

NO EDEMA AS PER EXAM

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Note From Your Admission on 06/30/22

ED Provider Notes by Dahlia Charles at 6/30/2022 1:25 PM

Author: Dahlia Charles Service: Emergency Medicine Author Type: Physician
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Editor: Dahlia Charles (Physician)

HPI

Patient is a 84-year-old brought to the hospital by EMS from home for evaluation of insomnia. Patient reportedly had not slept x3 days. Patient has a history of dementia. There is no report of vomiting, diarrhea, fever, cough, chest pain, shortness of breath or abdominal pain.

Chief Complaint

Patient presents with

- Insomnia

THIS STATES "THE SECRETIVE PLAN TO REMOVE ME AS GUARDIAN" IN ORDER FOR ALL FIDUCIARIES TO CONCEAL FIDUCIARIES ELDER NEGLECT-FAILURE TO PROVIDE DENTAL AND MEDICAL CARE

Pt brought in by medic from home. Per report Pt has a history of dementia and Pt's daughter states the Pt has not slept for the past 3 days. Pt is at her mental status baseline per report.

HPI

Patient History

Past Medical History:

Diagnosis	Date
• Atrial fibrillation (CMS/HCC)	
• Central sleep apnea	
• Dementia (CMS/HCC)	
• HLD (hyperlipidemia)	
• HTN (hypertension)	
• Obesity	
• Ovarian cyst	

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
• Breast cancer	Sister	

Social History

Tobacco Use

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

Substance Use Topics

- Alcohol use: Not Currently

Review of Systems

Review of Systems

Constitutional: Negative for chills, diaphoresis and fever.

HENT: Negative for ear pain, rhinorrhea, sore throat and tinnitus.

Eyes: Negative for photophobia and visual disturbance.

Respiratory: Negative for cough, chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain and palpitations.

Gastrointestinal: Negative for abdominal distention, abdominal pain, constipation, diarrhea, nausea and vomiting.

Endocrine: Negative for polyuria.

Genitourinary: Negative for dysuria, flank pain and hematuria.

Musculoskeletal: Negative for myalgias.

Neurological: Negative for dizziness, syncope, light-headedness and headaches.

Hematological: Does not bruise/bleed easily.

Psychiatric/Behavioral: Positive for sleep disturbance.

All other systems reviewed and are negative.

Physical Exam

ED Triage Vitals [06/30/22 1335]

Temp	Heart Rate	Resp	BP	SpO2
36.9 °C (98.4 °F)	83	18	(!) 188/91	98 %

Temp Source	Heart Rate Source	Patient Position	BP Location	FiO2 (%) Set
Oral	Monitor	--	Right arm	--

Physical Exam

Vitals and nursing note reviewed.

Constitutional:

General: She is not in acute distress.

Appearance: Normal appearance. She is well-developed. She is not ill-appearing.

Comments: **Patient awake alert active with no complaints. Patient in no acute distress**

HENT:

Head: Normocephalic and atraumatic.

Right Ear: Tympanic membrane normal. There is no impacted cerumen.

Left Ear: Tympanic membrane normal. There is no impacted cerumen.
Nose: Nose normal. No congestion or rhinorrhea.
Mouth/Throat:
Mouth: Mucous membranes are moist.
Pharynx: Oropharynx is clear. No oropharyngeal exudate or posterior oropharyngeal erythema.

Eyes:

Extraocular Movements: Extraocular movements intact.
Conjunctiva/sclera: Conjunctivae normal.
Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.
Pulses: Normal pulses.
Heart sounds: Normal heart sounds. No murmur heard.
No friction rub.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds. No stridor. No wheezing, rhonchi or rales.

Chest:

Chest wall: No tenderness.

Abdominal:

General: There is no distension.
Palpations: Abdomen is soft. There is no mass.
Tenderness: There is no abdominal tenderness. There is no right CVA tenderness, left CVA tenderness, guarding or rebound.

Musculoskeletal:

General: Swelling present. No tenderness or signs of injury.
Cervical back: Normal range of motion and neck supple. No rigidity or tenderness.

Right lower leg: No edema.

Left lower leg: No edema.

STATED AS HAVING NO EDEMA

Comments: **+ Healed incision right knee,+ right lower extremity edema, no calf tenderness**

Skin:

General: Skin is warm and dry.
Capillary Refill: Capillary refill takes less than 2 seconds.
Coloration: Skin is not jaundiced or pale.
Findings: No bruising, erythema, lesion or rash.

Neurological:

General: No focal deficit present.
Mental Status: She is alert and oriented to person, place, and time.
Cranial Nerves: No cranial nerve deficit.
Sensory: No sensory deficit.
Motor: No weakness.
Coordination: Coordination normal.
Deep Tendon Reflexes: Reflexes normal.
Comments: **Patient awake alert and oriented to person. Follows commands, no slurred speech, no facial asymmetry, sensory intact, gait deferred, 4/5 muscle strength upper and lower extremity**

ED Course as of 06/30/22 1759

Thu Jun 30, 2022

1523 Patient's daughter contacted and states that patient has not been sleeping or eating much.

She states that she has a monitor at home and she has observed patient up all night moving around. She is concerned that patient is dehydrated. She states that her mother has never been like this in the past and she is unable to care for her in his current state. She states that her mother needs nutrients, IV fluids, foley catheter, and sedative. I asked patient if she needed help at home to take care of her mother and she yelled "I do not need anybody! I just need you to sedate her!" [DC]

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LYNN STATED ALL NEEDED & ALL WAS, IN FACT, GIVEN

1545 EKG- A fib rate 103 BPM [DC]

1736 Paged VHC hospitalist via WebXchange.

This note was prepared by Daniel Cho acting as a scribe for Dr. Charles. [JC]

1736 Patient case manager Liz is now here in the ER and states that the adult care attorney is seeking temporary orders to remove patient's daughter as guardian. Case manager reports that daughter has at times refused to give patient a necessary medication and was extremely agitated today when caseworker went to visit the home. She reports that the daughter threatened to hit her and was yelling and screaming in the home. She feels that patient is not safe at home. ER case manager Molly is at bedside and aware of patient's current status. [DC]

1743 Case discussed with Dr. Aye admitting hospitalist will admit patient to observation [DC]

ED Course User Index
[DC] Dahlia L Charles, MD
[JC] Jin Hwi Cho

MDM ALL FIDUCIARIES SECRETLY WITHOUT EVEE EVEN NOTIFYING ME HELD 7/5/22 EMERGENCY PETITION AND CONCEALED ALLEGATIONS AGAINST ME AND THEN TERMINATED MYCHART AGAINST COURT ORDER TO CONCEAL THE MEDICAL FACTUAL TRUTH OF THEIR NEGLIGENCE OF MY ML

LIZ SHIFFLETT
FAILED TO INFORM
THE CONCEALING
OF HER CARE
MANAGER
NEIGENCE AND
NEGLECT OF MY
MOM "PHYSICALLY
SUFFEEINGS BEING
IGNORED AND
DISREGARDED AS
NCE 5/18/22 AS ALL
TEXTS

Dahlia L Charles, MD
06/30/22 1759