Consumer Patient Viewable Results

Result Status: Auth (Verified)
Contributors: Kosa DO,Milad (8/28/2023 18:06 EDT)
Signed by: Kosa DO,Milad (8/28/2023 18:06 EDT)

Progress Note Hospitalist

Patient name KEENAN, GEORGE A **DOB** 08/13/1952 **FIN** 610037492300 **MRN** 900915702 **Gender** Male **Location** C5A/5A29/B

Date and Time of Service
08/28/2023
18:05

Subjective (Chief Complaint, Interval History, Review of Systems)
CC - Generalized weakness, dyspnea on exertion, dizziness, black stool
Patient was seen and examined at bedside.
Tolerating some diet
Patient's symptoms improving from admission however still significantly present.
Patient without fevers

Objective/Physical Exam

Vitals & Measurements
T: 36.6 °C (Oral) **TMIN:** 36.3 °C (Oral) **TMAX:** 36.7 °C (Oral)
HR: 105 **RR:** 18 **BP:** 127/66
Pulse Ox: 95 %
Weight: 90.2 kg 08/25/23 07:24 **Previous Weight:** 90.2 kg 08/23/23 05:55 **Weight Change:** 0.00 kg
No qualifying data available.

GENERAL: no acute distress Appears stated age
HEAD: normocephalic
EYES/EARS/NOSE/THROAT: pupils equal , extraocular muscles intact , no scleral icterus , MMM
NECK: Supple
CARDIOVASCULAR: No JVD, +S1
S2, rate regular, rhythm regular, no rubs or gallops
RESPIRATORY: equal expansion, no respiratory distress , decreased breath sounds bilaterally, decreased respiratory effort bilaterally no wheezing, no rhonchi
ABDOMEN/GU: soft , non-tender , normal bowel sounds , non-distended
EXTREMITIES: non-tender , normal range of motion , no B/L LE edema
NEUROLOGIC: alert and oriented x 3
PSYCH: Cooperative, No psychomotor agitation, upset, mildly anxious

Assessment/Plan
Hospital Day # 5
GI bleed
Acute blood loss anemia
S/P CABG (coronary artery bypass graft)

Medication List
Scheduled IV
Pantoprazole (Protonix) Inj. 40 MG / 10 ML, IV Push, Q12H
Scheduled
atorvastatin 80 MG / 1 TAB, PO, QHS
gabapentin 100 MG / 1 CAP, PO, BID
insulin aspart Mild scale (NovoLOG) MILD- See Comment, SubQ, AC
Melatonin tablet 9 MG / 3 TAB, PO, QHS
nystatin 100,000 units/g topical cream 1 APP, Topical, BID
PRN
Albuterol (Eqv-Proventil HFA) 90 mcg/inh inhalation aerosol 2 PUFF, Inhalation, Q4H
ondansetron 4 MG / 2 ML, IV Push, Q8H
Tylenol 650 MG / 2 TAB, PO, Q4H

Lab Result

08/28/23 06:00 to 08/28/23 06:00

137 | 104 | 22 / H 181
4.6 | 27 | 1.26 \

08/28/23 06:00 to 08/28/23 06:00

\ L 8.0 /
8.2 _____ 350
/ L 25.2 \

GLUCOSE POC	206 mg/dL	08/28/23 16:39
GLUCOSE POC	240 mg/dL	08/28/23 11:30
GLUCOSE POC	199 mg/dL	08/28/23 08:33
GLU	181 mg/dL	08/28/23 06:00
GLUCOSE POC	260 mg/dL	08/27/23 21:29
GLUCOSE POC	161 mg/dL	08/27/23 17:40
GLUCOSE POC	245 mg/dL	08/27/23 11:21
GLUCOSE POC	193 mg/dL	08/27/23 07:56
GLU	183 mg/dL	08/27/23 06:17
GLUCOSE POC	201 mg/dL	08/27/23 00:14

CBC with diff	**08/28/23 06:00**
WBC	8.2 x10E3/uL

Consumer Patient Viewable Results

Hypoglycemia
DM (diabetes mellitus)
Pericardial effusion
Rib fractures
Chest wall hematoma
CAD (coronary artery disease)
Leukocytosis
High blood pressure
Hyperlipidemia
History of complete AV block
Chronic obstructive pulmonary disease (COPD)
Lung nodule
Adrenal nodule
Renal calculi
Lymph node enlargement
CKD (chronic kidney disease), stage III
Post herpetic neuralgia
History of abdominal aortic aneurysm (AAA)

71-year-old male

PMHx

AAA status post endograft repair,CAD(post Cardiac cath in July 2023:2-vessel coronary artery disease 80% mid LAD stenosis, 95% OM1 disease. Underwent robotic CABG at UPENN on August 4, 2023 with Dr. Brown),
complete AV block status post pacemaker on 6/2/2023
History of nonbleeding angiectasias in jejunum on EGD 10-18-19 treated with APC
Anemia
Chronic obstructive pulmonary disease (COPD)
Diverticulitis
DM (diabetes mellitus)
Emphysema
Heart attack
High blood pressure
Hyperlipidemia
Irregular heart beat
Melena
Osteoarthritis
Pneumonia
Shortness of breath
Sleep apnea

Historical

Abdominal aortic aneurysm without rupture (disorder)

Procedure/Surgical History

- cardiac cath (07/05/2023)
- AAA repair
- cholectystectomy
- EGD/Colonoscopy
- lithotripsy

AAA status post endograft repair,CAD(post Cardiac cath in July 2023:2-vessel coronary artery disease 80% mid LAD stenosis, 95% OM1 disease. Underwent robotic CABG at University of

HGB	**8.0 L** G/DL
HCT	**25.2 L** %
RBC	**2.65 L** x10E6/uL
MCV	95.1 FL
MCH	30.2 pg
MCHC	31.7 G/DL
RDW	**16.0 H** %
MPV	10.1 FL
PLATELET	350 x10E3/uL
Nucleated RBC	<1 /100 WBC
ANC Automated	5.6 x10E3/uL
Absolute IG Automated	0.0 x10E3/uL
Absolute Lymph Automated	0.9 x10E3/uL
Absolute Mono Automated	1.0 x10E3/uL
Absolute Eos Automated	**0.6 H** x10E3/uL
Absolute Baso Automated	0.0 x10E3/uL
Neutrophils, Automated	**68.9 H** %
Automated Immature Gran	0.4 %
Lymphocytes, Automated	**11.0 L** %
Monocytes, Automated	**11.9 H** %
Eosinophils, Automated	**7.2 H** %
Basophils, Automated	0.6 %
CMP	**08/28/23 06:00**
GLU	**181 H** mg/dL
NA	137 MMOL/L
K	4.6 MMOL/L
CL	104 MMOL/L
TOTAL CO2	27 MMOL/L
BUN	22 mg/dL
CRT	1.26 mg/dL
ANION GAP	6
CA	**7.8 L** mg/dL
TP	**5.1 L** G/DL
ALB	**2.3 L** G/DL
AST	29 UNIT/L
ALT	20 UNIT/L
ALP	**157 H** UNIT/L
Albumin to Globulin Ratio	0.8
BILT	0.3 mg/dL
Magnesium Blood Level	**08/28/23 06:00**
MG	**1.4 L** mg/dL
Phosphorous Blood Level	**08/28/23 06:00**
PHOS	3.4 mg/dL
CBC with diff	**08/27/23 20:00**
WBC	8.1 x10E3/uL
HGB	**8.4 L** G/DL
HCT	**26.0 L** %
RBC	**2.77 L** x10E6/uL
MCV	93.9 FL
MCH	30.3 pg
MCHC	32.3 G/DL
RDW	**15.9 H** %
MPV	10.0 FL
PLATELET	372 x10E3/uL

Consumer Patient Viewable Results

Pennsylvania on August 4, 2023 with Dr. Brown),

Discharged from University of Pennsylvania 8-7-23

8-22-23 presented to Christiana Hospital due to diarrhea with black stools, exertional shortness of breath, generalized weakness, dizziness patient

History of black stools in past and follows with GI who recommended cardiac work-up first prior to proceeding with endoscopy

Patient denied use of NSAIDs besides his aspirin
Aspirin home medication noted
Plavix home medication noted

ER vitals:
Hypotensive systolic blood pressure 52/36, saturating 87% on room air.
Improved to 140/55, saturating 100% on room air, heart rate is 94, respiratory rate is 18 and afebrile.

ER labs:
WBC of 17.2,
hemoglobin of 7, hematocrit 22.5.
Platelets 638:
BUN of 64/creatinine of 1.62,
troponin 0.02x2,
Hypoglycemic with blood sugar of 23 and improved to 136 during my evaluation.

ER treatment:
1 L of normal saline:

GI was consulted
Cardiac surgery was consulted

Cardiology was consulted for preop clearance for EGD

EGD 8-25-23 showed no acute bleeding

Hemorrhagic shock
Present on admission
Secondary to GI bleed
Shock resolved with blood transfusions

GI bleed
Patient with underlying history of angiectasia's in the jejunum.
Black stool 3-4 months

IV PPI BID

EGD 8-25-23
Impression: - Normal esophagus.
- Normal stomach.

Nucleated RBC	<1 /100 WBC
ANC Automated	5.5 x10E3/uL
Absolute IG Automated	0.0 x10E3/uL
Absolute Lymph Automated	1.1 x10E3/uL
Absolute Mono Automated	0.9 x10E3/uL
Absolute Eos Automated	**0.6 H** x10E3/uL
Absolute Baso Automated	0.0 x10E3/uL
Neutrophils, Automated	**67.8 H** %
Automated Immature Gran	0.5 %
Lymphocytes, Automated	**13.2 L** %
Monocytes, Automated	**11.1 H** %
Eosinophils, Automated	**6.9 H** %
Basophils, Automated	0.5 %

- Normal examined duodenum.
- Normal examined proximal jejunum.
- No specimens collected. [1]

Large black stool 8-26-23

Continue to monitor clinically

Acute blood loss anemia
Symptomatic anemia with
Acute on chronic blood loss anemia
Secondary to possible upper GI bleed.

CT Chest wo Contrast 8-23-23 concerning for post operative chest wall hematoma.

Transfused 2 PRBC 8-23-23
Transfused 1 PRBC 8-25-23

Monitor hemoglobin closely
Hemoglobin stabilizing

HCT	HGB	DATE
25.2 %	8.0 G/DL	08/28/23 06:00
26.0 %	8.4 G/DL	08/27/23 20:00
29.2 %	9.0 G/DL	08/27/23 06:17

HCT	HGB	DATE
29.2 %	9.0 G/DL	08/27/23 06:17
26.0 %	8.3 G/DL	08/26/23 18:40
26.4 %	8.4 G/DL	08/26/23 07:08

HCT	HGB	DATE
26.4 %	8.4 G/DL	08/26/23 07:08
27.4 %	8.7 G/DL	08/25/23 18:53
27.4 %	8.5 G/DL	08/25/23 12:57

HCT	HGB	DATE
27.4 %	8.5 G/DL	08/25/23 12:57
23.9 %	7.6 G/DL	08/25/23 06:08
25.4 %	8.1 G/DL	08/24/23 13:10

HCT	HGB	DATE
25.4 %	8.1 G/DL	08/24/23 13:10
24.8 %	8.0 G/DL	08/24/23 06:39
24.7 %	8.1 G/DL	08/23/23 21:48

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DM2 (diabetes mellitus)
Presented with hypoglycemia with blood sugar as low as in 20s

Accu-Cheks
SSI

HBA1C	6.2 %	05/31/23 07:48
HBA1C	8.7 %	03/01/10 08:31

Adjust antidiabetic management PRN

Hypoglycemia
Hypoglycemic on admission
Hypoglycemia resolved

Accu-Cheks

Home medications include
Metformin
Glipizide

Pericardial effusion
CT Chest wo Contrast 8-23-23 showed mild complex small pericardial effusion.

Asymptomatic

Echo June 2023 EF 55 to 60%. Aortic valve moderately calcified. Mild aortic regurgitation. Mitral valves are moderately thickened and moderately calcified.

Transthoracic Echocardiography - Complete
08/24/2023 08:00
1. Left ventricle: The cavity size is normal. Wall thickness is moderately to severely increased. Systolic function is normal. The estimated ejection fraction is 55-60%. Wall motion is normal; there are no regional wall motion abnormalities.
2. Aortic valve: The valve is trileaflet. The leaflets are mildly thickened and moderately calcified. There is mild stenosis. There is trivial regurgitation.
3. Mitral valve: The annulus is moderately calcified. The leaflets are moderately thickened and moderately calcified. The findings are consistent with moderate stenosis.
4. Left atrium: The atrium is moderately dilated.
5. Line: A venous pacing wire is visualized in the right atrial cavity and right ventricular cavity.
6. Pericardium, extracardiac: A small to moderate, loculated pericardial effusion is identified along the right ventricular free wall and along the right atrial free wall. Features are not consistent with tamponade physiology.

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7. The study is unchanged since the study of 06/01/2023.

Cardiology was consulted

Rib fractures
Nondisplaced acute anterolateral third and sixth rib fractures and mildly displaced anterolateral fourth and fifth rib fractures.
Patient without any evidence of trauma or fall
Not sure if secondary to robotic procedure.
Continue pain control with Tylenol, gabapentin

(08/22/2023 22:29 EDT Chest Portable 1 V Only)
IMPRESSION:
1. Patchy left basilar opacity which could represent pulmonary contusion in the setting of
trauma.
2. Known rib fractures are better seen on the subsequent CT of the chest. [1]

Chest wall hematoma
Small amount of subcutaneous gas and acute versus subacute 1.4 cm hematoma in the left lateral chest wall with areas of contusion.
Likely postoperative complications.

Cardiothoracic surgery was consulted

(08/23/2023 02:25 EDT CT Chest wo Contrast)
IMPRESSION:
1. Nondisplaced acute anterolateral 3rd and 6th rib fractures and mildly
displaced anterolateral 4th and 5th rib fractures.
2. Dependent left basilar pleural effusion/hemothorax with adjacent
compressive atelectasis.
3. Mildly complex small pericardial effusion. Consider correlation with
echocardiography.
4. Small amount of subcutaneous gas and acute versus subacute 1.4 cm hematoma
in the left lateral chest wall with areas of contusion.
5. Ovoid 7 mm solid nodule in the lateral left upper lobe (coronal series 5,
image 74). Recommend follow-up CT in 6-12 months. (MacMahon et al, Fleischner
Society 2017).
6. Prominent right lower paratracheal lymph node measuring 1.2 cm in short
axis diameter. Attention on follow-up. [2]
(08/23/2023 02:25 EDT CT Chest wo Contrast)
** ADDENDUM **
The pericardial fluid, as well as the epicardial fluid and fat stranding is
likely post-procedural; though in the setting of epicardial fluid, consider
follow-up echocardiography or CT.

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The rib fractures are likely posttraumatic. [3]

CAD (coronary artery disease)

Cardiac catheterization July 2023: Two-vessel coronary artery disease 80% mid LAD stenosis, 95% OM1 disease.
Status post robotic CABG and University of Pennsylvania 8-4-23 with Dr. Brown

Statin therapy as tolerated

Metoprolol to be restarted when bleeding improving

Leukocytosis
Likely reactive in setting of GI bleed.
Currently no concern for infection
Improved

WBC	DATE
8.2 x10E3/uL	08/28 06:00
8.1 x10E3/uL	08/27 20:00
8.4 x10E3/uL	08/27 06:17

WBC	DATE
8.4 x10E3/uL	08/27 06:17
9.4 x10E3/uL	08/26 18:40
10.0 x10E3/uL	08/26 07:08

WBC	DATE
10.0 x10E3/uL	08/26 07:08
11.5 x10E3/uL	08/25 18:53
10.5 x10E3/uL	08/24 06:39

WBC	DATE
10.5 x10E3/uL	08/24 06:39
11.3 x10E3/uL	08/23 09:02
17.2 x10E3/uL	08/22 21:15

High blood pressure
Chronically
Monitor blood pressures closely

Hyperlipidemia
Statin therapy as tolerated

History of complete AV block
Status post post pacemaker placement in June 2023 by Dr. Pennington

Chronic obstructive pulmonary disease (COPD)
Chronic
Compensated

Consumer Patient Viewable Results

Bronchodilators as needed

Lung nodule
Ovoid 7 mm solid nodule in the lateral left upper lob,
Recommend follow-up CT in 6-12 months.

Adrenal nodule
Subcentimeter adrenal nodules measuring less than 8 HU, most compatible with a benign lipid rich adenomas.
Outpatient follow-up recommended

Renal calculi
Bilateral nonobstructing renal calculi measuring up to 9 mm in the left lower pole.
Asymptomatic

Lymph node enlargement
Prominent right lower paratracheal lymph node measuring 1.2 cm in short axis diameter.
Outpatient follow-up recommended

CKD (chronic kidney disease), stage III
Monitor renal function

CRT	1.26 mg/dL	08/28/23 06:00
CRT	1.09 mg/dL	08/27/23 06:17
CRT	1.13 mg/dL	08/26/23 07:08

CRT	1.09 mg/dL	08/27/23 06:17
CRT	1.13 mg/dL	08/26/23 07:08
CRT	1.19 mg/dL	08/25/23 06:08
CRT	1.35 mg/dL	08/24/23 06:39
CRT	1.26 mg/dL	08/23/23 09:02
CRT	1.62 mg/dL	08/22/23 21:15

Post herpetic neuralgia
Patient with shingles around February and March 2023.
Now healed.
Continue gabapentin for pain

History of abdominal aortic aneurysm (AAA)
Per CT abdomen pelvis status post aorto bi-iliac endograft of a fusiform infrarenal abdominal aortic aneurysm measuring up to 5.9 cm in greatest sagittal dimension and 5.6 cm in greatest coronal dimension. This is unchanged from 05/30/2023.

Sacrum/coccyx intertrigo
Present on admission
Nystatin topically as tolerated

Hypomagnesemia
Replete

Consumer Patient Viewable Results

Follow levels

Cardiology recommended holding Aspirin and Plavix for now and and strongly recommend GI to do colonoscopy and more importantly small bowel enteroscopy

8-27-23 CCHP contacted GI regarding further scopes who reported they will look into this, awaiting GI follow-up

8-28-23 CCHP contacted GI regarding further scopes who reported they will look into this, awaiting GI follow-up

Carbohydrate Controlled Cardiac Diet Carbohydrate Controlled | Cardiac, 08/25/2023 10:05:00 EDT 08/25/2023 10:05:46
VTE Prophylaxis: VTE Risk Assessed as Moderate, 08/26/2023 10:06:00 EDT, 72, HR
Pneumatic Compression Boots Both Legs, Skin/Circ Check q 8 hrs, VTE risk at time of order assessed as moderate., 08/26/2023 10:06:00 EDT
Pneumatic Compression Boots Both Legs, Skin/Circ Check q 8 hrs, VTE risk at time of order assessed as moderate., 08/23/2023 6:30:00 EDT

Electronically Signed:

Kosa DO, Milad
08/28/2023 18:06