

OUTPATIENT NOTES

Ph (H)

Ph (B)

DNWV

PENSIONER

DATE

PROGRESS NOTES

24 AUG 2004

MEDICAL WARD REVIEW

* ERF = DM + HPT.

→ managed by dr Mich

* PVD - had amputations 2 toes (D foot)
 - calcified arteries lower leg
 - LDBKA planned, but require
 to optimize renal function
 and to exclude significant
 CAD.

* ? CAD - Dobutamine MPS shows
 no significant proximal stenosis
 Inferior wall attenuation present in
 all ~~several~~ MPS reports - caused
 by diaphragm + bone ls.
 LVEF 25%

Plan: Echo pending.

RTC x2 wks for result echo

BS

DATE

PROGRESS NOTES

7 SEP 2004

MEDICAL WARD REVIEW

* DM = on no insulin/1000 dA CRF.
 - Tel HbA_{1c} 6.6% \Rightarrow No hypo's.
 (P) No R. Can't work up.

(L) Foot examination

- 1/04 (D) 2nd toe ϕ .
- 4/04 Abscess sole of ϕ .
- 8/04 (D) 4th toe ϕ .
- now swollen big toe

(P) BKA soon

To PAC + ϕ .(CAB) - angiogram

- 5/04 Non ST segment
- ECG: PS + Inv. T following + minor \rightarrow ischaemia
- MPS: inferior hypokinetic + L perfusion
- Echo: LVEF 58% + minor hypokinesia

Ass: Has CAD, but stable asympt.

3rd with post-MT.

(P) Max had R & L PSP, Metabolic Lipid, ACE
 Not for coronary due to CRF.

EKF - Urea 12 Creat 235 K 5.2

- Cr 236 (N), R₂ 223 PTH 94 μ U/L
- Hb 11 g/dL BP 150/90. No oedema
- AB 25 Urine protein 39 g/L

(P) Renal US.

24 hrs urine for GCl.

Calcium carbonate + + tablets = acidic

Titrated PO₄ control: fast BP < 125

HOSPITAL

BUNDABERG HOSPITAL

SEX

UR NO

DAISY

F

005225

MARILYN J

NM

OUTPATIENT NOTE

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PENSIONER

DATE

PROGRESS NOTES

as HL

Chl 6,8 TR 3,6

(P) Cont Lipitor 60/Pd

* Hpt - BP

130/80

(P) Goal BP < 125/80

Cont Ramipril 8/d, Fosfomide 80/d

Amlodipine 10/d

After BKA, consider α-blocker

Telephone No: 4150 2213
Fax No: 4150 2219

DS/ns

DEPARTMENT OF MEDICINE

7 September 2004

Dr I Fernandes
Gayndah Family Medical Practice
57 Capper Street
GAYNDAH 4625

Dear Dr Fernandes

RE: Marilyn DAISY
DOB:

UR 005225

This year old patient attended OPD for review.

She has gangrene of the remaining toes on her left foot, and requires below knee amputation. In January and August 2004 she had amputation of the left 2nd and 4th toes. Below knee amputation is planned, and she will attend the pre-admission clinic soon.

Her diabetes mellitus has been complicated by retinopathy, chronic renal failure, peripheral neuropathy, TIA and coronary artery disease. At present she is on no insulin or hypoglycaemics, and her blood sugar remains well controlled. In July 2004 HbA_{1c} was 6.6%. Lately she has no had any hypoglycaemic episodes. Our plan is to continue monitoring of her blood sugar at home.

She is known with coronary artery disease, and does not suffer any angina. In May 2004 she had a non STEMI. ECG shows in the lateral and inferior leads flattening and inversion of the T waves indicating diffuse ischaemia. Myocardial perfusion study showed decreased perfusion and hypokinesia in the inferior area. Echocardiogram shows a good left ventricular ejection fraction of 58%, as well as inferior hypokinesia.

In summary this patient has coronary artery disease and is at present 3-4 months post MI. She is at high risk for further episodes of acute coronary syndrome, but her risk can be reduced with peri-operative beta-blocker therapy. She is on maximal medical therapy with Aspirin, Metoprolol, Lipitor and Perindopril. She is not a candidate for coronary angiography, due to severe chronic renal failure that poses a high risk for intravenous contrast agents.

Diabetic nephropathy has caused chronic renal failure with latest urea 16 and creatinine 0.35, potassium 5.2. The laboratory tests also show haemoglobin 111g/L that is adequate for a patient with coronary artery disease. Blood pressure elevated today at 150/90mmHg, but she has no peripheral oedema. A 24hr urine protein of 5.9gm/24hr indicates nephrotic range proteinuria, causing serum albumin to be low at 25mmol/L. Serum calcium normal at 2.34, but this is due to secondary hyperparathyroidism as indicated by elevated PTH of 94. Serum phosphate still elevated at 2.23.

RE: Marilyn Daisy

Our plan is to request renal ultrasound and 24hr urine sample for creatinine clearance. Calcium carbonate can be increased to two tablets three times daily with meals.

For hypertension she is at present on Perindopril 8mg per day, Frusemide 80mg a day and Amlodipine 10mg per day. Measured blood pressure 150/90mmHg, with a goal blood pressure of less than 125/70mmHg. She suffers ischaemic rest pain in the left foot at present, but after the below knee amputation, I recommend the antihypertensive medication be increased, preferably by increasing the dose of beta-blocker. At present she has mild hyperkalemia of 5.2mmol/L. Serum potassium needs frequent monitoring and if it increases further, her Perindopril dose may need to be reduced.

We shall follow her up during hospitalisation for her below knee amputation as well after rehabilitation.

Yours sincerely

Dawid Smalberger
Staff Physician

Copy: Dr J Patel Director of Surgery/Dr Martin Carter Director of Anaesthesia
Bundaberg Base Hospital



21/09/04	Pt remained sleeping, BSL 7.0 mmol/L, O2 saturations 100%.
NURSNG	For OT 1330hrs today, move to bed. Meds as charted. Care as per care plan.
	PT in good spirits for OT tomorrow. No complaints. Dressings dry - intact.
	Chart con. Dressing re-applied.
20-9-04	Pt rested quietly overnight, 0710 Early morning B/Fast green
	NBM BSL 3.7 — B Hogan con
20/9/04	WR SMALBERGER
OPRS	Obs stable.
BP 140/60 PR 62	BP satisfactory for pre-op.
	Plan
	① Check FBC & U&E Giggs (P.Y.C.E; MBBS II)
20/9/04 1110 hrs.	Pt pre-op checklist completed. BSL 4.8 mmol/L 1100 hrs. Observation stable. Dressing intact. Pt NBM. At ATOB Pt awaiting theatre ATOB

Queensland Health Pathology Service
Transfusion Medicine

Fetched by D BRENNAN

Bundaberg Hospital

Checked by G White

PRODUCT No. 4146070

20/9/04 1210

PRODUCT GROUP O Positive

PRODUCT TYPE Red Cells (42)

Tempo 12.52 Hg 36.1°C

Compatible Unit for

UR No. BN005225

SURNAME DAISY

GIVEN NAME Marilyn J

DATE OF BIRTH 15-Apr-1961

HOSPITAL BNH WARD 12 SUR

PATIENT GROUP O Positive

DATE 20 Sep 04

INITIALS etr1 11:50 22-Sep-2004

HOSPITAL		BUNDABERG HOSPITAL DAISY MARILYN J	SEX F	UR NO 005225			
		Ph (H) Ph (B) DNWV	NM				
INPATIENT PROGRESS NOTES		PENSIONER (ATTIX Patient Information)					
DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT						
<i>odd sat 0730 do para this am. IV morphine green. Pt confused and stating she doesn't know where she is or what happened to her. Orientated and settled for a while then crying again wanting her relatives BSL's had done Q6 and q 4 mins of therapy via nasal prongs contd. BSL 17/81</i>							
22-a/04.	<i>SIB Dr Jayneva Pt improved. less drowsy. Talky. ✓ Eating but drinking. ✓ Urine output en (Morning) ✓ Complaint of Phenton Leab (air).</i>						
	<i>Vitals stable - Dr BSL every 6 hours. ✓ Leg in splint. - No Belize today - sit in chair.</i>						
	<i>AJL</i>						
22/a/04	<i>WR - Smilberger/Aung/Beyton ① Day 2 post BKA ② Type II DM + CRF - acute deterioration ③ Eating + drinking ④ bp 140/90 Afeb BSL 6-5</i>						

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
	Creat 0.80 K+ 5.3 Urea 28
	FB - VO 550ml yesterday
	(A) Dehydrated
	(P) 4Y. Dcr + 1/5 N/S q12h
	Daily U+E + ECG please
	Renal RN BB Boynton 0020
22/9/04	Pharyngitis
13 25	c/o: feels well. Phantom limb pain. ° P/V, f/Numbness, ° coughing. Patient still very drowsy. falls asleep after every few words said.
	O/E: ° Calfes soft. + non-tender. Hemos -ve. ② Chest → few AE Blilaterally. ° Added sounds, quackable short. Splint in situ. v. drowsy - appeared overconfident.
	Rx. ° Convolution lenses. → static glasses + quadris (L+R), Bile pumps on R. // Requires constant prompting as patient falls asleep
	② Deep breathing exercises
	③ attempted bridging but unable to clear bottom
	④ attempted rolling to side but unable to perform independently. able to $\frac{1}{4}$ turn from supine. Requires assistance to roll.
	⑤ SLR on R leg VV
	⑥ SLR on ① amputated leg - can perform 1x as with splint But unable to perform further due to fatigue.
	Summary/Plan: ⑦ Spoken to Ashish ^{MD} → no knee brace locking and to leave splint in situ.
	⑧ To sit patient in wheelchair when patient becomes more awake and alert.
	<u>Ziggy Ray WANG Assistant</u> <u>for LL</u> <u>complaints</u>

PROGRESS NOTES
ALL NOTES MUST BE CONCISE AND RELEVANT

DATE AND STAFF CATEGORY

23/9/04

Ashley

S/B Dr Patel

Pt Drowsy

Saty + Drukay well

Complaint of Pain

Meds Stable

Stamps checked

Care sheet with STICK STRIPS

(P) Remove Drain

Rinse all strips.

will R/H strips

Ashley

23/9/04

WR - Smalberger/Aung/Boynton

0935

① Day 3 post BKA Type II DM

② ~~ATB~~ Acute deterioration renal failure

③ Acute confusion/drowsiness

④ Confused

⑤ Obs stable & jaundice

No 130

Coarse flsp hands

K+5

ECG - & acute changes

rest 0.8

UO 600mL yesterday

Urea 27.4

2500mL input

→ FB + 1.5 L

(A) Uremic encephalopathy

(P) Renal Team R/H ASAP → ? for dialysis

q24h fluids

Boynton 0020

23/9/04

Physiotherapy

1/15

c/o minimal pain on strip at rest: sore on movement

c/o pain on R face - Dr Atish Gupta Notified

*PMV, *SOB, *coughing. Patient appear sl confused at times

OK - patient still very drowsy this AM,

Gutts soft & tender spot, No redness, Hemens -ve

PROGRESS NOTES
ALL NOTES MUST BE CONCISE AND RELEVANT

DATE AND STAFF CATEGORY	
23/9/04	<u>M.D.H.</u> This lady is in Severe Agitated and will not tolerate dialysis. - staff offered - Thomas had to turn her. 1) No longer able to eat. C/F fluid 2) Blood cultures 3) No sweating → had most early morning urine off hand
23/9/04	NURSING, 1530hrs: Observations Stable W/C emptied 100mls. Pt refusing oral food + fluid when offered. Pt 2/3 W/T C. Belladonna removed. Pt drowsy @ times. B&B. All cares attended. Pt reviewed by renal team. For dialysis tomorrow. <i>(Delayed)</i> <i>(Delayed)</i>
23: 9:04	<u>NURSING</u> R. remains extremely drowsy + trying to get out of bed @ times shouting she had to get home. Diet refused - drink 1 Resource + other fluid. W.T. patient & running @ tons/hr. IDC $\geq 2^\circ$ measures - 36 - Soats. Stump dressing rebandaged. V/B care Tracey - aware of dialysis Tomorrow - will phone ward tomorrow.
	<u>V. Glazeborn (Carry)</u>
24/9/04	0800 IV inserted 230 - fingers very swollen + hand blue - ice packs applied + hand elevated - rings not left Off - R.MO unable to receive IV. (KVO) Review pt w/ R/ dialysis am. patient

PUBLIC

005225-7

Title Surname

Given Names

Date of Birth

Age

MS

DAISY

MARILYN J

15 Apr 1961 43

Address

Sex M/S Country of Birth

Religion

F

NM

AUSTRALIA

DNWV

Ethnic Origin

ABORIGINAL NOT ENGLISH ONLY

Telephone Home

Telephone Business

Occupation Current or Last

First Contact

PENSTONER

Alternative Contact

TRACEY KREIS
FRIEND
AAJAMES DAISY
BROTHER
AA

Patient Admitted Past 7 days from which hospital Date Admitted Time Admitted Admission Source

16 Sep 2001 08:04 OUTPATIENT - DEPT

Referring Doctor/Person

Unit Ward Bed Referring Doctor

DR I FERNANDES
FAMILY MEDICAL CENTRE

SURG 12

PATEL J

Account Class Health Fund

Health Schedule

GAYNDAH

4625

CPF

NTI

Medicare Number

Pension Number

Date Discharged Time Discharged Discharge Status

6/10/04

17:00

HOME

Remember: Discharge Planning begins on Admission.

ICD9CM CODES

Good discharge planning improves patient and staff satisfaction, reduces hospital length of stay and reduces readmission rates.

If the patient is no longer acute an episode of care change is required. An episode of care change form must be completed by the consultant treating the patient. This will correctly help describe workloads and the use of resources.

Good discharge planning provides better patient care and better health outcomes.



QHB.0004.0159.00506



NM

Patient Election Form

1. Complete Section A and Section B by ticking the relevant boxes.
2. Sign the patient declarations in both sections.

Ph (H)
Ph (B)
DNWV

PENSIONER

SECTION A

Please read the *Public or Private – your choice* information attached to this form before you complete this section. If you need help ask the hospital staff.

Yes No **PUBLIC PATIENT** I choose to be treated as a public patient. This means I cannot choose my own doctor and that the hospital will provide me with a suitable doctor for my care. I will not be charged for accommodation, medical, diagnostic and allied health services or surgically implanted prostheses.

Yes No **PRIVATE PATIENT** I choose to be treated as a private patient by Dr [] I understand that I may not be fully covered for my treatment costs and I may have to pay for out-of-pocket expenses.

Yes No I want a private (single) room, if available, and I agree to pay the extra charges that will apply.

DECLARATION BY PATIENT [Name]
or (address):

Marilyn Daisy
As Above

I have read the *Public or Private – your choice* information attached to this form. I understand I have a choice to be a public or private patient and have been fully informed of the consequences of my choice selection. I also understand that this choice can only be changed if in the event of unforeseen circumstances as set out in the *Public or Private – your choices* information. A hospital employee has not directed me towards this decision.

Signature (patient) X Marilyn Daisy

Date 15 9 2004

Signature (or patient representative)

Relationship to patient

or (address):

Date

DECLARATION BY HOSPITAL EMPLOYEE AS WITNESS I,

witnessed the patient or their representative make the election of their choice. An interpreter was not required.

An interpreter was required to ensure the person received sufficient information to make an informed choice.

The interpreter's name is []

Signature

Position

Ao

Date

15 9 2004

SECTION B

This section tells us who you think will be paying for your hospital expenses and gives us permission to contact them. Please read the *Public or Private – your choice* information attached to this form before you complete this section. If you need help ask the hospital staff.

Yes No Do you hold a MEDICARE CARD? My card number is [] 12011

Yes No Do you hold a DEPARTMENT OF VETERANS' AFFAIRS entitlement card and choose to have DVA pay your hospital expenses? I have a Gold Repatriation Health Card I have a White Repatriation Health Card.

My entitlement card number is []

Yes No Are you a member of the AUSTRALIAN DEFENCE FORCES? My service number is []

Yes No Is this hospital visit in relation to an injury arising out of a MOTOR VEHICLE ACCIDENT?

Yes No Do you have a WORK RELATED INJURY or ILLNESS?

If yes, do you have an existing claim for this? My claim number is []

Yes No Have you received or are you entitled to receive COMPENSATION for your injury or illness from another source (e.g. insurance company)? If yes, give details []

Yes No Do you have PRIVATE HEALTH INSURANCE?

My health insurance fund is [] My membership number []

Yes No Are you an OVERSEAS VISITOR? I normally live in (Country) []

Yes No Are you an INTERSTATE VISITOR? I normally live in (State) []

Yes No Is there anyone else who will fund your hospital care? e.g. travel insurance []

QHB.0004.0159.005070

My hospital care will be funded by medicare

Yes No **CONSENT TO RELEASE OF INFORMATION**: I agree that Queensland Health can give my name, address, date of birth, admission and discharge details and treatment codes to the funding agency I have chosen above so that Queensland Health can be refunded for my hospital care.

Date 15 9 2004

Date

Signature (patient) X

Signature (or patient representative)

DPF1 June 2002