

****MEDICAL MALPRACTICE-GROSS MEDICAL NEGLIGENCE-(FAILURE TO DIAGNOSE & FAILURE TO TREAT HEART FAILURE FROM UROSEPSIS)-LIZ SHIFFLETT & PREMIER PLANNING & VIRGINIA HOSPITAL****

VHC ROI SERVICE AREA
1701 N George Mason Drive
Arlington VA 22205
Progress Notes

Kapusta, Elaine M
MRN: 981723, DOB:
12/30/1937, Sex: F
Adm: 6/30/2022, D/C:
7/14/2022



Progress Notes - Progress Notes (continued)

Progress Notes by Elizabeth S Kim, MD (continued)

Version 1 of 1 a 7/2/2022 4:39 PM

tonight. Patient's **D-dimer was 523.** Patient sitting 90% room air and denies any shortness of breath or chest pain. Less likely cardiac etiology per discussion with cardiology. Replete potassium and magnesium. Full code. **infection, sepsis and cancer should be considered in patients with elevated D-dimer above the regular cut-off level of 500 µg/l. 9 In this study the prevalence of cancer and infection/sepsis was 6.3% and 35.9%.**

--greater than 50% of time spent in the counseling and coordination of care.

--greater than 35 minutes spent for the counseling and coordination of care. [time in: 9am time out: 10am]

Electronically Signed by Elizabeth S Kim, MD on 7/2/2022 4:44 PM

Progress Notes by Lyndsey Gabriella, RN

Version 1 of 1 a 7/2/2022 12:58 PM

Author: Lyndsey Gabriella, RN
Filed: 7/2/2022 1:06 PM
Editor: Lyndsey Gabriella, RN (Registered Nurse)

Service: —
Date of Service: 7/2/2022 12:58 PM

Author Type: Registered Nurse
Status: Signed

RN answered Avasys alarm that patient was getting out of bed. Patient was disoriented but responded to redirection. RN provided pericare because patient was wet, and provided dry linen and **reapplied purwick. CATHETER**

RN set up patient's tray and opened milk and placed straw and ensured patient was comfortable eating before leaving.

-LG, RN

PureWick is a soft, flexible, non-invasive external catheter

Electronically Signed by Lyndsey Gabriella, RN on 7/2/2022 1:06 PM

Progress Notes by Kathleen H Bubolz, CCC-SLP

Version 1 of 1 at 7/2/2022 11:14 AM

Author: Kathleen H Bubolz, CCC-SLP
Filed: 7/2/2022 11:15 AM
Editor: Kathleen H Bubolz, CCC-SLP (Speech and Language Pathologist)

Service: Physical Medicine and Rehabilitation
Date of Service: 7/2/2022 11:14 AM

Author Type: Speech and Language Pathologist
Status: Signed

Speech Language Pathology Evaluation

Patient Name: Elaine M Kapusta
Today's Date: 7/2/2022

SLP Summary: Mild oral dysphagia due to prolonged mastication that appears due to poor attention. Reduced interest in PO intake. No overt s/sx aspiration. Recommend supervision during meals to prompt pt and/or set up tray and initiate meal. Finger foods preferred. No SLP services indicated.

Diet recommendations for safety:

Solids: Regular, Liquids: Thin

Compensatory Swallowing Strategies: Intermittent supervision with meals, Set-up assistance

Other recommendations:

Generated on 6/5/24 1:29 PM

Page 486

What happens if D-dimer is more than 500?

5 A second study concluded that infection, sepsis and cancer should be considered in patients with elevated D-dimer above the regular cut-off level of 500 µg/l. 9 In this study the prevalence of cancer and infection/sepsis was 6.3% and 35.9%.