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

ARMS#

13110

6 - MD NOTES

PROGRESS NOTES

[redacted]

Family Name	First Name	Attending Physician	Room No.	Hosp. No.

Date	Notes Should Be Signed by Physician
7/2/98	42 y.o. w female c̄ seizure. Full note dictated. [redacted]
7/3/98	Pt c̄ increased combativeness, attempting
0300	to remove ET tube. Intermittent + O2 sats
	Coughing pink frothy mattl. Given Lasix.
	Versed gtt & Valium iv. given to sedate.
	CXR to ⊕ tube placement OK. ⊕ RUL infilt.
	A: BP 114/60 Resp O2 sats 94% on VENT FIO2 100%
	⊕ rales & rhonchi at bases.
	A/P ① S/P seizure - ∅ current act.
	② aspiration pneumonia - a/c Cefaxin
	Start Unasyn.
	③ Resp distress c̄ fighting vent. Asp pneum.
	Will give succ. [redacted]
	present c̄ pt since 0730.
7-3-98	S — unresponsive. No further seizures.
0930	⊕ — · afebrile on vent c̄ Versed + Nimbex gtt
	· difficulty keeping O2 sat up despite 100% FIO
	· BP was ↓ 70's c̄ low pulse pressure.
	· lungs - coarse rhonchi bilat.
	· heart - reg, 5 ⊕ [redacted]
	· abd - benign
	· no focal neuro findings
	(over)

[redacted]

PROGRESS NOTES

Date	Notes Should Be Signed by Physician
7-3 (cont)	DTR's not present. Babinski's not present
	Lab - lytes OK. gluc 146 BUN/Cr 12/1.0
	CSF clear, - 2 RBC, 1 WBC
	0800 - pH 7.45 pCO2 42 pO2 81.
	CXR 0300 - "pulm. edema"
	0800 - (R) infiltrate
	A - puzzling case - concerned ? ↓ O2 sat + BP. ? underlying etiol. of seizure.
	P - Dopamine for BP. → syst 90-100.
	↑PEEP → O2 sat ≥ 90?
	contacted D[redacted] neuro.
	[redacted] agrees to accept air transfer. Several discussions & 2 sisters present. Helicopter can't fly 2° weather - ground ambulance coming [redacted]

000003

[redacted]

PROGRESS NOTES

[redacted]

DATE	
	Pulm / Crit Care
7/3/98 1-2:30 PM	42 yo ♀ transferred from [redacted] c̄ multisystem failure including hypoxemic resp failure, CKR due cardiogenic or non cardiogenic pulm edema, met acidosis, labile hemodynamics lactic acidosis, cool (L) hand, leukocytosis.
	Eval has included CXR → bilat infiltrates ō mediast widening.
	Upper Ext Dopplers c̄ low flow bilaterally
	Head CT ō blood or edema
	CK ↑ 3500 from ~350
	On Exam she is unresponsive diaphoretic c̄ RR 16/16 BP 70-120/ RR 18/18.
	HENT ET/NG in place.
	Neck vein full.
	Chest is grossly clear.
	(+) S_3 ō ⓡ
	Abd soft quiet.
	Ext cool & clammy

(OVER)

[redacted]

000004

[redacted]

Progress Notes

DATE

Pulm / Crit Care

7/3 WBC 26,700

1-230 pm H/H 15.4 / 44.4 EKG Ant MI

CXR as above

ABG 7.46 - 29 - 103

On RR 16 70% 10 PEEP

Impression: Multiple system failure as above. Severe hypoxemic resp failure - cardiogenic or non cardiogenic

R/O MI = CHF ; R/O Ao dissection

R/O overwhelming sepsis

R/O Neurogenic pulm edema

Suggest have asked Dr [redacted]

Dr [redacted] to see

Echo [redacted]

Sedate +/- Paralyze

EEG @ some point

Pan culture

Continue full vent support [redacted]

7/3/98 Procedures

8:50 pm Art line (R) femoral

Triple lumen (R) femoral

Good blood return

Good wave form

Aseptic tech

[redacted]

[redacted]

PROGRESS NOTES

[redacted]

DATE

7/3/98 CARD

42y/o WF c̄ H/O obesity in excellent Health until 7/2 - developed CP, diaphoresis & agitation. Admitted to [redacted], CTG. Transferred on vent c̄ CXR cw pulm edema & ? (L) ARM embolus (u/s - doppler. Shows ↓↓ bilat subclav. blood flow R>L). TEE ? small prox Ascend Root dissection c̄ severely impaired LV fxn (EF<15%), PFO c̄ L→R shunt. Long Pw [redacted] [redacted] w/n. proceed c̄ Aortogram & Cath. This is quite high risk - ~~[illegible]~~/sisters informed - pt unable to consent

[redacted]

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(OVER)

[redacted] Progress Notes

[redacted]

DATE

7/3/98 CARD

Cath (RHC, LHC, CORON), Ao-gram from LFA/V Φ compl

- PWP = 8
- BP ~ 70 → 115 p Dopa/[redacted]
- SO2 96L SO2 74%
- WEF: Diffuse Hypokinesis EF ~20%
- CORON: Onl.
- AoRot: Φ Dissection

[redacted] in to ICU in Critical Condition

- Heparin
- Dopa
- Dobut.
- Versed
- Vecuronium

DW Drs. [redacted]

[redacted]

[redacted]

Best Quality FDA

[redacted]

PROGRESS NOTES

(NOTE DICTATED)

MICU [redacted] Admit Note

DATE	
1/3/98 0PM	HPI: Pt is 42 yo w♀ who presents to [redacted] ER after having HA, dizzyness, lethargy, CP + then a tonic clonic seizure.
CT Head negative	Pt had been complaining to family about some lethargy + HA for ×3-4 d. 7/2 AM she power walked 90 min, washed the car + went to her job as dental hygenist. At ≈ 7:30 pm she felt ↑HA, CP, dizzyness thought it was a migraine + lay down. BP was 150/100 @ time.
CXR [redacted] lmedema or lm hemorr.	911 was called + pt was in tonic-clonic seizure by the time ambulance arrived. She was given 10mg Valium by paramedics, then was sedated, paralyzed + intubated. She got CT head ⊖
ECHO ↓LV fxn EF < 15% ? aortic dissection	LP ⊖, Urine drug screen ⊕ Benzo, Amphet after recieving versed. This AM pt was transferred to NICU then to MICU, after ECHO showed ↓EF < 15%. Pt proceeded to cath. ~~[illegible]~~
US ↓ blood flow ① arm ∅ clots	

PMHx: Medical	Surgical	MEDS.
1. Obesity	∅	Ma Huang / Guarang

FHx: essentially ⊖ NKDA

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(OVER)

[redacted] Progress Notes

DATE

-CONT-

Soc Hx: single mother (divorced) of 17 f, 15 f, 15 f
nonsmoker, ∅ ETOH, ∅ other drugs
currently ∅ dating, has ↑ 15 lbs recently.
lives with her 2 daughters
works as a dental assistant
made a decision to stay @ home + not date recently

ROS: per family essentially ⊖
some lethargy recently, ↑ HA recently
recent 15 lb wt gain

PE: 96/63, 120's, 12 R, 99 P, 98% SATS
PCWP 10, CO 4.6, CI 2.3, SVR 1355, CVP 7
Pulm P - 27/15
F_iO_2 70%, V_T 900, R 16, PEEP 10, SIMV, PS ∅
General - Intubated; sedated
HEENT - PERRL, Fundus - NR
TM's - grey ∅ erythema ∅ exudate
∅ JVD, ∅ adenopathy, supple
Lungs - CTA
Heart - RSR, tachy, ? S_3, S.S_2 ∅ (M)
⊕ difficult to locate PMI
Abd - obese, soft / NT / ND, ⊕ BS ∅ organomegaly
Ext - ∅ edema ∅ pulses (B) LE (R) UE
(L) arm cool, ∅ pulses,

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PROGRESS NOTES

[redacted]

DATE

7/3/98

Labs: 16.5 > 12.6 / 36.2 < 242 77% PMN, 5% Bands, 15% Lym 139 | 103 | 12 / 3.1 | 0.9 < 155

UA - cloudy, 50mg/dL ketones, 500mg/dL protein
25 μL Blood, 15-25 WBC, 5-10 RBC, ϕ bacteria

Cath
diffuse hypokinetic LV
EF ~20%
coronary - ok
Aorta - ok

Urine - ⊕ Benzo ⊕ Amphetamines
Ca 8.7, Bili 0.5, Prot 6.9, Alb 4.1, Alk 37, AST 42
CK 347 → 3500, MB 6.49, Trop 0.181
PT 12.5, INR 1.1, PTT 22

LP ⇒ CSF ⊖ Gram stain; Cult - P
RBC 2, WBC 1, Prot 35, Glucose 78

ABG: 100% / 7.399 / 30.5 / 18.4 / 52.1 / 87.4 SATS

A - 42yo W♀ w/ ϕ PMx presents w/ HA, dizzyness, seizures, ↓BP + cardiomyopathy
1. CV - ↓BP on Dopamine / Dobutamine
cardiomyopathy, dilated LV, ↓ EF ≈15%
⊕ Amphetamines in urine (? due to MaHuang)
↑ CK 347, ↑ MB 6.49, ↑ Trop .181
⊖ PMx, ⊖ Fam Hx, ⊖ CAD
? due to toxic / viral cardiomyopathy
? MI 2° to toxins / spasm

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(OVER)

- Dopamine / Dobut / IVF / Heparin / Versed / Vecuronic CONT -

[redacted]

Progress Notes

DATE

7/3/98 -CONT-

2. Neuro - w/ seizures, HA, bizarre behavior
   past hx of migraines, CT ⊖, LP ⊖
   ? anoxic encephalopathy
   ? drug intoxication /withdrawal
- cont on Versed as anti-Sz + EEG in AM
3. ID - ↑ WBC w/ Bands 5%
   ∅ hx of ↑ cough, sputum or GI/GU sx
   LP ⊖ for meningitis, ? CXR for fluid
- pt started on Unasyn
4. will cont to R/o sepsis + await cultures
4. Renal - stable
5. FEN - K+ ↑ @ 5.2, KCl stopped
   - ↑ IVF to get PCWP > 12
   currently on ∅ nutrition, will ✓ in AM.
   - Cont to ✓ lytes + ↑ IVF

[redacted]

7/4/98 2:30AM

Pt cardiac # looking unbelievable.
PCWP > 3, CO 7.6, CI 3.8, SVR 736, CVP 2
This is a big change over earlier #'s.
BP ↓ 86/55, UOP - ok, PAP 35/14
- D/W Dr. [redacted]
- will add 1 L NS over 1°.
- Then Re ✓ #'s.
- Consider Albumin if cont ↓BP.

[redacted]

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PROGRESS NOTES

[redacted]

DATE	
	Pharmacokinetics
7-4-98	42 y.o F, 67", 89 kg, with MI, will continue
~~0450~~ 0200	heparin at 1000 Units/0, and ✓ 0200 PTT. [redacted]
	Addendum-
07-4-98	0200 PTT at 57, no Δ's in heparin, PTT at 1200 [redacted]
0700	
7/4/98 4:45 AM	Came to ✓ pt's swan #'s 400-good, BP 90's/60's Swan → PCWP 5, CO 9.4, CI 4.7, SVR 629, CVP 5 This was after a 1 L fluid bolus NS. There is some question about Swan b/c of the very rapid change in parameters. - Will cont IVF @ 325 cc/h - Will add Albumin 1 U /250cc - Will try to wean pressors - Will discuss w/ Dr. [redacted] in AM. [redacted]

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[redacted]

Progress Notes

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DATE

/4/98

:30 AM

7

nta 5

sed 7

parin ggt

nasyn

S - Pt has had ↑BP + slowly ↑ wedges over pm

[redacted] - responsive, moves all 4 ext

O - 90's/50's, 120's, 12-14 R, Tmax 100.4, 99% SATT

I/O's = 5740/3150 ↑7 lbs

PCWP = 5, CO 8.3, CI 4.1, SVR 645, CVP 5

General - alert, responsive,

HEENT - PERRL, ∅ JVD (Fat neck)

Lg - ⊕ mild late exp wheeze ∅ consolidation

Heart - RSR, $S_1 S_2$ (sounds hyperdynamic) ⊕ S_3

Abd - soft/NT/ND ∅ organomegaly

Ext - ∅ edema, ⊕ pulses warm

② UE warm, pink, still swollen

Labs: PTT 53

138 | 109 | 11 < 144   16.9 > 11.8 < 181   86% PMN, 8% Lym, 6% Mono

3.2 | 23 | 1.0   33.9

Prot - 5.5 Alb = 2.8 Ca = 6.8 AST = 105. Alk = 39 T.Bili = .5

ALT = 32 D.Bili = 0.0

50% F_1O_2 / 7.424, 32, 21, 82, 96

7/3 Blood ⊖ × 2, Urine Cult ⊖

A - 42 yo ♀ w/ dizzy/SZ/↓BP/Cardiomyopathy

1. CV - ↓BP on Dopamine/Dobutamine

heart seems ↑ dynamic, ↑ pulses, CO + CI ↑

- cont pressors/IVF/consider Dobut → Neosyn

2. Neuro - ∅ seizures yest pm, neuro consult

- EEG this AM

-CONT-

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PROGRESS NOTES

[redacted]

DATE	
7/4/98	Impression: cardiac output + cardiac index better. Sedated but mental status seems wl for level of sedation (sedx, responds to commands), moves all extremities. On exam lungs clear. NSR 5 m. Pulses back. Plan: Cont inotropic support, fluids. [redacted]
	-CONT- R-1 NOTE
	3. ID - cont ↑ WBC & bands this AM Tmax 100.4, Cultures all (P) - cont on current Abx (Unasyn)
	4. FEN - ↑ IVF rate but PCWP 5 CVP 5 - will cont rate, Albumin 250 cc ×1 -IV - consider adding Natr support - ↓ K+ 3.2 → 3 runs K+ + 20 mEq to IVF - Follow lytes + I/O's + wts
	5. Resp - stable, still doing vent settings

(OVER)

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[redacted]

Progress Notes

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DATE

7/4/98 0910 Sedated but responds to questions c̄ nods, counted hand grips, etc appropriately
No weakness or paralysis
No sz over night
She appears to be neurologically intact right now, allowing for Versed drip.
Await EEG.

[redacted]

7-4-98 Pulmonary

Sedated

ABG's OK

BS = mi secretions

CXR - clearing infiltrates

AP: vent. pressures
no weaning from vent.

[redacted]

7/4 Pharmacokinetics
Heparin off AT 8 AM for Line pull. To BC
Resumed AT 3 pm. Suggest resume AT
1000 units/HR. √ PTT in 6 hrs.

[redacted]

[redacted]

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PROGRESS NOTES

[redacted]

DATE	
07/04/98	Cardiology
1700	BPs little changed. Will try to wean DBX,
	consider neosynephrine pen ↓SVR = ↓BP
	Echo, not surprisingly, shows no improvement yet.
	Briefly answered families questions:
	(1) some encouraging signs c̄ respect to absence
	of structural cardiac disease, ↑C.O.,
	clearing congestion
	(2) unclear mechanism of deterioration —
	∴ prognosis for improvement in LV function
	uncertain, but "there is hope for improvement".
	Pts illness remains life-threatening,
	risk of complications (incl infection) high
	[redacted]
7/4/98	EEG shows nothing epileptiform c̄ good alerting
1725	response & beta (expected in pt on Versed)
	Talked c̄ sisters. Her brain appears to have
	come out of this relatively unscathed. Nothing to
	suggest an idiopathic sz disorder.
	Stable neurowise.

[redacted]

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[redacted]

Progress Notes

[redacted]

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DATE [redacted] MICU [redacted]

1/4/98 Add'l meds brought in by ~~daug~~ sisters

630 PM Liqui-Lea - Vit A, Vit D, Vit E, Thiamin, Riboflavin, Niacin, Vit B_6, Vit B_{12}, Biotin, Pantothenic Acid, Iron

Garlic Dietary Supplement (Shaklee) 1g c̄ maltodextrin, Rosemary, soy lecithin, Spearmint oil, ascorbyl palmitate,

Tri-Levlen 28 Dr [redacted]
(Levonorgestrel + Ethinyl Estradiol)

L. Acidophilus

Formula I - Vit A 125%, Vit C 200%, Vit E 100%, Vit B_6 200% Folic Acid 100%, Vit B_{12}, Zinc 65%, Copper 65%, Selenium

Unsure as to amt. She normally takes. [redacted]

7-4-98 Pharmacokinetics - Lejanin

2230 220.5 PTT at 49, no Δ's [redacted]

7-5-98 Pulmonary

acute sense of dyspnea c̄ desaturation + (R) para-sternal chest pain on heparin IV.

505 AM CXR → OK ? small (+) apical pneumo

will repeat

sats 84 → 92% ~ PEEP 7.5 FiO_2 100%

plan rev CXR if pneumo → chest tube

√ABG → if A/c ratio markedly widened → perfusion study.

[redacted]

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[redacted]

PROGRESS NOTES

[redacted]

DATE	
	Neuro intact.
7/5/98	Awakens to name, follows commands + is spelling words to indicate needs / ask questions.
	Moves all extremities.
	At this point her major problems are cardio pulmonary.
	Will ask that neuro be allowed to follow prn as consultant.
	Toxicology eval might be useful.
	[redacted]
7-5	Pharmacokinetics
	Heparin AT 1000 units/HR PTT 49 Sec
	Lt + H 10.1/29.2 PLt 127 No changes [redacted]
	Suggested.
7/05/98	Cardiology
1125	Pulm complication and eval noted.
	Pt alert, oriented. Denies pain. HR 110 BP 90s/_
	Slow taper of DBX. Chest: clear 1 will vent [illegible]
	Cor: distant s1s2. No S3. [illegible] adequate I70
	C.O. [illegible]. SVR coming up. 959. PA 37/22
	[illegible] congestion. PA O2 sat pending
	[illegible] [redacted] go.o PA trace. Swan not
	(con't)
	wedging. [redacted]

(OVER)

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[redacted]

Physician Narrative Progress Notes

[redacted]

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DATE

07/05/98 Imp > transient ↓ pO_2 – ? atelectasis, mucous plug

Plan > wean off DBK. Can't dopamine for now.

verify C.O. ? consider relation vasodilation

or carey tomorrow.

[redacted]

7/5/98 MICU [redacted]

S: Responds appropriately. Moves all extremities. Denies Pain

O: Vitals: T: 100^6 T_{max} 101^7 P: 100's-110's BP: 80's-110's / 60's-70's

RR: 12 Vent PRVC T_V = 800 PEEP = 7.5 FIO_2 90%.

Cardiac Rhythm: Sinus Tach c̄ inverted T-waves. I/O: ~~5740~~ 6630/4675

Lungs: Occ. insp. wheezes. Generally clear otherwise.

CV: Regular Rate c̄ $S_1 S_2$ (+) S_3. ∅ murmurs.

Abd: Soft, NT, + BS

Ext: (L) UE edema. ∅ edema in LE. Neuro: Intact

(L) Radial pulses not palpable.

Labs: 136/3.8 | 109/0.7 | 6 | 117 12.6 | 10.1/29.2 | 127

AST 129 LDH 129

CK 9524 MB 0.1%

Bili 0.5 TSH 1.58

Mg 1.7 Ca 7.0 PTT 49

0630 ABG: 7.44/33/22/84/97% (FIO_2 100%)

Meds

Dobutamine 1 mcg

Dopamine 7 mcg

Hep 1000 u/°

Versed 7 mg/°

Morphine

Lasix

Tylenol

Ranitidine

DSW ½NS + 20 K

A: 42 yo female c̄ Respiratory failure, Cardiomyopathy, Hypotension.

P: 1. CV: Try to wean off Dobutamine. Will continue c̄ dopamine, decreasing gradually as tolerated.

2. Neuro: Intact. Responding appropriately, following commands

Writing questions/needs.

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PROGRESS NOTES

[redacted]

DATE	
	MICU [redacted] (con't).
7/5/98 (con't)	3. ID: On Unasyn, day 3. WBC still elevated @ 12.6 Tmax 101.7 Cultures: (+) Blood Cx drawn from Cath. No positive peripheral cultures. Recultured overnight.
	4. Renal: Good urine output. BUN/Cr low. IV fluids ↓ to 50 cc/c + drips + Abx. K^+ 3.8 Monitor lytes and recheck if given extra Lasix.
	5. Resp: Ventilator dependent c̄ high FIO_2. Try to ↓ FIO_2. Follow ABG's Recheck CXR.
	[redacted]
7/5/98 1200	MICU [redacted] Addendum
	Labs: CK 10,471 CK-MB 0 K^+ 3.5
	CK's continuing to rise. Suspect Rhabdomyolysis. Urine output is good c̄ nearly 200 cc clear, dilute urine out over ~8°.
	Will give additional K^+
	Dr. [redacted] notified. [redacted]

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(OVER)

Physician Narrative Progress Notes

[redacted]

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[redacted]

DATE

7/6/98 CARD

Events of weekend noted. Neuro Status improved.

Ropa
Heparin
Vensed
ABA

100155 P103 Tm 101 7

lungs: Bilat crackles

S_2 S_2 ⊕ S_3

Ext: pulses intact

CK↑ MB ⊖ PTT 42

HgB 9.2 CI 3.5 PWP 5

AP 1. Shock requiring pressure
2 ↓↓ LVEF ? 2° Ephedrine
3. Fever
4. Rhabdomyolysis
5. ↓ HgB ? cause

- Transfuse Keep HgB > 10

[redacted]

7-6 Pharmacokinetics

Heparin at 1000 u/hr. PTT ↓ 42. H/H ↓ 9.2/28, PH 122.
Will ↑ heparin to 1100 u/hr, ✓ PTT in 6 hrs.

[redacted]

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[redacted]

Best Quality FDA

PROGRESS NOTES

[redacted]

DATE

Pulm / Crit Care Weekend events review

7/6/98 Alert, Approp. c/o ? pain &

935 AM. some SOB.

Has had variable sats c̄ episodic

↑ FiO_2 Now @ 60% c̄ sats low 90's.

Febrile I ≤ 0. Wt sl. + c/w 7/5.

Skin dry.

Chest c̄ bilat rales.

(P) S_3. ō m

Abd soft B (P).

Ext tr. edema

ABG 7.45-34-64 900 x 10 7 PEEP 60%

H/H ↓ 9.2/28 WBC 9000.

CK ↑

CXR: ↑ infiltrate on (L) to my interp. I don't see a PTX.

A/p Hypoxemic resp failure

O_2 / vent requirement excessive for weaning.

Continue current supportive Rx

Agree c̄ prbc's

[redacted]

(OVER)

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[redacted]

Progress Notes

[redacted]

PROGRESS NOTES

[redacted]

MICU [redacted] Note

DATE	
7-6-98 8:30 AM	S- pt awake + responsive, ? her prognosis moves all 4 ext,
	O- Vent 60% FiO_2, V_T 800, AC 10, PEEP 7.5
MEDS	90's/60's, 100's P, 10R, Tmax 102°, 95% SATS
Dousate	SWAN = 30's/18-20 PA, PCWP 14, SVR 622, CVP 12, CI 3.7
ASA	41/15 PA, PCWP 5, SVR 717, CVP 9, CI 3.5
Heparin	I/O's = 4693/5340 ↓ 2 lbs ?
Dopamine 5	
Unasyn	
Ranitidine	
Versed - 7	General - obese, A + O, concerned about prognosis
Lasix pen	HEENT - PERRL, ⌀ JVD
	Lys - CTA
	Heart - RSR, S_1S_2 ? S_3 gallop ⌀ (M)
	Abd - obese, soft /NT/. ⊕ BS
	Ext - ⊕ pulses (B) UE/LE, warm; (L) UE warm, pink, ⊕ pulse
	Labs 137/4 / 107 / 7/.9 < 101 9.0 > 9.2/28.0 < 81% PMN 12% Lym 6% Mono
	PTT 42 Fibrinogen 739 CK 10,689 MB 0.0
	ABG = 60% FiO_2 / 7.46 / 34 / 24 / 64 / 94% SATS
	Cult: Blood 7/5 ⊖
	Blood 7/3 ⊕ central → Coag ⊖ staph ? contaminant

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[redacted]

Physician Narrative Progress Notes

[redacted]

DATE

5/98 CONT -

42 yo cc? seizure, cardiomyopathy, ↓BP

1. CV - still ↓BP on pressors (Dopamine 5)
   - confusing swan #s, consistent w/ ↓ Vol intravas
   got lasix yest / will ∅ give today
   cont to monitor 40P, on Heparin
   - try to wean pressors
2. Hem - ↓ Hgb ? etiology @ 9.2
   - adding 2 cl PRBC's, keep Hgb > 10 per [redacted]
3. Resp - CXR has shown PEdema prob cardiogenic
   ↑ F_iO_2 60%, ↑PEEP 7.5 ⇒ still PO_2 64 SATS 94%
   unable to diurese b/c BP
   ? Early ARDS, will monitor CXRs + SATS
4. FEN - IVF ~ 200cc/o total, TF @ 40cc/o
   CK ↑ 10,689 ⇒ ? Rhabdo ⇒ ? maybe ↑IVF / lasix
   otherwise will ↑ TF to goal
   monitor 40P, I/O's
5. ID - ⊖ Cultures except 1 central Coag ⊖ staph
   ↑Temp to 102°, pan-cultured
   ⊖ cult could be contaminant w/ ⊖ peripherals
   - will cont Unasyn + reculture for spikes
6. Neuro - stable, ∅ seizures, neuro off case.

[redacted]

7-6-98 Pharmacokinetic:

Heparin drip infusing at 1100 units/hr. PTT 43 sec. H/H 10.2/30.4

Received 1 unit PRBC's. Recommend to ↑ heparin drip to 1200 units/hr

will assess 6° PTT.

[redacted]

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[redacted]

PROGRESS NOTES

[redacted]

DATE	Addendum
7/6/98	- Pt still awake, communicative
11pm	- Episode of desat to 85% $\bar{p}$ sxning (minimal return) on 40%
	Sats now >92 on 70%
	intermittent coughing.
	BP stable on 5 mcg P-98 R-12 T-101
	Lgs - equal BS, good air movement
	CK >12000 from 10000 [redacted]
	I/O ~ 2600/1100
	CXR - pulm edema essentially no change; ØPTX, ETT ok
	A/P ① Resp decompensation - uncertain etiology -
	Consider ↑ fluids although PAWP stable, CXR no major Δ
	would not want to diverse as CK still increasing
	Consider LCSIO if cont to have oxygenation probs
	② Rhabdomyolysis - CK still (↑), - cause - SER vs. ephedrine induced
	f/u IDI ~ 140/° - u/o adequate
	f/u CK, consider HCO_3 to IVF. ~~to prevent Mb fr~~ for Renal protection [redacted]
	f/u Renal Fxn

[redacted]

(OVER)

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[redacted]

Progress Notes

DATE

7-7-98, Pharmacokinetics
0300 0215 PTT at 51, no D's in heparin, PTT at 1200 [redacted]

7-7-98 Pulm / Crit Care
835 AM Episodic spasms of cough assoc
c̄ profound desaturation requiring ↑ FIO2
to 100%
Persistent fever >101 Tmax 102.2
RR 10-24 BP 90-120/ HR 90-110.
CO 8.6 CI 4.2 SVR 631 PCW 12
Peakaway pressures 25-35 when sedate
but as high as 50 c̄ agitation / cough
I/O 4935/3025 wt ?
Insp wheeze R > L, otherwise clear
Cor ⊕ S3 Abd soft BS present.
Edema ō Δ
CXR is worse to my interp.
ABG 7.46-34-106 90% 10x 900
K 3.5 BUN 8 creat 0.8 Bronch wash No growth
CK > 12K H/H 9.7/28.9 WBC 10,100
A/P Severe hypoxemic resp failure - ↑PEEP, ↓VT
Paroxysmal cough
Fever - repeat cultures pend, add cipro
Sedation - consider Δ to propofol.
Hemodynamics c/w sepsis - consider
Prognosis still guarded
D/W family [redacted]

000026

[redacted]

PROGRESS NOTES

[redacted]

DATE	
7/7/98	Awake, ~~fo~~ able to write in complete, complex sentences.
	No neuro abnormalities.
	She is still very ill in terms of her heart failure and ARDS.
	I'll be away till next Tuesday. Please ask neurologist on call to see her if any problems occur.
	[redacted]
7/7/98 10:30AM	S- Pt responsive to name - opens eyes ↑ Propofol + getting more sedated now.
MEDS	O- 90's/50's, 80's P, 12 R, Tmax 102.2°, 98% SATS
Propofol	I/O's = 4935/3025 ? Wt UOP = 750cc/5°
Heparin	PA 31/16, PCWP 10, CO 8.4, CI 4.1, SVR 542, CVP 10
Dopamine 2.9	VENT = 65% FIO_2, VT 800, AC 10, PEEP 10
~~Dobut~~	
Unasyn	
Cipro	PE - General - ~~NAD~~ ABd - soft/NT/ND ⊕BS
ASA	HEENT - PERRL, ~~ø~~ JVD Ext - ⊕edema, warm
Ranitidine	Lgs - CTA ⊕ pulses
Dig	Heart - RSR, S_1S_2 ⊕S_3 ⊕(M)
Swan 7/3	

(OVER)

000027

- CONT -

[redacted]

Progress Notes

[redacted]

DATE

Lab FiO_2 65%, 7.46 / 35 / 24 / 80 / 97%

-CONT-

CK = 12,496 Phos 2.7 Ca 7.3

16.1 > 9.7 / 28.9 < 143 87 PMN's 6 Ly 5 Mono 136 / 3.5 | 105 / 26 | 8 / .8 < 120

PTT 51

Cult ⇒ Blood ⊕ × 1 coag ⊖ shaph

- thought contaminant - central culture

A - 42 yo w♀ w/ Seizures, Acute cardiomyopathy

↑ Resp difficulty, Rhabdomyolysis

1. CV - BP stabilizing, ϕ Dobut ↓ Dopa @ 2.9

Echo × 2 ⇒ cardiomyopathy w/ EF ~20%

CK ⊕ but MB + other enzymes ⊖

coronaries clear by cath

CO 8.4 CI 4.1 ; ? 2° to Ephedra

- will cont to wean pressors ✓ BP

- consider Echo for later in wk

2. Resp - ↑ distress, ↑ FiO_2 w/ desats

pt coughs + then desats

V/Q ⇒ ② lg ↓↓↓ ventilation ↓↓↓ washout

branch 2d previous ⇒ ϕ plugs

- pt put on propofol, ↓ FiO_2 again

- watching ABGs, consider re-branch

3. Rhabdomyolysis - CK stable @ ~12,000 × 2d

40P good ~ 150 c/o

- ? Etiology, monitor 40P

4. FEN - I/O's ~~balanced~~ [redacted] I > O's ~2L

pt on TF, lytes stable

- will watch 40P b/c Rhabdo ✓ K+

- don't want to diurese

000028

-CONT-

[redacted]

PROGRESS NOTES

[redacted]

DATE	
7/7/98 CONT -	5. [redacted] - swan #'s look septic ↑ Temp spikes @ 102.2° on Cipro + Unasyn, all Cult ⊖ - will remove swan + assess other lines. - consider ID consult 7/8 if cont spikes. [redacted]
7-7	Pharmacokinetics Heparin at 1200 u/hr. PT 48 - No changes suggested. Will ✓ PT in am. [redacted]
7/7/98	VARD Selected but unavailable
Dopa ↓	Tm > 102 P73 BP 98/53 CI 4.1
Vessel	lungs: Bilat Rales CK 12,500
Hyperm	S3 ⊕ gallop lytes OK
	ABD: Soft HgB 9.7
	Ext: ⊖ RaSO2 68% RaSO2 = 68%
Ap	1. Cardiomyop. ? 20 Ephedrine = O/C Swan
	2. Rhabdo. = Wean Dopa
	3. Resp. Distress = ✓ Cultures

000029

(OVER)

[redacted]

Progress Notes

[redacted]

DATE

7-8-98 Pharmacokinetics

0830 Heparin 1200 units/hr PTT 40 sec.

↑ to 1350 units/hr. PTT in 6°. ✓ home prog in AM

[redacted]

7/8/98 [redacted] MICU [redacted]

8:30

S. Able to respond to sisters, ↓ agitation/no cough

O. T_c 101.5 @ 545 BP 85/49 - 111/60 P 70-91 R 10 Vent. 7.48/34/25/102/99

FiO_2 40/ V_t 800 / PRVC 10 / PEEP 10

I/O 3195/3750 (3650 ccl) wt 210/211 yest.

Labs. 140 | 107 | 8 / 3.9 | 28 | 0.9 94

7.8 9.1 / 26.9 175

7.480/34/25/102/99

PE: Gen comfortable

HEENT: PERRLA

Lungs: Crackles Bases

Cor: RRR nl S1S2 ØS3S4 (m) gallops nb

Abd + BS Soft NT ND. Ext. warm well perfused

Meds
Dopamine off at 19:10 7/7
Heparin 1200
D5 1/2 c̄ 20K at 50cc/°
Propofol 35 mcg/kg/min
TF's 55cc/°
Docusate
ASA 325 qD
Ranitidine
Micanazole supp.
Digoxin 250 qD
MSO4
Acetaminophen
Unasyn 3g q6°
Cipro 400 mg q12°

A/P. ① Cor - Swan D/c'd yesterday - Cor stable, plan echo later this week, BP tolerated D/c of dopamine. Began Dig yesterday D/c art line & follow via cuff pressure

② Resp - improved c̄ propofol able to ↓ FiO_2 ∅ coughing will cont c̄ propofol

③ ID - cont. to have elev. temp, ⊖ Cx on Unasyn, Cipro - ~~needs to~~ will consult ID.

④ Rhabdomyolysis - No CK this AM - will Recheck

⑤ F/E/N - Tube feeds - quest. if ~~was see~~ nurse saw tube feedings in mouth - will ✓ NG placement in CXR & restart TF if correctly placed

⑥ Gyn - currently menstruating, w/d from OCP's, also question of yeast infxn → on Micanazole supposit.

[redacted]

[redacted]

PROGRESS NOTES

[redacted]

DATE	
7/8/98	[illegible]
	Sedated bed responsive
Gen (DIC)	106/60 P72 Tm 101.6
Hyperm	lungs: crackles
Vent (DIC)	5.5 & (5)
Prop [illegible]	Ext: 5
Ap	1. Fever ? cause
	2. Resp. failure
	3. Myocardial dysfxn WEF
	→ DK A-line / Triple lumen
	→ Pick line
	→ ID consult [redacted] DW [redacted]
	[redacted]
7-8-98	Pharmacokinetics
1200	Heparin on Hold. 0900-1500.
	Well Rebolus c̄ 3500 units & Drip Rating
	1300 units/hr. PTT in 6° [redacted]

(OVER)

000031

[redacted]

Progress Notes

[redacted]

Best Quality FDA

ATE

7/8/98 Pulm / Crit Care.
2:25 pm Sleepy but responsive. No episodes of paroxysmal cough
O_2 requirement ↓'d
Tmax 101.6 but ↓'d today.
Secretions are modest / tan
RR 10/10 BP 100-120 / off pressors
HR 63-85
I=O wt ↓210 Skin warm / dry
Chest c̄ ↓BS (L) base
Cor No S_3 or m̄
Abd soft BS (P)
Ext edema ō Δ
CXR Persistent LLL atelectasis to my interp but globally better in terms of interstitial edema
CK ↓ 4973 ESR 117
Sputum 7/7 enteric GNR PT 40
ABG 50% 10 x 800 10 PEEP 7.48 - 34 - 102
WBC 7800 H/H ↓ 9.1 / 26.9
BMN 8 creat 0.9
A/p Continues critically ill but ABG, O_2 requirement CXR all suggest resp failure is improved. Propofol has helped re paroxysmal cough. ? start to wean 7/9.
Fever persists but is trending ↓
FEN going ok.
Rhabdomyolysis - better by #'s
Agree c̄ getting lines out.

[redacted]

000032

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[redacted]

PROGRESS NOTES

[redacted]

DATE	
	Add.
7/8/98	Blood Cx from 7/3 - returned c̄ Coag neg Staph Sens. to Cefazolin / [redacted]
3:30 A.	Clinda / Naf / PCN. ID consult @ this afternoon.
	Cont. Cipro / Unasyn.
7/8/98	ID Consult / Full note dictated.
	Reason -- Abx recommendations
	HPI: -42 yr. old ♂
	Originally presented to [redacted] ER p̄ headache, dizziness, lethargy, CP
	& tonic / clonic seizure - Apparently onset of symptoms 3-4 days
	Brought to ER by ambulance 7/2 - given Versed / succinyl choline & Cerebyx
	to calm seizures. CT / LP done.
	Urine (+) for benzodiazepines / amphetamines after given Versed.
	Transferred 7/3 to [redacted]
	ECHO w/ EF < 15%
	on admit - had been on Ma Huang & Guarang - medications for obesity
	7/3 on Unasyn since ↑ WBC / difficult intubation & possible aspiration
	multiple evaluations & consultants
	7/7 - Cipro added to present regimen
	asked to see patient 20 to persistent Temp spikes
	pressors weaned 7PM on 7/7 & BP hemodynamically stable
	FIO_2 35 yest. I 3195 O 3750
	Tmax 101.8 (R) - Temps since 7/4 admit
	minimal suctioning
	Ø stools. / - tube feeding going now.

000033

(OVER)

Progress Notes

[redacted]

Best Quality FDA

[redacted]

DATE

- Lines: - triple - - Rt groin - a [redacted]
  - Rt. groin: Aline removed today
  - swan Lt groin came out yest
  - today - PICC line placed

- 7/8 CPK 4973
- 7/8 Cr 0.9
- WBC 7.8
- H/H 9.1/26.9

- HEENT: - NG battering
- JVD: - ∅
- Lungs: - transmitted breath sound / ↓ Lt
- Heart: S1 S2
- Abd: Abd: soft
- Extr: mild edema

7/5 Bronch wash: many pmn's
∅ bacteria
∅ growth

7/7 Sputum: - light gnr
- light gnr

7/6 Urineath - w/ yeast 10K

- 7/6 BC x 2 ⊖
- 7/5 BC x 2 ⊖
- 7/3 BC x 1 ⊕ 2 Staph coag ⊖
  S= ALL
  S= ALL except key

- CXR - better.
  marked improvement
  Lt base atelectasis

- A/P
- Pt w/ complicated course
- cardiorespiratory failure
  now w/ gradual improvement
  no definite etiology
- viral etiology certainly part of differential
  current ID issues.
  - 7/3: BC - probable contaminant
  - 7/7 Sputum w/ 2 gnr ID / [redacted]
  - 7/6 Urine w/ yeast.

- X-Rays reviewed

Cultures w/ [redacted] → CSF - appears negative so far.
[redacted]

- REC: - ✓ urine eosinophils
  - ✓ urine Legionella Antigen.
  - UA

to simplify regimen 2° to IV access
- can give Diflucan thru NG
- switch to Trovan 200 mg IV q 24 hr.

Thanks
[redacted]

- ✓ Coxsackie serology / IgM Epstein Barr / CMV [redacted]
- culture line tips

[redacted]

000034

Discussed w/ family

[redacted]

PROGRESS NOTES

[redacted]

DATE	
1/8/98	Pharmacokinetics
	Hep. at 1300 unit/hr. PTT = 37 sec. Recommend giving 2000 unit bolus + ↑ drip to 1500 unit/hr. PTT in 6°.
	[redacted]
7-9-98	Pharmacokinetics.
	0155 PTT at 42, will ↑ heparin to 1600 Units/°, PTT at 0900
	[redacted]
7/9/98	CARD
	Sedate but [illegible]
	169/58 P92 Tm 101.5
	lungs: few (R) crackles
	SO2 ≥53 ESR 117
	ARD: [illegible] 1 Hg B 11.3
	EXT: 5 Lytes OK
	CPK 3400
Ap	1. LL LVEF = Abx per ID
	2. Fever = ? warm [illegible]
	3. Resp. [illegible] .. better

(OVER)

[redacted]

000035

[redacted]

Progress Notes

[redacted]

DATE

- ID F/O
- CPK 3404

7/9/98 6:45 AM

1.0 AST 150

7/8 A-line tip Ø

- WBC 6.4
- H/H 11.3/33.4

7/7 - Sputum Citrobacter freundii → 2nd Kleb → S=Cipro & therefore Trovan

urine eosinophils Ø

7/8 UA 25-50 WBC w/ budding yeast

- suctioning moderate / scant
- stool Ø
- 35% off pressors
- Tmax - 101.5 PU
- Lungs: transmitted ↓ LFl
- Heart: $S_1 S_2$
- Abd: - ⊕ BS / mild RUQ pain tools
- Extr: Ø

A/P - Persistent Temps

- on Trovan / Fluconazole
- w/ RUQ pain - will ✓ gallbladder US for completeness.

[redacted]

7-9-98 0945

Pharmacokinetics

Heparin 1600 units/hr PTT 42 sec

Heparin infusing correctly -

Will ↑ Heparin to 1750 units/hr.

PTT in 6°. ✓ Lime prof in AM

[redacted]

[redacted]

PROGRESS NOTES

[redacted]

DATE

Pulm

7/9/98 Sleepy but responsive.

8:35 AM Tmax 101.5 V_E ~ 10 L RR 10-14

Spont V_T ~ 4-500 N.F < -20.

Unable to do VC.

Chest c̄ ↓ BS (L) base.

No S_3

CXR: To my interp unchanged.

A/p Resp Failure improved

ID input apprec

Will start to wean

↓ Propofol.

[redacted]

000037

(OVER)

[redacted]

Progress Notes

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DATE

/98

EDS

g
YA
floxacin
flucan
nitidine
eparin
opofol

S - Pt awake + alert, NAD
responds appropriately + ? prognosis

O - 120's/60's; 80P, 20's R, 93% SASS, Tmax 101.5°
Vent IMV 0, PS 6, F_iO_2 35% (attempting wean)
I/O's = 4463/2000 ↑16 lbs/adm UOP =

HEENT - PERRL, ∅ JVD
Lys - ⊕ exp upper airway noise, ∅ consolidation
Hent - RSR, S_1S_2 ∅ (M) +/- S_3
Abd - RUQ tender, soft / ∅ distention ⊕ BS
Ext - ⊕ edema, warm, ⊕ pulses

Labs = PTT 42, CK 3404, MB 0.0, ESR 117

140 | 105 | 10 < 100   6.4 > 11.3 < 236
3.7   1.0   33.4

66% PMN
21% Lym
8% Mono
5% Eos

Prot 5.9, Alb 2.9, Ca 7.7, AST 150, Alk 81, Bili 0.3

Calt 7/6 Urine ⊕ Candida
Blood ⊖
7/5 Resp ⊖   7/7 Resp ⊕ Citrobacter
although ↑↑↑ of contamination

A - 42 yo wf w/ cardiomyopathy, SZ, rhabdo
1. Resp - stable pt trying to wean IMV ∅, PS 6
- will ✓ ABG in 1°
- will d/w pulm extubation vs. rest tonight
2. CV - BP stable in 120's/60's
UOP stable, off pressors
- will d/c cardio when to Re ✓ Echo

-CONT-

[redacted]

PROGRESS NOTES

[redacted]

DATE

CONT -

3. ID - ID D'ed Abx to alatrofloxacin, diflucan
all other abx + anti-fungals stopped
- viral cultures ordered
- urine D'ed for Legionella / Eos
↓ WBC, cont Temp spikes
cult resp 7/7 ⊕ for Citrobacter although
showed a lot of OP contamination
all others ⊖, 7/6 UA → Candida

4. FEN - TF D/c'd b/c US for RUQ pain
IVF @ TKO, I/O's = @ 2263, UOP good
- will add IVF if can't restart TF
after GB (US).
- cont to monitor lytes / UOP / BP.

5. Rhabdo → CK ↓ 3404, still ∅ MB
? due to ischemia @ arm, vs. meds (ephedra)
- currently resolving w/ good UOP

6. RUQ pain - ? CHF congestion vs. biliary colic
- US ordered.

[redacted]

000039

(OVER)

[redacted]

Progress Notes

DATE

7/9/98 Addendum

NOON U/S of GB: Thickened walls 5 stones (7mm)
mildly ↑ dilatation of common duct 8mm
Consider Acalculus cholecystitis

AP - WWL
SGOT - 150 (↑)
Given RUQ tenderness, would ✓ PIPIDA scan -
may need to consider surgical options if felt to be
a source of infection

1500 # HIDA scan ⊖ for GB defect
possible False Pos GB wall Thickening 2° passive
congestion
? Cause of RUQ pain as well

Restart Tube feeds.
follow I5 & O's. - Good u/o last 8°.

[redacted]

- 7/9/98 ID
As above
6 PM US - gallbladder thickened / HIDA scan - NL.
favor 2° to passive congestion
no Δ in Abx.

[redacted]

[redacted]

PROGRESS NOTES

[redacted]

DATE	Pharmacokinetics
7-9-98	Heparin drip infusing at 1750 units/hr. PTT 50 sec. Recommend no change. Will assess AM PTT.

[redacted]

07/10/98 Cardiology

Sedated but responsive to questions. Denies pain

VSS. HR 70s. BP 106/70 Mild bone persists

Lungs clear anteriorly. Car: Rr. Diffuse PMI

No audible S3, Nl BS. Little if any Rmi

tenderness. Telem: stable NSR.

Lets pending, CCR pending,

Imp > Mening gradual progress weaning.

Fever a concern but not clinically septic

Plans defer to Dr [redacted] regarding ? cautious

initiation of ACE inhibitor or carvedilol

[redacted]

7-10-98 Neuro

8 AM Seen in MICU for [redacted]

On vent. Awake & alert.

Writes in complete sentences &

follows commands.

Neuro Exam unchanged

(OVER)

000041

[redacted]

Progress Notes

[redacted]

DATE

7/10/98 Pulm
925. Tol. PSV 12 faulty well 7/10.
Now on PSV 12 1mv ϕ 45% RR 20-20
Sat's mid 90's.
I > O Wt ↔
↓ BS (L) base.
No S_3
CXR: Persist (L) hemi thorax opacif.
c̄ LLL atelect.
PO_2 only 60 this AM
A/p Resp. Failure
Hypoxemia, ↑PEEP may preclude
extubation today.
Continue PSV → rest tonoc
? Branch if no better 7/11 [redacted]

7-10-98 Pharmacokinetics
1000 Heparin 1750 units/hr PTT 50 sec
PLT 268 H/H 11.6 / 34.3 Will ↑ to
1850 units/hr. PTT in AM [redacted]

[redacted]

Best Quality FDA

PROGRESS NOTES

[redacted]

DATE

10/98
45AM

EDS
Catroflex
Propofol
Diflucan
Heparin
ASA
Ranitidine
Docusate

S - pt awake + alert, ϕ pain
was tired after breathing all day

O - 100's / 50's, 80's P, 10R, 96% SATS, Tmax = 100.3°
I/O's = 2940 / 2500 ~~[illegible]~~ lbs / yest → wt stable
Vent IMV ϕ, PEEP 5, PS 12, 45% F_iO_2
HEENT - PERRL, ϕ JVD
Lungs - CTA ϕ crackles
Heart - RSR, S_1S_2 ϕ(M) ⊕ S_3
Abd - soft / NT / ND ⊕ BS
Ext - warm + pulses

Labs: PTT 50, Rf factor ⊖, Non-specific ANA ⊕
45% F_iO_2 → ABG 7.449 / 38 / 26 / 60 / 93% SATS

142 | 106 | 11 / 1.0 < 106   7.2 > 11.6 / 34.3 < 268   61% PMN, 25% Lym, 9% Mono, 5% Eos

Prot 6.1 Alb 2.9 Ca 8.0 AST 100 ALT 89 Bili .3
D Dimer 1.0 (elevated)
Cult: 7/6 Urine → candida
7/7 Resp → Citrobacter + OP contamination

A - 42 yo wf w/ cardiomyopathy, ↓BP,
resp failure, seizures

(OVER)

— CONT —

000043

[redacted]

Progress Notes

DATE

1. CV - BP ↓ yest needing IVF bolus
still low today although ∅ pressors
- cardio planning ECHO early next wk
- on Heparin, ASA

2. Resp - worked on cleaning yest, ↓Po2 60
- will ↓ PEEP 5, FiO2 45%, PS 12, IMV ∅
- will allow her to breath today
then rest over night

3. ID - ∅ Resp → citrobacter, urine → candida
∅ Temp spikes, BP more stable
- on alatroflox + diflucan per ID

4. FEN - TF back to goal @ 55cc/h
IVF needs @ 50cc/h → to complete fluids
- will hold IVF inc TF @ 105cc/h.
lytes stable, will follow in AM.

5. Rhabdo - improved before
- will re ✓ CK in AM

6. Abd (RUQ pain) - HIDA ⊖ US ⊖ stones
- will follow pt complaints

[redacted]

[redacted]

000044

[redacted]

PROGRESS NOTES

[redacted]

DATE

7/10/98

- 10 F/U
- Tmax 100.1
- BP in 70's yest. - respond w/ bolus
- suctioning scant
- 45% (slight up)
- no BM yet /
- on Trovan / Diflucan
- Lungs: slight ↓ @ base
- Heart: $S_1 S_2$
- Abd: soft
  - nose: ? traumatic 2° previous NG.

WBC 7.2

CXR: consolidation. same.

↓ fluid overload.

7/7 Sputum w/ gnr x2 S= Trovan.

- A/P. - Low grade temps.
  - will re- ✓ Urine / Sputum C+I
  - no Δ in Abx.

[redacted]

7/10/98

Cardiology

Severe LV dysfxn c̄ normal cors

+ thought 2° to ephedrine abuse.

Currently stable. Lungs clear

SAT's 90's Cor: ∅ gallop today.

Extrem: warm few rouses.

(OVER)

000045

[redacted]

Progress Notes

[redacted]

DATE

7/1/98 Monitor: probable short bursts of AFib c̄ bundle (vs VT) (doubt).

A/P:
4240 c̄ CHF / resp failure / severe systolic dysfxn.

Q/AN:
1) Gradual wean per pulmonary.
2) re ✓ echo monday.
3) START Lisinopril. [redacted]

7/11/98 Pulm
9th Am
Weaned failure well. Scant secretion
Low grade temp RR 24 SVT ≈ 500
Chest c̄ ↓ BS ⊖. base.
Cor c̄ S3
CXR Persist LLL atelectasis VC ≈ 1050 cc
A/P Resp failure → likely vent indep. although mechanics marginal
Atelectasis → will bronch to R/O plug.

[redacted]

PROGRESS NOTES

[redacted]

DATE

11/98
tm

S- Pt has HA + sore throat
ϕ CP ϕ SOB, anxious to be weaned

O- 110's/40's, 70's, 25R, 95% SATS Tmax = 101
I/O's = 2442/4050 ? wts UOP

HEENT = PERRL ϕ JVD
Lungs - CTA
Heart - RSR, $S_1 S_2$ ϕ ⊕ ϕ S_3
Abd - soft /NT /ND ⊕ BS ϕ RUQ tender
Ext - warm, pink ⊕ pulses

Labs - PTT 38, CK 780, MB ϕ

143 | 109 | 12 / 102
4.2 | 28 | 0.9

8.4 / 11.4 / 285
33.5

69 PMN
19 Lym
8 Mono
3 EOS

Cult → 7/10 urine → few yeast
Resp → ⊖

A- 42 yo wf w/ cardiomyopathy, resp failure
1. CV - stable BP, ϕ pressors, ↓ IVF
- ✓ ECHO on Monday, on Lisinopril.
2. Resp - did well breathing on own × 2d
RSBI, Vc, NIF, awake + alert
- will branch + then extubate

(OVER)

000047

- CONT -

[redacted]

Progress Notes

DATE

CONT -

3. ID - urine → yeast, ϕ spices, BP stable
resp ⇒? contaminant → citrobacter
- on alatroflox + diflucan

4. FEN - O's > I's, BP + HOP stable
lytes, BUN/cr stable
on TF goal 55 cc/o
- will follow BP, HOP, wts.

5. Rhabdo - CK ↓ 780, stable, resolving

[redacted]

7/11/98 Pulm Branch
9:40 Am
- secretion L > R L L
- inflamed airways
- Suctioned clear
+ extubated

[redacted]

PROGRESS NOTES

[redacted]

DATE

7-11-98 Pharmacokinetics

1000 Heparin is at 1850 u/hr. PTT 38 secs. Was 50 secs prior to rate ↑ last PM. Heparin off for ~1 hr last PM for ATB's. Effect on PM this AM should not be of this magnitude. Plan to ↑ heparin to 1950 u/hr to keep PTT 50-70 secs. PTT at 1600. PLTS 285,000 [redacted] & HCT 33.5 (↑).

7/11/98 ID F/U

7/10 Sputum ∅ growth

7/10 Urine C&S - 10K-100K Colbicans

4.2 | < 0.9

- WBC 8.4
- H/H 11.4/33.5

7/11 - CXR stable

- Extubated / - 10 L

10L (R) max Hemodynamically.

currently Diflucan 100 & Trovan 200.

- Lungs: fairly clear
- Heart: S1 S2
- Abd: soft.
- line OK.
- A/P (1) - CXR - stable - extubated continue Trovan

(2) - yeast in urine - continue Diflucan

(OVER)

[redacted]

000049

Progress Notes

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[redacted]

DATE 7-11-98 1630

Pharmacokinetics:

Heparin at 1950 u/hr PTT = 62 secs (Goal: 50-70 secs)

No changes suggested. PTT QAM.

[redacted]

/12/98 7:45 AM

S - pt awake + alert, talking, ϕ complaints

O - 110's/60's ; 70's, 20R, Tmax = 100.1, 94% SATS on GL O_2

I/O's - 2100 / 3250 ? wts

HEENT - PERRL, ϕ JVD, NAD

Lys - ⊕ (B) crackles ½ bases, ϕ consolidation

↓ BS (L)

Heart - RSR, S_1S_2, ϕ (M) ϕ S_3

Abd - soft / NT / ND ⊕ BS

Ext - warm, pulse ⊕ edema (resolving)

Labs 142 / 4.1 | 107 / 27 | 11 / 1.0 < 97 12.6 > 12.6 / 36.3 < 326

77 PMN
15 Lym
6 Monos

PTT = 62

A - 42 yo w♀ w/ cardiomyopathy, Resp Fail

1. CV - BP, HOP, stable
   - waiting for Echo (planned for Mon)
2. Resp - extubated, on GL O_2, 94% SATS
   - ? as to 00 Unit or not
3. FEN - at full liq yest, lytes stable
   - adv diet as tolerated.
4. ID - afebrile, WBC ↑ 12.6 ϕ Bands
   - on alatroflox + diflucan.

[redacted]

000050

[redacted]

PROGRESS NOTES

[redacted]

DATE

7/12/98 Pulm.
850 AM Alert, up in chair, denies SOB.
S1, Hoarse. Sats 0x on 4L
low grade temp RR 16-20.
I < O
Chest c̄ ↓ BSD (2) base
CXR - LLL infiltrate latelectasis - hypo-
ventilated to my interp.
A/p Resp Failure improving.
I'll sign off. Please call c̄ new?

[redacted]

7-12-98 Pharmacokinetics
0925 Heparin is at 1950 U/hr. PTT 62 secs (Stable)
Goal PTT 50-70 secs. PLTS 326,000 + HCT 36.3 (↑)
No changes suggested.

[redacted]

7.12.98 Feels much better. Mt SOB on
nasal O2, untubated.
Bp 112/__. P=80/min. Crackles bilat.
No MR. No S3 heard.
SR on tele.
Mt 1 4

(OVER)

000051

[redacted] Progress Notes

DATE

Will review CXR.
Echo tomorrow
CON
Cont Anticoag.
ACE I
Lasix.

[redacted]

[redacted]

PROGRESS NOTES

[redacted]

DATE	
	ID F/U
7/12/98	Tam 99.8 / Hemodynamically stable
	on 4L @ present
11AM	just transferred out of unit [redacted]
	- Lungs: rare crackle
	- Heart S1S2
	- Abd: soft
	PICC line OK
	- CXR today - hypoventilatory - ? slightly better / SAME
	- 7/11 Broch wash - mod pmns / ⊘ bacteria
	oral flora
	7/11 Urine cts w/ 10K C. albicans
	- A/P ① Pneumonitis / CHF
	switch to PO Trovan today
	② Yeast: UTI: continue Diflucan
	hopefully Foley can come out soon [redacted]

000053

(OVER)

[redacted]

Progress Notes

[redacted]

DATE

7/13/98 CARD

Stable. Feels better Φ cos.

VSS, Yeb.

lungs: few (R) crackles

S1 S2 S3 Φ S3

Ext: 5

Ap 1. Cardiomyop. ? cause · ✓ Echo

2. Fever · Cores Later [redacted]

7/13/98 ID F/U

TAM 99.0

- Lungs: crackles Rt > Lt.

- Heart: S, S

- Abd. soft.

- on Truvan & Diflucan

- will ✓ UA/C&S // D/C foley [redacted]

7-13 Pharmacokinetics

Heparin at 1950 u/hr. PTT 175. will decrease heparin to 1850 u/hr, ✓ PTT in 6 hrs. [redacted]

7-13-98 Pharmacokinetics

Heparin drip infusing at 1850 units/hr. PTT 51 sec. Recommend no change. will assess AM PTT. [redacted]

[redacted]

PROGRESS NOTES

[redacted]

DATE

- ID F/U

7/14/99 currently on Diflucan & Trovan

Afebrile

- WBC 9.6 Cr 1.1

7/13 Urine UA 10-25 WBC

- EXAM: Hemodynamically stable

- Lungs: ok

- Abd. soft

- plan 2 more days PO Diflucan / Trovan

[redacted]

7/14/98 Card

Pt tried. Ø SOB. Ambulatory

Ambulatory O_2 92 → 89. Ø SOB.

Rest O_2 92-94 RA BP 126/74 18 74

Pt hyp JBS (R)

w SO_2

Ext Sudan

Questions Answered. Echo Shows marked improvement in ∝ fun.

000055

AIR

1. Cardiomyopathy Cerg body.

2 fever ? D/C Sonnoes.

[redacted]

(OVER)

[redacted]

Progress Notes

DATE

7/15/98 CARD

Stable & Cos.

VSS, Cgeb.

Lungs - few (R) crackles

SISO 5 L.

Ext: 5

CXR pending Chem FOR

ADP 1. Cardiomyop. → better

2. LTI

→ D/c Home

[redacted]

PROGRESS NOTES

[redacted]

DATE	
	-ID
7/15/98	- 7/15 Urine w/ still yeast but foley was still in place
	- Tmax 99.8
	- EXAM:
	- as above
	- CXR (P)
	- A/B. - completed course of Abx
	- can go home off Abx & monitor closely for recurrent symptoms

[redacted]

000057

(OVER)

[redacted]

Progress Notes