

HOLY CROSS HOSPITAL

PATIENT: Neustadter, Israel
ACCOUNT #: 0306900162
PHYSICIAN: Ahmed Nawaz, MD

MR #: 00815510
PT TYPE: I/P
ROOM:
DISCH DATE: 03/27/2003

HISTORY AND PHYSICAL EXAMINATION

DATE OF ADMISSION: 03/10/2003

HISTORY OF PRESENT ILLNESS: The patient is a poor historian. The history was mainly obtained from the son. He is a 91-year-old male who was seen in the office where he was found to be hypotensive with an elevated temperature and slight shortness of breath. At that time, the physical examination revealed that most probably, the patient had pneumonia. He was sent to the emergency room straight from there. The patient denies having any chest pain but he does have some trouble breathing. There is no nausea or vomiting., no diarrhea, no blurring of vision, headache, fever or chills.

PAST MEDICAL HISTORY: Significant for mild to moderate dementia, hypertension, hypertensive cardiovascular disease, coronary artery disease, hypothyroidism, macular degeneration, anemia of chronic disease, benign prostatic hyperplasia.

MEDICATIONS: Lotrel 5/10 milligrams once a day, Synthroid dose is not available, 4 milligrams a day, Zoloft 25 milligrams a day, and iron pills, one aspirin a day.

ALLERGIES: Sulfa medications.

FAMILY HISTORY: Noncontributory.

SOCIAL HISTORY: He does not smoke or use any alcohol. He lives with his son.

PHYSICAL EXAMINATION: Vital signs when he came in – Blood pressure 90/50, respiratory rate 18, pulse 62 and he was afebrile with a temperature of 98.3, pulse oximetry was 98% on two liters of nasal cannula. Head, eyes, ears, nose and throat – Normocephalic and atraumatic. Pupils are sluggishly reactive to light and accommodation. No jugular venous distention. There is no thyromegaly or lymph nodes palpable. Chest – Bibasilar rhonchi with some expiratory wheezing. Cardiovascular – Regular rate and rhythm. Systolic ejection murmur. Grade II/VI over precordium. Abdomen – Soft, nontender. Bowel sounds positive. No hepatosplenomegaly. Extremities – No clubbing, cyanosis, or

HISTORY AND PHYSICAL EXAMINATION

edema. Degenerative arthritis changes in all four extremities. Central nervous system oriented times one, moving all four extremities without any significant difficulty.

LABORATORY DATA: First set of cardiac enzymes were negative. **White blood cell count 38.5**, hemoglobin and hematocrit 10.7 and 30.6, platelet count 311,000, 18% bands. Prothrombin time and INR were 12.7 and 1.1. Sodium 132, potassium 3.8, chloride 96, bicarb 25, glucose 122, blood urea nitrogen 24, creatinine 1.1, calcium 8.5.

IMPRESSION:

1. **Possible aspiration pneumonia**
2. **Sepsis**
3. **Hypotension** related to Dyazide therapy which she was taking as an outpatient
4. **Septicemia**
5. Mild prerenal azotemia
6. Degenerative arthritis
7. Mild to moderate dementia
8. Zenker's diverticulum
9. **Anemia** of chronic disease
10. Hypothyroidism,

91-year-old with aspiration pneumonia, sepsis, hypotension, septicemia, anemia, and a panic-level white count of 38.5 admitted to regular floor.

PLAN: **The patient will be admitted to a regular floor** with the above mentioned diagnosis. Intravenous fluid support along with intravenous antibiotics will be started on this patient. The Foley catheter has been placed for mild bladder distension. The patient gets agitated and I discussed the case with the patient's son and I will use Ativan on a as needed basis on this patient. The laboratory data will be repeated again tomorrow morning.

I had a very lengthy conversation with the patient's son for the "Do Not Resuscitate" status and if he wants the patient to be full code. We are going to hold on patient's blood pressure medications and monitor vital signs periodically and see what results we get. The patient will be placed on intravenous Rocephin and intravenous Levaquin at the same time.

Why no mention of the result of this important conversation?
My father was unambiguously ordered **Full Code**. Why was life-sustaining treatment withheld?

Neustadter, Israel

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HISTORY AND PHYSICAL EXAMINATION

Blood cultures have already been sent but will try to obtain sputum culture and sensitivity. These will be difficult especially in his case.

Signed
Ahmed Nawaz, MD **06/29/2003** 11:28

Ahmed Nawaz, MD

D: 06/19/2003
T: 06/19/2003 3:54 P
AN/cn
Doc #: 353953
cc: Ahmed Nawaz, MD

Delmarva Foundation [Quality Concern Inquiry](#) notes that History and Physical Examination was dictated more than 3 months after patient's admission to Holy Cross Hospital. Joint Commission *Hospital Accreditation Standards* (2002, [PE.1.7.1](#)) require completion within 24 hours of admission.