

Case Study-Endocrine System

HISTORY AND PHYSICAL

Date of Admission: June 15, 2003

This 73 year-old morbidly obese female is admitted with chief complaints of increasingly more difficult blood sugars to control. They apparently started escalating and now they have come to the point where they are into the 400 range. She is subsequently brought to the Emergency Room where it is felt that admission is probably worthwhile. She is known to have the following past medical history: chronic systolic congestive heart failure, she has a history of CVA with right-sided hemiparesis, she is currently a Type I diabetic. She is hypertensive, chronic atrial fibrillation, hyperuricemia with inflammatory arthropathy, osteoarthritis, osteoporosis of lumbar spine, renal insufficiency, hyperlipidemia, seasonal allergies.

Medications Currently

- 1. Coumadin 5 mg. daily
- 2. Lanoxin 0.25 mg. Daily
- 3. Lasix 80 mg two tabs b.i.d.
- 4. Zestril 10 mg daily
- 5. Spironolactone 25 mg daily
- 6. Humulin R 15 units in the a.m.
- 7. Humulin N 17 units b.i.d.
- 8. Allopurinol 100 mg daily
- 9. Allegra 60 mg b.i.d. p.r.n.
- 10. Tricor 160 mg daily

Review of Systems

From old chart of December 2002 the patient is a smoker. She has had two episodes of pneumonia. No history of tuberculosis. There is a long-standing history of atrial fibrillation with left hemispherical CVA and right-sided hemiplegia with expressive aphasia. She has a history of nonfunctional right kidney, multiple left renal cysts, renal insufficiency. She has seen Dr. Jackson, nephrologist. She has had a cholecystectomy. No history of peptic ulcer disease, episodic bloody bowel movements, but no

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colonoscopy. She is a Gravida I, Para I, male. She has one living son in Europe. She has had a TAH-BSO.

Physical Examination

Reveals an alert, oriented morbidly obese female who has some varying small amounts of broken English. She has good facial symmetry. She wears corrective lenses. Oral membranes are dry. Tongue is midline and protrudes in the midline. Uvula and hard palate are intact. Posterior pharynx is clear. The neck is negative by palpation and auscultation. The chest has extra systoles appreciated. The abdomen is obese, benign. The right upper extremity is fairly much flaccid and cannot be moved. The right lower extremity can be moved somewhat. There is a positive Babinski on the right. She has no regional lymphadenopathy. Peripheral pulses can be palpated at the radial and doralis pedis levels. Breasts are unremarkable.

Analysis:

- 1. Hyperglycemia
- 2. Uncontrolled Type I IDDM

PHYSICIAN ORDERS/PROGRESS NOTES

6/15/03 - Admit Order

Dx: Hyperglycemia, DM, CHF

- 1. Bed rest
- 2. 1800 ADA 2 gm Na+ diet
- 3. CBC, U/A, ABG
- 4. Portable CXR
- 5. I/V 1000 cc's 1/2 Normal Saline
- 6. Insulin 10 units I/V
- 7. Sliding Scale insulin
- 8. Tricor 100 mgs p.o. daily
- 9. Spironolactone 25 mgs t..i.d.
- 10. Cozaar 50 mgs b.i.d.
- 11. Prevacid 30 mgs p.o. daily
- 12. Lasix 40 mgs p.o. daily
- 13. Digoxin

6/16/03

Admitted through the ER. Has been "feeling not that well." History of CHF, CVA, HTN, obesity Exam: Chest – clear to auscultation (CTA), normal sinus rhythm (NSR)

Alert and oriented x 3 Vital signs stable (VSS)

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Abdomen – obese, benign Extremities – LLE weak Eyes – glasses Dx: Hyperglycemia, CHF

6/17/03

Blood sugars still up – greater than 500. Not feeling well – No chest, ENT or Abdominal symptoms VSS stable No temperature Chest – CTA, NSR Abdomen – obese, benign

6/18/03

No new problems; Review of systems (ROS) –negative Cardiovascular- (CTA), (NSR) Vital signs stable (VSS) Urine output – good, normal bowel sounds (BS) Blood sugars 192 after adding Insulin 30 units Continue present therapy

6/19/03 No new problems- Blood sugars stable Improved with 2 days of 22 units of Humalog for blood sugars of greater than 380 CTA, NSR Abdomen – Negative

6/20/03 Had episode of acute chest pain yesterday- work up – negative. Alert oriented Fasting blood sugar (FBS) 127 this morning CTA- NSR Abd – Negative Continue present therapy Consult for nursing home placement Discharge

DISCHARGE SUMMARY

Date Admitted: 6/15/03 Date Discharged: 6/20/03

Final Diagnosis: Hyperglycemia Uncontrolled Type I insulin-dependent diabetes mellitus Old left hemispherical cerebrovascular accident with right-sided paralysis ©HCPRO, Inc. a division of Simplify Compliance. These materials may not be duplicated without written permission. Atrial fibrillation Chronic hypertension Acute renal insufficiency Hyperlipidemia Gout Osteoarthritis Osteoporosis Seasonal allergies

Procedures: None

Consultations: None

Condition on Discharge: Improved Disposition of Case: The patient is being transferred to Pleasant Acres, a skilled nursing facility (SNF).

Discharge Medications/Instructions: Actos 30 mg daily Coumadin 7.5 mg daily Cozaar 50 mg b.i.d. Sliding scale Humalog Lanoxin 0.125 mg daily Lasix 40 mg daily Prevacid 30 mg daily Aldactone 25 mg b.i.d. Tricor 162 mg daily PRN Nitroglycerin

History of Present Illness: This 73-year-old morbidly obese female has chief complaints of increasingly elevated blood sugars that are just virtually impossible to control at home. She apparently started having escalation of her blood sugars and now they are persistently staying 400 or more. She is a disabled female with a history of congestive heart failure, cerebrovascular accident with right sided hemiparesis, chronic atrial fibrillation, gout, osteoarthritis, osteoporosis and all the other problems listed above is felt to be better off being admitted and trying to gain control and then to be dismissed to home after we get more successful.

Laboratory: Multiple blood sugars can be found on the chart for the interested reader.

Hospital Course: On admission to the hospital, the patient is placed on sliding scale insulin. She is using Humulin regular. This is dosed accordingly through her hospitalization with regards to blood sugars. We began to try to ambulate the patient giving her gait training and so on. She had one episode of chest pain that did improve after we administered nitroglycerin, but as to whether or not it is really the heart is not felt to be overly likely. The patient finally improves to the point where we feel that we can transfer her to the skilled nursing facility, Pleasant Acres, which is accomplished with the above orders.

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NAME: DOB: X-RAY #:	AGE: 73 TIME: 00 HOSPITAL #	50 ROOM: ER SHIELDED: No
TECH ID:	Attending Physician:	

CHEST: 6/15/03

Comparison is made to 12-07-02. The current study demonstrates the heart size to be prominent although within normal limits. No pulmonary vascular congestive changes or active pulmonary infiltrates are apparent. No pleural effusions are demonstrated. Osteophytic densities are present within the upper lobe of the left lung.

IMPRESSION:

1. No active pulmonary disease apparent on the current study.

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Page 1 Reviewed by:

TEST NORMAL CALL	ABNORMAL UNITS	NORMAL RANGE	
CHEMISTRY GLUCOSE	547.0 CH mg/dL	70-110	

Reviewed by:_____

Called to +11 6/18/03 ABNORMAL UNITS NORMAL RANGE NORMAL TEST

CALL TO

CHEMISTRY GLUCOSE

428.0 H mg/dL 70-110

Page 1

Reviewed by:

PATIENT:LOCATION: 315-02DOCTOR:MEDICAL RECORD #:SEX: F AGE: 73 DOB:HOSPITAL #:Accn #:Drawn: 6/19/03 14:30Printed: 6/19/03 15:11FINAL

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24 Hour Check By: Sex: Female Room/Bed 315 - 2 Patient: ***Last Page**** Page: . Printed: 06/17/2003 18:23 Effective: (06/18/2003 07:00 - 06/19/2003 06:59) Medication Administration Record:

Diagnosis HYPERGLYCEMIA DM UKF 102 kg. Weight: 224 lb. 66 in. 168 cm. Height: Note:

Allergies NKA Scheduled UD Orders	Route	07:00 - 14:59	15:00 - 22:59	23:00 - 06:59
Scheduled UD Orders Start: 06/16/2003 8:00 TRICOR 54MG Cap AKA: Fenofibrate 54mg Stop 07/16/2003 8:00 162mg (3 tabs) po qd auto sub for tricor 160mg	PO	09:0(a a an	n an agustaíochtaí an aithr
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24 Hour Check By: _____ Sex: Female Room/Bed 315 - 2 Effective: (06/19/2003 07:00 - 06/20/2003 06:59) Printed: 06/18/2003 17:38 ***Last Page*** Page: 2 Patient: Medication Administration Record:

Page. 12

		The approximation of the second se	nacy Medication A	Contraction and the second second	Init Stars	ignature
		Room: 315 - 2 Age: 73 Years	Init	gnature	IIII Contraction of the second second	Ignaturo
		Med Rec:	1			
Sex:	Female	CrCI: 0 ml/mi DOB:				
Phys	ician	Admitted: 06/15/2003				
Diagr	nosis HYPERGLY	CEMIA DM CRF				
Heigh	nt: 66 in.	168 cm. Weight: 224 lb. 102 kg.				÷.
Note:						
Allerg	jies NKA		1	1007.00 X4.00	15:00 - 22:59	23:00 - 06:5
		Scheduled UD Orders	Route	07:00 - 14:59	13.00 - 22.33	20.00
Start:	06/17/2003 10:00	ACTOS 30MG TAB AKA: PIOGLITAZONE 30MG TAB		09:00		
Cton	07/17/2003 10:00	45MG(1 & 1/2TABS) PO QD	PO			
		451106(1 & 11211105) / 0 20	301658			
Qty:					10:00	
Start:	06/16/2003 B:00	COUMADIN 7.5MG			18:00	l
0.	0010010000 0.00	AKA: WARFARIN 7.5MG Coumadin 7.5mg po daily	PO			
		Countaunt 7.5mg po dany	301406			
Qty:	U				04:00 /	
Start:	06/16/2003 8:00	COZAAR 50MG		09:00	21:00	
		AKA: LOSARTAN 50MG	PO			
	07/16/2003 8:00	50mg po bid	301402			
Qty:	0					392
Start:	06/17/2003 7:00	Insulin Humalog 100U/ML 10ML		16 th	17 224 500- 85 384	24 22
		AKA: INSULIN LISPRO/NOVOLOG	20=12 221- SQ	12 1000	17 224 50	05 -010-
Stop	07/17/2003 7:00	SS "E" Sub Q, 60-140=0, 141-180=10, 181-2 260=14, 261-300=16, 301-340=18, 341-380=20		BS 2001	er 384	No 10u
		>400 Pull BS and Call Physician		~		35 154
Qty:	0	Accu - que	301607			33
	0014010002 8:00	LANOXIN 0.125MG		13:00		
Start:	06/16/2003 8:00	AKA: DIGOXIN 0.125mg		10.00		
Stop	07/16/2003 8:00	Lanoxin 0.125mg po daily	PO			
Qty:		CHECK APICAL PULSE!!!	301405			
			· · · · ·	09:00		
start:	06/16/2003 8:00	LASIX 40MG TAB AKA: FUROSEMIDE_40MG_TAB.		55.00		
Ston	07/16/2003 8:00	40mg po qd	PO			
Qty:			301404			
				09:00		
Start:	06/16/2003 8:00	PREVACID 30MG AKA: LANSOPRAZOLE 30mg		03.00		
Stop	07/16/2003 8:00	30mg po qd	PO			
Qty:		**DO NOT CRUSH**	301403			
				08:00		00:00
Start:	06/16/2003 8:00	SOD.CHL.0.45% 1000ML The IV rate is 60 ml/hr.		00.00		
Stop	07/16/2003 8:00	60cc/h	IV			-
Qty:			301396			
				09:00	21:00	
start:	06/16/2003 8:00	SPIRONOLACTONE 25MG AKA: ALDACTONE 25MG		00.00		
Stop	07/16/2003 8:00	25mg po bid	PO			and the second second second and the second s
r			301400	1222.00		the second second residence of the second

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24 Hour Check By: Sex: Female Room/Bed 315 - 2 Page: 1 Printed: 06/17/2003 18:23 Effective: (06/18/2003 07:00 - 06/19/2003 06:59) Medication Administration Record:

Height: 66 in. 168 cm. Weight: 224 lb. 102 kg. Note:

Allergies NKA

Allerg	ies NKA		Route	07:00 - 14:59	15:00 - 22:59	23:00 - 06:59
la an th	and the second	Scheduled UD Orders	en e			
		ACTOS 30MG TAB AKA: PIOGLITAZONE 30MG TAB	PO	09:00		
Stop	07/17/2003 10:00	45MG(1 & 1/2TABS) PO QD	301658			
Qty:	0				10.00	· .
Start:	06/16/2003 8:00	COUMADIN 7.5MG AKA: WARFARIN 7.5MG	PO		18:00	
Stop Qty:	06/23/2003 8:00 0	Coumadin 7.5mg po daily	301406			• •
	06/16/2003 8:00	COZAAR 50MG AKA: LOSARTAN 50MG		09:00	21:00	
	07/16/2003 8:00	50mg po bid	PO 301402			
Qty: Start:	06/17/2003 7:00	Insulin Humalog 100U/ML 10ML AKA: INSULIN LISPRO/NOVOLOG		12 16u BS 287	18 22 WW B5 396	2114-184 B5 303
Stop	07/17/2003 7:00	SS "E" Sub Q, 60-140=0, 141-180=10, 181-220=12 260=14, 261-300=16, 301-340=18, 341-380=20, 381 >400 Pull BS and Call Physician	-400-22,			06 <u>87</u> 85 <u>187</u>
Qty:	0	44 Uni Glo	301607	<u> </u>		82
Start:	06/16/2003 8:00	LANOXIN 0.125MG AKA: DIGOXIN 0.125mg		13:00		
Stop Qty:	07/16/2003 8:00 0	Lanoxin 0.125mg po daily CHECK APICAL PULSE!!!	PO 301405	AP 80		
	06/16/2003 8:00	LASIX 40MG TAB AKA: FUROSEMIDE_40MG_TAB.		09:00		
	07/16/2003 8:00	40mg po qd	PO 301404			
Qty:	0 06/16/2003 8:00	PREVACID 30MG		09:00		arta meneratur arta territari.
		AKA: LANSOPRAZOLE 30mg	PO			
Stop Qty:	07/16/2003 8:00 0	30mg po qd **DO NOT CRUSH**	301403			
	06/16/2003 8:00	SOD.CHL.0.45% 1000ML The IV rate is 60 ml/hr.	IV	1445	QC:3D	
Stop	07/16/2003 8:00	60cc/h	301396			
Qty:	0				21.00	
	06/16/2003 8:00	SPIRONOLACTONE 25MG AKA: ALDACTONE 25MG	PO	09:00	21:00_	
Stop Qty:	07/16/2003 8:00		90 301400	್ರಾಂಗ್ ಕ್ರಾರ್. ಸ್ಥಾನಕ್ಕಳು ಸ್ಥ ಕ್ರಾ	a	

 Patient:
 Room/Bed 315 - 2
 Sex: Female
 24 Hour Check By: ______

 Patient:
 Effective: (06/19/2003 07:00 - 06/20/2003 06:59)
 Printed: 06/18/2003 17:38
 Page: 1

Diagnosis HYPERGLYCEMIA DM CRF Height: 66 in. 168 cm. Weight: 224 lb. 102 kg.

Note: Allergies NKA

a shifted as a m	ies NKA	Scheduled UD Orders	Ro	oute	07:00 - 14:59	15:00 - 22:59	23:00 - 06
Start:	06/17/2003 10:00	ACTOS 30MG TAB		Ne.	09:00		
		AKA: PIOGLITAZONE 30MG TAB		PO			
		45MG(1 & 1/2TABS) PO QD	3016				
Qty:	0						
Start:	06/16/2003 8:00	COUMADIN 7.5MG AKA: WARFARIN 7.5MG		-		18:00	
Stop	06/23/2003 8:00	Coumadin 7.5mg po daily		PO			· ·
Qty:	0		3014	400			
Start:	06/16/2003 8:00	COZAAR 50MG AKA: LOSARTAN 50MG			09:0	21:00	
Stop	07/16/2003 8:00	50mg po bid		PO			
Qty:			3014	402			
		Insulin Humalog 100U/ML 10ML		1	12 18 in gpr cen 324	18	24
Start:	06/17/2003 7:00	AKA: INSULIN LISPRO/NOVOLOG				Accuv	Aicur
Ston	07/17/2003 7:00	ccc.)=12, 221-	SQA	Cur 12	10400	0(,
Ciop		260=14, 261-300=16, 301-340=18, 341-380=20, 3	381-400=22,				
		>400 Pull BS and Call Physician	3016	607			Heeur -
Qty:	0	ACRIN Q6					
Start:	06/19/2003 10:00	Insulin Lantus 10ml Vial			0900		
	07/19/2003 10:00			SC	dose 1	al	
Qty:			3022	207	0		
		LANOXIN 0.125MG AKA: DIGOXIN 0.125mg			13:00		
Stop	07/16/2003 8:00	Lanoxin 0.125mg po daily		PO	AP _70		
Qty:		CHECK APICAL PULSE!!!	3014	405			
		LASIX 40MG TAB AKA: FUROSEMIDE_40MG_TAB.	an an ann an tha an tha ann an th		09:00		
Stop	07/16/2003 8:00	40mg po qd		PO			
Qty:			3014	404			
	06/16/2003 8:00	PREVACID 30MG AKA: LANSOPRAZOLE 30mg			09:00		
Stop	07/16/2003 8:00	30mg po qd		PO			
Qty:		**DO NOT CRUSH**	3014	403			
	06/16/2003 8:00	SOD.CHL.0.45% 1000ML The IV rate is 60 ml/hr.			08:00		00:00
Ston	07/16/2003 8:00			IV			
	to Protocol and		301:	396	te e a terre come e e		
•		SPIRONOLACTONE 25MG			09:00	21:00	
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Ston	07/16/2003 8:00	25mg po bid		РО			
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Hospital Medication Ariministration Record

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Patient: Room/Bed: Sex: Medication Administration Record

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Hospital Pharmacy Medication Administration Record

and a state of the second second

	Room: 315 - 2 Age: 73 Years	S Init	ignature		gnature
Physician I Diagnosis HYPERGLY Height: 66 in. Note:	Med Rec: ČrCl: 0 ml/mi DOB: Admitted: 06/15/2003		/ 		
Allergies NKA	PRN Orders	Rout	e 07:00 - 14:59	15:00 - 22:59	23:00 - 06:59
Start: 06/19/2003 15:00	NITROSTAT (SL) 0.4MG AKA: NITROGLYCERIN (SL)-0.4 MG 0.4mg sublingual q5min x3 doses prn ches results notify physician **DO NOT CRUSH**	t pain If no SI 30223'			
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24 Hour Check By

 Patient:
 Room/Bed
 315 - 2
 Sex:
 Female
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 (06/20/2003 07:00 - 06/21/2003 06:59)
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Hospital Pharmacy Medication A	dministration Reco	ord
Room: 315 - 2 Age: 73 Years Init	gnature Inji	tSignatur9
Patient Id Med Rec: Sex: Female CrCl: 0 ml/mi DOB: Physician Admitted: 06715/2003	· · · · · · · · · · · · · · · · · · ·	
Diagnosis HYPERGLYCEMIA DM CRF Height: 66 in. 168 cm. Weight: 224 lb. 102 kg. Note:		
Allergies NKA Scheduled UD Orders Route	07:00 - 14:59 1	5:00 - 22:59 23:00 - 06:59
Start: 06/16/2003 8:00 TRICOR 54MG Cap AKA: Fenofibrate 54mg PO Stop 07/16/2003 8:00 162mg (3 tabs) po qd auto sub for tricor 160mg PO Qty: 0 301398	09:00	
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 Patient
 Room/Bed 315 - 2
 Sex: Female
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 Effective: (06/20/2003 07:00 - 06/21/2003 06:59)
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 Page: 2
