

Name: Carol Diane Gray | DOB: 8/2/1962 | MRN: 111012030007 | PCP: William C. Dam, MD | Legal Name: Carol Diane Gray

ED Provider Notes

John L. Pacini at 7/24/2023 12:31 PM

Subjective

History

Chief Complaint

Patient presents with

- Aggressive Behavior
Daughter of pt reports caregiver, Bob the boyfriend reported that she was throwing drinking glasses, shouting, crying, and made statements she does not want to live anymore, happened around 0730, been going on for years, but getting worse, progressive alzheimer's.

Patient is a 60-year-old female with a history of Alzheimer's dementia that is getting worse and now having some passive suicidal thoughts. Patient states she feels hopeless and did make a statement that she does not want to live anymore but at this time states that she is not suicidal. Patient denies any fevers chills nausea vomiting diarrhea constipation or chest pain. Patient has been increasing agitation for the last few weeks getting worse

Past Medical History:

Diagnosis	Date
• Allergy	
• Dementia (CMS-HCC)	09/30/2022
• Essential hypertension	09/30/2022
• Hyperlipidemia	06/16/2021
• Rosacea	09/30/2022
• Seborrheic dermatitis	04/26/2020

Past Surgical History:

Procedure	Laterality	Date
• ENDOMETRIAL ABLATION <i>Age 53</i>		
• KNEE SURGERY		1974
• OTHER SURGICAL HISTORY <i>Fatty tumor removed from leg</i>		1997
• SHOULDER SURGERY <i>tumor removed</i>		2007

Prior to Admission medications

Medication	Sig	Start Date	End Date	Takin g?	Authorizing Provider
alpha lipoic acid 600 mg Capsule	Take 1 capsule by mouth daily.	10/5/22			Grujic, Zoran M., MD
amLODIPine 10 mg tablet	Take 1 tablet by mouth daily.	7/1/22			Provider, Historical
cetirizine 10 mg	Take 1 capsule				Provider, Historical

tablet	by mouth daily as needed.	
cholecalciferol, vitD3,/vit K2 (VITAMIN D3-VITAMIN K2 ORAL) DONEPEZIL 10 mg tablet	Take by mouth daily. 1 gummy daily	Provider, Historical
	TAKE 1 5/17/23	Grujic, Zoran M., MD
	TABLET BY MOUTH EVERY DAY	
Glucosamine-Chondroit-Vit C-Mn 500-400 mg Capsule	Take 1 capsule by mouth daily.	Provider, Historical
HYDROcodone-acetaminophen 5-325 mg per tablet	Oral for 3 Days	Provider, Historical
mecobalamin, vitamin B12, (B12 ACTIVE) 1,000 mcg tablet,chewable	Take 1 Chewable Tablet by mouth daily.	Provider, Historical
memantine 10 mg tablet	Take 1 tablet by mouth 2 (two) times daily.	Singh, Archana, APRN, CNP
omega-3s/dha/epa/algal oil (MEGARED ADVANCED OMEGA-3 ALGAE ORAL)	Take 1,290 mg by mouth daily.	Provider, Historical
sertraline 50 mg tablet	Take 1 tablet by mouth daily.	Singh, Archana, APRN, CNP
vit C-zinc citrate-elderberry (SAMBUCUS ELDERBERRY) 45-3.75-25 mg tablet,chewable	Take 1 Chewable Tablet by mouth daily.	Provider, Historical
vitamin B complex-folic acid (BALANCED B-50 COMPLEX, FOLIC,) 50 mcg Tablet	Take 1 tablet by mouth daily.	Provider, Historical

Family History

Problem	Relation	Age of Onset
• No Known Problems	Mother	
• Hypertension	Father	
• Stroke	Father	
• No Known Problems	Sister	
• No Known Problems	Sister	
• No Known Problems	Brother	
• No Known Problems	Brother	
• No Known Problems	Maternal Grandmother	
• Stroke	Maternal Grandfather	
• No Known Problems	Paternal Grandmother	
• No Known Problems	Paternal Grandfather	
• No Known Problems	Son	
• No Known Problems	Daughter	

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Vaping Use

- Vaping Use: Never used

Substance Use Topics

- Alcohol use: Not Currently
 - Alcohol/week: 3.0 standard drinks of alcohol
 - Types: 3 Glasses of wine per week
- Drug use: Never

Review of Systems

Constitutional: Negative for fever.

HENT: Negative for congestion, ear discharge, ear pain and sore throat.

Eyes: Negative for discharge and redness.

Respiratory: Negative for cough, shortness of breath and wheezing.

Cardiovascular: Negative for chest pain.

Gastrointestinal: Negative for abdominal pain, diarrhea, nausea and vomiting.

Genitourinary: Negative.

Musculoskeletal: Positive for gait problem (**Chronic**).

Skin: Negative for color change.

Neurological: Negative for dizziness, weakness and headaches.

Psychiatric/Behavioral: Positive for confusion (**Chronic dementia**).

All other systems reviewed and are negative.

Objective

External records reviewed:

Physical Exam

BP (!) 163/70 | Pulse 64 | Temp 97.8 °F (36.6 °C) (Oral) | Resp 22 | Ht 1.676 m (5' 6") | Wt 108.7 kg (239 lb 10.2 oz) | SpO2 90% | BMI 38.68 kg/m²

Physical Exam

Vitals and nursing note reviewed.

Constitutional:

Appearance: She is normal weight.

HENT:

Head: Normocephalic and atraumatic.

Nose: Nose normal.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Eyes:

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Heart sounds: Normal heart sounds.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Abdominal:

General: Abdomen is flat. Bowel sounds are normal.

Palpations: Abdomen is soft.

Musculoskeletal:

General: Normal range of motion.

Cervical back: Normal range of motion.

Comments: **Bilateral leg bandages noted**

Skin:

General: Skin is warm and dry.

Capillary Refill: Capillary refill takes less than 2 seconds.

Neurological:

General: No focal deficit present.

Mental Status: She is alert and oriented to person, place, and time.

Comments: **Patient is at baseline mental status with some slight confusion**

Psychiatric:

Comments: **Depressed in appearance**

**Results for orders placed or performed during
the hospital encounter of 07/24/23
CBC with Differential**

Result	Value	Ref Range
WBC	8.5	4.1 - 11.0 10 ³ /μL
RBC	4.26	(Based on documented legal sex) 4.00-5.40 10 ⁶ /μL
HGB	13.2	(Based on documented legal sex) 12.0-16.0 g/dL
HCT	39.1	(Based on documented legal sex) 36.0-46.0 %
MCV	91.8	80.0 - 99.0 fL
MCH	31.0	26.0 - 32.0 pg
MCHC	33.8	31.0 - 36.5 g/dL
RDW	13.8	12.0 - 15.0 %
PLT	217	150 - 400 10 ³ /μL
Neutrophils	67.3	50.0 - 76.0 %
Lymphocytes	25.5	25.0 - 40.0 %
Monocytes	5.8	0.0 - 15.0 %
Eosinophils	1.1	0.0 - 7.0 %
Basophils	0.2	0.0 - 2.0 %
Absolute Neutrophils	5.7	(Based on documented legal sex) 2.1-8.4 10 ³ /

Absolute Lymphocytes	2.2	μL 1.0 - 4.4
Absolute Monocytes	0.5	10 ³ /μL 0.0 - 1.7
Absolute Eosinophils	0.1	10 ³ /μL 0.0 - 0.8
Absolute Basophils	0.0	10 ³ /μL 0.0 - 0.2
Immature Granulocytes	0.1	10 ³ /μL 0.0 - 1.0 %
Absolute Immature Granulocytes	0.0	10 ³ /μL
Comp Metabolic Panel		
Result	Value	Ref Range
Sodium	140	135 - 145 mmol/L
Potassium	4.0	3.5 - 5.1 mmol/L
Chloride	104	98 - 108 mmol/L
Carbon Dioxide	27	21 - 32 mmol/L
Anion Gap	9	5 - 15 mmol/L
Blood Urea Nitrogen	19	8 - 24 mg/dL
Creatinine	0.76	0.55 - 1.30 mg/dL
eGFRcr (CKD-EPI 2021)	90	>=60 mL/min/1.73 m ²
Calcium	8.8	8.4 - 10.2 mg/dL
Calcium, Adjusted For Albumin	9.1	8.4 - 10.2 mg/dL
Glucose	103 (H)	80 - 99 mg/dL
Protein, Total	7.6	6.4 - 8.3 g/dL
Albumin	3.6	3.5 - 4.8 g/dL
ALT	33	(Based on documented legal sex) 12-78 units/L
Alkaline Phosphatase	120 (H)	45 - 117 units/L
AST	23	(Based on documented legal sex) 12-36 units/L
Bilirubin, Total	0.3	0.2 - 1.1 mg/dL
Magnesium Level		
Result	Value	Ref Range
Magnesium	2.0	1.7 - 2.4 mg/dL
Troponin		
Result	Value	Ref Range
Troponin I, High Sensitivity	6	0 - 51 pg/mL
Urinalysis with Reflex to Culture		
Result	Value	Ref Range

Color, Urine	Yellow	Yellow
Clarity, Urine	Clear	Clear
Glucose, Urine	Negative	Negative mg/dL
Bilirubin, Urine	Negative	Negative
Ketones, Urine	15 (A)	Negative mg/dL
Specific Gravity, Urine	1.020	1.002 - 1.035
Blood, Urine	Negative	Negative
pH, Urine	7.0	5.0 - 8.0
Protein, UA	Negative	Negative mg/dL
Urobilinogen, Urine	0.2	0.2 - 1.0 mg/dL
Nitrite, Urine	Negative	Negative
Leukocyte Esterase, Urine	Small (A)	Negative Leu/uL
Urinalysis, Microscopic Only		
Result	Value	Ref Range
WBC, Urine	3-8	0 - 8 /hpf
RBC, Urine	None	0 - 2 /hpf
Bacteria, Urine	Few (A)	None seen /hpf
Squamous Epithelial Cells, Urine	Few	Few /lpf
Pathological Casts, Urine	None	None seen /lpf
Crystals, Urine	None	None seen /hpf
Acetaminophen		
Result	Value	Ref Range
Acetaminophen	<2.0 (L)	10.0 - 30.0 µg/mL
Alcohol, Blood ETOH		
Result	Value	Ref Range
Alcohol, Ethyl	<3.0	<=10.0 mg/dL
Salicylate		
Result	Value	Ref Range
Salicylate Level	<2.8 (L)	2.8 - 20.0 mg/dL
Drug Screen, Urine		
Result	Value	Ref Range
Amphetamines Screen, Urine	Negative	Negative
Barbiturates Screen, Urine	Negative	Negative
Cocaine Metabolite Screen, Urine	Negative	Negative
Opiate Metabolites, Urine	Negative	Negative
Cannabinoids, Urine	Negative	Negative
Phencyclidine Screen, Urine	Negative	Negative
Benzodiazepine Screen, Urine	Negative	Negative

Procedures

EKG done at 12:22 PM at 12:25 PM shows normal sinus rhythm heart 62 normal PR interval normal QRS duration normal axis no STEMI

Imaging Results

Xray Chest AP Portable (Final result)

Result time 07/24/23 13:40:32

Final result by Avutu, Bindu R., MD, MPH (07/24/23 13:40:32)

Narrative:

PROCEDURE: XR CHEST AP PORTABLE.

Date: 7/24/2023 1:23 PM.

TECHNIQUE: A single view of the chest (AP or PA) was performed.

HISTORY: Shortness of breath

COMPARISON: January 9, 2007

FINDINGS:

Support Devices: None.

Cardiac Silhouette/Mediastinum/Hila: The cardiac, mediastinal, and hilar contours are within normal limits.

Lungs/Pleural Spaces: The lungs and pleural spaces are clear. There is no focal airspace consolidation, pleural effusion or pneumothorax.

Osseous structures/diaphragm: The osseous structures are age-appropriate in appearance.

Impression:

1. There is no acute cardiopulmonary process.

FINAL REPORT

Attending Radiologist: Avutu, Bindu MD

Date Signed Off: 07/24/2023 13:40

CT Brain without Contrast (Final result)

Result time 07/24/23 13:46:57

Final result by Link, James T., MD (07/24/23 13:46:57)

Narrative:

PROCEDURE: CT BRAIN WO CONTRAST

INDICATIONS: Agitation

COMPARISON: None.

TECHNIQUE: CT images were obtained without contrast administration. Radiation dose reduction with automated exposure control and iterative reconstruction.

FINDINGS:

BRAIN: There is no evidence of acute intracranial hemorrhage, mass, mass effect, extra-axial fluid collections, or ventricular abnormalities. No cortical

infarct is seen.

ORBITS AND SINUSES: The visualized portions of the orbits and sinuses have an unremarkable appearance.

BONES: The calvarium appears intact on these axial images.

CONCLUSION:

No acute intracranial abnormality.

FINAL REPORT

Attending Radiologist: Link, James MD

Date Signed Off: 07/24/2023 13:46

MDM

ED Observation Admit Note:

The patient was admitted to observation on at as indicated by placement of Observation Order.

Please refer to the initial ED Note above for full HPI, PMH/PSH, SocHx, FamHx, and Exam.

Reason for Observation: The patient was placed in observation for therapeutic intensity

Treatment Plan (if/then) including pending labs/imaging, consultations, and procedures: Continue observation treatment and evaluation

Reassessments: please see ED Course for documentation of reassessments during ED course and subsequent Observation course

ED Observation Discharge Note

End observation date and time as indicated by discharge order.

Final exam: 7/24/2023 5 PM

General: NAD, A&Ox3

Head: atraumatic, normocephalic

Lungs: normal work of breathing

CV: warm and well perfused

MSK: no gross deformity

Skin: warm and dry

Discharge Plan: Discharge home with outpatient follow-up

Discharge Diagnosis

1. **Dementia (CMS-HCC)**
2. Agitation
3. Mood disorder (CMS-HCC)

Discharge instructions prepared and discussed with the patient.

Medications

**sodium chloride 0.9 % iv bolus (0 mLs IV Infusion
Stopped 7/24/23 1256)**

Assessment/Plan

1. **Dementia (CMS-HCC)**

2. Agitation
3. Mood disorder (CMS-HCC)

ED Course

ED Course as of 07/24/23 1705

Mon Jul 24, 2023

- 1254 Patient's labs have been reviewed troponin normal magnesium normal white count normal hemoglobin normal patient's electrolytes are normal as well. Awaiting urinalysis and radiology studies. Patient resting in room in no acute distress at this time [JP]
- 1348 Please urinalysis does have small leuk esterase with a few bacteria but also few squamous cells. Unclear if there is an infection at this time she has no fever no white count. [JP]
- 1348 Patient's chest x-ray is normal awaiting the CT scan results. [JP]
- 1352 Patient CT scan of the brain shows no acute abnormalities patient medically cleared for psychiatric evaluation. [JP]
- 1702 Patient seen by crisis she is not suicidal or homicidal. Patient does have some mood disorders with the dementia that is complicating things but patient and family willing to follow-up as an outpatient and she already has a neurologist at CDH that she will be following up with. Therefore patient be discharged home [JP]

ED Course User Index

[JP] Pacini, John L., DO

Clinical Impressions as of 07/24/23 1705

Dementia (CMS-HCC)

Agitation

Mood disorder (CMS-HCC)

ED Prescriptions

None

Note to patient: The 21st Century Cures Act makes medical notes like these available to patients in the interest of transparency. However, be advised this is a medical document. It is intended as peer to peer communication. It is written in medical language and may contain abbreviations or verbiage that are unfamiliar. It may appear blunt or direct. Medical documents are intended to carry relevant information, facts as evident, and the clinical opinion of the practitioner. While typing this document, voice recognition software was utilized. This may result in incorrect grammar, misspellings, incorrect pronouns. Effort has been made to avoid this wherever possible, but may be apparent.

Disposition: Home

Pacini, John L., DO
07/24/23 1704

Pacini, John L., DO
07/24/23 1705

Discharge Instructions

[John L. Pacini at 7/24/2023 5:04 PM](#)

****Please read your discharge instructions and follow-up with your general provider or specialist as we discussed.**

****Reasons to return to the Emergency Room include worsening of your condition, fever or rash, vomiting or diarrhea, chest pain or shortness of breath, severe headache, dizziness or stroke-like symptoms, or if you have any other concerns at all.**

****Thank you for choosing Northwestern Emergency Room. It was a pleasure to treat you today and I hope that you feel better.**

Dr. Pacini

Discharge Attachments

Coping Tips for Caregivers, Dementia (English)
Dementia, Daily Care for People With: For Caregivers (English)
Dementia, Understanding (English)

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