



Discharge Summary - Encounter Notes (continued)

Discharge Summary by Aysha Farooqi, MD (continued)

Version 1 of 1 at 7/14/2022 4:52 PM

#Cerebral Atrophy

#acute metabolic encephalopathy; likely due to uti

- patient received Ativan, Haldol and Benadryl in the ER
- CT head w/o contrast negative for acute intracranial findings
- Thiamine level WNL
- Vit D and B12 and folate wnl
- As needed Zyprexa and Haldol IV in house for agitaiton; dc on prn zyprexa 2.5mg bid
- Physical therapy
- Occupational Therapy
- More somnolent after a small dose of Seroquel therefore we will discontinue it
- MRI of brain 7/3/2022 is negative for stroke. MRI is demonstrating global cerebral volume loss with associated chronic small vessel changes and no acute intracranial abnormality
- monitor mental status
- completed abx for uti

**ACUTE METABOLIC
ENCEPHALOPATHY**

#Leukocytosis, resolved

#Atelectasis

UTI - s/p Rx

- CT negative for pna
- repeat CXR without infiltrate
- encouraged IS
- negative blood cultures x2
- CT chest without IV contrast 7/3/2022 without evidence of acute pulmonary disease
- Large sliding-type hiatal hernia on CT scan
- Bilateral lower extremity Dopplers negative for DVT
- UA + aerococcus, completed 5d of IV abx, see below

#Thrombocytopenia (CMS/HCC)

- Improving, stable

#Chronic Atrial fibrillation (CMS/HCC)

#HFpEF

#SSS (sick sinus syndrome) (CMS/HCC)

- Continue with metoprolol and Eliquis 2.5 mg p.o. twice daily
- Telemetry atrial fibrillation with rapid ventricular rates around 100
- weight at cardiologist office in 06/08/22 was 151 lb
- Inpatient cardiology consult called with Dr. Berger, appreciate recommendations, no need to repeat echo or ischemic work-up at this time, EKG unremarkable
- Uptitrate metoprolol for rate control
- given succinate formulation cannot be crushed will change to Tartrate

#Right leg swelling

#Chronic Lower Extremity Edema

- negative for DVT