Creighton UNIVERSITY

Smith, Hazel	MRN: 123456 FIN: 654321 Allergies: None	Age: 80 Years Race: White Gender: Female	Admitted: Admit Day 1 Admission Reason: SOB Discharged:	Location: CSICU 14 Physician: Hill MD, Roberta DOB 02/5/1937

History of Present Illness

- Son was visiting from out of town, notices the condition of her apartment (normally very well kept and keeps a tidy apartment -- dishes stacking up, not vacuumed, and appears disheveled) and weight loss
- Son brought in through emergency department with SOB
- This is Hazel's 3rd admission in 2 months presenting with similar symptoms

Notes

80-yo female, pleasant lady, presents with PMH brought to ED by son. CXR reveals no acute disease

Vitals	
BP	130/55
HR	75
T	97.7
RR	22
SpO2 (2L O2)	91%

Labs	
K^+	4.6
BUN	50
Creat	3.2
Na	138
Albumin	3.8
Troponin	0.16
HF Peptide	10,000

Current Medications	
Aspirin	81 mg Daily
Atenolol	50 mg oral, BID
Furosemide	40 mg oral Daily
Ibuprofen	400 mg oral q 8 hr PRN
Albuterol	2 puffs q 4 hrs PRN

- **Past medical history (PMH)** – COPD (FEV_1 90% & CAT 6), smoking history but quit in 1970's, non-O2 dependent; Heart Failure; Hypertension; Stage 3 Chronic Kidney Disease; Heart murmur detected by family doctor, diagnosed in her mid-70's, not a good surgical candidate for stenosis repair
  Has had 3 admissions in the last 2 months due to dehydration (dyspnea, fatigue, cachexia, loss of appetite, SOB w/ ambulation, delirious at NOC); managed with IV fluids & Lasix (renal and cardiac balance); PCP refers to specialists

- **Social history (SH)** – Widow (retired school teacher), living in independent living (husband died 10 years ago; retired mail carrier); Has one son (Bradley, Jr., 55 y.o.), lives out of state and owns his own construction business in California; married with 2 kids – 1 girl (Jordan), 1 boy (Mason); Advance directive on file – vague (full code but if persistent vegetative state… husband POA #1 the son #2)

Recommendation: NS @ 100/hr, Consult Nephrology and CV, transfer to PINS