Facesheet

Patient Information

Patient Name	Legal Sex	DOB
Williams, Thomas E (JH83414791)	Male	12/23/1961

Room	Bed
451	B

Patient Demographics

Address	Phone	E-mail Address
1689 Darley Ave BALTIMORE MD 21213	443-806-5812 (Home) 443-806-5812 (Mobile) *Preferred*	bigteeman345@gmail.com

Basic Information

Date of Birth	Legal Sex	Race	Ethnic Group	Preferred Language
12231961	Male	Black or African American	Not Hispanic or Latino	English

PCP and Center

Primary Care Provider	Phone	Center
Daljeet S Saluja, MD	410-523-1404	BMC BAYVIEW MEDICAL CENTER

Contact Name	Home Phone	Work Phone	Mobile Phone	Relationship to Patient	Legal Guardian?	Lay Caregiver?
Langley,Donnese	443-806-5812		443-308-7468	Significant Other		Yes

Admission Information

Current Information

Attending Provider	Admitting Provider	Admission Type	Admission Status
Ranasinghe, Padmini D, MD MPH	Rice, Julie Cathryn, MD	Emergency: The patient required immediate medical intervention as a result of severe, life threatening, or potentially disabling conditions.	Confirmed Admission

Admission Date/Time	Discharge Date	Hospital Service	Auth/Cert Status
01/05/26 0340		ACS Thayer	Incomplete

Hospital Area	Unit	Room/Bed
JHH THE JOHNS HOPKINS HOSPITAL	JHH NELSON 4	451/B

Admission

Complaint

Hospital Account

Name	Acct ID	Class	Status	Primary Coverage
Williams, Thomas E	5015637560	Inpatient	Open	HEALTH CARE SERVICE CORP MEDICARE ADVANTAGE - HEALTHSPRING

Name	Acct ID	Class	Status	Primary Coverage
				MEDICARE ADVANTAGE HMO

Guarantor Account (for Hospital Account #5015637560)

Name	Relation to Pt	Service Area	Active?	Acct Type
Williams, Thomas E	Self	JHM	Yes	Personal/Family

Address	Phone
1689 Darley Ave BALTIMORE, MD 21213	443-806-5812(H)

Coverage Information (for Hospital Account #5015637560)

1. HEALTH CARE SERVICE CORP MEDICARE ADVANTAGE/HEALTHSPRING MEDICARE ADVANTAGE HMO

F/O Payor/Plan	Precert #
HEALTH CARE SERVICE CORP MEDICARE ADVANTAGE/HEALTHSPRING MEDICARE ADVANTAGE HMO	

Subscriber	Subscriber #
Williams, Thomas E	34771981

Address	Phone
PO BOX 23456 CHATTANOOGA, TN 37421	800-230-6138

2. CIGNA/CIGNA HEALTHSPRING MED ADV

F/O Payor/Plan	Precert #
CIGNA/CIGNA HEALTHSPRING MED ADV	

Subscriber	Subscriber #
Williams, Thomas E	34771981

Address	Phone
PO BOX 981706 EL PASO, TX 79998-1706	888-454-0013

CRMs

11/17/2025 - Appointment Schedule Appointment - Williams, Thomas E (Patient)

Allergies

Allergies as of 1/12/2026

Review status set to Review Complete by Bajaha, Aisha, RN on 1/5/2026

No Known Allergies

	Noted	Reaction Type	Reactions	Deletion Reason
DELETED: **Spironolactone**	04/04/2025	Intolerance	Other (see comments)	Deleted on: 04/04/2025 Chart correction: Erroneous Entry

Gynecomastia

Immunizations

Immunizations

Name	Date
COVID-19 VACCINE (PFIZER)	01/20/22

Name	Date
COVID-19 VACCINE (PFIZER)	06/20/21
COVID-19 VACCINE (PFIZER)	05/30/21
COVID-19, Moderna, 12 years and older, Bivalent, 50mcg/0.5mL IM	11/29/22
COVID-19, PFIZER, 12 years and older, 30 mcg/0.3mL IM	06/11/25
Influenza (Flulaval, Fluarix, Fluzone 6 months+) (Afluria 3yrs+) preservative free syringe	01/20/25
Influenza (Whole)	01/05/07
Influenza, injectable, MDCK, preservative free, quadrivalent	09/19/23
Influenza, injectable, MDCK, preservative free, quadrivalent	11/29/22
Influenza, injectable, MDCK, preservative free, quadrivalent	09/21/21
Pneumococcal conjugate 20-Valent (PREVNAR 20)	06/11/25

CRISP COVID IMMUNIZATIONS

Immunizations as of 6/25/2025 at 9:30 AM

Vaccine	Admin Dates
COVID-19, mRNA, Bivalent, 0.5 or 0.25mL (COVID-19, Moderna, 12 years and older, Bivalent, 50mcg/0.5mL IM)	11/29/2022

Date	Dose	Site	Route	Manufacturer	Lot #	Expiration Date	Administered At	Administered By
11/29/2022	--	Left deltoid	--	Moderna	019H22A	--	Saluja Medical Associates - W. 40th St.	--

Vaccine	Admin Dates
COVID-19, mRNA, LNP-S, PF, 0.3mL (PFIZER 12+ YR PURPLE CAP (must dilute) SARS-COV-2 (COVID-19) vaccine, mRNA, 30mcg/0.3mL dose)	1/20/2022, 6/20/2021, 5/30/2021

Date	Dose	Site	Route	Manufacturer	Lot #	Expiration Date	Administered At	Administered By
1/20/2022	--	Left deltoid	--	Pfizer	33130BA	--	Safeway Pharmacy - 1513	--

Date	Dose	Site	Route	Manufacturer	Lot #	Expiration Date	Administered At	Administered By
6/20/2021	--	Right arm	--	Pfizer	EW0191	--	MassVax - Morgan State University COVID Clinic	--

Date	Dose	Site	Route	Manufacturer	Lot #	Expiration Date	Administered At	Administered By

5/30/2021	--	Right arm	--	Pfizer	EW0187	--	MassVax - Morgan State University COVID Clinic	--

ImmuNet Maryland

Immunizations as of 1/5/2026 at 3:35 AM

Vaccine	Admin Dates
COV-19,mRNA,LNP-S,PF,30/0.3,tris-suc (Covid-19, Pfizer, 12 Years And Older, 30 mcg/0.3mL Im)	6/11/2025

Date	Dose	Site	Route	Manufacturer	Lot #	Expiration Date	Administered At	Administered By
6/11/2025	--	Right deltoid	Intramuscular	Pfizer	MD3414	9/6/2025	JHH Ambulatory Providers - 2000 Providers	JACINDA WOLLENWEBER

Vaccine Groups	Immunization Schedule Used	Dose Valid?	Dose Validity Reason
COVID-19, unspecified formulation (UNSPECIFIED SARS-COV-2 (COVID-19) VACCINE)	--	--	--

Vaccine	Admin Dates
COVID-19 mRNA, LNP-S, PF, 0.3mL (PFIZER 12+ YR PURPLE CAP (must dilute) SARS-COV-2 (COVID-19) vaccine, mRNA, 30mcg/0.3mL dose)	1/20/2022, 6/20/2021, 5/30/2021

Date	Dose	Site	Route	Manufacturer	Lot #	Expiration Date	Administered At	Administered By
1/20/2022	--	Left deltoid	Intramuscular	Pfizer	33130BA	5/31/2022	Safeway Pharmacy - 1513	SHARON MCFADDEN

Vaccine Groups	Immunization Schedule Used	Dose Valid?	Dose Validity Reason
COVID-19, unspecified formulation (UNSPECIFIED SARS-COV-2 (COVID-19) VACCINE)	--	--	--

Date	Dose	Site	Route	Manufacturer	Lot #	Expiration Date	Administered At	Administered By
6/20/2021	--	Right arm	--	Pfizer	EW0191	--	MassVax - Morgan State University COVID Clinic	--

Vaccine Groups	Immunization Schedule Used	Dose Valid?	Dose Validity Reason

COVID-19, unspecified formulation (UNSPECIFIED SARS-COV-2 (COVID-19) VACCINE)	--	--	--

Date	Dose	Site	Route	Manufacturer	Lot #	Expiration Date	Administered At	Administered By
5/30/2021	--	Right arm	--	Pfizer	EW0187	--	MassVax - Morgan State University COVID Clinic	--

Vaccine Groups	Immunization Schedule Used	Dose Valid?	Dose Validity Reason
COVID-19, unspecified formulation (UNSPECIFIED SARS-COV-2 (COVID-19) VACCINE)	--	--	--

COVID-19, mRNA, Bivalent, 0.5 or 0.25mL (COVID-19, Moderna, 12 years and older, Bivalent, 50mcg/0.5mL IM) 11/29/2022

Date	Dose	Site	Route	Manufacturer	Lot #	Expiration Date	Administered At	Administered By
11/29/2022	--	Left deltoid	Intramuscular	Moderna	019H22A	--	Saluja Medical Associates - W. 40th St.	AASTHA PATEL

Vaccine Groups	Immunization Schedule Used	Dose Valid?	Dose Validity Reason
COVID-19, unspecified formulation (UNSPECIFIED SARS-COV-2 (COVID-19) VACCINE)	--	--	--

Influenza, injectable, MDCK, p-free quad (Influenza, injectable, MDCK, preservative free, quadrivalent) 10/17/2025, 9/19/2023, 11/29/2022, 9/21/2021

Date	Dose	Site	Route	Manufacturer	Lot #	Expiration Date	Administered At	Administered By
10/17/2025	--	Right deltoid	Intramuscular	Seqirus	406992	--	Saluja Medical Associates - W. 40th St.	RAMDASS FAITH

Vaccine Groups	Immunization Schedule Used	Dose Valid?	Dose Validity Reason
FLU (Influenza, seasonal)	--	--	--

Date	Dose	Site	Route	Manufacturer	Lot #	Expiration Date	Administered At	Administered By
9/19/2023	--	Left deltoid	Intramuscular	Seqirus	944469	--	Saluja Medical	JASKIRAT SURI

							Associates - W. 40th St.	

Vaccine Groups	Immunization Schedule Used	Dose Valid?	Dose Validity Reason
FLU (Influenza, seasonal)	--	--	--

Date	Dose	Site	Route	Manufacturer	Lot #	Expiration Date	Administered At	Administered By
11/29/2022	--	Left deltoid	Intramuscular	Seqirus	350296	--	Saluja Medical Associates - W. 40th St.	AASTHA PATEL

Vaccine Groups	Immunization Schedule Used	Dose Valid?	Dose Validity Reason
FLU (Influenza, seasonal)	--	--	--

Date	Dose	Site	Route	Manufacturer	Lot #	Expiration Date	Administered At	Administered By
9/21/2021	--	Left deltoid	Intramuscular	Seqirus	308466	--	Saluja Medical Associates - W. 40th St.	SARAIER PRIDE

Vaccine Groups	Immunization Schedule Used	Dose Valid?	Dose Validity Reason
FLU (Influenza, seasonal)	--	--	--

Influenza, seasonal, p-free (Influenza (Flulaval, Fluarix, Fluzone 6 months+) (Afluria 3yrs+) preservative free syringe) 1/20/2025

Date	Dose	Site	Route	Manufacturer	Lot #	Expiration Date	Administered At	Administered By
1/20/2025	--	Right deltoid	--	--	2257N	6/3/2025	MedStar Union Memorial Hospital	JAMIE DOUBLEDAY

Vaccine Groups	Immunization Schedule Used	Dose Valid?	Dose Validity Reason
FLU (Influenza, seasonal)	--	--	--

Influenza-Whole Virus (Influenza (Whole)) 1/5/2007

Date	Dose	Site	Route	Manufacturer	Lot #	Expiration Date	Administered At	Administered By
1/5/2007	--	--	--	--	--	--	Baltimore City Health Department - Immunization Program	--

Vaccine Groups	Immunization Schedule Used	Dose Valid?	Dose Validity Reason
FLU (Influenza, seasonal)	--	--	--

Pneumo-Conjugate 20 (Pneumococcal conjugate 20-Valent (PREVNAR 20)) 6/11/2025

Date	Dose	Site	Route	Manufacturer	Lot #	Expiration Date	Administered At	Administered By
6/11/2025	--	Left deltoid	Intramuscular	Pfizer	LK6655	6/1/2026	JHH Ambulatory Providers - 2000 Providers	JACINDA WOLLENWEBER

Vaccine Groups	Immunization Schedule Used	Dose Valid?	Dose Validity Reason
Pneumococcal 23 (Pneumococcal Polysaccharide (PNEUMOVAX 23))	--	--	--

DISTRICT OF COLUMBIA IMMUNIZATION REGISTRY

The request failed 1/7/2026 at 9:23 AM.

The registry was unable to satisfactorily match to a patient for this request.

Lines/Drains/Airways

Patient Lines/Drains/Airways Status

Active LDAs

Name	Placement date	Placement time	Site	Days
Peripheral IV (Adult) Left Antecubital 20 G	01/06/26	0203	Antecubital	6

Vital Signs

Vitals, Pain, Oxygen

	1/12/2026 0955	1/12/2026 0958	1/12/2026 1004	1/12/2026 1007	1/12/2026 1100	1/12/2026 1602
BP:	**77/39** !	**77/52** !	103/62	105/62	95/57	122/64
Pulse:	—	60	—	63	61	62
Resp:	—	—	—	—	—	18
Temp:	—	—	—	—	—	36.6 °C (97.9 °F)
SpO2:	—	93 %	—	—	—	—
O2 Device:	—	None-room air	—	—	—	None-room air

Medications

Only active medications are shown.

Scheduled Meds Sorted by Name

for Williams, Thomas E as of 1/12/26 through 1/18/26

Legend:

Given	Held	Not Given	Due	Canceled Entry	Other Actions
Time	**Time**	**(Time)**	Time	~~Time~~	**Time-Action**

Inactive | Active | Linked

Medications	01/12/26	01/13/26	01/14/26	01/15/26	01/16/26	01/17/26	01/18/26
apixaban (ELIQUIS) tablet 5 mg Dose: 5 mg Freq: 2 times daily Route: Oral Start: 01/05/26 2100 Order specific questions: Indication: Atrial fibrillation	0834-Given 2100	0900 2100	0900 2100	0900 2100	0900 2100	0900 2100	
~~**bumetanide (BUMEX) tablet 2 mg**~~ Dose: 2 mg Freq: Once Route: Oral Start: 01/12/26 0830 End: 01/12/26 0834	✕ 0834-Given	✕	✕	✕	✕	✕	✕
carVEDILOL (COREG) tablet 6.25 mg Dose: 6.25 mg Freq: 2 times daily Route: Oral Start: 01/06/26 2100	0834-Given 2100	0900 2100	0900 2100	0900 2100			
empagliflozin (JARDIANCE) tablet 25 mg Dose: 25 mg Freq: Daily Route: Oral Start: 01/05/26 1913 Order specific questions: Does the patient have heart failure? Yes Does the patient have an active infection, are they currently NPO, or is there a urinary catheter in place? No Does the patient have any planned surgical procedure or recent major surgery/stress? No Is GFR < 25 (dapagliflozin) or GFR < 20 (empagliflozin)? No	0834-Given	0900	0900	0900	0900	0900	
eplerenone (INSPRA) tablet 25 mg Dose: 25 mg Freq: Daily Route: Oral Start: 01/07/26 1400	0837-Given	0900	0900	0900	0900		
escitalopram oxalate (LEXAPRO) tablet 20 mg Dose: 20 mg Freq: Daily Route: Oral Start: 01/05/26 1858	0834-Given	0900	0900	0900	0900	0900	
~~**lactated ringers bolus 250 mL**~~ Dose: 250 mL Freq: Once Route: IV Start: 01/12/26 1100 End: 01/12/26 1030 Admin Instructions: Contains the following electrolytes: Na = 130 mEq/L, K = 4 mEq/L, Ca = 2.7 mEq/L, Cl = 109 mEq/L, and Lactate = 28 mEq/L.	✕ 1000-New Bag/Given	✕	✕	✕	✕	✕	✕
~~**lactated ringers bolus 250 mL**~~ Dose: 250 mL Freq: Once Route: IV Start: 01/12/26 1030 End: 01/12/26 1000 Admin Instructions: Contains the following electrolytes: Na = 130 mEq/L, K = 4 mEq/L, Ca = 2.7 mEq/L, Cl = 109 mEq/L, and Lactate = 28 mEq/L.	**1000-D/C'd**	✕	✕	✕	✕	✕	✕
melatonin tablet 6 mg Dose: 6 mg Freq: Nightly Route: Oral Start: 01/09/26 2100	2100	2100	2100	2100			

polyethylene glycol (MIRALAX) packet 17 g Dose: 17 g Freq: 2 times daily Route: Oral Start: 01/11/26 0900 Admin Instructions: Must be diluted prior to use.	**(0845)-Family/Patient Refused** 2100	0900 2100	0900 2100	0900 2100	0900 2100	0900 2100	
~~**potassium chloride (K-DUR) ER tablet 20 mEq**~~ Dose: 20 mEq Freq: Once Route: Oral Start: 01/12/26 1600 End: 01/12/26 1547 Admin Instructions: Do not crush or chew.	✕ **1547-Given**	✕	✕	✕	✕	✕	✕
pravastatin (PRAVACHOL) tablet 10 mg Dose: 10 mg Freq: Daily Route: Oral Start: 01/06/26 0900	**0834-Given**	0900	0900	0900			
sacubitriL-valsartan (ENTRESTO) 24-26 mg per tablet 1 tablet Dose: 1 tablet Freq: 2 times daily Route: Oral Start: 01/12/26 2100 Admin Instructions: Hold for MAP <65 OR SBP <90	2100	0900 2100	0900 2100	0900 2100			
~~**sacubitriL-valsartan (ENTRESTO) 49-51 mg per tablet 1 tablet**~~ Dose: 1 tablet Freq: 2 times daily Route: Oral Start: 01/10/26 0930 End: 01/12/26 1000 Admin Instructions: HOLD FOR MAP <65 OF SBP <90	**(0845)-Not Given [C]** **1000-D/C'd**	✕	✕	✕	✕	✕	✕
sennosides (SENOKOT) 8.6 mg tablet 2 tablet Dose: 2 tablet Freq: Nightly Route: Oral Start: 01/10/26 2100 Admin Instructions: 1 tablet=8.6 mg sennosides=187 mg senna	2100	2100	2100	2100	2100		
tamsulosin (FLOMAX) 24 hr capsule 0.4 mg Dose: 0.4 mg Freq: Daily Route: Oral Start: 01/07/26 0900 Admin Instructions: Do not crush or chew.	**0834-Given**	0900	0900	0900	0900		
Medications	**01/12/26**	**01/13/26**	**01/14/26**	**01/15/26**	**01/16/26**	**01/17/26**	**01/18/26**

Continuous Meds Sorted by Name

for Williams, Thomas E as of 1/12/26 through 1/18/26

Legend:

Given	Held	Not Given	Due	Canceled Entry	Other Actions
Time	**Time**	**(Time)**	Time	~~Time~~	**Time-Action**

Inactive ✕ | Active | Linked 🔗

Medications	**01/12/26**	**01/13/26**	**01/14/26**	**01/15/26**	**01/16/26**	**01/17/26**	**01/18/26**

dextrose 5 % in water infusion Rate: 42 mL/hr Dose: 42 mL/hr Freq: Continuous PRN Route: IV PRN Comment: Hypoglycemia Management & Hypoglycemia prevention during transport Start: 01/06/26 1327 Admin Instructions: Administer if blood glucose is less than or equal to 70 mg/dL after implementation of second Hypoglycemia Intervention. Notify Authorized Prescriber/House Officer. Administer if blood glucose is between 71 mg/dL and 99 mg/dL for prevention of hypoglycemia during transport.							

PRN Meds Sorted by Name

for Williams, Thomas E as of 1/12/26 through 1/18/26

Legend:

Given	Held	Not Given	Due	Canceled Entry	Other Actions
Time	**Time**	**(Time)**	Time	~~Time~~	**Time-Action**

Inactive (×) | Active | Linked

Medications	01/12/26	01/13/26	01/14/26	01/15/26	01/16/26	01/17/26	01/18/26
ALPRAZolam (XANAX) tablet 0.5 mg Dose: 0.5 mg Freq: Daily as needed Route: Oral PRN Reason: Anxiety Start: 01/07/26 1230							
dextrose 5 % in water infusion Rate: 42 mL/hr Dose: 42 mL/hr Freq: Continuous PRN Route: IV PRN Comment: Hypoglycemia Management & Hypoglycemia prevention during transport Start: 01/06/26 1327 Admin Instructions: Administer if blood glucose is less than or equal to 70 mg/dL after implementation of second Hypoglycemia Intervention. Notify Authorized Prescriber/House Officer. Administer if blood glucose is between 71 mg/dL and 99 mg/dL for prevention of hypoglycemia during transport.							

dextrose 50 % injection 12.5 g Dose: 12.5 g Freq: Every 15 min PRN Route: IV PRN Comment: Hypoglycemia Management Start: 01/06/26 1327 Admin Instructions: Administer for Blood Glucose level 50 - 70 mg/dL if patient cannot swallow, has abnormal GI, or NPO. If patient is alert and can swallow, give oral carbs per Hypoglycemia Policy. Notify Authorized Prescriber / House Officer. Non-chemotherapy vesicant. Refer to MDUP015. IV Push Policy. Refer to MDUP017. Level of care: General Max IV push dose: 25 g Preparation: Do not dilute. Administration rate: Do not exceed 5 g/min or 10 mL/min. Monitoring/comments: Large bore IV access preferred. May cause phlebitis. Repeat blood glucose following administration.							
dextrose 50 % injection 25 g Dose: 25 g Freq: Every 15 min PRN Route: IV PRN Comment: Hypoglycemia Management Start: 01/06/26 1327 Admin Instructions: Administer for Blood Glucose level less than 50 mg/dL if patient cannot swallow, has abnormal GI, or NPO. If patient is alert and can swallow, give oral carbs per Hypoglycemia Policy. Notify Authorized Prescriber / House Officer. Non-chemotherapy vesicant. Refer to MDUP015. IV Push Policy. Refer to MDUP017. Level of care: General Max IV push dose: 25 g Preparation: Do not dilute. Administration rate: Do not exceed 5 g/min or 10 mL/min. Monitoring/comments: Large bore IV access preferred. May cause phlebitis. Repeat blood glucose following administration.							

glucagon (GLUCAGEN) injection 1 mg Dose: 1 mg Freq: Once as needed PRN Route: IM PRN Comment: Hypoglycemia Management Start: 01/06/26 1327 Admin Instructions: Administer for blood glucose < = 70 mg/dL if patient has no functional IV and cannot take oral carbs. Reconstitute glucagon with diluting solution. Use immediately. Notify Authorized Prescriber/House Officer. Do not repeat glucagon dose within 24 hours. Perform a blood glucose check in 15 minutes after administration. See Hypoglycemia Policy for further instructions. If the ordered route is intravenous, please reference JHHS IV Push policy MDUP017 or JHHS IV push side bar report prior to administration.							
hydrOXYzine pamoate (VISTARIL) capsule 25 mg Dose: 25 mg Freq: 3 times daily PRN Route: Oral PRN Reason: Anxiety Start: 01/07/26 0819 Admin Instructions: Antihistamine							
polyethylene glycol (MIRALAX) packet 17 g Dose: 17 g Freq: Daily as needed Route: Oral PRN Reason: Constipation Start: 01/06/26 1322 End: 01/11/26 0822 Admin Instructions: Must be diluted prior to use.	✕	✕	✕	✕	✕	✕	✕
Medications	**01/12/26**	**01/13/26**	**01/14/26**	**01/15/26**	**01/16/26**	**01/17/26**	**01/18/26**

Print H&P Notes

H&P by Rahim, Muhammed Ali, MD at 1/6/2026 12:13 PM documented on ED to Hosp-Admission (Current) from 1/5/2026 in JHH Nelson 4

Author:	Rahim, Muhammed Ali, MD	Author Type:	Resident	Filed:	1/6/2026 2:20 PM
Note Status:	Attested	Cosign:	Cosigned by Chida, Natasha Mubeen, MD at 1/6/2026 7:26 PM	Date of Service:	1/6/2026 12:13 PM
Editor:	Rahim, Muhammed Ali, MD (Resident)				

Attestation signed by Chida, Natasha Mubeen, MD at 1/6/2026 7:26 PM (Updated)

ATTENDING ATTESTATION

I saw, examined, and evaluated the patient and reviewed pertinent history, laboratory data, imaging, and vital signs. I agree with the findings and the plan of care as documented in the resident's note, with the exception of/addition of the following comments:

Mr. Williams is a 64-year-old man with a past medical history of nonischemic cardiomyopathy of unclear etiology, with an EF of 20-25%, atrial flutter status post ablation, aortic stenosis status post surgical valve replacement with a bioprosthetic valve in 2002, hypertension hyperlipidemia,

prior PE on apixaban, sleep apnea with inconsistent CPAP use, generalized anxiety and panic disorder, who presented to JHH on 1–5 with a chief complaint of 1 week of shortness of breath and 1 episode of lightheadedness without loss of consciousness. For full details of his HPI please see Dr. Rahim's note below.

Mr. Williams tells us that he had been at his baseline of health and then approximately week prior to admission he began to have progressive shortness of breath that was worse with exertion and when he lay flat. He notes he has been taking all of his medications; initially reported no dietary indiscretion but upon our discussion with him he stated that he has been having increase in his panic attacks and when he does this he tends to drink more soda and drink more water. Upon discussion with him re why he is having more panic attacks he was uncertain. Upon arrival to the ED his blood pressure was 150/99, was afebrile with out tachycardia, saturating 80% requiring 3 L,, weight was 315 (dry weight is 287). EKG was unchanged from baseline, troponins without delta. proBNP was 9800, proBNP in November was 1800. An RVP was obtained and was negative. He had a chest x-ray which showed evidence of pulm edema. Was given IV Bumex 4 mg x 2 and then transition to p.o. in the ED, urine output was about 6.5 L. He notes he still has some shortness of breath.

Regarding his cardiac history Mr. Williams follows at Union Memorial, and has had a fairly thorough evaluation for cause of his nonischemic cardiomyopathy. This is included cardiac PET due to concern for cardiac sarcoidosis (had a history of prior hilar lymphadenopathy) which was unrevealing in 2025, has had a negative PYP scan in 2023, had a cardiac MRI in 2022 which showed LV myocardium had contrast uptake-- thus underwent an endomyocardial biopsy which was unrevealing other than fibrosis. He is on a regimen of GDMT that includes empagliflozin, Entresto, carvedilol, is also on tirzepatide and Bumex. He is ordered for spironolactone but I do not see this has been filled since May.

Upon discussion he states that at home he is intermittently been having symptoms of lightheadedness but has not fully lost consciousness. However he does feel like he has had episodes where he has essentially fallen from standing in the setting of lightheadedness. He attributes this to low blood pressure and thinks that it may be due to Entresto. He does have a home blood pressure monitor and does check it but he is unsure what the pressures are. He thinks they may be less than 100 systolic. Of note, there is documentation that his Entresto dosing was decreased but he states he has been taking the full dose. He states his episodes have only occurred when he is standing or ambulating --have not have not occurred when he has been lying in bed or sitting in chair recently. He thinks he may have had an episode when lying in bed a while back but not within the last month or so. (Of note during her recent admission to the Thayer firm in November he was discharged with a Zio patch, but was unsure of how to return it and so discarded it)

Upon review of his records it seems that Mr. Williams has had an acceleration in his admissions for decompensated heart failure in the last year or so. Of note his house burned down within the last year and he now lives with his girlfriend. He states that due to social stressors he has been having more panic attacks, does also agree that he may have some underlying depression. He states he sees an outside psychiatrist for this for which he receives Xanax. He states that he does not use any substances. He endorses feeling frustrated that he is more dependent on people than he used to be in the past and this does affect his mood. When asked why he may be experiencing more panic attacks he is unsure. However he does note that when he has panic attacks it does affect his diet. I asked him why he thinks he may be having more issues with heart failure exacerbations recently and he noted that this was the case but that he was not sure and it was something that he should think about.

On exam Mr. Williams is lying in bed, sleep is slightly slowed but he is pleasant and interactive. At times fairly tangential. Jugular venous pressure at the level of the mid neck. Heart is irregular with no murmurs gallops rubs noted, lungs with faint crackles at the bases bilaterally no dullness to percussion, abdomen is nontender nondistended, extremities with evidence of venous insufficiency change the skin, left lower extremity is significantly larger than the right lower extremity up to the level of the knee (he states is chronic) no inguinal lymphadenopathy noted,, 1+ pitting edema to the shins bilaterally

For full laboratory and imaging data please see Dr. Rahim's note below. EKG upon my evaluation

is unchanged from prior without evidence of acute ischemia, does have evidence of intraventricular conduction delay. Chest x-ray with evidence of bilateral pulmonary edema.

Assessment plan

1. Acute decompensated heart failure: At this time the etiology of Mr. Williams decompensation is not entirely clear. Initially it seemed that he was not having dietary indiscretions but upon our discussion with him it seems that he may have been having increased amount of soda when he is been having panic attacks. It is also not entirely to clear to us that he is taking all of his medications as prescribed. We thus called his girlfriend (with his permission) who endorsed that she gives him all of his morning doses, but he is in charge of his p.m. doses and she thinks that he may take these 2 times a week at the most. When asked why she does not assist with the p.m. doses she states that they just have always done it like this. She also notes that she has not been giving him any Entresto because he has been told in the hospital that it causes his blood pressure to go low.

Medication issues may thus be a factor in his exacerbation. Upon discussion with him, and also his girlfriend's perspective, I do wonder if he is having progressive cognitive decline that is making it difficult for him to take his p.m. doses (see below).

He has also not had an echo in some time and does have the potential for underlying valve disease, has a bioprosthetic, we will obtain a new echo just to ensure no new structural changes that could be precipitating his increase in heart failure exacerbations. Also possible lack of CPAP use is contributing, will discuss with him importance of using this machine.

For management of acute decompensated heart failure I do not think he is ready for p.o. yet-- will give another dose of IV Bumex today and follow-up his weight. He has lost a significant amount but is still volume up. May consider transition to orals tomorrow. Obtaining regular electrolytes to ensure they are maintained. Holding eplerenone for now but will reintroduce once he is back to oral Bumex. Continuing carvedilol, will reintroduce his other GDMT in a stepwise approach. Again is not entirely clear what he has been getting at home so we will need to see how he tolerates, particularly the Entresto.

2. Concern for cognitive decline: On our exam Mr. Williams seems to be having difficulty remembering his address, recent visits to the hospital, etc. There is documentation of prior MoCA of 14 at outside facility. Due our concern that there may be an underlying cognitive decline we called Mr. William's girlfriend as above. She agrees that he does seem to be getting more forgetful over the last few months. we will proceed with SLP evaluation here to assess current MoCA. It is possible there is a component of pseudodementia, and he is on Lexapro, but also possible that he is having another etiology for cognitive decline. I do think it is reasonable to obtain brain imaging. Will also need reversible workup sent. Of note upon our discussion with girlfriend she also endorses that she has been giving him his Xanax, and she gives up to 1 mg 3 times a day. This is a significant increase for what he is written for which is 1 mg daily as needed. We thus do wonder if he is having some brain fog in this setting. She also endorses that he has had some issues with falls when getting out of chairs; he is on AC and thus could have a component of intracranial hemorrhages that could have been connecting his cognition over the last few months. Obtaining brain imaging as noted above. Will have our PT colleagues evaluate as well given question of falls. I suspect the falls are in the setting of increased benzodiazepine use and lower extreme edema. When he is more euvolemic we will need to proceed with a full neuroexam.

3. Question of presyncope: Upon discussion with Mr. Williams he has been having episodes of lightheadedness that primarily occur when he is active. He suspects this may be due to Entresto, but per his girlfriend she has not been giving him Entresto. He certainly does have underlying pathology that could lead to arrhythmia and thus we will continue with telemetry, unable unfortunately to return his prior Zio patch. Will follow-up telemetry here, again will need Zio patch upon discharge, will also need to monitor how he does with reinitiation of GDMT. Dr. Mansour spoke with his girlfriend regarding the need for Entresto and she is agreeable. She is also going to come in and we will have further discussions with her about his care.

4. Panic attacks and generalized anxiety, major depression: I inquired Mr. Williams whether or not

we could have our colleagues from Phipps assess him, he noted he was concerned that they would think he is drug-seeking. We assured him that this would not be the case, but he feels like he is well followed by his current mental health provider at this time would prefer not to speak with anyone here. Will continue to assess this daily as I do think it would be helpful. Will also discuss with him whether he would be willing to consider an additional agent for anxiety to help us reduce benzodiazepine use.

5. LLE edema: sig compared to RLE on exam. He states this is chronic since his AVR, but i do not see this documented in other records. Obtaining a LE US, if unrevealing may need eval of the inguinal region for obstructive LAD, etc.

Regards the etiology was nonischemic cardiomyopathy, he has had a fairly thorough evaluation by his outpatient providers. Will continue to follow with them.

Next of management of medical problems as per Dr. Rahim below

Natasha Chida, MD MSPH
Attending, Infectious Diseases

I personally spent 75 minutes today (exclusive of time spent performing separately billable services) providing care for this patient, including preparation, face-to-face time, EMR documentation and other services such as review of medical records, diagnostic results, patient education, counseling, and coordination of care.

THAYER H&P NOTE

Patient Name: Williams, Thomas
DOB: 12/23/1961
MRN: JH83414791
Hospital Day: Hospital Day: 2

Chief Complaint
Shortness of breath

History of Present Illness
Mr. Thomas Williams is a 64 y.o. male with PMH of infiltrative non-ischemic cardiomyopathy of unclear etilogy, HFrEF (EF 20-25%), LBBB, atrial flutter s/p ablation on apixaban, aortic stenosis s/p reported SAVR (2008) c/b sternal wound infection requiring flap placement, ascending aortic aneurysm (4.6 cm), HTN, HLD, CKD3A2, DM2 (HbA1c 7.1% in August 2025), prior provoked PE (September 2025), severe OSA, class 2 obesity, cleared HCV, anxiety/panic attacks on prescription alprazolam, and frequent hospitalizations due to medication nonadherence iso social stressors who presents with shortness of breath.

He reports that for the past week, he has had worsening dyspnea. Additionally, he reports that he had an episode of presyncope in which he felt "light on his feet" but was able to sit down and did not pass out. His dyspnea is worse with exertion and he states that he has orthopnea as well. He denies recent illness or chest pain. He states that he has been adherent to all of his medications including his Bumex. He also has been avoiding too much salt or fluids. He states that he has been under a lot of stress recently secondary to "home problems".

Upon arrival to the ED, vital signs revealed T 35.9 C, HR 90, RR 18, BP 150/99, SpO2 99% on room air. His weight on presentation was 315 pounds (dry weight 287 pounds). In the ED, he desaturated to 80% and required up to 3 L/min nasal cannula. Initial labs revealed WBC 7.74, Hgb 14.5, pro-BNP 9857 (increased from 1,875 in November 2025), Na 138, creatinine 1.31 (1.34 in November 2025), alk phos 165, total bilirubin 1.9, hs-trop 19>21. His RVP was negative. CXR revealed cardiomegaly with mild pulmonary vascular congestion and edema. He was given IV Bumex 4 mg twice on 1/5 then PO Bumex 2 mg on 1/6. He was also given carvedilol, jardiance, entresto. He had a documented urine output of over 6.5 L since coming in. He was admitted to Thayer for further evaluation and management. Patient

continues to feel short of breath currently, but has not other complaints. He was unable to tell me his current address or where he was hospitalized last month.

Mr. Williams was recently hospitalized on Thayer from 11/7/25-11/19/25 for dizziness and reported recurrent syncope found to have ADHF secondary to medication nonadherence. He was diuresed with IV Bumex 4 mg PRN with good response. ICD was discussed with EP but deferred given inconsistent GDMT adherence and was recommended for ICD consideration following 3 months of optimal GDMT.

He was also hospitalized at MedStar from 12/12/25-12/18/25 for shortness of breath and dizziness found to have ADHF in the setting of dietary indiscretion. He was diuresed with IV Bumex 4 mg BID. There were cognitive concerns during that admission including a MOCA score of 14/30 obtained on 12/16 along with apathy and slowed responses thought to be multifactorial with contribution from depression. Altered mental status work up including TSH, B12, and ammonia were unremarkable and he was referred to geriatric on discharge. He was discharged on apixaban 5 mg BID, Bumex 4 mg PO BID, Carvedilol 6.25 mg BID, Jardiance 25 mg daily, Eplerenone 50 mg daily, Escitalopram 20 mg daily, Pravastatin 10 mg daily, Entresto 24-26 mg BID, Tamsulosin 0.4 mg daily, tirzepatide 15 mg weekly. He was discharged at a weight of 131 kg.

Mr. Williams follows with Cardiology at MedStar. Prior work up has included LHC in June 2019 with normal coronaries with minimal luminal irregularities, Cardiac MRI in 2022 with significant contrast uptake throughout the left ventricular myocardium relatively diffuse with some heterogeneity, endomyocardial biopsy in 2022 with congo red stain negative for amyloidosis, prussian blue stain negative for iron overload, and no evidence of active myocarditis, PYP scan in 2023 negative for amyloidosis, and cardiac PET scan in 2025 with no evidence of active myocardial inflammation or extracardiac sarcoidosis. TTE (10/5/25) revealed EF 20-25%, G3DD, TAPSE 1.1, well seated Medtronic mosaic bioprosthetic aortic valve with mean gradient 8 mmHg with no intra or paravalvular regurgitation.

Review of Systems
Other than the pertinent positives and negatives stated above, a full review of systems including constitutional, HEENT, respiratory, cardiovascular, abdominal, musculoskeletal, genitourinary, neurological, psychiatric, endocrinologic, hematologic, and integumentary complaints was negative.

Past Medical History
Past Medical History:

Diagnosis	Date
• CHF (congestive heart failure)	
• Coronary artery disease *had aortic valve replaced*	
• Diabetes mellitus *type 2*	
• HTN (hypertension)	

Past Surgical History
Past Surgical History:

Procedure	Laterality	Date
• CARDIAC SURGERY *aortic valve replacement 2008*		

Social History
Social stressors at home. His house burned down last year. Denies alcohol, drug, tobacco use.

Family History
Family History

Problem	Relation	Age of Onset
• Heart failure	Mother	
• Heart failure *Died of heart failure at 43*	Maternal Grandmother	
• Asthma	Maternal Great-	

grandmother

Allergies:
Allergies/Adverse Reactions/Intolerances
No Known Allergies

Home Medications

Prior to Admission medications

Medication	Sig	Start Date	End Date	Taking?
ALPRAZolam (XANAX) 1 MG tablet	Take 1 tablet (1 mg total) by mouth daily	10/20/25		Yes
apixaban (ELIQUIS) 5 mg Tab tablet	Take 1 tablet (5 mg total) by mouth 2 (two) times daily	11/16/25		Yes
bumetanide (BUMEX) 2 MG tablet	Take 2 tablets (4 mg total) by mouth daily			Yes
carVEDILOL (COREG) 6.25 MG tablet	Take 1 tablet (6.25 mg total) by mouth 2 (two) times daily with meals			Yes
Dexcom G7 Sensor Devi	uad	9/20/25		Yes
empagliflozin (JARDIANCE) 25 mg tablet	Take 1 tablet (25 mg total) by mouth daily	11/19/25		Yes
eplerenone (INSPRA) 50 MG tablet	Take 1 tablet (50 mg total) by mouth daily			Yes
escitalopram oxalate (LEXAPRO) 20 MG tablet	Take 1 tablet (20 mg total) by mouth daily	11/19/25		Yes
pravastatin (PRAVACHOL) 10 MG tablet	Take 1 tablet (10 mg total) by mouth daily	11/19/25		Yes
sacubitriL-valsartan (Entresto) 24-26 mg per tablet	Take 1 tablet by mouth 2 (two) times daily			Yes
tamsulosin (FLOMAX) 0.4 mg Cap 24 hr capsule	Take 1 capsule (0.4 mg total) by mouth daily	11/19/25		Yes
tirzepatide 15 mg/0.5 mL Pnlj	Inject 15 mg under the skin every 7 days			Yes
polyethylene glycol (MIRALAX) packet	Take 17 g by mouth daily Patient not taking: Reported on 1/5/2026	11/16/25		
sennosides (SENOKOT) 8.6 mg tablet	Take 2 tablets by mouth 2 (two) times daily Patient not taking: Reported on 1/5/2026	11/16/25		

Vital Signs

	24 Hour Range
T: 35.6 °C (96 °F)	(35.6 - 36.8)
BP: Oral	108/71 [108 - 173/67 - 118]
HR: 71 /min	(64 - 76)
RR: 18 /min	(18 - 20)
O2: 90 %	(90 - 97)

Therapy: 2 Nasal cannula

Intake and Output

Intake/Output

	01/04 0701 01/05 0700	01/05 0701 01/06 0700	01/06 0701 01/07 0700
Intake(mL/kg)		0 (0)	
Output		6175	450
Net		**-6175**	**-450**

Most recent weight: **134.1 kg (295 lb 10.2 oz)** Weight change: 13.9 kg (30 lb 11.2 oz)

01/05 0701 - 01/06 1900: In: 0 , Out: 6625 [Urine:6625]

Physical Exam:
Gen: Resting in bed, no acute distress
HEENT: NCAT, EOMI. JVP at 12 cm H2O.
CV: RRR, normal S1/S2, no m/r/g
Resp: Mild tachypnea, crackles bilaterally
Abd: Abd soft, NT, ND.
Ext: 2+ lower extremity edema bilaterally, warm
Neuro: Alert and oriented, moving all 4 extremities
Skin: Warm, dry, no rash.
Psych: Euthymic

Hematology

Recent Labs

	01/05/26 0401
WBC	7.74
HGB	14.5
HCT	43.1
PLT	236

Recent Labs

	01/05/26 0401
MCV	92.1
RDW	**14.8***

Recent Labs

	01/05/26 0401
IMMGRANPCT	0.5
NEUTROPCT	66.3
LYMPHSPCT	**21.3***
MONOPCT	9.2
EOSINOPCT	1.7
BASOPCT	1.0
NEUTROABS	5.13
LYMPHOABS	1.65
MONOSABS	0.71
EOSINOABS	0.13

Coagulation

No results for input(s): "LABPT", "INR", "PTT" in the

Chemistry

Recent Labs

	01/06/26 0626	01/06/26 1202
NA	143	142
K	4.0	3.7
CL	101	99
CO2	29	30
BUN	17	20
CREATININE	**1.33***	**1.35***
GLU	**104***	**161***
CALCIUM	8.8	9.1

Recent Labs

	01/05/26 0401
MG	1.9
PHOS	**2.4***

Recent Labs

	01/05/26 0401
PROT	7.3
ALBUMIN	3.8
BILITOT	**1.9***
AST	21
ALT	18
ALKPHOS	**165***

last 72 hours.	Troponins: No results for input(s): "TROPONINI" in the last 168 hours. Lactate: No results for input(s): "LACTATE", "LACTATEWB", "LACTATLABPOC" in the last 168 hours.

Radiology: US/VAS Duplex Lower Extremity Venous US Left Result Date: 1/5/2026 IMPRESSION: No acute left femoropopliteal deep vein thrombosis. No deep vein thrombosis in the visualized calf veins. Images and interpretation personally reviewed by: Katarzyna Macura, MD	**Micro**: No results for input(s): "BLOODCULT" in the last 168 hours. No results for input(s): "URINECUL" in the last 168 hours. No results for input(s): "MRSASURVCULT" in the last 168 hours. No results for input(s): "LABGRAM" in the last 168 hours.

Pending Studies:

Pending Labs

No Pending Labs

EKG Sinus arrhythmia, first degree AV block left axis deviation, LBBB
CXR cardiomegaly with mild pulmonary vascular congestion and edema

Prior Studies

TTE (10/5/25): EF 20-25%, G3DD, TAPSE 1.1, well seated Medtronic mosaic bioprosthetic aortic valve with mean gradient 8 mmHg with no intra or paravalvular regurgitation.

Assessment and Plan
Mr. Thomas Williams is a 64 y.o. male with PMH of infiltrative non-ischemic cardiomyopathy of unclear etiology, HFrEF (EF 20-25%), LBBB, atrial flutter s/p ablation on apixaban, aortic stenosis s/p reported SAVR (2008) c/b sternal wound infection requiring flap placement, ascending aortic aneurysm (4.6 cm), HTN, HLD, CKD3A2, DM2 (HbA1c 7.1% in August 2025), prior provoked PE (September 2025), severe OSA, class 2 obesity, cleared HCV, anxiety/panic attacks on prescription alprazolam, and frequent hospitalizations due to medication nonadherence iso social stressors who presents with shortness of breath in the setting of ADHF.

Impression/Plan by problem

#ADHF
#HFrEF
#NICM
> Follows with Cardiology at MedStar. Prior work up has included LHC in June 2019 with normal coronaries with minimal luminal irregularities, Cardiac MRI in 2022 with significant contrast uptake throughout the left ventricular myocardium relatively diffuse with some heterogeneity, endomyocardial biopsy in 2022 with congo red stain negative for amyloidosis, prussian blue stain negative for iron overload, and no evidence of active myocarditis, PYP scan in 2023 negative for amyloidosis, and cardiac PET scan in 2025 with no evidence of active myocardial inflammation or extracardiac sarcoidosis.
> TTE (10/5/25): EF 20-25%, G3DD, TAPSE 1.1, well seated Medtronic mosaic bioprosthetic aortic valve with mean gradient 8 mmHg with no intra or paravalvular regurgitation.
> Unclear precipitant for current exacerbation: patient denies recent illness, dietary indiscretion, or medication non-adherence. Possible that medication/diet adherence is questionable in the setting of cognitive decline. Valvular dysfunction also a potential precipitant.
> Multiple hospitalizations for ADHF concerning for progression of his advanced disease

> Dry weight: 131 kg
> Home medication regimen after recent hospitalization in December 2025 at MedStar: Bumex 4 mg PO BID, Carvedilol 6.25 mg BID, Entresto 24-26 mg BID, Eplerenone 50 mg daily.
- Preload Management: Diurese with Bumex 4 mg IV for goal NN 2 L
- Afterload Reduction: Carvedilol 6.25 mg BID, Entresto 24-26 mg BID
- GDMT: Carvedilol 6.25 mg BID, Entresto 24-26 mg BID, holding Eplerenone 50 mg daily (can restart when closure to euvolemia)
- Advanced Therapies: Follows with Cardiology at Medstar. Appears to not be a candidate for transplant or LVAD given his size.
- Repeat TTE for reassessment given 3 exacerbations in the past 2 months
- Wean O2 as tolerated
- High goal lytes
- Daily weight
- Strict I/o's
- 2 L fluid restriction, Heart healthy diet
- Outpatient evaluation by EP after 3 months of optimal GDMT (mid February). He did not meet criteria for a primary prevention ICD given inconsistent GDMT.

#Pre-Syncope
> Patient reported feeling light on his feet and sat down so he did not pass out.
> Likely in the setting of arrhythmia. Notably, patient had 13 beat run of NSVT during hospitalization in November 2025.
> Patient has had prior episodes of syncope. He was discharged on a Ziopatch after admission in November 2025. EP was also consulted during that admission and suggested monitoring for at least 3 months on optimal GDMT prior to ICD consideration.
- Telemetry monitoring
- Refer to EP outpatient after 3 months of optimal GDMT (mid February)

#Atrial Flutter s/p Ablation
> Most recent EKG: Sinus arrhythmia, first degree AV block left axis deviation, LBBB
- Apixaban 5 mg BID

#Anxiety
#Panic Attacks
#Depression
#Cognitive Decline
> Evaluated by PHIPPS during recent admission but patient was not interested in discussing his mental health concerns with them.
> Cognitive decline noted during December 2025 admission at MedStar. CT Head in November 2025: Moderate, patchy white matter hypodensities, likely sequelae of chronic microvascular ischemic change. Old right basal ganglia region lacune.
> Differential for cognitive concerns include dementia, worsening mood disorder, medication induced
> TSH, B12, and ammonia unremarkable at MedStar in December 2025.
> Last colonoscopy in 2006, PSA not updated.
- Alprazolam 1 mg daily, try to wean during this admission
- Lexapro 20 mg daily
- HIV, Syphilis testing
- PSA
- MRI brain
- Updated cancer screening
- Touch base with family to discuss baseline

#DM2
> On Tirzepatide 15 mg weekly at home and Jardiance 25 mg daily
- Jardiance 25 mg daily
- LDSSI

#BPH
- Tamsulosin 0.4 mg daily

#Severe OSA

- CPAP

--- Rehab/Disposition ---
 # Dispo: Thayer for IV diuresis in the setting of ADHF

Checklist:
Diet: Heart Healthy (low fat, sodium select); HH 4000 mg Sodium; No Safety Tray; No Consistency Modification (regular); No Liquid Modification (thin)/IDD Level 0; Fluid Restriction: 2000 ml; Advance Diet as Tolerated: N/A
DVTPPX: Therapeutic anticoagulation with Eliquis 5 mg BID
Last BM:
Code Status: CPR - Full Code
PT: .
OT: .
SLP: .

Muhammed Ali Rahim, MD
PGY-3, Osler Housestaff
Date/Time: 1/6/2026 2:20 PM

Showing 1 note, more notes may be available.

Last Lab Values

(Last result from the past 72 hours)

	01/11 1703	01/12 1043
Potassium	—	3.9
Hemoglobin	16.0	—
Hematocrit	47.8	—

Last/Most Recent TB Skin Test

(Last result from the past 800 hours)

None

Print MD Progress Notes

Progress Notes by Grzyb, Chloe, MD at 1/12/2026 6:18 AM documented on ED to Hosp-Admission (Current) from 1/5/2026 in JHH Nelson 4

Author:	Grzyb, Chloe, MD	Author Type:	Resident	Filed:	1/12/2026 7:37 AM
Note Status:	Cosign Needed	Cosign:	Cosign Required	Date of Service:	1/12/2026 6:18 AM
Editor:	Grzyb, Chloe, MD (Resident)				

THAYER SERVICE DAILY PROGRESS NOTE

Name: Williams,Thomas -- **CODE:** CPR - Full Code
DOB: 12/23/1961 -- **GENDER:** male -- Hospital Day: 8
MRN: JH83414791 -- **ROOM:** JHH NLS04451B

Patient Summary:

64M with PMH of cardiomyopathy, HFrEF (EF 20-25%), LBBB, atrial flutter s/p ablation (on apixaban), aortic stenosis s/p reported SAVR (2008), ascending aortic aneurysm (4.6 cm), HTN, HLD, CKD3A2, DM2 (HbA1c 7.1% in August 2025), prior provoked PE (September 2025), severe OSA, cleared HCV, anxiety/panic attacks on prescription alprazolam, and frequent hospitalizations due to medication nonadherence iso social stressors who presents with shortness of breath found to have acute heart failure exacerbation.

Remains with us for: IV diuresis

Code: CPR - Full Code

Interval Events:

Received IV Bumex 4 X2, metolazone 2.5 mg
Diuresed due to AKI 1.36* (01/11 1703) 01/11/2026

Subjective:

This morning, Mr. Williams felt well. He did not have any chest pain, dizziness, or light headedness. I reminded him that the psychiatry team is coming to see him today.

Objective:

Intake/Output:

Intake/Output Summary (Last 24 hours) at 1/12/2026 0000
Last data filed at 1/11/2026 2004

	Gross per 24 hour
Intake	1640 ml
Output	6520 ml
Net	**-4880 ml**

Wt Readings from Last 3 Encounters:

01/12/26 128 kg (282 lb 3 oz)
11/19/25 130.5 kg (287 lb 11.2 oz)
10/30/25 136.1 kg (300 lb)

128 kg (282 lb 3 oz) (Weight change: -5 kg (-11 lb 0.4 oz))

Vitals:
T (C): 35.9 [35.9 - 36.4]
HR: 57 [54 - 61]
BP: 115/73 [105 - 122/62 - 78], **MAP:** 90 [81 - 95]
RR: 18 [17 - 18]
SpO2 (%): 98 [93 - 98]
O2 Device: None-room air
O2 Rate (L/min):

Physical Exam
Vitals reviewed.
Constitutional:
General: He is not in acute distress.
HENT:
Mouth/Throat:
Mouth: Mucous membranes are moist.
Pharynx: Oropharynx is clear.
Eyes:
Extraocular Movements: Extraocular movements intact.
Conjunctiva/sclera: Conjunctivae normal.
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Pulses: Normal pulses.
Heart sounds: Normal heart sounds.
Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds. No wheezing or rhonchi.
Abdominal:
General: Abdomen is flat. There is no distension.
Palpations: Abdomen is soft.
Tenderness: There is no abdominal tenderness. There is no guarding.
Musculoskeletal:
General: Normal range of motion.

Cervical back: Normal range of motion.
Right lower leg: Edema present.
Left lower leg: Edema present.
Comments: **1+ bilaterally**

Skin:
General: Skin is warm and dry.

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

Psychiatric:
Attention and Perception: Attention and perception normal.
Mood and Affect: Affect is blunt and flat.
Speech: Speech normal.
Behavior: Behavior normal.
Thought Content: Thought content normal.
Cognition and Memory: Cognition and memory normal.

Labs:

[X] I have reviewed all of the labs, microbiology, telemetry, and imaging from the last 24 hours. Pertinents include:

Hematology

Recent Labs

	01/10/26 1547	01/11/26 1703
WBC	7.64	7.65
HGB	14.6	16.0
HCT	46.3	47.8
PLT	262	257

Recent Labs

	01/10/26 1547	01/11/26 1703
MCV	93.5	90.7
RDW	14.5	14.5

Recent Labs

	01/10/26 1547	01/11/26 1703
IMMGRANPCT	0.3	0.3
NEUTROPCT	63.3	61.8
LYMPHSPCT	**23.4***	24.8
MONOPCT	9.4	9.9
EOSINOPCT	2.9	2.5
BASOPCT	0.7	0.7
NEUTROABS	4.84	4.73
LYMPHOABS	1.79	1.90
MONOSABS	0.72	0.76
EOSINOABS	0.22	0.19

No results for input(s): "PROMYELOMAN", "MYELOPCT", "METAMYMAN", "BANDSMAN", "NEUTROMAN", "LYMPHOMAN", "ATYPLYMMAN", "MONOMAN", "EOSINOMAN", "BASOSMAN", "NEUTROABSMAN", "LYMPHABSMAN" in the last 72 hours.

Coagulation

No results for input(s): "LABPT", "INR", "PTT" in the last 72 hours.
No results for input(s): "FIBRINOGEN",

Critical Care

No results for input(s): "PHART", "PCO2ART", "PO2ART", "O2SATART" in the last 72 hours.

Chemistry

Recent Labs

	01/11/26 1016	01/11/26 1703
NA	139	140
K	4.2	4.0
CL	97	**94***
CO2	**32***	**33***
BUN	17	19
CREATININE	1.26	**1.36***
GLU	**188***	**109***
CALCIUM	8.8	9.2

Recent Labs

	01/11/26 1016	01/11/26 1703
MG	2.1	2.1
PHOS	3.5	3.5

Recent Labs

	01/11/26 1016	01/11/26 1703
PROT	6.9	7.3
ALBUMIN	**3.4***	3.6
BILITOT	0.8	0.8
AST	16	18
ALT	12	13
ALKPHOS	**131***	**144***

No results for input(s): "BILIDIR", "AMYLASE", "LIPASE", "AMMONIA" in the last 72 hours.

Immunology

No results found for: "ANA", "ANATITER"

"DDIMER" in the last 72 hours. **Urine** No results for input(s): "COLORUR", "APPEARUR", "SPECGRAV", "PHUA", "PROTUA", "GLUCOSEUA", "KETONESUA", "BLOODU", "LEUKESTUA", "NITRITEUA", "BILIRUBINUA", "UROBILINUA", "RBCUA", "WBCUA", "EPITHUA", "MUCUSUA", "HYALCASTSUA", "GRANCASTS", "BACTERIAUA", "BUDYSTUA", "HYPHYSTUA", "CRYSTALSUA", "CAOXCRYSUA" in the last 72 hours.	

Microbiology Results Last 7 Days

Test	Result	Date/Time
T. pallidum CL Antibody with RPR reflex when present, Serum [1150638540]		
Collected: 01/06/26 1524		
Updated: 01/06/26 1814		
Lab Status: In process		
Specimen Source: Blood, peripheral		
HIV 1/2 Antibody Screen w/ Rfx to Conf. [1150638539] (Normal)		
Collected: 01/06/26 1524		
Updated: 01/06/26 1629		
Lab Status: Final result		
Specimen Source: Blood, peripheral		
HIV-1/2 Ag/Ab Summary	Non-Reactive	
HIV-1/2 Ag/Ab Screen	Non-Reactive	
Flu A+B/RSV + SARS CoV-2 NAT [1150258084] (Normal)		
Collected: 01/05/26 1638		
Updated: 01/05/26 1745		
Lab Status: Final result		
Specimen Source: Respiratory, Nasal Swab		
Influenza A NAT	No RNA Detected	
Influenza B NAT	No RNA Detected	
RSV NAT	No RNA Detected	
SARS-COV-2	No RNA Detected	

Pending labs:

Pending Labs

No Pending Labs

Micro:

Microbiology Results Last 7 Days

Test	Result	Date/Time
T. pallidum CL Antibody with RPR reflex when present, Serum [1150638540]		
Collected: 01/06/26 1524		
Updated: 01/06/26 1814		
Lab Status: In process		
Specimen Source: Blood, peripheral		
HIV 1/2 Antibody Screen w/ Rfx to Conf. [1150638539] (Normal)		

Test	Result	Date/Time
Collected: 01/06/26 1524		
Updated: 01/06/26 1629		
Lab Status: Final result		
Specimen Source: Blood, peripheral		
HIV-1/2 Ag/Ab Summary	Non-Reactive	
HIV-1/2 Ag/Ab Screen	Non-Reactive	
Flu A+B/RSV + SARS CoV-2 NAT [1150258084]	(Normal)	
Collected: 01/05/26 1638		
Updated: 01/05/26 1745		
Lab Status: Final result		
Specimen Source: Respiratory, Nasal Swab		
Influenza A NAT	No RNA Detected	
Influenza B NAT	No RNA Detected	
RSV NAT	No RNA Detected	
SARS-COV-2	No RNA Detected	

Imaging:

No results found.

Assessment & Plan:

64M with PMH of cardiomyopathy, HFrEF (EF 20-25%), LBBB, atrial flutter s/p ablation (on apixaban), aortic stenosis s/p reported SAVR (2008), ascending aortic aneurysm (4.6 cm), HTN, HLD, CKD3A2, DM2 (HbA1c 7.1% in August 2025), prior provoked PE (September 2025), severe OSA, cleared HCV, anxiety/panic attacks on prescription alprazolam, and frequent hospitalizations due to medication nonadherence iso social stressors who presents with shortness of breath found to have acute heart failure exacerbation.

Remains with us for: IV diuresis

Code: CPR - Full Code

#ADHF
#HFrEF
#NICM
> Follows with Cardiology at MedStar. Prior work up has included LHC in June 2019 with normal coronaries with minimal luminal irregularities, Cardiac MRI in 2022 with significant contrast uptake throughout the left ventricular myocardium relatively diffuse with some heterogeneity, endomyocardial biopsy in 2022 with congo red stain negative for amyloidosis, prussian blue stain negative for iron overload, and no evidence of active myocarditis, PYP scan in 2023 negative for amyloidosis, and cardiac PET scan in 2025 with no evidence of active myocardial inflammation or extracardiac sarcoidosis.
> Unclear precipitant for current exacerbation: patient denies recent illness, dietary indiscretion, or medication non-adherence. Possible that medication/diet adherence is questionable in the setting of cognitive decline. Valvular dysfunction also a potential precipitant.
> Multiple hospitalizations for ADHF concerning for progression of his advanced disease
> Dry weight: 131 kg, last weight 128 kg (282 lb 3 oz)
> TTE (10/5/25): EF 20-25%, G3DD, TAPSE 1.1, well seated Medtronic mosaic bioprosthetic aortic valve with mean gradient 8 mmHg with no intra or paravalvular regurgitation.
> Repeat TTE (1/7/2026): there are no significant differences seen within the limits of today's more technically suboptimal study.
> Home medication regimen after recent hospitalization in December 2025 at MedStar: Bumex 4 mg PO BID, Carvedilol 6.25 mg BID, Entresto 24-26 mg BID, Eplerenone 50 mg daily.
- Preload Management: Diurese with Bumex 4 mg IV for goal NN 2 L
- Afterload Reduction: Carvedilol 6.25 mg BID, Entresto 24-26 mg BID
- GDMT: Carvedilol 6.25 mg BID, Entresto 24-26 mg BID, Jardiance 25mg daily, restarted Eplerenone 25 mg daily
- Advanced Therapies: Follows with Cardiology at Medstar. Appears to not be a candidate for transplant or LVAD given his size.
- Wean O2 as tolerated
- High goal lytes
- Daily weight
- Strict I/O's
- 2 L fluid restriction, Heart healthy diet

- Transition to oral bumex
- Outpatient evaluation by EP after 3 months of optimal GDMT (mid February). He did not meet criteria for a primary prevention ICD given inconsistent GDMT.

#Anxiety
#Panic Attacks
#Depression
#Cognitive Decline
> Evaluated by PHIPPS during recent admission but patient was not interested in discussing his mental health concerns with them. He is declining to see them this admission.
> Cognitive decline noted during December 2025 admission at MedStar. CT Head in November 2025: Moderate, patchy white matter hypodensities, likely sequelae of chronic microvascular ischemic change. Old right basal ganglia region lacune.
> Differential for cognitive concerns include dementia, worsening mood disorder, medication induced
> Workup: TSH, B12, and ammonia unremarkable at MedStar in December 2025. HIV negative. CT Head -> No acute intracranial abnormality. Stable exam compared to 11/7/2025. PSA normal. Syphilis negative. Last colonoscopy in 2006, PSA not updated. Dr. Mansour was able to gather collateral from domestic partner (see full note on 1/6/2026) - worsening panic attacks, multiple falls with head strikes, xanax dosing by partner 3x daily, medication non-adherence, including entresto.
> SLP evaluated:mild cognitive-linguistic impairment characterized by deficits in working memory and executive functioning.
> MoCA 18/30

PLAN
- Lexapro 20 mg daily
- PHIPPS
- avoid benzos

#Pre-Syncope
> Patient reported feeling light on his feet and sat down so he did not pass out.
> Likely in the setting of arrhythmia. Notably, patient had 13 beat run of NSVT during hospitalization in November 2025.
> Patient has had prior episodes of syncope. He was discharged on a Ziopatch after admission in November 2025. EP was also consulted during that admission and suggested monitoring for at least 3 months on optimal GDMT prior to ICD consideration.
- Telemetry monitoring
- Refer to EP outpatient after 3 months of optimal GDMT (mid February)

#Atrial Flutter s/p Ablation
> Most recent EKG: Sinus arrhythmia, first degree AV block left axis deviation, LBBB
- Apixaban 5 mg BID

#DM2
> On Tirzepatide 15 mg weekly at home and Jardiance 25 mg daily
- Jardiance 25 mg daily

#BPH
- Tamsulosin 0.4 mg daily

#Severe OSA
- CPAP

#Disposition
Pending resolution of CHF exacerbation, rec'd for sar

#Routine
- Diet: Heart Healthy (low fat, sodium select); HH 4000 mg Sodium; No Safety Tray; No Consistency Modification (regular); No Liquid Modification (thin)/IDD Level 0; Fluid Restriction: 2000 ml; Advance Diet as Tolerated: N/A
- Last BM: 01/11/26
- PT: Inpatient < 60 min/day.
- OT: Home OT (assist for medication/household management).
- SLP: Home SLP (supervision for iADLs).
- SW:
- DVT Prophylaxis:

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider	Last	Last

					Rate	Admin
• apixaban (ELIQUIS) tablet 5 mg	5 mg	Oral	BID	Scavello, Marissa Amber, PA-C		5 mg at 01/11/26 2007

Malnutrition Documentation:
Nutrition Plan: Liberalize diet

Nutrition:
- Oral diet: Heart Healthy (low fat, sodium select); Fluid restriction: 2000 ml

Electronic Signature:
Chloe Grzyb, MD
Osler Medical Housestaff
Johns Hopkins Hospital

Showing 1 note, more notes may be available.

Print PT/OT/PAT/OTA Notes

No notes found.

Print PT/OT/SLP Initial Eval

Evaluation by Cooper, Sarah at 1/9/2026 9:01 AM documented on ED to Hosp-Admission (Current) from 1/5/2026 in JHH Nelson 4

Author:	Cooper, Sarah	Author Type:	Occupational Therapist	Filed:	1/9/2026 10:40 AM
Note Status:	Signed	Cosign:	Cosign Not Required	Date of Service:	1/9/2026 9:01 AM
Editor:	Cooper, Sarah (Occupational Therapist)				

Occupational Therapy Adult Evaluation

Name: Williams,Thomas
MRN: JH83414791
Acct #: 1495940191
DOB: 12/23/1961
Adm: 1/5/2026
Date of Service: 01/09/26
Time of Service: 0901 N4
Prior to Treatment: Treatment cleared with nursing;Medical record reviewed for change in status, and new orders;Patient seated in chair;Lines, tubes, drains
Lines, Tubes, Drains: Peripheral IV
Referral Diagnosis: heart failure exacerbation
Treatment Diagnosis: impairment of ADLs
History of Present Illness: 64 y.o. male with PMH of infiltrative non-ischemic cardiomyopathy of unclear etiology, HFrEF (EF 20-25%), LBBB, atrial flutter s/p ablation on apixaban, aortic stenosis s/p reported SAVR (2008) c/b sternal wound infection requiring flap placement, ascending aortic aneurysm (4.6 cm), HTN, HLD, CKD3A2, DM2 (HbA1c 7.1% in August 2025), prior provoked PE (September 2025), severe OSA, class 2 obesity, cleared HCV, anxiety/panic attacks on prescription alprazolam, and frequent hospitalizations due to medication nonadherence iso social stressors who presents with shortness of breath

Pain Evaluation
Pain Assessment: No/denies pain

Precautions

Activity: Activity as tolerated
Isolation Precautions: Standard precautions

Home Setup and Occupational Profile
Home Living
Type of Home: House
Home Layout: Able to live on main level with bedroom/bathroom;Performs ADL's on one level;Two level
Bathroom Set up: Walk-in shower;Grab bars in shower/tub;Shower chair with back
Home Equipment: Standard cane;Standard walker;Rollator
Prior Function
Lives With: Signficant Other
Receives Help From: None
ADLS: Modified independent (use of assitive device or extra time)
Occupation: Not working

Prior Level of Function
Housekeeping: Modified independent (use of assitive device or extra time)
Medication Management: Modified independent (use of assitive device or extra time)
Driving/Community Transportation: Independent using alternate transportation (bus, subway)
Mobility: Modified independent (use of assistive device or extra time)

Vital Signs (Last 2 Hours)

Vitals

Row Name	01/09/26 1000	01/09/26 0938	01/09/26 0931
Rehab Vitals			
Activity	Post Activity	—	During Activity
Patient Position	Sitting	—	Standing
Pulse	63	—	72
Heart Rate Source	Monitor	—	Monitor
BP	113/71	—	123/62
MAP (mmHg)	87	—	86
BP Location	Right arm	—	Left arm
BP Method	Automatic/Electronic	—	Automatic/Electronic
SpO2	99 %	—	96 %
O2 Device	None-room air	—	None-room air
Oximetry Probe Site	Finger	—	Finger

Row Name	01/09/26 0915
Rehab Vitals	
Activity	Baseline
Patient Position	Sitting
Pulse	65
Heart Rate Source	Monitor
BP	119/70
MAP (mmHg)	90
BP Location	Left arm
BP Method	Automatic/Electronic
SpO2	100 %
O2 Device	None-room air
Oximetry Probe Site	Finger

Client Factors
Range of Motion
Hand Dominance: Right
Sensation
Light Touch RUE: intact
Light Touch LUE: intact
Light Touch RLE: intact
Light Touch LLE: intact
Other Findings
Gross Motor Coordination: Intact
Fine Motor Coordination: Intact
Edema: Present
Pitting: Pitting 1+
Activity Tolerance
Standing Tolerance (mins): 5 minutes
Balance
Static sitting balance: Normal
Dynamic sitting balance: Normal (no deficits, good balance bilaterally)
Static standing balance: Fair (can assume and maintain posture, but not accept challenge)
Dynamic standing balance: Fair (moderate risk for falls, difficulty with self correction)

RUE Strength MMT
Scores: Shoulder Flexion;Shoulder Abduction;Elbow Flexion;Elbow Extension;Grip Strength
Right Shoulder Flexion: 5/5
Right Shoulder Abduction (C5): 5/5
Right Elbow Flexion (C5,C6): 5/5
Right Elbow Extension (C7): 5/5
Right Grip (C8): 5/5
LUE Strength MMT
Scores: Shoulder Flexion;Shoulder Abduction;Elbow Flexion;Elbow Extension;Grip Strength
Left Shoulder Flexion: 5/5
Left Shoulder Abduction (C5): 5/5
Left Elbow Flexion (C5,C6): 5/5
Left Elbow Extension (C7): 5/5
Left Grip (C8): 5/5
RLE Strength MMT
Scores: WFL
LLE Strength MMT
Scores: WFL

Self Care
Bathing Upper Body: Supervision
Bathing Lower Body: Minimal assistance
Dressing Upper Body: Supervision
Dressing Lower Body: Minimal assistance
Grooming: Contact guard assist
Grooming Task: Wash/dry face;Oral care;Wash/dry hands
Oral Care: Brushed teeth/gums/oral cavity - toothbrush
Grooming Comments: patient washing face and hands in stance with CGA, seated on toilet to brush teeth due to fatigue
Feeding: Modified independent (use of assistive device or extra time)
Toileting: Contact guard assist;Grab bar use
Toileting Comments: Patient completing toileting with CGA for clothing management in stance. Patient completing perineal care independently in seated position.

Splinting
Hand Dominance: Right

Vision-Basic Assessment

Current Vision: Does not wear glasses
Additional Comments: Patient reporting some blurriness with vision, demonstrating difficulty reading fine print.
Vision - Intermediate Assessment
Ocular Range of Motion: Within Functional Limits
Head Position: Within Functional Limits
Acuity: Able to read employee name badge without difficulty;Able to read clock/calendar on wall without difficulty

Cognition
Overall Cognitive Status: Impaired
Arousal/Alertness: Appropriate responses to stimuli
Attention Span: Appears intact
Memory: Appears intact
Orientation Level: Oriented X4
Following Commands: Follows one step commands consistently
Safety Judgment: Decreased awareness of safety precautions
Awareness: Impaired ability understanding consequences of injury
Problem Solving: Assistance required to identify errors made
Impulsivity: Present
Sequencing: Intact
Initiation: Cues to initiate tasks
Cognition Comments: Patient alert and oriented x4 upon arrival. Patient presenting with flat affect, though engaged in session. Patient with decreased insight into deficits, reporting he could walk to the bathroom without a walker, but unable to maintain balance and significantly fatigued. Patient with decreased safety awareness, attempting to "furniture surf" in room and take seated rest break on the windowsill before redirected by therapist. Patient slightly impulsive, attempting to stand from toilet without therapist despite directions from therapist. Per chart review - patient with recent cognitive decline.

Functional Mobility
Functional Mobility: minimal assistance;contact guard assistance
Type of Functional Mobility Surface: Even surface
Assistive Device: rolling walker
Comment: Patient ambulating to bathroom from recliner chair. Patient initially attempting without rolling walker, requiring minimal assist for balance and attempting to utiliize furniture for balance. Patient then trialing rolling walker, walking to bathroom with CGA and no LOB.
Transfers
Sit to Stand: minimal assistance;contact guard assistance;with cues
Sit to Stand Comments: x2 from recliner, initially minA fading to CGA, x1 trial from toilet with CGA
Stand to Sit: contact guard assistance;with cues
Stand to Sit Comments: x2 trials to recliner, x1 to toilet with CGA
Functional Transfers
Toilet Transfers: contact guard assist;grab bar use

Therapeutic Activities
Therapeutic Activities: 1
Therapeutic Activities 1: Therapist noticing blood on front of toilet seat after patient with BM, no blood observed in stool. Of note, patient with IV dressing peeling off. Patient not allowing therapist to check for other areas of bleeding. Nursing notified.

AM-PAC/JHH HLM
Lower body dressing: A Little
Bathing: A Little
Toileting: A Little
Upper body dressing: None
Grooming: A Little
Eating: None
Daily Activity Inpatient Raw Score (calculated): 20
Standardized IP T-Scale Score (Calc for Raw Score >=11): 42.03
ACTIVITY AM-PAC LOW LEVEL (Appropriate if AM-PAC IP Raw Score is <11): No (> or equal 11)

Following a speech/presentation: A Lot
Understanding ordinary conversation: None
Taking medications: A Lot
Remembering where things are placed or put away: A Little
Remembering a list of 4-5 errands: A Little
Taking care of complicated tasks: A Lot
Applied Cognition Inpatient Raw Score: 16
Applied Cognition Inpatient Standardized Score: 35.03

Johns Hopkins Highest Level of Mobility: Walk 25+ feet (7)

Education
Education provided: Role of OT;Treatment plan/goals;Discharge recommendations;Adaptive equipment/Durable medical equipment;Functional transfers;Orientation to unit/hospital;ADL compensatory strategies;Ambulate with staff member only;Importance of out of bed activity;Balance training;Rehabilitation techniques and procedures;Fall precautions
Learning Preferences: Seeing;Hearing;Doing
Does the learner have any considerations that impact learning?: Cognition
Education provided to: Nursing;Patient
Modes: Explanation;Demonstration
Response: Verbalized understanding;Demonstrated skill;Needs practice;Needs reinforcement
Additional Learning Needs: Illness/disease;Treatment plan;Safety;Rehabilitation techniques and procedures

Assessment
Assessment Summary: Patient is a 64 y.o. male who presents with acute exacerbation of congestive heart failure. Patient participated in an occupational therapy evaluation that was minimally modified to meet the needs of the patient. Prior to hospitalization, patient was independent in activities of daily living. Currently, patient requires supervision to minimal assist for activities of daily living. Patient demonstrated deficits in cognition, activity tolerance, endurance, and balance, and would benefit from additional occupational therapy services to maximize functional independence. Recommend Home Occupational Therapy with assist for medication management and household management (cooking/cleaning) at discharge. At the end of session, patient left seated in recliner chair with all needs in reach, no distress.
Performance Deficits: bathing, dressing, medication management
Rehab Potential: Good
Response to Evaluation: Good
Goals:
OT Goal 1: Patient will complete lower body dressing with supervision and adaptive equipment as needed by 1/23/26.
Goal 2: Patient will tolerate standing grooming task for >5 minutes with no rest breaks by 1/23/26.
Goal 3: Patient will navigate household distances with least restrictive device and supervision assist by 1/23/26.

Plan/Recommendations
Treatment Interventions: Activity tolerance;Functional transfer training;ADL retraining;Adaptive equipment eval/education/training;Strengthening;Patient/family training/education;Endurance training;Positioning;Bed mobility;Compensatory strategies
OT Frequency: 2x per week
Discharge Recommendation: Home OT (assist for medication/household management)
Community Resources Recommended for Patient:
Recommended Consults: Physical Therapy;Speech Language Pathology
Equipment Recommendations for Discharge from Institution: None (patient owns equipment)
Additional Equipment Recommendations after Discharge: None
Equipment Dispensed/Provided: None
Involved in Plan of Care Development: Patient;Nursing
Interdisciplinary Communication with: Patient;Nursing
Care Team Instructions:

Sarah Cooper, OTD, OTR/L
License Number: License # 10566, Available via Secure Chat. If the author of this note cannot be reached, please Secure Chat the JHH Rehab PT OT SLP group assigned to the patient's location.

Therapeutic Intervention	**Time**
Evaluation	30 Minutes
Self Care/Home Management	25 Minutes
Total Intervention Time	55 Minutes

Showing 1 note, more notes may be available.

JOHNS HOPKINS
MEDICINE

Patient Demographics

Patient Name	Legal Sex	DOB	SSN	Address	Phone
Williams, Thomas E	Male	12/23/1961	xxx-xx-2282	1689 Darley Ave BALTIMORE MD 21213	443-806-5812 (Home) 443-806-5812 (Mobile) *Preferred*

Home Health - Skilled Services (Order 1152078343)

Nursing

Date: **1/10/2026** Department: **JHH Nelson 4** Ordering/Authorizing: **Guare, Emma, MD**

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
01/10/26 1306	None	1/10/2026	None

Order Details

Frequency	Duration	Priority	Order Class
None	None	Routine	Clinic Performed

Order Questions

Question	Answer
What types of services does this patient need?	**Physical therapy**
	Occupational therapy
What PT services will the patient need?	**Evaluate and treat**
What OT services will the patient need?	**Evaluate and treat**
Diagnosis	**Ambulatory dysfunction**
	Heart failure with reduced ejection fraction

ADT Order Details

Service	Future Attending	PND
		1152078343

ADT-Related Order Information

Future Order Information

Expected	Expires
1/10/2026	7/10/2027

Home Health - Skilled Services: Patient Communication

☑ Not Released ✖ Not seen

Process Instructions

This order is for skilled home care services. Supplies and devices should be ordered separately

Lab Results

Component	Value	Date
INR	1.33 (H)	01/06/2026

Collection Information

Cosign Order Info

Action	Created on	Responsible Provider	Signed by	Signed on
Ordering	01/10/26 1306	Hawes, Armani, MD	Hawes, Armani, MD	01/10/26 1636

Additional Information

Associated Reports

Priority and Order Details

Order Provider Info

		Phone	Pager	E-mail
Ordering User	Guare, Emma, MD	667-776-7952 (Sign In Phone)	--	--
Authorizing Provider	Guare, Emma, MD	667-776-7952 (Sign In Phone)	--	--
Attending Provider When Ordered	Hawes, Armani, MD	248-303-4679 (On-Call Phone)	--	--
Current Attending Provider	Ranasinghe, Padmini D, MD MPH	203-676-2204 (On-Call Phone)	--	--
Ordering Provider	Guare, Emma, MD	667-776-7952 (Sign In Phone)	--	--
Cosigned By (on 01/10/2026 1636)	Hawes, Armani, MD	248-303-4679 (On-Call Phone)	--	--

Home Care Requisition

Home Health - Skilled Services (Order #1152078343) on 1/10/26

Encounter

View Encounter

JHH REPRINT (ONLY) Bone and Tissue

Home Health - Skilled Services (Order #1152078343) on 1/10/26

SMH REPRINT (ONLY) Surgical/Procedural Consent

Report Name

JHM SMH IP SURGICAL CONSENT FORM

Charges

Home Health - Skilled Services

Acc #:

There are no charges to display.

Electronically signed by: Guare, Emma, MD *Lic #* < Not on File > *NPI:* 1477355642

Electronically signed by Guare, Emma, MD on Jan 10, 2026 1:06 PM
Authorized by Guare, Emma, MD NPI: 1477355642

In Basket Routing History

Priority	Sent On	From	To	Message Type
	1/12/2026 2:58 PM	Guare, Emma, MD	Ranasinghe, Padmini D, MD MPH	Chart Completion
	1/7/2026 11:00 PM	Tran, Jackie, PharmD	Mansour, Alexandra, MD	Chart Completion
	1/6/2026 7:15 AM	Ahmad, Neha Jia, MD MPH	Ahmad, Neha Jia, MD MPH	Chart Completion
	1/5/2026 3:01 PM	Cooper, Gillian, MD	Ahmad, Neha Jia, MD MPH	Chart Completion
	1/5/2026 7:14 AM	Oh, Sarah Seiyoung, MD	Ahmad, Neha Jia, MD MPH	Chart Completion
	1/5/2026 7:05 AM	Kang, Jessica, MD	Ahmad, Neha Jia, MD MPH	Chart Completion
	1/12/2026 2:58 PM	Guare, Emma, MD	Ranasinghe, Padmini D, MD MPH	Chart Completion
	1/7/2026 11:00 PM	Tran, Jackie, PharmD	Mansour, Alexandra, MD	Chart Completion
	1/6/2026 7:15 AM	Ahmad, Neha Jia, MD MPH	Ahmad, Neha Jia, MD MPH	Chart Completion
	1/5/2026 3:01 PM	Cooper, Gillian, MD	Ahmad, Neha Jia, MD MPH	Chart Completion
	1/5/2026 7:14 AM	Oh, Sarah Seiyoung, MD	Ahmad, Neha Jia, MD MPH	Chart Completion
	1/5/2026 7:05 AM	Kang, Jessica, MD	Ahmad, Neha Jia, MD MPH	Chart Completion
	1/12/2026 2:58 PM	Guare, Emma, MD	Ranasinghe, Padmini D, MD MPH	Chart Completion
	1/7/2026 11:00 PM	Tran, Jackie, PharmD	Mansour, Alexandra, MD	Chart Completion
	1/6/2026 7:15 AM	Ahmad, Neha Jia, MD MPH	Ahmad, Neha Jia, MD MPH	Chart Completion
	1/5/2026 3:01 PM	Cooper, Gillian, MD	Ahmad, Neha Jia, MD MPH	Chart Completion
	1/5/2026 7:14 AM	Oh, Sarah Seiyoung, MD	Ahmad, Neha Jia, MD MPH	Chart Completion
	1/5/2026 7:05 AM	Kang, Jessica, MD	Ahmad, Neha Jia, MD MPH	Chart Completion
	1/12/2026 3:00 PM	Guare, Emma, MD	P Failed Orders Error Pool	Orders
	1/12/2026 2:58 PM	Law, Karen	Brooks-Lindsay, Shavonne	Orders
	1/12/2026 2:58 PM	Guare, Emma, MD	Ranasinghe, Padmini D, MD MPH	Chart Completion
	1/12/2026 2:58 PM	Guare, Emma, MD	P Jhh Hcc Orders	Orders
	1/12/2026 2:58 PM	System		Future/Standing Orders
	1/7/2026 11:00 PM	Tran, Jackie, PharmD	Mansour, Alexandra, MD	Chart Completion
	1/6/2026 7:15 AM	Ahmad, Neha Jia, MD MPH	Ahmad, Neha Jia, MD MPH	Chart Completion

*Message History Truncated

Problem List

	Noted	Resolved
Hypervolemia, unspecified hypervolemia type [E87.70]	4/2/2025 by Fredericks, Peter James, MD	No

	Noted	Resolved
Heart failure with reduced ejection fraction [I50.20]	4/3/2025 by Kasper, Edward Kevin, MD	No
Primary obstructive sleep apnea of newborn [P28.32]	4/3/2025 by Kasper, Edward Kevin, MD	No
Acute on chronic systolic heart failure [I50.23]	4/3/2025 by Kasper, Edward Kevin, MD	No
Venous disease [I87.9]	4/3/2025 by Kasper, Edward Kevin, MD	No
Other hyperlipidemia [E78.49]	4/4/2025 by Awuah-Asamoah, Ama, CRNP DNP	No
Primary hypertension [I10]	4/4/2025 by Awuah-Asamoah, Ama, CRNP DNP	No
Nonischemic cardiomyopathy [I42.8]	4/4/2025 by Awuah-Asamoah, Ama, CRNP DNP	No
Hypoxia [R09.02]	5/31/2025 by Hahn, Paul, MD	No
CHF (congestive heart failure) [I50.9]	by Arahirwa, Victor, MD	No
Diabetes mellitus [E11.9]	by Arahirwa, Victor, MD	No
Overview Signed 6/3/2025 10:41 PM by Arahirwa, Victor, MD		
type 2		
RSV (acute bronchiolitis due to respiratory syncytial virus) [J21.0]	6/6/2025 by Ray, Stuart Campbell, MD	No
Dyspnea, unspecified type [R06.00]	6/9/2025 by Gelber, Allan Charles, MD	No
RSV (respiratory syncytial virus pneumonia) [J12.1]	6/9/2025 by Gelber, Allan Charles, MD	No
History of aortic valve replacement [Z95.2]	6/9/2025 by Gelber, Allan Charles, MD	No
Acute decompensated heart failure [I50.9]	6/9/2025 by Gelber, Allan Charles, MD	No
Volume overload state of heart [E87.79]	8/20/2025 by Rhyne, Randall Trenton, MD	No
S/P ablation of atrial flutter [Z98.890, Z86.79]	8/20/2025 by Colognesi-Capogrossi, Maurizio, MD	No
Acute respiratory failure with hypoxia [J96.01]	8/20/2025 by Colognesi-Capogrossi, Maurizio, MD	No
Depression, unspecified depression type [F32.A]	8/23/2025 by Schneider, Jeffrey Aaron, MD PhD	No
Postural dizziness with presyncope [R42, R55]	10/30/2025 by Ferro, Haleigh P, MD	No
Syncope, unspecified syncope type [R55]	11/7/2025 by Hinson, Jeremiah Stephen, MD PhD	No
Generalized anxiety disorder [F41.1]	11/8/2025 by Hawes, Armani, MD	No
Moderate episode of recurrent major depressive disorder [F33.1]	11/8/2025 by Hawes, Armani, MD	No
Medication nonadherence due to psychosocial problem [Z91.148, Z65.9]	11/8/2025 by Hawes, Armani, MD	No
Panic anxiety syndrome [F41.0]	1/6/2026 by Chida, Natasha Mubeen, MD	No
Cognitive decline [R41.89]	1/6/2026 by Chida, Natasha Mubeen, MD	No
Benzodiazepine-based tranquilizers causing adverse effect in therapeutic use, initial encounter [T42.4X5A]	1/6/2026 by Chida, Natasha Mubeen, MD	No

Order History

Outpatient

Date/Time	Action Taken	User	Additional Information
01/10/26 1306	E-Sign	Guare, Emma, MD	
01/10/26 1636	Cosign	Hawes, Armani, MD	

Order Transmittal Tracking

Home Health - Skilled Services (Order #1152078343) on 1/10/26

JOHNS HOPKINS
MEDICINE

Williams, Thomas E

MRN: JH83414791

Brooks-Lindsay, Shavonne
Home Care Coordinator
Home Care

Home Care Note
Signed

Date of Service: 1/12/2026 2:30 PM

Preliminary Home Care Referral

MRN: JH83414791

Name: Williams, Thomas

Date of Birth: 12/23/1961

Patient Permanent Address with Zip Code: 1689 Darley Ave BALTIMORE MD 21213

Patient Service Address (if different from above):

Home Phone (if available): 443-806-5812
Cell Phone (if available): 443-806-5812
Work Phone (if available): There is no work phone number on file.

Language Barriers: none

Primary Caregiver: Primary Caregiver's Name: Langley,Donnese Significant Other, Emergency Contact 443-308-7468

Services Requested: Skilled Nursing, Physical Therapy and Occupational Therapy

Specialty Service Line: Medicine- general

Diagnosis: Heart failure with reduced ejection fraction; Ambulatory dysfunction

Requested Start of Care: 01/13-14/2026

Insurance

Primary: HEALTH CARE SERVICE CORP MEDICARE ADVANTAGE/HEALTHSPRING MEDICARE ADVANTAGE HMO**, Member ID:** 34771981

Secondary: CIGNA/CIGNA HEALTHSPRING MED ADV**, Member ID:** 34771981

Insurance Comments:

Admit Date: 1/5/2026

Estimated Discharge Date: 01/12/2026

Hospital Infection Status: No active infections

Hospital Isolation Status: No active isolations

Pediatric Patient: No

Signing Physician: Ranasinghe, Padmini D, MD MPH

Physician following Patient (if different from above): see below

Primary Care Provider: Saluja, Daljeet S, MD

ED to Hosp-Admission (Current) on 1/5/2026 *Note shared with patient*

Home Care Note Info

Author	Note Status	Last Update User	Last Update Date/Time
Brooks-Lindsay, Shavonne	Signed	Brooks-Lindsay, Shavonne	1/12/2026 2:40 PM

Communications

Care Timeline

01/06 1321 Admitted from ED (Observation) 1321

01/06 1811 Admitted 1811

Home Care Smart Set Orders

(From admission, onward)

Start		Ordered
01/12/26 0000	**Home Health - Skilled Services** [1152605820] Ordering Provider: Guare, Emma, MD	01/12/26 1458

Question	Answer	Comment
What types of services does this patient need?	Skilled nursing	
What Skilled Nursing services will the patient need?	Skilled observation and teaching	
What Skilled Nursing services will the patient need?	CHF/COPD Management teaching & assess for RPM	
Diagnosis	Heart failure with reduced ejection fraction	

01/10/26 0000	**Home Health Coordinator Communication Protocol, Implement** [1152078341] Ordering Provider: Guare, Emma, MD	01/10/26 1306
01/10/26 0000	**Notify Home Health** [1152078342] Ordering Provider: Guare, Emma, MD	01/10/26 1306

Question	Answer	Comment
Estimated date of discharge:	1/12/2026	
Instructions:	PT/OT	

01/10/26 0000	**Home Health - Skilled Services** [1152078343] Ordering Provider: Guare, Emma, MD	01/10/26 1306

Question	Answer	Comment
What types of services does this patient need?	Physical therapy	
What types of services does this patient need?	Occupational therapy	
What PT services will the patient need?	Evaluate and treat	
What OT services will the patient need?	Evaluate and treat	
Diagnosis	Ambulatory dysfunction	
Diagnosis	Heart failure with reduced ejection fraction	

Print CM/SW Notes

Initial Assessments by Gillyard, Dominique at 1/8/2026 1:55 PM documented on ED to Hosp-Admission (Current) from 1/5/2026 in JHH Nelson 4

Author:	Gillyard, Dominique	Author Type:	Case Manager	Filed:	1/8/2026 1:55 PM
Note Status:	Signed	Cosign:	Cosign Not Required	Date of Service:	1/8/2026 1:55 PM
Editor:	Gillyard, Dominique (Case Manager)				

	01/08/26 1346
Patient Information	
Type of Contact	Initial *(a 64 y.o. male with PMH of infiltrative non-ischemic*

	cardiomyopathy of unclear etilogy - here for CHF exacerbation)
Does Patient Have PCP listed in Epic?	No *(Saluja, Daljeet S, MD General - Family Medicine Primary Office Phone 410-523-1404)*
Source of Information	Patient interview *(CM met with patient at bedside. Pt receptive CM interview.)*
Reason for Assessment	Care coordination consult, transition of care needs
Patient has Advance Directive	No
-	Patient declined printed information
Patient Requests Assistance with Advance Directives	No
Patient in State Custody	No
Pt. Situation and Support	
Living Arrangements	Family
Lives with	S.o. Donnese Langley
Barriers in home	4-5 steps to enter home. 10 stairs in home. Lives on first floor.
Patient is caregiver	None
Patient has a caregiver	No
Support System	Family-immediate
Support System's Name, Contact Info	S.O. Langley, Donnese 443-806-5812
Literate?	Yes
Working?	No *(Disabled SSI $1600 per month. Receives food stamps but does not know how much.)*
Pharmacy Insurance	CIGNA HEALTHSPRING MED ADV
Functional Status	
Does patient have difficulty hearing?	None reported
Does patient have difficulty seeing, even with glasses?	Low vision
Communication Barriers/Issues - Describe	None
Serious difficulty concentrating, remembering, or making decisions?	No
Baseline functional status	Independent
Current functional status	Independent
Does patient have medical equipment at home?	Yes
Equipment at home	Walker;Cane;Wheel Chair;Other *(FWW)*
Other Equipment	Scale for CHF and Blood pressure cuff
Patient Presentation	
Orientation/Understanding	Alert;Oriented x 4;Good understanding, make sense of own life/health situation
Patient Attitude/Affect	Appropriate for age;Appropriate for situation
Current Services	
Community Services	None at present
Transportation	Other (comment) *(Requesting Nursing provide Lyft home.)*
8P's - Problem meds, Polypharmacy, Prior hospitalizations, Principal Diagnosis, Psychological, Poor Health Literacy, Patient Support, Palliative Care	
Problem Meds	Anticoagulants;Insulin
Polypharmacy?	>5 Medications

Principal Diagnosis	*(Principal Hypervolemia, unspecified hypervolemia type)*
Psychological	--
Maltreatment Assessment	
Concern for Maltreatment Present?	No
ETOH/Substance Use History Within The Past 12 Months	
Alcohol Use?	No
Substance Use?	No
Any Substance Use within the last 12 Months?	No
Other Addictions	None
Nicotine Use	No
Initial Plan	
Risks	None
Initial plan, recommendations	Home care;Medical follow-up;CHF Bridge clinic
Patient's desired discharge plan	Home with Home health services and with s.o. Donnese Langley
Interventions	Care Coordination;Discharge planning;Education

Dominique Gillyard DNP FNP-BC MSN RN CCM
Case Management Department
Best contact: Secure Chat

Progress Notes by Gillyard, Dominique at 1/7/2026 4:12 PM documented on ED to Hosp-Admission (Current) from 1/5/2026 in JHH Nelson 4

Author:	Gillyard, Dominique	Author Type:	Case Manager	Filed:	1/7/2026 4:12 PM
Note Status:	Addendum	Cosign:	Cosign Not Required	Date of Service:	1/7/2026 4:12 PM
Editor:	Gillyard, Dominique (Case Manager)				

	01/07/26 1610
Patient Information	
Type of Contact	Progress *(CM attempted initial assessment x 2. Pt resting. CM will continue to follow and attempt to complete initial assessment.)*

Showing 2 notes, more notes may be available.

Print Discharge Summary

No notes found.

Print ID/OPAT Notes

No notes found.

Print Nutrition Progress Notes

No notes found.

Print Palliative Care Consult Notes

No notes found.