H & P

Chief Complaint
Shortness of breath

History of Present Illness

Patient is an 84-year-old male with a past medical history of hypertension, HFpEF last known EF 55%, mild to moderate TR, pulmonary hypertension, permanent atrial fibrillation on Eliquis, history of GI bleed, CK-MB, and anemia who presents with full weeks of generalized fatigue and feeling unwell. He also notes some shortness of breath and worsening dyspnea with minimal exertion. His major complaints are shoulder and joint pains, diffusely. He also complains of "bone pain". He denies having any fevers or chills. He denies having any chest pain, palpitations. He denies any worse extremity swelling than his baseline. He states he's been compliant with his medications. Although he states he ran out of his Eliquis a few weeks ago. He denies having any blood in his stools or melena, although he does take iron pills and states his stools are frequently black. His hemoglobin is at baseline.

Twelve-lead EKG showing atrial fibrillation, RBBB, LAFB, PVC. Chest x-ray showing new small right greater than left pleural effusions with mild pulmonary vascular congestion. BNP increased to 2900, up from 1900. Troponin 0.03. Renal function at baseline. Hemoglobin at baseline.

She normally takes 80 mg of oral Lasix daily. He was given 80 mg of IV Lasix in the ED. He is currently net negative close to 1 L. He is still on 2 L nasal cannula.

Review of Systems
A 10 system review of systems was completed and negative except as documented in HPI.

Physical Exam

Vitals & Measurements
T: 36.8 °C (Oral) TMIN: 36.8 °C (Oral) TMAX: 37.0 °C (Oral) HR: 54 RR: 17
BP: 140/63 WT: 100.3 KG
Pulse Ox: 100 % Oxygen: 2 L/min via Nasal Cannula
GENERAL: no acute distress
HEAD: normocephalic
EYES/EARS/NOSE/THROAT: pupils are equal, normal oropharynx
NECK: normal inspection
RESPIRATORY: no respiratory distress, no rales on my exam
CARDIOVASCULAR: irregular, brady, no murmurs, rubs or gallops
ABDOMEN: soft, non-tender
EXTREMITIES: Bilateral chronic venous stasis changes
NEUROLOGIC: alert and oriented x 3, no gross motor or sensory deficits

Assessment/Plan
Acute on chronic diastolic CHF (congestive heart failure)
Acute on chronic diastolic heart failure exacerbation. Small pleural effusions bilaterally with mild pulmonary vascular congestion on chest x-ray, slight elevation in BNP. We'll continue 1 more day of IV diuresis with 80 mg IV Lasix. He may have had a viral infection which precipitated this. We'll add Tylenol for his joint pains. Continue atenolol and chlorthalidone.

AF - Atrial fibrillation
Permanent atrial fibrillation. Rates bradycardic in the 50s. Continue atenolol with hold parameters. Continue Eliquis for stroke prevention. No evidence of bleeding, hemoglobin at baseline.

Arthritis
CHF - Congestive heart failure
Chronic kidney disease
Chronic venous insufficiency
Edema
GI bleeding
Glaucoma
Gout
Hypertension
Peptic ulcer
Peripheral neuropathy
Peripheral vascular disease
Pulmonary hypertension
Tricuspid regurgitation
Historical
No qualifying data

Procedure/Surgical History
duodenal resection, duodenojejunostomy. small bowel enterotomy, removal of foreign object and repair of enterotomy (05/21/2014), colonoscopy (12/10/2013), egd (12/09/2013), H/O endoscopy (07/2013), H/O colonoscopy (03/2013), pilonidal cyst removal at base of spine (1981), laser eye surgery for glaucoma. lesions on small intestine closed up.

Home Medications
Home
allopurinol 300 mg oral tablet, 300 MG= 1 TAB, PO, Daily
atenolol 25 mg oral tablet, 25 MG= 1 TAB, PO, Daily
chlorthalidone 25 mg oral tablet, 25 MG= 1 TAB, PO, M/W/F
Combigan 0.2%-0.5% ophthalmic solution, 1 DROP, Both Eyes, Q12H
Eliquis 5 mg oral tablet, 5 MG= 1 TAB, PO, BID
ferrous sulfate 325 mg (65 mg elemental iron) oral tablet, 325 MG= 1 TAB, PO, Daily
Lasix 80 mg oral tablet, 80 MG= 1 TAB, PO, BID
omeprazole 20 mg oral delayed release capsule, 20 MG= 1 CAP, PO, BID
Percocet 5/325 oral tablet, 1 TAB, PO, QAM
potassium chloride 20 mEq oral tablet, extended release, 20 MEQ= 1 TAB, PO, Daily
sertraline 50 mg oral tablet, 75 MG= 1.5 TAB, PO, Daily
triamcinolone 0.1% topical cream, 1 APP, Topical, Daily
triamcinolone 0.1% topical ointment, 1 APP, Topical, Daily

H & P

Anemia
At baseline
Arthritis
Tylenol for pain. Patient also takes Percocet at home, will add this on.
Chronic kidney disease
At baseline. Monitor while diuresing.
Hypertension
Blood pressures within tolerable ranges.
Pulmonary hypertension
Tricuspid regurgitation
Mild-to-moderate on echocardiogram last year.

Attending physician note-the patient was interviewed and examined. The appropriate information in power chart was reviewed. The patient was discussed with Dr. Persad. Patient may have a mild degree of heart failure. He and his wife were more concerned with his peripheral edema. He has underlying renal insufficiency as well. We'll try to diurese him to his "dry" weight. We will then try to adjust his medications to keep him within a narrow range of that weight. We will stop his atenolol this point since he is relatively bradycardic and observe his heart rate on the cardiac monitor. He will progress with his care and activity as tolerated.

Vitamin D2 50,000 intl units (1.25 mg) oral capsule, 1 TAB, PO, Weekly-Tue

Allergies
shellfish (gout)
sulfa drug (maculopapular rash)

Social History
Ever Smoked Tobacco: Former Smoker
Alcohol use - frequency: None
Drug use: Never

Lab Results

07/16/17 05:30 to 07/16/17 05:30

143 | L 98 | H 26 /
_____ 102
3.6 | H 40 | 1.23 \

07/16/17 05:30 to 07/16/17 05:30

\ L 10.1 /
L 3.4 _____ L 125
/ L 32.4 \

BMP	07/16/17 05:30
GLU	102 mg/dL
NA	143 MMOL/L
K	3.6 MMOL/L
CL	98 MMOL/L
TOTAL CO2	40 MMOL/L
BUN	26 mg/dL
CRT	1.23 mg/dL
ANION GAP	5
CA	7.9 mg/dL

CBC with diff	07/16/17 05:30
WBC	3.4 / nl
HGB	10.1 G/DL
HCT	32.4 %
RBC	3.41 /PL
MCV	95.0 FL
MCH	29.6 pg
MCHC	31.2 %
RDW	15.9 %
MPV	10.7 FL