

Progress Note

Patient: BLAYK, BONZE ANNE ROSE
DOB/Age: 05/01/1956 62
Admission Date: 09/19/18

Account Number: A00088518428
Medical Record#: M000597460

Provider: Frederick R Caballes MD

Subjective

Date of Service: 09/23/18

Interval History:

Pt seen and examined. Meds and labs reviewed. Pt refused to be examined this morning and mentioned. "I am relaxing right now. I don't want to be bothered."

CC: N/A

ROS: Unable to assess given pt's delusions and labile mood

PHYSICAL EXAM: Pt refused to be examined

Objective

Active Medications:

Acetaminophen (Tylenol Tab*) 975 mg PO BID SCH
Last Admin: 09/23/18 09:45 Dose: Not Given
Amlodipine Besylate (Norvasc Tab*) 10 mg PO DAILY SCH
Last Admin: 09/23/18 09:45 Dose: Not Given
Haloperidol Lactate (Haldol Inj Iv/Im*) 5 mg IV SLOW PU Q2H PRN
PRN Reason: AGITATION/ANXIETY/INSOMNIA
Last Admin: 09/19/18 23:51 Dose: 5 mg
Hydralazine HCl (Apresoline Iv*) 10 mg IV SLOW PU Q6H PRN
PRN Reason: BLOOD PRESSURE
Hydromorphone HCl (Dilaudid Inj1s*) 0.5 mg IV SLOW PU Q6H PRN
PRN Reason: PAIN
Last Admin: 09/19/18 12:14 Dose: 0.5 mg
Lorazepam (Ativan Inj*) 2 mg IV PUSH Q4H PRN
PRN Reason: AGITATION
Metoprolol Tartrate (Lopressor Tab*) 25 mg PO BID SCH
Last Admin: 09/23/18 09:45 Dose: Not Given
Olanzapine (Zyprexa *Odt*) 10 mg PO DAILY SCH
Last Admin: 09/23/18 09:45 Dose: Not Given

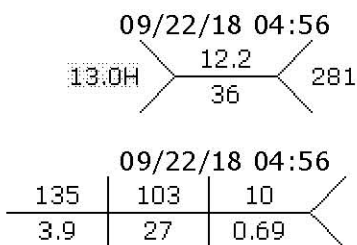
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Oxycodone/Acetaminophen (Percocet 5/325 Tab*) 1 tab PO Q6H PRN
PRN Reason: PAIN

Vital Signs - 8 hr

	09/23/18 08:00
Respiratory Rate	16

Oxygen Devices in Use Now: None
Result Diagrams:



Assess/Plan/Problems-Billing

Assessment:

- Patient Problems

(1) Unspecified psychosis

Current Visit: No **Status:** Acute **Comment:**

-Continue Olanzapine PO daily and PRN Haldol ordered and will defer with further adjustments of antipsychotics with Dr. Ehmke and BSU team

(2) Fever

Current Visit: Yes **Status:** Acute **Code(s):** R50.9 - FEVER, UNSPECIFIED **SNOMED Code(s):** 386661006

Comment:

- Low grade
- Afebrile for 3 days and given improving leukocytosis today when she allowed phlebotomist to draw and continued refusal of meds, will D/C Levaquin
- Dr. Ehmke mentioned that pt can be transferred to BSU once a bed is available last Friday (09/21/18)
- CXR and U/A not suggestive of PNA and UTI
- Will continue to observe

(3) Leukocytosis

Current Visit: Yes **Status:** Acute **Code(s):** D72.829 - ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED **SNOMED Code(s):** 111583006

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Comment:

-Please see above discussion

(4) Nasal bone fracture

Current Visit: Yes **Status:** Acute **Code(s):** S02.2XXA - FRACTURE OF NASAL BONES, INIT
ENCNTR FOR CLOSED FRACTURE **SNOMED Code(s):** 263171005

Comment:

-For F/U with plastic surgeon in outpt

(5) Rib fracture

Current Visit: Yes **Status:** Acute **Code(s):** S22.39XA - FRACTURE OF ONE RIB, UNSP SIDE, INIT
FOR CLOS FX **SNOMED Code(s):** 33737001

Comment:

#Minimally displaced 9th rib fx, left:

-Will encourage to use incentive spirometry

-Given pt has shallow breathing due to pain, will place pt on incentive spirometry, however, her
psychosis creates barrier to her compliance

(6) DVT prophylaxis

Current Visit: Yes **Status:** Acute **Code(s):** IM00001 - **SNOMED Code(s):** 305058001

Comment:

-Continue SCD

-Pt ambulates

Status and Disposition:

-For transfer to BSU when BSU has bed per Dr. Ehmke

<Electronically signed by Frederick R Caballes MD> 09/23/18 1243

Entered by: Frederick R Caballes MD

Entered Date/Time: 09/23/18 1242

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CC: Frederick R Caballes MD