



HOLY CROSS HOSPITAL  
PHYSICIAN  
PROGRESS NOTES

H. MUSTAFA, ISRAEL 914  
03/10/03 0304900152  
3127 NAWAZ, AHMED  
03 1/P 81011  
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> <span style="border: 1px solid red; padding: 2px;">evagium 500mg IV qd</span>  <span style="border: 1px solid red; padding: 2px;">cephin 1gm IV qd</span>  <span style="border: 1px solid red; padding: 2px;">Lasix 20g IV x1</span>  <span style="border: 1px solid red; padding: 2px;">KCl 10mEq in 100cc NS over 1<sup>h</sup></span> </p>
		<p> <span style="border: 1px solid red; padding: 2px;">3rd-year medical student sees 'DNR' on first Physician Order Form and wrongfully assumes patient is DNR.</span> </p>
		<p>           O: Vitals: T 100<sup>3</sup> P 89 (67-102) R (21-32)            BP 103/40 (<sup>103-136</sup>/<sub>33-64</sub>) 93% 100% O<sub>2</sub> NRB            Exam: GEN - in obvious distress, on 100% NRB            Neck - ⊖ JVD            CV - S<sub>1</sub>S<sub>2</sub> 1/2 the lung fields            Pulm - <del>crackles</del> crackles ⊖ bronchial lung sounds            Abd - benign            Ext - <sup>EN</sup> edema 1+ ⊕         </p>

Upam MSB  
NILES

11/24/11



HOLY CROSS HOSPITAL  
PHYSICIAN  
PROGRESS NOTES

HUSTACHTER, ISRAEL 91Y  
03/10/03 0306900162  
3127 MAWAZ, AHMED  
GS 1/P 815310  
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>evagurin 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 <sup>3</sup> (3/11 @ 2000) Tc 97 <sup>7</sup> HR 65 (65-102) R 20 (20-32) BP 138/54 ( <sup>108-138</sup> / <sub>33-50</sub> ) FS 114 @ <sup>3/11/03</sup> 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: $\phi$ edema Neck: $\phi$ JVD
		Labs: 17.2 } 10.3 } 200 } L <sup>3.14</sup> Mg <sup>3.1</sup> N <sup>84.2</sup> E <sup>245</sup> B <sup>107</sup> 136   104   23 } Mg <sup>2</sup> 29.0 } UCr: N/GTD Bcr - (P) 3   23   0.8 } Ca <sup>7.5</sup>
		A/P: 91 yo $\sigma^7$ $\bar{e}$ aspiration pneumonia + hypoxia. not yet resolved, Aspiration pneumonia + continue w/ evagurin 500mg IV qd + Respir 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 $\bar{e}$ - 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 / [Signature] MD 1691  
NILES

[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 <sub>2</sub> - 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 atty, pulm + cardiology yesterday. Nutrition note - cont. diet + supplement $\bar{c}$ boost
		(D#4) O. vitals - T <sub>m</sub> 100 <sup>2</sup> T <sub>c</sub> 100 <sup>2</sup> 92(65-92) 30(20-38) 129/63 ( $\frac{121-152}{50-71}$ )
		Sat - 92% on vapotherm FS: 124 @ 6:35
		1/0: <sup>3/12/03</sup> 340 / 2700 (s) Crystallad: 260 0:80 UOP: 2700
		<sup>3/13/03</sup> 0/801 UOP: 800 stool 1
		Exam: GEN - mild distress, responsive to voice
		CV - rrr, s, s <sub>2</sub>
		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 $\bar{c}$ aspiration pneumonia + hypoxic
		<ul style="list-style-type: none"> <li>Aspiration Pneumonia - not yet resolved, worsening on CXR. Will continue IV levofloxacin + Rocephin. Will repeat CXR today</li> <li>Hypoxia - Sats remain stable on vapotherm. Sats <math>\downarrow</math> when pt. agitated + pulls out NC. Will continue prn Ativan for agitation</li> <li>Pulmonary edema - will get 2 Dechra today as per atty to evaluate LVEF.</li> <li>Nutrition - needs assistance <math>\bar{c}</math> PO intake, Zencker's Diverticulum. Will cont. current diet + supplement <math>\bar{c}</math> boost. Swallow study today. Will need to discuss aggressiveness of plan <math>\bar{c}</math> atty + so. Pt.</li> </ul>