

|                     |                 |                |                       |                             |
|---------------------|-----------------|----------------|-----------------------|-----------------------------|
| <b>Smith, Hazel</b> | MRN: 123456     | Age: 80 Years  | Admitted: Admit Day 3 | Location: PINS 34           |
|                     | FIN: 654321     | Race: White    | Admission Reason: SOB | Physician: Hill MD, Roberta |
|                     | Allergies: None | Gender: Female | Discharged:           | 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 3<sup>rd</sup> admission in 2 months

### Notes

80-yo female, pleasant lady, presents with PMH brought to ED by son.

#### Vitals

|              |        |
|--------------|--------|
| BP           | 132/60 |
| HR           | 78     |
| T            | 98.2   |
| RR           | 20     |
| SpO2 (2L O2) | 93%    |

#### Labs

|                |      |
|----------------|------|
| K <sup>+</sup> | 3.0  |
| Cl             | 100  |
| Creat          | 1.27 |
| BUN            | 34   |
| Na             | 138  |
| Ca             | 8.6  |
| CO2            | 30   |
| Glucose        | 109  |

#### Current Medications

|                       |                                 |
|-----------------------|---------------------------------|
| Furosemide            | 40 mg IV once                   |
| Atenolol              | 50 mg oral, BID                 |
| Aspirin               | 81 mg Daily                     |
| Heparin               | 5000 Units SQ q 8h              |
| Ipratropium-Albuterol | 3 mL nebulizer q 6h while awake |
| Tylenol               | 500 mg oral q 6h PRN            |
| Zofran                | 4-8 mg IV q 8h PRN              |

#### Cardiology Consult Note:

80 F w/ Hx of AVS, L vent. EF has fallen which is a very poor prognostic sign

#### Assessment-

- CXR reveals bibasilar atelectasis, Stenosis of AV from ECHO with mean gradient 59.0mmHG, peak velocity 4.74m/s, AVA 0.38 cm<sup>2</sup>
- HFpEF – L ventricular EF 30-35%, Grade II LV diastolic dysfunction, severe aortic stenosis, EF has decreased from 60-65% 3 years ago
- Elevated troponin likely related to heart strain from Ao stenosis
- AKI resolving – Creat has come down to 1.27 today
- Mild confusion

#### Recommendation-

I would suggest that hospice care is probably appropriate but will defer to primary team to ultimately make that decision.

**Recommendation:** Treat her with diuretics as needed to keep her comfortable; Patient not open to TAVR, no surgical intervention warranted, Consult Palliative care for goals of care discussion, continue Atenolol and ASA, add subq Heparin, continue with Lasix 40mg po daily, request screenings/evaluation by PT, OT, and Social work for discharge planning.