Patient: Breathe,Noreen Olga MRN: 1111111111 DOB:9/17/1941

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ICU Intern Progress Note - 10/5/2007
ICU Day _____ / Hospital Day _____ / POD # _____

Active Problem List
1. 4.
2. 5.
3.

24 hour events:

Subjective:
Feeling better. No chest pain.

Tc 98.7 (Tm) HR (65) BP (128/78) RR (12) SaO2 (98% RA)

CVP MAP PAP PCWP CO SvO2

Vent Mode: **TV RR PIP/Pplat FiO2 PEEP**

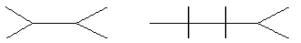
I/O (24 Hr) **Wt today/adm**
I/O (since MN)
UO (hourly)

Drips: 1. 2. 3.

FSBS: IVF TF

Gen: NAD
RASS score _____ CAM-ICU _____
HEENT:
Chest: scant wheezes at the bases
CV: RRR, no m/r/g
Abd: S/NT/ND
GU:
Ext/Skin: 1+ pitting edema at the ankles
Neuro:
Tubes/Lines/Drains:
TLC A ETT C.T. GT F

Labs:



Ca
Mg
Phos

PT **AST/ALT/alk phos** **CK**
PTT **T/D.BiLi** **CKMB**
INR **Alb** **Trop**
Pre-albumin/CRP **BNP**
Drug levels 1. 2. 3.
ABG:

Name:	**Breathe,Noreen Olga**
4W 430	
DOB:	9/17/1941
Age:	66 Sex: F
Weight:	187 lbs
MRN:	1111111111
DOA:	7/24/2007
Code:	Full - No long-term intubation
Attending:	BRADY,PETER MD
Core measure:	Yes

ALLERGIES	
ACE INHIBITORS, No Known Allergies	
MEDICATIONS	
Standing: See MAR for accurate list	
	Verified against MAR
ATORVASTATIN (LIPITOR) 40 MG PO Q24	☐
DOCUSATE SODIUM (COLACE) 200 MG PO Q24	☐
FERROUS SULFATE (FERATAB) 325 MG PO BID	☐
FUROSEMIDE (LASIX) 40 MG PO BIDBS	☐
HEPARIN SOD (PORCINE) (HEPARIN SODIUM) 5000 UNITS SQ BID	☐
hydrALAZINE (APRESOLINE) 50 MG PO QID	☐
METOPROLOL TARTRATE (LOPRESSOR) 50 MG PO QID	☐
NIFEdipine XL (PROCARDIA XL) 60 MG PO Q24	☐
PANTOPRAZOLE SODIUM (PROTONIX) 40 MG PO Q24	☐
TMP/SMZ 160 MG/800 MG (BACTRIM DS) 1 EA PO Q24	☐
LABETALOL HCL (NORMODYNE) 10 MG IV Q6HP	☐
MICRO:	
STUDIES:	
EKG: NSR, nl axis, RAE, biventricular enlargement, persistent ST changes and TW flattening across precordial leads CXR: cardiomegaly, bilateral pulmonary edema with Kerley B lines.	
Imaging:	
CT:	
CXR:	
EKG:	

Summary:

Assessment and plan (Dx/Tx):
65 yo w h/o moderate COPD and known CAD with recent MI presents with CHF on exam and CXR. Presentation consistent with new onset CHF likely secondary to change in cardiac function after March ischemic event.

1. Dyspnea: Most likely new onset CHF resulting from MI 5/07 with worsening cardiac function. Wheeze more likely to be cardiac asthma than COPD exacerbation (no improvement with nebs in the ED). No evidence for pneumonia, PE.
- Given h/o CAD & new CHF, will rule out MI by enzymes, but no current complaints of chest pain, initial troponin <0.1, no EKG changes consistent with acute ischemia
- Echo in AM
- IV Lasix to diurese with goal 1-2 liters negative daily
- Solicit baseline weight from primary care provider
- Strict I/O
- Daily weights
- Continue beta-blocker, statin, ASA
- Add low dose angiotensin receptor blocker – Candesartan 8mg po daily

2. COPD: stable
- continue outpt inhaled medications
- will not continue antibiotics or steroids at this time.

3. Fluid, electrolytes, nutrition
- 1-2 liter diuresis daily
- Check K/ Mg BID in setting of diuresis
- Cardiac diet – low saturated fat/ no added salt
- Nutrition teaching related to dietary management of CHF

4. Dispo: anticipate discharge to home when stable; may benefit from home physical therapy and visiting nurse services.
Dispo

Signature: _____ Dr. Cassie[illegible], [illegible] Date: 10/5/2007 Time: _____

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Revised 7/2007

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