

Patient name: John Doe

Medical Record Number: 123456789

Date admitted: July 1, 2050

Date discharged: July 3, 2050

Attending Physician: Dr. Will Teachwell

Resident Physician: Dr. Bea Goodoc

Diagnosis: Left-sided systolic congestive heart failure
EF of 35% on echo performed 3 months ago

Other diagnoses: Type 2 Diabetes
Stage 2 Hypertension
Osteoarthritis

History:

Mr. Doe is a 72 year old gentleman with a history of CHF who presented with a 3 day history of gradually worsening lower extremity edema, weight gain, and shortness of breath. Today while trying to mow his lawn he had to stop multiple times to catch his breath and developed some chest tightness leading him to come to the emergency room. He denies any other decrease in exercise tolerance or chest pain leading up to this event. He reports good understanding and adherence to his medications, but does report that when his daughter was visiting town 4 days prior to admission that he and his wife took her out for a special Mexican dinner and he indulged in several baskets of chips and salsa.

Problems:

1. CHF – On admission he had 3+ lower extremity pitting edema, rales from the bases to midlung bilaterally, elevated jugular venous pressure and a CXR consistent with volume overload. He was diuresed and was able to quickly wean off supplemental oxygen and exam revealed resolution of his edema and rales at discharge. Discharge weight is 202 lbs. Given that dietary indiscretion led to the exacerbation, it was not felt necessary to change his home diuretic regimen at this time. He was re-educated on diet and taking daily weights including information about weight gain that should trigger him to call his primary doctor. He will follow up with his doctor at the end of this week for volume reassessment and electrolyte labs.
2. Chest pain – due to chest pain while mowing, he was ruled out for an MI with serial EKGs and enzymes. His EKGs remained unchanged from previous and his enzyme curve remained normal. Chest pain was attributed to his hypoxia from his CHF and no further work-up was pursued at this time. On