

## Note From Your Admission on 06/30/22

**ABNORMAL LABS**

### H&P by Wint Aye at 6/30/2022 5:59 PM

Author: Wint Aye  
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Author Type: Physician  
Status: Signed

Editor: Wint Aye (Physician)

Related Notes: Addendum by Wint Aye (Physician) filed at 7/1/2022 2:08 AM

#### Admission History & Physical

**PCP: BRUCE E LESSIN, MD**  
**Cardiologist Dr. Vlacacncich**  
**ED Physician: Dr. Charles**  
**Consulting Physicians: none**

**Reason for admission: dementia**

Assessment/Plan

Principal Problem:

- Dementia with behavioral disturbance (CMS/HCC)
- As needed Zyprexa and Haldol
- Physical therapy
- Occupational Therapy

Thrombocytopenia (CMS/HCC) -monitor

- Atrial fibrillation (CMS/HCC)
- SSS (sick sinus syndrome) (CMS/HCC)
- Continue with metoprolol and Eliquis

- HTN (hypertension)
- HLD (hyperlipidemia)
- Heart failure with preserved ejection fraction (CMS/HCC)
- Daily weight
- Strict I's and O's
- Continue with metoprolol and Lasix
- As needed hydralazine and labetalol

GERD (gastroesophageal reflux disease)  
Hyperthyroidism -TSH free T4 normal  
History of breast cancer  
Mitral insufficiency  
Carotid artery stenosis

Diet: Low-salt fluid restricted  
DVT prophylaxis: On Eliquis

**STATED ON  
6/30/22-1ST DAY OF  
HOSPITALIZATION-  
ABNORMAL  
LABS-CBC AND  
CMP AND SED  
RATE**

Full code

**History of Present Illness:**

Elaine M Kapusta is a 84 y.o. female history of hypertension hyperlipidemia heart failure with preserved ejection fraction atrial fibrillation and sick sinus syndrome GERD hypothyroidism breast cancer and dementia presenting with insomnia.

History was obtained from chart review given patient's advanced dementia.

Ms. Kapusta lives at home with her daughter and has a case manager RN (who is known her for 4 years) named Liz Shifflett who can be reached at 5712147378.

Patient was brought in by EMS after her daughter called for insomnia for 3 days and decreased p.o. intake. No other physical complaints reported and patient unable to cooperate with exam. Chart review does show that she attended a cardiology visit on June 8 and had reported lethargy at that time though they did not this was a cardiac etiology and it indicated she was not a candidate for further ischemic work-up. Per notes from case management Molly Stevens, patient's case manager is concerned that the daughter who is the POA is not taking appropriate care of the patient i.e. not giving her her appropriate medications and that the daughter is not of sound mind. Liz states that the daughter threatened to hit her at the house today and therefore Liz called the police and made a police report. Liz is working with the patient's attorney to get emergency guardianship from the daughter in order to place the patient in a facility.

In the emergency department her vital signs are notable for blood pressure 186/111. Labs notable for platelets 142 BUN 20 creatinine 0.94 calcium 10.3 with normal TSH free T3 magnesium urinalysis COVID-19 and flu. Right lower extremity ultrasound negative for DVT. Chest x-ray shows a large hiatal hernia. She received 1 L normal saline Ativan Haldol and Benadryl in the emergency department. Discussed the case with the ED physician Dr. Charles.

**Past Medical History:**

Diagnosis	Date
• Atrial fibrillation (CMS/HCC)	
• Carotid artery stenosis	6/30/2022
• Central sleep apnea	
• Dementia (CMS/HCC)	
• GERD (gastroesophageal reflux disease)	6/30/2022
• Heart failure with preserved ejection fraction (CMS/HCC)	6/30/2022
• History of breast cancer	6/30/2022
• HLD (hyperlipidemia)	
• HTN (hypertension)	
• Hyperthyroidism	6/30/2022
• Mitral insufficiency	6/30/2022
• Obesity	
• Ovarian cyst	
• SSS (sick sinus syndrome) (CMS/HCC)	6/30/2022

**Past Surgical History:**

Procedure	Laterality	Date
• BREAST SURGERY <i>breast implants</i>		
• REPLACEMENT TOTAL KNEE	Right	
• TOTAL ABDOMINAL HYSTERECTOMY W/ BILATERAL SALPINGOOPHORECTOMY		09/20/2013

- UVULOPALATOPLASTY

**Family History**

Problem	Relation	Age of Onset
• Cancer	Mother	
• Heart disease	Father	
• Cancer	Sister	
• Breast cancer	Sister	
• Cancer	Daughter	

**Social History**

Socioeconomic History

- Marital status: Widowed
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: Not Currently
- Drug use: Not on file
- Sexual activity: Not on file

Other Topics

- Not on file
- Concern

Social History Narrative

- Not on file

**Social Determinants of Health**

- Financial Resource Strain: Not on file
- Food Insecurity: Not on file
- Transportation Needs: Not on file
- Physical Activity: Not on file
- Stress: Not on file
- Social Connections: Not on file
- Intimate Partner Violence: Not on file
- Housing Stability: Not on file

**Allergies:**

**Allergies**

Allergen	Reactions
• Aspirin	

**Medications:**

**Current Medications**

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cholecalciferol (VITAMIN D-3) 50 mcg (2,000 unit) tablet

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cyanocobalamin (VITAMIN B-12) 1,000 mcg tablet  
Eliquis 2.5 mg  
furosemide (LASIX) 20 mg tablet  
metoprolol succinate XL (TOPROL-XL) 25 mg 24 hr tablet

### Hospital Medications

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apixaban (ELIQUIS) tablet 2.5 mg  
diphenhydramine (BENADRYL) injection 12.5 mg (Completed)  
furosemide (LASIX) tablet 20 mg  
haloperidol lactate (HALDOL) injection 2 mg (Completed)  
haloperidol lactate (HALDOL) injection 5 mg  
hydrALAZINE (APRESOLINE) injection 10 mg  
labetalol syringe 5 mg  
LORazepam (ATIVAN) tablet 1 mg (Completed)  
metoprolol succinate XL (TOPROL-XL) 24 hr tablet 25 mg  
OLANzapine (ZyPREXA) injection 5 mg  
sodium chloride 0.9 % infusion 1,000 mL (Completed)  
haloperidol lactate (HALDOL) injection 2 mg (Discontinued)  
LORazepam (ATIVAN) tablet 1 mg (Discontinued)

**OVERMEDICATED WITH  
ANTIPSYCHOTICS, INSTEAD  
OF PROVIDING ANTIBIOTICS!**

### Review of Systems

Unable to perform ROS: Dementia

**Vitals:** BP (!) 186/111 (BP Location: Right arm) Comment: Pt moving during blood pressure reading |  
Pulse 96 | Temp 36.9 °C (98.4 °F) (Oral) | Resp 20 | Ht 1.626 m (5' 4") | Wt 86.2 kg (190 lb) | SpO2  
96% | BMI 32.61 kg/m<sup>2</sup>

### PHYSICAL EXAM:

Gen: NAD, nontoxic appearing  
HEENT: normocephalic, atraumatic, EOMI, dry MM  
CV: regular rate irregularly irregular rhythm, no mrg, RLE nonpitting edema  
Resp: lungs cta, normal breath sounds  
Abd: soft, ntnd, bowel sounds present  
Neuro: alert and oriented to person only, normal sensation, no facial droop, no tremor  
Skin: warm, dry, no lesions  
MSK: no obvious deformities  
Psych: unable to answer questions or follow commands appropriately

### Diagnostic Results:

VL VENOUS DOPPLER LOWER EXTREMITY RIGHT

### Final Result

IMPRESSION:

No evidence of deep venous thrombosis in the visualized veins of the right lower extremity as described. Please note, the peroneal veins were not evaluated.

Dictated and electronically signed by Bonnie S Ahn,  
MD on 6/30/2022 5:12 PM

Xray Chest; 1 View - Portable

**Final Result**

IMPRESSION:

1. Large hiatal hernia with underlying atelectasis at the left lung base.

Dictated and electronically signed by Judith L Kaplan,  
MD on 6/30/2022 4:04 PM

US Venous Doppler Leg, Right (Results Pending)  
CT Head without contrast (Results Pending)

**Pertinent Labs:**

Labs Reviewed

**COMPREHENSIVE METABOLIC PANEL - Abnormal**

Result	Value
Sodium	139
Potassium	4.3
Chloride	104
CO2	28
BUN	20 (*)
Creatinine	0.94
Glucose	111 (*)
Calcium	10.3 (*)
AST	27
ALT (SGPT)	15
Alkaline Phosphatase	87
Total Protein	8.3 (*)
Albumin	4.9
eGFR	56 (*)
Total Bilirubin	0.50

**CBC WITH AUTO DIFFERENTIAL - Abnormal**

Auto WBC	7.1
RBC	4.55
Hemoglobin	13.9
Hematocrit	42.9
MCV	94.3
MCH	30.5
MCHC	32.4
RDW	15.8 (*)
Platelets	142 (*)
MPV	12.2
nRBC	0
Neutrophils Relative	70.1
Lymphocytes Relative	24.5
Monocytes Relative	3.7

6/30/22-ABNORMAL  
LABS-(DAY 1)

Eosinophils Relative 0.7  
Basophils Relative 0.7  
IG% 0.30  
Neutrophils Absolute 4.95  
Lymphocytes Absolute 1.73  
Monocytes Absolute 0.26  
Eosinophils Absolute 0.05  
Basophils Absolute 0.05  
Immature Granulocytes 0.02  
Absolute

**SEDIMENTATION RATE - Abnormal**

Sed Rate 24 (\*)

**COVID-19/INFLUENZA A/B, LIAT - Normal**

SARS-CoV-2, PCR Negative  
Flu A PCR Negative  
Flu B PCR Negative

Narrative:

-----ADDITIONAL INFORMATION-----

Testing was performed using the cobas SARS-CoV-2 & Influenza A/B Nucleic Acid Test for use on the cobas Liat

System Fact sheet for this Emergency Use Authorization (EUA) assay can be found at the following links:

Fact sheet for health care providers:

<https://www.fda.gov/media/142191/download>

Fact sheet for patients:

<https://www.fda.gov/media/142192/download>

Test performed by:

Virginia Hospital Laboratory  
1701 N George Mason Drive, Arlington VA  
22205

Lab Director: Cary O Poropatich, MD

**MAGNESIUM - Normal**

Magnesium 1.9

**TSH - Normal**

TSH 3.260

**T3, FREE - Normal**

T3, Free 3.36

**CBC WITH DIFFERENTIAL**

Narrative:

The following orders were created for panel order CBC and differential

Procedure  
Status

Abnormality

CBC Auto Differential[68800521]  
Final result  
Slide Review[68800540]

Abnormal

Please view results for these tests on the individual orders.

**URINALYSIS**

WINT T AYE, MD

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