Routed Notes

H&P by Robert Stanley Arthur Hayward, MD at 22/09/21 1345

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General Internal Medicine Admission History & Physical

Attending provider:	Fraser W. Armstrong
Authoring provider:	Robert Stanley Arthur Hayward
Admit time:	01 Aug 2019 (1305)
Expected disharge:	09 Sep 2021 (past)
Goals of care:	GCD-M1 (Source: Patient;Alternate Decision Maker; Clarification: Family conference outcome)
MyAHS Connect:	Pending

Presentation

This 83 y.o. man was brought from temporary lodging to the EDM WMC University of Alberta Hospital because of 1 week worsening exertional dyspnea and was admitted for respiratory support.

Active 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)

COVID-19 Status

COVID-19 (most recent NAT): no result in 1Y

COVID-19 Immunizations

Administered	Date(s) Administered
• COVAUVec Vaccine (AstraZeneca)	12/04/2021

Patient-reported immunization status: Full

Admitting Assessment & Plan

*** 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)

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.

Other Symptoms
Review of Systems
Respiratory: Negative for cough, chest tightness and wheezing.
Cardiovascular: Negative for chest pain and palpitations.
Gastrointestinal: Negative for abdominal pain and nausea.
Endocrine: Negative for cold intolerance, heat intolerance, polydipsia and polyuria.

Medications
Adverse Reactions: *Penicillin g and Avocado*

Home Medications:
- cetirizine (REACTINE) 5 mg tablet, 5 mg, oral, daily

- [DISCONTINUED] enalapril maleate 10 mg tablet, 10 mg, oral, daily
- insulin aspart-aspart protamin (NOVOMIX 30 PENFILL U-100 INSUL) 100 unit/mL (30-70) cartridge, 15 mg, subcutaneous, bid
- metFORMIN 500 mg tablet, 1,000 mg, oral, bid with breakfast & supper

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.

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.

Community Supports

Transition from:

- *Residence type:* virtual hospital
- *Living arrangement:* Child(ren);Spouse/significant other
- *Assistance:* ADLs
- *Personal supports:* Family members
- *Community supports:* Antenatal Care;Community Rehabilitation Services

Social History

Social History Narrative

Needs walker to ambulate

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

Height: 120 cm (3' 11.24"), *Weight*: 70 kg, *Estimated dry weight*: 68 kg, Body mass index is 48.61 kg/m^2.

Other signs:

Physical Exam

Constitutional:

General: He is not in acute distress.

Cardiovascular:

Rate and Rhythm: Regular rhythm.

Heart sounds: No gallop.

Pulmonary:

Breath sounds: No wheezing.

Neurological:

Mental Status: He is alert and oriented to person, place, and time.

Investigations

Labs:

Hematology: Hb -, WBC -, Platelets -, CRP -

Renal: Lytes -/-/-/-, Anion Gap -, Lactate -, Creatinine -, GFR -

Cardiac: Troponin -, BNP -, ECG No results found for this or any previous visit (from the past 4464 hour(s)).

Imaging: Key new findings at admission include no pulmonary edema.