**DELOZIER, CARINE ANN** Admin Sex: **Female** DOB: **03/5/1961**

**Continuity of Care Document**

Summarization of Episode Note | 06/27/2023 to 06/27/2023

Source: St Rose Dominican Hospital-Siena Campus

Created: 07/6/2023

## Demographics

Contact Information:

8440 LAS VEGAS BLVD S APT A139LAS VEGAS, NV 89123, US

Tel: (702)969-1775

Mail: CQ3DX@PROTON.ME

Marital Status: Divorced

Religion: None

Race: White

**Previous Name(s):** --

Ethnic Group: Not Hispanic or Latino

Language: English

ID: BD4B2292-C9E7-4D33-99B3-7E98FCF1FF82, 10332253, URN:CERNER:IDENTITY-FEDERATION:REALM:99FAC598-D72A-4299-90B8-DD712E6433B2:PRINCIPAL:91F6A32A-6E76-4750-9FB7-494EABA7539D

### Care Team

| Type | Name | Represented Organization | Address | Phone |
|---|---|---|---|---|
| primary care physician | Non Staff, Physician | -- | -- | -- |

### Relationships

No Data to Display

## Document Details

### Source Contact Info

3001 St Rose Parkway(702) 616-5585Henderson, NV 89052- , US

Tel: (702)616-5000

### Author Contact Info

--

### Recipient Contact Info

--

### Healthcare Professionals

No Data to Display

### IDs & Code Type Data

Document Type ID: 2.16.840.1.113883.1.3 : POCD_HD000040

Document Template ID: 2.16.840.1.113883.10.20.22.1.1 : --, 2.16.840.1.113883.10.20.22.1.1 : 2015-08-01, 2.16.840.1.113883.10.20.22.1.2 : 2015-08-01

Document ID: 2.16.840.1.113883.3.3016.999362 : 585342372

Document Type Code: 2.16.840.1.113883.6.1, 34133-9

Document Language Code: en-US

Document Set ID: --

Document Version Number: --

## Primary Encounter

### Encounter Information

Registration Date: 06/27/2023

Discharge Date: 06/27/2023

Visit ID: --

### Location Information

SRDHS

Work:3001 Saint Rose ParkwayHenderson, NV 89052- , US

### Providers

| Type | Name | Address | Phone |
|---|---|---|---|
| Admitting | MacAdams, Cameron MD | Work:3001 St Rose PkwyHenderson, NV 89052- , US | Work Tel: (702)616-6137 |
| Attending | MacAdams, Cameron MD | Work:3001 St Rose PkwyHenderson, NV 89052- , US | Work Tel: (702)616-6137 |
| Referring | No PCP, Unknown | -- | -- |

## Encounter

**SRDHS_FIN 70073523 Date(s): 6/27/23 - 6/27/23**

St Rose Dominican Hospital-Siena Campus 3001 Saint Rose Parkway Henderson, NV 89052- US 702 616 5642

**Encounter Diagnosis**

Pneumonia, unspecified organism (Final) - 6/27/23

Chronic obstructive pulmonary disease with (acute) lower respiratory infection (Final) - 6/27/23

Hemoptysis (Final) - 6/27/23

Abnormal coagulation profile (Final) - 6/27/23

Elevation of levels of lactic acid dehydrogenase [LDH] (Final) - 6/27/23

Nicotine dependence, cigarettes, uncomplicated (Final) - 6/27/23

Unvaccinated for COVID-19 (Final) - 6/27/23

Immunization not carried out because of patient decision for unspecified reason (Final) - 6/27/23

Allergy status to other drugs, medicaments and biological substances (Final) - 6/27/23

Allergy status to narcotic agent (Final) - 6/27/23

Procedure and treatment not carried out because of patient's decision for unspecified reasons (Final) - 6/27/23

Pneumonia (Discharge Diagnosis) - 6/27/23

Hemoptysis (Discharge Diagnosis) - 6/27/23

Discharge Disposition: Home/self care

Attending Physician: MacAdams, Cameron MD

Admitting Physician: MacAdams, Cameron MD

Referring Physician: No PCP, Unknown

## Reason for Visit

Shortness of breath

Hemoptysis

Fever, unspecified

Cough - Minor hemoptysis

## Allergies, Adverse Reactions, Alerts

| Substance | Reaction | Severity | Status |
|---|---|---|---|
| morphine | Unknown | Unknown | Active |
| albuterol | Hives | Unknown | Active |
| Valium | Agitation | Unknown | Active |
| Unable to Obtain [1] | Unknown<br>unk | Unknown | Active |

[1] marijuana

## Assessment and Plan

No data available for this section

## Immunizations

No data available for this section

## Medications

| | |
|---|---|
| **albuterol (albuterol 0.63 mg/3 mL (0.021%) inhalation solution)**<br>Status: Ordered<br>Start Date: 6/27/23<br>3 Milliliter By nebulizer four times daily. Refills: 0.<br>Ordering provider: MacAdams, Cameron MD | |
| **amoxicillin-clavulanate (Augmentin 875 mg oral tablet)**<br>Status: Ordered<br>Start Date: 6/27/23<br>Stop Date: 7/7/23<br>1 tab(s) By mouth every 12 hours for 10 Days. Refills: 0.<br>Ordering provider: MacAdams, Cameron MD | |
| **doxycycline (doxycycline hyclate 100 mg oral capsule)**<br>Status: Ordered<br>Start Date: 6/27/23<br>Stop Date: 7/7/23<br>1 cap By mouth every 12 hours for 10 Days. Refills: 0.<br>Ordering provider: MacAdams, Cameron MD | |

## Problem List

| Condition | Confirmation | Course | Effective Dates | Status | Health Status | Informant |
|---|---|---|---|---|---|---|
| Suicide risk [1] | Confirmed | | | Active | | |

[1] Suicide Severity Rating is Low, Moderate or High. Order Place by Discern Rule: CSSRC_CONSULT_NOTIFY_PROB.

## Procedures

No data available for this section

## Results

**Laboratory List**

| Name | Date |
|---|---|
| AFB Culture and Stain A60152 | 6/27/23 |
| *Differential Automated | 6/27/23 |
| BNP (B-Type Natriuretic Peptide) | 6/27/23 |
| CBC w/Diff (man diff if indicated) | 6/27/23 |
| CRP C-Reactive Protein | 6/27/23 |
| Comprehensive Metabolic Panel | 6/27/23 |
| D-Dimer Quantitative | 6/27/23 |
| Lactate Dehydrogenase (LDH) | 6/27/23 |
| Lactic Acid w/Reflex | 6/27/23 |
| Lipase Level | 6/27/23 |
| Procalcitonin Level | 6/27/23 |
| Troponin-I | 6/27/23 |

**6/27/23**

| Test | Result | Reference Range | Specimen Source | Laboratory |
|---|---|---|---|---|
| Drug Calc Weight (kg) | 87.982 kg | | | |
| Height | 167.64 cm | (Normal is 244 cm) | | |
| BMI | 31.307 kg/m2 | | | |
| Heart Rate | 92 bpm | (Normal is 51-119 bpm) | | |
| Heart Rate | 99 bpm | (Normal is 51-119 bpm) | | |
| Resp Rate (Monitor) | 18 Breaths/Min | (Normal is 13-20 Breaths/Min) | | |
| Resp Rate (Monitor) | 18 Breaths/Min | (Normal is 13-20 Breaths/Min) | | |
| Temperature PO | 36.8 deg C | (Normal is 36-37.5 deg C) | | |
| Temperature PO | 36.7 deg C | (Normal is 36-37.5 deg C) | | |
| NIBP Systolic | 164 mm Hg | (Normal is 91-139 mm Hg) | | |
| NIBP Systolic | 182 mm Hg | (Normal is 91-139 mm Hg) | | |
| NIBP Diastolic | 83 mm Hg | (Normal is 51-89 mm Hg) | | |
| NIBP Diastolic | 91 mm Hg | (Normal is 51-89 mm Hg) | | |
| WBC | 8.5 K/uL 1 | (Normal is 4.0-12.0 K/uL) | Blood | St. Rose Siena Campus |
| RBC | 4.64 M/uL 2 | (Normal is 4.00-5.00 M/uL) | Blood | St. Rose Siena Campus |
| Hgb | 14.6 gm/dL 3 | (Normal is 11.5-16.0 gm/dL) | Blood | St. Rose Siena Campus |
| Hct | 42.5 % 4 | (Normal is 34.0-47.0 %) | Blood | St. Rose Siena Campus |
| MCV | 91.5 fL | (Normal is 81.0-99.0 fL) | Blood | St. Rose Siena Campus |
| MCH | 31.5 pg | (Normal is 27.0-34.0 pg) | Blood | St. Rose Siena Campus |
| MCHC | 34.4 gm/dL | (Normal is 32.0-36.0 gm/dL) | Blood | St. Rose Siena Campus |
| RDW | 13.7 % 5 | (Normal is 12.0-17.0 %) | Blood | St. Rose Siena Campus |
| Plt | 409 K/uL | (Normal is 150-400 K/uL) | Blood | St. Rose Siena Campus |
| MPV | 7.7 fL 6 | (Normal is 6.0-11.0 fL) | Blood | St. Rose Siena Campus |
| Neut% | 69.5 % 7 | (Normal is 41.0-75.0 %) | Blood | St. Rose Siena Campus |
| Lymph% | 24.5 % 8 | (Normal is 20.0-45.0 %) | Blood | St. Rose Siena Campus |
| Mono% | 5.0 % 9 | (Normal is 2.0-15.0 %) | Blood | St. Rose Siena Campus |
| Eos% | 0.7 % | (Normal is 0.0-8.0 %) | Blood | St. Rose Siena Campus |
| Baso% | 0.3 % | (Normal is 0.0-2.9 %) | Blood | St. Rose Siena Campus |
| D-Dimer, Quant. | 277 ng/mL DDU 10 | (Normal is <=243 ng/mL DDU) | Blood | St. Rose Siena Campus |
| Source AFB Cult/Stn | Sputum | | Sputum | St. Rose Siena Campus |
| Prelim Report. | SEE NOTE 11 | | Sputum | St. Rose Siena Campus |
| AFB Stain. | SEE NOTE 12 | | Sputum | St. Rose Siena Campus |
| Sodium | 140 mmol/L 13 | (Normal is 134-144 mmol/L) | Blood | St. Rose Siena Campus |
| Potassium | 3.6 mmol/L | (Normal is 3.4-4.6 mmol/L) | Blood | St. Rose Siena Campus |

| | | | | |
|---|---|---|---|---|
| Chloride | 107 mmol/L | (Normal is 98-111 mmol/L) | Blood | St. Rose Siena Campus |
| CO2 | 25 mmol/L | (Normal is 19-29 mmol/L) | Blood | St. Rose Siena Campus |
| Anion Gap | 8 | | Blood | St. Rose Siena Campus |
| Glucose Level | 104 mg/dL | (Normal is 65-99 mg/dL) | Blood | St. Rose Siena Campus |
| BUN | 14 mg/dL | (Normal is 5-23 mg/dL) | Blood | St. Rose Siena Campus |
| Creatinine | .72 mg/dL | (Normal is 0.50-1.20 mg/dL) | Blood | St. Rose Siena Campus |
| BUN/Cr Ratio | 19.4 | | Blood | St. Rose Siena Campus |
| eGFRcr | 94 mL/min/1.73m2 14 | (Normal is >=90 mL/min/1.73m2) | Blood | St. Rose Siena Campus |
| Calcium | 9.4 mg/dL | (Normal is 8.1-10.0 mg/dL) | Blood | St. Rose Siena Campus |
| Protein, Total | 7.2 gm/dL | (Normal is 6.3-8.6 gm/dL) | Blood | St. Rose Siena Campus |
| Albumin | 3.5 gm/dL | (Normal is 3.2-5.0 gm/dL) | Blood | St. Rose Siena Campus |
| Globulin | 3.7 | | Blood | St. Rose Siena Campus |
| A/G Ratio | 0.9 | | Blood | St. Rose Siena Campus |
| Bili Total | 0.4 mg/dL | (Normal is 0.2-1.2 mg/dL) | Blood | St. Rose Siena Campus |
| ALT | 76 Units/L | (Normal is 5-54 Units/L) | Blood | St. Rose Siena Campus |
| AST | 32 Units/L | (Normal is 9-34 Units/L) | Blood | St. Rose Siena Campus |
| Alkphos | 108 Units/L | (Normal is 25-120 Units/L) | Blood | St. Rose Siena Campus |
| LDH | 338 Units/L | (Normal is 120-243 Units/L) | Blood | St. Rose Siena Campus |
| Lipase | 52 Units/L | (Normal is 8-70 Units/L) | Blood | St. Rose Siena Campus |
| Lactic Acid | 1.84 mmol/L 15 | (Normal is 0.46-1.99 mmol/L) | Blood | St. Rose Siena Campus |
| B-Natriuretic Peptide | 49 pg/mL 16 | (Normal is 0-100 pg/mL) | Blood | St. Rose Siena Campus |
| Troponin I | <0.003 ng/mL 17 | (Normal is <=0.028 ng/mL) | Blood | St. Rose Siena Campus |
| C Reactive Prot | 1.00 mg/dL | (Normal is 0.30-1.00 mg/dL) | Blood | St. Rose Siena Campus |
| Procalcitonin Lvl | 0.02 ng/mL 18 | (Normal is 0.02-0.09 ng/mL) | Blood | St. Rose Siena Campus |

[1] Result Comment: Specimen received and in progress.
Positive culture results are called as soon as detected.
Final report to follow in seven to eight weeks
Performed By: ARUP Laboratories
500 Chipeta Way
Salt Lake City, UT 84108
Laboratory Director: Jonathan R. Genzen, MD, PHD

[2] Result Comment: Negative for Acid Fast Bacteria.
Less than 5 mL of specimen received.
A minimum of 5 mL of sputum or fluid is recommended
for recovery of acid fast bacilli (AFB).
Volumes less than 5 mL are suboptimal and may
compromise recovery of AFB from culture.
Performed By: ARUP Laboratories

500 Chipeta Way
Salt Lake City, UT 84108
Laboratory Director: Jonathan R. Genzen, MD, PHD

[3] Interpretive Data: Note: Reference range change effective 3/26/2015

[4] Interpretive Data: Note: Reference range change effective 3/26/2015

[5] Interpretive Data: Note: Reference range change effective 3/26/2015

[6] Interpretive Data: Note: Reference range change effective 3/26/2015

[7] Interpretive Data: Note: Reference range change effective 3/26/2015

[8] Interpretive Data: Note: Reference range change effective 3/26/2015

[9] Interpretive Data: Note: Reference range change effective 3/26/2015

[10] Interpretive Data: Note: Reference range change effective 3/26/2015

[11] Interpretive Data: Note: Reference range change effective 3/26/2015

[12] Interpretive Data: "For this D-dimer test, a result below 230 ng/mL is reported to have 100% negative predictive value for deep venous thrombosis and pulmonary embolism. A result below this level is therefore useful in helping to exclude deep venous thrombosis and pulmonary embolism."

Note: Reference range change effective 9/22/2015

[13] Interpretive Data: The critical low value was changed from 128 to 124, effective 05/06/2019.

[14] Interpretive Data: As of 08-03-2022, reported eGFR is based on the CKD-EPI 2021 equation that does not use a race coefficient.

For eGFR of 45-59 mL/min/1.73m2 NKF, KDOQI, and KDIGO guidelines recommend confirming current results with new values based on eGFR calculated using both creatinine and cystatin C.

Cystatin C is recommended in the outpatient patient setting for purposes of confirming chronic kidney disease, rather than in the acute setting for acute kidney injury or failure.

The eGFRcr equation has not been validated on patients <18 years and will not be performed.

[15] Interpretive Data: Patients undergoing treatment with NAC may have falsely depressed Lactic Acid results.

[16] Interpretive Data: In the appropriate clinical setting, a BNP value greater than or equal to 100 pg/mL is consistent with the diagnosis of CHF.

[17] Interpretive Data: Less than normal high: No evidence of myocardial damage
Normal high to critical high: Indeterminate
Greater than critical high: Consistent with myocardial injury (94.6 – 96.5% specific for myocardial infarction)

[18] Interpretive Data: Normal (adults): <0.1 ng/mL
Suspected Lower Respiratory Tract Infection (adults):
0.1– 0.25 ng/mL: Low likelihood for bacterial infection.
>0.25 ng/mL: Increased likelihood for bacterial infection.

Suspected Sepsis (adults):
PCT < 0.5 ng/mL: Systemic infection (SEPSIS) is not likely.
PCT > 0.5 and < 2.0 ng/mL: Systemic infection (SEPSIS) is possible, but other conditions are known to elevate PCT as well.
PCT >2.0 ng/mL: Systemic infection (SEPSIS) is likely unless other causes are known.
PCT > 10.0 ng/mL: Important systemic inflammation response, almost exclusively due to severe bacterial sepsis or shock.
Interpretation of Procalcitonin results should always be performed in conjunction with evaluation of signs and symptoms that may suggest the presence of bacterial infection, as well as diseases and conditions that may account for a patient's apparent systemic inflammatory response. Conditions associated with falsely elevated Procalcitonin include recent trauma/burns, recent major surgery, pancreatitis, cardiogenic shock, certain malignancies, or treatment with drugs that stimulate release of pro-inflammatory cytokines. Clinical follow-up with re-measurement of Procalcitonin should be performed on all patients in whom antibiotics were withheld and who

show no clinical improvement.
The safety and performance of Procalcitonin guided therapy for individuals younger than age 18 years, pregnant women, immunocompromised individuals, or those on immunomodulatory agents was not formally analyzed in the supportive clinical trials.

Laboratory Information

**St. Rose Siena Campus**

3001 Saint Rose Parkway
Henderson, NV. 89052
Lab Director: Elif Nahas, MD
CLIA 29D0972747

**St. Rose Siena Campus**
CLIA Number: 29D0972747
3001 Saint Rose Parkway
Henderson, NV. 89052
Lab Director: Elif Nahas, MD
CLIA 29D0972747

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3001 Saint Rose Parkway
Henderson, NV. 89052
Lab Director: Elif Nahas, MD
CLIA 29D0972747

**Orders for Microbiology Reports**

| Name | Date |
|---|---|
| Culture Respiratory | 6/27/23 |
| Culture Blood | 6/27/23 |
| Culture Blood | 6/27/23 |

**Microbiology Reports**

**TEST:** Culture Respiratory [1]

**COLLECTED DATE/TIME:** 6/27/23 7:00 PM

**FINAL REPORT:** Heavy Growth Normal Oropharyngeal flora

**INTERPRETIVE DATA:** [1] When performed, MIC values are reported in mcg/ml.**TEST:** Culture Blood [2]

**COLLECTED DATE/TIME:** 6/27/23 4:14 PM

**FINAL REPORT:** No growth at 5 days.

**INTERPRETIVE DATA:** [2] When performed, MIC values are reported in mcg/ml.**TEST:** Culture Blood [3]

**COLLECTED DATE/TIME:** 6/27/23 4:08 PM

**FINAL REPORT:** No growth at 5 days.

**INTERPRETIVE DATA:** [3] When performed, MIC values are reported in mcg/ml.

**Radiology Reports**

| Exam Date Time | Procedure | Performing Provider | Status |
|---|---|---|---|
| 6/27/23 7:09 PM | CT Chest w Con | Eyasu, Yonas; | Auth (Verified) |

Notes:
(CT Chest w Con) Reason For Exam: cough, hemoptysis, pna
CT Chest w Con
STUDY: CT Chest w Con

CLINICAL HISTORY: Cough and hemoptysis, pneumonia.

TECHNIQUE: CT imaging of the chest was obtained with intravenous contrast. Iterative reconstruction technique, and/or mA and/or kV dose adjustments based on patient size was utilized.

COMPARISON: Chest radiograph performed on 6/27/2023

FINDINGS:

The trachea is midline, central airways are patent. There are patchy airspace opacities in the lung bases, right greater than left. No pneumothorax or pleural effusion. A less pronounced patchy opacity is noted in the right upper lobe on image 20, series 2 and abutting the right major fissure.

There is a left-sided aortic arch with conventional arch anatomy. There are mild atherosclerotic calcifications at the origin of the right subclavian artery. The heart is normal in size. No pericardial effusion.

There are enlarged right hilar and mediastinal lymph nodes measuring up to 1.1 cm in short axis. No left hilar adenopathy. There is no axillary lymphadenopathy.

The thyroid gland is normal. The esophagus is unremarkable.

Limited evaluation of the superior abdomen demonstrates diffuse hypoattenuation of the hepatic parenchyma and post cholecystectomy changes.

The soft tissues are unremarkable. There are no suspicious osteolytic or osteoblastic lesions. There are partially visualized cervical spondylitic changes. There is diffuse idiopathic skeletal hyperostosis.

IMPRESSION:

Patchy airspace opacities in the right upper lobe and to a greater extent, the right base. Findings are suggestive of an infectious/inflammatory etiology. Recommend follow-up in 3-6 months to ensure resolution.

Report generated on workstation: SRSDDIM041
* * * F I N A L * * *
Dictated by: Levin, Marc MD, MD
Electronically signed by: Levin, Marc MD
Transcribed by:IP, T: 06/27/2023 19:26, S: 06/27/2023 19:26

* * * F I N A L * * *

| Exam Date Time | Procedure | Performing Provider | Status |
|---|---|---|---|
| 6/27/23 3:46 PM | XR Chest 1 View | Taitano, Kyle; | Auth (Verified) |

Notes:
(XR Chest 1 View) Reason For Exam: Fever
XR Chest 1 View
History: Fever

Procedure:
1.) XR Chest 1 View

Comparisons:
1.) No prior

FINDINGS:

The heart is normal. Mild right lower lobe pneumonia. No effusion. Bony structures are intact.

IMPRESSION:

1. Mild bilateral pneumonia.

Report generated on workstation: SRSDDIM038
* * * F I N A L * * *
Dictated by: Valliappan, Saravanan MD, Physician
Electronically signed by: Valliappan, Saravanan
Transcribed by:IP, T: 06/27/2023 16:02, S: 06/27/2023 16:02
* * * F I N A L * * *

**Vital Signs**

6/27/23

| | | |
|---|---|---|
| Temperature PO | 36.8 deg C | (Normal is 36-37.5 deg C) |
| Temperature PO | 36.7 deg C | (Normal is 36-37.5 deg C) |
| Heart Rate | 92 bpm | (Normal is 51-119 bpm) |
| Heart Rate | 99 bpm | (Normal is 51-119 bpm) |
| Resp Rate (Monitor) | 18 Breaths/Min | (Normal is 13-20 Breaths/Min) |
| Resp Rate (Monitor) | 18 Breaths/Min | (Normal is 13-20 Breaths/Min) |
| Oxygen Method | Room air | |
| SPO2 | 98 % | (Normal is 93 %) |
| SPO2 | 95 % | (Normal is 93 %) |
| Blood Pressure | 164/83 mm Hg | (Normal is 91-139/51-89 mm Hg) |
| Blood Pressure | 182/91 mm Hg | (Normal is 91-139/51-89 mm Hg) |
| Glucose Level | 104 mg/dL*H* | (Normal is 65-99 mg/dL) |
| BMI | 31.307 kg/m2 | |
| Height | 167.64 cm | (Normal is 244 cm) |

| | | |
|---|---|---|
| Drug Calc Weight (kg) | 87.982 kg | |
| Weight Method | Stated | |
| Living Situation | Lives with family | |
| Sensory Deficits | None | |

## Social History

| Social History Type | Response |
|---|---|
| Smoking Status | 10 or more cigarettes (1/2 pack or more)/day in last 30 days<br>entered on: 6/27/23 |
| Birth Sex | |

## Goals

No data available for this section

## Hospital Discharge Instructions

Section Author: Quiroz, Lauren , St Rose Dominican Hospital-Siena Campus

**Patient Education**

06/27/2023 21:27:15

**Hemoptysis, Easy-to-Read**

Hemoptysis

Hemoptysis is when you cough up blood. If it is mild, you may cough up small amounts of bloody spit and mucus from your lungs. If it is very bad, you may cough up a lot of blood. If you cough up 1–2 cups (240–480 mL) of blood within 24 hours, get help right away.

• Common causes of mild (nonmassive) hemoptysis include:

Infection in your nose, throat, or lungs.

Nosebleeds.

Breathing in an object that is not meant to be inside your body.

• Common causes of very bad (massive) hemoptysis include:

Tuberculosis (TB).

A tumor in the lungs or upper airway.

A blood clot in the lungs.

Stomach bleeding or ulcer.

Taking blood thinners.

Having problems with blood clotting.

Sometimes, the cause is not known.

Follow these instructions at home:

Medicines

• If you were prescribed an antibiotic medicine, take it as told by your doctor. Do not stop taking it even if you start to feel better.

• Take over-the-counter and prescription medicines only as told by your doctor.

General instructions

• Do not smoke or use any products that contain nicotine or tobacco. If you need help quitting, ask your doctor.

• Return to your normal activities when your doctor says that it is safe.

• Ask your doctor if it is okay for you to exercise or go on an airplane.

• Keep all follow-up visits.

Contact a doctor if:

• You have a fever over 100.4°F (38°C).

• You cough up more blood than before.

• The blood looks brighter or darker red.

Get help right away if:

• You cough up fresh blood or blood clots.
• You cough up 1–2 cups (240–480 mL) of blood in 24 hours.
• You have trouble breathing.
• You feel like you are choking.
• You have chest pain.
• You feel dizzy or light-headed.
These symptoms may be an emergency. Get help right away. Call 911.
• Do not wait to see if the symptoms will go away.
• Do not drive yourself to the hospital.
Summary
• Hemoptysis is coughing up blood.
• If you cough up 1–2 cups (240–480 mL) of blood in 24 hours, get help right away.
• Do not smoke or use any products that contain nicotine or tobacco. If you need help quitting, ask your doctor.
This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.
Document Revised: 07/25/2022 Document Reviewed: 07/25/2022


**Follow Up Care**
06/27/2023 14:50:48
**With:** Amesur, Rajiv DO
**Address:**
1669 W Horizon Rdige Pkwy Ste 100
Henderson, NV 89012-
(702) 781-4800

**When:** 1 to 3 days
**Comments:** Pulmonology: Call for follow up appointment

## Reason for Referral

No data available for this section

## Health Concerns

No data available for this section

## Implantable Device List

No data available for this section

## Physician Emergency department Note

MacAdams, Cameron MD: PERFORM
MacAdams, Cameron MD: PERFORM, MODIFY
MacAdams, Cameron MD: MODIFY, MODIFY
Quiroz, Lauren: MODIFY
Event Display: ED Physician Notes
Authored Date: 20230627153229-0700

Patient: DELOZIER, CARINE ANN MRN: 10332253 FIN: 70073523
Age: 62 years Sex: F DOB: 03/05/1961 Active Insurance: HUMANA SR PLAN L64

Admitting MD: PHYSICIAN, ED Location: SRS ER2: : PCP: No PCP, Unknown
Author: MacAdams, Cameron MD
Date/Time
Admit Date: 06/27/23 14:50
Provider Contact Time:
06/27/2023 15:04
Mode of Arrival
Mode of Arrival: Ambulatory

Chief Complaint
Chief Complaint ED: I am SOB, coughing up blood, and had a fever x 3 weeks I was exposed to TB 4 years ago 06/27/23 14:55
Subjective Nursing Assessment: Pt AAO x 4 Resp even and unlabored Pt's skin warm and dry (06/27/23 14:55)
History of Present Illness
Patient presented after being sent in by "pulmonary Associates" after she attempted to make an appointment for hemoptysis. States that she was on a legal hold for suicide attempt and sent to psychiatric facility for least a few days. While she was there there were multiple people sick with fevers and coughing. She states that she had intermittent fevers for a couple of weeks which just stopped a few days ago. States she has had copious production of sputum with pink and red tinge which she thinks is blood. Reports some shortness of breath which is chronic for her. Reports a history of asthma, COPD and bronchiectasis. History of smoking. Has not been taking breathing treatments. Denies chest pain or history of heart problems. Reports she may have had a fungal lung infection in the past. Not currently on any antibiotics.
Health Status
Pregnancy Status Patient denies
Review of Systems
A 10-point review of systems, other than pertinent positives and negatives as stated per HPI, is otherwise negative.
Physical Exam
First Vitals Signs
Blood Pressure: 182 / 91 (06/27/23 14:55)
Heart Rate: 99 (06/27/23 14:55)
Respiratory Rate: 18 (06/27/23 14:55)
SPO2: 95% (06/27/23 14:55)
Oxygen Method: Room air (06/27/23 14:55)
Temperature PO 36.7 (06/27/23 14:55)
VITAL SIGNS: Reviewed.
GENERAL: Awake, conversant, GCS 15
HEAD: No visible signs of trauma
EYES: Pupils equal, EOM grossly intact
EARS: Hearing grossly intact.
MOUTH: No visible lesions
NECK: Appears supple
CHEST: Breathing comfortably, no wheezing, no increased work of breathing, rhonchi bilaterally
CARDIAC: Regular rhythm
ABDOMEN: Soft, nontender, benign exam
NEUROLOGIC EXAM: Awake and Alert, non-focal
SKIN: No visible rashes
EXTREMITIES: [No deformities noted]
VASCULAR: Appears well perfused

Most Recent Vitals
T: 36.7 °C (Oral) HR: 99 (Monitored) RR: 18 BP: 182/91 SpO2: 95% Oxygen Method: Room air
WT: 87.982 kg WT: 194 lbs
Emergency Department Orders
Orders for this visit
Isolation Activity Task: 06/27/23 15:02:15 PDT.
Isolation: 06/27/23 15:02:15 PDT, Airborne, High Risk, None.
Infection Control Screen: 06/27/23 15:02:16 PDT, Routine.
XR Chest 1 View: Rad Type, 06/27/23 15:28:00 PDT, Stat, Fever, kg 87.982, 06/27/23 15:28:00 PDT.
EKG: 06/27/23 15:28:00 PDT, Other, Stat, X1.
COVID19 PUI/Influenza A,B/RSV Panel PCR: 06/27/23 15:28:00 PDT, Nasopharyngeal Swab, Stat, Nurse Collect, 06/27/23 15:29:00 PDT.
Isolation Activity Task: 06/27/23 15:29:29 PDT.
Isolation: 06/27/23 15:29:29 PDT, Droplet/Contact, COVID-19 Risk or Confirmed, None, USE EYE PROTECTION.
Tobacco Cessation Education: 06/27/23 15:34:28 PDT.
Culture Blood: 06/27/23 15:28:00 PDT, Blood, Peripheral, Stat, Hold Until Collected Two Different Peripheral Sites, 06/27/23 15:29:00 PDT.
Comprehensive Metabolic Panel: 06/27/23 15:28:00 PDT, Blood, Stat, Lab Collect.
CRP C-Reactive Protein: 06/27/23 15:28:00 PDT, Blood, Stat, Lab Collect.
D-Dimer Quantitative: 06/27/23 15:28:00 PDT, Blood, Stat, Lab Collect.
Lactate Dehydrogenase (LDH): 06/27/23 15:28:00 PDT, Blood, Stat, Lab Collect.
Lipase Level: 06/27/23 15:28:00 PDT, Blood, Stat, Lab Collect.
BNP (B-Type Natriuretic Peptide): 06/27/23 15:28:00 PDT, Blood, Stat, Lab Collect.
Troponin-I: 06/27/23 15:28:00 PDT, Blood, Stat, Lab Collect.
*Differential Automated: Collected, 06/27/23 16:08:00 PDT, Blood, Stat, Lab Collect.
CBC w/Diff (man diff if indicated): 06/27/23 15:28:00 PDT, Blood, Stat, Lab Collect.
Procalcitonin Level: 06/27/23 15:28:00 PDT, Blood, Stat, Lab Collect.
Lactic Acid w/Reflex: 06/27/23 15:28:00 PDT, Blood, Stat, Lab Collect.
Culture Blood: 06/27/23 15:33:00 PDT, Blood, Peripheral, Stat, Hold Until Collected Two Different Peripheral Sites, 06/27/23 15:33:00 PDT.
doxycycline: 100 mg, 100 mL/hr, IV, x1.
cefTRIAXone: 2,000 mg, IV Push, x1.
CT Chest w Con: 06/27/23 16:53:00 PDT, Stat, Reason For Exam: cough, hemoptysis, pna, 87.982 kg, 06/27/23 16:53:00 PDT.
iopamidol: 100 mL, IV Push, x1.
Culture Respiratory: 06/27/23 15:27:00 PDT, Mouth, Stat, Nurse Collect, 06/27/23 15:29:00 PDT.
AFB Culture and Stain A60152: 06/27/23 15:28:00 PDT, Sputum, Stat, Nurse Collect, 06/27/23 15:29:00 PDT.
Team Discharge (ED Use Only): 06/27/23 21:19:00 PDT, Please discharge home. Dr. MacAdams would like to go with you to the bedside for the DC process.
Discharge: 06/27/23 21:19:00 PDT, Now, Home or self care.
Care Plan - Review/Complete: 06/27/23 21:21:26 PDT, once.

Laboratory Results

Common Labs - This Encounter, Most Recent, Last 24 hrs
Last 24 Hours
Hematology-CBC 06/27/23
Coag 06/27/23
General Chemistry 06/27/23

WBC: 8.5
D-Dimer, Quant.:277 (H)
Sodium: 140
RBC: 4.64

Potassium: 3.6
Hgb: 14.6

Chloride: 107
Hct: 42.5

CO2: 25
MCV: 91.5

Anion Gap: 8
MCH: 31.5

Glucose Level:104 (H)
MCHC: 34.4

BUN: 14
RDW: 13.7

Creatinine: .72
Plt:409 (H)

BUN/Cr Ratio: 19.4
MPV: 7.7

eGFRcr: 94
Neut%: 69.5

Calcium: 9.4
Lymph%: 24.5

Protein, Total: 7.2
Mono%: 5.0

Albumin: 3.5
Eos%: 0.7

Globulin: 3.7
Baso%: 0.3

A/G Ratio: 0.9

Bili Total: 0.4

ALT:76 (H)

AST: 32

Alkphos: 108

LDH:338 (H)

Lipase: 52

Lactic Acid: 1.84

Cardiac 06/27/23
Special Chemistry 06/27/23

B-Natriuretic Peptide: 49
Procalcitonin Lvl: 0.02

Troponin I: <0.003

C Reactive Prot: 1.00

Additional
No qualifying data available.
Diagnostic Results/Interpretation
ECG

12 Lead EKG interpretation by ED physician
Obtained: 06/27/23 at 15:40
Rhythm: Normal Sinus Rhythm
Rate: 74
Axis: Normal
Intervals: Baseline artifact.
ST/T Segments: Non-specific T wave changes.
Interpretation: EKG as noted above.
Radiology
Radiology - Full Interpretation, Last 24 hrs
Name: DELOZIER, CARINE ANN
Account: 70073523
MRN: 10332253

DOB: 03/05/1961

==========

Result Date: 06/27/23 19:09
Verified By: Levin, Marc MD at 06/27/23 19:26

Report : CT Chest w Con
STUDY: CT Chest w Con

CLINICAL HISTORY: Cough and hemoptysis, pneumonia.

TECHNIQUE: CT imaging of the chest was obtained with intravenous contrast. Iterative reconstruction technique, and/or mA and/or kV dose adjustments based on patient size was utilized.

COMPARISON: Chest radiograph performed on 6/27/2023

FINDINGS:

The trachea is midline, central airways are patent. There are patchy airspace opacities in the lung bases, right greater than left. No pneumothorax or pleural effusion. A less pronounced patchy opacity is noted in the right upper lobe on image 20, series 2 and abutting the right major fissure.

There is a left-sided aortic arch with conventional arch anatomy. There are mild atherosclerotic calcifications at the origin of the right subclavian artery. The heart is normal in size. No pericardial effusion.

There are enlarged right hilar and mediastinal lymph nodes measuring up to 1.1 cm in short axis. No left hilar adenopathy. There is no axillary lymphadenopathy.

The thyroid gland is normal. The esophagus is unremarkable.

Limited evaluation of the superior abdomen demonstrates diffuse hypoattenuation of the hepatic parenchyma and post cholecystectomy changes.

The soft tissues are unremarkable. There are no suspicious osteolytic or osteoblastic lesions. There are partially visualized cervical spondylitic changes. There is diffuse idiopathic skeletal hyperostosis.

IMPRESSION:

Patchy airspace opacities in the right upper lobe and to a greater extent, the right base. Findings are suggestive of an infectious/inflammatory etiology. Recommend follow-up in 3-6 months to ensure resolution.

Report generated on workstation: SRSDDIM041 06/27/23 19:26
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Result Date: 06/27/23 15:46
Verified By: Valliappan, Saravanan MD at 06/27/23 16:02

Report : XR Chest 1 View
History: Fever

Procedure:
1.) XR Chest 1 View

Comparisons:
1.) No prior

FINDINGS:

The heart is normal. Mild right lower lobe pneumonia. No effusion. Bony structures are intact.

IMPRESSION:

1. Mild bilateral pneumonia.

Report generated on workstation: SRSDDIM038 06/27/23 16:02
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Reexamination/Reevaluation
06/27/23 20:11 - Pt states that she is allergic to Levofloxacin. I offered pt admission to which she declined. Discussed with pt results, diagnosis and plan for discharge. Counseled pt on strict return precautions for new or worsening symptoms and follow-up with the physician(s) provided. Pt understands and agrees. All questions answered at this time.

Medical Decision Making
I have reviewed the patient's medical records and external medical records.
I have reviewed and interpreted the EKG independently
I have reviewed the laboratory findings
Patient presents with hemoptysis. Well-appearing on examination no respiratory distress or hypoxia. EKG shows nonspecific changes troponin not elevated making ACS less likely. No leukocytosis or anemia. Normal electrolytes and renal function. D-dimer not elevated per age-adjusted guidelines making pulmonary embolism less likely. Chest x-ray shows possible mild bilateral pneumonia. CT scan shows patchy opacities but no PE. Antibiotics ordered for patient. Pulmonology was consulted who recommended discharge if patient stable. I offered admission to patient but she declined. Patient was willing to have antibiotics but did have a bad experience with levofloxacin. Doxycycline and Augmentin were prescribed as she has had both of them before without reactions. I discussed with her that she needs to follow-up with pulmonology in the next week for repeat x-ray and further evaluation. Patient agreeable with plan. I discussed the plan for discharge, treatment and follow-up with the patient and they understand the information and agree with the plan. All labs and imaging were printed out and given to the patient at discharge and all abnormalities were discussed with patient in addition to the need for followup.
Consults
Call out : 06/27/23 via Tiger Text : Call returned at: 20:11
Dr. Amesur, Pulmonology , phone call, consult. Notified regarding patient's case and agrees to consult.
Per Dr. Amesur, rx Levofloxacin but since pt states that she is allergic to this medication, rx Augmentin, cefdinir, doxycycline, steroids, and albuterol.
Final Diagnosis

Diagnosis this visit:
Pneumonia (J18.9) 06/27/2023 21:25 Discharge
Hemoptysis (R04.2) 06/27/2023 21:25 Discharge
Elevated D-dimer
Elevated LDH
Disposition
Discharge
Order Details: 06/27/23 21:19:00 PDT, Now, Home or self care
Condition
Stable
Discharge Medications
New Prescriptions
1. predniSONE(predniSONE 20 mg oral tablet) 40 mg= 2 Tab By mouth Tab once daily 5 Day
2. albuterol(albuterol 0.63 mg/3 mL (0.021%) inhalation solution) 0.63 mg= 3 mL By nebulizer Soln four times daily
3. doxycycline(doxycycline hyclate 100 mg oral capsule) 100 mg= 1 Cap By mouth Cap every 12 hours 10 Day
4. amoxicillin-clavulanate(Augmentin 875 mg oral tablet) 1 Tab By mouth Tab every 12 hours 10 Day
Follow-up
Follow-Up Details:
Provider/Org Name: Amesur, Rajiv DO
Within: 1 to 3 days
Address: 1669 W Horizon Rdige Pkwy Ste 100 Henderson NV 89012;(702) 781-4800;
Comments: Pulmonology: Call for follow up appointment

Comments
As discussed, please proceed to follow up with a pulmonologist this week to have repeat testing done. Return to the ED if your symptoms worsen.
Problem List/Past Medical History
Chronic
Suicide risk
Historical
No qualifying data
Procedure/Surgical History
No pertinent procedure/surgical history
Allergies
Unable to Obtain (Unknown, unk)
Valium (Agitation)
albuterol (Hives)
morphine (Unknown)
Social History
Alcohol
Unknown alcohol history, 06/27/2023
Denies, 06/27/2023
Denies, 06/06/2023
Denies, 11/19/2020
Home/Environment
Religious restrictions/concerns: None., 06/27/2023
Religious restrictions/concerns: None., 06/06/2023
Religious restrictions/concerns: None. Living situation: Home/Independent., 11/19/2020
Substance Abuse

Denies, 06/27/2023
Denies, 06/06/2023
Denies, 11/19/2020
Tobacco
10 or more cigarettes (1/2 pack or more)/day in last 30 days, 06/27/2023
10 or more cigarettes (1/2 pack or more)/day in last 30 days, 06/06/2023
10 or more cigarettes (1/2 pack or more)/day in last 30 days, 11/19/2020
Family History
No other pertinent family history
Home Medications
No active home medications

Electronically Signed By:
MacAdams, Cameron MD
On 06/30/23 05:06
Co Signature By:
Modified Signature By:
Quiroz, Lauren
On 06/27/23 17:14

**EKG study**

Event Display: Electrocardiogram
Authored Date: 20230627154408-0700
Stationary ECG Study
SRS

Test Date: 2023-06-27
Pat Name: CARINE DELOZIER Department:
Patient ID: 10332253 Room:
Gender: F Technician: Caleb Vilaysane
DOB: 1961-03-05 Requested By: Cameron MacAdams
Order Number: 17263717109 Reading MD: Cameron MacAdams
Measurements
Intervals Axis
Rate: 74 P: 44
PR: 133 QRS: 31
QRSD: 96 T: 25
QT: 382
QTc: 426 Severity: Borderline ECG
Interpretive Statements
SINUS RHYTHM WITH MARKED SINUS ARRHYTHMIA
NONSPECIFIC ST & T-WAVE ABNORMALITY
WARNING: DATA QUALITY MAY AFFECT INTERPRETATION
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS
Borderline ECG
Compared to ECG 06/06/2023 16:24:37
No significant changes
Electronically signed on 6-27-2023 15:44:08 PDT by Caleb Vilaysane on behalf

of Cameron MacAdams.

## Patient Care team information

**Care Team Personnel**

Name: Non Staff, Physician
Position: NonStaff Provider
Member Role: Primary Care Physician

Name: MacAdams, Cameron MD
Position: Physician - Emergency Medicine
Member Role: ED Physician
Address:
Address: 3001 St Rose Pkwy
Henderson, NV 89052- US

Name: Quiroz, Lauren
Position: Scribe
Member Role: ED Scribe

**Care Team Related Persons**

Name: OCONNELLL, JOHN
Address: home
8440 LAS VEGAS BLVD S APT A139
LAS VEGAS, NV 89123

## Family History

No data available for this section