MARINER
Health Care

CREEKSIDE HEALTHCARE CENTER

FACSIMILE TRANSMITTAL SHEET

TO: Anthem
FROM: Elena Alvarez SSO
COMPANY: Marin Star Health SVS
DATE: 10/6/22
FAX NUMBER: 925-691-4981
TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER:
SENDER'S REFERENCE NUMBER:
RE: HH Referral: Jimenez
COURTESY COPIED TO:

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ FOR YOUR INFO

NOTES/COMMENTS:

D/c Home today 10/6/22

Thank you.

900 CHURCH LANE, SAN PABLO, CA 94806 • TEL # 510 235-5514 • FAX # 510 235 6760

General Order: JIMENEZ, AIDA MR#: 303069

Room/Bed: 08/A **Unit:** 1 **DOB:** 11/28/1940 **Age:** 81 **Sex:** F

Allergies:	No known allergies

Received Date:	10/03/2022	**Received By:**	Ester Aballa, RN
Start Date:	10/03/2022	**End Date:**	10/03/2022

Order Description:	MAY BE DISCHARGED TO HOME ON 10/06/2022 (THURSDAY) CONTINUE WITH CURRENT MEDICATIONS NEEDS HOME PT OT HHRN FOR EVALUATION AND TREATMENT AS INDICATED DME:WHEELCHAIR AND BEDSIDE COMMODE
Frequency:	FYI **1:** FYI
Special Instructions:	
Diagnosis:	
Related Event:	
Task(s) to Record:	
Order Class:	Physician Order (PO)

Ordered By:	Mikael Langner, MD	**Order Source:**	Telephone
Created By:	Ester Aballa, RN	**Created Date:**	10/03/2022 12:43 PM
Verified By:	Ester Aballa, RN	**Verified Date:**	10/03/2022 12:43 PM

Signature

Phys . Sig. **Date:**

Resident Face Sheet: AIDA M JIMENEZ

Unit:	1	**Preferred Name:**	
Room/Bed:	08/A	**Attending:**	Mikael Langner - (510) 344-8765
Status:	In House	**Email:**	

Admit Date:	08/25/2022 08:35 PM (current)	**Last Qualifying Hospital Stay:**	08/20/2022 - 08/25/2022
Admitted From:	Alta Bates Hospital, 94609 - CA (current)	**Referral Source:**	Discharge Planner (current)
Discharged:		**Discharged To:**	
Primary Discharge Diagnosis:		**Discharge Reason:**	
		Condition on Discharge:	

Primary Payer:	Medicare A	**Birth Date:**	11/28/1940
SSN:	555-91-9202	**Age:**	81
Medicare A #:	3HC9Q03NX40	**Sex:**	F
Medicare B #:	3HC9Q03NX40	**Marital Status:**	Widowed
Medicaid #:	95910833C40238	**Mother's Maiden Name:**	
MR#:	303069-01	**Religion:**	Baptist
Pharmacy:			
Race:	Asian/Pacific Islander	**Prev Occupation:**	
Preferred Language:	Tagalog	**Address:**	2517 SHAMROCK DR. SAN PABLO, CA 94806
Is Responsible for Self:	No		
Smoking Status:		**County:**	Contra Costa
		Phone:	(510) 837-0517
Service Connected Disability & %:	No 0.00%	**Military Svc:**	
VA Claims Number:		**Veteran Elig (10-5588):**	No
Service Number:		**Last Branch of Service:**	
		Last Branch of Service Dates:	-

Insurance Information:

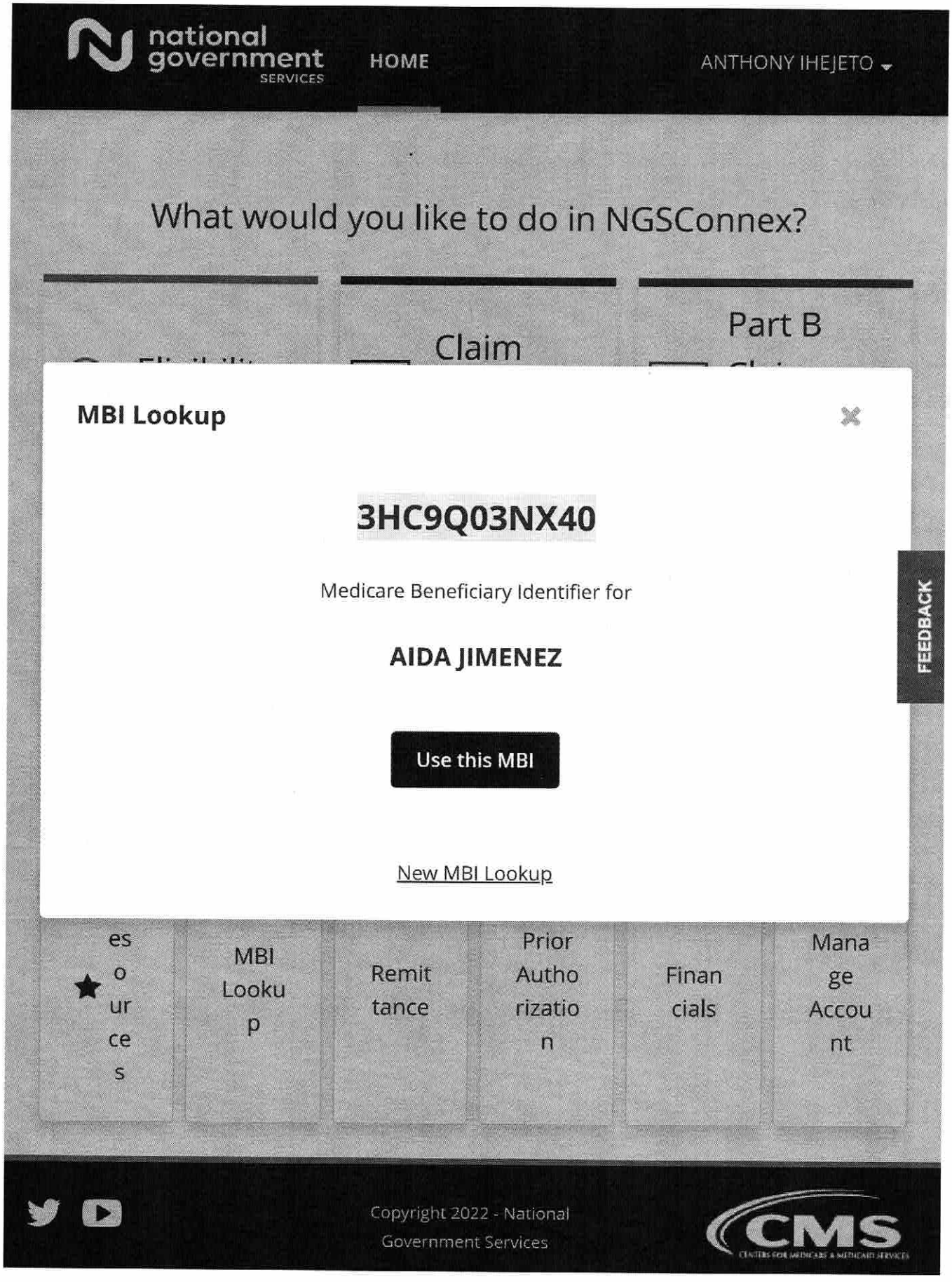
Insurance	Group Name	Group #	Insured ID	Effective Date	Termination Date	Payer Phone
Medicaid Coinsurance			95910833C40238			
Medicaid			95910833C40238			

Additional Fields:

Advanced Directives:

Directive	Copy On File?	Notes
There are no Advanced Directives selected for this resident.		

Allergies:	No known allergies
Diagnoses:	G93.49 Other encephalopathy(Primary), N30.01 Acute cystitis with hematuria, E87.2 Acidosis, N18.4 Chronic kidney disease, stage 4 (severe), N17.9 Acute kidney failure, unspecified, E11.65 Type 2 diabetes mellitus with hyperglycemia, E78.5 Hyperlipidemia, unspecified, D64.9 Anemia, unspecified, E86.0 Dehydration, I10 Essential (primary) hypertension, M62.50 Muscle wasting and atrophy, not elsewhere classified, unspecified site, R26.89 Other abnormalities of gait and mobility, R74.8 Abnormal levels of other serum enzymes, Z74.1 Need for assistance with personal care, Z79.4 Long term (current) use of insulin
Alerts:	AD 08/25/22: HAS MCARE A/B W REG. MCAL (NO SOC)


national government SERVICES
HOME
ANTHONY IHEJETO
What would you like to do in NGSConnex?
Claim
Part B
MBI Lookup
3HC9Q03NX40
Medicare Beneficiary Identifier for
AIDA JIMENEZ
Use this MBI
New MBI Lookup
FEEDBACK
es o ur ce s
MBI Looku p
Remit tance
Prior Autho rizatio n
Finan cials
Mana ge Accou nt
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CMS

Resident Face Sheet: AIDA M JIMENEZ

Unit:	1	**Preferred Name:**	
Room/Bed:	08/A	**Attending:**	Mikael Langner - (510) 344-8765
Status:	In House	**Email:**	

Face Sheet Notes:

Contacts

Relationship	Name	Responsibilities	Call Order	Phone/Email	Address	Notes
Son	JEFF JIMENEZ	Emergency Contact Resident Representative	1	Primary (510) 837-0517	2517 SHAMROCK DR. SAN PABLO, CA 94806	
Son	JORGE M JIMENEZ	Emergency Contact Resident Representative	2	Primary (510) 322-4462	2517 SHAMROCK DR. SAN PABLO, CA 94806	
Resident	AIDA M JIMENEZ	Receive A/R Statement	3	Primary (510) 837-0517	2517 SHAMROCK DR. SAN PABLO, CA 94806	

Providers

Provider Name	Type	Contact	Phone/Email	Address
Spherical Medical	Physician	Mikael Langner MD	Primary (510) 344-8765 Pager (510) 984-1103 Fax (888) 628-9895 Email mikaellanger@sphericalmedical.com	600 Alfred Nobel Drive Suite A, Hercules, CA 94547
		-Attending		
	Physician	WILLIAM CHEN MD	Primary (510) 235-9247 Pager (510) 235-9247 Fax (510) 235-9248 Email xxx@yyy.zzz	2089 VALE RD STE 34, SAN PABLO, CA 94806
		-Alternate		
Spherical Medical	NP/PA	Amandeep Kaur NP	Primary (510) 344-8765 Pager (510) 984-1103 Fax (888) 628-9895 Email amankaurdnp@sphericalmedical.com	600 Alfred Nobel Drive Suite A, Hercules, CA 94547

Physician Order Report: 09/06/2022 - 10/06/2022

Attending: Tanghetti, Mikael (510) 344-6755

JIMENEZ, AIDA M

MR#:	303069-01				
Room/Bed:	08/A	**Unit:** 1	**DOB:**	11/28/1940	**Age:** 81 **Sex:** F
Alerts:	AD 08/25/22: HAS MCARE A/B W REG. MCAL (NO SOC)		**Admit Date:**	08/25/2022 08:35PM	
Diagnoses:	G93.49 Other encephalopathy(Primary), N30.01 Acute cystitis with hematuria, E87.2 Acidosis, N18.4 Chronic kidney disease, stage 4 (severe), N17.9 Acute kidney failure, unspecified, E11.65 Type 2 diabetes mellitus with hyperglycemia, E78.5 Hyperlipidemia, unspecified D64.9 Anemia, unspecified, E86.0 Dehydration, I10 Essential (primary) hypertension, M62.50 Muscle wasting and atrophy, not elsewhere classified, unspecified site, R26.89 Other abnormalities of gait and mobility, R74.8 Abnormal levels of other serum enzymes, Z74.1 Need for assistance with personal care, Z79.4 Long term (current) use of insulin		**Allergies:**	No known allergies	

ADL flow sheet

Order Type	Start Date	End Date	Description	Ordered By
General	08/25/2022	Open Ended	Half side rails up (state sides of bed): RIGHT AND LEFT SIDE RAILS when in bed to enable independent repositioning and transfers. Release during care, 1:1 visits, meals, and monitored activities. Informed Consent for risk for entrapment has been obtained by MD from RESIDENT/SON JEFF. Every Shift; Shift 1 07:00 AM - 03:00 PM, Shift 2 03:00 PM - 11:00 PM, Shift 3 11:00 PM - 07:00 AM	WILLIAM CHEN MD
General	08/25/2022	Open Ended	May participate in activity as tolerated if not in conflict with treatment/care plan FYI	WILLIAM CHEN MD
General	08/25/2022	Open Ended	Side rails up (state type: 2 HALF SIDE RAILS) when in bed to prevent unsafe unassisted transfers, due to (state diagnosis): H/O FALL/poor safety awareness and lower extremities weakness. Release during care, 1:1 visits, meals, toileting and monitored activities. Informed consent obtained for restraints use and risk for entrapment by MD from RESIDENT/ SON JEFF. Monitor for any possible ill effects/decline in function related to its use and refer to MD accordingly. Every Shift; Shift 1 07:00 AM - 03:00 PM, Shift 2 03:00 PM - 11:00 PM, Shift 3 11:00 PM - 07:00 AM	WILLIAM CHEN MD

Dietary flow sheet

Order Type	Start Date	End Date	Description	Ordered By
General	08/25/2022	Open Ended	Diet Order: NAS, CCHO MECHANICAL SOFT Texture: Special Instructions: LN TO CHECK EVERY 5TH OF THE MONTH. Once A Day on the 5th of the Month; 07:15 AM	WILLIAM CHEN MD
General	08/25/2022	Open Ended	May have alcohol beverages: NO FYI	WILLIAM CHEN MD

General flow sheet

Order Type	Start Date	End Date	Description	Ordered By
General	08/25/2022	Open Ended	Discharge status: uncertain FYI	WILLIAM CHEN MD
General	08/25/2022	Open Ended	May have ENT (Ears, Nose & Throat) consultation with treatment as indicated FYI	WILLIAM CHEN MD
General	08/25/2022	Open Ended	MAY REFER RESIDENT TO CHE PSYCHOLOGY/PSYCHIATRY FOR EVALUATION AND TREATMENT IF INDICATED. FYI	WILLIAM CHEN MD
General	08/25/2022	Open Ended	PLEASE CALL MILLER,TERINA, MD (NEPHROLOGY) TO OBTAIN A F/U APPOINTMENT RE: CKD MGT. ADDRESS: 3043 SUMMIT ST, OAKLAND , CA 94609 510-625-8310 FYI	WILLIAM CHEN MD
General	08/25/2022	Open Ended	POLST form completed and available: YES FYI	WILLIAM CHEN MD

Signatures

Phys . Sig. Date:	Above Orders Noted by: Date:
R.N. Review Date:	Pharm Review Date:

Physician Order Report: 09/06/2022 - 10/06/2022

Attending: Langner, Mikael (510)344-5765

JIMENEZ, AIDA M

MR#:	303069-01				
Room/Bed:	08/A	**Unit:** 1	**DOB:**	11/28/1940	**Age:** 81 **Sex:** F
Alerts:	AD 08/25/22: HAS MCARE A/B W REG. MCAL (NO SOC)		**Admit Date:**	08/25/2022 08:35PM	
Diagnoses:	G93.49 Other encephalopathy(Primary), N30.01 Acute cystitis with hematuria, E87.2 Acidosis, N18.4 Chronic kidney disease, stage 4 (severe), N17.9 Acute kidney failure, unspecified, E11.65 Type 2 diabetes mellitus with hyperglycemia, E78.5 Hyperlipidemia, unspecified D64.9 Anemia, unspecified, E86.0 Dehydration, I10 Essential (primary) hypertension, M62.50 Muscle wasting and atrophy, not elsewhere classified, unspecified site, R26.89 Other abnormalities of gait and mobility, R74.8 Abnormal levels of other serum enzymes, Z74.1 Need for assistance with personal care, Z79.4 Long term (current) use of insulin		**Allergies:**	No known allergies	

General flow sheet

Order Type	Start Date	End Date	Description	Ordered By
General	08/25/2022	Open Ended	Refer for Dental consult annually and as needed (if stay is long-term). FYI	WILLIAM CHEN MD
General	08/25/2022	Open Ended	Refer for Eye and Vision consult with follow up treatment as indicated. FYI	WILLIAM CHEN MD
General	08/25/2022	Open Ended	Refer to Ear and Hearing consult with follow up treatment as indicated. FYI	WILLIAM CHEN MD
General	08/25/2022	Open Ended	Refer to Podiatry services for treatment of hypertrophied toenails and/or other foot problems as needed. FYI	WILLIAM CHEN MD
General	08/25/2022	Open Ended	Rehab potential: FAIR FYI	WILLIAM CHEN MD
General	08/25/2022	Open Ended	Resident has been informed of current health status: YES FYI	WILLIAM CHEN MD
General	08/25/2022	Open Ended	Resident have the capacity to make healthcare decisions: NO FYI	WILLIAM CHEN MD
General	08/25/2022	Open Ended	SENSOR PAD ALARM IN WHEELCHAIR TO REMIND RESIDENT NOT TO TRANSFER UNATTENDED/UNASSISTED. CHECK FOR PLACEMENT AND PROPER FUNCTIONING Q SHIFT. Every Shift; Shift 1 07:00 AM - 03:00 PM, Shift 2 03:00 PM - 11:00 PM, Shift 3 11:00 PM - 07:00 AM	WILLIAM CHEN MD
General	08/25/2022	Open Ended	SENSOR PAD ALARM ON BED TO REMIND RESIDENT NOT TO TRANSFER UNATTENDED/UNASSISTED. CHECK FOR PLACEMENT AND PROPER FUNCTIONING Q SHIFT. Every Shift; Shift 1 07:00 AM - 03:00 PM, Shift 2 03:00 PM - 11:00 PM, Shift 3 11:00 PM - 07:00 AM	WILLIAM CHEN MD
General	08/25/2022	Open Ended	Weekly Nursing Summary to include SKIN and PAIN monitoring. FYI	WILLIAM CHEN MD
General	08/26/2022	10/20/2022	OT clarification order: occupational therapy 5x a week x 8 weeks for ther ex, ther act, self-care training, NMRE, and cog skills development to address ICD M62.50 and Z74.1 FYI	WILLIAM CHEN MD
General	08/26/2022	10/21/2022	PT clarification order: Skilled PT services 5x/wk x 8 wks for Other Abnormalities o Gait & Mobility, tx may include: thera ex, thera acts, NMR, gait training, pt/caregiver training and DC planning/home assessment. FYI	WILLIAM CHEN MD

Medications flow sheet

Order Type	Start Date	End Date	Description	Ordered By

Signatures

Phys . Sig.	Date:	Above Orders Noted by:	Date:
R.N. Review	Date:	Pharm Review	Date:

Physician Order Report: 09/06/2022 - 10/06/2022

Attending: Lahgner, Mikael (510)394-8765

JIMENEZ, AIDA M

MR#:	303069-01				
Room/Bed:	08/A	**Unit:** 1	**DOB:**	11/28/1940	**Age:** 81 **Sex:** F
Alerts:	AD 08/25/22: HAS MCARE A/B W REG. MCAL (NO SOC)		**Admit Date:**	08/25/2022 08:35PM	
Diagnoses:	G93.49 Other encephalopathy(Primary), N30.01 Acute cystitis with hematuria, E87.2 Acidosis, N18.4 Chronic kidney disease, stage 4 (severe), N17.9 Acute kidney failure, unspecified, E11.65 Type 2 diabetes mellitus with hyperglycemia, E78.5 Hyperlipidemia, unspecified D64.9 Anemia, unspecified, E86.0 Dehydration, I10 Essential (primary) hypertension, M62.50 Muscle wasting and atrophy, not elsewhere classified, unspecified site, R26.89 Other abnormalities of gait and mobility, R74.8 Abnormal levels of other serum enzymes, Z74.1 Need for assistance with personal care, Z79.4 Long term (current) use of insulin		**Allergies:**	No known allergies	

Medications flow sheet

Order Type	Start Date	End Date	Description	Ordered By
General	08/25/2022	Open Ended	Acetaminophen-containing Prescription Medications-Associated with hepatotoxicity/acute liver failure resulting in liver transplant and death. Risk factors include using more than one acetaminophen-containing product and/or use that exceeds 4000 mg per day. FYI-BBW Acetaminophen	WILLIAM CHEN MD
General	08/25/2022	Open Ended	Diabetic Hypoglycemia Protocol (non-enteral) Cont.: 3/4 -If the resident rallies immediately and is able to swallow, follow up with one of the following food, if it is more than 30 minutes until the next meal. These are considered additional snacks: >buttered toast >one serving of crackers with peanut butter >or cheese, if not contraindicated >one serving of ice cream or >one serving of milk As Needed; Cont.-part 3 of 4	WILLIAM CHEN MD
General	08/25/2022	Open Ended	Diabetic Hypoglycemia Protocol (non-enteral): 1/4-Check BG if below 70 and if the patient is unconscious or vital signs are absent, give 1 mg of Glucagon IM, and call 911. -Test the resident's blood glucose (BG). -If the resident's BG level is below 70, and the resident can swallow, or the resident is tube fed: :Give 4 oz. of fruit juice, or :Give three 5 gm. Oral glucose tablets, or :Administer glucose gel into buccal space and massage to increase absorption As Needed; PRN 1	WILLIAM CHEN MD
General	08/25/2022	Open Ended	Diabetic Hypoglycemia Protocol (non-enteral)Cont.- 4/4: -Stay with the resident to ensure all the food is eaten and the resident does not fall back to sleep. -Repeat blood glucose level 15 ? 30 minutes after food is consumed to ensure maintenance of acceptable range. As Needed; Cont. -part 4/4	WILLIAM CHEN MD
General	08/25/2022	Open Ended	Diabetic Hypoglycemia Protocol (non-enteral)Cont.: 2/4 -Recheck blood glucose level in 15 minutes. -If blood glucose level remains below 70, give: >4oz juice >6oz milk >three 5gm glucose tablets, or >glucose gel -Recheck blood glucose in 15 minutes. As Needed; Cont.-part 2 of 4	WILLIAM CHEN MD
General	08/25/2022	Open Ended	May crush medications or may open capsules but do not crush contents as needed unless contraindicated. FYI	WILLIAM CHEN MD

Signatures

Phys . Sig. Date:	Above Orders Noted by: Date:
R.N. Review Date:	Pharm Review Date:

Physician Order Report: 09/06/2022 - 10/06/2022

Attending: Langner, Mikael (510) 344-6765

JIMENEZ, AIDA M

MR#:	303069-01				
Room/Bed:	08/A	**Unit:** 1	**DOB:**	11/28/1940	**Age:** 81 **Sex:** F
Alerts:	AD 08/25/22: HAS MCARE A/B W REG. MCAL (NO SOC)		**Admit Date:**	08/25/2022 08:35PM	
Diagnoses:	G93.49 Other encephalopathy(Primary), N30.01 Acute cystitis with hematuria, E87.2 Acidosis, N18.4 Chronic kidney disease, stage 4 (severe), N17.9 Acute kidney failure, unspecified, E11.65 Type 2 diabetes mellitus with hyperglycemia, E78.5 Hyperlipidemia, unspecified D64.9 Anemia, unspecified, E86.0 Dehydration, I10 Essential (primary) hypertension, M62.50 Muscle wasting and atrophy, not elsewhere classified, unspecified site, R26.89 Other abnormalities of gait and mobility, R74.8 Abnormal levels of other serum enzymes, Z74.1 Need for assistance with personal care, Z79.4 Long term (current) use of insulin		**Allergies:**	No known allergies	

Medications flow sheet

Order Type	Start Date	End Date	Description	Ordered By
General	08/25/2022	Open Ended	May have annual flu vaccine: YES (SPECIFY order prior to administration) FYI	WILLIAM CHEN MD
General	08/25/2022	Open Ended	May have Pneumococcal vaccine: YES (SPECIFY orders prior to administration) FYI	WILLIAM CHEN MD
General	08/25/2022	Open Ended	May substitute a generic equivalent for all legend or non-legend medications: YES FYI	WILLIAM CHEN MD
General	08/25/2022	Open Ended	Monitor for signs/symptoms of hyperglycemia such as blurred vision, fatigue, increased thirst, weight loss, frequent urination, confusion, headache, and thirst Q shift Three Times A Day; 07:00 AM - 03:00 PM, 03:00 PM - 11:00 PM, 11:00 PM - 07:00 AM	WILLIAM CHEN MD
General	08/25/2022	Open Ended	Monitor for signs/symptoms of hypoglycemia such as perspiration, dizziness, confusion, headache, fatigue, seizures, restlessness, blurred vision, shakiness, irritability, pale skin, and loss of consciousness Q shift. Three Times A Day; 07:00 AM - 03:00 PM, 03:00 PM - 11:00 PM, 11:00 PM - 07:00 AM	WILLIAM CHEN MD
General	08/25/2022	Open Ended	Monthly weights (start after weekly weights x 4 is completed) Once A Day on 1st Mon of the Month; 07:00 AM - 03:00 PM	WILLIAM CHEN MD
General	10/02/2022	11/01/2022	I Certify that I have reviewed all of the Resident's current Medication/orders for the monthly recapitulation, continue orders for 45 days. FYI	Mikael Langner MD
Prescription	08/25/2022	Open Ended	Lantus U-100 Insulin (insulin glargine) solution; 100 unit/mL; amt: 10 UNITS; subcutaneous Special Instructions: FOR DM2. DO NOT MIX WITH ANY OTHER INSULIN IN THE SAME SYRINGE. At Bedtime; 09:00 PM	WILLIAM CHEN MD
Prescription	08/26/2022	Open Ended	Humalog U-100 Insulin (insulin lispro) solution; 100 unit/mL; amt: Per Sliding Scale; If Blood Sugar is less than 70, call MD. If Blood Sugar is 70 to 150, give 0 Units. If Blood Sugar is 151 to 200, give 1 Units. If Blood Sugar is 201 to 250, give 2 Units. If Blood Sugar is 251 to 300, give 3 Units. If Blood Sugar is 301 to 350, give 4 Units. If Blood Sugar is 351 to 400, give 5 Units. If Blood Sugar is greater than 400, give 6 Units. If Blood Sugar is greater than 400, call MD. subcutaneous Special Instructions: FOR DM2. RECHECK BLOOD GLUCOSE IN 2 HOURS. IF BG REMAINS <70 MG/DL OR >400 MG/DL, CALL MD. (WHEN HUMALOG IS EXHAUSTED , CHANGE HUMALOG TO ADMELOG INSULIN SLIDING SCALE) Before Meals; 06:45 AM, 11:45 AM, 04:45 PM	WILLIAM CHEN MD

Signatures

Phys . Sig. Date:	Above Orders Noted by: Date:
R.N. Review Date:	Pharm Review Date:

Physician Order Report: 09/06/2022 - 10/06/2022

Attending: Langner, Mikael (510) 344-8765

JIMENEZ, AIDA M

MR#:	303069-01				
Room/Bed:	08/A	**Unit:** 1	**DOB:**	11/28/1940	**Age:** 81 **Sex:** F
Alerts:	AD 08/25/22: HAS MCARE A/B W REG. MCAL (NO SOC)		**Admit Date:**	08/25/2022 08:35PM	
Diagnoses:	G93.49 Other encephalopathy(Primary), N30.01 Acute cystitis with hematuria, E87.2 Acidosis, N18.4 Chronic kidney disease, stage 4 (severe), N17.9 Acute kidney failure, unspecified, E11.65 Type 2 diabetes mellitus with hyperglycemia, E78.5 Hyperlipidemia, unspecified D64.9 Anemia, unspecified, E86.0 Dehydration, I10 Essential (primary) hypertension, M62.50 Muscle wasting and atrophy, not elsewhere classified, unspecified site, R26.89 Other abnormalities of gait and mobility, R74.8 Abnormal levels of other serum enzymes, Z74.1 Need for assistance with personal care, Z79.4 Long term (current) use of insulin		**Allergies:**	No known allergies	

Medications flow sheet

Order Type	Start Date	End Date	Description	Ordered By
Prescription	08/26/2022	Open Ended	Humalog U-100 Insulin (insulin lispro) solution; 100 unit/mL; amt: Per Sliding Scale; If Blood Sugar is less than 70, call MD. If Blood Sugar is 70 to 199, give 0 Units. If Blood Sugar is 200 to 250, give 1 Units. If Blood Sugar is 251 to 300, give 2 Units. If Blood Sugar is 301 to 350, give 3 Units. If Blood Sugar is 351 to 400, give 4 Units. If Blood Sugar is greater than 400, give 5 Units. If Blood Sugar is greater than 400, call MD. subcutaneous Special Instructions: FOR DM2. RECHECK BLOOD GLUCOSE IN 2 HOURS. IF BG REMAINS <70 MG/DL OR >400 MG/DL, CALL MD. (WHEN HUMALOG IS EXHAUSTED , CHANGE HUMALOG TO ADMELOG INSULIN SLIDING SCALE) At Bedtime; 09:00 PM	WILLIAM CHEN MD
Prescription	08/26/2022	Open Ended	rosuvastatin tablet; 10 mg; amt: 1 TAB; oral Special Instructions: FOR DYSLIPIDEMIA. At Bedtime; 09:00 PM	WILLIAM CHEN MD
Prescription	09/09/2022	Open Ended	ferrous sulfate tablet; 325 mg (65 mg iron); amt: 1 TAB; oral Special Instructions: FOR ANEMIA. MEDICATION HAS BLACK BOX WARNING. Twice A Day; 09:00 AM, 05:00 PM	Mikael Langner MD

Order Sets flow sheet

Order Type	Start Date	End Date	Description	Ordered By
General	08/25/2022	Open Ended	I certify that post hospital SNF services are required to be given on an in-patient basis because of the resident's need for skilled nursing or rehab care on a continuing basis. Unless otherwise indicated, continue orders for 30 days for the first 90 days, and 60 days thereafter. FYI	WILLIAM CHEN MD
General	08/25/2022	Open Ended	If resident refuses PPD and/or chest x-ray, notify MD. FYI; FYI	WILLIAM CHEN MD
General	08/25/2022	Open Ended	If resident refuses PPD testing, may have chest x-ray. FYI	WILLIAM CHEN MD
General	08/25/2022	Open Ended	If with positive PPD results, may have chest x-ray. FYI; FYI	WILLIAM CHEN MD

Pain flow sheet

Order Type	Start Date	End Date	Description	Ordered By

Signatures

Phys . Sig.	Date:	Above Orders Noted by:	Date:
R.N. Review	Date:	Pharm Review	Date:

Physician Order Report: 09/06/2022 - 10/06/2022

Attending: Langner, Mikael (510) 344-6765

JIMENEZ, AIDA M

MR#:	303069-01				
Room/Bed:	08/A	**Unit:** 1	**DOB:**	11/28/1940	**Age:** 81 **Sex:** F
Alerts:	AD 08/25/22: HAS MCARE A/B W REG. MCAL (NO SOC)		**Admit Date:**	08/25/2022 08:35PM	
Diagnoses:	G93.49 Other encephalopathy(Primary), N30.01 Acute cystitis with hematuria, E87.2 Acidosis, N18.4 Chronic kidney disease, stage 4 (severe), N17.9 Acute kidney failure, unspecified, E11.65 Type 2 diabetes mellitus with hyperglycemia, E78.5 Hyperlipidemia, unspecified D64.9 Anemia, unspecified, E86.0 Dehydration, I10 Essential (primary) hypertension, M62.50 Muscle wasting and atrophy, not elsewhere classified, unspecified site, R26.89 Other abnormalities of gait and mobility, R74.8 Abnormal levels of other serum enzymes, Z74.1 Need for assistance with personal care, Z79.4 Long term (current) use of insulin		**Allergies:**	No known allergies	

Pain flow sheet

Order Type	Start Date	End Date	Description	Ordered By
Prescription	08/25/2022	Open Ended	acetaminophen [OTC] tablet; 325 mg; amt: 2 TABS (650 MG TOTAL); oral Special Instructions: FOR PAIN/ HEADACHE. NTE 3 GM/24 HOURS FROM ALL SOURCES. MEDICATION HAS BLACK BOX WARNING. Pain Scale:(0-10) Behavior Indicators: 1-Crying,2-Whining,3-Gasping,4-Moaning/Groaning,5-Screaming/Yelling,6-Grimacing,7-Wrinkled forehead,8-Clenched teeth/jaw,9-Bracing,10-Guarding,11-Rubbing/massaging,12-Clutching or Holding,13-Kicking,14-Hitting,15-Restlessness,16-Other Alternative treatment (non-drug):1-Environmental Adjustment,2-Repositioning,3-Emotional Support,4-Verbal Support,5-Distraction,6-Massage,7-Relaxation,8-Family Support,9-Other Every 6 Hours - PRN; PRN 1, PRN 2, PRN 3, PRN 4	WILLIAM CHEN MD

PRN Medications flow sheet

Order Type	Start Date	End Date	Description	Ordered By
General	08/25/2022	Open Ended	For residents with CKD/on Dialysis-If Senna and Dulcolax are ineffective, call MD. FYI	WILLIAM CHEN MD
Prescription	08/25/2022	Open Ended	Dulcolax (bisacodyl) (bisacodyl) [OTC] suppository; 10 mg; amt: 10mg/1 suppository; rectal Special Instructions: For CKD/Dialysis residents-Dulcolax suppository 10 mg/suppository-administer 1 suppository rectally daily X 1 as needed IF Senna is INEFFECTIVE and no bowel movement in 24 hours after Senna was administered. As Needed; PRN 1	WILLIAM CHEN MD
Prescription	08/25/2022	Open Ended	ONDASETRON tablet, disintegrating; 4 MG; amt: 1 TAB; oral Special Instructions: PLACE 1 TAB ON TONGUE AND LET DISSOLVE . FOR NAUSEA/VOMITING. Every 8 Hours - PRN; PRN 1, PRN 2, PRN 3	WILLIAM CHEN MD
Prescription	08/25/2022	Open Ended	senna [OTC] tablet; 8.6 mg; amt: 1 tablet; oral Special Instructions: For residents with Chronic Kidney Disease and/or Dialysis-Senna 1 tab by mouth daily X 1 as needed if no bowel movement X 2 days. As Needed; PRN 1	WILLIAM CHEN MD

Signatures

Phys . Sig.	Date:	Above Orders Noted by:	Date:
R.N. Review	Date:	Pharm Review	Date:

Jimenez, Iluminada Mendoza

MRN: 50370567

Garcia, Martin J, MD
Physician
Hospitalist Medicine

H&P
Addendum

Date of Service: 08/20/22 2029

ALTA BATES SUMMIT MEDICAL CENTER, OAKLAND, CA.

INTERNAL MEDICINE HOSPITALISTS HISTORY & PHYSICAL

Admitting Hospitalist: Martin J Garcia, MD
Saturday, August 20, 2022

PMD: William Wei Ming Chen

Chief Complain (Per ED Triage Documentation): Patient presents with: Vomiting: C/o NV and weakness, hyperglycemia and poor intake x3 wks. Brought in by her son. Appears somnolent.

Iluminada Mendoza Jimenez is a 81 year old, female admitted for general malaise and weakness and nausea secondary to UTI with complication of dehydration with AKI, uremia, metabolic acidosis, hyperkalemia, hyperphosphatemia, and hypermagnesemia.

Immunization History

Administered	Date(s) Administered
• ED Triage: Patient/guardian state Immunizations up to date	04/26/2013, 04/26/2016
• Influenza vaccine QUADR PF 3+ YO (AFLURIA)	04/08/2016, 09/04/2016
• Pneumovax-23 2+ Yrs	12/06/2015, 04/08/2016

ASSESSMENT AND PLAN:

Plan of Care Discussion: Patient.

Active Problems:

Acute kidney injury superimposed on CKD (CMS/HCC)
High anion gap metabolic acidosis
Uremia, acute
Hyperkalemia
Hypermagnesemia
Hyperphosphatemia
Dehydration with hyponatremia

Presents with creatinine of 4.52 versus prior baseline creatinine 3.10 noted 12/2021.
General malaise attributed to AKI with multiple associated metabolic derangements including anion gap acidosis, uremia, hyperkalemia, hypermagnesemia, hyperphosphatemia and hyponatremia. Clinically

she is very dry. Primary consideration for volume depletion dehydration as etiology. Suspect initial UTI resulting in symptoms and decreased p.o. intake and dehydration losartan further contributing to impaired renal perfusion and AKI.

ED physician discussed the case with Dr. Manjunath of the Nephrology Service. She received 1 L normal saline in ED and Dr. Manjunath requested further hydration with bicarbonate IV fluid.

- hold losartan
- continue D5 W with sodium bicarb 150 mEq at 100 cc an hour
- renal ultrasound pending
- serial electrolytes
- further recs per Nephrology

Acute cystitis without hematuria
Severe sepsis (CMS/HCC)
UA consistent with UTI. Qualifies for severe sepsis in light of tachycardia and tachypnea with AKI has end-organ damage.
- Rx ceftriaxone
- follow-up blood and urine cultures

Uncontrolled type 2 diabetes mellitus with hyperglycemia, with long-term current use of insulin (CMS/HCC)
Reports outpatient regiment is insulin NPH 70/30 20 units b.i.d. -current blood sugar 232.
- Rx Lantus 10 units basal, 3 units nutritional plus sensitive Humalog correctional scale
- monitor and adjust further as needed

Elevated lipase
Lipase elevated to the mid 400 range. Patient denies abdominal pain however. Monitor for symptoms of pancreatitis.

Essential hypertension
Current BP 122/50. In the setting of dehydration and AKI will hold PTA losartan
- continue amlodipine 5 mg daily

Anemia
Hemoglobin 10.2. No signs or symptoms of bleeding. Suspect chronic anemia from CKD. -monitor
- follow-up a.m. anemia labs

ADMIT TO: Med/Surg

CODE STATUS: Full Code per my discussion with patient.

DVT Prophylaxis: SQ Heparin

ANTICIPATED DISPOSITION & LENGTH OF STAY:
August 23rd, 2022 discussed with patient and/or family as possible discharge date.

HISTORY OF PRESENT ILLNESS:

HPI: Iluminada Mendoza Jimenez is a 81 year old, female with a PMHx of HTN, IDDM, CKD stage 3, history of poor medication compliance with insulin and other medical problems.

Last Hospitalized here at Summit February of 2018 - presented with hyperglycemia with blood sugar over 600 range. She was also diagnosed with urine retention and UTI. Urine cultures grew beta Streptococcus sensitive to ceftriaxone. Urine retention was attributed to combination of diabetes and infection. Hemoglobin A1c was > 14.5 (exceeding the upper limit of assay). There was concern for poor compliance with outpatient insulin. She was discharged home with Foley catheter with plans for urology

follow-up. Upon discharge her insulin was changed to NPH 70/30, 45 units a.m. and 20 units p.m. with hopes of improving control compliance.

12/04/2021 seen at Summit ED
Patient apparently had a fainting episode while playing slots at a local casino with her son. Event occurred next to the son. He denied head trauma. He reported she last took insulin at 11:00 a.m. morning of presentation. On the scene she was given juice and candy for presumptive low blood sugar. Blood sugar on route per EMS was 368. Labs were otherwise stable with creatinine 3.10 and BUN 48. UA was consistent with UTI. She appeared improved. She was oriented to person and location but not the year (thought it was 2018). Son felt he she was at baseline. She was prescribed Cipro 500 mg Q 24 hours (renal dose). She was instructed follow-up with PCP.

With this background, she is brought to Summit ED by her son for generalized weakness, nausea, vomiting, high blood sugar and poor p.o. intake for three weeks. She has generally poor historian. She believes symptoms began 2-3 weeks ago. She endorses general malaise primarily. She endorses poor appetite the last week. Endorses nausea without vomiting. Denies abdominal pain. Denies fevers or chills. Denies shortness of breath or cough. Endorses progressive weakness over the last two weeks.

ED evaluation: Patient was afebrile with temperature 97.5°, BP 122/77, HR 94, RR 18, O2 sat 100% on room air. UA strongly consistent with UTI. Labs also reflected AKI with creatinine of 4.52 and notable uremia with BUN of 131. She had mild hyperkalemia with potassium 5.3, hypermagnesemia 2.8, hyperphosphatemia 6.0. Also had dehydration with hypoosmolar hyponatremia sodium of 120. Patient is admitted for further care.

MEDICATIONS ORDERED IN THE ED:

ED Medication Administration from 08/20/2022 1453 to 08/20/2022 2015

Date/Time	Order	Dose	Route	Action	Action by
08/20/2022 1635	**NaCl 0.9% (FOR BOLUS ONLY) IV Soln**	1,000 mL	Intravenous	New Bag/Syringe	Nelson, S
08/20/2022 1743	**NaCl 0.9% (FOR BOLUS ONLY) IV Soln**	0 mL	Intravenous	Stopped	Nelson, S
08/20/2022 1741	**D5W 1,000 mL with sodium bicarbonate 150 mEq IV Soln**	1,000 mL	Intravenous	New Bag/Syringe	Nelson, S
08/20/2022 1951	**cefTRIAXone (ROCEPHIN) 1000mg in 0.9% NaCl 50mL IVPB (minibag)**	1,000 mg	Intravenous	Not Given	Nelson, S
08/20/2022 1947	**cefTRIAXone (ROCEPHIN) Inj 1,000 mg**	1,000 mg	Intravenous	Given	Nelson, S

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Reviewed and negative.
EYES: Reviewed and negative.
ENT: Reviewed and negative.
CARDIOVASCULAR: Reviewed and negative.
PULMONARY: Reviewed and negative.
GI: **As per history of present illness.**
GU: **Endorses some urine frequency**
MUSCULOSKELETAL: Reviewed and negative.
INTEGUMENTARY: Reviewed and negative.

NEUROLOGIC: **Progressive generalized weakness for several days.**
PSYCHIATRIC: **Endorses some mental confusion -can not remember the year. She knows she is at the hospital**
ENDOCRINE: Reviewed and negative.
HEMATOLOGIC: Reviewed and negative.
LYMPHATIC: Reviewed and negative.
ALLERGIC/IMMUNOLOGIC: Reviewed and negative.

PAST MEDICAL HISTORY: As above, plus the following

Medical History

Diagnosis	Date	Comment	Source
Gallstone pancreatitis	4/2013	s/p cholecystectomy	
Acute pancreatitis	12/4/2015		
CKD (chronic kidney disease)			
Type 2 diabetes mellitus (CMS/HCC)			
Unspecified essential hypertension			

PAST SURGICAL HISTORY: As above, plus the following

Past Surgical History:

Procedure	Laterality	Date
• HX REMOVAL GALLBLADDER		4/2013

SOCIAL HISTORY:
Social History
Socioeconomic History
Marital status: Widowed
Tobacco Use
Smoking status: Never Smoker
Smokeless tobacco: Never Used
Substance and Sexual Activity
Alcohol use: No
Drug use: No
Social History Narrative
9/2016: **Born in the Philippines. Moved to the US in 1986. Widowed. Lives in San Pablo with her son. Has 10 children total.**

FAMILY HISTORY:
Family History

Problem	Relation	Age of Onset
• Cancer	Daughter	

CURRENT OUTPATIENT/HOME MEDS:
Source: Patient, family and/or EHR records.

Prior to Admission Medications				
Prescriptions	**Last Dose**	**Informant**	**Patient Reported?**	**Taking?**

BD PEN NEEDLE NANO U/F 32G X 4 MM Pen Needle	No	No
Sig: 1 Each as directed Use as directed.		
CALCIUM PO	Yes	No
Sig: Take 1 Tab by mouth daily.		
NOVOLIN N 100 UNIT/ML Inj	No	No
Sig: Inject 45 units in the morning and 20 units at night. Patient taking differently: 20 Units twice daily 30 minutes before meals Inject 20units in the morning and 20 units at night Indications: Type 2 Diabetes, Treatment with Insulin		
amLODIPine (NORVASC) 5mg Tab	No	No
Sig: Take 1 Tab by mouth daily		
losartan (COZAAR) 50mg Tab	No	No
Sig: Take 1 Tab by mouth daily		

Facility-Administered Medications: None

ALLERGIES:
Review of patient's allergies indicates no known allergies.

PHYSICAL EXAM:

	08/20/22 1700	08/20/22 1800	08/20/22 1900	08/20/22 2000
BP:	113/58	130/73	131/63	122/58
Pulse:	75	82	83	95
Resp:	15	10	17	18
Temp:				
TempSrc:				
SpO2:	100%	100%	95%	100%

GENERAL: Well developed, well nourished. **No acute distress.**
EYES: Extra ocular movements are intact. Pupils equal and reactive to light and accomodation. Sclera anicteric.
E/N/M/T: clear oropharynx, neck supple, no thyromegaly, no masses.
LUNGS: Lungs are clear to auscultation bilaterally. No wheezing, rales or crackles. Symmetrical chest expansion and effort.
HEART: Regular rate and rhythm. Normal S1/S2. No murmurs, rubs or gallops. Normal pedal pulses, no JVD, no edema.
ABDOMEN: Soft, Non-distended, Non-tender. Normal bowel sounds in all four quadrants. No hepatosplenomegaly. No ascites.
GENITOURINARY: Normal genitalia.
LYMPHATIC: No cervical, supraclavicular or axillary lymphadenopathy.
SKIN: No rashes, lesions, or nodules.
MUSCULOSKELETAL: Symmetrical range of motion, strength, and tone. No clubbing or cyanosis.
NEURO: Diffuse symmetric weakness. Normal reflexes. No tremors. CN II-XII are grossly intact. Normal sensation.
PSYCH: Alert and oriented to person, place. She is able to tell me she was born in 1940. Unable to tell me current year.

Wt Readings from Last 3 Encounters:
04/26/18 : 60.8 kg (134 lb)
03/25/18 : 59 kg (130 lb)
02/25/18 : 66.1 kg (145 lb 11.6 oz)

LABS AND PERTINENT STUDIES

LABS: CBC with Diff, and Lactate

Recent Labs

	08/20/22 1521	08/20/22 1515
WBC	--	7.6
HGB	11.1*	10.2*
HCT	33.0*	29.3*
PLT	--	193

Recent Labs

	08/20/22 1515
NEUTP	82
LYMPHP	14
EOSP	0

Recent Labs

	08/20/22 1521
LACTATE	1.2

LABS: Chemistry

Recent Labs

	08/20/22 1521	08/20/22 1515
NA	121*	120*
K	5.7*	5.3*
CL	96*	94*
CO2	--	11*
BUN	>120*	131*
CREATININE	5.1*	4.52*
GLU	233*	232*
MG	--	2.8*
PHOS	--	6.0*

LABS: Liver Enzymes and Coags

Recent Labs

	08/20/22 1515
TBILI	0.3
AST	11
ALT	18
ALP	74
ALB	3.3

No results for input(s): PT, INR in the last 24 hours.

LABS: Cardiac
No results for input(s): TROPI, CK, CKMB, CKMBP, DD in the last 72 hours.
No results for input(s): NTBNP in the last 72 hours.

LABS: Endocrine
LAST TSH:

TSH (uIU/mL)

Date	Value
08/20/2022	0.76

LAST HgA1C:

A1CP (%)

Date	Value
02/26/2018	>14.5 (H)

Lab Results

Lab	Value	Date/Time
CHOL	126	10/15/2017 04:00 AM
LDL	54	10/15/2017 04:00 AM
HDL	46	10/15/2017 04:00 AM
TRIG	132	10/15/2017 04:00 AM

LABS: Urinalysis
Recent Labs

	08/20/22 1715
UACOLOR	Yellow
UAPP	Cloudy
UASG	1.010
UAPH	8.0
UANIT	Neg
UAPRO	2+*
UAGLU	Neg
UKET	Neg
UABLD	1+*
UAWBC	>100*
UARBC	25-50*

LABS: ABG Results
No results for input(s): HCO3, O2SAT, BE in the last 72 hours.

Invalid input(s): MSRDPH, PCO2MSRD, PO2MSRD
No results for input(s): PH, PCO2, PO2, HCO3, O2SAT in the last 72 hours.

IMAGING AND RADIOLOGICAL STUDIES

XR CHEST PORTABLE

Result Date: 8/20/2022
IMPRESSION: 1. **No radiographic evidence of acute cardiopulmonary pathology.** No focal or diffuse opacities. No pleural effusion or pneumothorax. Electronically Signed by: Jeffrey T Goletz, MD 8/20/2022 4:35 PM

Critical Care Time

Critical care time was provided for 60 minutes in evaluating patient, reviewing records/images, and developing assessment and plan by the attending physician. This was exclusive of separately billable procedures and treating other patients. This was necessary to treat or prevent further deterioration of the following condition(s) sepsis, renal failure, severe metabolic abnormality and need for frequent reassessment with high probability of imminent and life threatening deterioration without urgent intervention.

Martin J Garcia, MD

Hospitalist Triage Phone #510-869-8134

Note: This report has been transcribed using voice recognition software. Every effort was made to ensure accuracy; however, inadvertent computerized transcription errors may be present. Please notify me if transcriptions errors are noted.

Dear Iluminada Mendoza Jimenez - if you are reading this note via MyHealthOnline, thank you for your interest in your health and taking the time to review the note. The primary purpose of the note is as a communication tool between health professionals and this requires medical terms to be used for efficiency and clarity. *Please note that many terms used by medical professionals can have a different meaning to non-medical professionals.* If you have questions about the meaning of medical terms being used, please discuss with your treatment team.

Revision History

Date/Time	User	Provider Type	Action
08/21/22 0054	Garcia, Martin J, MD	Physician	Addend
08/20/22 2119	Garcia, Martin J, MD	Physician	Sign

Routing History

Date/Time	From	To	Method
08/21/22 0526	Her-Marquez, Sherrie	Chen, William Wei Ming, MD	Fax

HISTORY AND PHYSICAL

Chief Complaint: ARF, Dehydration, Hyponatremia
Hyperkalemia elevated Lipase, emphysematous cholecystitis

Past History: 1) HTN 2) DM 3) CKD 4) Hx gallstone pancreatitis 5) ↑lipid 6) Anemia

Family History: unknown

Allergies: NKDA

Operations—Minor: Cholecystectomy

Major:

Physical Findings: BP 107/70 Temp. 98.2 Pulse 72 Resp. 18 Wt.

Head Normocephalic, EOMI Anicteric

Neck Supple

Chest clear B/L (-) crackles

Cardio-Vascular RRR S1 S2

Abdominal Soft (+)BS NT

Genito-Urinary Defered

Skin (-) Rash (-) Hives

Bones and Joints (+) edema in LE

Glandular NL

Neuromuscular (-) focal deficit

RESIDENT DOES ☒
DOES NOT ☐
HAVE CAPACITY TO MAKE
HEALTH CARE DECISIONS

Pain: Present ☐ Yes ☒ No Origin Location

Current Diagnosis: 1) Urosepsis 2) ARF 3) elevated Lipase 4) HTN 5) DM II
6) ↑lipid 7) CKD 8) Anemia 9) Hx gallstone pancreatitis

REHAB POTENTIAL: Fair

PATIENT INFORMED OF MEDICAL CONDITION ☒ YES ☐ NO IF NO, REASON:

ADVANCE DIRECTIVES: ☐ YES ☐ NO

DATE: 8/26/22 ATTENDING PHYSICIAN'S SIGNATURE

NAME–Last	First	Middle	Attending Physician	Record No.	Room/Bed
JIMENEZ,	ANDA		DR COHEN, W		4A

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HISTORY AND PHYSICAL