

Patient: Levi Mason
Attending: Dr. Wrangler
Diagnosis: Congestive Heart Failure

DOB: 03/15/XX
Allergies: NKA
Gender: Male

Age: 65 y/o
MR#: 129
Height: 5' 6" Weight: 158lbs

Patient Chart

#129

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HISTORY & PHYSICAL

Chief Complaint: Shortness of breath (SOB) and leg edema

HPI: Mr. Mason is a 65-year-old male who presents to the ED with shortness of breath and bilateral lower extremity edema for the past two days. His SOB worsens when lying down, and he has been unable to sleep. He reports a history of cough, fever, and sputum production but denies hemoptysis. He is a smoker, smoking a pack a day for 28 years.

PMX: Myocardial Infarction (MI) 3 years ago, Hypertension (HTN), Coronary Heart Disease (CHD), and Peripheral Vascular Disease (PVD)

Social History: Mr. Mason is single, lives alone, and has been a computer programmer for many years. He is a social drinker.

REVIEW OF SYSTEMS

CONSTITUTIONAL: Reports "some fever", cough and sputum production. Also, reports an increase in lower leg edema and activity intolerance.

HEENT: Reports occasional headaches, *acetaminophen* provides relief. No history of head injuries or neck pain. No lumps or swelling. No history of neck or head surgery. No changes in vision, or pain, no reports of redness, swelling, watering, or other discharge. No glaucoma. Denies earaches, infections, discharge, or hearing loss. No tinnitus or vertigo. Nares are symmetrical, denies nasal discharge, frequent colds, sinus pain, trauma, nosebleeds, allergies or altered smell. No reports of mouth sores, lesions, sore throat, bleeding gums, toothache, hoarseness, no difficulty swallowing, or altered taste. Tonsillectomy at 8 years old. No dental appliance. Teeth and gums are in good repair.

SKIN: No previous history of skin disease. No change in pigmentation. No moles. No excessive itching or bruising.

CARDIOVASCULAR: Positive for difficulty breathing, uses three pillows to sleep, cannot lie flat, and needs supplemental oxygen at home at 4L/min via nasal cannula (NC). He reports increased difficulty breathing walking to the mailbox. Reports MI 3 years ago, positive for HTN taking *lisinopril* and *hydrochlorothiazide*. Reports his blood pressure (BP) usually runs 130/80. Reports chest pain/pressure and palpitations

PERIPHERAL VASCULAR: Reports leg cramping that can be painful. He reports his lower legs are brownish-red in color, with numbness and tingling in his feet. He takes *aspirin* (ASA) to prevent blood clots.

RESPIRATORY: Reports a 28-pack year history of tobacco use, positive for SOB, cough and sputum, has a history of chronic upper respiratory infections (URI) at least 2 in the winter, 2 in the spring. Reports chronic fatigue and SOB with limited activity. He reports a history of "leg swelling and weeping". Swelling is constant with minimal relief from elevating legs. Gets up at least 2 times a night to urinate.

GASTROINTESTINAL: Denies nausea, vomiting, diarrhea, constipation, heartburn. No abdominal pain, no past history of trauma or surgeries. Reports loss of appetite past couple of days.

GENITOURINARY: No dysuria, increased frequency, or pain.

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NEUROLOGICAL: Occasional mild headache and uses *acetaminophen* with relief. No history of head injuries, seizures, incoordination. Denies dysphagia or difficulty speaking. Complains of (C/O) occasional dizziness especially when changing position from lying to sitting or standing. Also reports numbness and tingling in his lower legs and weakness with activity.

MUSCULOSKELETAL: Denies joint pain or stiffness, muscle cramps, weakness, bone pain or deformity Denies past musculoskeletal trauma. Able to complete his daily activities "slowly". Reporting leg edema.

PHYSICAL ASSESSMENT

VITAL SIGNS: Temp: 37.0 C (98.6 F) Pulse 118 RR 28 BP 157/88 SpO2: 93% on 2L via NC

GENERAL: This is an ill-appearing 65-year-old male with difficulty breathing.

SKIN: Clean, warm, dry, fragile elderly skin, multiple flat brown macula (age spots) on face arms hands and legs. Skin on lower legs is brownish-red and hairless.

NEUROLOGIC: Alert and oriented X 3. Coordinated, gait smooth, grossly intact.

HEENT: Normocephalic, atraumatic, no involuntary facial movements, no hearing deficits, no drainage from ears. Face is symmetrical; pupils are reactive; ears are symmetrical without drainage; nares are patent no drainage; mucosa pink and moist, oral cavity pink, dry, no oral lesions noted; teeth in good repair. Trachea is midline and thyroid glides smoothly with swallow. Neck is supple, no lymphadenopathy, JVD is 4 centimeters when measured with head elevated 45 degrees.

CARDIAC: S₁S₂ and audible S₃. Tachycardia @ 118 bpm.

PULMONARY: Bilateral basilar crackles, respirations with mild intercostal accessory muscle use.

GASTROINTESTINAL: BS +4, abdomen is soft nontender, nondistended. No organomegaly. No visible pulsations. No bruit; kidneys non-palpable.

EXTREMITIES: Full range of motion (FROM), Moves all extremities equally (MAE), symmetrical muscle strength, +2. Lower legs edematous bilaterally +2.

ALLERGIES: No known allergies (NKA).

MEDICATIONS: *lisinopril* 20 mg oral (PO) daily, *hydrochlorothiazide* 50 mg PO daily, *carvedilol* 25 mg twice daily (BID), ASA 81 mg PO daily.

Over the counter medications: Centrum Silver one tablet PO daily; *acetaminophen* prn HA.

Assessment:

1. MI 3 years ago
2. CHD
3. HTN
4. PVD

Plan: Admit to Medical/Telemetry Unit

Bob Wrangler MD

Dictated: Dr. Bob Wrangler

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PHYSICIAN ORDERS

Date	Time	PHYSICIAN ORDER AND SIGNATURE
Today	Now	<p><u>Admit to medical surgical unit</u> Diagnosis: Congestive Heart Failure Condition: Stable Vital signs: Every four hours (Q4H) and as needed (PRN) Allergies: NKA</p> <p>Nursing Communication: Pulse Oximetry Oxygen [O₂] at 2 liters (L) nasal cannula (NC), titrate to keep SpO₂ greater than 92%</p> <p>Diet: Cardiac Activity: Bathroom privileges Input and Output (I&O): Strict Labs: Electrolytes, B type Natriuretic Peptide (BNP), CBC, and BMP (basic metabolic panel) in the AM IV Fluids: Saline lock Studies: EKG on arrival to the floor, chest x-ray (CXR) posterior-anterior (PA)/lateral in the AM</p> <p>Daily Medications:</p> <ul style="list-style-type: none">• <i>lisinopril</i> 20 mg PO daily: <i>hold for systolic blood pressure (SBP) less than 100 mmHg</i>• <i>hydrochlorothiazide</i> 50 mg 1 tablet PO daily• <i>aspirin</i> 81 mg PO 1 tablet daily• <i>carvedilol</i> 25 mg 2 tablets PO BID• multivitamin 1 tablet PO daily
PROVIDER SIGNATURE:		<i>Dr. Wrangler MCD</i>

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NURSING FLOWSHEET

VITAL SIGNS	TIME				
	BLOOD PRESSURE				
	PULSE				
	RESP RATE				
	TEMP				
PAIN	SCORE				
	LOCATION				
	CHARACTER				
RESP	OXYGEN				
	OXIMETER				
NUTR	DIET / % EATEN				
	SUPP FEEDING				
INTAKE	PO				
	IV				
OUTPUT	URINE				
	DRAINS				
PROBLEM / EVENT DOCUMENTATION					
DATE / TIME					
SIGNATURE					

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MEDICATION ADMINISTRATION RECORD Pg. 1

SCHEDULED MEDICATIONS			
MEDICATION	0700 - 1859	1900 - 0659	
<i>lisinopril</i> 20 mg 1 tablet PO daily <i>Hold for SBP less than 100 mmHg</i>	0900		
<i>hydrochlorothiazide</i> 50 mg 1 tablet PO daily	0900		
<i>aspirin</i> 81 mg 1 tablet PO daily	0900		
<i>carvedilol</i> 25 mg 2 tablets PO BID	0900	2100	
multivitamin 1 tablet PO daily	0900		
SIGNATURE	INTLS	SIGNATURE	INTLS

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MEDICATION ADMINISTRATION RECORD Pg. 2

NON – SCHEDULED MEDICATIONS			
MEDICATION	1900 - 0659	0700 - 1859	
<i>furosemide 40 mg IVP X 1</i> (one time only dose per ED physician)	<i>JD</i> (Given in ED)		
SIGNATURE	INTLS	SIGNATURE	INTLS
<i>Jack Darby RN (JD)</i>			

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LAB STUDIES & DIAGNOSTICS

HEMATOLOGY

LAB TEST	NORMAL RANGE	PATIENT VALUE
Red Blood Cells (RBC)	Males: 4.5-5.3 million /mm ³ Females: 4.1-5.1 million/mm ³	5.1
Hematocrit (HCT)	Males: 37-49% Females: 36-46%	43%
Hemoglobin (Hgb)	Males: 13.0-18.0 g/100 mL Females: 12-16 g/100 mL	15
White Blood Cells (WBC)	4,500-11,000/mm ³	8,200
Platelets (Plt)	140-400 X 10 ³ mm ³	329
MCV	80-100	90
MCH	27-33	30
Reticulocyte count	0.5-2.5%	1%

CARDIAC MARKERS

LAB	NORMAL RANGE	PATIENT VALUE
CK	0-3 ng/mL	1.2
Troponin	<0.4 ng/mL	0.2
BNP*	<100 pg/mL, age 0 – 74 years <450 pg/mL, age 75 99 years	1200 (H)

*Reference:

<https://my.clevelandclinic.org/health/diagnostics/16814-nt-prob-type-natriuretic-peptide-bnp>

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Basic Metabolic Panel		
LAB TEST	NORMAL RANGE	PATIENT VALUE
Sodium (NA+)	135-145 mEq/L	148
Potassium (K+)	3.5 -5.0 mEq/L	3.7
Chloride (CL-)	100-108 mEq/L	106
Carbon Dioxide (CO2)	24-30 mEq/L	28
Magnesium (Mg++)	1.5-2.0 mEq/L	1.8
Glucose	70-110 mg/dL	122
Calcium (Ca++)	8.5-10.5 mg/dL	10
Phosphorous (P04)	2.6-4.5 mg/dL	3.8
Blood Urea Nitrogen (BUN)	8-25 mg/dL	21
Creatinine	Male: 0.6-1.5 mg/dL Female: 0.6-1.1 mg/dL	1.2
Osmolality	280-295 mOsm/kg	285
Albumin	3.5-4.8 g/dL	4
Pre-Albumin	19-38 mg/dL	30
Ammonia	15-56 ug/dL	40
Bilirubin	0.3-1.0 mg/dL	1
Conjugated (Direct) Bilirubin	0-0.2 mg/dL	0.2
Alkaline Phosphatase	25-100 u/L	80
AST	Male: 14-20 u/L Female: 10-36 u/L	16
ALT	10-35 u/L	20
Amylase	25-125 u/L	100
Lipase	10-140 u/L	120

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LAB STUDIES & DIAGNOSTICS

ARTERIAL BLOOD GAS		
LAB TEST	NORMAL RANGE	PATIENT VALUE
pH	7.35-7.45	7.34 (L)
PaCO2	35-45 mmHg	50
PaO2	>80 mmHg	75
SaO2	>94%	93 %
HCO3	22-26 mEq/L	22

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IMAGING

XRAY

Chest X-Ray A/P



Significant crackles bilaterally.

Impression: Bilateral effusions

7. Freedman MD

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The following is the form of a "Declaration," provided for under Nevada Statutes:

DECLARATION

If I should have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician, cause my death within a relatively short time, and I am no longer able to make decisions regarding my medical treatment. I direct any attending physician, pursuant to NRS 449.535 to 449.690, inclusive, to withhold or withdraw treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain.

If you wish to include the following statement in this declaration, you must INITIAL the statement in the box provided:

Withholding or withdrawal of artificial nutrition and hydration may result in death by starvation or dehydration. Initial this box if you want to receive or continue receiving artificial nutrition and hydration by way of gastrointestinal tract after all other treatment is withheld pursuant to this declaration |____|

Signed this _____ day of _____, 19____.

Signature: _____

Address: _____

The declarant voluntarily signed this writing in my presence.

Witness: _____

Address: _____

Witness: _____

Address: _____

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The following is the form of a "Durable Power of Attorney for HealthCare Decisions" provided for under Nevada Statute:

DURABLE POWER OF ATTORNEY FOR HEALTHCARE DECISIONS WARNING TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document. It creates a Durable Power of Attorney for HealthCare. Before executing the document you should know these important facts:

1. This document gives the person you designate as your Attorney-in-Fact the power to make health care decisions for you. The power is subject to any limitations or statement of your desires that you include in this document. The power to make health care decisions for you may include consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition. You may state in this document any types of treatment or placements that you do not desire.
2. The person you designate in this document has a duty to act consistent with your desires as stated in this document or otherwise made known, or, if your desires are unknown, to act in your best interest.
3. Except as you otherwise specify in this document, the power of the person you designate to make health care decisions for you may include the power to consent to your doctor not giving treatment or stopping treatment which would keep you alive.
4. Unless you specify a shorter period in this document, this Power will exist indefinitely from the date you execute this document and if you are unable to make health care decisions for yourself, this power will continue to exist until the time when you become able to make health care decisions for yourself.
5. Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped if you object.
6. You have the right to revoke the appointment of the person designated in this document to make health care decisions for you by notifying that person of the revocation orally or in writing.
7. You have the right to revoke the authority granted to the person designated in this document to make health care decisions for you by notifying the treating physician, hospital, or other provider of health care orally or in writing.
8. The person designated in this document to make health care decisions for you has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.
9. This document revokes any prior Durable Power of Attorney for Health Care.
10. If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

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1. DESIGNATION OF HEALTHCARE AGENT

I, _____ (insert your name) do hereby designate and appoint:

Name:

Address:

Telephone Number:

As my attorney-in-fact to make health care decisions for me as authorized in this document.

(Insert the name and address of the person you wish to designate as your attorney-in-fact to make health care decisions for you. Unless the person is also your spouse, legal guardian or the person most closely related to you by blood, none of the following may be designated as your attorney-in-fact: (1) your treating provider of health care; (2) an employee of your treating provider of health care; (3) an operator of a health care facility; or (4) an employee of an operator of a health care facility.)

2. CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE

By this document, I intend to create a Durable Power of Attorney by appointing the person designated above to make health care decisions for me. This power of attorney shall not be affected by my subsequent incapacity.

3. GENERAL STATEMENT OF AUTHORITY GRANTED

In the event that I am incapable of giving informed consent with respect to health care decisions, I hereby grant to the attorney-in-fact named above full power, and authority to make health care decisions for me before, or after my death, including: consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat physical or mental condition, subject only to the limitations and special provisions, if any, set forth in paragraph 4 or 6.

4. SPECIAL PROVISIONS AND LIMITATIONS

(Your attorney-in-fact is not permitted to consent to any of the following: commitment to or placement in a mental health treatment facility, convulsive treatment, psychosurgery, sterilization, or abortion. If there is any other types of treatment or placement that you do not want your attorney-in-fact's authority to give consent for or other restrictions you wish to place on your attorney-in-fact's authority, you should list them in the space below. If you do not write any limitations, your attorney-in-fact will have the broad powers to make health care decisions on your behalf which are set forth in paragraph 3, except to the extent that there are limits provided by law.)

In exercising the authority under this Durable Power of attorney for HealthCare, the authority of my attorney-in-fact is subject to the following special provisions and limitations:

