

<b>Day 1 Organization Tool</b>				
PATIENT: Yolanda Joy Stephens		ATTENDING: Antonov MD Borislav S		ADMISSION DATE: 10/20/23 FALL & BRADEN SCORE: 85 & 18
CODE STATUS: Full Code		AGE/SEX: 70/F	ROOM #: 371-A	DIET: Full Liquid Diet CONSULTS: Cardiology, Gastroenterology x2, Nutrition reassessment follow up, referral to niche coordinator, population health
ADMITTING DIAGNOSIS: SOB COPD Exacerbation		ALLERGIES: Bactrim (hives), NSAIDS (rash, stomach burns), Penicillin (rash), Vancomycin (fever)		ACTIVITY: ADLS BID Elevate HOB 30 Degrees
PMH: • HTN • SVT • Coronary artery stenosis • Rheumatoid Arthritis • PVD • Cancer			PSH: • PICC line 9/30/23 • Adenoid • Appendectomy • Carotid artery • Hysterectomy • Knee • Ovarian Cyst • Palate Ca • Tonsil	
SOCIAL HX (FOUND IN SITUATION BACKGROUND or H&P): Currently drinks 1-2 times a year, never vaped or smoked cigs, never abused substances, former tobacco smoker quit more than 30 days ago, hasnt smoked in past 12 months.			DISCHARGE PLANS: Home w Family Care	
PATIENT ASSESSMENT:  LOC: AO X4  TELE#: 65  IVF, IV LOCATION, & SIZE: Right AC/Median Cubital 20g			VOIDING / FOLEY/ EXTERNAL FOLEY (circle) continent/incontinent (circle)  LAST BM: 10/20 continent/incontinent (circle)  MOST RECENT VS:	
PATIENT STORY (CHIEF COMPLAINT & H&P): H&P 10/20: 70YO F w PMH of COPD chronic respiratory failure on 8L oxygen. She has oxygen disconnected last night. This morning husband noticed that she is confused and didnt make sense. She was seen online by her primary care provider and was advised to go to the ED. Pt presented to South Coastal ED, found to be hypoxic w pulse sox in 80s, will be admitted for further management.				
LABS 10/20: WBC: 9.3 HGB 11.2 L HCT: 38.1 PLT 289 NA 138 K 5.3 H CO2 38 H CL 93 L CR 0.75 BUN 27 H GLUC 111 H CA 9.8				
Diagnostic Results: Acute on chronic respiratory failure Chest xray no acute disease				
Assessment/Plan 1. SOB 2. Hypoxia 3. Acute hypxemic respiratory failure on chronic respiratory failure 4. COPD exacerbation-steroid nebs and respiratory protocol A fib continue w eliquis and diltiazem and digoxin Expect at least 2 MN stay full admin.				

Consults: Routine  
Cardiology: A fib  
Gastroenterology (x2): Dysphagia, weight lost  
Nutrition Reassessment/Follow up; Routine, once, diet tolerance, diet advancement, GI status, malnutrition/  
NFPE assessment  
Referral to NICHE coordinator: Once stop 10/20  
Referral to Population Health: Routine  
Weekly Dosing weight + profile review: Routine qWeek

Progress Note: 10/23

70yo with a hx of HTN, SVT, carotid artery stenosis and rheumatoid arthritis. Admitted to the hospital 10/20 secondary to difficulty breathing. She has a hx of COPD chronic respiratory failure on 2L of oxygen at home. She was noted to be confused and when communicated with her Pcp, was advised to go to the ED. When she arrived at the ER south coastal ED she was noted to be hypoxic with a pulse ox of 80s. Chest x ray didnt show acute findings, elevated BNP on admission and A fib with RVR.

Acute on chronic dyspnea,  
Acute on chronic hypoxic respiratory failure secondary to COPD o 2L oxygen at baseline,  
Acute metabolic encephalopathy secondary to hypoxia.  
Elevated BNP, seen by cardiology, reccomended discontinuing digoxin which can contribute to mental confusion to a degree. Discussed regarding options of ablation  
Continue with aspirin/eliquis. Continue with amiodarone, cardizem, rosuvastatin  
Decrease midodrine to 2.5mg w parameter for MAP greater than 65

Dysphagia both liquids and soids  
Seen by speech, attempted for barium swallow study today and failed bc she couldnt swallow it  
Consult Gastroenterology  
GERD cont w PPI

Left meniscus tear due to recent fall

Hx of chronic pain hx of trigeminal neuralgia  
Hx of head and neck cancer status post multiple reconstructive surgeries  
Follows up w the pain clinic in Maryland. Has tried gabapentin in past and didnt work. She wants to continue w her MS Contin/morphine for breakthrough  
Anxiety continue Xanax  
Underweight BMI:17  
Needs inpatient rehab at time of discharge, not medically ready yet.  
Spoke to husband bout pt again at length at bedside. She has claustrophobia n unable to tolerate BiPAP mask. If absolutely needed will need extra dose of Ativan or Xanax