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

ARMS#

12733

6 - MD NOTES

PROGRESS REPORT

[redacted]

DATE	
12.13.97	Admit Note
0151	47 yo (R) handed WM - @ 8 PM 12.12.97 wife noted that he could not move his (L) leg in bed - also ? respiration. Evaluated in [redacted] ER - CT scan Head - intracerebral hemorrhage.
	PMH - ? HTN but pt not on meds
	Meds - none
	PSH - none
	Habits - (-) tobacco (-) ETOH
	Social - factors none
	Family Hx - (-)
	ROS - good health
	PE - Overweight WM ↗ will answer questions T = 98.1 BP = 180/110 P = 80 K-H
	CN - persistent gaze to (R) (L) facial weakness
	sensory ✓ dense (L) hemiplegia
	motor
	reflexes
	(L) H/L ↓/↑
	CT scan Head - intracerebral hemorrhage (R) basal ganglia 2½ - 4 cm - some effacement of lateral ventricle.

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cont next page ↗

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PROGRESS REPORT

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DATE	
12/13/97	Admit note - cont.
	plect - 248 PT = 12.9 PTT = 229
	dmp - Intracerebral Hemorrhage
	Plan ① Admit MIC
	② Close follow up of blood pressure.
	[redacted]
12/13/97	Afebrile - BP controlled w/ Cardene
1008	Will rouse to voice - answer questions - follow commands.
	Neuro - dense ⊖ Hemiplegia - pupils react well
	dmp - Intracerebral Hemorrhage - Edema - stable
	Plan ① Cont to control BP → reduce flow
	② SCD for prevention of DVT
	[redacted]
12.14.97	Afebrile VSS - BP controlled w/ Cardene
1513	Alert - when roused
	Neuro exam - unchanged
	Will start on Dysphagia level 1 diet

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[redacted]

PROGRESS REPORT

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Best Quality FDA

DATE	STAMP WITH ADDRESSOGRAPH
12/15	New/ Drowsy, poorly communicative (R) gaze preference.
	Tells me his name & that he's in [redacted]
	Dysmorphic. Pupils=. Photophobic. 20Ms Conjugate. Doll's (+) (L),
	briefly. (L) c 7th. P/T not seen. Neck Supple.
	BP's remain ↑ on Cardene @ 20cc. O2 Sats okay off O2
	(self-dc'd).
	Chest clear x upper airway noise
	CV-RR ≤ (m). No extra/skipped beats.
	Abd BS active, soft.
	Extr ≤ C, C, E.
	Plegic LUE/LLE. DTR's ↓ (L) side x (+) (L) Babinski
	2+ (R) DTRs ≤ no Babinski (R) side. No spontaneous mvmt,
	but withdraws (R) limbs.
	Imp: ICH, prob hypertensive etiology. Now drowsy/lethargic
	- Continued htn
	- low grade Temp elevations
	Plan: 1. Continue ICU-level monitoring & Care
	2. Add Catapres patch. When alert & able to safely swallow,
	add ACE ⊙
	3. ↓ Urine, labs, CXR. BC & Urinalysis of fever-ensues
	4. Re ✓ CT, ✓ EEG (drowsy) [redacted]
	5. H2 prophylaxis see ordered
	17:30 Add: Repeat CT = stable appearance. O2 Sat: 97% now.
	Remains drowsy, but will hold mannitol unless breathing pattern
	Δ's or CT Δ's. [redacted]

[redacted]

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PROGRESS REPORT

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STAMP WITH ADDRESSOGRAPH

DATE	
12/16	New / AF. Tm = 100.2 yesterday. 98.4 now. Temp never reached criteria to start Unasyn (on no Abx). CXR = no infiltrates.
	Repeat CT = unchanged.
	On Catapres TTS-2, SBP's & 150's-160's; Cardene drip t'd to 14/hr now.
	on exam - pt is drowsy, but more easily arousable than @ any time yesterday. States he has some thrust of (R) hemicephalgia.
	Pupils = Emmt. Face (L) c 7th. V.23 = Temp & Cuneals.
	Voice sl dysarthric. Neck Supple. Motor - Plegic LUE
	Moves LLE 2/5. RLE 3/5. RUE 4/5 effort
	Hyporeflexic (L); Babinski. Ø Babinski (R). Chest Clear, CV RR distant. Abd BS(+), soft
	Oriented Dec 1997, Age 47. "I had a stroke". Extr sl edematous
	Imp: Stable ; (R) BG hemorrhage
	Note BP's ; note Glu
	Plan: 1. Soft NG Tube & Glucerna @ 25/hr & advance as able
	2. ↑ Catapres to TTS-3 or add NG antihypertensives
	3. Mean Cardene as able
	4. Following Temp Course - note UA (C&S pending)
	[redacted]
12/16/97 0930	Dietitian: Beginning tube feeding Glucerna @ 20/hr & ↑ as tol. to 30/hr. 1 stool this am. & BS. Alb - 4.0
	5'6" 287.5# Pt. is 202% of [redacted]. Needs based on adj. wt. of 180 # - 2300 cal., & 80 gm Prot (1 gm/kg) & 3250-3900 cc free H2O/24. based on ~~adj.~~ actual wt. -
	Recommend: ① ↑ Rate as pt tol. Goal rate = 95 ml/hr.
	② Once IV D/C'ed pt will need add'l 1200-1700 cc free H2O/24° to meet fluid needs [redacted]

[redacted]

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PROGRESS REPORT

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DATE	STAMP WITH ADDRESSOGRAPH
12/17	Now/ A fc Write >24h. BP's have come down nicely past 24h & now 130's-140's systolic. Not Tachy. RR 18-20 & Sats in high 90's.
	He pulled out NGT early this AM in sleep. Glucerna @ 30/hr & problems.
	He's awake, (R) gaze preference, & says he feels better.
	HA resolved as BP's fell, apparently. He adds he is getting some mvmt LH, and demonstrates.
	Pupils = EOM I, but requires Dolls to gaze (L). (L) c 7th.
	Neck Supple. flexors strong. P/T Midline.
	Motor Gr 2/5 (L) fingers. Thrize 0/5 (R) left LUE. Gr 2/5 LLE.
	Gr 3/5 effort RLE & Strong & Spontaneous RUE.
	Sens = LT, Temp. CBL. not ataxic RUE. DTR's brisk (L) & Babinski
	Chest clear Anteriorly. CO RR's (R). Abd Soft, BS(+), NT.
	Extr & L, C, or E. Urine c/s (-) x 2 days
	BUN = 27 (↑) & WBC = 11.1k (↓). TSH, FANA, RPR = ok.
	Imp: (1) Stable S/P (R) BG hemorrhage
	(2) Satisfactory BP & O2 Sats
	Plan: (1) Move out of ICU to [redacted] Acute Stroke Monitored Bed
	(2) Continue Same Meds; Advance TF
	(3) Assess Swallowing, & activity as able. [redacted]
12/17/17 0950	Dietitian: Plan to ↑ feedings to Glucerna @ 40ml/hr
	1V @ 40 ml/hr - Tube will provide 960 total cal,
	800 non-prot. cal, 40 gm Prot → 839cc Free H2O/24°
	See 12/16 RD note re: target rate -
	[redacted]

[redacted]

[redacted]

PROGRESS REPORT

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STAMP WITH ADDRESSOGRAPH

DATE	
12/17/97	Memo/ Areas of what were thought in ICU to be vitiligo are now seen in the ambient window light (sunlight) to represent T. versicolor.
	Pt is still more alert today & adds that it itches, esp p̄ bathing.
	Fully oriented. Pupils=. No gaze preference. No obvious neglect this AM.
	(L) c 7th & hemiparesis little changed, but has digital mvmts as yesterday.
	Chest clear, CVRR s̄ (m). Abd soft, BS(+). Extr (-) edema.
	NGT in place. VSS, Afebrile. Sens=.
	Imp: Improving level of consciousness.
	Stable (L) hemidefiants
	Plan: 1. ST swallowing eval, & if ok, will D-C TF & place on po intake
	2. Continue SCD's until ambulatory
	3. Continue hypertensive agents
	4. Gently wean O2 starting tomorrow [redacted]
12/18/97	Speech Pathology
	Pt c̄ mild pharyngeal delay noted during eval. Pt s̄ penetration/aspiration on any consistency. Mild difficulty noted c̄ mastication.
	Rec'd dysphagia level III diet. [redacted]

[redacted]

[redacted]

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PROGRESS REPORT

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DATE	STAMP WITH ADDRESSOGRAPH

12/18/97 Nutrition Services - Alpha Team Consult - Diet - Dys 3 (Glucerna 40cc/°)
Pt reports Ø N+V, Ø constip or diarrhea. Few teeth left in mouth
See STeval @ swallow - ok. Pt reports can eat anything.
Wt stable until 3wks ago. Took purple blast apx 3wks + lost
apx 15lbs. Follows NAS restriction @ home. NKFA. Ø Dislikes
voiced. Appetite great. Pt reports is not diabetic.
Lab noted hx + meds noted. Ht 5'6", wt 287.5 lbs. IBW 142lbs
± 10%. Pt is apx 202% of IBW. ~~Adj wt used for obesity~~
~~178lbs. Est reqs 2430kc~~ error [redacted] Diet order adq. Appetite
adq. Tube out -
Rec 1) D/C TF
2) As pt improves attempt to progress to NGS, NAS, Reg tactor
3) Add NAS restriction
4) encourage wt loss c̄ diet + exercise
pt may benefit from diet instruct
will follow [redacted]

12/19 New/ Off TF and eating well, I am told. AF, VSS.
Talkative, Friends in Room. Mildly Dysarthric.
Pupils =. (L) c 7th + paresis. Temp =. DTR's + (L) c Babinski
Chest Clear, CVRR, Abd BS+, nontender.
Imp: Improving s/p (R) BG stroke. 1st view of (L) elbow [illegible]
(1/5) today
Plan: 1. + activity; bedside commode; D/C Foley
2. D/C SCD's when ambulatory
3. Rehab thoughts [redacted]

[redacted]

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