

Name: B.D.
DOB: 4/11/1934
Date/time: 2/21/19 @ 11:30 am
Referral source: Pulmonologist
Source of information: Patient/daughter
Reliability: reliable

Punam

History:

CC: Productive persistent cough for several months

HPI:

Ms. D is a 84 yo passive smoke exposed female with a pmhx of bronchiectasis, centrilobar emphysema, depression, hypertension, hyperlipidemia, and hyponatremia went to her pulmonologist for increasing sputum production for the past few days. Admits to having several episodes of PNA in Dec 2017 and Oct 2018. In 2017 PNA episode sputum cultures came back positive for S. Aureus and was treated with cefepime and IV steroids. The second episodes of PNA was back in October 2018 treated at Winthrop hospital with a positive sputum culture for P. Aeruginosa and was prescribed Levaquin, tobramycin and Prednisone by pulmonologist office with no improvement. Patient's daughter admits to some shortness of breath with some yellow-greenish productive cough. Patient's daughter denies fever, chills, hemoptysis, weight loss, fatigue, recent travel and sick contacts. Bronchoscopy was performed today which revealed purulent secretions and mucus plugging.

Medications:

- Benazepril-hydrochlorothiazide (Lotensin HCT) – 20/25 mg Tablet PO qd
- Bupropion HCl (Wellbutrin) – 150 mg PO qd
- Carvedilol (Coreg) – 25 mg PO BID with meals
- Fluticasone (Flonase) – 50 mcg/ACT nasal spray BID
- Fluticasone Furoate-Vilanterol (Breo Ellipta) – 100/25 mcg/Inh one puff qd
- Hydrocodone-homatropine (Hycodan) – 5/5.1 mg/5mL syrup PO q 6 hrs PRN
- Pravastatin (pravachol) – 20 mg tablet PO qd
- Probiotic (pro-biotic blend) – PO BID
- Sertraline (Zoloft) – 50 mg PO qd
- Sodium chloride 3% nebulizer solution – BID
- Tobramycin (Tobi) - 300 mg/5mL nebulizer solution BID
- Vitamin D (cholecalciferol) – 1000 units PO qd

Allergies: NKDA, food, environmental

Past medical hx:

- Depression
- Hypertension
- Hyponatremia
- Hyperlipidemia
- History of PNA

Past surgical hx:

- Breast biopsy - 1967
- Bilateral Cataract extraction – 3/2018

Family hx:

- Mother – breast cancer; DM
- Father – DM, HF
- Sister – DM, HTN
- Brother – Lung cancer

Social hx:

- Smoking status : Passive smoke exposure – Second hand smoke, has never smoked
- Alcohol use: none
- Drug use: none

Review of Symptoms:

General: denies weight changes, fever, chills, night sweats

Skin/hair/nails: denies changes in texture, quantity, quality, itching, rashes, lumps, moles

HEENT: denies trauma, headaches, nausea, vomiting, visual changes, discharge, blurring, tearing, congestion, hoarseness, earache, tinnitus, vertigo, sore throat, swollen neck

Cardiac: admits to hypertension; denies murmurs, angina, palpitations, PND, edema

Lungs: admits to dyspnea, cough with mucus production; denies asthma, TB, hemoptysis, bronchitis

GI: denies changes in appetite, n/v/d, constipation, indigestion, bleeding, abdominal pain, jaundice

GU: denies frequency, hesitancy, urgency, polyuria, dysuria, hematuria, nocturia, incontinence, stones, infection

Female genital: denies sores, pregnancy, period irregularities, STI, dysmenorrhea, itching, discharge

Vascular: denies leg edema, claudication, varicose veins, thromboses

MSK: denies muscle weakness, pain, joint stiffness, changes in ROM, instability, redness, arthritis

Neurologic: denies loss of sensation, numbness, tingling, tremors, weakness, paralysis, fainting, seizures

Endocrine: denies heat/cold intolerance, excessive sweating, polyuria, polydipsia, polyphagia, thyroid problems

Hematologic: denies anemia, easy bruising, bleeding, purpura, transfusions

Psychiatric: denies changes in mood, anxiety, depression, tension, memory

Physical Exam:

Vitals: BP 130/66; HR 85; Temp. 98.2F oral; RR 18; height 5' 5"; weight 63.5 kg; O₂ sat 94%

General: A/O x 3; appears in no apparent distress with nasal cannula; appears stated age; well groomed; normal affect

Skin: no rashes, bruises, tattoos noted, normal hair consistency; good turgor was noted

HEENT: normocephalic atraumatic; neck is supple; no scleral icterus

Pulmonary: chest symmetry with respiration; wheezing present bilaterally in all lung fields; rales present at lung bases bilaterally

Cardiac: RRR, S1 and S2 present, no murmurs heard

Abdomen: no tenderness on palpation; +BS in all 4 quadrants; soft slightly protuberant abdomen with no organomegaly present

MSK: no pain or crepitus on AROM; no lower extremity edema noted

Neurologic: Alert and oriented x 3; no focal neurological deficits noted

Labs:

CBC:

- WBC 12.98 (H)
- HbG – 12.2
- HCT – 36.6
- Platelets – 185

BMP:

- Na – 138
- K – 3.7
- Cl – 99

- BUN – 15
- Creatinine – 1.0
- CO2 – 32 (H)
- Glucose – 117 (H)

Coags:

- PT – 9.8
- INR – 0.9
- PTT – 25.2

Bronchoscopy:

Endobronchial findings: copious purulent secretion b/l with mucus plugging b/l; Friable collapsible bronchial mucosa b/l

A/P:

Ms. D is a 87 yo female with pmhx of bronchiectasis, HTN, hyponatremia, depression admitted for bronchiectasis exacerbation with purulent secretions that were noted on bronchoscopy

- 1) Bronchiectasis
 - a. Admit to monitored bed
 - b. Start IV meropenem – 1 gram TID
 - c. ID consult
 - d. Chest PT BID
 - e. sputum cultures – F/U
 - f. albuterol nebulizers – 2.5 mg nebulization PRN
 - g. Mucinex 600 mg BID
 - h. Mucomist – 2mL q6 hrs nebulizer
 - i. Pulmonary consult
- 2) HTN – well controlled
 - a. Lisinopril 10 mg tablet PO
 - b. Carvedilol 25 mg BID
- 3) HLD – well controlled
 - a. Atorvastatin – 10 mg tablet PO
- 4) Depression
 - a. Sertraline – 50 mg daily PO
- 5) DVT prophylaxis
 - a. Start heparin injection 5000 units TID

Patient Education:

You have a respiratory condition called bronchiectasis which is the dilation of the medium sized bronchus. In addition to this dilation there is an increase in the level of mucous your lungs produce causing you to have difficulty breathing and the productive cough. This increased level of mucus that is not able to come out is a good place for bacteria to grow which is why you have a recent hospitalization and we will be continuing that treatment. We have sent out sputum cultures that were retrieved when your pulmonologist performed the bronchoscopy. In the meantime, we will give you broad spectrum antibiotics and once the sputum cultures tell us what bacteria we are dealing with we can tailor the antibiotic properly. In addition, we will give you some expectorant that will help you bring out the mucus and give you relief of your symptoms. You also have some other medical conditions that we will go ahead and manage as well.