Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

13085

6 - MD NOTES

[redacted]

Att ment 1

[redacted]

12/10-17/98

PJP

[redacted]

[redacted]

PROGRESS NOTES

DATE	Notes Should Be Signed By Physician
7/20/98	31 y/o WF presents c̄ "weakness". Fell Sunday 2° to being weak. Has gotten progressively worse. Vomited x2 today. Taking "H.E.L.P." for wt loss → Biz, Chromium, + various herbal substances. ⊕ flank pain, dysuria Denies diuretics or antacid use. ⊕ tob ϕ etoh ordinary ϕ PMH ϕ PSH Meds - "H.E.L.P." BID, Lodine, NKDA PE - VSS/AF; Gen WDWN WF NAD HOEHT - WNL Chest CTA CV RRR Abd benign Ext ϕ edema Lab K+ 1.6 [redacted] ABG 7.528/48/151/38/97% on 4l CBC ok ECG - [redacted] NSR rate 80, flattened Twaves, ? ST depression? A/P) ① Hypokalemia - replace slowly iv/po ② Met Alkalosis - will work-up; may be 2° to diet pills. ↓K+ ③ UTI - will start abx [redacted]
7/21/98	K+ has slowly come up to 2.3 this am. She rested OK last pm. Denies CP, SOB. ϕ problems overnight. AF/VSS. UOP has improved. PE lungs CTA CV RRR (NSR) Abd benign Ext ϕ edema Lab K+ 2.3 Na 145 Cr 1.4 ABG 7.49/47/73/34/95% R. A/P) ① Hypokalemia - improved → cont IV/po; investigating etiology ② Metabolic Alkalosis - some better c̄ IVF ③ UTI. afebrile on po Keflex [redacted]

DATE	Notes Should Be Signed By Physician
7-21-98	Family Medicine
1225p	Urine electrolytes pending.
	Sitting up in bed, eating lunch.
	Slowly improving but continues
	severe hypokalemia + metabolic alkalosis.
	May ask Dr. [redacted] to help if electrolytes
	don't shed some light.
	[redacted] MD
	Felt like usual self until Saturday -
	sudden onset of muscle weakness.
	Diet pills x-2-3 months - did have ↑ urine out
	Didn't start throwing up until day of
	admission. [redacted]
7/21/98	K^+ 2.7 Ca 6.7
	Will cut back IV.
	Stable. Probably to floor in am [redacted]
	Awaiting urine lytes
	Attachment 1
	[redacted]
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[redacted]

Attachment I

[redacted]

12/1[illegible]/98

PJP

[redacted]

[redacted]

PROGRESS NOTES

DATE	Notes Should Be Signed By Physician
7/22/98 0900	LDH, SGPT, SGOT elevated. Will draw viral hepatitis panel. CT abd today. To floor today. K+ 3.9. Otherwise stable. Urine lytes available – will interpret c̄ staff. Considering nephrology consult. UTI stable on ~~abx~~ Keflex. Awaiting C/S.
	Addendum [redacted] MD
	Seems SOB
	PE – faint rales
	RUQ mild tenderness
	✓CXR [redacted]
7/22/98 320pm	On floor now. Resting comfortably. SOB some better. Urine K+ probably too high (on the cut-off value of 20 mmol/l) Will discuss c̄ Dr [redacted] & Dr [redacted] to determine plan. CT this afternoon K+ remains 3.9; Urine Cx ~~neg~~ ⊕ Skin flora [redacted] MD

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[redacted]

PROGRESS NOTES

[redacted]

DATE	Notes Should Be Signed By Physician
7/23	ENDO (cont)

Attachment 1

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FH not questioned

SOC 1/2-1 PPD ⊖ETOH nursing assistant

PE BP's essentially normal PERRL. Neck ⊖ goiter/nodule/adenopathy Lungs ? trace rales bases Heart RRR ⊖m Ext 1+ pitting edema. Neuro-reflexes 2+/symmetric. Sensory - w/ touch + vibration. Gait not tested. Trousseau's sign ⊖ at 2 minutes

A/Rec

① ↓ K^+ due to depletion from herbal diet remedy, possible ↓ intake, and intracellular sequestration from sever metabolic alkalosis. No sign of mineralocorticoid excess, Thyrotoxic periodic paralysis, laxative of diuretic abuse. F/u repeat values as OP - if w/, no further Tx

② ↓ Ca^{++} [Ca?] [redacted] corrects to low w/ with [redacted] ↓ albumin.

Lab

7/20 145 / 95 / 14 / 94 (1.6) (40) / 10 1.3

314 / 12 / 35 / 83 8.5 TLC (1.0)

Amy 45

UA (2+) alb

⊕ blood

7.52/48/151 (4L O_2)

7/21 ALT 125

AST 501

GGT, AP, bili } w/ Mg 2.4

Alb (2.9)

7/22 Phos 3.2 Ca (6.0)

7/23 TSH 1.9

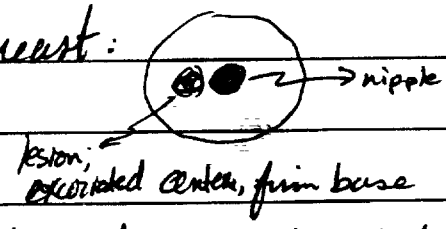
LDH (4248)

141 / 106 / 7 / 4.0 / 31/4 / 1.2 / 75

7.46/40/83 RA

OVER

[redacted]

DATE	Notes Should Be Signed By Physician
7/23/98	Pt remains SOB. Will recheck ABG + consider echo. Has LE edema. Also discovered lesion on (R) breast (skin). Mammogram today. K+ has normalized. Will ask Dr [redacted] to assist us in evaluation of etiology of hypokalemia.
	AF/VSS HR ~~55~~ 72
	Lungs CTA CVRRR Abd benign Ext trace 1+ edema
	(R) breast:  (1) Breast c̄ fibrocystic Δs
	CT abd → liver cyst, cholelithiasis; kidneys, pancreas wnl
	K+ 4.0 CXR - ? infiltrate; ∅ clinical signs however
	A/P) (1) Hypokalemia - stable; endocrinology consult
	(2) UTI - on Keflex
	(3) Breast lesion - mammogram
	(4) SOB - ✓ ABG; consider PFTs, echo [redacted]
7/23/98 1345	ENDO
	31 yoF with ↓↓ K+
	H.F.L.P diet supplement x 3 months - herbal tea, chromium, Biz. Muscle weakness x 2 days PTA, muscle cramps x 10-14 days. Vomiting x 2 AM of admission, none prior. No laxative/diuretic use. No history of HTN.
	Now back to feeling normal after replenishment of K+
	PMH Unremarkable. Irregular menses.

Attachment 1

[redacted]

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[redacted]

DATE	Notes Should Be Signed By Physician
	(3) ↓ alb ↓ lymphocyte count - suggests poor nutrition.
	(+) urine protein - possibly due to UTI but Cx ⊖,
	would check 24° urine protein excretion
	(4) ↑ LFT hep panel pending - liver toxicity common
	with herbal remedies. High LDH - would ✓
	CPK R/O rhabdomyolysis, consider ✓ B12, PT/IN
	(5) Edema - Na+/ fluid repletion with ↓ albumin.
	Possible intrinsic renal disease. Observe
	(6) (+) blood UA - repeat after Abx course
	(7) I would encourage submission of this case for
	publication - consider sending to [redacted]
	[redacted]
7-23-98	- reviewed above - agree
	- breast exam - small amt of pus
	released - will culture - on reflex
	mammogram pending
	[redacted]

Attachment 1

[redacted]

12/10-17/98

PJP

Attach[redacted]t 1
[redacted]
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DATE	Notes Should Be Signed By Physician
7/23/98	Dr [redacted] noted, his help appreciated. Will try to expedite further inpatient w/u. Probably needs FNA of breast lesion or bx. Will discuss c̄ staff. ABG looks ok. 24° urine, CPK, Bin, PT/INR ordered. MD [redacted]
7-24-98	attending note - mammogram / u/s report reviewed clinically most lesion is infection would Rx c̄ p.o. antibiotics x 2 wks rec at that time. - could probably go home today [redacted]
7/24/98 [redacted]	Above noted. CK 28,010 → all MM. Will ✓ urine myoglobin. TSH wnl. Possibly home tomorrow - 24° urine collection [redacted]

DATE

7/24/98 ENDO

1653 Hep panel ⊖ PT/INR normal

↑ CK noted. ↑ AST from rhabdo.

Agree with current plan. Make sure CK not going up and Creat. stable prior to D/C

[redacted]

7/25/98 patient feeling good no C/O

Exam - WNL

Will plan on D/C Home

if CK and Cr. stable

24 h urine (P), ESR (P) etc

Will follow up as outpatient

[redacted]

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