



HOLY CROSS HOSPITAL
PHYSICIAN
PROGRESS NOTES

NUSTACIER, ISRAEL 91Y
03/10/03 0304900152
3127 NAWAZ, AHMED
03 1/P SICE 17
1111 UNIV BLVD WEST
SILVER SPRING MD 20902
301 649-1319

Conflicts with physician order form.

DATE	TIME	
3/11/03	2100	Medicine Accept Note
		HPI: 91 yo ♂ in USOH until 3d pta, when he fell @ home + hit his head. Pt. developed progressive weakness over next 2d. ⊕ F of 101 1d pta. On admission pt. was hypotensive, BP of 100 systolic in Dr. Nawaz's office + sent to ED. CXR on arrival to hospital showed ⊕ LL infiltrate, small pleural effusion blunting of ⊕ costophrenic angle. Initial WBC - 38,000. PMH significant for dementia, HTN + Zenckers diverticulum. Recently placed on Diazide causing severe ↓Na, which responded to subsequent removal of drug. Hx of pacemaker placement. Hospital course: Pt. was admitted 3/10/03 + started on IV Abx + hydrated. Possible ⊕ inguinal hernia. Pt. became agitated on HD#2 ⊖ ↓ pulse ox to low 80's + ABG demonstrating severe hypoxemia. Pt. was agitated + given halodol, to which he responded. Lung exam demonstrated rales. PCXR demonstrated ⊕ pleural effusions - increased from admission. As pt. was Lasix naive, he was given 20mg IV. Pt. is currently DNR. Pt. is currently stable.
		<p> MRIS evagium 500mg IV qd cephin 1gm IV qd Lasix 20g IV x1 KC 110 mg in 100cc NS over 1^h </p>
		<p> 3rd-year medical student sees 'DNR' on first Physician Order Form and wrongfully assumes patient is DNR. </p>
		<p> O: Vitals: T 100³ P 89 (67-102) R (21-32) BP 103/40 (103-136 / 33-64) 93% 100% O₂ NRB Exam: GEN - in obvious distress, on 100% NRB Neck - ⊖ JVD CV - S₁S₂ 1/2 the lung fields Pulm - crackles crackles ⊖ bronchial lung sounds Abd - benign Ext - sw edema 1+ ⊕ </p>

Upmims8
NILES
11/24/11



HOLY CROSS HOSPITAL
PHYSICIAN
PROGRESS NOTES

HUSTACHTER, ISRAEL 91Y
03/10/03 0306900162
3127 MAWAZ, AHMED
GS 1/P 815510
1111 UNIV BLVD WEST
SILVER SPRING MD 20902
301 649-1310

Conflicts with physician order form.

DATE	TIME	NOTES
3/12/03	10:15	MSB PN
		S: Pt sitting 94-96% on vapotherm overnight. Given Haldol to improve restlessness + pt. was more calm overnight. No acute events overnight.
		Meds: <u>evagargin 500mg IV qd (D#3)</u>
		cephin 1gm IV qd (D#3)
		prn
		Hivan 7mg IV q2-4 prn agitation
		Norm @ 30cc PD
		Tylenol
		Haldol 1mg IM q8h
		0: Vitals: Tm 100 ³ (3/11 @ 2000) Tc 97 ⁷ HR 65 (65-102) R 20 (20-32) BP 138/54 (¹⁰⁸⁻¹³⁸ / ₃₃₋₅₀) FS 114 @ ^{3/11/03} 06:35 Pulse Ox - 92-94% UO: 1095/950 (s) IVE: 975cc O: 120cc UOP: 970 + 500cc in Foley bag
		Exam: GEN: Resting, mild distress Pulm: (B) crackles in 1/2 lung fields CV: S, S2 Abd: ND I@BS / soft / non tender, raised soft protrusion to (R) of umb Ext: ϕ edema Neck: ϕ JVD
		Labs: 17.2 } 10.3 } 200 } L ^{3.14} mG.31 N ^{84.2} E ²⁴⁵ B ^{1.07} 136 104 23 } Mg ² } 29.0 } UCr: N/GTD Bcr - (P) 3 23 0.8 } Ca ^{7.5} }
		A/P: 91 yo σ^7 \bar{e} aspiration pneumonia + hypoxia. Aspiration pneumonia - ^{not yet resolved,} continue w/ <u>evagargin 500mg IV qd + Respir</u> Tig IV qd. Aspiration precautions. DVT prophylaxis - SQ heparin 2. Hypoxia - sat's stable on vapotherm - continue. Will monitor Pox + labs closely. 3. Pulmonary Edema Pulmonary Edema \bar{e} - very good UOP - resolving. Will continue to monitor \bar{e} UOP + lung exam. Will get repeat CXR today.
		Assess c above K is 3. Will replete \bar{e} KCl runs + monitor for arrhythmia

Chalim MSB / NILES / [Signature] MD 1691

[Signature] MD 1691



HOLY CROSS HOSPITAL
PHYSICIAN
PROGRESS NOTES

HOLY CROSS HOSPITAL, ISRAEL 01Y
03/10/03 030690011.2
3127 NAWAZ, AHM.
01 1/P 815010
1111 UNIV BLVD WEST
SILVER SPRING MD 20902
301 649-1319

Conflicts with physician order form.

DATE	TIME	
3/13/03	9:15	MSZ PN
		S: Pt. agitated last night + pulling off O ₂ - sats down to 80%. Soft wrist restraints put on + pt. given Ativan. Pt. calm after this.
		no other issues. Son @ bedside this am. Pt. seen by med atng, pulm + cardiology yesterday. Nutrition note - cont. diet + supplement \bar{c} boost
		(D#4) O. vitals - T _m 100 ² T _c 100 ² 92(65-92) 30(20-38) 129/63 ($\frac{121-152}{50-71}$)
		Sat - 92% on vapotherm FS: 124 @ 6:35
		1/0: ^{3/12/03} 340 / 2700 (s) Crystallad: 260 0:80 UOP: 2700
		^{3/13/03} 0/801 UOP: 800 stool 1
		Exam: GEN - mild distress, responsive to voice
		CV - rrr, s, s ₂
		Pulm - \emptyset crackles, \oplus bronchial breath sounds
		Abd - benign
		ext - \emptyset edema
		labs: am labs \oplus
		Radiology: CXR (3/12) - overall worsening in \oplus infiltrates
		A/P: 91 \bar{v} \bar{c} aspiration pneumonia + hypoxic
		• Aspiration Pneumonia - not yet resolved, worsening on CXR. Will continue IV levofloxacin + Rocephin. Will repeat CXR today
		• Hypoxia - Sats remain stable on vapotherm. Sats \downarrow when pt. agitated + pulls out NC. Will continue prn Ativan for agitation
		• Pulmonary edema - will get 2 Dechra today as per atng to evaluate LVEF.
		• Nutrition - needs assistance \bar{c} PO intake, Zencker's Diverticulum. Will cont. current diet + supplement \bar{c} boost. Swallow study today. Will need to discuss aggressiveness of plan \bar{c} atng + so. Pt.