B. P.
DOB: 09/04/43
Date: 2/27/19
Location: St. Francis Hospital
Source of information: Patient/Wife
Reliability: Reliable

CC: “Shortness of breath” x one day

HPI:

Mr. B is a 75 yo male former smoker with a pmhx of non-obstructive CAD, COPD on home oxygen 2L per minute, dementia, and prostate cancer came into the ER for shortness of breath and was admitted to inpatient for COPD exacerbation. The patient was given nebulizer at home by wife when the symptoms first started. In the ER the patient received solumedrol 60 mg and azithromycin and was put on a nasal cannula with some relief. Admits to SOB getting worse with anxiety. Patient admitted to Weight loss of over 40 pounds in 2 years and loss of appetite. Patient states that he quit smoking two weeks ago but the wife is still smoking. Patient was recently admitted for COPD exacerbation which was found to be secondary to parainfluenza virus and was given IV solumedrol and doxycycline. Patient was told to get a PET scan upon last admission but refused.

Medications:

ALPRAZolam (XANAX) tablet 0.25 mg TID PRN
sodium chloride 0.9 % infusion
donepezil (ARICEPT) tablet 10 mg
albuterol (ACCUNEB) nebulizer solution 0.63 mg
guaiFENesin (MuciNEX) 12 hr tablet 1,200 mg
aspirin EC tablet 81 mg
atorvastatin (LIPITOR) tablet 40 mg
fluticasone furoate-vilanterol (BREO ELLIPTA) 200-25 MCG/INH inhaler 1 puff
heparin (porcine) injection 5,000 Units
methylPREDNISolone sodium succinate (Solu-MEDROL) 60 mg in sodium chloride 0.9 % 50 mL IVPB
azithromycin (ZITHROMAX) 500 mg in dextrose 5% 250 mL IVPB
furosemide (LASIX) injection 40 mg

Allergies: Tetanus-diphth-acell pertussis – Rash

Pmhx:

- COPD on home oxygen
- Alzheimer’s Dementia
- Prostate Cancer
- Non obstructive CAD

Pshx:

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- Cardiac catheterization
- Cholecystectomy
- Joint replacement – Knee
- Prostate Surgery

Family hx:

- Mother – Deceased – Cancer
- Father – deceased – DM
- Sister – Alive – COPD
- Brother – Alive – COPD

Social hx:

- Smoking history
    - Cigarettes - 0.5 packs/day for 40 years
- Alcohol
    - Yes – socially
- Denies illicit drug use

Review of Systems:

General: admits to weight changes; denies 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 hypertension; denies murmurs, angina, palpitations, PND, edema
Lungs: admits to dyspnea; 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
Male 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 (115/66); HR (94); RR (18); SpO2 (94% on NC); Temp. (97.8F)
General: A/O x3; is cachectic; appeared chronically ill; was in mild resp. distress
Skin: Old ulcer on left anterior lower shin; poor skin turgor; stage 1 sacral decubitus ulcer;
HEENT: Normocephalic/atraumatic; dry buccal mucosa; no scleral icterus
Pulmonary: mild supraclavicular and intercostal retractions; bibasilar crackles with expiratory wheezes
Cardiac: RRR; s1 and s2 present; no murmurs; no thrills/heaves appreciated
Abdomen: Flat soft nontender abdomen; BS + in all 4 quadrants; no organomegaly
MSK: AROM in all extremities; no lower extremity edema
Neurologic: no focal neurological deficits; follows simple commands

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Labs/Imaging:

Lab	02/26/19 0109	02/20/19 0620
WBC	14.37*	10.65
HGB	17.1	15.3
HEMATO	56.0*	50.1*
PLTORD	215	154

Recent Labs

Lab	02/26/19 0109
NA	144
K	4.6
CL	105
CO2	30*
BUN	24*
CREATININE	0.8
GLU	107*
MG	2.1

Recent Labs

Lab	02/26/19 0108
PT	10.4
INR	1.0
PTT	23.4

EKG: Sinus rhythm with premature atrial Complexes, possible left atrial enlargement, Right superior axis deviation, inferior posterior infract, rate of 84

X-ray Chest Portable

Result Date: 2/26/2019
PORTABLE CHEST INDICATION: shortness of breath. COMPARISON: Portable chest 2/17/2019. CT chest 2/17/2019. FINDINGS: Pulmonary hyperinflation hyperlucency compatible with COPD. No active infiltrate or effusion. Normal heart size. Tortuous, calcified aorta. Prominent central pulmonary arteries. Air-filled stomach projects below the central diaphragm, unchanged since previous studies.

Assessment:

Mr. B is a 75 yo male former smoker with a pmhx of non-obstructive CAD, COPD on home oxygen 2L per minute, dementia, and prostate cancer came into the ER for shortness of breath and was admitted to inpatient for COPD exacerbation

Plan:

1) Respiratory

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a. COPD
- Continue albuterol 2.5 mg nebulizer, umeclidinium 62.5 mcg inhaler, guaifnesin 1,200 mg, methylprednisolone 60 mg, azithromycin 500 mg, Fluticasone Furoate 200-25 mcg
- Monitor breathing and SpO2 saturation

2) Infectious
   a. Order sputum culture to rule out parainfluenza virus/RSV
   b. Monitor WBC count
3) Cardiovascular
   a. CAD/HLD
      i. Continue Aspirin EC 81 mg
      ii. Continue atorvastatin 40 mg
   b. DVT prophylaxis
      i. Continue heparin 5000 unit
      ii. Monitor coagulation studies
4) Hematologic
   a. No indications to treat/manage
   b. Monitor H/H
5) Metabolic
   a. Increased BUN/Cr – due to dehydration – continue PO hydration
   b. Monitor kidney function
6) Alimentary
   a. No indications to treat/manage
7) Neurological
   a. Alzheimer's
      i. Continue donepezil 10 mg
      ii. Monitor mental status
   b. Anxiety
      i. Continue alprazolam 0.125 mg
8) Nutrition
   a. Severe protein malnutrition
      i. Ordered ensure

Patient education:

As you know you have a condition called COPD that usually occurs from prolonged smoking of tobacco. In COPD since there is constant inflammation and impairment of the cilia on the endothelial cells of the lung the mucus is not able to be cleared out. Also in COPD there is destruction of the alveoli walls and this combined with the inflammation of the lung causes the lung to become ridged and lose it's elastic recoil that causes air to become trapped in your lungs. Usually an inciting event can cause you to have a flare up that closes off your bronchial tree and this combined with your increased production of mucus causes the symptoms such as shortness of breath you are experiencing. We will start you on some bronchodilator, oxygen, and anticholinergics which will help you with the breathing. We will also give you a type of antibiotic called azithromycin which has some anti-inflammatory properties that can help reduce future occurrences in conjunction with steroids that you are already taking. We will also continue to treat your other disorders such as the Alzheimer's with the medications you were already taking.

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