

## Medicine MS 3 Progress Note

**S:** Patient is awake and comfortable. Still complaining of intermittent abdominal pain and LE pain b/l. Rates the pain as 7/10. Denies any CP, SOB, or cough. Denies N/V, diarrhea or constipation. Denies fevers, chills or night sweats. No complaints of headache or dizziness. Patient is sleeping well and taking good po. Has not gotten out of bed.

**O:** VS: T<sub>m</sub> 37.7, T<sub>c</sub> 37.5, BP 130/80, P 65, R 20, O<sub>2</sub> sat 96% on 2L  
 I/O: 1200/800 plus 2 BMs in 24 hrs, last FS: 156  
 General: Pt. lying comfortably in bed, awake, alert, and oriented. Appears to be in NAD.  
 HEENT: NC/AT, PERRL, EOMI. MMM, no exudates or erythema noted. No cervical or supraclavicular LAD. No carotid bruits or JVD appreciated.  
 CV: RRR; S1 and S2 heard, no rubs or gallops. + SEM 4/6 beard at Lt. Sternal border  
 Pulm: A/E equal b/l. No use of accessory muscles. Decreased breath sounds in base b/l. + Exp wheezes in apices b/l, L > R. No r/c.  
 Abd: Soft, NT, ND, + BS, no rebound or guarding.  
 Ext: No c/c/e. 2+ DP pulses b/l. Warm, well perfused, NT.  
 Neuro: No focal motor or sensory deficits noted.  
 Labs:

140	100	10	}	130	{	9.0	12.8	}	180	N:60 L:30 M:10
2.1	25	1.0				36.0				

**A/P:** Patient is a 54 y/o black male with a h/o of sickle cell disease, COPD and DM Type II presenting to the ER with increasing SOB and admitted for COPD exacerbation. HD #3

**Pulm:** O2 sats 96% on 2L, titrate O2 to > 92%. Consider home O2 consult if patient unable to tolerate ween. Patient continues to have exp wheezes and decreased breath sounds. Continue with solumedrol 120 mg IV q 12 hrs, and will consider prednisone taper in 1-2 days if patient's condition is improving. Continue with nebulizer treatment prn for SOB. Encourage OOB to Chair tid.

**FEN:** Potassium is low, will replace today KCl 20 mEq x 2 today only and recheck BMP in a.m. Continue on 1800 cal ADA diet, encourage fluid intake. IVFs NS @ 50 cc/hr, HLIV with good po.

**GI:** Patient complaining of abdominal pain, questionable SC crisis. Will continue with protonix 40 mg qd. Guaiac stools x 3. Zofran 4 mg po for n/v. Will call GI for consult.

**Heme:** Pt complaining of LE pain and abdominal pain. May be in SC crisis secondary to hypoxemia. Will start Morphine IV drip at 10 mg/hr for pain control. Will get lower extremity doppler to r/o DVT.

**Endo:** FS 156 this a.m. Most likely secondary to steroids. Will continue patient on regular insulin sliding scale.

**ID:** Patient CBC with diff WNL and afebrile. Will continue to hold off on Abx unless patient becomes symptomatic. CXR on admission did reveal a questionable infiltrate in LLL. Will repeat CXR in a.m.

**CV:** Patient is HD stable.

**Misc:** Will discuss with attending d/c planning and outpatient smoking cessation.

DM-MS3