Subsequent Visit

Place of Service: Skilled nursing facility

Marital Status: Widowed

Power of Attorney I Health Proxy: Yes

Source of history Patient and reliability high of historian.

S:

1. Edema/SOB: Pt has hx of CAD, MVP and tricuspid insufficiency. I started pt on Lasix and her edema and leg swelling is better. Cough and SOB is also improving. PT feels good. Pressure Ulcer: On coccyx healing well. Wound care nurse is on board.

Allergies:

LOPRESSOR (Shortness of breath), LORTAB (Doesn't remember), PREVACID (Doesn't remember), PROCARDIA (Doesn't remember).

Medications reviewed.

Past Medical History

TRICUSPID INSUFFIC, MITRAL VALVE PROLA, DIVERTICULITIS, HYPERTENSION, HYPERLIPIDEMIA NOS, CAD, OSTEOPOROSIS NOS, COLON POLYPS, CARDIAC ARRHYTHMIA

Surgeries:

1. Hysterectomy in 19XX.

3. Chondroplasty of the right knee in 20XX.

5. Left total knee replacement - 20XX

Family History: Father died of tuberculosis. Mother had thyroid disease. Mother died of myocardial infarction.

Social History: Lives alone. One son who lives locally. Does not use alcohol or tobacco.

Advance directive: Advance Directive discussed and detailed instructions provided to patient and family.

Code status: Full code

Review of Systems:

Constitutional: Fever No. Chills No. Sweats - No. Malaise - No.

Eyes: Eye pain - No. Vision Loss No.

Ears, nose, mouth, throat: Ear pain No. Hearing loss - No. Nasal Stuffiness - No. Hoarse - No.

Cardiovascular: Chest Pain - No. Palpitations - No. Edema - No. Syncope - No. Orthopnea No.

Respiratory: Shortness of Breath positive. DOE positive. Wheezing - No. Cough positive. Hemoptysis - No.

Gastrointestinal: Nausea No. Vomiting - No. Hematemesis - No. Diarrhea - No. Constipation - No.

Genitourinary: Dysuria - No. Urine Frequency - No. Urinary Hesitancy - No. Hematuria· No.

Musculoskeletal: Muscle pain - No. Joint pain - No. Back Pain - No. Joint Stiffness - No.

Objective:

Vital Signs: 98, 82, 18, 136/63. 92% RA

Constitutional: Appears in no distress.

Head: Normocephalic. Atraumatic.

Respiratory: Chest: Crackles at the bases.

Cardiovascular: regular rate and rhythm with SEM. 3+ edema - bilateral lower extremity(s). + Pedal pulses.

Gastrointestinal: Soft. nontender, with normal bowel sounds, no masses and neither rebound nor guarding. No hepatosplenomegaly.

Neurologic: Cranial nerves: Cranial nerves II-XII within normal limits.

Functional Status: Physical Therapy Occupational Therapy

Ambulation: distance able to walk 25-175, SBA, CGA, MOD I

LABS and Diagnostic Tests:

Lab results reviewed: Cr 0.62, K 4.3, Na 139.

Assessment and Plan:

HYPERTENSION UNSP

EDEMA

PRESSURE ULCER coccyx, Stage II

1. Edema: Seems to be due to CHF as pt has history of CAD and cardiomegaly on CT scan. Continue Lasix to 20 mg BID. KCL. Normal BMP. Ace warp. Monitor. Consider Echo-cardiogram as outpatient basis. Incentive spirometery. Albuterol nebs prn for SOB. Tessalon for cough.
2. HTN: Continue Irbesartan and monitor.
3. Pressure Ulcer: Stage II on coccyx. Duoderm and hydrogel. Wound care nurse is onboard. Per nurse wound is almost healed.
4. Social work for discharge planning.

Anticipated Discharge: Discussed with Family and patient: Yes

Anticipated Discharge Date: 1-2 weeks.

Follow-up: 1 week

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What are the CPT® and ICD-10-CM codes reported?