

D.W.
 DOB: 09/08/1940
 Date: 2/08/19
 Location: St. Francis Hospital
 Source of information: Patient/daughter
 Reliability: Reliable

CC: Fatigue x 3 days

HPI:

Ms. W is a 78 yo female with a pmhx of below the knee bilateral amputations, DM, asthma, ESRD and on HD, HTN, and Afib that came into the ED for gradual onset of fatigue that was she described as being moderate and lasted for 3 days. The fatigue was associated with some dizziness as well. Patient denied being short of breath, chest pain, fever, cough, n/v, diarrhea or chills. Patient was given 1 liter of IV saline in ED and sx improved. Patient was recently admitted for bacteremia on recent past hospitalization with Streptococcus agalactiae (Group B) and is still currently on antibiotic therapy. Patient was admitted to IM for fever and hypotension. Patient claims that her BP is usually in the 90s.

Allergies:

Latex – reaction not specified
 Flagyl – hives

| Medications: | |
|---|--|
| amiodarone (PACERONE) 100 MG tablet | Take 1 tablet (100 mg total) by mouth one time daily |
| aspirin 81 MG EC tablet | Take 1 tablet (81 mg total) by mouth one time daily |
| b complex-C-folic acid (NEPHROCAPS) 1 MG capsule | Take 1 capsule by mouth one time daily |
| budesonide-formoterol (SYMBICORT) 160-4.5 MCG/ACT inhaler | Inhale 2 puffs into the lungs 2 (two) times daily as needed (SOB) |
| famotidine (PEPCID) 20 MG tablet | Take 20 mg by mouth 2 (two) times daily |
| magnesium cl-calcium carbonate (SLOW-MAG) 71.5-119 MG TBEC EC tablet | Take 2 tablets by mouth one time daily |
| miconazole nitrate (CRITIC- AID CLEAR AF) 2 % OINT | Apply to sacral area. |
| midodrine (PROAMATINE) 10 MG tablet | Take 10 mg by mouth 3 (three) times daily. Only on dialysis days three times a week |
| nystatin (MYCOSTATIN) 100000 UNIT/ML suspension | Take 5 mLs (500,000 Units total) by mouth 3 times a day scheduled |
| saccharomyces boulardii (FLORASTOR) 250 MG capsule | Take 1 capsule (250 mg total) by mouth 2 times a day scheduled |
| acetaminophen (TYLENOL) 325 MG tablet | Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed for Pain |
| clotrimazole (GYNE- LOTRIMIN) 1 % vaginal cream | Place 1 Applicatorful vaginally nightly. For 5 days. |
| mineral oil-hydrophilic petrolatum (AQUAPHOR) ointment | Apply topically 2 (two) times daily as needed for Dry Skin |
| ondansetron HCl (ZOFTRAN) 40 MG/20ML SOLN | Inject as directed |
| oxyCODONE- acetaminophen (PERCOCET) 5-325 MG per tablet | Take 1 tablet by mouth every 4 (four) hours as needed for Pain. Max Daily Amount: 6 tablets. |

| | |
|---|---|
| saline (OCEAN) 0.65 % SOLN | 2 sprays by Each Nare route 4 times a day scheduled |
| vancomycin (FIRVANQ) 50 MG/ML SOLR | Take 2.5 mLs (125 mg total) by mouth 4 times a day scheduled |
| vancomycin (VANCOGIN) 125 MG capsule | Take 1 capsule (125 mg total) by mouth 4 (four) times daily |
| zinc oxide (DESITIN MAXIMUM) 40 % PSTE | Apply 1 application topically 3 (three) times daily as needed |

PMhx:

- Afib
- Asthma
- DM
- ESRD
- HTN

PShx:

- Bilateral knee amputations – march and May 2017
- Parathyroidectomy
- Pleurex placement – right side

Family hx:

- Mother – deceased; none
- Father – deceased; none

Social History:

- Smoking status – none
- Alcohol use – none
- Illicit drug use – none

Review of Systems:

General: admits to fatigue and dizziness; 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: denies murmurs, angina, palpitations, PND, edema
Lungs: denies dyspnea, cough with mucus production; 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: admits to back pain, 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: Blood pressure 89/39, pulse 76, temperature 100.6 °F (38.1 °C), temperature source Rectal, resp. rate 20, weight 54 kg (119 lb 0.8 oz), SpO2 100 %
General: 78 y.o. female, appears comfortable, in no apparent distress
HEENT: NC/AT, EOMI, neck is supple, no scleral icterus
Pulmonary: Clear to auscultation bilaterally, no wheezes / rales
CVS: RRR, S1 and S2, no murmur
Gastrointestinal: normoactive bowel sounds, soft, non-tender, no organomegaly
Musculoskeletal: Moves all extremities, b/L BKA
Neurologic: Alert and oriented, no focal neurological deficits
Skin: appears dry; a sacral decubitus ulcer is noted; capillary refill is delayed

RESULTS reviewed:

Recent Labs

| | |
|--------|------------------|
| Lab | 02/08/19 0928 |
| WBC | 6.67 |
| HGB | 7.4* |
| HEMATO | 22.7* |
| PLTORD | 79* |

Recent Labs

| | |
|------------|------------------|
| Lab | 02/08/19 0926 |
| NA | 133* |
| K | 4.5 |
| CL | 105 |
| CO2 | 25 |
| BUN | 35* |
| CREATININE | 3.0* |
| GLU | 89 |
| MG | 1.7* |
| PHOS | 2.6 |

Recent Labs

| | |
|-----|------------------|
| Lab | 02/08/19 0926 |
| PT | 16.4* |
| INR | 1.7* |
| PTT | 48.9* |

Radiology:

X-ray Chest Portable

Result Date: 2/8/2019

Facility: St Francis Hospital Indication: Congestion allowing for differences in radiographic technique and patient positioning, there appears to have been little interval change in the cardiopulmonary status since the prior examination. Persistent congestion with bilateral effusions left greater than right noted. Pleurx catheters remain in place. Impression: Little significant interval change from prior examination.

Assessment and Plan:

78 y.o. female with h/o DM, HTN, B/L BKA, afib, asthma, ESRD on HD vid AVG s/p right pleurx catheter came in with hypotension and was found to have fever.

1. Fever/hypotension

- has a hx of bacteremia on recent past hospitalization with Streptococcus agalactiae (Group B)
- Vancomycin 125 mg was started in ED – continue vancomycin
- continue IVF
- f/u with blood cultures – adjust abx once confirmed
- monitor temp.
- give Tylenol for fever PRN
- continue midodrine for hypotension
- consult ID

2. Afib

- continue amiodarone 100 mg, aspirin 81 mg
- not on AC – was discontinued due to anemia and thrombocytopenia

3. ESRD

- consult nephrology

- Continue hemodialysis

4. Thrombocytopenia

- monitor PT, PTT, INR
- consider FFP if down trending

5. Hypomagnesemia

- Give Magnesium sulfate 1gram q 6 hrs IM

6. Hyponatremia

- monitor sodium levels

DVT prophylaxis: No AC due to thrombocytopenia

Patient education:

Your current condition indicates that you may have an infection that might be causing you to become hypotensive and have fevers. We have sent out some blood cultures that will tell which bacteria is in your blood and can help us tailor the antibiotic therapy. Your blood work also shows that you are having some deficiencies in your electrolytes such as sodium levels and magnesium levels. We will continue to monitor your electrolytes and supplement them as needed. There is also a decrease in your platelets which are used for helping the blood clot and stop bleeding. We will be monitoring these levels and hopefully they will improve once the infection gets better. Additionally, we will continue your hemodialysis while you are currently admitted to the hospital. Lastly, we will continue to monitor your atrial fibrillation and give you your afib medication to make sure you stay in normal sinus rhythm.