Shirley Roberts

Fact Chronology

Authored by:

Susan Carleo
Carleo Legal Nurse Consulting

Monday, June 06, 2016

	Date & Time	Fact Text	Source(s)	LNC Comments
	Mon 10/13/2014 9:00 a.m. ET	**Surgery: Dr. David Charles** TEE Pre & Post, coronary artery bypass grafting, EVH of left leg, SVG (saphenous vein graft) to RCA; aortic valve replacement using 23 mm St. Jude Trifecta tissue valve, RF maze procedure with excision of left atrial appendage, on cardiopulmonary bypass Hx: HTN, DM, atrial fibrillation, CAD	LGH	
	Fri 10/17/2014 10:15 a.m. ET	Cardiac arrest **Surgery: Dr. David Charles** return to OR for exploration	LGH	
	Sun 10/19/2014 9:00 a.m. ET	CXR: New bilateral pneumothorax, measuring 3 cm on the right & 2 cm on the left. Lungs are clear, mediastinal drains are present.	LGH	
	Sun 10/19/2014 6:00 p.m. ET	CXR: No change in bilateral pneumothorax, mediastinal & bilateral pleural drains are unchanged.	LGH	
	Mon 10/20/2014 12:00 p.m. ET	Bilateral chest tubes for bilateral pneumothorax	LGH	
	Tue 10/21/2014 10:14 a.m. ET	patient's chest tubes removed without complication, will check portable CXR ASAP to evaluate for pneumothorax	LGH Michelle Allen NP	
	Fri 10/24/2014 6:45 a.m. ET	Progress note Cardiothoracic surgery midlevel Symptoms: chest pain (tightness) & weakness, no SOB, +dizziness, +nausea & vomiting **89/53,** HR 89, Sat 94% Weight: **97 kg (213 lbs 13.5 oz)** Lungs: normal respiratory rate & effort, no wheezes, rales or rhonchi Extremities: dependent edema Telemetry: NSR A/P: N&V overnight with "room spinning" dizziness, hypotensive **89/53** Repeat echo/ R/O effusion	LGH Emily Mullen PA	

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	Date & Time	Fact Text	Source(s)	LNC Comments
	**	**CXR to assess for collection**	**	**
	Fri 10/24/2014 8:00 a.m. ET	CXR: Successful placement of a 5 Fr dual lumen PICC, catheter is ready for immediate use	LGH	
	Sat 10/25/2014 10:06 a.m. ET	Progress note: Cardiothoracic surgery midlevel Symptoms: chest pain (tightness) & weakness, no SOB (+tired/weak), no N&V 106/57, HR 94, Sat 95% Weight: **97 kg (213 lb 13.5 oz)** Lungs: normal respiratory rate & effort, no wheezes, rales or rhonchi Heart: normal rate Extremities: dependent edema Telemetry: NSR Chest tubes: removed **CXR:** Findings: 1.1 cm right apical pneumothorax, tiny right pleural effusion with right basilar atelectasis. **There is a small left pleural effusion, increased from prior exam, with increasing retrocardiac atelectasis/consolidation.** Disposition: Rehab Discussed with Dr. Charles	LGH Heidi Ann Doran PA	
	Sun 10/26/2014 8:32 a.m. ET	Progress note: Cardiothoracic surgery midlevel Symptoms: chest pain (tightness, pain with movement) & weakness, no SOB, +tired/weak, no N&V 105/69, HR 103, Sat 96% Weight: **91.8 kg (202 lb 6.1 oz)** Lungs: normal respiratory rate & effort, no wheezes, rales or rhonchi Wound: clean (+ecchymosis to left upper thigh), dependent edema Telemetry: ST 105 with intermittent PVCs Repeat of CXR 10/24 results Disposition: Rehab	LGH Heidi Ann Doran PA	11 lb weight loss since 10/24/14

	Date & Time	Fact Text	Source(s)	LNC Comments
	Mon 10/27/2014 6:21 a.m. ET	Progress note: Cardiothoracic surgery midlevel 130/60, HR 98, Sat 95% Weight: **91.8 kg (202 lb 6.1 oz** Lungs: normal respiratory rate & effort, **there are decreased breath sounds** Extremities: dependent edema Telemetry: **Atrial fibrillation** Disposition: Rehab	LGH James Olsen NP	
	Tue 10/28/2014 6:45 a.m. ET	Progress note: Cardiothoracic surgery midlevel Symptoms: positional dizziness with quick movements 104/50, HR 93, Sat 93% Weight: **92.1 kg (203 lb 0.7 oz)** Lungs: normal respiratory rate & effort, **there are decreased breath sounds** Heart: normal rate, irregular rhythm Extremities: dependent edema Telemetry: **Atrial fibrillation** Disposition: Rehab A/P: States has had positional dizziness before surgery ?vertigo will try dose of meclizine to see if this helps	LGH James Olsen NP	
	Tue 10/28/2014 9:00 a.m. ET	PRI Screen 16. Is there a need for restorative services documented by a MD or rehab specialist? Yes 17. Can this person receive restorative services at home, at adult day care or as an outpatient? No This person cannot access restorative services in their community. Signed by Smith	LGH PRI Screen Amy Sherwood SW	
	Tue 10/28/2014 2:33 p.m. ET	PT treatment note: Recommendation: PT follow-up; SNF Rehabilitation; per primary PT Plan: PT frequency 3-5xweek	LGH PT	
	Wed 10/29/2014 6:27	Progress note:	LGH	6 lb weight gain since

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	Date & Time	Fact Text	Source(s)	LNC Comments
	a.m. ET	Cardiothoracic surgery midlevel 110/57, HR 94, Sat 92% Weight: **94. 71 kg (208 lb 12.8 oz)** Lungs: normal respiratory rate & effort, **there is decreased breath sounds** Extremities: normal ROM, dependent edema Telemetry: atrial fibrillation Disposition: Rehab A/P: dizziness improved with meclizine	James Olsen NP	10/27/14
	Wed 10/29/2014 4:12 p.m. ET	PRI (Patient Review Instrument) Date of Admission: 10/8/14 Isolation: MRSA ADL: Mobility: walks with constant supervision/assistance Transfer: requires one person to provide constant guidance, steadiness and/or physical assistance PT received on: 10/28/14 Supine to sit: not assessed Sit to stand: supervision Ambulation: contact guard Assistive devices: rolling walker Skilled PT to increase independence on mobility	LGH PRI Kimberly Marsh RN	
	Thu 10/30/2014 6:37 a.m. ET	Progress note: Cardiothoracic surgery midlevel Symptoms: no SOB 106/59, HR 99, **Sat 92%** Weight: **95 kg (209 lbs 7 oz)** Lungs: **normal respiratory rate & effort** Extremities: normal ROM Telemetry: NSR Disposition: Rehab A/P: No complaints of dizziness Follow-up appointment: November 17, 2014 2:45 PM Forest Valley Cardiothoracic, PC	LGH Melanie Pelham RPA-C	**Discharge wgt. 209 lbs 7 oz**

	Date & Time	Fact Text	Source(s)	LNC Comments
	**	Dr. Charles	**	**
	Thu 10/30/2014 9:14 a.m. ET	**Discharge summary:** Admission: 10/8/14 Discharge: 10/30/14 TEE pre & post, coronary artery bypass grafting, EVH of left leg, SVG to RCA, aortic valve replacement using 23mm St. Jude trifecta valve, RF maze procedure with excision of left atrial appendage, on cardiopulmonary bypass 10/13/14 Re-exploration of mediastinum; on cardiopulmonary bypass 10/17/14 HPI: 54 y/o female with a significant family history of premature death secondary to heart disease along with a history of DM, HTN, afib (Coumadin), hypothyroid, CAD (plavix) & known AS who presents with increasing DOE who underwent a repeat TEE on 9/17/14 which now reveals severe AS with a valve area of 0.8. A cardiac cath completed today reveals obstructive CAD & is therefore to Charles for AVR/CABG. PMH: Stented coronary artery, HTN, DM, CHF, atrial fib, smoking history (1PPD x 25 years) quit 2000, CAD, post-menopausal Social hx: widow, lives alone in Wampsville, NY, has a son & daughter locally, she is a retired CNA. She continued on Coumadin for her history of atrial fib she remains in NSR. Ready for discharge, denies chest pain,SOB, n&v ambulating with assistance, discharged to South Shore Center, all follow-up appts made, remains in NSR, VS stable **Discharge med list: c**italopram, clopidogrel, vicodin, insulin, lamotrigine, meclizine, midodrine 5 mg 2xday for 5 days, pantoprazole, coumadin **Follow-up appts:** Charles 11/17/14 2:45 PM, Smith office will call for appt., Cimino within 1 week of being discharged from rehab	Discharge summary Daniel Valle RPA	
	Thu 10/30/2014 10:30 a.m. ET	**Discharge Instructions:** 10/30/14 Cardiothoracic Surgery-Cardiac Surgery Facility Discharge	LGH Discharge Instructions to	

	Date & Time	Fact Text	Source(s)	LNC Comments
	**	Discharge to: South Shore Rehab, NY Level of Care: SNF Rehab Chronic Illness: Physical or mental limitation: recent cardiac surgery, CHF, DM, HTN Isolation precautions: MRSA <u>Procedure:</u> TEE pre & post, Coronary artery bypass grafting, EVH of left leg, SVG to RCA; aortic valve replacement using 23 mm St. Jude Trifecta tissue valve, RF maze procedure with excision of left atrial appendage, on cardiopulmonary bypass 10/13/14 Re-exploration of mediastinum; on cardiopulmonary bypass 10/17/14 <u>It may be normal for the patient to:</u> Have swelling in their legs, especially if they have an incision. Keeping their legs up will help. Wear elastic or compression stockings if available. **<u>Call Health Care Provider:</u>** 1. If any patient's incisions are red, oozing, bleeding or the edges are separated. 2. A fever of 100 (38 C) twice in 24 hours 3. Fast or irregular heart beats & trouble breathing. 4. **Worsening of SOB** 5. **Weight gain of more than 2 pounds a day** 6. Lightheaded when patient first stands up <u>Activity order:</u> 1. Must walk at least 3xday 2. PT/OT at least daily 3. No heavy lifting, pushing, pulling greater than 10 pounds for 1st month, 20 pounds 2nd month, 25 pounds 3rd month 4. Stairs are permitted 5. Must continue deep breathing exercises & use incentive spirometer frequently for 2 weeks 6. Weight bearing as tolerated <u>Incision care:</u> 1. Chest: remove clear chest dressing on 11/6	South Shore Rehab	**

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	**	2. Support chest incision with pillow or arms when coughing & deep breathing Leg care: 1. Must wear white support stockings everyday, putting them on in the morning & taking them off at bedtime. 2. Elevate legs when sitting. 3. Check legs daily for swelling 4. If leg incisions are present: Check the incisions for redness or drainage Oxygen: 2LNC Coumadin Indication: Atrial fibrillation PT/INR every Monday, Wednesday & Friday 10/30/14 7:00 AM 134/65, 35.4-97-no RR listed, **Sat 92%** Weight: **95 kg (209 lb 7 oz)** PICC line D/C'd right upper arm **Ambulation: walker 1 assist** Heart: NSR with bundle branch block Lungs: clear to auscultation, no wheezes, rales or labored breathing Extremities: active ROM Skin condition: surgical incisions, no pressure related skin impairments, left ankle skin tear covered with tegaderm Last BM: 10/29 Meds: Lasix 20 mg qday Hydrocodone-acetaminophen 5-325 mg 1 tab q6h prn Meclizine- STOP Midodrine 5 mg 1 tab BID x 5 days Citalopram 10 mg qday Clopidogrel 75 mg qday (Plavix) Insulin Novolog 100 unit/ml 4xday after meals & bedtime Insulin detemir 70 units BID Lamictal 100 mg qday	**	**

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	**	Protonix 40 mg qday Coumadin 2.5 mg at 5:00 PM M,W,F Coumadin 3 mg at 9:00 AM Sun, T, TH, Sat STOP: ASA, Bumex, Digoxin, Aldactone Follow-up appointment: All phone numbers for contact are listed November 17, 2014 2:45 PM Forest Valley Cardiothoracic, PC Dr. Charles 305-544-4321 November 20, 2014 9:00 AM ENY Cardiopulmonary group Howard Tech: Mark Harvey Dr. Thomas Sullivan Cardiology (the office will call with appt) Dr. Daniel Cimino Family Medicine (make an appt to be seen within 1 week of being discharged from Rehab)	**	**
	Thu 10/30/2014 10:30 a.m. ET	Skin Risk Form (not dated) 1. midsternal chest incision 18 cm 2. 4 stab wounds under chest measure 0.5 cm 3. large bruise on left thigh & groin from cardiac cath 4. 2" incision on left inner thigh area just above knee that was graft host for CABG S/P amputation left 5th toe	South Shore Skin Risk Sheet	
	Thu 10/30/2014 10:45 a.m. ET	MDSQA Recreation assessment for PCC (Initial) Comments on last page: Doesn't like it here "too many old people" Complained a lot about how long nursing staff took to take care of her, bathroom waits & getting her out of bed, just a friendly reminder	South Shore	
	Thu 10/30/2014 12:22 p.m. ET	Nursing Admission Database: Weight: **215.8 lb** 118/64, 98.4-64 regular-20 Lung sounds: **diminished in bases bilateral, diminished**	South Shore Rehab	Difference in lung sounds Lung sounds: **diminished in bases bilateral, diminished throughout left lung field,**

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	**	**<u>throughout left lung field,</u> 2LNC** ADLs: Independent: Bed mobility, eating One assist: transfer, ambulation, dressing, toileting, bathing Limited: transfer, ambulating, toileting, bathing Adaptive equipment: gait belt Safety: 2 siderails, usual bedtime 10-11, waketime 7 Mood: pleasant, cooperative	**	**Admission wgt: 215.8 lb**
	Thu 10/30/2014 12:55 p.m. ET	Admit to Peter Jones Attending Diagnosis: S/P CABG x1, AVR, RF maze, laa ligation, aortic stenosis, DM Activity: as tolerated PT, OT, ST eval & treat: weakness Code status: Full Code Follow-up appts: 11/17/14 2:45 PM Charles 11/20/14 9:00 AM Mark Hamer T/O Peter Jones	South Shore	
	Thu 10/30/2014 1:30 p.m. ET	<u>History & Physical</u> The patient overall states her major complaint is a little bit of dizziness, as well as severe chest discomfort, which she feels is secondary to resuscitation. <u>PMH:</u> Type 2 DM since 2010, HTN, atrial fibrillation, hypothyroidism, CAD, CHF <u>PSH:</u> appendectomy, distal toe amputation, cardiac stenting 2000, 2010, 2012, S/P aortic valve replacement/CABG 10/13/14, re-exploration of the mediastinum 10/17/14, S/P cardiac arrest <u>Family history</u>: father died at 64 of heart disease, mother died at 73 heart disease, 2 brothers 59 & 67 died of heart disease, 2 alive one with pacemaker & defibrillator the other multiple stents	South Shore Rehab Center Dr. Peter Jones	

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	**	Social hx: smoked 1 PPD x 25 years quit in 2000 Lives alone, children live nearby, son Jeremy is HCP, daughter Sarah, widow husband passed away Sept. 2012 Cardiac: HR 105, regular rhythm Chest: **lungs have good air movement in all parts of the lung except the left base** Extremities: I cannot palpate the left radial pulse, there is no dorsalis pedis or posterior tibialis pulses on either lower extremity, lower extremities show trace pitting edema, there are some stasis changes consistent with chronic venous insufficiency bilaterally, left leg is slightly worse than right, lateral aspect of the left lower leg shows small, grossly what appears to be approximately a nickel-sized, covered with Tegaderm but does not appear infected, graft harvest site is on the medial aspect of the left knee & appears to be approx 2.5-3 cm long. There does not appear to be infection. Rather extensive bruise on left upper outer thigh consistent with arterial access in the left groin. **Records from LGH were reviewed extensively.** A/P: The patient was admitted to this facility for rehab, monitoring of vital signs & cardiac status. Oxygen 2LNC, **CXR to be repeated in one week according to the directions of the cardiothoracic surgeons.**	**	**
	Thu 10/30/2014 2:30 p.m. ET	**Physician progress notes:** Problem list Admission H&P dictated Dr. Peter Jones	South Shore	
	Thu 10/30/2014 2:40 p.m. ET	**MD orders:** Eval & Tx skilled OT 5xweek x 4 weeks at least 150 min/week to increase safety & independence with ADLs secondary to general weakness PT 5xweek x 4 weeks for at least 150 min to increase functional mobility as per PT POC	South Shore MD orders OT/PT	

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	Thu 10/30/2014 3:00 p.m. ET	MD orders: Lasix 20 mg po daily CHF/edema O2 2LNC CXR in 1 week may obtain before if she has respiratory symptoms	South Shore MD orders TO Dr. Anderson	
	Thu 10/30/2014 4:00 p.m. ET	**Physical Therapy Plan** Motivated to return home & has strong family support, has multiple impairments & is at risk for falls & further decline without skilled intervention. Certification period 10/30/14-11/25/14 5xweek x 4 weeks daily Focus of POT: skilled intervention focus=restorative compensation, adaptation	South Shore PT	
	Thu 10/30/2014 4:00 p.m. ET	**Occupational Therapy Plan** Patient goal: to get home, very good potential d/t motivation by individual Achieve independence in room toileting & use of RW, dress self Certification period: 10/30/14-11/25/14 5xweek x 4 weeks daily	South Shore OT	
	Fri 10/31/2014	Toileting record: 10/30 & 10/31 Self is written	South Shore Toileting record	
	Sat 11/01/2014	Oxygen 2LNC check O2 saturation qshift notify MD <90% Signed for 11/1 7-3-11/14 7-3 Saturation range 90-98%	South Shore Treatment sheet	
	Mon 11/03/2014	Daily weights x 5days 11/4 **220,** 11/5 **224,** 11/6 225, 11/7 225.2, 11/8 225.2	South Shore Treatment sheet	MD should have been called for weight gain >2 lbs in one day
	Mon 11/03/2014	Elevate legs when seated Signed for 11/6 7-3-11/14 7-3 Only 7-3 & 3-11 are written in order to sign for	South Shore Treatment sheet	Shirley said she slept in her w/c at the foot of her bed
	Mon 11/03/2014 12:00 p.m. ET	**Medical review** <u>S:</u> seeing for follow-up with her CHF & edema ROS: denies SOB, difficulty breathing, lightheaded, n&v <u>O:</u> resting in bed with legs elevated, 118/62, 98-72-18, Sat	South Shore Karen Randall PA	No mention of edema in extremities No documentation of PCP or Cardiologist notified of

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	**	92% on 2LNC Cardiac: NSR Chest: lungs clear, no wheezes or rales, breathing even & unlabored Extremities: full ROM Skin: left ankle skin tear covered with Tegaderm, surgical incisions dry & intact, duoderm dressing to sternal incision dry & intact, weeping of left lower extremity noted with scattered fluid-filled blisters noted A/P: I am seeing patient for follow-up of her recent weight gain. She has CHF & edema Weight recorded 10/30/14 215.8, 11/3/14 218.8 On 2LNC with Sat 92% We will initiate Lasix 20 mg qAM & qPM for CHF & edema, monitor her daily weights for the next 5 days & review as indicated Monitor I&O every shift, obtain a CXR in one week or before if necessary for respiratory symptoms. Doing well under her current regime, stable, continue to monitor closely & adjust her regimen on a routine or prn basis.	**	change in Lasix order
	Mon 11/03/2014 1:00 p.m. ET	**MD orders:** Monitor daily weights x5 days Monitor I&O qshift x5 days D/C Lasix 20 mg po daily CHF/edema Start Lasix 20 mg po qAM & qPM for CHF & edema	South Shore MD orders Karen Randall PA	
	Mon 11/03/2014 1:21 p.m. ET	MD orders: TORB Peter Jones O2 2LNC check O2 sat qshift, notify MD if <90%	South Shore MD orders Jones	
	Wed 11/05/2014 12:00 p.m. ET	**Medical review** S: follow-up to review daily weights & CHF & edema, she was admitted to Steuben on 10/30/14 following Cardiothoracic surgery. ROS: denies SOB, dizziness, lightheadedness, palpitations, difficulty breathing, n&v, chest pain	South Shore Karen Randall PA	4 pound weight gain in 24 hours (was her MD notified?) No mention of any edema of extremities, why are legs weeping?

	Date & Time	Fact Text	Source(s)	LNC Comments
	**	O: lying in bed, 128/72, 96.6-68-18, lungs clear to auscultation, breathing even & unlabored Skin: left ankle skin tear continues to be covered with Tegaderm, surgical incisions dry & intact no sign of infection, bilateral lower extremities continue with weeping at this time. Weight: **11/3 218.8, 11/4 220, 11/5 224** **224 lbs which is an increase of 4 lbs from yesterday's weight of 220 lbs** A/P: Monitor recent weight gain, **we will increase the Lasix dosage to Lasix 40 mg po qAM & Lasix 20 mg qPM for CHF & edema,** will continue her daily weights & I&O every shift Will get CXR on 11/6 On 2LNC check saturation every shift to keep O2 >90%	**	**
	Wed 11/05/2014 12:05 p.m. ET	**MD orders:** D/C Lasix 20 mg po qAM & qPM for CHF & edema Start Lasix 40 mg po qAM & Lasix 20 mg po qPM for CHF & edema Elevate legs when seated CXR 11/6/14	South Shore Karen Randall PA	
	Thu 11/06/2014	Ace wraps to BLE in the AM, remove & reapply qshift, remove at HS, edema Signed for 11/7 11-7-11/14 7-3	South Shore Treatment sheet	
	Thu 11/06/2014 7:18 a.m. ET	**Progress note:** OT Shirley should be considered independent in room after AM care with RW or wheelchair level, AM care are supervision	South Shore OT note Bill Williams COTA	
	Thu 11/06/2014 9:00 a.m. ET	Lasix 40 mg po given	South Shore MAR	
	Thu 11/06/2014 2:15 p.m. ET	**MD orders:** D/C Lasix 40 mg po qAM & Lasix 20 mg po qPM Start Lasix 80 mg po qAM Monitor I&O, continue daily weights, VS qshift, elevate legs when seated, obtain CXR	South Shore Karen Randall PA	
	Thu 11/06/2014 3:00	**CXR:**	Preventive diagnostics	**Large left effusion;**

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	p.m. ET	S/P thoracic surgery, **large left pleural effusion** with underlying infiltrate not excluded. The cardiac silhouette is enlarged. The mediastinal structures are within normal limits. There is an uncoiled aorta. No suspicious osseous lesion is noted. Impression: **Large left effusion; follow-up suggested** Referring MD: Jones Tech: Sam Lowell Interpreting MD: Daniel Gardner MD MD electronically signed on: November 6, 2014 9:44 PM **Dr. Jones aware 11/7**	South Shore	**follow-up suggested** Peter Jones aware
	Thu 11/06/2014 4:20 p.m. ET	**MD orders:** T/O Jones Apply ace wraps to BLE in the AM, remove & reapply qshift, off at HS edema	South Shore MD orders Peter Jones	
	Thu 11/06/2014 5:00 p.m. ET	Lasix 20 mg po given	South Shore MAR	
	Fri 11/07/2014	Ace wraps "has to have shower"	South Shore Treatment sheet	
	Fri 11/07/2014	Height & weight VS sheet Weight 225.2 (11/7&11/8) October listed no date: Weight 215.8, Height 5'6", 118/64, 98.4-64-20	South Shore Weight sheet	
	Fri 11/07/2014 9:00 a.m. ET	Lasix 80 mg po given	South Shore MAR	
	Fri 11/07/2014 1:05 p.m. ET	**MD orders:** O2 sat qshift **Lasix 80 mg IM x1 now** BMP/BNP in am Call me with AM weight	South Shore MD orders Illegible signature	Lasix being given IM now
	Fri 11/07/2014 1:30 p.m. ET	Lasix 80 mg IM given x1 edema	South Shore MAR	

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	Sat 11/08/2014 6:00 a.m. ET	Labs: NA 140, K 4.0, CL 32, Glucose 68, BUN 15, Creatinine 0.6, Ca 8.8 Handwritten Weight 225.2 (same as yesterday) 11/3 218.2 Handwritten on bottom of sheet Lasix 80 IM	Davis Memorial Hospital Labs	
	Sat 11/08/2014 6:00 a.m. ET	Labs: **BNP 453** (nl. 0.0-80.0) Physician Jones	South Shore Lab	
	Sat 11/08/2014 9:00 a.m. ET	Lasix 80 mg po given	South Shore MAR	
	Sat 11/08/2014 12:30 p.m. ET	**MD orders:** T/O Jones **Give Lasix 80 mg IM at 1:00 PM** Call MD with status report in 6 hours (at 6:30 PM)	South Shore MD orders T/O Jones	
	Sat 11/08/2014 1:00 p.m. ET	Lasix 80 mg IM given call MD with status report in 6 hours	South Shore MAR	
	Sat 11/08/2014 5:30 p.m. ET	**MD orders:** T/O Jones D/C Lasix 80 mg po **Give Lasix 80 mg IM then give Lasix 80 mg IM again 8 hours later** BMP & BNP in AM	South Shore MD orders Jones	
	Sun 11/09/2014 7:00 a.m. ET	Continue daily weights Signed for 11/10-11/14 11/10 222.8, 11/11 224.8, 11/12 224.2, 11/13 224.2, 11/14 224.8	South Shore Treatment sheet	
	Sun 11/09/2014 10:00 a.m. ET	Ceftin 500 mg po 2xday x 10 days cellulitis Signed for through 11/14 10:00 AM	South Shore MAR	
	Sun 11/09/2014 10:00	**MD orders:**	South Shore	Dr. Jones keeps calling in

	Date & Time	Fact Text	Source(s)	LNC Comments
	a.m. ET	T/O Jones Give Lasix 80 mg po now then give Lasix 80 mg IM x1 as soon as available Ceftin 500 mg po 2xday x 10 days cellulitis	MD orders T/O Jones	Lasix orders has he come to examine Shirley? Did he examine her leg?
	Sun 11/09/2014 10:00 a.m. ET	Declined dulcolax suppository has been going everyday	South Shore MAR	
	Sun 11/09/2014 10:20 a.m. ET	Lasix 80 mg po now given	South Shore MAR	
	Sun 11/09/2014 4:00 p.m. ET	**MD orders:** Illegible same signature In AM, restart Lasix 80 mg po 2xday Continue daily weights Check BMP/BNP 11/12	South Shore MD orders	
	Sun 11/09/2014 6:00 p.m. ET	Lasix 80 mg po signed for at 6:00 PM	South Shore MAR	
	Mon 11/10/2014	Skin prep to bilateral heels qshift for nursing measure Signed for 11/10 3-11-11/14 7-3 Keep dressing over sternal incision site clean, dry & intact change prn use duoderm dressing Signed for 11/10 3-11-11/14 7-3	South Shore Treatment sheet	
	Mon 11/10/2014	Wound Evaluation flow sheet: acquired In house Stage 1 (1.25 cm x 1.25 cm) fluid filled blood blister purple on right heel	South Shore Wound sheet	
	Mon 11/10/2014 9:30 a.m. ET	**Medical review** S: I am seeing the patient today to follow-up with her left lower extremity cellulitis **as she has been started on antibiotic treatment with Ceftin** which she is currently tolerating well. ROS: denies SOB, palpitations, difficulty breathing 106/64, 98.8-78-18 even & unlabored, 2LNC continuously no Sat noted Seated in w/c with legs elevated Lungs: clear to auscultation bilaterally, no wheezes, rales or rhonchi	South Shore Karen Randall PA	Was she seen between 11/5-11/10 especially after the 11/6 CXR? Who ordered the Ceftin for the cellulitis? No mention of 11/6 CXR result Never looked at her open left graft harvest site incision

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	**	Extremities: both legs wrapped in ace bandages, trace pitting edema noted Graft harvest site on the medial aspect of left knee approx 2.5-3 cm long is dressed dry & intact A/P: Seeing her today to follow up with her left lower extremity cellulitis. On Ceftin 500 mg 2xday as left graft harvest site incision reportedly opened over the weekend, 2 days ago. Incision is dressed, dry with no drainage noted. We are also monitoring her daily weights. 11/8 225.2 lbs, 11/10 224 lbs Patient carries a diagnosis of CHF & edema, continues on Lasix as directed, daily weights & obtain a CXR, doing well under present regime & is stable. We will continue to monitor her closely & adjust her regimen on a routine or prn basis.	**	**
	Mon 11/10/2014 10:00 a.m. ET	Lasix 80 mg po 2xday CHF/edema Signed for: 11/10-11/13 9:00 AM & 5:00 PM, 11/14 9:00 AM	South Shore MAR	
	Mon 11/10/2014 3:00 p.m. ET	**MD orders:** T/O Jones Keep dressing over sternal incision site clean, dry & intact change prn, use duoderm dressing	South Shore MD orders T/O Jones	
	Mon 11/10/2014 11:00 p.m. ET	**Nurses note** On Ceftin has LLE cellulitis also on LLE wound from surgery, clean good tissue red, independent self transfers & feeds self without assistance Pain 7/10 on evenings 108/62, 98.6-80-18	South Shore Nurses note Sharon Wilcox LPN	
	Tue 11/11/2014 12:48 p.m. ET	EKG Sinus tach 114 Multifocal ventricular extrasystoles, fused ventricular extrasystoles, complete right bundle branch block, right QRS axis deviation, right ventricular hypertrophy cannot be ruled out	South Shore EKG	
	Tue 11/11/2014 3:00 p.m. ET	**Medical review:** S: following for episode of chest pain which occurred during	South Shore Karen Randall PA	She had chest pain during the night & wasn't seen until 3:00

	Date & Time	Fact Text	Source(s)	LNC Comments
	**	the night with tachycardia at PT this morning Been following to review daily weights & lower extremity cellulitis ROS: denies dizziness, difficulty breathing, SOB C/O mild sternal discomfort denies palpitations or radiating sternal pain or discomfort A/P: Admitted to South Shore for rehab & monitoring of cardiac status, PT & OT, 2LNC continuous PT said she had an elevated BP 148/88 HR 114, she was brought back to unit & VS taken q30 minutes, EKG & labs were done 1:00 PM 132/80 96.9-72-20 even & unlabored 3:00 PM 132/60 HR 76-20 even & unlabored 5:00 PM 138/60 HR 80-20 even & unlabored 7:00 PM 132/70 97.4-68-20 128/78 96.7-74-20 even & unlabored Comfortable seating in room denies chest pain or difficulty breathing **Will obtain CXR** & monitor daily weight Currently stable, will continue to monitor closely, will monitor VS q2hours for the next 6 hours & then every shift.	**	PM **Will obtain CXR**
	Tue 11/11/2014 3:20 p.m. ET	**MD orders:** EKG STAT CBC, BMP, BNP, troponin 1 O2 2LNC continuous VS q2hours x3 then VS qshift O2 Sat qshift	South Shore Karen Randall PA	No order for CXR
	Wed 11/12/2014	**Physical Therapy Discharge summary** Distance in feet 100 feet Patient progressed more slowly than anticipated secondary to not being able to tolerate skilled therapy-per MD skilled PT/OT held; followed by unexpected D/C to hospital	South Shore PT discharge summary Rhonda O'Malley DPT	
	Wed 11/12/2014 7:00 a.m. ET	11-7 112/70 97.5-110-20, rechecked 96, O2 sat 96%	South Shore	
	Wed 11/12/2014 3:00	**Medical review:**	South Shore	No mention of lower

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	p.m. ET	S: Following up today to review yesterday's cardiac work-up for report of midsternal chest discomfort Returned from physical with HR 120 & reported sensation of mild discomfort in midsternum 112/70 HR 90-20 even & unlabored, Sat 96% on 2LNC continuous ROS:denies dizziness, chest pain, chest discomfort, palpitations, diaphoresis, SOB, difficulty breathing O: VS recorded q2hours & are stable Seated comfortably in room Cardiac: NSR Lungs: essentially clear to auscultation bilaterally, no wheezes, rhonchi or rales, no respiratory distress, her breathing is **not even** & nonlabored Review of labs, patient is stable Continue to monitor VS, daily weights 11/11 224.6 lbs 11/12 224.2 lbs Continue to monitor bilateral lower extremities on Ceftin 500 mg 2xday for cellulitis of left lower extremity, on Lasix as directed Doing well, stable	Karen Randall PA	extremities for edema or condition of cellulitis No mention if CXR was done or result
	Wed 11/12/2014 5:00 p.m. ET	**MD orders:** V/O Randall PA Ativan 0.5 mg 1 tab po q6h prn sleep/anxiety	South Shore MD orders V/O Karen Randall PA	Anxiety can be a sign of low oxygen
	Thu 11/13/2014	**Occupational Therapy Discharge summary** Progress & response to therapy positive yet medically compromised Unexpectedly discharged to acute hospitalization on 11/14	South Shore OT discharge summary	
	Thu 11/13/2014 7:00 a.m. ET	11-7 Ace wraps not applied, shower daily qAM	South Shore Treatment sheet	
	Thu 11/13/2014 8:00 a.m. ET	Zaroxolyn 2.5 mg 1 po every other day (Start today) 11/13 Not signed for 11/14 Signed for (MS)	South Shore MAR	
	Thu 11/13/2014 8:05 a.m. ET	**Progress note:** Nursing Skin issues:	South Shore Nursing note-skin issues	

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	Date & Time	Fact Text	Source(s)	LNC Comments
	**	Bruising to upper body, legs, & arms, most starting to fade but remains prominently visible Open blister to left shin is without s&s of infection <u>Incision to left medial/posterior knee is open does have some redness s</u>urrounding it but does not feel warm on Ceftin, this area has small amount of red/yellow thin drainage wiil start with Aquacel AG Right heel has blood filled blister intact gets skin prep No c/o pain or discomfort to wounds <u>C/O legs aching d/t all the fluid</u> On daily weights & showing weight loss daily x last 3 days Midsternal incision covered with duoderm without s&s of infection C/O constant left side chest soreness tolerable	Angela Levine RN	**
	Thu 11/13/2014 11:30 a.m. ET	**MD orders:** Illegible same signature **Zaroxolyn 2.5 mg 1 po every other day (<u>Start today if possible)</u>** Make arrangements for re-evaluation Monday 11/17/14 at Smith office Hold PT for 1 week BMP/BNP Saturday AM	South Shore MD orders	
	Thu 11/13/2014 2:20 p.m. ET	**MD orders:** T/O Randall PA CXR now R/O CHF pneumonia, pleural effusion	South Shore T/O Karen Randall PA	
	Fri 11/14/2014 7:00 a.m. ET	11-7 Ace wraps not applied daily shower qAM	South Shore Treatment sheet	
	Fri 11/14/2014 8:30 a.m. ET	7-3 Resident sent out to hospital at 8:30 AM for evaluation	South Shore Treatment sheet	
	Fri 11/14/2014 4:00 p.m. ET	**Transfer Form** Cardiology appt on 11/13 ordered Zaroxolyn 2.5 mg to be started if CHF no better send out to LGH Assessment: lung fields in left side were absent, right side with crackle low to mid bases, visible SOB CXR showed worsening CHF, large left pleural effusion &	South Shore Transfer form	

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	**	moderate pleural effusion to right lung fields, O2 sat 94% on 2LNC	**	**
	Fri 11/14/2014 4:20 p.m. ET	Physician Certification Statement Transport for: Evaluation in ED SOB, S/P AVR Oxygen required Medical services: airway, cardiac & vital sign monitoring Specific handling: fall precaution, positioning	Hicksville Volunteer Ambulance A. Lowe RN	
	Wed 12/03/2014 2:51 p.m. ET	**Medicine discharge summary:** Admit date 11/14/14-LOS **19 days** PCP: Cimino **Reason for admission and main events:** Acute diastolic CHF anasarca massive edema large left pleural effusion s/p chest tube placement CAD s/p CABG in Oct 2014 acute kidney injury MRSA/VRE infection Infected left lower ext ulcer at graft site PAF on chronic anticoagulation **Changes in management of chronic conditions:** Lasix 80 mg 2xday on discharge Metolazone 5 mg 3rd day volume status, daily weight, kidney function. Adjust diuretics if needed, INR Pending tests: none **Hospital course & follow-up summary:** Problem list: Active Hospital Problems: -PRINCIPLE PROBLEM: Acute respiratory failure with hypoxia -Pulmonary edema -Chronic anticoagulation -Chest tube in place, left	LGH Discharge summary Michael Brown MD	Who was admitted this time with worsening SOB and found to have left side massive pleural effusion needing decompression with CT. **Following CT insertion & drainage of about 2L fluid** she became hypoxic & treated as for re-expansion pulmonary edema with IV Lasix. **She diuresed 30 pounds through her hospitalization**

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	**	-Pleural effusion, left -Cellulitus, left LE -PAF (paroxysmal atrial fibrillation) no rate/rhythm controllers -10/13 s/p CABG x1, avr, rf maze, laa ligation TEE pre & post, coronary artery bypass grafting, EVH of left leg, SVG to RCA -Diabetes type 2 with complications, uncontrolled -s/p AVR aortic valve replacement using 23mm St. Jude Trifecta tissue valve -s/p maze procedure with excision of left atrial appendage, on cardiopulmonary bypass -CAD **Resolved hospital problems:** -Acute on chronic diastolic CHF (resolved 11/17/14) **Hospital course:** 54 year old lady with recent hospitalization in 10/2014 for tissue AVR, CABG, maze procedure for A fib post-operative Day 4 cardiac arrest (10/17) needing mediastinal re-exploration, further complicated by BL pneumothoraces. **PMH:** CAD, diastolic CHF, IDDM, HTN, atrial fibrillation Who was admitted this time with worsening SOB and found to have left side massive pleural effusion needing decompression with CT. **Following CT insertion & drainage of about 2L fluid** she became hypoxic & treated as for re-expansion pulmonary edema with IV Lasix. In the MICU she remained Hd (hemodynamically) stable requiring 2LNC to maintain saturation. She was later transferred to the cardiac floor where the **chest tube remained in with high output 1 liter a day.** Patient was noted to have massive edema & she diuresed with accelerated dose of IV lasix & eventually lasix drip with intermittent doses of Metolazone. **She diuresed 30 pounds through her hospitalization** & chest tube output decreased as volume status improved & eventually the tube was removed on 11/29.	**	**

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	**	She was noted to have **unhealed wound at venous graft site in the left leg** & started on Empiric IV Vancomycin after sending cultures. She grew **MRSA** (sensitive to Bactrim) & **VRE** (sensitive to ampicillin). She finished total of 2 weeks of Bactrim & Ampicillin. Remained on Coumadin for atrial fibrillation history, INR 1.7 on day of discharge Presented initially from rehab center following her recent cardiac surgery. She was evaluated by PT & plan was for home discharge as she improved through her 3 weeks hospital stay at RGH. Discharged in stable condition, Cimino was contacted on day of discharge. Discharge meds: see AVS Follow-up appts: VNA on 12/4/14, will call to arrange home visit Cimino 12/10/14 3:15 PM Smith appointment will be mailed to you. 12/3/14 11:00 AM 114/53, 98.3-80-18, 98%, A&O x3, Cardiovascular: normal rate, rhythm & heart sounds Lungs: effort normal, no wheezes, no rales PSH: appendectomy, left 5th toe amputation 2011, cardiac surgery stents 2000, 2010, 2012, CABG, aortic valve replacenet, saphenous vein graft resection left, RF maze 10/13/14 Transferred to MICU for further management.	**	**