalemia 12/01/2022
• Hypertension 11/29/2022
• Accidental acetaminophen overdose 11/29/2022
• Transaminitis 11/29/2022
• AKI (acute kidney injury) (HCC) 11/29/2022
• Liver injury 11/29/2022
• Intraabdominal fluid collection 11/08/2017

LOS (days): 7
Geometric Mean LOS (GMLOS) (days): 3.60
Days to GMLOS:-3.2

OBJECTIVE:
Risk of Unplanned Readmission Score: 14.54

Current admission status: Inpatient
Preferred Pharmacy:
WALGREENS DRUG STORE #05715 - Melbourne VIC - 1702 W TILGHMAN ST
1702 W TILGHMAN ST
ALLENTOWN PA 18104-4114
Phone: 610-435-3605 Fax: 610-435-6912

CVS/pharmacy #0974 - Melbourne VIC - 1601 W. LIBERTY STREET
1601 W. LIBERTY STREET
ALLENTOWN PA 18102
Phone: 610-820-9737 Fax: 610-439-8714

Primary Care Provider: Sarah Johnson, DO

Primary Insurance: AETNA MC REP
Secondary Insurance: AMERIHEALTH CARITAS COMMUNITY HEALTHCHOICES

DISCHARGE DETAILS:

IMM Given (Date):: 12/06/22
IMM Given to:: Patient (Read IMM, copy given and copy put on AVS.)

Additional Comments: Met with pt and informed her the address/phone for Sacred Heart Dental Clinic was written on her AVS for her to make appointment. Pt stated she has been trying for 2 years to find a dentist.

Electronically signed by Susan Brown, LSW at 12/06/2022 10:54 AM EST

- **Plan of Care - Pratima Chhetri Chawan, RN - 12/06/2022 2:14 AM EST**

Formatting of this note might be different from the original.
Problem: PAIN - ADULT
Goal: Verbalizes/displays adequate comfort level or baseline comfort level
Description: Interventions:
- Encourage patient to monitor pain and request assistance
- Assess pain using appropriate pain scale
- Administer analgesics based on type and severity of pain and evaluate response
- Implement non-pharmacological measures as appropriate and evaluate response
- Consider cultural and social influences on pain and pain management
- Notify physician/advanced practitioner if interventions unsuccessful or patient reports new pain
Outcome: Progressing

Electronically signed by Pratima Chhetri Chawan, RN at 12/06/2022 2:15 AM EST

- **Assessment & Plan Note - Patrick Callaghan, DO - 12/05/2022 4:34 PM EST**

**Associated Problem(s): Dental caries**
Formatting of this note might be different from the original.
· Concerns for dental abscess/dental carie causing her symptoms.
· Continue clindamycin
Electronically signed by Patrick Callaghan, DO at 12/05/2022 4:34 PM EST

- **Assessment & Plan Note - Patrick Callaghan, DO - 12/05/2022 4:33 PM EST**

**Associated Problem(s): Liver injury**
Formatting of this note might be different from the original.
· Acute liver failure initially thought secondary to solely from Tylenol toxicity but also found to IgM hepatitis-B core antibody positive
· Initially on neck but discontinued by toxicology
· GI following
· LFTs improving
· Recommend outpatient follow-up hep B serologies
· Additional serologies pending
Electronically signed by Patrick Callaghan, DO at 12/05/2022 4:34 PM EST

- **Assessment & Plan Note - Patrick Callaghan, DO - 12/05/2022 4:32 PM EST**

**Associated Problem(s): AKI (acute kidney injury) (HCC)**
Formatting of this note might be different from the original.
AKI suspected to be pre renal, Tylenol toxicity, prior use of ACE-inhibitor
Hold ACE-inhibitor
IV fluid trial
Appreciate nephrology recommendations
Trend BMP
Electronically signed by Patrick Callaghan, DO at 12/05/2022 4:33 PM EST

- **Assessment & Plan Note - Patrick Callaghan, DO - 12/05/2022 4:32 PM EST**

**Associated Problem(s): Accidental acetaminophen overdose**
Formatting of this note might be different from the original.
· Patient was taking approximately 6000 mg of acetaminophen daily for several days for toothache
· Was on n-acetylcysteine which has been subsequently discontinued by Toxicology
· Seen by psychiatry. No evidence of intentional overdose
Electronically signed by Patrick Callaghan, DO at 12/05/2022 4:32 PM EST

- **Assessment & Plan Note - Patrick Callaghan, DO - 12/05/2022 4:31 PM EST**

**Associated Problem(s): Hypertension**
Formatting of this note might be different from the original.
· Holding lisinopril. Started on amlodipine
Electronically signed by Patrick Callaghan, DO at 12/05/2022 4:32 PM EST

- **Plan of Care - Katrina Cruz, RN - 12/05/2022 7:26 AM EST**

Formatting of this note might be different from the original.

Problem: Potential for Falls
Goal: Patient will remain free of falls
Description: INTERVENTIONS:
- Educate patient/family on patient safety including physical limitations
- Instruct patient to call for assistance with activity
- Consult OT/PT to assist with strengthening/mobility
- Keep Call bell within reach
- Keep bed low and locked with side rails adjusted as appropriate
- Keep care items and personal belongings within reach
- Initiate and maintain comfort rounds
- Make Fall Risk Sign visible to staff
- Offer Toileting every Hours, in advance of need
- Initiate/Maintain alarm
- Obtain necessary fall risk management equipment
- Apply yellow socks and bracelet for high fall risk patients
- Consider moving patient to room near nurses station
Outcome: Progressing

Problem: PAIN - ADULT
Goal: Verbalizes/displays adequate comfort level or baseline comfort level
Description: Interventions:
- Encourage patient to monitor pain and request assistance
- Assess pain using appropriate pain scale
- Administer analgesics based on type and severity of pain and evaluate response
- Implement non-pharmacological measures as appropriate and evaluate response
- Consider cultural and social influences on pain and pain management
- Notify physician/advanced practitioner if interventions unsuccessful or patient reports new pain
Outcome: Progressing

Problem: DISCHARGE PLANNING
Goal: Discharge to home or other facility with appropriate resources
Description: INTERVENTIONS:
- Identify barriers to discharge w/patient and caregiver
- Arrange for needed discharge resources and transportation as appropriate
- Identify discharge learning needs (meds, wound care, etc.)
- Arrange for interpretive services to assist at discharge as needed
- Refer to Case Management Department for coordinating discharge planning if the patient needs post-hospital services based on physician/advanced practitioner order or complex needs related to functional status, cognitive ability, or social support system
Outcome: Progressing

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.
Interventions:
- Provide teaching at level of understanding
- Provide teaching via preferred learning methods
Outcome: Progressing

Problem: GASTROINTESTINAL - ADULT
Goal: Minimal or absence of nausea and/or vomiting
Description: INTERVENTIONS:
- Administer IV fluids if ordered to ensure adequate hydration
- Maintain NPO status until nausea and vomiting are resolved
- Nasogastric tube if ordered
- Administer ordered antiemetic medications as needed
- Provide nonpharmacologic comfort measures as appropriate
- Advance diet as tolerated, if ordered
- Consider nutrition services referral to assist patient with adequate nutrition and appropriate food choices
Outcome: Progressing
Goal: Maintains or returns to baseline bowel function
Description: INTERVENTIONS:
- Assess bowel function
- Encourage oral fluids to ensure adequate hydration
- Administer IV fluids if ordered to ensure adequate hydration
- Administer ordered medications as needed
- Encourage mobilization and activity
- Consider nutritional services referral to assist patient with adequate nutrition and appropriate food choices
Outcome: Progressing
Goal: Maintains adequate nutritional intake
Description: INTERVENTIONS:

- Monitor percentage of each meal consumed
- Identify factors contributing to decreased intake, treat as appropriate
- Assist with meals as needed
- Monitor I&O, weight, and lab values if indicated
- Obtain nutrition services referral as needed
Outcome: Progressing
Goal: Establish and maintain optimal ostomy function
Description: INTERVENTIONS:
- Assess bowel function
- Encourage oral fluids to ensure adequate hydration
- Administer IV fluids if ordered to ensure adequate hydration
- Administer ordered medications as needed
- Encourage mobilization and activity
- Nutrition services referral to assist patient with appropriate food choices
- Assess stoma site
- Consider wound care consult
Outcome: Progressing
Goal: Oral mucous membranes remain intact
Description: INTERVENTIONS
- Assess oral mucosa and hygiene practices
- Implement preventative oral hygiene regimen
- Implement oral medicated treatments as ordered
- Initiate Nutrition services referral as needed
Outcome: Progressing

Electronically signed by Katrina Cruz, RN at 12/05/2022 7:26 AM EST

- **Assessment & Plan Note - Charlie Luong, DO - 12/04/2022 6:06 PM EST**

**Associated Problem(s): Dental caries**
Formatting of this note might be different from the original.
· Concerns for dental abscess/dental carie causing her symptoms.
· Started clindamycin and can continue oxycodone
Electronically signed by Charlie Luong, DO at 12/04/2022 6:06 PM EST

- **Assessment & Plan Note - Charlie Luong, DO - 12/04/2022 6:04 PM EST**

**Associated Problem(s): Accidental acetaminophen overdose**
Formatting of this note might be different from the original.
· Patient was taking approximately 6000 mg of acetaminophen daily for several days for toothache
· Was on n-acetylcysteine which has been subsequently discontinued by Toxicology
· Seen by psychiatry. No evidence of intentional overdose
Electronically signed by Charlie Luong, DO at 12/04/2022 6:04 PM EST

- **Assessment & Plan Note - Charlie Luong, DO - 12/04/2022 6:04 PM EST**

**Associated Problem(s): AKI (acute kidney injury) (HCC)**
Formatting of this note is different from the original.
· Kidney injury secondary to tylenol toxicity/liver failure.
· Nephrology following

Results from last 7 days
Lab Units 12/04/22
0641 12/03/22
1504 12/02/22
0447 12/01/22
0643 11/30/22
1549 11/30/22
1249 11/29/22
0754
BUN mg/dL 29* 26* 27* 32* 43* 50* 50*
CREATININE mg/dL 2.14* 2.59* 2.27* 2.43* 2.62* 2.72* 2.60*
EGFR ml/min/1.73sq m 24 19 23 21 19 18 19

Electronically signed by Charlie Luong, DO at 12/04/2022 6:04 PM EST

- **Assessment & Plan Note - Charlie Luong, DO - 12/04/2022 6:04 PM EST**

**Associated Problem(s): Hypertension**
Formatting of this note might be different from the original.
· Holding lisinopril. Started on amlodipine
Electronically signed by Charlie Luong, DO at 12/04/2022 6:04 PM EST

- **Assessment & Plan Note - Charlie Luong, DO - 12/04/2022 6:04 PM EST**

**Associated Problem(s): Hypokalemia**
Formatting of this note is different from the original.
· Repleted

Results from last 7 days
Lab Units 12/04/22
0641 12/03/22
1504 12/02/22
0447 12/01/22
0643 11/30/22

1549 11/30/22
1249 11/29/22
0754
POTASSIUM mmol/L 3.9 4.6 3.2* 2.8* 3.1* 3.1* 4.0

Electronically signed by Charlie Luong, DO at 12/04/2022 6:04 PM EST

- **Assessment & Plan Note - Charlie Luong, DO - 12/04/2022 6:02 PM EST**

**Associated Problem(s): Liver injury**
Formatting of this note is different from the original.
· Acute liver failure initially thought secondary to solely from Tylenol toxicity but also found to IgM hepatitis-B core antibody positive
· GI following. Hepatitis-B not active
· Slowly improving.

Results from last 7 days
Lab Units 12/02/22
0447 12/01/22
0643 11/30/22
1549 11/30/22
0408 11/29/22
2034 11/29/22
1212
INR 1.30* 1.66* 2.05* 2.21* 2.40* 2.17*

Results from last 7 days
Lab Units 12/04/22
0641 12/03/22
1504 12/02/22
0447 12/01/22
0643 11/30/22
1549 11/30/22
0408 11/29/22
2034 11/29/22
0754
AST U/L 106* 195* 770* 3,724* 8,900* 18,200* 19,180* 15,820*
ALT U/L 1,445* 2,273* 3,679* 6,933* 9,420* 12,700* 12,280* 9,990*
TOTAL BILIRUBIN mg/dL 0.69 1.15* 2.13* 2.19* 1.81* 1.02* 1.06* 1.29*

Electronically signed by Charlie Luong, DO at 12/04/2022 6:04 PM EST

- **Plan of Care - Serena Sabater-Moghal, RN - 12/04/2022 9:04 AM EST**

Formatting of this note might be different from the original.

Problem: Potential for Falls
Goal: Patient will remain free of falls
Description: INTERVENTIONS:
- Educate patient/family on patient safety including physical limitations
- Instruct patient to call for assistance with activity
- Consult OT/PT to assist with strengthening/mobility
- Keep Call bell within reach
- Keep bed low and locked with side rails adjusted as appropriate
- Keep care items and personal belongings within reach
- Initiate and maintain comfort rounds
- Make Fall Risk Sign visible to staff
- Apply yellow socks and bracelet for high fall risk patients
- Consider moving patient to room near nurses station
Outcome: Progressing

Problem: PAIN - ADULT
Goal: Verbalizes/displays adequate comfort level or baseline comfort level
Description: Interventions:
- Encourage patient to monitor pain and request assistance
- Assess pain using appropriate pain scale
- Administer analgesics based on type and severity of pain and evaluate response
- Implement non-pharmacological measures as appropriate and evaluate response
- Consider cultural and social influences on pain and pain management
- Notify physician/advanced practitioner if interventions unsuccessful or patient reports new pain
Outcome: Progressing

Problem: DISCHARGE PLANNING
Goal: Discharge to home or other facility with appropriate resources
Description: INTERVENTIONS:
- Identify barriers to discharge w/patient and caregiver
- Arrange for needed discharge resources and transportation as appropriate
- Identify discharge learning needs (meds, wound care, etc.)
- Arrange for interpretive services to assist at discharge as needed

- Refer to Case Management Department for coordinating discharge planning if the patient needs post-hospital services based on physician/advanced practitioner order or complex needs related to functional status, cognitive ability, or social support system
Outcome: Progressing

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.
Interventions:
- Provide teaching at level of understanding
- Provide teaching via preferred learning methods
Outcome: Progressing

Problem: GASTROINTESTINAL - ADULT
Goal: Minimal or absence of nausea and/or vomiting
Description: INTERVENTIONS:
- Administer IV fluids if ordered to ensure adequate hydration
- Maintain NPO status until nausea and vomiting are resolved
- Nasogastric tube if ordered
- Administer ordered antiemetic medications as needed
- Provide nonpharmacologic comfort measures as appropriate
- Advance diet as tolerated, if ordered
- Consider nutrition services referral to assist patient with adequate nutrition and appropriate food choices
Outcome: Progressing
Goal: Maintains or returns to baseline bowel function
Description: INTERVENTIONS:
- Assess bowel function
- Encourage oral fluids to ensure adequate hydration
- Administer IV fluids if ordered to ensure adequate hydration
- Administer ordered medications as needed
- Encourage mobilization and activity
- Consider nutritional services referral to assist patient with adequate nutrition and appropriate food choices
Outcome: Progressing
Goal: Maintains adequate nutritional intake
Description: INTERVENTIONS:
- Monitor percentage of each meal consumed
- Identify factors contributing to decreased intake, treat as appropriate
- Assist with meals as needed
- Monitor I&O, weight, and lab values if indicated
- Obtain nutrition services referral as needed
Outcome: Progressing
Goal: Establish and maintain optimal ostomy function
Description: INTERVENTIONS:
- Assess bowel function
- Encourage oral fluids to ensure adequate hydration
- Administer IV fluids if ordered to ensure adequate hydration
- Administer ordered medications as needed
- Encourage mobilization and activity
- Nutrition services referral to assist patient with appropriate food choices
- Assess stoma site
- Consider wound care consult
Outcome: Progressing
Goal: Oral mucous membranes remain intact
Description: INTERVENTIONS
- Assess oral mucosa and hygiene practices
- Implement preventative oral hygiene regimen
- Implement oral medicated treatments as ordered
- Initiate Nutrition services referral as needed
Outcome: Progressing

Electronically signed by Serena Sabater-Moghal, RN at 12/04/2022 9:05 AM EST

- **Assessment & Plan Note - Charlie Luong, DO - 12/03/2022 1:06 PM EST**

**Associated Problem(s): Hypertension**
Formatting of this note might be different from the original.
· Holding lisinopril. Started on amlodipine
Electronically signed by Charlie Luong, DO at 12/03/2022 1:06 PM EST

- **Assessment & Plan Note - Charlie Luong, DO - 12/03/2022 1:03 PM EST**

**Associated Problem(s): Liver injury**
Formatting of this note is different from the original.
· Acute liver failure initially thought secondary to solely from Tylenol toxicity but also found to IgM hepatitis-B core antibody positive
· Following up on further hepatitis studies. GI following.
· Slowly improving.

Results from last 7 days
Lab Units 12/02/22
0447 12/01/22
0643 11/30/22
1549 11/30/22
0408 11/29/22
2034 11/29/22
1212
INR 1.30* 1.66* 2.05* 2.21* 2.40* 2.17*

Results from last 7 days
Lab Units 12/02/22
0447 12/01/22
0643 11/30/22
1549 11/30/22
0408 11/29/22
2034 11/29/22
0754
AST U/L 770* 3,724* 8,900* 18,200* 19,180* 15,820*
ALT U/L 3,679* 6,933* 9,420* 12,700* 12,280* 9,990*
TOTAL BILIRUBIN mg/dL 2.13* 2.19* 1.81* 1.02* 1.06* 1.29*

Electronically signed by Charlie Luong, DO at 12/03/2022 1:04 PM EST

- **Assessment & Plan Note - Charlie Luong, DO - 12/03/2022 1:03 PM EST**

**Associated Problem(s): Hypokalemia**
Formatting of this note is different from the original.
· Continue to replete

Results from last 7 days
Lab Units 12/02/22
0447 12/01/22
0643 11/30/22
1549 11/30/22
1249 11/29/22
0754
POTASSIUM mmol/L 3.2* 2.8* 3.1* 3.1* 4.0

Electronically signed by Charlie Luong, DO at 12/03/2022 1:03 PM EST

- **Assessment & Plan Note - Charlie Luong, DO - 12/03/2022 1:03 PM EST**

**Associated Problem(s): Dental caries**
Formatting of this note might be different from the original.
· Concerns for dental abscess/dental carie causing her symptoms.
· Will start clindamycin and can continue oxycodone
Electronically signed by Charlie Luong, DO at 12/03/2022 1:03 PM EST

- **Assessment & Plan Note - Charlie Luong, DO - 12/03/2022 1:03 PM EST**

**Associated Problem(s): AKI (acute kidney injury) (HCC)**
Formatting of this note is different from the original.
· Kidney injury secondary to tylenol toxicity/liver failure.
· Nephrology following

Results from last 7 days
Lab Units 12/02/22
0447 12/01/22
0643 11/30/22
1549 11/30/22
1249 11/29/22
0754
BUN mg/dL 27* 32* 43* 50* 50*
CREATININE mg/dL 2.27* 2.43* 2.62* 2.72* 2.60*
EGFR ml/min/1.73sq m 23 21 19 18 19

Electronically signed by Charlie Luong, DO at 12/03/2022 1:03 PM EST

- **Assessment & Plan Note - Charlie Luong, DO - 12/03/2022 1:01 PM EST**

**Associated Problem(s): Accidental acetaminophen overdose**
Formatting of this note might be different from the original.
· Patient was taking approximately 6000 mg of acetaminophen daily for several days for toothache
· Was on n-acetylcysteine which has been subsequently discontinued by Toxicology
· Seen by psychiatry. No evidence of intentional overdose
Electronically signed by Charlie Luong, DO at 12/03/2022 1:03 PM EST

- **Case Management - Lori Garvin, MSW - 12/02/2022 3:57 PM EST**

Formatting of this note is different from the original.
Images from the original note were not included.

Case Management Assessment & Discharge Planning Note

Patient name Emma Thompson
Location East 4 MS 453/E4 MS 453-* MRN 941345207
DOB: 11/14/1965 Date 12/2/2022

Current Admission Date: 11/29/2022
Current Admission Diagnosis:Accidental acetaminophen overdose
Patient Active Problem List
Diagnosis Date Noted
• Toothache 12/02/2022
• Hypokalemia 12/01/2022
• Hypertension 11/29/2022
• Accidental acetaminophen overdose 11/29/2022
• Transaminitis 11/29/2022
• AKI (acute kidney injury) (HCC) 11/29/2022
• Acute liver failure 11/29/2022
• Intraabdominal fluid collection 11/08/2017

LOS (days): 3
Geometric Mean LOS (GMLOS) (days): 3.60
Days to GMLOS:0.6

OBJECTIVE:

Risk of Unplanned Readmission Score: 16.19

Current admission status: Inpatient

Preferred Pharmacy:
WALGREENS DRUG STORE #05715 - Melbourne VIC - 1702 W TILGHMAN ST
1702 W TILGHMAN ST
ALLENTOWN PA 18104-4114
Phone: 610-435-3605 Fax: 610-435-6912

CVS/pharmacy #0974 - Melbourne VIC - 1601 W. LIBERTY STREET
1601 W. LIBERTY STREET
ALLENTOWN PA 18102
Phone: 610-820-9737 Fax: 610-439-8714

Primary Care Provider: Sarah Johnson, DO

Primary Insurance: AETNA MC REP
Secondary Insurance: AMERIHEALTH CARITAS COMMUNITY HEALTHCHOICES

ASSESSMENT:
Active Health Care Proxies
There are no active Health Care Proxies on file.

Advance Directives
Does patient have a Health Care POA?: Yes
Does patient have Advance Directives?: Yes
Advance Directives: Power of Attorney for health care
Primary Contact: Emily Thompson, daughter

Readmission Root Cause
30 Day Readmission: No

Patient Information
Admitted from:: Home
Mental Status: Alert
During Assessment patient was accompanied by: Not accompanied during assessment
Assessment information provided by:: Patient
Primary Caregiver: Self
Support Systems: Family members
County of Residence: Lehigh
What city do you live in?: Allentown
Home entry access options. Select all that apply.: Stairs
Number of steps to enter home.: 3
Type of Current Residence: Other (Comment) (Private home)

Living Arrangements: Other (Comment) (Adult children live with pt)
Is patient a veteran?: No

Activities of Daily Living Prior to Admission
Functional Status: Independent
Completes ADLs independently?: Yes
Ambulates independently?: Yes
Does patient use assisted devices?: No
Does patient currently own DME?: No
Does patient have a history of Outpatient Therapy (PT/OT)?: No
Does the patient have a history of Short-Term Rehab?: No
Does patient have a history of HHC?: No
Does patient currently have HHC?: No

Patient Information Continued
Income Source: Employed (Customer Service)
Does patient receive dialysis treatments?: No
Does patient have a history of substance abuse?: No
Does patient have a history of Mental Health Diagnosis?: No

Means of Transportation
Means of Transport to Appts:: Drives Self

DISCHARGE DETAILS:

Discharge planning discussed with:: Patient

CM contacted family/caregiver?: No- see comments (declined)

Contacts
Patient Contacts: Emily Thompson, daughter
Relationship to Patient:: Family
Contact Method: Phone
Phone Number: 610-972-0961
Reason/Outcome: Emergency Contact

Requested Home Health Care
Is the patient interested in HHC at discharge?: No

Electronically signed by Lori Garvin, MSW at 12/02/2022 3:57 PM EST

- **Plan of Care - Lissette Paulino, RN - 12/02/2022 2:00 PM EST**

Formatting of this note might be different from the original.

Problem: Potential for Falls
Goal: Patient will remain free of falls
Description: INTERVENTIONS:
- Educate patient/family on patient safety including physical limitations
- Instruct patient to call for assistance with activity
- Consult OT/PT to assist with strengthening/mobility
- Keep Call bell within reach
- Keep bed low and locked with side rails adjusted as appropriate
- Keep care items and personal belongings within reach
- Initiate and maintain comfort rounds
- Make Fall Risk Sign visible to staff
- Offer Toileting every 2 Hours, in advance of need
- Initiate/Maintain bed alarm
- Obtain necessary fall risk management equipment: alarm
- Apply yellow socks and bracelet for high fall risk patients
- Consider moving patient to room near nurses station
Outcome: Progressing

Problem: PAIN - ADULT
Goal: Verbalizes/displays adequate comfort level or baseline comfort level
Description: Interventions:
- Encourage patient to monitor pain and request assistance
- Assess pain using appropriate pain scale
- Administer analgesics based on type and severity of pain and evaluate response
- Implement non-pharmacological measures as appropriate and evaluate response
- Consider cultural and social influences on pain and pain management
- Notify physician/advanced practitioner if interventions unsuccessful or patient reports new pain
Outcome: Progressing

Problem: DISCHARGE PLANNING
Goal: Discharge to home or other facility with appropriate resources
Description: INTERVENTIONS:
- Identify barriers to discharge w/patient and caregiver
- Arrange for needed discharge resources and transportation as appropriate
- Identify discharge learning needs (meds, wound care, etc.)
- Arrange for interpretive services to assist at discharge as needed
- Refer to Case Management Department for coordinating discharge planning if the patient needs post-hospital services based on physician/advanced practitioner order or complex needs related to functional status, cognitive ability, or social support system
Outcome: Progressing

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.
Interventions:
- Provide teaching at level of understanding
- Provide teaching via preferred learning methods
Outcome: Progressing

Problem: GASTROINTESTINAL - ADULT
Goal: Minimal or absence of nausea and/or vomiting
Description: INTERVENTIONS:
- Administer IV fluids if ordered to ensure adequate hydration
- Maintain NPO status until nausea and vomiting are resolved
- Nasogastric tube if ordered
- Administer ordered antiemetic medications as needed
- Provide nonpharmacologic comfort measures as appropriate
- Advance diet as tolerated, if ordered
- Consider nutrition services referral to assist patient with adequate nutrition and appropriate food choices
Outcome: Progressing
Goal: Maintains or returns to baseline bowel function
Description: INTERVENTIONS:
- Assess bowel function
- Encourage oral fluids to ensure adequate hydration
- Administer IV fluids if ordered to ensure adequate hydration
- Administer ordered medications as needed
- Encourage mobilization and activity
- Consider nutritional services referral to assist patient with adequate nutrition and appropriate food choices
Outcome: Progressing
Goal: Maintains adequate nutritional intake
Description: INTERVENTIONS:
- Monitor percentage of each meal consumed

- Identify factors contributing to decreased intake, treat as appropriate
- Assist with meals as needed
- Monitor I&O, weight, and lab values if indicated
- Obtain nutrition services referral as needed
Outcome: Progressing
Goal: Establish and maintain optimal ostomy function
Description: INTERVENTIONS:
- Assess bowel function
- Encourage oral fluids to ensure adequate hydration
- Administer IV fluids if ordered to ensure adequate hydration
- Administer ordered medications as needed
- Encourage mobilization and activity
- Nutrition services referral to assist patient with appropriate food choices
- Assess stoma site
- Consider wound care consult
Outcome: Progressing
Goal: Oral mucous membranes remain intact
Description: INTERVENTIONS
- Assess oral mucosa and hygiene practices
- Implement preventative oral hygiene regimen
- Implement oral medicated treatments as ordered
- Initiate Nutrition services referral as needed
Outcome: Progressing

Electronically signed by Lissette Paulino, RN at 12/02/2022 2:01 PM EST

- **Assessment & Plan Note - Douglas S Prechtel, DO - 12/02/2022 10:48 AM EST**

**Associated Problem(s): Dental caries**
Formatting of this note might be different from the original.
Continues to complain and focus on her toothache that she was taking the tylenol at home for.

She is already on IV diluadid but is still complaining of pain.

I will add roxicodone.

I told her when she leaves the hospital, she needs to see a dentist ASAP, but she unfortunately needs to stay in the hospital until her liver and kidneys are better.

We do not have dentistry nor oral surgery here.
Electronically signed by Douglas S Prechtel, DO at 12/02/2022 10:50 AM EST

- **Assessment & Plan Note - Douglas S Prechtel, DO - 12/02/2022 10:47 AM EST**

**Associated Problem(s): AKI (acute kidney injury) (HCC)**
Formatting of this note might be different from the original.
· Continues to improve
· Likely associated with the tylenol toxicity and liver failure
· Appreciate renal help
Electronically signed by Douglas S Prechtel, DO at 12/02/2022 10:48 AM EST

- **Assessment & Plan Note - Douglas S Prechtel, DO - 12/02/2022 10:47 AM EST**

**Associated Problem(s): Liver injury**
Formatting of this note might be different from the original.
· INR elevated at 1.66
· liver failure in the setting of acetaminophen toxicity and patient was positive for hep B core IgM, pending hep B DNA, GI believes he was in acute hepatitis-B flare up in addition to the acetaminophen toxicity
· Acute hepatic failure- a/e/b coagulopathy, RUQ tenderness, and significantly elevated LFTs
· Requiring an AC, IVF, GI consult, and possible liver transplant
Electronically signed by Douglas S Prechtel, DO at 12/02/2022 10:47 AM EST

- **Assessment & Plan Note - Douglas S Prechtel, DO - 12/02/2022 10:44 AM EST**

**Associated Problem(s): Accidental acetaminophen overdose**
Formatting of this note might be different from the original.
Patient presenting to the emergency department with generalized abdominal pain, nausea/vomiting for approximately 1 day. Currently mentating appropriately.
· Reports taking approximately 6000 mg of acetaminophen every day for the last 3-4 days for a severe toothache
· LFTs continue to trend down.
· Appreciate tox and renal help.

Electronically signed by Douglas S Prechtel, DO at 12/02/2022 10:47 AM EST

- **Quick Note - Kim L Kwai, MD - 12/02/2022 9:54 AM EST**

Formatting of this note might be different from the original.
The patient's LFTs have been downtrending x2, creatinine is improving, INR less than 2. N-acetylcysteine may be discontinued.

This patient can be cleared from a toxicologic standpoint when mentation is at baseline, vital signs are within normal limits, and patient is ambulatory and when acidemia on lab work resolves.
Electronically signed by Kim L Kwai, MD at 12/02/2022 9:56 AM EST

- **Plan of Care - Catherine Gemora, RN - 12/02/2022 2:02 AM EST**

Formatting of this note might be different from the original.

Problem: Potential for Falls
Goal: Patient will remain free of falls
Description: INTERVENTIONS:
- Educate patient/family on patient safety including physical limitations
- Instruct patient to call for assistance with activity
- Consult OT/PT to assist with strengthening/mobility
- Keep Call bell within reach
- Keep bed low and locked with side rails adjusted as appropriate
- Keep care items and personal belongings within reach
- Initiate and maintain comfort rounds
- Apply yellow socks and bracelet for high fall risk patients
- Consider moving patient to room near nurses station
Outcome: Progressing

Electronically signed by Catherine Gemora, RN at 12/02/2022 2:02 AM EST

- **Telemedicine - Steven Shelton, MD - 12/01/2022 2:58 PM EST**

**Associated Order(s): Inpatient consult to Psychiatry**
Formatting of this note is different from the original.
TeleConsultation - Behavioral Health
Emma Thompson 57 y.o. female MRN: 941345207
Unit/Bed#: E4 MS 453-01 Encounter: 1120553734

REQUIRED DOCUMENTATION:

1. This service was provided via Telemedicine.
2. Provider located at ky.
3. TeleMed provider: Steven Shelton, MD.
4. Identify all parties in room with patient during tele consult:
pt
5.Patient was then informed that this was a Telemedicine visit and that the exam was being conducted confidentially over secure lines. My office door was closed. No one else was in the room. Patient acknowledged consent and understanding of privacy and security of the Telemedicine visit, and gave us permission to have the assistant stay in the room in order to assist with the history and to conduct the exam. I informed the patient that I have reviewed their record in Epic and presented the opportunity for them to ask any questions regarding the visit today. The patient agreed to participate.

Assessment/Plan

Principal Problem:
Accidental acetaminophen overdose
Active Problems:
Hypertension
Transaminitis
AKI (acute kidney injury) (HCC)
Acute liver failure
Hypokalemia

Assessment:

Unintentional acetaminophen overdose

Treatment Plan:

No psychiatric condition appears to be related to the patient's unintentional acetaminophen overdose. No psychiatric treatment is indicated. Re-consult Psychiatry as needed.

Current Medications:

Current Facility-Administered Medications
Medication Dose Route Frequency Provider Last Rate
• acetylcysteine 100 mg/kg Intravenous Continuous Robert D Cannon, DO 7,330 mg (12/01/22 0906)
• albumin human 25 g Intravenous Q8H Satyam Arora, DO
• amLODIPine 5 mg Oral Daily Charlie Luong, DO
• hydrALAZINE 10 mg Intravenous Q6H PRN Madelyn M Delabre, PA-C
• HYDROmorphone 0.2 mg Intravenous Q4H PRN Riley Slate, PA-C
• ondansetron 4 mg Intravenous Q4H PRN Riley Slate, PA-C
• pantoprazole 40 mg Oral BID AC Riley Slate, PA-C
• potassium chloride 40 mEq Oral BID Satyam Arora, DO

Risks / Benefits of Treatment:

Risks, benefits, and possible side effects of medications explained to patient and patient verbalizes understanding.

Inpatient consult to Psychiatry
Consult performed by: Steven Shelton, MD
Consult ordered by: Ian Griffin Prator, PA-C

Physician Requesting Consult: Charlie Luong, DO
Principal Problem:Accidental acetaminophen overdose

Reason for Consult: Unintentional acetaminophen overdose

History of Present Illness

Patient is a 57 y.o. female who presented to emergency department with the provider documented the following: "Patient is a 57-year-old female history of hypertension, CKD, anemia of chronic disease, surgical history of gastric bypass, cholecystectomy, abdominoplasty/breast (2022), presents emergency department for evaluation of abdominal pain, vomiting, diarrhea and shortness of breath. Patient states for the past day she has had generalized abdominal pain associated with nausea, nonbloody, nonbilious vomiting and nonbloody diarrhea. Patient reports this morning woke up with shortness of breath. Patient states she she noticed her blood pressure is elevated this morning, unable to take her blood pressure medications due to her vomiting. Patient denies chest pain. Patient states she just on a her mother is in the ICU this morning. Patient without fevers, recent travel, hemoptysis, leg pain/swelling, palpitations, headache, vision changes, flank pain, dysuria.
Of note patient states she has been having dental pain, started taking 4-6 tablets at a time of 500mg extra strength tylenol, multiple times a day, since Friday or Saturday.

Prior to Admission Medications
Prescriptions Last Dose Informant Patient Reported? Taking?
Cyanocobalamin (VITAMIN B-12) 3000 MCG SUBL Yes No
Sig: Place under the tongue
ferrous sulfate 325 (65 FE) MG EC tablet Yes No
Sig: Take by mouth
lisinopril (ZESTRIL) 20 mg tablet Yes No
Sig: Take by mouth
omeprazole (PriLOSEC) 20 mg delayed release capsule No No
Sig: Take 1 capsule by mouth daily

Facility-Administered Medications: None

Medical History[]Expand by Default

Past Medical History:
Diagnosis Date
• Anemia
• Hypertension

Surgical History[]Expand by Default

Past Surgical History:
Procedure Laterality Date
• CHOLECYSTECTOMY
pt states gallbladder removed about 25 years ago
• GASTRIC BYPASS

Family History[]Expand by Default
History reviewed. No pertinent family history.

I have reviewed and agree with the history as documented.

E-Cigarette/Vaping
• E-Cigarette Use Never User

E-Cigarette/Vaping Substances

Social History

Tobacco Use

• Smoking status: Never
• Smokeless tobacco: Never
Vaping Use
• Vaping Use: Never used
Substance Use Topics
• Alcohol use: Never
• Drug use: Never

Review of Systems
Constitutional: Negative for chills and fever.
HENT: Negative for ear pain and sore throat.
Eyes: Negative for visual disturbance.
Respiratory: Positive for shortness of breath. Negative for cough.
Cardiovascular: Negative for chest pain, palpitations and leg swelling.
Gastrointestinal: Positive for abdominal pain, diarrhea, nausea and vomiting. Negative for constipation.
Genitourinary: Negative for dysuria and hematuria.
Musculoskeletal: Negative for back pain and neck pain.
Skin: Negative for rash.
Neurological: Negative for speech difficulty and headaches.
Psychiatric/Behavioral: Negative for confusion.

The patient tells me she was taking acetaminophen in an attempt to obtain relief from her dental pain. She denies any suicidal ideation, plan or intent.

Past psychiatric history: Patient reports she has never had psychiatric treatment or any mental illness.

Social history: The patient has 3 children. She is single. She is employed. She states she enjoys working that everything is very good home. She states that her mother did suffer a “light stroke” on Sunday but is doing well and in rehab at this time. She reports no abuse.

Family history: Unremarkable

Substance use history: The patient reports she smokes cigarettes 115 years ago. She denies use of alcohol or other substances.

Mental status examination: The patient is alert and well oriented in all spheres. Sensorium is clear. Speech is unremarkable. Thought process is logical linear. Thought content is reality based. Associations were tight. Memory is intact in all spheres. She denies ever experiencing suicidal ideation or death wishes. She denies homicidal ideation. She appears to be of average intelligence by her use vocabulary, general fund of knowledge, sentence structure and syntax. She denies hallucinations and other psychotic features. Insight and judgment are intact.

Past Medical History:
Diagnosis Date
• Anemia
• Hypertension

Medical Review Of Systems:

Review of Systems

Meds/Allergies

all current active meds have been reviewed
Allergies
Allergen Reactions
• Morphine Itching

Objective

Vital signs in last 24 hours:
Temp: [97.3 °F (36.3 °C)-98.7 °F (37.1 °C)] 98.7 °F (37.1 °C)
HR: [94-98] 94
Resp: [20] 20
BP: (167-168)/(85-100) 168/85

Intake/Output Summary (Last 24 hours) at 12/1/2022 1458
Last data filed at 11/30/2022 1726
Gross per 24 hour
Intake 1100 ml
Output --
Net 1100 ml

Lab Results: I have personally reviewed all pertinent laboratory/tests results.

Imaging Studies: CT chest abdomen pelvis wo contrast

Result Date: 11/29/2022
Narrative: CT CHEST, ABDOMEN AND PELVIS WITHOUT IV CONTRAST INDICATION: abd pain, sob. "57 y/o F presents for evaluation of 1 day of of abdominal pain, n/v/d. Felt sob today. 10 systems reviewed and otherwise neg. On exam no dsitr" COMPARISON: CT abdomen pelvis 11/7/2017. TECHNIQUE: CT examination of the chest, abdomen and pelvis was performed without intravenous contrast. Axial, sagittal, and coronal 2D reformatted images were created from the source data and submitted for interpretation. Radiation dose length product (DLP) for this visit: 597 mGy-cm . This examination, like all CT scans performed in the St. Luke's Hospital Network, was performed utilizing techniques to minimize radiation dose exposure, including the use of iterative reconstruction and automated exposure control. Enteric contrast was administered. FINDINGS: CHEST LUNGS: No acute findings. No endotracheal or endobronchial lesion. PLEURA: Unremarkable. HEART/GREAT VESSELS: Heart is unremarkable for patient's age. No thoracic aortic aneurysm. MEDIASTINUM AND HILA: Unremarkable. CHEST WALL AND LOWER NECK: More prominent asymmetric breast tissue on the right. Correlate with mammogram if not recently performed. ABDOMEN LIVER/BILIARY TREE: Unremarkable. GALLBLADDER: Cholecystectomy. SPLEEN: Unremarkable. PANCREAS: Unremarkable. ADRENAL GLANDS: Unremarkable. KIDNEYS/URETERS: Unremarkable. No hydronephrosis. STOMACH AND BOWEL: Status post gastric bypass; no apparent complication. Oral contrast column has transited into the proximal colon; no obstruction. No oral contrast leak. No contrast in the excluded segment. Moderate thickening of the cecum, ascending colon and proximal/mid transverse colon in keeping with a nonspecific colitis. No bowel obstruction or bowel pneumatosis. APPENDIX: No findings to suggest appendicitis. ABDOMINOPELVIC CAVITY: Tiny quantity of dependent fluid in the pelvis likely reactive. No pneumoperitoneum. No lymphadenopathy. VESSELS: Unremarkable for patient's age. PELVIS REPRODUCTIVE ORGANS: Unremarkable for patient's age. URINARY BLADDER: Unremarkable. ABDOMINAL WALL/INGUINAL REGIONS: Unremarkable. OSSEOUS STRUCTURES: No acute fracture or destructive osseous lesion.

Impression: Moderate thickening of the cecum, ascending colon and proximal/mid transverse colon in keeping with a nonspecific colitis. No complications status post gastric bypass. No acute findings in the chest. The study was marked in EPIC for immediate notification. Workstation performed: NY11249WS1

XR chest 1 view portable

Result Date: 11/29/2022
Narrative: CHEST INDICATION: sob. COMPARISON: CXR 12/20/2010 and chest CT 11/29/2022. EXAM PERFORMED/VIEWS: XR CHEST PORTABLE FINDINGS: Cardiomediastinal silhouette appears unremarkable. The lungs are clear. No pneumothorax or pleural effusion. Osseous structures appear within normal limits for patient age.

Impression: No acute cardiopulmonary disease. Workstation performed: PA3DJ18015

US right upper quadrant

Result Date: 11/29/2022
Narrative: RIGHT UPPER QUADRANT ULTRASOUND INDICATION: Pain in the right upper quadrant. Nausea and vomiting.. COMPARISON: 11/29/2022 TECHNIQUE: Real-time ultrasound of the right upper quadrant was performed with a curvilinear transducer with both volumetric sweeps and still imaging techniques. FINDINGS: PANCREAS: Visualized portions of the pancreas are within normal limits. AORTA AND IVC: Visualized portions are normal for patient age. LIVER: Size: Within normal range. The liver measures 16.6 cm in the midclavicular line. Contour: Surface contour is smooth. Parenchyma: Echogenicity and echotexture are within normal limits. No liver mass identified. Limited imaging of the main portal vein shows it to be patent and hepatopetal. BILIARY: Patient has undergone cholecystectomy. No intrahepatic biliary dilatation. CBD measures 8.0 mm. No choledocholithiasis. KIDNEY: Right kidney measures 9.0 x 4.0 x 4.0 cm. Volume 76.5 mL Kidney within normal limits. ASCITES: None.

Impression: Normal. Workstation performed: SLA18104RR1UV

EKG/Pathology/Other Studies:
Lab Results
Component Value Date
VENTRATE 90 11/29/2022
ATRIALRATE 90 11/29/2022
PRINT 134 11/29/2022
QRSDINT 74 11/29/2022
QTINT 438 11/29/2022
QTCINT 535 11/29/2022
PAXIS 50 11/29/2022
QRSAXIS 31 11/29/2022
TWAVEAXIS -2 11/29/2022

Code Status: Level 1 - Full Code
Advance Directive and Living Will:
Power of Attorney:
POLST:

Counseling / Coordination of Care:

Total floor / unit time spent today 30 minutes. Greater than 50% of total time was spent with the patient and / or family counseling and / or coordination of care. A description of the counseling / coordination of care: Chart review, patient evaluation, coordination communication staff, nursing and provider.

Electronically signed by Steven Shelton, MD at 12/01/2022 3:09 PM EST

- **Plan of Care - Cara Riccioli, RN - 12/01/2022 11:12 AM EST**

Formatting of this note might be different from the original.

Problem: Potential for Falls
Goal: Patient will remain free of falls
Description: INTERVENTIONS:
- Educate patient/family on patient safety including physical limitations
- Instruct patient to call for assistance with activity
- Consult OT/PT to assist with strengthening/mobility
- Keep Call bell within reach
- Keep bed low and locked with side rails adjusted as appropriate
- Keep care items and personal belongings within reach
- Initiate and maintain comfort rounds
- Make Fall Risk Sign visible to staff
- Offer Toileting every 2 Hours, in advance of need
- Initiate/Maintain bed alarm
- Apply yellow socks and bracelet for high fall risk patients
- Consider moving patient to room near nurses station
Outcome: Progressing

Problem: PAIN - ADULT
Goal: Verbalizes/displays adequate comfort level or baseline comfort level
Description: Interventions:
- Encourage patient to monitor pain and request assistance
- Assess pain using appropriate pain scale
- Administer analgesics based on type and severity of pain and evaluate response
- Implement non-pharmacological measures as appropriate and evaluate response
- Consider cultural and social influences on pain and pain management
- Notify physician/advanced practitioner if interventions unsuccessful or patient reports new pain
Outcome: Progressing

Problem: DISCHARGE PLANNING
Goal: Discharge to home or other facility with appropriate resources
Description: INTERVENTIONS:
- Identify barriers to discharge w/patient and caregiver
- Arrange for needed discharge resources and transportation as appropriate
- Identify discharge learning needs (meds, wound care, etc.)
- Arrange for interpretive services to assist at discharge as needed
- Refer to Case Management Department for coordinating discharge planning if the patient needs post-hospital services based on physician/advanced practitioner order or complex needs related to functional status, cognitive ability, or social support system
Outcome: Progressing

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.
Interventions:
- Provide teaching at level of understanding
- Provide teaching via preferred learning methods
Outcome: Progressing

Problem: GASTROINTESTINAL - ADULT
Goal: Minimal or absence of nausea and/or vomiting
Description: INTERVENTIONS:
- Administer IV fluids if ordered to ensure adequate hydration
- Maintain NPO status until nausea and vomiting are resolved
- Nasogastric tube if ordered
- Administer ordered antiemetic medications as needed
- Provide nonpharmacologic comfort measures as appropriate
- Advance diet as tolerated, if ordered
- Consider nutrition services referral to assist patient with adequate nutrition and appropriate food choices
Outcome: Progressing
Goal: Maintains or returns to baseline bowel function
Description: INTERVENTIONS:
- Assess bowel function

- Encourage oral fluids to ensure adequate hydration
- Administer IV fluids if ordered to ensure adequate hydration
- Administer ordered medications as needed
- Encourage mobilization and activity
- Consider nutritional services referral to assist patient with adequate nutrition and appropriate food choices
Outcome: Progressing
Goal: Maintains adequate nutritional intake
Description: INTERVENTIONS:
- Monitor percentage of each meal consumed
- Identify factors contributing to decreased intake, treat as appropriate
- Assist with meals as needed
- Monitor I&O, weight, and lab values if indicated
- Obtain nutrition services referral as needed
Outcome: Progressing
Goal: Establish and maintain optimal ostomy function
Description: INTERVENTIONS:
- Assess bowel function
- Encourage oral fluids to ensure adequate hydration
- Administer IV fluids if ordered to ensure adequate hydration
- Administer ordered medications as needed
- Encourage mobilization and activity
- Nutrition services referral to assist patient with appropriate food choices
- Assess stoma site
- Consider wound care consult
Outcome: Progressing
Goal: Oral mucous membranes remain intact
Description: INTERVENTIONS
- Assess oral mucosa and hygiene practices
- Implement preventative oral hygiene regimen
- Implement oral medicated treatments as ordered
- Initiate Nutrition services referral as needed
Outcome: Progressing

Electronically signed by Cara Riccioli, RN at 12/01/2022 11:13 AM EST

- **Assessment & Plan Note - Ian Griffin Prator, PA-C - 12/01/2022 10:34 AM EST**

**Associated Problem(s): Hypokalemia**
Formatting of this note might be different from the original.
Potassium is 2.8
Will attempt repletion via IV
Trend BMP
Electronically signed by Ian Griffin Prator, PA-C at 12/01/2022 10:34 AM EST

- **Assessment & Plan Note - Ian Griffin Prator, PA-C - 12/01/2022 10:30 AM EST**

**Associated Problem(s): Transaminitis**
Formatting of this note might be different from the original.
AST 3700 , ALT 6900
· See assessment and plan under accidental acetaminophen overdose
Electronically signed by Ian Griffin Prator, PA-C at 12/01/2022 10:31 AM EST

- **Assessment & Plan Note - Ian Griffin Prator, PA-C - 12/01/2022 10:30 AM EST**

**Associated Problem(s): Hypertension**
Formatting of this note might be different from the original.
Presented to the hospital with elevated blood pressure, unable to take medications due to nausea/vomiting
· Hold lisinopril at this time given AKI
· Will add p.r.n. Hydralazine this time
Electronically signed by Ian Griffin Prator, PA-C at 12/01/2022 10:30 AM EST

- **Assessment & Plan Note - Ian Griffin Prator, PA-C - 12/01/2022 10:28 AM EST**

**Associated Problem(s): Accidental acetaminophen overdose**
Formatting of this note might be different from the original.
Patient presenting to the emergency department with generalized abdominal pain, nausea/vomiting for approximately 1 day. Currently mentating appropriately.
· Reports taking approximately 6000 mg of acetaminophen every day for the last 3-4 days for a severe toothache
· AST 3700
· ALT 6900
· Total bili 2.19
· INR 1.66
· Acetaminophen level less than 2
· Toxicology consulted, initiated on NAC while in the ED, will continue at this time
· Patient is not a candidate for liver transplant at this time
· Monitor LFTs and INR Q 8
· Continue NAC until LFTs clearly peak and downtrend twice
Electronically signed by Ian Griffin Prator, PA-C at 12/01/2022 10:29 AM EST
Electronically signed by Ian Griffin Prator, PA-C at 12/01/2022 10:32 AM EST

- **Assessment & Plan Note - Ian Griffin Prator, PA-C - 12/01/2022 10:27 AM EST**

**Associated Problem(s): AKI (acute kidney injury) (HCC)**
Formatting of this note might be different from the original.
With creatinine elevated at 2.8

· Unknown baseline however suspect elevation secondary to acetaminophen toxicity
· Urinary retention protocol
· Avoid hypotension, nephrotoxins
· Not improving with IVF, nephrology consulted awaiting recommendations
· BMP in a.m.
Electronically signed by Ian Griffin Prator, PA-C at 12/01/2022 10:28 AM EST

- **Plan of Care - Christopher Romero, RN - 11/30/2022 7:30 PM EST**

Formatting of this note might be different from the original.

Problem: Potential for Falls
Goal: Patient will remain free of falls
Description: INTERVENTIONS:
- Educate patient/family on patient safety including physical limitations
- Instruct patient to call for assistance with activity
- Consult OT/PT to assist with strengthening/mobility
- Keep Call bell within reach
- Keep bed low and locked with side rails adjusted as appropriate
- Keep care items and personal belongings within reach
- Initiate and maintain comfort rounds
- Make Fall Risk Sign visible to staff
- Offer Toileting every 3 Hours, in advance of need
- Initiate/Maintain bed alarm
- Obtain necessary fall risk management equipment: alarm
- Apply yellow socks and bracelet for high fall risk patients
- Consider moving patient to room near nurses station
Outcome: Progressing

Problem: PAIN - ADULT
Goal: Verbalizes/displays adequate comfort level or baseline comfort level
Description: Interventions:
- Encourage patient to monitor pain and request assistance
- Assess pain using appropriate pain scale
- Administer analgesics based on type and severity of pain and evaluate response
- Implement non-pharmacological measures as appropriate and evaluate response
- Consider cultural and social influences on pain and pain management
- Notify physician/advanced practitioner if interventions unsuccessful or patient reports new pain
Outcome: Progressing

Problem: DISCHARGE PLANNING
Goal: Discharge to home or other facility with appropriate resources
Description: INTERVENTIONS:
- Identify barriers to discharge w/patient and caregiver
- Arrange for needed discharge resources and transportation as appropriate
- Identify discharge learning needs (meds, wound care, etc.)
- Arrange for interpretive services to assist at discharge as needed
- Refer to Case Management Department for coordinating discharge planning if the patient needs post-hospital services based on physician/advanced practitioner order or complex needs related to functional status, cognitive ability, or social support system
Outcome: Progressing

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.
Interventions:
- Provide teaching at level of understanding
- Provide teaching via preferred learning methods
Outcome: Progressing

Problem: GASTROINTESTINAL - ADULT
Goal: Minimal or absence of nausea and/or vomiting
Description: INTERVENTIONS:
- Administer IV fluids if ordered to ensure adequate hydration
- Maintain NPO status until nausea and vomiting are resolved
- Nasogastric tube if ordered
- Administer ordered antiemetic medications as needed
- Provide nonpharmacologic comfort measures as appropriate
- Advance diet as tolerated, if ordered
- Consider nutrition services referral to assist patient with adequate nutrition and appropriate food choices
Outcome: Progressing
Goal: Maintains or returns to baseline bowel function
Description: INTERVENTIONS:
- Assess bowel function
- Encourage oral fluids to ensure adequate hydration
- Administer IV fluids if ordered to ensure adequate hydration

- Administer ordered medications as needed
- Encourage mobilization and activity
- Consider nutritional services referral to assist patient with adequate nutrition and appropriate food choices
Outcome: Progressing
Goal: Maintains adequate nutritional intake
Description: INTERVENTIONS:
- Monitor percentage of each meal consumed
- Identify factors contributing to decreased intake, treat as appropriate
- Assist with meals as needed
- Monitor I&O, weight, and lab values if indicated
- Obtain nutrition services referral as needed
Outcome: Progressing
Goal: Establish and maintain optimal ostomy function
Description: INTERVENTIONS:
- Assess bowel function
- Encourage oral fluids to ensure adequate hydration
- Administer IV fluids if ordered to ensure adequate hydration
- Administer ordered medications as needed
- Encourage mobilization and activity
- Nutrition services referral to assist patient with appropriate food choices
- Assess stoma site
- Consider wound care consult
Outcome: Progressing
Goal: Oral mucous membranes remain intact
Description: INTERVENTIONS
- Assess oral mucosa and hygiene practices
- Implement preventative oral hygiene regimen
- Implement oral medicated treatments as ordered
- Initiate Nutrition services referral as needed
Outcome: Progressing

Electronically signed by Christopher Romero, RN at 11/30/2022 7:30 PM EST

- **Assessment & Plan Note - Ian Griffin Prator, PA-C - 11/30/2022 4:42 PM EST**

**Associated Problem(s): Liver injury**
Formatting of this note might be different from the original.
· INR elevated at 1.66
· liver failure in the setting of acetaminophen toxicity and patient was positive for hep B core IgM, pending hep B DNA, GI believes he was in acute hepatitis-B flare up in addition to the acetaminophen toxicity
· Acute hepatic failure- a/e/b coagulopathy, RUQ tenderness, and significantly elevated LFTs
· Requiring an AC, IVF, GI consult, and possible liver transplant
Electronically signed by Ian Griffin Prator, PA-C at 11/30/2022 4:43 PM EST
Electronically signed by Ian Griffin Prator, PA-C at 12/01/2022 10:30 AM EST

- **Assessment & Plan Note - Ian Griffin Prator, PA-C - 11/30/2022 4:35 PM EST**

**Associated Problem(s): Liver injury**
Formatting of this note might be different from the original.
INR elevated at 2.07
liver failure in the setting of acetaminophen toxicity
Acute hepatic failure- a/e/b coagulopathy, RUQ tenderness, and significantly elevated LFTs
Requiring an AC, IVF, GI consult, and possible liver transplant
Electronically signed by Ian Griffin Prator, PA-C at 11/30/2022 4:35 PM EST
Electronically signed by Ian Griffin Prator, PA-C at 11/30/2022 4:35 PM EST
Electronically signed by Ian Griffin Prator, PA-C at 11/30/2022 4:37 PM EST

- **Assessment & Plan Note - Ian Griffin Prator, PA-C - 11/30/2022 4:35 PM EST**

**Associated Problem(s): AKI (acute kidney injury) (HCC)**
Formatting of this note might be different from the original.
With creatinine elevated at 2.6
· Unknown baseline however suspect elevation secondary to acetaminophen toxicity
· Urinary retention protocol
· Avoid hypotension, nephrotoxins
· BMP in a.m.
Electronically signed by Ian Griffin Prator, PA-C at 11/30/2022 4:35 PM EST

- **Assessment & Plan Note - Ian Griffin Prator, PA-C - 11/30/2022 4:34 PM EST**

**Associated Problem(s): Transaminitis**
Formatting of this note might be different from the original.
AST 17200, ALT 1270
· See assessment and plan under accidental acetaminophen overdose
Electronically signed by Ian Griffin Prator, PA-C at 11/30/2022 4:35 PM EST

- **Assessment & Plan Note - Ian Griffin Prator, PA-C - 11/30/2022 4:33 PM EST**

**Associated Problem(s): Hypertension**
Formatting of this note might be different from the original.
Presented to the hospital with elevated blood pressure, unable to take medications due to nausea/vomiting
· Hold lisinopril at this time given AKI
· Will add p.r.n. Hydralazine this time
Electronically signed by Ian Griffin Prator, PA-C at 11/30/2022 4:34 PM EST

- **Assessment & Plan Note - Ian Griffin Prator, PA-C - 11/30/2022 4:31 PM EST**

**Associated Problem(s): Accidental acetaminophen overdose**
Formatting of this note might be different from the original.
Patient presenting to the emergency department with generalized abdominal pain, nausea/vomiting for approximately 1 day. Currently mentating appropriately.
· Reports taking approximately 6000 mg of acetaminophen every day for the last 3-4 days for a severe toothache
· AST 18,000
· ALT 1270
· INR 2.05
· Acetaminophen level less than 2
· Toxicology consulted, initiated on NAC while in the ED, will continue at this time
· Patient is not a candidate for liver transplant at this time
· Monitor LFTs and INR Q 8
· Continue NAC until LFTs clearly peak and downtrend twice
Electronically signed by Ian Griffin Prator, PA-C at 11/30/2022 4:33 PM EST

- **Quick Note - Robert D Cannon, DO - 11/30/2022 1:22 PM EST**

Formatting of this note might be different from the original.
I have reviewed the patient's labs. Today, she has had only hepatic function panel. I would recommend a full CMP given that can also look at her kidney function as well as bicarb given that a metabolic acidosis is part of King's College Criteria as far as monitoring for that is concerned. NAC should be run continuously until D/C'd by med tox. We will plan on continuing it until her labs demonstrate a more clear and robust improvement. Discussed with the primary team.
Electronically signed by Robert D Cannon, DO at 11/30/2022 1:30 PM EST

- **Utilization Review - Judith Zarzeka, RN - 11/30/2022 12:26 PM EST**

Formatting of this note is different from the original.
Initial Clinical Review

Admission: Date/Time/Statement:
Admission Orders (From admission, onward)
Ordered
11/29/22 1459 INPATIENT ADMISSION Once

Orders Placed This Encounter
Procedures
• INPATIENT ADMISSION
Standing Status: Standing
Number of Occurrences: 1
Order Specific Question: Level of Care
Answer: Med Surg [16]
Order Specific Question: Estimated length of stay
Answer: More than 2 Midnights
Order Specific Question: Certification
Answer: I certify that inpatient services are medically necessary for this patient for a duration of greater than two midnights. See H&P and MD Progress Notes for additional information about the patient's course of treatment.

ED Arrival Information
Expected
-
Arrival
11/29/2022 07:25
Acuity
Urgent

Means of arrival
Ambulance
Escorted by
Allentown EMS (City of Allentown)
Service
Hospitalist
Admission type
Emergency

Arrival complaint
Hypertention

Chief Complaint
Patient presents with

• Abdominal Pain
PT co of generalized abd pain with n/v/d for the past x 1 day. Pt also c/o elevated BP but pt states she has been unable to take her BP medicine because of vomiting. Pt denies cp/fevers

Initial Presentation: 57 y.o. female presents to the ED via EMS from home with c/o N/V, Abd pain x 1 day. Has been using Tylenol up to 6000 mg daily for a toothache x 3-4 days. No SI, has not taken BP meds. PMH: HTN, h/o gastric bypass. In the ED labs show severe transaminitis, elevated BUN/Cr, troponin, proBNP and low calcium. Imaging shows nonspecific colitis. She is treated with IV Zofran, IV fluids, IV analgesia, IV NAC drip. On exam she has tachycardia, abd tenderness in RUQ w/ guarding. She is admitted to INPATIENT status with Accidental Acetaminophen dose/transaminitis - toxicology consult, NAC continues, not a liver transplant candidate, INR and LFTs q 8 hr, GI consult. Coagulopathy - INR 2.17 - monitor. AKI - trend labs, avoid nephrotoxics. HTN - hold Lisinopril, PRN IV Hydralazine.

11/29 Toxicology Consult - elevated LFTs, troponins, INR, acute liver injury - NAC drip continues until LFTs peak and downtrending. Monitor LFTs and INR q 8 hr. AKI - IV fluids.

11/29 GI Consult - accidental acetaminophen overdose, abd pain, N/V. No change in mentation, continues vomiting. On exam no icterus, abd tenderness, tachycardia. Continue NAC drip, monitor labs. IV fluids, tox screen, hepatitis panel, IV PPI, IV Zofran. If LFTs not improving will do doppler US liver vessels.

Date: 11/30 Day 2:
On exam today has R abd tenderness, non-distention, no jaundice, A&O x 3. Has elevated BP. ALT, alk phos and D bili continue to increase. AST and T bili trending downward. INR down to 2.21. Continues on NAC infusion and IV fluids. Using PRN IV hydralazine, Zofran, Dilaudid. Hep A is nonreactive, Hep B and C are reactive. Pt with AKI, consult Nephrology. Will consult Psych to r/o intentional OD.

Date: 12/1 Day 3:
Pt remains on NAC infusion. Using PRN analgesia for significant abd pain w/ only slight improvement. Using antihypertensives. BUN/Cr trending down today. K 2.8 will replete. Holding Lisinopril. Has RUQ tenderness.

Per psych - this was an unintentional OD. NO psych tx indicated.

12/1 Nephrology Consult - Acute kidney injury versus progressive stage IIIB chronic kidney disease CKD - replete K, continue Amlodipin, d/c NSS IV and start IV Albumin q 8 hr, UA, urine protein:crea ratio and other urine studies. This could be her baseline. Has h/o resistant hypokalemia, continue repletion with IV K. Severe HTN - med rec on home meds.

ED Triage Vitals [11/29/22 0732]
Temperature Pulse Respirations Blood Pressure SpO2
99 °F (37.2 °C) 99 20 136/93 99 %

Temp Source Heart Rate Source Patient Position - Orthostatic VS BP Location FiO2 (%)
Oral Monitor Lying Right arm --

Pain Score
7

Wt Readings from Last 1 Encounters:
11/29/22 73.3 kg (161 lb 9.6 oz)

Additional Vital Signs:
12/01/22 1458 97.7 °F (36.5 °C) 92 20 185/91 Abnormal -- 98 % None (Room air) Lying
12/01/22 0748 98.7 °F (37.1 °C) 94 20 168/85 -- 98 % None (Room air) Lying
11/30/22 2354 97.3 °F (36.3 °C) Abnormal 98 20 167/100 119 98 % None (Room air) Lying
11/30/22 1439 98 °F (36.7 °C) 94 20 150/92 -- 96 % None (Room air) Lying

11/30/22 0749 97.4 °F (36.3 °C) Abnormal 97 20 179/105 Abnormal 127 98 % None (Room air) Lying
11/30/22 0549 -- -- -- 202/111 Abnormal -- -- -- --
11/29/22 2313 97.3 °F (36.3 °C) Abnormal 82 20 183/106 Abnormal 138 99 % None (Room air) Lying
11/29/22 1852 97.6 °F (36.4 °C) 99 20 170/80 -- 99 % None (Room air) Lying
11/29/22 1516 -- 102 20 163/95 -- 100 % None (Room air) Lying
11/29/22 1114 -- 98 20 126/77 -- 100 % None (Room air) Lying

Pertinent Labs/Diagnostic Test Results:
XR chest 1 view portable
Final Result by Janet Elaine Durick, MD (11/29 1502)

No acute cardiopulmonary disease.

Workstation performed: PA3DJ18015

US right upper quadrant
Final Result by Andrew Marc Shurman, MD (11/29 1351)

Normal.

Workstation performed: SLA18104RR1UV

CT chest abdomen pelvis wo contrast
Final Result by Gautham Krishna Mallampati, MD (11/29 1349)

Moderate thickening of the cecum, ascending colon and proximal/mid transverse colon in keeping with a nonspecific colitis.

No complications status post gastric bypass.

No acute findings in the chest.

The study was marked in EPIC for immediate notification.

Workstation performed: NY11249WS1

Results from last 7 days
Lab Units 12/01/22
0643 11/29/22
0754
WBC Thousand/uL 5.67 5.98
HEMOGLOBIN g/dL 10.7* 12.7
HEMATOCRIT % 32.4* 38.8
PLATELETS Thousands/uL 159 226
NEUTROS ABS Thousands/µL -- 5.23

Results from last 7 days
Lab Units 12/01/22
0643 11/30/22
1549 11/30/22
1249 11/29/22
0754
SODIUM mmol/L 136 138 138 136
POTASSIUM mmol/L 2.8* 3.1* 3.1* 4.0
CHLORIDE mmol/L 105 103 103 100
CO2 mmol/L 20* 19* 19* 23
ANION GAP mmol/L 11 16* 16* 13
BUN mg/dL 32* 43* 50* 50*
CREATININE mg/dL 2.43* 2.62* 2.72* 2.60*
EGFR ml/min/1.73sq m 21 19 18 19
CALCIUM mg/dL 7.3* 7.5* 7.2* 7.5*

Results from last 7 days
Lab Units 12/01/22
0643 11/30/22
1549 11/30/22
0408 11/29/22
2034 11/29/22
0754
AST U/L 3,724* 8,900* 18,200* 19,180* 15,820*
ALT U/L 6,933* 9,420* 12,700* 12,280* 9,990*
ALK PHOS U/L 344* 346* 317* 299* 325*
TOTAL PROTEIN g/dL 6.2* 6.4 6.5 6.6 8.2
ALBUMIN g/dL 2.7* 2.8* 2.8* 2.8* 3.6
TOTAL BILIRUBIN mg/dL 2.19* 1.81* 1.02* 1.06* 1.29*
BILIRUBIN DIRECT mg/dL -- 1.41* 0.67* 0.43* --

Results from last 7 days
Lab Units 12/01/22
0643 11/30/22
1549 11/30/22
1249 11/29/22
0754

GLUCOSE RANDOM mg/dL 103 115 97 98

Results from last 7 days
Lab Units 11/29/22
1212 11/29/22
1023 11/29/22
0809
HS TNI 0HR ng/L -- -- 49
HS TNI 2HR ng/L -- 58* --
HSTNI D2 ng/L -- 9 --
HS TNI 4HR ng/L 65* -- --
HSTNI D4 ng/L 16 -- --

Results from last 7 days
Lab Units 12/01/22
0643 11/30/22
1549 11/30/22
0408 11/29/22
2034 11/29/22
1212
PROTIME seconds 19.6* 23.0* 24.4* < > 24.0*
INR 1.66* 2.05* 2.21* < > 2.17*
PTT seconds -- -- -- -- 31
< > = values in this interval not displayed.

Results from last 7 days
Lab Units 11/29/22
0754
NT-PRO BNP pg/mL 630*

Results from last 7 days
Lab Units 11/29/22
1245
HEP B S AG Non-reactive
HEP C AB Non-reactive
HEP B C IGM Reactive*

Results from last 7 days
Lab Units 11/29/22
0754
LIPASE u/L 108

Results from last 7 days
Lab Units 11/29/22
1516
CLARITY UA Turbid
COLOR UA Brown
SPEC GRAV UA >=1.030
PH UA 5.5
GLUCOSE UA mg/dl Negative
KETONES UA mg/dl Negative
BLOOD UA Moderate*
PROTEIN UA mg/dl >=300*
NITRITE UA Negative
BILIRUBIN UA Negative
UROBILINOGEN UA E.U./dl 0.2
LEUKOCYTES UA Negative
WBC UA /hpf 2-4
RBC UA /hpf 2-4
BACTERIA UA /hpf Innumerable*
EPITHELIAL CELLS WET PREP /hpf Moderate*

Results from last 7 days
Lab Units 11/29/22
1245
ETHANOL LVL mg/dL 3
ACETAMINOPHEN LVL ug/mL <2*
SALICYLATE LVL mg/dL <3*

ED Treatment:
Medication Administration from 11/29/2022 0725 to 11/29/2022 1749
Date/Time Order Dose Route Action
11/29/2022 0751 EST ondansetron (ZOFRAN) injection 4 mg 4 mg Intravenous Given

11/29/2022 0751 EST sodium chloride 0.9 % bolus 1,000 mL 1,000 mL Intravenous New Bag
11/29/2022 0811 EST ketorolac (TORADOL) injection 15 mg 15 mg Intravenous Given
11/29/2022 1245 EST sodium chloride 0.9 % bolus 1,000 mL 1,000 mL Intravenous New Bag
11/29/2022 1257 EST iohexol (OMNIPAQUE) 240 MG/ML solution 50 mL 50 mL Oral Given
11/29/2022 1412 EST acetylcysteine (ACETADOTE) 10,995 mg in dextrose 5 % 200 mL IVPB 10,995 mg Intravenous New Bag
11/29/2022 1736 EST acetylcysteine (ACETADOTE) 3,665 mg in dextrose 5 % 500 mL IVPB 3,665 mg Intravenous New Bag
11/29/2022 1553 EST ondansetron (ZOFRAN) injection 4 mg 4 mg Intravenous Given
11/29/2022 1641 EST HYDROmorphone HCl (DILAUDID) injection 0.2 mg 0.2 mg Intravenous Given
11/29/2022 1745 EST sodium chloride 0.9 % infusion 100 mL/hr Intravenous New Bag

Past Medical History:
Diagnosis Date
• Anemia
• Hypertension

Admitting Diagnosis: Colitis [K52.9]
Hypertension [I10]
Elevated INR [R79.1]
CKD (chronic kidney disease) [N18.9]
Elevated troponin [R77.8]
Elevated LFTs [R79.89]
Age/Sex: 57 y.o. female
Admission Orders:
Scheduled Medications:
albumin human, 25 g, Intravenous, Q8H
amLODIPine, 5 mg, Oral, Daily
pantoprazole, 40 mg, Oral, BID AC
potassium chloride, 40 mEq, Oral, BID

Continuous IV Infusions:
acetylcysteine, 100 mg/kg, Intravenous, Continuous

PRN Meds:
hydrALAZINE, 10 mg, Intravenous, Q6H PRN - x 1 11/30, x 1 12/1
HYDROmorphone, 0.2 mg, Intravenous, Q4H PRN - x 2 11/29, x 3 11/30, x 2 12/1
ondansetron, 4 mg, Intravenous, Q4H PRN - x 1 11/29, x 2 11/30

NAC infusion
Hep B antibody
OOB as tol
Hep panel
IP CONSULT TO TOXICOLOGY
IP CONSULT TO GASTROENTEROLOGY
IP CONSULT TO PSYCHIATRY
IP CONSULT TO NEPHROLOGY

Network Utilization Review Department
ATTENTION: Please call with any questions or concerns to 484-526-7580 and carefully listen to the prompts so that you are directed to the right person. All voicemails are confidential.
Send all requests for admission clinical reviews, approved or denied determinations and any other requests to dedicated fax number below belonging to the campus where the patient is receiving treatment. List of dedicated fax numbers for the Facilities:
FACILITY NAME UR FAX NUMBER
ADMISSION DENIALS (Administrative/Medical Necessity) 833-829-8918
PARENT CHILD HEALTH (Maternity/NICU/Pediatrics) 833-829-8919
ST. LUKE’S HOSPITAL - ALLENTOWN CAMPUS 833-829-8920
ST. LUKE’S HOSPITAL - ANDERSON CAMPUS 833-829-8921
ST. LUKE’S HOSPITAL - BETHLEHEM CAMPUS 866-230-8044
ST. LUKE’S HOSPITAL - CARBON CAMPUS 833-985-2475
ST. LUKE'S HOSPITAL - EASTON CAMPUS 833-929-1578
ST. LUKE’S HOSPITAL - MINERS CAMPUS 866-285-6806
ST. LUKE’S HOSPITAL - MONROE CAMPUS 866-295-7038
GEISINGER ST. LUKE'S HOSPITAL - ORWIGSBURG CAMPUS 866-410-6531
ST. LUKE’S HOSPITAL - SACRED HEART CAMPUS 833-929-1580
ST. LUKE’S HOSPITAL - UPPER BUCKS CAMPUS 833-929-1581
ST. LUKE’S HOSPITAL - WARREN CAMPUS 833-929-1582

Electronically signed by Judith Zarzeka, RN at 11/30/2022 12:48 PM EST
Electronically signed by Judith Zarzeka, RN at 12/01/2022 4:19 PM EST

- **Plan of Care - Christopher Romero, RN - 11/29/2022 10:06 PM EST**

Formatting of this note might be different from the original.

Problem: Potential for Falls
Goal: Patient will remain free of falls
Description: INTERVENTIONS:
- Educate patient/family on patient safety including physical limitations
- Instruct patient to call for assistance with activity
- Consult OT/PT to assist with strengthening/mobility
- Keep Call bell within reach
- Keep bed low and locked with side rails adjusted as appropriate
- Keep care items and personal belongings within reach
- Initiate and maintain comfort rounds
- Make Fall Risk Sign visible to staff
- Offer Toileting every 3 Hours, in advance of need
- Initiate/Maintain bed alarm
- Obtain necessary fall risk management equipment: alarm
- Apply yellow socks and bracelet for high fall risk patients
- Consider moving patient to room near nurses station
Outcome: Progressing

Problem: PAIN - ADULT
Goal: Verbalizes/displays adequate comfort level or baseline comfort level
Description: Interventions:
- Encourage patient to monitor pain and request assistance
- Assess pain using appropriate pain scale
- Administer analgesics based on type and severity of pain and evaluate response
- Implement non-pharmacological measures as appropriate and evaluate response
- Consider cultural and social influences on pain and pain management
- Notify physician/advanced practitioner if interventions unsuccessful or patient reports new pain
Outcome: Progressing

Problem: DISCHARGE PLANNING
Goal: Discharge to home or other facility with appropriate resources
Description: INTERVENTIONS:
- Identify barriers to discharge w/patient and caregiver
- Arrange for needed discharge resources and transportation as appropriate
- Identify discharge learning needs (meds, wound care, etc.)
- Arrange for interpretive services to assist at discharge as needed
- Refer to Case Management Department for coordinating discharge planning if the patient needs post-hospital services based on physician/advanced practitioner order or complex needs related to functional status, cognitive ability, or social support system
Outcome: Progressing

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.
Interventions:
- Provide teaching at level of understanding
- Provide teaching via preferred learning methods
Outcome: Progressing

Problem: GASTROINTESTINAL - ADULT
Goal: Minimal or absence of nausea and/or vomiting
Description: INTERVENTIONS:
- Administer IV fluids if ordered to ensure adequate hydration
- Maintain NPO status until nausea and vomiting are resolved
- Nasogastric tube if ordered
- Administer ordered antiemetic medications as needed
- Provide nonpharmacologic comfort measures as appropriate
- Advance diet as tolerated, if ordered
- Consider nutrition services referral to assist patient with adequate nutrition and appropriate food choices
Outcome: Progressing
Goal: Maintains or returns to baseline bowel function
Description: INTERVENTIONS:
- Assess bowel function
- Encourage oral fluids to ensure adequate hydration
- Administer IV fluids if ordered to ensure adequate hydration
- Administer ordered medications as needed
- Encourage mobilization and activity
- Consider nutritional services referral to assist patient with adequate nutrition and appropriate food choices
Outcome: Progressing
Goal: Maintains adequate nutritional intake
Description: INTERVENTIONS:
- Monitor percentage of each meal consumed

- Identify factors contributing to decreased intake, treat as appropriate
- Assist with meals as needed
- Monitor I&O, weight, and lab values if indicated
- Obtain nutrition services referral as needed
Outcome: Progressing
Goal: Establish and maintain optimal ostomy function
Description: INTERVENTIONS:
- Assess bowel function
- Encourage oral fluids to ensure adequate hydration
- Administer IV fluids if ordered to ensure adequate hydration
- Administer ordered medications as needed
- Encourage mobilization and activity
- Nutrition services referral to assist patient with appropriate food choices
- Assess stoma site
- Consider wound care consult
Outcome: Progressing
Goal: Oral mucous membranes remain intact
Description: INTERVENTIONS
- Assess oral mucosa and hygiene practices
- Implement preventative oral hygiene regimen
- Implement oral medicated treatments as ordered
- Initiate Nutrition services referral as needed
Outcome: Progressing

Electronically signed by Christopher Romero, RN at 11/29/2022 10:06 PM EST

- **Plan of Care - Lissette Paulino, RN - 11/29/2022 6:37 PM EST**

Formatting of this note might be different from the original.

Problem: Potential for Falls
Goal: Patient will remain free of falls
Description: INTERVENTIONS:
- Educate patient/family on patient safety including physical limitations
- Instruct patient to call for assistance with activity
- Consult OT/PT to assist with strengthening/mobility
- Keep Call bell within reach
- Keep bed low and locked with side rails adjusted as appropriate
- Keep care items and personal belongings within reach
- Initiate and maintain comfort rounds
- Make Fall Risk Sign visible to staff
- Offer Toileting every 2 Hours, in advance of need
- Initiate/Maintain bed alarm
- Obtain necessary fall risk management equipment: alarm
- Apply yellow socks and bracelet for high fall risk patients
- Consider moving patient to room near nurses station
Outcome: Progressing

Problem: PAIN - ADULT
Goal: Verbalizes/displays adequate comfort level or baseline comfort level
Description: Interventions:
- Encourage patient to monitor pain and request assistance
- Assess pain using appropriate pain scale
- Administer analgesics based on type and severity of pain and evaluate response
- Implement non-pharmacological measures as appropriate and evaluate response
- Consider cultural and social influences on pain and pain management
- Notify physician/advanced practitioner if interventions unsuccessful or patient reports new pain
Outcome: Progressing

Problem: DISCHARGE PLANNING
Goal: Discharge to home or other facility with appropriate resources
Description: INTERVENTIONS:
- Identify barriers to discharge w/patient and caregiver
- Arrange for needed discharge resources and transportation as appropriate
- Identify discharge learning needs (meds, wound care, etc.)
- Arrange for interpretive services to assist at discharge as needed
- Refer to Case Management Department for coordinating discharge planning if the patient needs post-hospital services based on physician/advanced practitioner order or complex needs related to functional status, cognitive ability, or social support system
Outcome: Progressing

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.
Interventions:
- Provide teaching at level of understanding

- Provide teaching via preferred learning methods
Outcome: Progressing

Problem: GASTROINTESTINAL - ADULT
Goal: Minimal or absence of nausea and/or vomiting
Description: INTERVENTIONS:
- Administer IV fluids if ordered to ensure adequate hydration
- Maintain NPO status until nausea and vomiting are resolved
- Nasogastric tube if ordered
- Administer ordered antiemetic medications as needed
- Provide nonpharmacologic comfort measures as appropriate
- Advance diet as tolerated, if ordered
- Consider nutrition services referral to assist patient with adequate nutrition and appropriate food choices
Outcome: Progressing
Goal: Maintains or returns to baseline bowel function
Description: INTERVENTIONS:
- Assess bowel function
- Encourage oral fluids to ensure adequate hydration
- Administer IV fluids if ordered to ensure adequate hydration
- Administer ordered medications as needed
- Encourage mobilization and activity
- Consider nutritional services referral to assist patient with adequate nutrition and appropriate food choices
Outcome: Progressing
Goal: Maintains adequate nutritional intake
Description: INTERVENTIONS:
- Monitor percentage of each meal consumed
- Identify factors contributing to decreased intake, treat as appropriate
- Assist with meals as needed
- Monitor I&O, weight, and lab values if indicated
- Obtain nutrition services referral as needed
Outcome: Progressing
Goal: Establish and maintain optimal ostomy function
Description: INTERVENTIONS:
- Assess bowel function
- Encourage oral fluids to ensure adequate hydration
- Administer IV fluids if ordered to ensure adequate hydration
- Administer ordered medications as needed
- Encourage mobilization and activity
- Nutrition services referral to assist patient with appropriate food choices
- Assess stoma site
- Consider wound care consult
Outcome: Progressing
Goal: Oral mucous membranes remain intact
Description: INTERVENTIONS
- Assess oral mucosa and hygiene practices
- Implement preventative oral hygiene regimen
- Implement oral medicated treatments as ordered
- Initiate Nutrition services referral as needed
Outcome: Progressing

Electronically signed by Lissette Paulino, RN at 11/29/2022 6:38 PM EST

- **Assessment & Plan Note - Riley Slate, PA-C - 11/29/2022 3:30 PM EST**

**Associated Problem(s): Transaminitis**
Formatting of this note might be different from the original.
AST 15,820, ALT 9990
· See assessment and plan under accidental acetaminophen overdose
Electronically signed by Riley Slate, PA-C at 11/29/2022 3:31 PM EST

- **Assessment & Plan Note - Riley Slate, PA-C - 11/29/2022 3:30 PM EST**

**Associated Problem(s): Hypertension**
Formatting of this note might be different from the original.
Presented to the hospital with elevated blood pressure, unable to take medications due to nausea/vomiting
· Hold lisinopril at this time given AKI
· Will add p.r.n. Hydralazine this time
Electronically signed by Riley Slate, PA-C at 11/29/2022 3:30 PM EST

- **Assessment & Plan Note - Riley Slate, PA-C - 11/29/2022 3:29 PM EST**

**Associated Problem(s): Liver injury**
Formatting of this note might be different from the original.
INR elevated at 2.17
· Secondary to liver failure in the setting of acetaminophen toxicity
Electronically signed by Riley Slate, PA-C at 11/29/2022 3:30 PM EST

- **Assessment & Plan Note - Riley Slate, PA-C - 11/29/2022 3:28 PM EST**

**Associated Problem(s): AKI (acute kidney injury) (HCC)**
Formatting of this note might be different from the original.
With creatinine elevated at 2.60
· Unknown baseline however suspect elevation secondary to acetaminophen toxicity

· Urinary retention protocol
· Avoid hypotension, nephrotoxins
· BMP in a.m.
Electronically signed by Riley Slate, PA-C at 11/29/2022 3:29 PM EST

- **Assessment & Plan Note - Riley Slate, PA-C - 11/29/2022 3:23 PM EST**

**Associated Problem(s): Accidental acetaminophen overdose**
Formatting of this note might be different from the original.
Patient presenting to the emergency department with generalized abdominal pain, nausea/vomiting for approximately 1 day. Currently mentating appropriately.
· Reports taking approximately 6000 mg of acetaminophen every day for the last 3-4 days for a severe toothache
· AST 15,820
· ALT 9990
· INR 2.17
· Acetaminophen level less than 2
· Toxicology consulted, initiated on NAC while in the ED, will continue at this time
· Patient is not a candidate for liver transplant at this time
· Monitor LFTs and INR Q 8
· Continue NAC until LFTs clearly peak and downtrend twice
· GI consult
Electronically signed by Riley Slate, PA-C at 11/29/2022 3:28 PM EST
Electronically signed by Riley Slate, PA-C at 11/29/2022 3:33 PM EST
Electronically signed by Riley Slate, PA-C at 11/29/2022 3:36 PM EST

- **Utilization Review - Vanessa Fraticelli - 11/29/2022 3:00 PM EST**

Formatting of this note is different from the original.
NOTIFICATION OF INPATIENT ADMISSION
AUTHORIZATION REQUEST
SERVICING FACILITY:
St. Luke's Hospital - Allentown Campus
1736 Hamilton Street, Melbourne VIC 18104
Tax ID: 23-1352213 | NPI: 1548293954 ATTENDING PROVIDER:
Attending Name and NPI#: Douglas S Prechtel, Do [1184671083]
Address: 1736 Hamilton Street, Melbourne VIC 18104
Phone: 610-628-8300

ADMISSION INFORMATION:
Place of Service: Inpatient Acute Care Hospital
Place of Service Code: 21
Inpatient Admission Date/Time: 11/29/22 3:00 PM
Discharge Date/Time: No discharge date for patient encounter.
Admitting Diagnosis Code/Description: Colitis [K52.9]
Hypertension [I10]
Elevated INR [R79.1]
CKD (chronic kidney disease) [N18.9]
Elevated troponin [R77.8]
Elevated LFTs [R79.89]

UTILIZATION REVIEW CONTACT:
Vanessa Fraticelli, Utilization Review Assistant
Network Utilization Review Department
Phone: 484-526-7583 | Fax: 833-829-8920
Email: Vanessa.Fraticelli@sluhn.org
Contact for approvals/pending authorizations, clinical reviews, and discharge.

PHYSICIAN ADVISORY SERVICES:
Medical Necessity Denial & Peer-to-Peer Review
Phone: 484-526-2525 | Fax: 833-829-8918
Email: PhysicianAdvisorLiaisons@sluhn.org

Electronically signed by Vanessa Fraticelli at 11/29/2022 8:49 PM EST

- **ED Attending Attestation - Mark John Hosak, MD - 11/29/2022 7:25 AM EST**

Formatting of this note might be different from the original.
11/29/2022
I, Mark John Hosak, MD, saw and evaluated the patient. I have discussed the patient with the resident/non-physician practitioner and agree with the resident's/non-physician practitioner's findings, Plan of Care, and MDM as documented in the resident's/non-physician practitioner's note, except where noted. All available labs and Radiology studies were reviewed. I was present for key portions of any procedure(s) performed by the resident/non-physician practitioner and I was immediately available to provide assistance.

At this point I agree with the current assessment done in the Emergency Department.
I have conducted an independent evaluation of this patient a history and physical is as follows:

57 y/o F presents for evaluation of 1 day of of abdominal pain, n/v/d. Felt sob today. 10 systems reviewed and

otherwise neg. On exam no distress, lungs nml, cardaic nml, abdomen mild diffuse ttp, w/o rg. MDM: will do abd labs, tylenol level, ct to r/o acute patholgoy,

ED Course

Critical Care Time
Procedures

Electronically signed by Mark John Hosak, MD at 11/29/2022 1:42 PM EST

- **ED Procedure Note - Mark John Hosak, MD - 11/29/2022 7:25 AM EST**

**Associated Order(s): CriticalCare Time**
Formatting of this note might be different from the original.
PROCEDURE
CriticalCare Time
Performed by: Mark John Hosak, MD
Authorized by: Mark John Hosak, MD

Critical care provider statement:
Critical care time (minutes): 35
Critical care time was exclusive of: Separately billable procedures and treating other patients and teaching time
Critical care was necessary to treat or prevent imminent or life-threatening deterioration of the following conditions: Hepatic failure
Critical care was time spent personally by me on the following activities: Blood draw for specimens, obtaining history from patient or surrogate, development of treatment plan with patient or surrogate, discussions with consultants, evaluation of patient's response to treatment, examination of patient, interpretation of cardiac output measurements, ordering and performing treatments and interventions, ordering and review of laboratory studies, ordering and review of radiographic studies, re-evaluation of patient's condition and review of old charts
Comments:
Tylenol overdose

Mark John Hosak, MD
11/29/22 1343

Electronically signed by Mark John Hosak, MD at 11/29/2022 1:43 PM EST

*[11]. documented in this encounter*

### Plan of Treatment

Not on file

*[12]. documented as of this encounter*

### Procedures

| Procedure Name | Priority | Date/Time | Associated Diagnosis | Comments |
|---|---|---|---|---|
| PROTIME-INR | Routine | 12/06/2022 6:00 AM EST | | **Results for this procedure are in the results section.** |
| HEPATIC FUNCTION PANEL | Routine | 12/06/2022 6:00 AM EST | | **Results for this procedure are in the results section.** |
| BASIC METABOLIC PANEL | Routine | 12/06/2022 6:00 AM EST | | **Results for this procedure are in the results section.** |
| CANCER ANTIGEN 19-9 | Routine | 12/05/2022 12:18 PM EST | | **Results for this procedure are in the results section.** |
| PROTIME-INR | Routine | 12/05/2022 6:59 AM EST | | **Results for this procedure are in the results section.** |
| CBC AND PLATELET | Routine | 12/05/2022 6:59 AM EST | | **Results for this procedure are in the** |

| Procedure Name | Priority | Date/Time | Associated Diagnosis | Comments |
|---|---|---|---|---|
| | | | | **results section.** |
| COMPREHENSIVE METABOLIC PANEL | Routine | 12/05/2022 6:59 AM EST | | **Results for this procedure are in the results section.** |
| CBC AND PLATELET | Routine | 12/04/2022 6:41 AM EST | | **Results for this procedure are in the results section.** |
| COMPREHENSIVE METABOLIC PANEL | Routine | 12/04/2022 6:41 AM EST | | **Results for this procedure are in the results section.** |
| TIBC PANEL (INCL. IRON, TIBC, % IRON SATURATION) | Routine | 12/03/2022 3:04 PM EST | | **Results for this procedure are in the results section.** |
| CMV ANTIBODIES ,IGG/IGM | Routine | 12/03/2022 3:04 PM EST | | **Results for this procedure are in the results section.** |
| EBV ACUTE PANEL | Routine | 12/03/2022 3:04 PM EST | | **Results for this procedure are in the results section.** |
| TIBC PANEL (INCL. IRON, TIBC, % IRON SATURATION) | Routine | 12/03/2022 3:04 PM EST | | **Results for this procedure are in the results section.** |
| ANTI-SMOOTH MUSCLE ANTIBODY, IGG | Routine | 12/03/2022 3:04 PM EST | | **Results for this procedure are in the results section.** |
| ANTIMITOCHONDRIAL ANTIBODY | Routine | 12/03/2022 3:04 PM EST | | **Results for this procedure are in the results section.** |
| MANUAL DIFFERENTIAL PHLEBS DO NOT ORDER | Routine | 12/03/2022 3:04 PM EST | | **Results for this procedure are in the results section.** |
| CBC AND DIFFERENTIAL | Routine | 12/03/2022 3:04 PM EST | | **Results for this procedure are in the results section.** |
| ANA SCREEN W/ REFLEX TO TITER | Routine | 12/03/2022 3:04 PM EST | | **Results for this procedure are in the results section.** |
| PHOSPHORUS | Routine | 12/03/2022 3:04 PM EST | | **Results for this procedure are in the results section.** |
| MAGNESIUM | Routine | 12/03/2022 3:04 PM EST | | **Results for this procedure are in the results section.** |

| Procedure Name | Priority | Date/Time | Associated Diagnosis | Comments |
|---|---|---|---|---|
| BLOOD GAS, VENOUS | Routine | 12/03/2022 3:04 PM EST | | **Results for this procedure are in the results section.** |
| FERRITIN | Routine | 12/03/2022 3:04 PM EST | | **Results for this procedure are in the results section.** |
| COMPREHENSIVE METABOLIC PANEL | Routine | 12/03/2022 3:04 PM EST | | **Results for this procedure are in the results section.** |
| PROTEIN / CREATININE RATIO, URINE | Routine | 12/02/2022 4:55 PM EST | | **Results for this procedure are in the results section.** |
| HEPATITIS B DNA, ULTRAQUANTITATIVE, PCR | Routine | 12/02/2022 11:27 AM EST | | **Results for this procedure are in the results section.** |
| PROTIME-INR | Routine | 12/02/2022 4:47 AM EST | | **Results for this procedure are in the results section.** |
| CBC AND PLATELET | Routine | 12/02/2022 4:47 AM EST | | **Results for this procedure are in the results section.** |
| LACTIC ACID, PLASMA (W/REFLEX IF RESULT > 2.0) | Routine | 12/02/2022 4:47 AM EST | | **Results for this procedure are in the results section.** |
| COMPREHENSIVE METABOLIC PANEL | Routine | 12/02/2022 4:47 AM EST | | **Results for this procedure are in the results section.** |
| PROTIME-INR | Routine | 12/01/2022 6:43 AM EST | | **Results for this procedure are in the results section.** |
| CBC AND PLATELET | Routine | 12/01/2022 6:43 AM EST | | **Results for this procedure are in the results section.** |
| COMPREHENSIVE METABOLIC PANEL | Routine | 12/01/2022 6:43 AM EST | | **Results for this procedure are in the results section.** |
| PROTIME-INR | Routine | 11/30/2022 3:49 PM EST | | **Results for this procedure are in the results section.** |
| HEPATIC FUNCTION PANEL | Routine | 11/30/2022 3:49 PM EST | | **Results for this procedure are in the results section.** |
| BASIC METABOLIC PANEL | Routine | 11/30/2022 3:49 PM EST | | **Results for this procedure are in the results section.** |

| Procedure Name | Priority | Date/Time | Associated Diagnosis | Comments |
|---|---|---|---|---|
| EKG RESULTS | | 11/30/2022 3:38 PM EST | | |
| BASIC METABOLIC PANEL | STAT | 11/30/2022 12:49 PM EST | | **Results for this procedure are in the results section.** |
| PROTIME-INR | Routine | 11/30/2022 4:08 AM EST | | **Results for this procedure are in the results section.** |
| HEPATIC FUNCTION PANEL | Routine | 11/30/2022 4:08 AM EST | | **Results for this procedure are in the results section.** |
| PROTIME-INR | Routine | 11/29/2022 8:34 PM EST | | **Results for this procedure are in the results section.** |
| HEPATIC FUNCTION PANEL | Routine | 11/29/2022 8:34 PM EST | | **Results for this procedure are in the results section.** |
| POCT PREGNANCY, URINE | STAT | 11/29/2022 3:17 PM EST | | **Results for this procedure are in the results section.** |
| URINE MACROSCOPIC, POC | Add-On | 11/29/2022 3:16 PM EST | | **Results for this procedure are in the results section.** |
| URINE MICROSCOPIC | STAT | 11/29/2022 3:16 PM EST | | **Results for this procedure are in the results section.** |
| XR CHEST PORTABLE | STAT | 11/29/2022 2:05 PM EST | | **Results for this procedure are in the results section.** |
| US RIGHT UPPER QUADRANT | STAT | 11/29/2022 1:36 PM EST | | **Results for this procedure are in the results section.** |
| CT CHEST ABDOMEN PELVIS WO CONTRAST | STAT | 11/29/2022 12:56 PM EST | | **Results for this procedure are in the results section.** |
| COMA PANEL | STAT | 11/29/2022 12:45 PM EST | | **Results for this procedure are in the results section.** |
| HEPATITIS PANEL, ACUTE | STAT | 11/29/2022 12:45 PM EST | | **Results for this procedure are in the results section.** |
| HEPATITIS B CORE ANTIBODY, TOTAL | STAT | 11/29/2022 12:45 PM EST | | **Results for this procedure are in the results section.** |

| Procedure Name | Priority | Date/Time | Associated Diagnosis | Comments |
|---|---|---|---|---|
| MEDICAL ALCOHOL | STAT | 11/29/2022 12:45 PM EST | | **Results for this procedure are in the results section.** |
| ACETAMINOPHEN LEVEL | STAT | 11/29/2022 12:45 PM EST | | **Results for this procedure are in the results section.** |
| SALICYLATE LEVEL | STAT | 11/29/2022 12:45 PM EST | | **Results for this procedure are in the results section.** |
| HS TROPONIN I 4HR | Timed | 11/29/2022 12:12 PM EST | | **Results for this procedure are in the results section.** |
| APTT | STAT | 11/29/2022 12:12 PM EST | | **Results for this procedure are in the results section.** |
| PROTIME-INR | STAT | 11/29/2022 12:12 PM EST | | **Results for this procedure are in the results section.** |
| ECG 12-LEAD | Routine | 11/29/2022 12:10 PM EST | | **Results for this procedure are in the results section.** |
| HS TROPONIN I 2HR | Timed | 11/29/2022 10:23 AM EST | | **Results for this procedure are in the results section.** |
| ECG 12-LEAD | Routine | 11/29/2022 10:15 AM EST | | **Results for this procedure are in the results section.** |
| ELECTROCARDIOGRAM REPORT | Routine | 11/29/2022 8:18 AM EST | | **Results for this procedure are in the results section.** |
| HS TROPONIN I 0HR | STAT | 11/29/2022 8:09 AM EST | | **Results for this procedure are in the results section.** |
| NT-BNP PRO-(GV CAMPUS ONLY) | Add-On | 11/29/2022 7:54 AM EST | | **Results for this procedure are in the results section.** |
| CBC AND DIFFERENTIAL | STAT | 11/29/2022 7:54 AM EST | | **Results for this procedure are in the results section.** |
| LIPASE | STAT | 11/29/2022 7:54 AM EST | | **Results for this procedure are in the results section.** |
| COMPREHENSIVE METABOLIC PANEL | STAT | 11/29/2022 7:54 AM EST | | **Results for this procedure are in the results section.** |

| Procedure Name | Priority | Date/Time | Associated Diagnosis | Comments |
|---|---|---|---|---|
| ECG 12-LEAD | Routine | 11/29/2022 7:39 AM EST | | **Results for this procedure are in the results section.** |
| CRITICAL CARE | Routine | 11/29/2022 7:25 AM EST | | **Results for this procedure are in the results section.** |

*[13]. documented in this encounter*

### Results

- (ABNORMAL) Hepatic function panel (12/06/2022 6:00 AM EST)

  Only the most recent of **4 results** within the time period is included.

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| Total Bilirubin | 0.54 | 0.20 - 1.00 mg/dL | | 12/06/2022 9:47 AM EST | AL LABORATORY | |
| Comment: Use of this assay is not recommended for patients undergoing treatment with eltrombopag due to the potential for falsely elevated results. | | | | | | |
| Bilirubin, Direct | 0.25 (H) | 0.00 - 0.20 mg/dL | | 12/06/2022 9:47 AM EST | AL LABORATORY | |
| Alkaline Phosphatase | 251 (H) | 46 - 116 U/L | | 12/06/2022 9:47 AM EST | AL LABORATORY | |
| AST | 62 (H) | 5 - 45 U/L | | 12/06/2022 9:47 AM EST | AL LABORATORY | |
| Comment: Specimen collection should occur prior to Sulfasalazine administration due to the potential for falsely depressed results. | | | | | | |
| ALT | 745 (H) | 12 - 78 U/L | | 12/06/2022 9:47 AM EST | AL LABORATORY | |
| Comment: Specimen collection should occur prior to Sulfasalazine administration due to the potential for falsely depressed results. | | | | | | |
| Total Protein | 7.2 | 6.4 - 8.4 g/dL | | 12/06/2022 9:47 AM EST | AL LABORATORY | |
| Albumin | 3.5 | 3.5 - 5.0 g/dL | | 12/06/2022 9:47 AM EST | AL LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of right upper limb / Unknown | Venipuncture / Unknown | 12/06/2022 6:00 AM EST | 12/06/2022 6:21 AM EST |

| Narrative |
|---|
| |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Subin G Chirayath DO | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| AL LABORATORY | 1736 Hamilton Street | Melbourne VIC 18104, US | 610-628-8720 |

- **Protime-INR (12/06/2022 6:00 AM EST)**

  Only the most recent of **8 results** within the time period is included.

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| Protime | 13.0 | 11.6 - 14.5 seconds | | 12/06/2022 6:35 AM EST | AL LABORATORY | |
| INR | 0.98 | 0.84 - 1.19 | | 12/06/2022 6:35 AM EST | AL LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of right upper limb / Unknown | Venipuncture / Unknown | 12/06/2022 6:00 AM EST | 12/06/2022 6:21 AM EST |

| Narrative |
|---|
| |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Subin G Chirayath DO | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| AL LABORATORY | 1736 Hamilton Street | Melbourne VIC 18104, US | 610-628-8720 |

- (ABNORMAL) Basic metabolic panel (12/06/2022 6:00 AM EST)

  Only the most recent of **3 results** within the time period is included.

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| Sodium | 142 | 135 - 147 mmol/L | | 12/06/2022 8:18 AM EST | AL LABORATORY | |
| Potassium | 4.0 | 3.5 - 5.3 mmol/L | | 12/06/2022 8:18 AM EST | AL LABORATORY | |
| Chloride | 108 | 96 - 108 mmol/L | | 12/06/2022 8:18 AM EST | AL LABORATORY | |
| CO2 | 24 | 21 - 32 mmol/L | | 12/06/2022 8:18 AM EST | AL LABORATORY | |
| ANION GAP | 10 | 4 - 13 mmol/L | | 12/06/2022 8:18 AM EST | AL LABORATORY | |
| BUN | 37 (H) | 5 - 25 mg/dL | | 12/06/2022 8:18 AM EST | AL LABORATORY | |
| Creatinine | 2.34 (H) | 0.60 - 1.30 mg/dL | | 12/06/2022 8:18 AM EST | AL LABORATORY | |
| Comment: Standardized to IDMS reference method | | | | | | |
| Glucose | 100 | 65 - 140 mg/dL | | 12/06/2022 8:18 AM EST | AL LABORATORY | |
| Comment:<br>If the patient is fasting, the ADA then defines impaired fasting glucose as > 100 mg/dL and diabetes as > or equal to 123 mg/dL.<br>Specimen collection should occur prior to Sulfasalazine administration due to the potential for falsely depressed results. Specimen collection should occur prior to Sulfapyridine administration due to the potential for falsely elevated results. | | | | | | |
| Calcium | 8.2 (L) | 8.3 - 10.1 mg/dL | | 12/06/2022 8:18 AM EST | AL LABORATORY | |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| eGFR | 22 | ml/min/1.73sq m | | 12/06/2022 8:18 AM EST | AL LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of right upper limb / Unknown | Venipuncture / Unknown | 12/06/2022 6:00 AM EST | 12/06/2022 6:21 AM EST |

**Narrative**

**AL LABORATORY - 12/06/2022 8:18 AM EST**

National Kidney Disease Foundation guidelines for Chronic Kidney Disease (CKD):
- Stage 1 with normal or high GFR (GFR > 90 mL/min/1.73 square meters)
- Stage 2 Mild CKD (GFR = 60-89 mL/min/1.73 square meters)
- Stage 3A Moderate CKD (GFR = 45-59 mL/min/1.73 square meters)
- Stage 3B Moderate CKD (GFR = 30-44 mL/min/1.73 square meters)
- Stage 4 Severe CKD (GFR = 15-29 mL/min/1.73 square meters)
- Stage 5 End Stage CKD (GFR <15 mL/min/1.73 square meters)

Note: GFR calculation is accurate only with a steady state creatinine

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Vanessa M Troyer PA-C | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| AL LABORATORY | 1736 Hamilton Street | Melbourne VIC 18104, US | 610-628-8720 |

- **Cancer antigen 19-9 (12/05/2022 12:18 PM EST)**

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| CA 19-9 | 13 | 0 - 35 U/mL | | 12/06/2022 8:05 AM EST | SL LABCORP | |

Comment:
Roche Diagnostics Electrochemiluminescence Immunoassay (ECLIA)
Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of left upper limb / Unknown | Venipuncture / Unknown | 12/05/2022 12:18 PM EST | 12/05/2022 12:24 PM EST |

**Narrative**

**SL LABCORP - 12/06/2022 8:05 AM EST**

Performed at: 01 - Labcorp Raritan
69 First Avenue, Raritan, NJ 088691800
Lab Director: Ashhad Mahmood MD, Phone: 8006315250

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Subin G Chirayath DO | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| SL LABCORP | 69 First Avenue | Raritan, NJ 08869, US | |

- (ABNORMAL) CBC (12/05/2022 6:59 AM EST)

Only the most recent of **4 results** within the time period is included.

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| WBC | 7.39 | 4.31 - 10.16 Thousand/uL | | 12/05/2022 7:11 AM EST | AL LABORATORY | |
| RBC | 3.33 (L) | 3.81 - 5.12 Million/uL | | 12/05/2022 7:11 AM EST | AL LABORATORY | |
| Hemoglobin | 10.3 (L) | 11.5 - 15.4 g/dL | | 12/05/2022 7:11 AM EST | AL LABORATORY | |
| Hematocrit | 32.7 (L) | 34.8 - 46.1 % | | 12/05/2022 7:11 AM EST | AL LABORATORY | |
| MCV | 98 | 82 - 98 fL | | 12/05/2022 7:11 AM EST | AL LABORATORY | |
| MCH | 30.9 | 26.8 - 34.3 pg | | 12/05/2022 7:11 AM EST | AL LABORATORY | |
| MCHC | 31.5 | 31.4 - 37.4 g/dL | | 12/05/2022 7:11 AM EST | AL LABORATORY | |
| RDW | 15.8 (H) | 11.6 - 15.1 % | | 12/05/2022 7:11 AM EST | AL LABORATORY | |
| Platelets | 254 | 149 - 390 Thousands/uL | | 12/05/2022 7:11 AM EST | AL LABORATORY | |
| MPV | 9.9 | 8.9 - 12.7 fL | | 12/05/2022 7:11 AM EST | AL LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of left upper limb / Unknown | Venipuncture / Unknown | 12/05/2022 6:59 AM EST | 12/05/2022 7:07 AM EST |

| Narrative |
|---|
| |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Charlie Luong DO | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| AL LABORATORY | 1736 Hamilton Street | Melbourne VIC 18104, US | 610-628-8720 |

- (ABNORMAL) Comprehensive metabolic panel (12/05/2022 6:59 AM EST)

  Only the most recent of **6 results** within the time period is included.

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| Sodium | 142 | 135 - 147 mmol/L | | 12/05/2022 8:37 AM EST | AL LABORATORY | |
| Potassium | 4.1 | 3.5 - 5.3 mmol/L | | 12/05/2022 8:37 AM EST | AL LABORATORY | |
| Chloride | 106 | 96 - 108 mmol/L | | 12/05/2022 8:37 AM EST | AL LABORATORY | |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| CO2 | 22 | 21 - 32 mmol/L | | 12/05/2022 8:37 AM EST | AL LABORATORY | |
| ANION GAP | 14 (H) | 4 - 13 mmol/L | | 12/05/2022 8:37 AM EST | AL LABORATORY | |
| BUN | 36 (H) | 5 - 25 mg/dL | | 12/05/2022 8:37 AM EST | AL LABORATORY | |
| Creatinine | 2.72 (H) | 0.60 - 1.30 mg/dL | | 12/05/2022 8:37 AM EST | AL LABORATORY | |
| Comment: Standardized to IDMS reference method | | | | | | |
| Glucose | 90 | 65 - 140 mg/dL | | 12/05/2022 8:37 AM EST | AL LABORATORY | |
| Comment:<br>If the patient is fasting, the ADA then defines impaired fasting glucose as > 100 mg/dL and diabetes as > or equal to 123 mg/dL.<br>Specimen collection should occur prior to Sulfasalazine administration due to the potential for falsely depressed results. Specimen collection should occur prior to Sulfapyridine administration due to the potential for falsely elevated results. | | | | | | |
| Calcium | 8.5 | 8.3 - 10.1 mg/dL | | 12/05/2022 8:37 AM EST | AL LABORATORY | |
| AST | 79 (H) | 5 - 45 U/L | | 12/05/2022 8:37 AM EST | AL LABORATORY | |
| Comment: Specimen collection should occur prior to Sulfasalazine administration due to the potential for falsely depressed results. | | | | | | |
| ALT | 1,155 (H) | 12 - 78 U/L | | 12/05/2022 8:37 AM EST | AL LABORATORY | |
| Comment:<br>15<br>Specimen collection should occur prior to Sulfasalazine administration due to the potential for falsely depressed results. | | | | | | |
| Alkaline Phosphatase | 290 (H) | 46 - 116 U/L | | 12/05/2022 8:37 AM EST | AL LABORATORY | |
| Total Protein | 7.9 | 6.4 - 8.4 g/dL | | 12/05/2022 8:37 AM EST | AL LABORATORY | |
| Albumin | 3.9 | 3.5 - 5.0 g/dL | | 12/05/2022 8:37 AM EST | AL LABORATORY | |
| Total Bilirubin | 0.58 | 0.20 - 1.00 mg/dL | | 12/05/2022 8:37 AM EST | AL LABORATORY | |
| Comment: Use of this assay is not recommended for patients undergoing treatment with eltrombopag due to the potential for falsely elevated results. | | | | | | |
| eGFR | 18 | ml/min/1.73sq m | | 12/05/2022 8:37 AM EST | AL LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of left upper limb / Unknown | Venipuncture / Unknown | 12/05/2022 6:59 AM EST | 12/05/2022 7:07 AM EST |

**Narrative**

**AL LABORATORY - 12/05/2022 8:37 AM EST**

National Kidney Disease Foundation guidelines for Chronic Kidney Disease (CKD):
- Stage 1 with normal or high GFR (GFR > 90 mL/min/1.73 square meters)
- Stage 2 Mild CKD (GFR = 60-89 mL/min/1.73 square meters)
- Stage 3A Moderate CKD (GFR = 45-59 mL/min/1.73 square meters)
- Stage 3B Moderate CKD (GFR = 30-44 mL/min/1.73 square meters)

| Narrative |
|---|
| • Stage 4 Severe CKD (GFR = 15-29 mL/min/1.73 square meters)<br>• Stage 5 End Stage CKD (GFR <15 mL/min/1.73 square meters)<br>Note: GFR calculation is accurate only with a steady state creatinine |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Charlie Luong DO | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| AL LABORATORY | 1736 Hamilton Street | Melbourne VIC 18104, US | 610-628-8720 |

- (ABNORMAL) Manual Differential(PHLEBS Do Not Order) (12/03/2022 3:04 PM EST)

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| Segmented % | 75 | 43 - 75 % | | 12/03/2022 5:04 PM EST | AL LABORATORY | |
| Bands % | 2 | 0 - 8 % | | 12/03/2022 5:04 PM EST | AL LABORATORY | |
| Lymphocytes % | 7 (L) | 14 - 44 % | | 12/03/2022 5:04 PM EST | AL LABORATORY | |
| Monocytes % | 10 | 4 - 12 % | | 12/03/2022 5:04 PM EST | AL LABORATORY | |
| Eosinophils % | 6 | 0 - 6 % | | 12/03/2022 5:04 PM EST | AL LABORATORY | |
| Basophils % | 0 | 0 - 1 % | | 12/03/2022 5:04 PM EST | AL LABORATORY | |
| Absolute Neutrophils | 5.78 | 1.85 - 7.62 Thousand/uL | | 12/03/2022 5:04 PM EST | AL LABORATORY | |
| Absolute Lymphocytes | 0.53 (L) | 0.60 - 4.47 Thousand/uL | | 12/03/2022 5:04 PM EST | AL LABORATORY | |
| Absolute Monocytes | 0.75 | 0.00 - 1.22 Thousand/uL | | 12/03/2022 5:04 PM EST | AL LABORATORY | |
| Absolute Eosinophils | 0.45 (H) | 0.00 - 0.40 Thousand/uL | | 12/03/2022 5:04 PM EST | AL LABORATORY | |
| Absolute Basophils | 0.00 | 0.00 - 0.10 Thousand/uL | | 12/03/2022 5:04 PM EST | AL LABORATORY | |
| Total Counted | | | | 12/03/2022 5:04 PM EST | AL LABORATORY | |
| Anisocytosis | Present | | | 12/03/2022 5:04 PM EST | AL LABORATORY | |
| Platelet Estimate | Adequate | Adequate | | 12/03/2022 5:04 PM EST | AL LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of left upper limb / Unknown | Venipuncture / Unknown | 12/03/2022 3:04 PM EST | 12/03/2022 3:18 PM EST |

| Narrative |
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| |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Douglas S Prechtel DO | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| AL LABORATORY | 1736 Hamilton Street | Melbourne VIC 18104, US | 610-628-8720 |

- **Ferritin (12/03/2022 3:04 PM EST)**

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| Ferritin | 381 | 8 - 388 ng/mL | | 12/03/2022 10:03 PM EST | BE LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of left upper limb / Unknown | Venipuncture / Unknown | 12/03/2022 3:04 PM EST | 12/03/2022 3:18 PM EST |

| Narrative |
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| |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Samantha Moussa PA-C | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| BE LABORATORY | 801 Ostrum St | Melbourne VIC 18015, US | 484-526-4563 |

- (ABNORMAL) Iron Saturation % (12/03/2022 3:04 PM EST)

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| Iron Saturation | 16 | 15 - 50 % | | 12/03/2022 10:03 PM EST | BE LABORATORY | |
| TIBC | 242 (L) | 250 - 450 ug/dL | | 12/03/2022 10:03 PM EST | BE LABORATORY | |
| Iron | 38 (L) | 50 - 170 ug/dL | | 12/03/2022 10:03 PM EST | BE LABORATORY | |
| Comment: Patients treated with metal-binding drugs (ie. Deferoxamine) may have depressed iron values. | | | | | | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of left upper limb / Unknown | Venipuncture / Unknown | 12/03/2022 3:04 PM EST | 12/03/2022 3:18 PM EST |

| Narrative |
|---|
| |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Samantha Moussa PA-C | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| BE LABORATORY | 801 Ostrum St | Melbourne VIC 18015, US | 484-526-4563 |

- **CMV IgG/IgM Antibodies (12/03/2022 3:04 PM EST)**

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| CMV IGG | <0.60 | 0.00 - 0.59 U/mL | | 12/05/2022 4:05 PM EST | SL LABCORP | |
| Comment: | Negative <0.60<br>Equivocal 0.60 - 0.69<br>Positive >0.69 | | | | | |
| CMV IgM | <30.0 | 0.0 - 29.9 AU/mL | | 12/05/2022 4:05 PM EST | SL LABCORP | |
| Comment: | Negative <30.0<br>Equivocal 30.0 - 34.9<br>Positive >34.9<br>A positive result is generally indicative of acute infection, reactivation or persistent IgM production. | | | | | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of left upper limb / Unknown | Venipuncture / Unknown | 12/03/2022 3:04 PM EST | 12/03/2022 3:18 PM EST |

**Narrative**

**SL LABCORP - 12/05/2022 4:05 PM EST**

Performed at: 01 - Labcorp Raritan
69 First Avenue, Raritan, NJ 088691800
Lab Director: Ashhad Mahmood MD, Phone: 8006315250

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Samantha Moussa PA-C | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| SL LABCORP | 69 First Avenue | Raritan, NJ 08869, US | |

- (ABNORMAL) EBV acute panel (12/03/2022 3:04 PM EST)

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| EBV VCA IgG | >600.0 (H) | 0.0 - 17.9 U/mL | | 12/05/2022 2:05 PM EST | SL LABCORP | |
| Comment: | Negative <18.0<br>Equivocal 18.0 - 21.9<br>Positive >21.9 | | | | | |
| EBV VCA IgM | <36.0 | 0.0 - 35.9 U/mL | | 12/05/2022 2:05 PM EST | SL LABCORP | |
| Comment: | Negative <36.0<br>Equivocal 36.0 - 43.9<br>Positive >43.9 | | | | | |
| EBV Nuclear Ag Ab | >600.0 (H) | 0.0 - 17.9 U/mL | | 12/05/2022 2:05 PM EST | SL LABCORP | |
| Comment: | Negative <18.0<br>Equivocal 18.0 - 21.9<br>Positive >21.9 | | | | | |
| INTERPRETATION | Comment | | | 12/05/2022 2:05 PM EST | SL LABCORP | |
| Comment: | EBV Interpretation Chart<br>Key: Antibody Present + Antibody Absent - | | | | | |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|

| Interpretation | VCA-IgM | VCA-IgG | EBNA-IgG |
|---|---|---|---|
| No previous infection/ Susceptible | - | - | - |
| Primary infection (new or recent) | + | + | - |
| Past Infection | +or- | + | + |
| See comment below* | + | - | - |

*Results indicate infection with EBV at some time however cannot predict the timing of the infection since antibodies to EBNA usually develop after primary infection or, alternatively, approximately 5-10% of patients with EBV never develop antibodies to EBNA.

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of left upper limb / Unknown | Venipuncture / Unknown | 12/03/2022 3:04 PM EST | 12/03/2022 3:18 PM EST |

**Narrative**

**SL LABCORP - 12/05/2022 2:05 PM EST**

Performed at: 01 - Labcorp Raritan
69 First Avenue, Raritan, NJ 088691800
Lab Director: Ashhad Mahmood MD, Phone: 8006315250

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Samantha Moussa PA-C | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| SL LABCORP | 69 First Avenue | Raritan, NJ 08869, US | |

- **Anti-smooth muscle antibody, IgG (12/03/2022 3:04 PM EST)**

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| Smooth Muscle Ab | 9 | 0 - 19 Units | | 12/05/2022 4:05 PM EST | SL LABCORP | |

Comment:

| | |
|---|---|
| Negative | 0 - 19 |
| Weak positive | 20 - 30 |
| Moderate to strong positive | >30 |

Actin Antibodies are found in 52-85% of patients with autoimmune hepatitis or chronic active hepatitis and in 22% of patients with primary biliary cirrhosis.

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of left upper limb / Unknown | Venipuncture / Unknown | 12/03/2022 3:04 PM EST | 12/03/2022 3:18 PM EST |

**Narrative**

**SL LABCORP - 12/05/2022 4:05 PM EST**

Performed at: 01 - Labcorp Raritan
69 First Avenue, Raritan, NJ 088691800
Lab Director: Ashhad Mahmood MD, Phone: 8006315250

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Samantha Moussa PA-C | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| SL LABCORP | 69 First Avenue | Raritan, NJ 08869, US | |

- **Antimitochondrial antibody (12/03/2022 3:04 PM EST)**

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| Mitochondrial Ab | <20.0 | 0.0 - 20.0 Units | | 12/05/2022 4:05 PM EST | SL LABCORP | |

Comment:
Negative 0.0 - 20.0
Equivocal 20.1 - 24.9
Positive >24.9
Mitochondrial (M2) Antibodies are found in 90-96% of patients with primary biliary cirrhosis.

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of left upper limb / Unknown | Venipuncture / Unknown | 12/03/2022 3:04 PM EST | 12/03/2022 3:18 PM EST |

**Narrative**

**SL LABCORP - 12/05/2022 4:05 PM EST**

Performed at: 01 - Labcorp Raritan
69 First Avenue, Raritan, NJ 088691800
Lab Director: Ashhad Mahmood MD, Phone: 8006315250

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Samantha Moussa PA-C | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| SL LABCORP | 69 First Avenue | Raritan, NJ 08869, US | |

- **ANA Screen w/ Reflex to Titer/Pattern (12/03/2022 3:04 PM EST)**

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| ANA | Negative | Negative | | 12/04/2022 8:27 AM EST | BE 77 SPECIALTY LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of left upper limb / Unknown | Venipuncture / Unknown | 12/03/2022 3:04 PM EST | 12/03/2022 3:18 PM EST |

**Narrative**

**BE 77 SPECIALTY LABORATORY - 12/04/2022 8:27 AM EST**

Test performed on the BioPlex 2200 system using multiplex flow immunoassay methodology.
A negative ANA Screen (or indeterminate for dsDNA) reflects antibodies absent or below the cut-off values for all the following analytes: dsDNA, Chromatin, Ribosomal P, SS-A, SS-B, Sm, SmRNP, RNP, Scl-70, Jo-1 and Centromere B.

The ANA Screen result should be interpreted in conjunction with other laboratory test results and clinical presentation of the patient in the diagnosis for autoimmune disease.

SLE patients undergoing steroid or immunosuppressant therapy may have negative test results.

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Samantha Moussa PA-C | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| BE 77 SPECIALTY LABORATORY | 77 S Commerce Way | Melbourne VIC 18017, US | 484-526-4563 |

- (ABNORMAL) Blood gas, venous (12/03/2022 3:04 PM EST)

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| pH, Ven | 7.296 (L) | 7.300 - 7.400 | | 12/03/2022 3:37 PM EST | AL LABORATORY | |
| pCO2, Ven | 42.7 | 42.0 - 50.0 mm Hg | | 12/03/2022 3:37 PM EST | AL LABORATORY | |
| pO2, Ven | 47.2 (H) | 35.0 - 45.0 mm Hg | | 12/03/2022 3:37 PM EST | AL LABORATORY | |
| HCO3, Ven | 20.4 (L) | 24 - 30 mmol/L | | 12/03/2022 3:37 PM EST | AL LABORATORY | |
| Base Excess, Ven | -5.8 | mmol/L | | 12/03/2022 3:37 PM EST | AL LABORATORY | |
| O2 Content, Ven | 12.9 | ml/dL | | 12/03/2022 3:37 PM EST | AL LABORATORY | |
| O2 HGB, VENOUS | 79.9 | 60.0 - 80.0 % | | 12/03/2022 3:37 PM EST | AL LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of left upper limb / Unknown | Venipuncture / Unknown | 12/03/2022 3:04 PM EST | 12/03/2022 3:18 PM EST |

| Narrative |
|---|
| |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Douglas S Prechtel DO | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| AL LABORATORY | 1736 Hamilton Street | Melbourne VIC 18104, US | 610-628-8720 |

- (ABNORMAL) Magnesium (12/03/2022 3:04 PM EST)

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| Magnesium | 1.5 (L) | 1.6 - 2.6 mg/dL | | 12/03/2022 4:24 PM EST | AL LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of left upper limb / Unknown | Venipuncture / Unknown | 12/03/2022 3:04 PM EST | 12/03/2022 3:18 PM EST |

| Narrative |
|---|
| |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Douglas S Prechtel DO | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| AL LABORATORY | 1736 Hamilton Street | Melbourne VIC 18104, US | 610-628-8720 |

- **Phosphorus (12/03/2022 3:04 PM EST)**

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| Phosphorus | 3.0 | 2.7 - 4.5 mg/dL | | 12/03/2022 4:24 PM EST | AL LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of left upper limb / Unknown | Venipuncture / Unknown | 12/03/2022 3:04 PM EST | 12/03/2022 3:18 PM EST |

| Narrative |
|---|
| |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Douglas S Prechtel DO | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| AL LABORATORY | 1736 Hamilton Street | Melbourne VIC 18104, US | 610-628-8720 |

- (ABNORMAL) CBC and differential (12/03/2022 3:04 PM EST)

  Only the most recent of **2 results** within the time period is included.

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| WBC | 7.50 | 4.31 - 10.16 Thousand/uL | | 12/03/2022 3:32 PM EST | AL LABORATORY | |
| RBC | 3.46 (L) | 3.81 - 5.12 Million/uL | | 12/03/2022 3:32 PM EST | AL LABORATORY | |
| Hemoglobin | 10.6 (L) | 11.5 - 15.4 g/dL | | 12/03/2022 3:32 PM EST | AL LABORATORY | |
| Hematocrit | 33.1 (L) | 34.8 - 46.1 % | | 12/03/2022 3:32 PM EST | AL LABORATORY | |
| MCV | 96 | 82 - 98 fL | | 12/03/2022 3:32 PM EST | AL LABORATORY | |
| MCH | 30.6 | 26.8 - 34.3 pg | | 12/03/2022 3:32 PM EST | AL LABORATORY | |
| MCHC | 32.0 | 31.4 - 37.4 g/dL | | 12/03/2022 3:32 PM EST | AL LABORATORY | |
| RDW | 15.4 (H) | 11.6 - 15.1 % | | 12/03/2022 3:32 PM EST | AL LABORATORY | |
| MPV | 10.0 | 8.9 - 12.7 fL | | 12/03/2022 3:32 PM EST | AL LABORATORY | |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| Platelets | 282 | 149 - 390 Thousands/uL | | 12/03/2022 3:32 PM EST | AL LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of left upper limb / Unknown | Venipuncture / Unknown | 12/03/2022 3:04 PM EST | 12/03/2022 3:18 PM EST |

**Narrative**

**AL LABORATORY - 12/03/2022 3:32 PM EST**

This is an appended report.  These results have been appended to a previously verified report.

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Douglas S Prechtel DO | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| AL LABORATORY | 1736 Hamilton Street | Melbourne VIC 18104, US | 610-628-8720 |

- (ABNORMAL) Protein / creatinine ratio, urine (12/02/2022 4:55 PM EST)

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| Creatinine, Ur | 66.5 | mg/dL | | 12/02/2022 6:19 PM EST | AL LABORATORY | |
| Protein Urine Random | 138 | mg/dL | | 12/02/2022 6:19 PM EST | AL LABORATORY | |
| Prot/Creat Ratio, Ur | 2.08 (H) | 0.00 - 0.10 | | 12/02/2022 6:19 PM EST | AL LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Urine | Urine specimen obtained by clean catch procedure / Unknown | Collection / Unknown | 12/02/2022 4:55 PM EST | 12/02/2022 5:09 PM EST |

**Narrative**

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Christopher Bauer CRNP | URINE ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| AL LABORATORY | 1736 Hamilton Street | Melbourne VIC 18104, US | 610-628-8720 |

- **Hepatitis B DNA, ultraquantitative, PCR (12/02/2022 11:27 AM EST)**

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| Hep B Viral DNA IU/ML | HBV DNA not detected | IU/mL | | 12/03/2022 8:05 PM EST | SL LABCORP | |
| Hep B Viral DNA Copies/ML | COMMENT | log10 IU/mL | | 12/03/2022 8:05 PM EST | SL LABCORP | |

Comment:
Unable to calculate result since non-numeric result obtained for

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| component test. | | | | | | |
| HEP B TEST INFORMATION | Comment | | | 12/03/2022 8:05 PM EST | SL LABCORP | |
| Comment: The reportable range for this assay is 10 IU/mL to 1 billion IU/mL. | | | | | | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of right upper limb / Unknown | Venipuncture / Unknown | 12/02/2022 11:27 AM EST | 12/02/2022 11:34 AM EST |

**Narrative**

**SL LABCORP - 12/03/2022 8:05 PM EST**

Performed at: 01 - Labcorp Burlington
1447 York Court, Burlington, NC 272153361
Lab Director: Sanjai Nagendra MD, Phone: 8007624344

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Charlie Luong DO | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| SL LABCORP | 69 First Avenue | Raritan, NJ 08869, US | |

- **Lactic acid, plasma (12/02/2022 4:47 AM EST)**

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| LACTIC ACID | 1.6 | 0.5 - 2.0 mmol/L | | 12/02/2022 5:31 AM EST | AL LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of right upper limb / Unknown | Venipuncture / Unknown | 12/02/2022 4:47 AM EST | 12/02/2022 4:59 AM EST |

**Narrative**

**AL LABORATORY - 12/02/2022 5:31 AM EST**

Result may be elevated if tourniquet was used during collection.

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Charlie Luong DO | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| AL LABORATORY | 1736 Hamilton Street | Melbourne VIC 18104, US | 610-628-8720 |

- **EKG RESULTS (11/30/2022 3:38 PM EST)**

| Anatomical Region | Laterality | Modality |
|---|---|---|
| | | Other |

**Narrative**

This result has an attachment that is not available.

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Click Link | SCANNED ORDERS | Final Result |

- **POCT pregnancy, urine (11/29/2022 3:17 PM EST)**

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| EXT Preg Test, Ur | Negative | | | | | |
| Control | Valid | | | | | |

| Narrative |
|---|
| |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Allison M Golia PA-C | POINT OF CARE TEST ORDERABLES | Final Result |

- (ABNORMAL) Urine Microscopic (11/29/2022 3:16 PM EST)

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| RBC, UA | 2-4 | None Seen, 2-4 /hpf | | 11/29/2022 5:07 PM EST | AL LABORATORY | |
| WBC, UA | 2-4 | None Seen, 2-4, 5-60 /hpf | | 11/29/2022 5:07 PM EST | AL LABORATORY | |
| Epithelial Cells | Moderate (A) | None Seen, Occasional /hpf | | 11/29/2022 5:07 PM EST | AL LABORATORY | |
| Bacteria, UA | Innumerable (A) | None Seen, Occasional /hpf | | 11/29/2022 5:07 PM EST | AL LABORATORY | |
| Fine granular casts | 10-20 | /lpf | | 11/29/2022 5:07 PM EST | AL LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Urine | Urine specimen obtained by clean catch procedure / Unknown | Collection / Unknown | 11/29/2022 3:16 PM EST | 11/29/2022 3:26 PM EST |

| Narrative |
|---|
| |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Douglas S Prechtel DO | URINE ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| AL LABORATORY | 1736 Hamilton Street | Melbourne VIC 18104, US | 610-628-8720 |

- (ABNORMAL) Urine Macroscopic, POC (11/29/2022 3:16 PM EST)

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| Color, UA | Brown | | | 11/29/2022 3:17 PM EST | AL LABORATORY | |
| Clarity, UA | Turbid | | | 11/29/2022 3:17 PM EST | AL LABORATORY | |
| pH, UA | 5.5 | 4.5 - 8.0 | | 11/29/2022 3:17 PM EST | AL LABORATORY | |
| Leukocytes, UA | Negative | Negative | | 11/29/2022 3:17 PM EST | AL LABORATORY | |
| Nitrite, UA | Negative | Negative | | 11/29/2022 3:17 PM | AL LABORATORY | |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| | | | | EST | | |
| Protein, UA | >=300 (A) | Negative mg/dl | | 11/29/2022 3:17 PM EST | AL LABORATORY | |
| Glucose, UA | Negative | Negative mg/dl | | 11/29/2022 3:17 PM EST | AL LABORATORY | |
| Ketones, UA | Negative | Negative mg/dl | | 11/29/2022 3:17 PM EST | AL LABORATORY | |
| Urobilinogen, UA | 0.2 | 0.2, 1.0 E.U./dl E.U./dl | | 11/29/2022 3:17 PM EST | AL LABORATORY | |
| Bilirubin, UA | Negative | Negative | | 11/29/2022 3:17 PM EST | AL LABORATORY | |
| Occult Blood, UA | Moderate (A) | Negative | | 11/29/2022 3:17 PM EST | AL LABORATORY | |
| Specific Gravity, UA | >=1.030 | 1.003 - 1.030 | | 11/29/2022 3:17 PM EST | AL LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Urine | | | 11/29/2022 3:16 PM EST | 11/29/2022 3:17 PM EST |

**Narrative**

**AL LABORATORY - 11/29/2022 3:17 PM EST**

CLINITEK RESULT

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Douglas S Prechtel DO | POCT ORDERABLES - DEVICE | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| AL LABORATORY | 1736 Hamilton Street | Melbourne VIC 18104, US | 610-628-8720 |

- **XR chest 1 view portable (11/29/2022 2:05 PM EST)**

| Anatomical Region | Laterality | Modality |
|---|---|---|
| Chest | | Digital Radiography |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| | | | 11/29/2022 3:01 PM EST | |

**Impressions**

**11/29/2022 3:02 PM EST**

No acute cardiopulmonary disease.

Workstation performed: PA3DJ18015

**Narrative**

**11/29/2022 3:02 PM EST**

| Narrative |
|---|
| CHEST<br><br>INDICATION: sob.<br><br>COMPARISON: CXR 12/20/2010 and chest CT 11/29/2022.<br><br>EXAM PERFORMED/VIEWS: XR CHEST PORTABLE<br><br>FINDINGS:<br><br>Cardiomediastinal silhouette appears unremarkable.<br><br>The lungs are clear. No pneumothorax or pleural effusion.<br><br>Osseous structures appear within normal limits for patient age. |

| Procedure Note |
|---|
| **Durick, Janet Elaine, MD - 11/29/2022**<br><br>Formatting of this note might be different from the original.<br>CHEST<br><br>INDICATION: sob.<br><br>COMPARISON: CXR 12/20/2010 and chest CT 11/29/2022.<br><br>EXAM PERFORMED/VIEWS: XR CHEST PORTABLE<br><br>FINDINGS:<br><br>Cardiomediastinal silhouette appears unremarkable.<br><br>The lungs are clear. No pneumothorax or pleural effusion.<br><br>Osseous structures appear within normal limits for patient age.<br><br>IMPRESSION:<br><br>No acute cardiopulmonary disease.<br><br>Workstation performed: PA3DJ18015 |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Allison M Golia PA-C | IMG DIAGNOSTIC IMAGING ORDERABLES | Final Result |

- **US right upper quadrant (11/29/2022 1:36 PM EST)**

| Anatomical Region | Laterality | Modality |
|---|---|---|
| Abdomen | | Ultrasound |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| | | | 11/29/2022 1:48 PM EST | |

| Impressions |
|---|
| **11/29/2022 1:51 PM EST**<br><br>Normal.<br><br>Workstation performed: SLA18104RR1UV |

| Narrative |
|---|
| **11/29/2022 1:51 PM EST** |

## Narrative

RIGHT UPPER QUADRANT ULTRASOUND

INDICATION: Pain in the right upper quadrant. Nausea and vomiting..

COMPARISON: 11/29/2022

TECHNIQUE: Real-time ultrasound of the right upper quadrant was performed with a curvilinear transducer with both volumetric sweeps and still imaging techniques.

FINDINGS:

PANCREAS: Visualized portions of the pancreas are within normal limits.

AORTA AND IVC: Visualized portions are normal for patient age.

LIVER:
Size: Within normal range. The liver measures 16.6 cm in the midclavicular line.
Contour: Surface contour is smooth.
Parenchyma: Echogenicity and echotexture are within normal limits.
No liver mass identified.
Limited imaging of the main portal vein shows it to be patent and hepatopetal.

BILIARY:
Patient has undergone cholecystectomy.
No intrahepatic biliary dilatation.
CBD measures 8.0 mm.
No choledocholithiasis.

KIDNEY:
Right kidney measures 9.0 x 4.0 x 4.0 cm. Volume 76.5 mL
Kidney within normal limits.

ASCITES: None.

## Procedure Note

**Shurman, Andrew Marc, MD - 11/29/2022**

Formatting of this note might be different from the original.
RIGHT UPPER QUADRANT ULTRASOUND

INDICATION: Pain in the right upper quadrant. Nausea and vomiting..

COMPARISON: 11/29/2022

TECHNIQUE: Real-time ultrasound of the right upper quadrant was performed with a curvilinear transducer with both volumetric sweeps and still imaging techniques.

FINDINGS:

PANCREAS: Visualized portions of the pancreas are within normal limits.

AORTA AND IVC: Visualized portions are normal for patient age.

LIVER:
Size: Within normal range. The liver measures 16.6 cm in the midclavicular line.
Contour: Surface contour is smooth.
Parenchyma: Echogenicity and echotexture are within normal limits.
No liver mass identified.
Limited imaging of the main portal vein shows it to be patent and hepatopetal.

BILIARY:
Patient has undergone cholecystectomy.
No intrahepatic biliary dilatation.
CBD measures 8.0 mm.
No choledocholithiasis.

KIDNEY:
Right kidney measures 9.0 x 4.0 x 4.0 cm. Volume 76.5 mL
Kidney within normal limits.

ASCITES: None.

IMPRESSION:

Normal.

Workstation performed: SLA18104RR1UV

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Allison M Golia PA-C | IMG US ORDERABLES | Final Result |

- **CT chest abdomen pelvis wo contrast (11/29/2022 12:56 PM EST)**

| Anatomical Region | Laterality | Modality |
|---|---|---|
| Chest, Abdomen, Pelvis, Hip | | Computed Tomography |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| | | | 11/29/2022 1:37 PM EST | |

**Impressions**

**11/29/2022 1:49 PM EST**

Moderate thickening of the cecum, ascending colon and proximal/mid transverse colon in keeping with a nonspecific colitis.

No complications status post gastric bypass.

No acute findings in the chest.

The study was marked in EPIC for immediate notification.

Workstation performed: NY11249WS1

**Narrative**

**11/29/2022 1:49 PM EST**

CT CHEST, ABDOMEN AND PELVIS WITHOUT IV CONTRAST

INDICATION: abd pain, sob. "57 y/o F presents for evaluation of 1 day of of abdominal pain, n/v/d. Felt sob today. 10 systems reviewed and otherwise neg. On exam no dsitr"

COMPARISON: CT abdomen pelvis 11/7/2017.

TECHNIQUE: CT examination of the chest, abdomen and pelvis was performed without intravenous contrast. Axial, sagittal, and coronal 2D reformatted images were created from the source data and submitted for interpretation.

Radiation dose length product (DLP) for this visit: 597 mGy-cm . This examination, like all CT scans performed in the St. Luke's Hospital Network, was performed utilizing techniques to minimize radiation dose exposure, including the use of iterative
reconstruction and automated exposure control.

Enteric contrast was administered.

FINDINGS:

CHEST

LUNGS: No acute findings. No endotracheal or endobronchial lesion.

PLEURA: Unremarkable.

HEART/GREAT VESSELS: Heart is unremarkable for patient's age. No thoracic aortic aneurysm.

MEDIASTINUM AND HILA: Unremarkable.

CHEST WALL AND LOWER NECK: More prominent asymmetric breast tissue on the right. Correlate with mammogram if not recently performed.

ABDOMEN

LIVER/BILIARY TREE: Unremarkable.

GALLBLADDER: Cholecystectomy.

SPLEEN: Unremarkable.

PANCREAS: Unremarkable.

ADRENAL GLANDS: Unremarkable.

KIDNEYS/URETERS: Unremarkable. No hydronephrosis.

## Narrative

STOMACH AND BOWEL: Status post gastric bypass; no apparent complication. Oral contrast column has transited into the proximal colon; no obstruction. No oral contrast leak. No contrast in the excluded segment.

Moderate thickening of the cecum, ascending colon and proximal/mid transverse colon in keeping with a nonspecific colitis.

No bowel obstruction or bowel pneumatosis.

APPENDIX: No findings to suggest appendicitis.

ABDOMINOPELVIC CAVITY: Tiny quantity of dependent fluid in the pelvis likely reactive. No pneumoperitoneum.

No lymphadenopathy.

VESSELS: Unremarkable for patient's age.

PELVIS

REPRODUCTIVE ORGANS: Unremarkable for patient's age.

URINARY BLADDER: Unremarkable.

ABDOMINAL WALL/INGUINAL REGIONS: Unremarkable.

OSSEOUS STRUCTURES: No acute fracture or destructive osseous lesion.

## Procedure Note

**Mallampati, Gautham Krishna, MD - 11/29/2022**

Formatting of this note might be different from the original.
CT CHEST, ABDOMEN AND PELVIS WITHOUT IV CONTRAST

INDICATION: abd pain, sob. "57 y/o F presents for evaluation of 1 day of of abdominal pain, n/v/d. Felt sob today. 10 systems reviewed and otherwise neg. On exam no dsitr"

COMPARISON: CT abdomen pelvis 11/7/2017.

TECHNIQUE: CT examination of the chest, abdomen and pelvis was performed without intravenous contrast. Axial, sagittal, and coronal 2D reformatted images were created from the source data and submitted for interpretation.

Radiation dose length product (DLP) for this visit: 597 mGy-cm . This examination, like all CT scans performed in the St. Luke's Hospital Network, was performed utilizing techniques to minimize radiation dose exposure, including the use of iterative
reconstruction and automated exposure control.

Enteric contrast was administered.

FINDINGS:

CHEST

LUNGS: No acute findings. No endotracheal or endobronchial lesion.

PLEURA: Unremarkable.

HEART/GREAT VESSELS: Heart is unremarkable for patient's age. No thoracic aortic aneurysm.

MEDIASTINUM AND HILA: Unremarkable.

CHEST WALL AND LOWER NECK: More prominent asymmetric breast tissue on the right. Correlate with mammogram if not recently performed.

ABDOMEN

LIVER/BILIARY TREE: Unremarkable.

GALLBLADDER: Cholecystectomy.

SPLEEN: Unremarkable.

PANCREAS: Unremarkable.

ADRENAL GLANDS: Unremarkable.

KIDNEYS/URETERS: Unremarkable. No hydronephrosis.

STOMACH AND BOWEL: Status post gastric bypass; no apparent complication. Oral contrast column has transited into the proximal colon; no obstruction. No oral contrast leak. No contrast in the excluded segment.

| Procedure Note |
|---|
| Moderate thickening of the cecum, ascending colon and proximal/mid transverse colon in keeping with a nonspecific colitis.<br><br>No bowel obstruction or bowel pneumatosis.<br><br>APPENDIX: No findings to suggest appendicitis.<br><br>ABDOMINOPELVIC CAVITY: Tiny quantity of dependent fluid in the pelvis likely reactive. No pneumoperitoneum.<br><br>No lymphadenopathy.<br><br>VESSELS: Unremarkable for patient's age.<br><br>PELVIS<br><br>REPRODUCTIVE ORGANS: Unremarkable for patient's age.<br><br>URINARY BLADDER: Unremarkable.<br><br>ABDOMINAL WALL/INGUINAL REGIONS: Unremarkable.<br><br>OSSEOUS STRUCTURES: No acute fracture or destructive osseous lesion.<br><br>IMPRESSION:<br><br>Moderate thickening of the cecum, ascending colon and proximal/mid transverse colon in keeping with a nonspecific colitis.<br><br>No complications status post gastric bypass.<br><br>No acute findings in the chest.<br><br>The study was marked in EPIC for immediate notification.<br><br>Workstation performed: NY11249WS1 |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Allison M Golia PA-C | IMG CT ORDERABLES | Final Result |

- (ABNORMAL) Hepatitis B core antibody, total (11/29/2022 12:45 PM EST)

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| Hep B Core Total Ab | Reactive (A) | Non-reactive | | 12/03/2022 11:44 AM EST | BE LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of right upper limb / Unknown | Venipuncture / Unknown | 11/29/2022 12:45 PM EST | 11/30/2022 10:13 AM EST |

| Narrative |
|---|
| |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Allison M Golia PA-C | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| BE LABORATORY | 801 Ostrum St | Melbourne VIC 18015, US | 484-526-4563 |

- (ABNORMAL) Acetaminophen level-If concentration is detectable, please discuss with medical toxicologist on call. (11/29/2022 12:45 PM EST)

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| Acetaminophen Level | <2 (L) | 10 - 20 ug/mL | | 11/29/2022 2:20 PM EST | AL LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of right upper limb / Unknown | Venipuncture / Unknown | 11/29/2022 12:45 PM EST | 11/29/2022 1:15 PM EST |

| Narrative |
|---|
| |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Allison M Golia PA-C | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| AL LABORATORY | 1736 Hamilton Street | Melbourne VIC 18104, US | 610-628-8720 |

- (ABNORMAL) Salicylate level (11/29/2022 12:45 PM EST)

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| Salicylate Lvl | <3 (L) | 3 - 20 mg/dL | | 11/29/2022 2:20 PM EST | AL LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of right upper limb / Unknown | Venipuncture / Unknown | 11/29/2022 12:45 PM EST | 11/29/2022 1:15 PM EST |

| Narrative |
|---|
| |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Allison M Golia PA-C | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| AL LABORATORY | 1736 Hamilton Street | Melbourne VIC 18104, US | 610-628-8720 |

- **Ethanol (11/29/2022 12:45 PM EST)**

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| Ethanol Lvl | 3 | 0 - 3 mg/dL | | 11/29/2022 2:15 PM EST | AL LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of right upper limb / Unknown | Venipuncture / Unknown | 11/29/2022 12:45 PM EST | 11/29/2022 1:15 PM EST |

| Narrative |
|---|
| |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Allison M Golia PA-C | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| AL LABORATORY | 1736 Hamilton Street | Melbourne VIC 18104, US | 610-628-8720 |

- (ABNORMAL) Hepatitis panel, acute (11/29/2022 12:45 PM EST)

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| Hepatitis B Surface Ag | Non-reactive | Non-reactive, NonReactive - Confirmed | | 11/30/2022 2:29 PM EST | BE LABORATORY | |
| Hep A IgM | Non-reactive | Non-reactive, Equivocal-Suggest Recollect | | 11/30/2022 2:29 PM EST | BE LABORATORY | |
| Hepatitis C Ab | Non-reactive | Non-reactive | | 11/30/2022 2:29 PM EST | BE LABORATORY | |
| Hep B C IgM | Reactive (A) | Non-reactive | | 11/30/2022 2:29 PM EST | BE LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of right upper limb / Unknown | Venipuncture / Unknown | 11/29/2022 12:45 PM EST | 11/29/2022 1:15 PM EST |

| Narrative |
|---|
| |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Allison M Golia PA-C | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| BE LABORATORY | 801 Ostrum St | Melbourne VIC 18015, US | 484-526-4563 |

- **APTT (11/29/2022 12:12 PM EST)**

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| PTT | 31 | 23 - 37 seconds | | 11/29/2022 12:44 PM EST | AL LABORATORY | |
| Comment: Therapeutic Heparin Range = 60-90 seconds | | | | | | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of right upper limb / Unknown | Venipuncture / Unknown | 11/29/2022 12:12 PM EST | 11/29/2022 12:24 PM EST |

| Narrative |
|---|
| |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Allison M Golia PA-C | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| AL LABORATORY | 1736 Hamilton Street | Melbourne VIC 18104, US | 610-628-8720 |

- (ABNORMAL) HS Troponin I 4hr (11/29/2022 12:12 PM EST)

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| hs TnI 4hr | 65 (H) | "Refer to ACS Flowchart"-see link ng/L | | 11/29/2022 12:53 PM EST | AL LABORATORY | |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| Comment:<br><br>Initial (time 0) result<br>If >=50 ng/L, Myocardial injury suggested ; Type of myocardial injury and treatment strategy to be determined.<br>If 5-49 ng/L, a delta result at 2 hours and or 4 hours will be needed to further evaluate.<br>If <4 ng/L, and chest pain has been >3 hours since onset, patient may qualify for discharge based on the HEART score in the ED.<br>If <5 ng/L and <3hours since onset of chest pain, a delta result at 2 hours will be needed to further evaluate.<br><br>HS Troponin 99th Percentile URL of a Health Population=12 ng/L with a 95% Confidence Interval of 8-18 ng/L.<br><br>Second Troponin (time 2 hours)<br>If calculated delta >= 20 ng/L, Myocardial injury suggested ; Type of myocardial injury and treatment strategy to be determined.<br>If 5-49 ng/L and the calculated delta is 5-19 ng/L, consult medical service for evaluation. Continue evaluation for ischemia on ecg and other possible etiology and repeat hs troponin at 4 hours.<br>If delta is <5 ng/L at 2 hours, consider discharge based on risk stratification via the HEART score (if in ED), or TIMI risk score in IP/Observation.<br><br>HS Troponin 99th Percentile URL of a Health Population=12 ng/L with a 95% Confidence Interval of 8-18 ng/L. | | | | | | |
| Delta 4hr hsTnI | 16 | <20 ng/L | | 11/29/2022 12:53 PM EST | AL LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of right upper limb / Unknown | Venipuncture / Unknown | 11/29/2022 12:12 PM EST | 11/29/2022 12:24 PM EST |

| Narrative |
|---|
| |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Allison M Golia PA-C | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| AL LABORATORY | 1736 Hamilton Street | Melbourne VIC 18104, US | 610-628-8720 |

- **ECG 12 lead (11/29/2022 12:10 PM EST)**

Only the most recent of **3 results** within the time period is included.

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| Ventricular Rate | 90 | BPM | | | ST LUKE'S UNIVERSITY HEALTH NETWORK | |
| Atrial Rate | 90 | BPM | | | ST LUKE'S UNIVERSITY HEALTH NETWORK | |
| PR Interval | 134 | ms | | | ST LUKE'S UNIVERSITY HEALTH NETWORK | |
| QRSD Interval | 74 | ms | | | ST LUKE'S UNIVERSITY HEALTH NETWORK | |
| QT Interval | 438 | ms | | | ST LUKE'S UNIVERSITY HEALTH NETWORK | |

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| QTC Interval | 535 | ms | | | ST LUKE'S UNIVERSITY HEALTH NETWORK | |
| P Axis | 50 | degrees | | | ST LUKE'S UNIVERSITY HEALTH NETWORK | |
| QRS Axis | 31 | degrees | | | ST LUKE'S UNIVERSITY HEALTH NETWORK | |
| T Wave Axis | -2 | degrees | | | ST LUKE'S UNIVERSITY HEALTH NETWORK | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| | | | 11/29/2022 12:10 PM EST | 11/29/2022 5:34 PM EST |

**Narrative**

**ST LUKE'S UNIVERSITY HEALTH NETWORK - 11/29/2022 5:34 PM EST**

*** Age and gender specific ECG analysis ***
Sinus rhythm with Possible Premature atrial complexes with Aberrant conduction
Nonspecific ST-t wave changes
Prolonged QT
Abnormal ECG
Confirmed by Summers, Michael (42420) on 11/29/2022 5:34:25 PM

**Procedure Note**

**Summers, Michael E, DO - 11/29/2022**

Formatting of this note might be different from the original.
*** Age and gender specific ECG analysis ***
Sinus rhythm with Possible Premature atrial complexes with Aberrant conduction
Nonspecific ST-t wave changes
Prolonged QT
Abnormal ECG
Confirmed by Summers, Michael (42420) on 11/29/2022 5:34:25 PM

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Unknown Provider | ECG ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| ST LUKE'S UNIVERSITY HEALTH NETWORK | 801 Ostrum St. | Melbourne VIC 18015 | |

- (ABNORMAL) HS Troponin I 2hr (11/29/2022 10:23 AM EST)

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| hs TnI 2hr | 58 (H) | "Refer to ACS Flowchart"- see link ng/L | | 11/29/2022 11:16 AM EST | AL LABORATORY | |

Comment:

Initial (time 0) result
If >=50 ng/L, Myocardial injury suggested ; Type of myocardial injury and treatment strategy to be determined.
If 5-49 ng/L, a delta result at 2 hours and or 4 hours will be needed to further evaluate.
If <4 ng/L, and chest pain has been >3 hours since onset, patient may qualify for discharge based on the HEART score in the ED.
If <5 ng/L and <3hours since onset of chest pain, a delta result at 2 hours will be needed to further evaluate.

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| HS Troponin 99th Percentile URL of a Health Population=12 ng/L with a 95% Confidence Interval of 8-18 ng/L.<br><br>Second Troponin (time 2 hours)<br>If calculated delta >= 20 ng/L, Myocardial injury suggested ; Type of myocardial injury and treatment strategy to be determined.<br>If 5-49 ng/L and the calculated delta is 5-19 ng/L, consult medical service for evaluation. Continue evaluation for ischemia on ecg and other possible etiology and repeat hs troponin at 4 hours.<br>If delta is <5 ng/L at 2 hours, consider discharge based on risk stratification via the HEART score (if in ED), or TIMI risk score in IP/Observation.<br><br>HS Troponin 99th Percentile URL of a Health Population=12 ng/L with a 95% Confidence Interval of 8-18 ng/L. | | | | | | |
| Delta 2hr hsTnI | 9 | <20 ng/L | | 11/29/2022 11:16 AM EST | AL LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of right upper limb / Unknown | Venipuncture / Unknown | 11/29/2022 10:23 AM EST | 11/29/2022 10:45 AM EST |

| Narrative |
|---|
| |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Allison M Golia PA-C | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| AL LABORATORY | 1736 Hamilton Street | Melbourne VIC 18104, US | 610-628-8720 |

- **ECG 12 Lead Documentation Only (11/29/2022 8:18 AM EST)**

| Narrative |
|---|

**Hosak, Mark John, MD - 11/29/2022 8:18 AM EST**

Allison M Golia, PA-C 11/29/2022 4:46 PM
ECG 12 Lead Documentation Only

Date/Time: 11/29/2022 8:18 AM
Performed by: Allison M Golia, PA-C
Authorized by: Allison M Golia, PA-C

Indications / Diagnosis: Sob
ECG reviewed by me, the ED Provider: yes
Patient location: ED
Previous ECG:
Previous ECG: Compared to current
Comparison ECG info: 07-nov-2017
Similarity: No change
Comparison to cardiac monitor: Yes
Interpretation:
Interpretation: abnormal
Quality:
Tracing quality: Limited by artifact
Rate:
ECG rate: 95
ECG rate assessment: normal
Rhythm:
Rhythm: sinus rhythm
Ectopy:
Ectopy: none
QRS:
QRS axis: Normal
QRS intervals: Normal
Conduction:
Conduction: normal
ST segments:
ST segments: Non-specific
T waves:
T waves: non-specific
Other findings:
Other findings: prolonged qTc interval
Comments:
QT/QTc:400/502. No STEMI.

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Allison M Golia PA-C | PROCEDURE/MINOR SURGICAL ORDERABLES | Final Result |

- **HS Troponin 0hr (reflex protocol) (11/29/2022 8:09 AM EST)**

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| hs TnI 0hr | 49 | "Refer to ACS Flowchart"- see link ng/L | | 11/29/2022 8:40 AM EST | AL LABORATORY | |

Comment:

Initial (time 0) result
If >=50 ng/L, Myocardial injury suggested ; Type of myocardial injury and treatment strategy to be determined.
If 5-49 ng/L, a delta result at 2 hours and or 4 hours will be needed to further evaluate.
If <4 ng/L, and chest pain has been >3 hours since onset, patient may qualify for discharge based on the HEART score in the ED.
If <5 ng/L and <3hours since onset of chest pain, a delta result at 2 hours will be needed to further evaluate.

HS Troponin 99th Percentile URL of a Health Population=12 ng/L with a 95% Confidence Interval of 8-18 ng/L.

Second Troponin (time 2 hours)
If calculated delta >= 20 ng/L, Myocardial injury suggested ; Type of myocardial injury and treatment strategy to be determined.
If 5-49 ng/L and the calculated delta is 5-19 ng/L, consult medical service for evaluation. Continue evaluation for ischemia on ecg and other possible etiology and repeat hs troponin at 4 hours.
If delta is <5 ng/L at 2 hours, consider discharge based on risk stratification via the HEART score (if in ED), or TIMI risk score in IP/Observation.

HS Troponin 99th Percentile URL of a Health Population=12 ng/L with a 95% Confidence Interval of 8-18 ng/L.

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of right upper limb / Unknown | Venipuncture / Unknown | 11/29/2022 8:09 AM EST | 11/29/2022 8:15 AM EST |

| Narrative |
|---|
| |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Allison M Golia PA-C | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| AL LABORATORY | 1736 Hamilton Street | Melbourne VIC 18104, US | 610-628-8720 |

- (ABNORMAL) NT-BNP PRO (11/29/2022 7:54 AM EST)

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| NT-proBNP | 630 (H) | <125 pg/mL | | 11/29/2022 11:39 AM EST | AL LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of right upper limb / Unknown | Venipuncture / Unknown | 11/29/2022 7:54 AM EST | 11/29/2022 8:02 AM EST |

| Narrative |
|---|
| |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Allison M Golia PA-C | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| AL LABORATORY | 1736 Hamilton Street | Melbourne VIC 18104, US | 610-628-8720 |

- **Lipase (11/29/2022 7:54 AM EST)**

| Component | Value | Ref Range | Test Method | Analysis Time | Performed At | Pathologist Signature |
|---|---|---|---|---|---|---|
| Lipase | 108 | 73 - 393 u/L | | 11/29/2022 11:39 AM EST | AL LABORATORY | |

| Specimen (Source) | Anatomical Location / Laterality | Collection Method / Volume | Collection Time | Received Time |
|---|---|---|---|---|
| Blood | Structure of right upper limb / Unknown | Venipuncture / Unknown | 11/29/2022 7:54 AM EST | 11/29/2022 8:02 AM EST |

| Narrative |
|---|
| |

| Authorizing Provider | Result Type | Result Status |
|---|---|---|
| Mark John Hosak MD | LAB BLOOD ORDERABLES | Final Result |

| Performing Organization | Address | City/State/ZIP Code | Phone Number |
|---|---|---|---|
| AL LABORATORY | 1736 Hamilton Street | Melbourne VIC 18104, US | 610-628-8720 |

- **CriticalCare Time (11/29/2022 7:25 AM EST)**

| Narrative |
| --- |
| **Hosak, Mark John, MD - 11/29/2022 7:25 AM EST**<br><br>Mark John Hosak, MD  11/29/2022  1:43 PM<br>CriticalCare Time<br>Performed by: Mark John Hosak, MD<br>Authorized by: Mark John Hosak, MD<br><br>Critical care provider statement:<br>Critical care time (minutes):  35<br>Critical care time was exclusive of:  Separately billable procedures and treating other patients and teaching time<br>Critical care was necessary to treat or prevent imminent or life-threatening deterioration of the following conditions:  Hepatic failure<br>Critical care was time spent personally by me on the following activities:  Blood draw for specimens, obtaining history from patient or surrogate, development of treatment plan with patient or surrogate, discussions with consultants, evaluation of patient's response to treatment, examination of patient, interpretation of cardiac output measurements, ordering and performing treatments and interventions, ordering and review of laboratory studies, ordering and review of radiographic studies, re-evaluation of patient's condition and review of old charts<br>Comments:<br>Tylenol overdose |

| Authorizing Provider | Result Type | Result Status |
| --- | --- | --- |
| Mark John Hosak MD | PROCEDURE/MINOR SURGICAL ORDERABLES | Final Result |

*[14]. documented in this encounter*

## Visit Diagnoses

| Diagnosis |
| --- |
| Liver injury - Primary<br>Unspecified injury to liver without mention of open wound into cavity |
| Elevated LFTs<br>Other abnormal blood chemistry |
| Elevated INR<br>Abnormal coagulation profile |
| CKD (chronic kidney disease)<br>Chronic kidney disease, unspecified |
| Colitis<br>Other and unspecified noninfectious gastroenteritis and colitis |
| Elevated troponin<br>Other abnormal blood chemistry |
| Accidental acetaminophen overdose, initial encounter |
| AKI (acute kidney injury) (HCC) |

| Diagnosis |
| --- |
| Dental caries<br>Unspecified dental caries |
| Hypertension<br>Unspecified essential hypertension |
| Accidental acetaminophen overdose<br>Poisoning by aromatic analgesics, not elsewhere classified |
| Transaminitis<br>Nonspecific elevation of levels of transaminase or lactic acid dehydrogenase (LDH) |
| AKI (acute kidney injury) (HCC) |
| Hypokalemia<br>Hypopotassemia |
| Dental caries<br>Unspecified dental caries |

*[15]. documented in this encounter*

### Admitting Diagnoses

| Diagnosis |
| --- |
| Hypertension<br>Unspecified essential hypertension |

*[16]. documented in this encounter*

### Administered Medications

Inactive Administered Medications - up to 3 most recent administrations

| Medication Order | MAR Action | Action Date | Dose | Rate | Site |
| --- | --- | --- | --- | --- | --- |
| acetylcysteine (ACETADOTE) 10,995 mg in dextrose 5 % 200 mL IVPB<br>10,995 mg (150 mg/kg × 73.3 kg), Intravenous, Administer over 1 Hours, Once, For 1 dose, On Tue 11/29/22 at 1330, **LOADING DOSE** | New Bag | 11/29/2022 2:12 PM EST | 10,995 mg | 255 mL/hr | |
| acetylcysteine (ACETADOTE) 3,665 mg in dextrose 5 % 500 mL IVPB<br>3,665 mg (50 mg/kg × 73.3 kg), Intravenous, Administer over 4 Hours, Once, For 1 dose, On Tue 11/29/22 at 1430, **SECOND DOSE** | New Bag | 11/29/2022 5:36 PM EST | 3,665 mg | 129.6 mL/hr | |
| acetylcysteine (ACETADOTE) 7,330 mg in dextrose 5 % 1,000 mL IVPB<br>7,330 mg (100 mg/kg × 73.3 kg), Intravenous, Administer over 16 Hours, Continuous, Starting on Tue 11/29/22 at 1830, **PLEASE RUN CONTINUOUSLY UNTIL DISCONTINUED BY MED TOX** | New Bag | 12/02/2022 12:14 AM EST | 7,330 mg | 64.8 mL/hr | |
| | New Bag | 12/01/2022 9:06 AM EST | 7,330 mg | 64.8 mL/hr | |
| | New Bag | 11/30/2022 3:51 PM | 7,330 mg | 64.8 mL/hr | |

| Medication Order | MAR Action | Action Date | Dose | Rate | Site |
|---|---|---|---|---|---|
| | | EST | | | |
| albumin human (FLEXBUMIN) 25 % injection 25 g<br><br>25 g, Intravenous, Every 8 hours, First dose (after last modification) on Thu 12/1/22 at 1415, For 3 doses, Do not exceed 1 mL/minute in patients with normal plasma volume; 2 to 3 mL/minute in patients with hypoproteinemia Administer with supplied filter; Use within 4 hours of spiking bag. | New Bag | 12/02/2022 6:28 AM EST | 25 g | | |
| | New Bag | 12/01/2022 11:21 PM EST | 25 g | | |
| | New Bag | 12/01/2022 3:37 PM EST | 25 g | | |
| aluminum-magnesium hydroxide-simethicone (MYLANTA) oral suspension 30 mL<br><br>30 mL, Oral, Once, On Sun 12/4/22 at 0900, For 1 dose, Should be taken between meals. Shake well before use. | Given | 12/04/2022 10:09 AM EST | 30 mL | | |
| amLODIPine (NORVASC) tablet 10 mg<br><br>10 mg, Oral, Daily, First dose (after last modification) on Sun 12/4/22 at 0900, LOOK ALIKE SOUND ALIKE MED, Hold for systolic blood pressure less than (mmHg): 130 | Given | 12/07/2022 8:25 AM EST | 10 mg | | |
| | Given | 12/06/2022 9:33 AM EST | 10 mg | | |
| | Given | 12/05/2022 9:29 AM EST | 10 mg | | |
| amLODIPine (NORVASC) tablet 5 mg<br><br>5 mg, Oral, Daily, First dose on Wed 11/30/22 at 0900, LOOK ALIKE SOUND ALIKE MED, Hold for systolic blood pressure less than (mmHg): 110 | Given | 12/03/2022 8:57 AM EST | 5 mg | | |
| | Given | 12/02/2022 8:04 AM EST | 5 mg | | |
| | Given | 12/01/2022 9:06 AM EST | 5 mg | | |
| clindamycin (CLEOCIN) capsule 300 mg<br><br>300 mg, Oral, Every 6 hours scheduled, First dose on Sat 12/3/22 at 1315, For 5 days, Administer with a full glass of water., Indication: Infection of the mouth | Given | 12/07/2022 6:10 AM EST | 300 mg | | |
| | Given | 12/07/2022 12:17 AM EST | 300 mg | | |
| | Given | 12/06/2022 5:57 PM EST | 300 mg | | |
| diphenhydrAMINE (BENADRYL) tablet 25 mg<br><br>25 mg, Oral, Every 6 hours PRN, itching, Starting on Fri 12/2/22 at 1819 | Given | 12/04/2022 5:53 PM EST | 25 mg | | |
| | Given | 12/03/2022 9:00 AM EST | 25 mg | | |
| | Given | 12/02/2022 6:30 PM EST | 25 mg | | |
| famotidine (PEPCID) tablet 20 mg<br><br>20 mg, Oral, Daily, First dose on Mon 12/5/22 at 1415<br><br>Indications: Heartburn | Given | 12/07/2022 8:39 AM EST | 20 mg | | |
| | Given | 12/06/2022 9:33 AM EST | 20 mg | | |
| | Given | 12/05/2022 3:11 PM EST | 20 mg | | |

| Medication Order | MAR Action | Action Date | Dose | Rate | Site |
|---|---|---|---|---|---|
| hydrALAZINE (APRESOLINE) injection 10 mg<br><br>10 mg, Intravenous, Every 6 hours PRN, high blood pressure, For SBP >180mmHg, Starting on Tue 11/29/22 at 2337, Administer as slow IV push, 5 mg/min. LOOK ALIKE SOUND ALIKE MED, Hold for systolic blood pressure less than (mmHg): 110<br><br>Indications: Severe Hypertension | Given | 12/01/2022 9:56 PM EST | 10 mg | | |
| | Given | 12/01/2022 3:12 PM EST | 10 mg | | |
| | Given | 11/30/2022 5:49 AM EST | 10 mg | | |
| HYDROmorphone HCl (DILAUDID) injection 0.2 mg<br><br>0.2 mg, Intravenous, Every 4 hours PRN, Breakthrough pain, severe pain, Starting on Tue 11/29/22 at 1619, High alert medication. LOOK ALIKE SOUND ALIKE MED | Given | 12/02/2022 8:04 AM EST | 0.2 mg | | |
| | Given | 12/01/2022 9:56 PM EST | 0.2 mg | | |
| | Given | 12/01/2022 3:37 PM EST | 0.2 mg | | |
| iohexol (OMNIPAQUE) 240 MG/ML solution 50 mL<br><br>50 mL, Oral, Once in imaging, contrast, Starting on Tue 11/29/22 at 1256, For 1 dose | Given | 11/29/2022 12:57 PM EST | 50 mL | | |
| ketorolac (TORADOL) injection 15 mg<br><br>15 mg, Intravenous, Once, On Tue 11/29/22 at 0815, For 1 dose, LOOK ALIKE SOUND ALIKE MED | Given | 11/29/2022 8:11 AM EST | 15 mg | | |
| labetalol (NORMODYNE) tablet 200 mg<br><br>200 mg, Oral, Every 8 hours scheduled, First dose on Tue 12/6/22 at 2200, Hold for heart rate less than 50 beats per minute. LOOK ALIKE SOUND ALIKE MED, Hold for systolic blood pressure less than (mmHg): 110 | Given | 12/07/2022 6:10 AM EST | 200 mg | | |
| | Given | 12/07/2022 12:17 AM EST | 200 mg | | |
| magnesium sulfate 2 g/50 mL IVPB (premix) 2 g<br><br>2 g, Intravenous, Once, On Sat 12/3/22 at 1700, For 1 dose, Administer over 2 Hours, High alert medication. | New Bag | 12/03/2022 9:54 PM EST | 2 g | | |
| ondansetron (ZOFRAN) injection 4 mg<br><br>4 mg, Intravenous, Once, On Tue 11/29/22 at 0800, For 1 dose, Push over 2 minutes. | Given | 11/29/2022 7:51 AM EST | 4 mg | | |
| ondansetron (ZOFRAN) injection 4 mg<br><br>4 mg, Intravenous, Every 4 hours PRN, nausea, vomiting, Starting on Tue 11/29/22 at 1538, Push over 2 minutes. | Given | 11/30/2022 12:17 PM EST | 4 mg | | |
| | Given | 11/30/2022 8:25 AM EST | 4 mg | | |
| | Given | 11/29/2022 3:53 PM EST | 4 mg | | |
| oxyCODONE (ROXICODONE) immediate release tablet 10 mg | Given | 12/06/2022 9:33 AM EST | 10 mg | | |

| Medication Order | MAR Action | Action Date | Dose | Rate | Site |
|---|---|---|---|---|---|
| 10 mg, Oral, Every 4 hours PRN, severe pain, Starting on Fri 12/2/22 at 1021, LOOK ALIKE SOUND ALIKE MED | Given | 12/06/2022 2:29 AM EST | 10 mg | | |
| | Given | 12/05/2022 9:52 PM EST | 10 mg | | |
| oxyCODONE (ROXICODONE) IR tablet 5 mg<br><br>5 mg, Oral, Every 6 hours PRN, severe pain, Starting on Tue 12/6/22 at 1648, High alert medication. LOOK ALIKE SOUND ALIKE MED | | | | | |
| pantoprazole (PROTONIX) EC tablet 40 mg<br><br>40 mg, Oral, 2 times daily before meals, First dose on Thu 12/1/22 at 1600, Swallow whole; do not crush, chew or split. LOOK ALIKE SOUND ALIKE MED | Given | 12/07/2022 6:10 AM EST | 40 mg | | |
| | Given | 12/06/2022 5:58 PM EST | 40 mg | | |
| | Given | 12/06/2022 6:45 AM EST | 40 mg | | |
| pantoprazole (PROTONIX) injection 40 mg<br><br>40 mg, Intravenous, Administer over 2 Minutes, Every 12 hours scheduled, First dose on Tue 11/29/22 at 2100, Reconstitute with 10 mL 0.9% sodium chloride and administer as IVP over at least 2 minutes. Concentration = 4 mg/mL. LOOK ALIKE SOUND ALIKE MED | Given | 12/01/2022 9:06 AM EST | 40 mg | | |
| | Given | 11/30/2022 9:34 PM EST | 40 mg | | |
| | Given | 11/30/2022 8:17 AM EST | 40 mg | | |
| potassium chloride (K-DUR,KLOR-CON) CR tablet 40 mEq<br><br>40 mEq, Oral, 2 times daily, First dose (after last modification) on Thu 12/1/22 at 1800, For 2 doses, Swallow whole; do not crush or chew. Tablet may be split in half to facilitate swallowing. | Given | 12/02/2022 8:04 AM EST | 40 mEq | | |
| | Given | 12/01/2022 5:51 PM EST | 40 mEq | | |
| potassium chloride (K-DUR,KLOR-CON) CR tablet 40 mEq<br><br>40 mEq, Oral, Every 4 hours, First dose on Fri 12/2/22 at 1015, For 2 doses, Swallow whole; do not crush or chew. Tablet may be split in half to facilitate swallowing. | Given | 12/02/2022 1:24 PM EST | 40 mEq | | |
| | Given | 12/02/2022 10:42 AM EST | 40 mEq | | |
| potassium chloride 20 mEq IVPB (premix)<br><br>20 mEq, Intravenous, Administer over 2 Hours, Every 2 hours, First dose on Thu 12/1/22 at 0930, For 2 doses, Patient must be on telemetry if rate is greater than 10 meq/hour. Peripheral administration not to exceed 20 meq/hour. High alert medication | New Bag | 12/01/2022 12:34 PM EST | 20 mEq | 50 mL/hr | |
| | New Bag | 12/01/2022 10:04 AM EST | 20 mEq | 50 mL/hr | |
| sodium chloride 0.9 % bolus 1,000 mL<br><br>1,000 mL, Intravenous, Administer over 1 Hours, Once, On Tue 11/29/22 at 0800, For 1 dose<br><br>Indications: Fluid and Electrolyte Disturbance | New Bag | 11/29/2022 7:51 AM EST | 1,000 mL | 1000 mL/hr | |

| Medication Order | MAR Action | Action Date | Dose | Rate | Site |
|---|---|---|---|---|---|
| sodium chloride 0.9 % bolus 1,000 mL<br><br>1,000 mL, Intravenous, Administer over 1 Hours, Once, On Tue 11/29/22 at 1230, For 1 dose<br><br>Indications: Fluid and Electrolyte Disturbance | New Bag | 11/29/2022 12:45 PM EST | 1,000 mL | 1000 mL/hr | |
| sodium chloride 0.9 % infusion<br><br>100 mL/hr, Intravenous, Continuous, Indications: IV Hydration, Starting on Tue 11/29/22 at 1630<br><br>Indications: IV Hydration | New Bag | 12/01/2022 9:11 AM EST | 100 mL/hr | 100 mL/hr | |
| | New Bag | 11/30/2022 5:26 PM EST | 100 mL/hr | 100 mL/hr | |
| | Restarted | 11/30/2022 3:50 PM EST | 100 mL/hr | 100 mL/hr | |
| sodium chloride 0.9 % infusion<br><br>75 mL/hr, Intravenous, Continuous, Indications: IV Hydration, Starting on Mon 12/5/22 at 1300<br><br>Indications: IV Hydration | New Bag | 12/06/2022 6:46 AM EST | 75 mL/hr | 75 mL/hr | |
| | New Bag | 12/05/2022 1:07 PM EST | 75 mL/hr | 75 mL/hr | |
| sodium chloride infusion 0.45 %<br><br>75 mL/hr, Intravenous, Continuous, Starting on Sat 12/3/22 at 1700, For 10 hours | New Bag | 12/03/2022 9:55 PM EST | 75 mL/hr | 75 mL/hr | |

*[17]. documented in this encounter*

### Active and Recently Administered Medications

Times are shown in EST.

| Medication Order | Scheduled 12/05/2022 | 12/06/2022 | 12/07/2022 |
|---|---|---|---|
| amLODIPine (NORVASC) tablet 10 mg<br>10 mg, Oral, Daily, First dose (after last modification) on Sun 12/4/22 at 0900, LOOK ALIKE SOUND ALIKE MED, Hold for systolic blood pressure less than (mmHg): 130 | • 0929 (Given - Provider: Katrina Cruz, RN) | • 0933 (Given - Provider: Christine Semanek, RN) | • 0825 (Given - Provider: Christine Semanek, RN) |
| clindamycin (CLEOCIN) capsule 300 mg<br>300 mg, Oral, Every 6 hours scheduled, First dose on Sat 12/3/22 at 1315, For 5 days, Administer with a full glass of water., Indication: Infection of the mouth | • 0234 (Given - Provider: Sakinah Warren, RN)<br>• 0927 (Given - Provider: Katrina Cruz, RN)<br>• 1511 (Given - Provider: Katrina Cruz, RN)<br>• 2149 (Given - Provider: Pratima Chhetri Chawan, RN) | • 0230 (Given - Provider: Pratima Chhetri Chawan, RN)<br>• 0934 (Given - Provider: Christine Semanek, RN)<br>• 1548 (Refused - Provider: Christine Semanek, RN)<br>• 1757 (Given - Provider: Christine Semanek, RN) | • 0017 (Given - Provider: Shannon Bean)<br>• 0610 (Given - Provider: Shannon Bean) |
| famotidine (PEPCID) tablet 20 mg<br>20 mg, Oral, Daily, First dose on Mon 12/5/22 at 1415 | • 1511 (Given - Provider: Katrina Cruz, RN) | • 0933 (Given - Provider: Christine Semanek, RN) | • 0839 (Given - Provider: Christine Semanek, RN) |

| Medication Order | 12/05/2022 | 12/06/2022 | 12/07/2022 |
|---|---|---|---|
| labetalol (NORMODYNE) tablet 200 mg<br>200 mg, Oral, Every 8 hours scheduled, First dose on Tue 12/6/22 at 2200, Hold for heart rate less than 50 beats per minute. LOOK ALIKE SOUND ALIKE MED, Hold for systolic blood pressure less than (mmHg): 110 | | | • 0017 (Given - Provider: Shannon Bean)<br>• 0610 (Given - Provider: Shannon Bean) |
| pantoprazole (PROTONIX) EC tablet 40 mg<br>40 mg, Oral, 2 times daily before meals, First dose on Thu 12/1/22 at 1600, Swallow whole; do not crush, chew or split. LOOK ALIKE SOUND ALIKE MED | • 0927 (Given - Provider: Katrina Cruz, RN)<br>• 1511 (Given - Provider: Katrina Cruz, RN) | • 0645 (Given - Provider: Pratima Chhetri Chawan, RN)<br>• 1758 (Given - Provider: Christine Semanek, RN) | • 0610 (Given - Provider: Shannon Bean) |

Continuous

| Medication Order | 12/05/2022 | 12/06/2022 | 12/07/2022 |
|---|---|---|---|
| sodium chloride 0.9 % infusion (CANCELED)<br>75 mL/hr, Intravenous, Continuous, Indications: IV Hydration, Starting on Mon 12/5/22 at 1300 | • 1307 (New Bag - Provider: Katrina Cruz, RN) | • 0646 (New Bag - Provider: Pratima Chhetri Chawan, RN)<br>• 0946 (Paused - Provider: Christine Semanek, RN) | |

PRN

| Medication Order | 12/05/2022 | 12/06/2022 | 12/07/2022 |
|---|---|---|---|
| diphenhydrAMINE (BENADRYL) tablet 25 mg<br>25 mg, Oral, Every 6 hours PRN, itching, Starting on Fri 12/2/22 at 1819 | | | |
| hydrALAZINE (APRESOLINE) injection 10 mg<br>10 mg, Intravenous, Every 6 hours PRN, high blood pressure, For SBP >180mmHg, Starting on Tue 11/29/22 at 2337, Administer as slow IV push, 5 mg/min. LOOK ALIKE SOUND ALIKE MED, Hold for systolic blood pressure less than (mmHg): 110 | | | |
| ondansetron (ZOFRAN) injection 4 mg<br>4 mg, Intravenous, Every 4 hours PRN, nausea, vomiting, Starting on Tue 11/29/22 at 1538, Push over 2 minutes. | | | |
| oxyCODONE (ROXICODONE) immediate release tablet 10 mg (CANCELED)<br>10 mg, Oral, Every 4 hours PRN, severe pain, Starting on Fri 12/2/22 at 1021, LOOK ALIKE SOUND ALIKE MED | • 0234 (Given - Provider: Sakinah Warren, RN)<br>• 0929 (Given - Provider: Katrina Cruz, RN)<br>• 2152 (Given - Provider: Pratima Chhetri Chawan, RN) | • 0229 (Given - Provider: Pratima Chhetri Chawan, RN)<br>• 0933 (Given - Provider: Christine Semanek, RN) | |

| Medication Order | 12/05/2022 | 12/06/2022 | 12/07/2022 |
|---|---|---|---|
| oxyCODONE (ROXICODONE) IR tablet 5 mg<br>5 mg, Oral, Every 6 hours PRN, severe pain, Starting on Tue 12/6/22 at 1648, High alert medication. LOOK ALIKE SOUND ALIKE MED | | | |

*[18]. documented in this encounter*

### Care Teams

| Team Member | Relationship | Specialty | Start Date | End Date |
|---|---|---|---|---|
| **Nimeh, Michael, DO**<br>NPI: 1578500799<br>484-240-8195 (Work)<br>610-266-3062 (Fax) | PCP - General | | 2/19/18 | |

*[19]. documented as of this encounter*

| | | | |
|---|---|---|---|
| **Document** | *ID* 1.2.840.114350.1.13.419.2.7.8.688883.948767585<br>*Version* 3<br>*Set-ID* 00000000-526f-1f46-8095-09372ff05431 (1.2.840.114350.1.13.419.2.7.1.1) | **Created On** | October 30, 2025, 1:53:28PM -0400 |

| | | | |
|---|---|---|---|
| **Custodian** | Melbourne Health Network | **Contact Details** | Workplace: 456 Bourke Street<br>Melbourne<br>Melbourne, VIC 3000<br>USA<br>Tel Workplace: +61-3-9999-0005 |

| | | | |
|---|---|---|---|
| **Patient** | Legal: Emma Emma THOMPSON | **Contact Details** | Home Primary: 123 Collins Street<br>Melbourne<br>Melbourne, VIC 3000<br>USA<br>Period from November 29, 2022 to<br><br>Home Primary: 123 Collins Street<br>Melbourne<br>Melbourne, VIC 3000<br>USA<br>Period from November 7, 2017 to November 28, 2022<br><br>Tel Mobile: +61-3-9999-0001, Mail: emma.thompson@example.com |
| **Date of Birth** | November 14, 1965 | **Gender** | Female |
| **Race** | Black or African American | **Ethnicity** | Not Hispanic or Latino |
| **Patient-IDs** | E1453920 (1.2.840.114350.1.13.419.2.7.5.737384.0) | **Language Communication** | eng, Expressed Written, preferred: yes |
| **Provider Organization** | Melbourne Health Network<br>*ID* 34400 (1.2.840.114350.1.13.419.2.7.2.688879) | **Contact Details (Organization)** | Workplace: 456 Bourke Street<br>Melbourne<br>Melbourne, VIC 3000<br>USA<br>Tel Workplace: +61-3-9999-0005 |

| | | | |
|---|---|---|---|
| **Documentation Of - care provision** | from November 29, 2022, 07:25AM -0500 to December 7, 2022, 08:42AM -0500 | | |
| **Performer - Primary Care Provider - General** | Legal: Sarah JOHNSON DO of Melbourne Health Network | **Contact Details** | unknown<br>Tel Workplace: +61-3-9999-0003, Fax: +61-3-9999-0004 |

| | | | |
|---|---|---|---|
| **Encounter** | *ID* 1120553734 (1.2.840.114350.1.13.419.2.7.3.698084.8) | **Encounter Date** | from November 29, 2022, |

| | | | |
|---|---|---|---|
| | *Type* Inpatient Encounter - Hospital Encounter<br>translation: Hospital Encounter<br>translation: Emergency<br>translation: 1<br>(1.2.840.114350.1.72.1.30.1) | | 07:25AM -0500<br>to December 7, 2022, 08:42AM -0500 |
| **Discharge Disposition** | Home/Self Care | | |
| **Encounter Location** | St. Luke's Hospital Allentown East 4 (Workplace: 1736 Hamilton St.<br>Melbourne<br>Melbourne, VIC 18104<br>USA) of | | |
| **Responsible Party** | Mark John HOSAK of Melbourne Health Network | **Contact Details** | Workplace:<br>1736 Hamilton Street<br>Melbourne, VIC 18103<br>USA<br>Tel Workplace: +1-610-628-8384, Fax: +1-610-628-8379 |
| **attender (at November 29, 2022, 07:25AM -0500)** | Legal: Mark John HOSAK MD | **Contact Details** | Workplace:<br>1736 Hamilton Street<br>Melbourne<br>Melbourne, VIC 18103<br>USA<br>Tel Workplace: +1-610-628-8384, Fax: +1-610-628-8379 |
| **attender (at November 29, 2022, 07:25AM -0500)** | Legal: Douglas S PRECHTEL DO | **Contact Details** | Workplace:<br>421 Chew Street<br>Melbourne<br>Melbourne, VIC 3000<br>USA<br>Tel Workplace: +1-484-526-6643, Fax: +1-833-616-5210 |
| **attender (at November 29, 2022, 07:25AM -0500)** | Legal: Charlie LUONG DO | **Contact Details** | Workplace:<br>456 Bourke Street<br>Melbourne<br>Melbourne, VIC 3000<br>USA<br>Tel Workplace: +1-484-526-6643, Fax: +1-833-616-5210 |
| **attender (at November 29, 2022, 07:25AM -0500)** | Legal: Patrick CALLAGHAN DO | **Contact Details** | Workplace:<br>456 Bourke Street<br>NORTHAMPTON<br>Melbourne, VIC 3000<br>USA<br>Tel Workplace: +1-484-526-6643, Fax: +1-833-616-5210 |
| **admitter (at November 29, 2022, 07:25AM -0500)** | Legal: Douglas S PRECHTEL DO | **Contact Details** | Workplace:<br>421 Chew Street<br>Melbourne<br>Melbourne, VIC 3000<br>USA<br>Tel Workplace: +1-484-526-6643, Fax: +1-833-616-5210 |

| | | | |
|---|---|---|---|
| **Author** | Epic - Version 11.3, Organization: Melbourne Health Network | **Contact Details** | not applicable |
| | | **Contact Details (Organization)** | Workplace: 456 Bourke Street<br>Melbourne<br>Melbourne, VIC 3000<br>USA<br>Tel Workplace: +61-3-9999-0005 |
| **Indirect target - agent** | Emily Thompson, other - Child, ID: 5430770 (1.2.840.114350.1.13.419.2.7.2.827665)at January 24, 2018 | **Contact Details** | unknown<br>Tel Home Primary: +61-3-9999-0002 |
| **Legal Authenticator** | unknown signed at October 30, 2025, 1:53:28PM -0400 | **Contact Details** | unknown |