



Hospital Medicine	Discharge	Summary
Name	####	Attending Provider #####
Gender	####	Admitting Provider #####
DOB	####	Discharge Provider #####
Age	####	Outpatient PCP #####
MRN	#####	Admit Date #####
CSN	####	Discharge Date DATE
Room	#####	LOS 8
Readmission Risk Score	Readmission Risk Score: 9	Code Status Full Code

Problem List	Diagnosis
Principal Problem: Acute hypoxemic respiratory failure (HCC) Active Problems: Acute respiratory failure (HCC) Resolved Problems: * No resolved hospital problems. *	Chief Complaint: *** Diagnosis: ***

Follow Up Tasks for Outpatient
1. ***

Hospital Course

 The remainder of the patient's medical problems were chronic and stable without any further intervention this admission. The patient will continue the current treatments and medications. Patient was clinically and hemodynamically stable at discharge.

Procedures	Consults
	IP CONSULT TO CARE COORDINATOR IP CONSULT TO PULMONOLOGY

Physical Exam
 Temp: [97.2 °F (36.2 °C)-97.4 °F (36.3 °C)] 97.4 °F (36.3 °C)
 Heart Rate: [63-67] 63

Resp: [18] 18
BP: (126-128)/(68-74) 128/68
SpO2 Readings from Last 1 Encounters:
07/02/21 95%

GEN: No acute distress
EYES: No conjunctival pallor, No scleral icterus, Extraocular muscles intact
HEENT: Normocephalic, Atraumatic, Moist mucus membranes
NECK: Supple
CV: Normal S1 and S2
PULM: CTA bilaterally. No wheezes, crackles, or rales
GI: Soft, Not distended, Normo active bowel sounds, Not tender
EXT: Intact distal pulses, No clubbing, cyanosis, or edema noted
SKIN: Warm and dry
NEURO: ***

Discharge Medication Rec

Medication List

ASK your doctor about these medications

acetaminophen 500 MG tablet
Commonly known as: TYLENOL

ALPRAZolam 0.25 MG tablet
Commonly known as: XANAX

amLODIPine 10 MG tablet
Commonly known as: NORVASC

Ask about: Which instructions should I use?

apixaban 5 mg tablet
Commonly known as: Eliquis
Take one 5 mg tablet twice daily Indications: treatment to prevent blood clots in chronic atrial fibrillation

aspirin 81 MG tablet, delayed release

azaTHIOprine 50 mg tablet
Commonly known as: IMURAN

calcium carbonate 470 mg calcium (1,177 mg) Chew

cetirizine 10 MG tablet
Commonly known as: ZyrTEC

coenzyme Q10 100 mg tablet

cyanocobalamin 1,000 mcg/mL injection

Commonly known as: B-12

doxycycline 100 MG tablet

Commonly known as: VIBRA-TABS

ferrous sulfate 325 (65 FE) MG tablet

* **Flovent HFA** 110 mcg/actuation inhaler

Generic drug: fluticasone propionate

* **fluticasone propionate** 50 mcg/actuation nasal spray

Commonly known as: FLONASE

folic acid 1 MG tablet

Commonly known as: FOLVITE

furosemide 20 MG tablet

Commonly known as: LASIX

glimepiride 1 MG tablet

Commonly known as: AMARYL

HYDROcodone-acetaminophen 5-325 mg per tablet

Commonly known as: NORCO

hydrOXYchloroQUINE 200 mg tablet

Commonly known as: PLAQUENIL

levoFLOXacin 500 MG tablet

Commonly known as: LEVAQUIN

levothyroxine 75 MCG tablet

Commonly known as: SYNTHROID

Signed and Held Orders (720h ago, onward)
None



Follow Ups

No future appointments.

Follow-up Information

Follow up With	Specialties	Details	Why	Contact Info
#####	Internal Medicine			#####



Discharge Instructions:

The patient was educated on warning signs regarding the current medical conditions. If any of these issues were to arise or worsen, the patient was instructed to contact their PCP or seek further medical evaluation in the emergency room.

Condition at Discharge: Stable

Disposition: Discharged to: {Discharge Destination:18313::"Home"}

Time Coordinating Discharge: *** minutes

#####, MD

Hospital Medicine

DATE

TIME

Inpatient Admission Objective Results Summary



Unique Labs

Component	Value	Units
Hemoglobin A1c []		
Collected: 06/25/21 0310		
Updated: 06/25/21 0517		
Specimen Type: Blood		
HEMOGLOBIN A1C	5.4	%
Estimated Average Glucose	108	mg/dL
HOMOCYSTEINE, SERUM []		
Collected: 06/25/21 0310		
Updated: 06/28/21 2001		
Specimen Type: Blood		
Specimen Source: Serum		
HOMOCYSTEINE,S	5.0	umol/L
Vit D,1,25,Dihydroxy []		
Collected: 06/25/21 0310		
Updated: 06/28/21 1916		
Specimen Type: Blood		
Specimen Source: Serum		
VITAMIN D,1,25,TOTAL	30	pg/mL
VITAMIN D3,1,25	30	pg/mL
VITAMIN D2,1,25	<8	pg/mL

General Labs



CBC

Results from last 7 days

Lab	Units	07/01/21 0528
WBC COUNT	10E9/L	18.28*
HGB	g/dL	9.8*
HEMATOCRIT	%	31.9*
PLATELET	10E9/L	780*

Electrolytes

GI

Results from last 7 days

Lab	Units	07/01/21 0528
ALKALINE PHOS	IU/L	61
BILIRUBIN, TOTAL	mg/dL	0.6
PROTEIN,TOTAL	g/dL	6.5*
ALT	IU/L	37
AST	IU/L	28
ALBUMIN, S	g/dL	3.6

Blood Sugars

Sepsis Labs

Results from last 7 days

Lab	Units	07/01/21 0528
CRP, QUANT	mg/dL	0.9*

Results from last 7 days

Lab	Units	07/01/21 0528	06/27/21 0229	06/26/21 0418
SODIUM, S	mmol/L	139	< >	132*
POTASSIUM	mmol/L	4.5	< >	4.5
CHLORIDE	mmol/L	99	< >	94*
CALCIUM, TOTAL	mg/dL	8.2*	< >	8.5
MAGNESIUM	mg/dL	--	--	2.0

PROCALCITONIN	ng/mL	0.05
PROCALCITONIN COMMENT		0.05

Other Heme

< > = values in this interval not displayed.

Basic

Results from last 7 days

Lab	Units	07/01/21 0528
CO2	mmol/L	27
BUN BLD	mg/dL	25*
CREATININE, S	mg/dL	0.70
GFR MDRD NON AF AMER	ml/min/1.73 m2	>90
ANION GAP		18

Cardiac

Results from last 7 days

Lab	Units	07/01/21 0528
TROPONIN-I	ng/mL	<0.30
PROBNP, N TERMINAL	pg/mL	3,451*



Micro Sensitivities

Susceptibility Tests

Collected	Specimen Type	Organism	Ampicillin	Ampicillin/Sulbactam	Ceftriaxone/Meningitis	CEFUROXIME	Ciprofloxacin	Clindamycin	Erythromycin	Gentamicin	Oxacillin	Tetracycline	Tobramycin	Trimethoprim/Sulfamethoxazole	Vancomycin
05/14/21	Urine	No Growth (1.1)													
05/01/21	Other	Methicillin-resistant Staphylococcus aureus (1.1)						0.25 S	> 8 R	<= 0.5 S	> 4 R	< 1 S		<= 10 S	1 S
		Proteus vulgaris (2.1)	>= 32 R	1 I	< 1 S	>= 64 R	<= 25 S			<= 1 S			< 1 S	<= 20 S	
05/01/21	Blood	Streptococcus agalactiae (group B streptococci) (1.1)													

Cultures- Only Positive Cultures

Microbiology (This Encounter Only)-Pertinent Results					
Procedure	Component	Value	Units	Date/Time	
COVID-19 Rapid(Abbott),PCR Indication for Test: Asymptomatic - Clearance for procedures; Hospitalized for COVID 19: No; Admitted to ICU for COVID-19: No; Symptomatic? No [978255669] (Abnormal)				Collected: 06/24/21 0613	
Specimen: Nasal from Nasopharyngeal				Updated: 06/24/21 0702	
COVID-19 Source (Abbott)		NASOPHARYNGEAL SWAB			

COVID-19, Rapid (Abbott)	POSITIVE
COVID-19, Rapid Comment (Abbott)	SEE COMMENT
First Test?	NO
Employed in Healthcare?	NO
Symptomatic as defined by the CDC	ASYMPTOMATIC
Hospitalized for COVID 19?	NO
ICU?	NO
Resident in Congregate care setting	NO
Pregnant?	NO
Date of Symptom Onset?	NOT APPLICABLE



Radiology

Radiology Summary (Current Encounter)

X-ray Chest Portable - (1 View)

Final Result by #####

Cardiomegaly with associated findings consistent with pulmonary edema and small left pleural effusion. Concomitant infectious process may have similar appearance.

Released By: #####

X-ray Chest - AP or PA (1 View)

Final Result by #####

1. Moderate cardiomegaly.

2. Possible early pulmonary edema suggestive of congestive heart failure and/or fluid overload.

Released By: #####



Cardiology

Last EKG

Component	Value	Units
Electrocardiogram, 12 Lead []		
Collected: 06/28/21 1541		
Updated: 06/30/21 1344		
VENT RATE	78	bpm
QRS Duration	142	MS
QT Interval	436	MS
QTC Calculation	497	MS
R Axis	-61	DEGREES
T Wave Axis	-33	DEGREES

Impression:

ATRIAL FIBRILLATION
 LEFT AXIS DEVIATION
 RIGHT BUNDLE BRANCH BLOCK
 INFERIOR INFARCT , AGE UNDETERMINED
 ABNORMAL ECG
 WHEN COMPARED WITH ECG OF 24-JUN-2021 06:25,
 NO SIGNIFICANT CHANGE WAS FOUND
 CONFIRMED BY #####

Echo 2D complete panel (contrast/bubble PRN per protocol)

Final Result by #####

- The estimated ejection fraction is 55-60%.
- Unable to assess left ventricular diastolic function due to inadequate tissue doppler or atrial arrhythmia.
- The left ventricular cavity, indexed to body surface area and gender is normal.
- The right ventricular systolic function is borderline low.
- The right ventricular cavity is mildly dilated.
- There is moderate pulmonary hypertension. The RV systolic pressure is 57 mmHg.
- The inferior vena cava demonstrates a normal central venous pressure, 3mmHg, (<2.1cm and >50% decrease).
- The aortic root is dilated measuring 4.6 cm. The ascending aorta is dilated measuring 5.0 cm.
- There is mild tricuspid valve regurgitation.
- There is a mild jet of aortic valve regurgitation noted.
- There is trace mitral valve regurgitation.
- Dilated proximal Aorta. Consider Chest CT to better assess the aortic root size.

#####

Clinical Assistant Professor of Medicine
 Cardiovascular Disease
 Interventional Cardiology

#####

No orders to display



Pathology

Pathology Summary

**** No results found for the last 2160 hours. ****



Other Results

Other Diagnostics

**** No results found for the last 2160 hours. ****



Wounds (If applicable)

Wound Traumatic Ankle Right (Active)

Date First Assessed/Time First Assessed: 05/10/21 1135 Primary Wound Type: Traumatic Wound Description (Comments): lateral maleolus Location: Ankle Wound Location Orientation: Right Number of days: 53



Blood Products (If applicable)

Blood Product Administration History

	Date	Volume	Status
Transfuse RBC	04/23/2021	207.5 mL	Completed 04/23/21 2259
	04/23/2021	500 mL	Completed 04/23/21 2300
Transfuse RBC	10/19/2020	320 mL	Completed 10/19/20 1744
Transfuse RBC	10/16/2020	325 mL	Completed 10/16/20 1954
Transfuse RBC	05/19/2020	247.92 mL	Completed 05/19/20 1228
	05/19/2020	242.5 mL	Completed 05/19/20 1037
Transfuse RBC	01/10/2020	390 mL	Completed 01/10/20 1245
	01/10/2020	336.67 mL	Completed 01/10/20 1047
Transfuse RBC	11/12/2019	322.08 mL	Completed 11/12/19 1423
Transfuse RBC	11/12/2019	222.75 mL	Completed 11/12/19 0953
	11/11/2019	1000 mL	Completed 11/12/19 0227



Ancillary Services

PT D/C Recommendation	D/C Recommendation: SAR
PT D/C Recommended Devices	D/C Recommended Devices: (Pt states that he has a RW and w/c at home)
Ambulating Distance	
Speech Diet Recommendations	
Swallow Precautions	
Swallow Compensatory Strategies	
Modified Barium Swallow Needed?	

Socioeconomic Information



Home Details

Living Situation Prior to Admission	Living Situation Prior to Admission: Acute Rehab (Name of Facility)
Primary Caregiver	Primary Caregiver: Facility caregiver
Care Giver Name	
Care Giver Phone	



Discharge Planning

DC Plan/Disposition	
Discharge Transportation Setup	Is Discharge Transport arranged?: Yes
Case Management Barriers to Discharge	Case Management Barriers to Discharge : No Barriers
Outpatient Arrangements	
Barriers to Discharge (Nursing Doc.)	Barriers to discharge : Placement delay



Diet	Diet, Cardiac Effective Now 1800 kcal
Pacemaker/ICD	Pacemaker: No ICD: No
Urinary Source	Urinary Source: Voiding