Ahsip, Tommy

MRN: 1000014397

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Physician
General Internal Medicine

Consults
Signed

Creation Time: 22/09/21 1407

General Internal Medicine Inpatient Consult Note

Attending provider:	Fraser W. Armstrong
Consulting provider:	Robert Stanley Arthur Hayward
Authoring provider:	Robert Stanley Arthur Hayward
Primary care provider:	Aidevo Sandra Adebo
Referring provider:	Allen E. Ausford
Fulfillment:	22 Sep 2021 08: 30
Goals of care:	GCD-M1
MyAHS Connect:	Pending

Consultation Request

Reason for Consult? Hypoxia and Calf pain
Level of Consultation: Consult and Transfer of Care

Consultation Purpose

This 83 y.o. man was brought from temporary lodging to the EDM WMC University of Alberta Hospital 783 days ago because of 1 week worsening exertional dyspnea, was admitted for respiratory support, and is seen by the General Internal Medicine consultation team for review of new combined heart and respiratory failure for assessment and management.

Hospital Problems

Principal Problem:
Respiratory failure with hypoxia
Active Problems:
Type 2 diabetes mellitus
CKD (chronic kidney disease)
COPD (chronic obstructive pulmonary disease)
HFrEF (heart failure with reduced ejection fraction)
Hypertension
GERD (gastroesophageal reflux disease)

Course in Hospital

This 82 y.o. man was brought from home (family care) to the EDM WMC University of Alberta Hospital because of 1 week worsening ertional dyspnea and was admitted for respiratory support. Key hospital milestones include:

- Stabilized with fluid, electrolyte and glucose management (brief ketoacidosis), coupled with short term speculative antibiotics

- Recovered baseline organ function within 48 hours while mild delirium cleared within 72 hours
- Remainder of hospitalization focused on re-calibration of medications and reactivation for deconditioning

Consultation Assessment & Recommendations

*** Respiratory failure with hypoxia**
Multifactorial acute respiratory failure on baseline borderline exercise tolerance related to COPD, HFrEF and increasing pulmonary hypertension.

Presentation and imaging consistent with non-specific COPD/CHF with no findings consistent with ischemia or sepsis.

- Transition to low flow supplementation and wean O2
- No further loop diuretics until volume stabilized.

HFrEF (heart failure with reduced ejection fraction)
Followed by: Heart function clinic, Dr. Wirzba
Status: key CHF (HFrEF <41%) events include prior MI; causes include hypertension; and complications include serosal effusions.
Function: NYHA class III-A, with last ejection fraction of 28% (noted on 2020) classified as Severely reduced (< 31%)
Interventions: ICD
Therapies: ACE, Loop diruetics
Course: improving

Co-managed with respiratory failure.

COPD (chronic obstructive pulmonary disease)
Followed by: Ron Damant
Status: key risks include never intubated, 2 hosp/yr; causes include 50 py smoking; complications include pulmonary hypertension
Function: outcome markers include FEV1 0.8L, follows own peak flow
Interventions: has attended pulmonary rehabilitation
Therapies: triple puffers, compliant
Course: stable

Stable without evidence of exacerbation. At baseline.

- No new interventions or investigations and no change in physical findings

CKD (chronic kidney disease)
Followed by: Nephrology (KEC)
Function: outcome markers include baseline creatinine ~150
Course: stable

Worsening renal failure indicators likely transient with expectation of return to baseline.

- ACE inhibitor held till Cr within 10% of baseline

Type 2 diabetes mellitus
Followed by: internal medicine
Status: key problem-related risks/events include 3 prior admissions for hypoglycemia, brittle control; causes include metabolic syndrome and history of pancreatitis; and complications include vasculopathy, retinopathy and gastroparesis.
Function: problem-associated functional impacts include medication and diet supervision.
  - Edmonton Frailty Score (1 Y look-back) 12 (Severe Frailty)
  - ADL/IADLs moderate assistance

Interventions: cannot manage more than daily cap glucose check
Therapies: insulin dependent
Course: stable

Hyperglycemia with mild ketoacicosis likely multifactorial triggered by stress, medication (short term steroid) and hydration.
- Fluid and metabolic resuscitation, with improvement apparent while temp hold of metformin.
- Resume home hypoglycemic/insulin regimin.

GERD (gastroesophageal reflux disease)
Stable on intermittent PPI. Followed by family physician.

Hypertension
Stable with lifestyle and diuretic management (overview)

Follow Up

- The General Internal Medicine service will continue to follow Tom in hospital and will make arrangements for follow up after discharge.
- Any tests ordered by General Internal Medicine will be reviewed by the service.
- Medications recommended by General Internal Medicine and prescribed at discharge will not be followed and refilled by the service.

Subjective

History

Tom was last well 1 week prior to presentation when he experienced exertional dyspnea that has since worsened. Change in sputum quantity or quality is denied and there has been no new or worsened orthopnea, PND or ankle edema. The recent heat wave has been associated with increased fluid consumption and some medication non-compliance.

Review of Systems
Constitutional: Positive for activity change and fatigue. Negative for chills, diaphoresis and fever.

HENT: Negative for congestion, rhinorrhea, sinus pain, sneezing, sore throat and trouble swallowing.
Respiratory: Positive for shortness of breath. Negative for apnea, cough, chest tightness, wheezing and stridor.
Cardiovascular: Negative for chest pain, palpitations and leg swelling.
Gastrointestinal: Negative for vomiting.
Endocrine: Negative for polyuria.
Genitourinary: Negative for dysuria.
Musculoskeletal: Negative for myalgias.
Skin: Negative for rash.
Allergic/Immunologic: Negative for immunocompromised state.
Neurological: Negative for dizziness, syncope, light-headedness and headaches.

Medications

Adverse Reactions: Penicillin g and Avocado

Hospital Medications:

- BUPivacaine 250 mg in NaCl 0.9% 250 mL (1 mg/mL) infusion, infiltration, continuous
- buPROPion, long acting (ZYBAN) tablet 150 mg, oral, bid
- capTOPRIL tablet 25 mg, oral, tid
- cetirizine tablet 5 mg, oral, daily
- furosemide tablet 20 mg, oral, bid
- gentamicin 120 mg in NaCl 0.9% 100 mL bag, intravenous, q8h
- hydrocortisone sodium succinate 100 mg bag 100 mg, intravenous, q8h
- LORazepam tablet 1 mg, oral, q6h PRN
- metFORMIN tablet 750 mg, oral, bid with breakfast & supper
- morphine, preservative free injection 2 mg, intravenous, q4h PRN
- pantoprazole magnesium tablet enteric-coated 40 mg, oral, daily 30 min before breakfast
- tuberculin purified protein derivative 5 unit/0.1 mL injection 0.1 mL, intradermal, once
- fentaNYL injection, intravenous, PRN

Medical History: has a past medical history of Arthritis, Hypertension (01/08/2019), Insomnia (01/08/2019), Sleep apnea, and Type 2 diabetes mellitus (01/08/2019).

Surgical History: has a past surgical history that includes Appendectomy.

Family History: family history includes Alzheimer's disease in his mother; Diabetes (age of onset: 50) in his mother; Emphysema in his father; No Known Problems in his sister.

Social History
Social History Narrative
Needs walker to ambulate

Substances: reports that he has quit smoking. His smoking use included cigarettes. He has a 5.00 pack-year smoking history. He has never used smokeless tobacco. He reports current alcohol use. He reports that he does not use drugs.

Objective

Physical Examination

Vitals: BP: 95/55, Pulse: 95, Temp: 37 °C, Resp: (!) 24, SpO2: 92 %, O2 Delivery Method: Nasal cannula, O2 Flow Rate: 3 L/min

Physical Exam

Constitutional:
Appearance: Normal appearance.

HENT:
Mouth/Throat:
Mouth: Mucous membranes are moist.

Cardiovascular:
Pulses: Normal pulses.
Heart sounds: Normal heart sounds.

Pulmonary:
Effort: No respiratory distress.
Breath sounds: No wheezing.

Chest:
Chest wall: No tenderness.

Abdominal:
Palpations: There is no mass.
Tenderness: There is no guarding.

Neurological:
Mental Status: He is oriented to person, place, and time. Mental status is at baseline.

Investigations:

Labs:
Hematology: Hb -, WBC -, Platelets -, Neutrophils -, Immature granulocytes -, Basophils -, Eosinophils -, Monocytes -, Lymphocytes -
Renal: Lytes -/-/-/-, Anion Gap -, Lactate -, Creatinine -, GFR -

Electronically signed by Robert Stanley Arthur Hayward, MD at 22/09/21 1417

Admission (Current) on 1/8/2019