

TRANSITION PROFILE
JOHN A. SMITH 07/24/1955

Date of Admission: 02/14/2011

Date of Discharge: 02/18/2011

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Diagnoses:

Discharge Diagnoses:

	ICD-9
1. Acute on chronic systolic heart failure	xxx.xx
2. Acute on chronic kidney failure	xxx.xx
3. Acute respiratory failure	xxx.xx
4. Hyposmolality	xxx.xx
5. Lung Nodule in Right Upper Lobe	xxx.xx

Chronic Conditions:

1. Chronic kidney disease	xxx.xx
2. Chronic systolic heart failure	xxx.xx
3. Hypertension	xxx.xx
4. Diabetes Mellitus Type II	xxx.xx
5. Chronic Obstructive Pulmonary Disease	xxx.xx

Reason for Hospitalization:

- John Smith complained of shortness of breath.

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Follow-up Appointments:

- Wendel Phillips, DO (623)xxx-xxxx
 - Within 2-3 days
- Joseph Fares, MD (623) xxx-xxxx
 - On Monday, February 21, 2011 at 2 pm
- Diabetic Education Class (602) xxx-xxxx
 - Call for class schedule

Pending Lab Work and Tests:

- Cocci Serology
- Official Pulmonary Function Testing Results

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PATIENT INSTRUCTIONS

- Controlling your weight is very important (CHF template)
 - Weigh yourself everyday at the same time and write it down your health diary.
 - Bring your health diary with your daily weights to your doctors appointments.

DIET

- Controlling sodium or salt intake is very important (CHF template)
 - You are to follow a 2000mg sodium a day diet.
 - Eat only low sodium foods. Too much sodium causes your body to hold extra fluid. This makes your heart have to pump harder. Remember, you can find the sodium content of foods on the side of the container under Nutritional Facts.
 - You can also reduce sodium by not adding salt to your food or cooking water.

ACTIVITY

- CHF CLASSIFICATION 1-2:
 - Do some form of physical activity, such as walking, or driving a manual wheelchair 10 minutes a day as tolerated. Start slowly and increase your activity slowly to 30 minutes a day. Stop and rest if you have chest pain, dizziness, shortness of breath or a rapid pulse. Exercise helps to strengthen your muscles and make you more flexible.
- CHF CLASSIFICATION 3-4:
 - No exercise program until your next clinic visit. Keep your legs up on a footstool.)

IF YOU HAVE THE FOLLOWING PROBLEMS, CALL:

- 911
- Cardiologist or PCP office
 - Weight gain of 5 or more pounds in a week
 - Dizziness
 - Shortness of breath that is getting wors
 - Swelling in your ankles

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Medications:

New Medications

- **Diovan** **160 mg**
 - 1 tablet by mouth Daily
- **Lasix** **40 mg**
 - 1 tablet by mouth Twice a day
- **Aldactone** **50 mg**
 - 1 tablet by mouth Daily
- **Prednisone** **10 mg**
 - 4 tablets by mouth Daily x 4 days then
 - 3 tablets by mouth Daily x 4 days then
 - 2 tablets by mouth Daily x 4 days then
 - 1 tablet by mouth Daily x 4 days

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Continued Medications

- **Aspirin** **81 mg**
 - 1 tablet by mouth Daily
- **Potassium Chloride** **20 mEq**
 - 1 tablet by mouth Twice a day
- **Lantus** **100u/mL**
 - 40 units subcutaneous Nightly
- **Coreg** **6.25 mg**
 - 1 tablet by mouth Twice a day

Stop the following Medications

- **Diovan/HCTZ** **160/25 mg**
 - 1 tablet by mouth Daily
- **Actos** **30 mg**
 - 1 tablet by mouth Daily
- **Lasix** **40 mg**
 - 1 tablet by mouth Daily

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Hospital Course:

- Day 1
 - Patient presented to hospital with progressive dyspnea on exertion. Started on IV Lasix for CHF exacerbation and steroids and SVNs for COPD exacerbation.
- Day 2
 - His BNP has improved, cardiac enzymes were negative for ACS. He is less short of breath but not back to baseline.
- Day 3
 - Patient feels he is back to his baseline respiratory status. He has continued to have good urine output. Exam reveals fewer rales and wheezing.

Supplemental Summary:

- Patient was admitted and treated for a combination of acute exacerbations of CHF and COPD. His initial creatinine was 1.9, now has improved to 1.4, which is his baseline. His sodium was low at 130 on admission, now is 135. He is a net negative 3 liters of fluid.

Proposed Management Plan:

- Patient should be enrolled in a congestive heart failure program to optimize outpatient management. Continue diuretics and monitor renal function.

Anticipated problems and suggested interventions:

- Recurrence of exacerbations should be mitigated by aggressive outpatient monitoring and medication adjustments.

Patient Condition at Discharge:

- Stable

Discharge Destination:

- Home