

Discharge Summary

Signed Jul 27, 2023

Discharge Summary by Z Sajjad, MD at 7/26/2023 1:53 PM

Attestation signed by S Maan, MD at 7/27/2023 2:51 PM

Attending Teaching Attestation:

I personally saw and examined the patient on rounds with resident on date of service. Management was discussed with my resident team and I supervised and developed the plan of care. I have reviewed and agree with the key parts of the resident evaluation including the subjective information, objective findings and the impression and plan. In addition the note has been added to include my discussions, assessments and plans.

Time taken to do process 43 min

Sukhminder Maan, MD



**Internal Medicine Discharge Summary
Graduate Medical Education
Trinity Health Livonia Hospital**

Patient Information
Ioan Suiugan
DOB: 2/27/1961 [62 y.o.]
MRN: 116801863

Admitting Provider	Raneev Jose, MD
Discharge Provider	Zoya Sajjad, MD, No att. providers found
Primary Care Physician	Michael A Amlog, MD
Admission Date	6/21/2023
Discharge Date	7/26/2023

Summary of Hospital Problems

Presenting Chief Complaint:

Agitation, Aggressive Behaviour

Primary Discharge Diagnosis:

Acute encephalopathy superimposed on known anoxic encephalopathy of the brain from prior cardiac arrest

Discharge Destination:

Group Home

Code Status at Discharge:

Prior

Inpatient Consultants:

Urology, General Surgery, GI, Palliative, Neurology, PM&R, Psychiatry

Pertinent Imaging Findings:

Vascular US duplex lower extremity venous left

Final Result

XR Abdomen 1 View

Final Result

Single frontal view of the abdomen obtained. Supine imaging limits evaluation for pneumoperitoneum. No gross pneumoperitoneum. Moderate fecal loading within the ascending colon and rectum. No dilated bowel loops. A PEG tube is not visualized. No suspicious calcifications. No acute osseous abnormalities.

Reviewed and electronically signed by : Ursula Sylvania
Knoepp, MD 7/10/2023 12:49 AM

----- FINAL REPORT -----

Dictated By: Knoepp, Ursula Sylvania

Dictated Date: 07/10/2023 00:48

Assigned Physician: Knoepp, Ursula Sylvania

Reviewed and Electronically Signed By: Knoepp, Ursula
Sylvania

Signed Date: 07/10/2023 00:49

Workstation ID: AARRPRW1036

Transcribed By: Self Edit

Transcribed Date: 07/10/2023 00:48

Patients: If you have questions regarding some of the verbiage in your report, please visit RadiologyExplained.com for a definition. If you have any other please visit RadiologyExplained.com for a definition. If you have any other questions please contact your physician.

Physicians: If your patient was seen at Trinity Health St. Mary Mercy Livonia or Trinity Health Medical Center Schoolcraft and you have questions 24/7 regarding this report,

please call: 734-655-2421.

Vascular US duplex upper extremity venous left

Final Result

Incidental Imaging Findings:

none

Procedures Performed:

PEG tube placement and replacement

Hospital Course Summary

LOS: 35 days

Mr. Ioan Suiugan is a 62-year-old trucker with a past medical history significant for DM2 and renal disorder who was recently found down in a parking lot in Buffalo New York due to V. tach arrest. ROSC was achieved after 60 minutes of resuscitation efforts. The patient then stayed in an ICU in New York from 5/11/2023 to 6/16/2023 before transfer to Regency in Michigan for subacute rehab. Patient's behavior was too agitated and impulsive for the rehab facility to manage and he was thus transferred to THLH 6/21/2023.

During his stay the following problems were treated:

#Acute encephalopathy superimposed on known anoxic encephalopathy of the brain from prior cardiac arrest

- Patient received Haldol and Ativan in the ED and was placed on soft restraints
- Work-up for alternate causes of agitation was completed: TSH within normal limits. Ammonia within normal limits. Negative UDS
- Psychiatry was consulted for recommendations regarding antipsychotic medications. Patient arrived with zyprexa 5mg BID and Ativan 0.5mg Q6 PRN. Zyprexa was initially held due to patient's elevated Qtc.
- Scheduled Depakote was added per neurology recommendations and titrated up as tolerated.
- Serial EKGs were ordered. Zyprexa was restarted and then titrated up following normalization of Qtc.
- Patient refused oral food and medications. PEG tube placed with family consent 7/7
- Patient pulled out the PEG tube overnight 7/10. It was replaced by GI 7/11 following a one-time dose of ancef.
- NORCO 5 tid was added for back pain at the family's request.
- Patient continued to require restraints, mitts, and a one-to-one sitter for the duration of his stay. Posey bed was briefly attempted, but not tolerated.

Paraplegia

-Neurology recommended MR lumbar and thoracic spine for evaluation of possible cord ischemia. However, patient was unable to tolerate procedure.

Urinary retention, secondary to neurogenic bladder

CRE UTI

- Indwelling foley catheter in place for the majority of his stay. Repeated straight caths were required for retention during brief periods of foley removal.
- Home medication tamsulosin continued
- UA 6/22: positive
- Patient started on 5-day course of Rocephin (SOT 6/22)

- Ucx grew CRE MDRO
- Patient completed a 4-day course of Q12hr cefepime (SOT 6/24) per Ucx susceptibilities.
- Repeat Ucx 6/27 continued to grow CRE MDRO. However, patient was asymptomatic.
- 7/24 patient began producing darkly colored foul smelling urine. UA was positive and similar to previous. Repeat Ucx was sent. Patient remained afebrile with minimal leukocytosis

STEMI status post PCI with no stent placement

Atrial flutter

Nonocclusive right basilic and left subclavian jugular thrombi

- Patient maintained on home medications: Plavix 75 daily, Lopressor 100 twice daily, Amio 200 daily
- Eliquis briefly held due to patient agitation and fall risk. Repeat UE doppler showed continued presence of superficial vein thrombosis in the left upper extremity cephalic vein of the upper arm. Eliquis was restarted.
- Eliquis and plavix briefly held following PEG tube placements 7/7 and 7/11

DVT Left Lower Extremity

- 7/14 Unilateral LE edema noted following holding of eliquis for PEG tube placement.
- Vascular US showing acute DVT in LLE common femoral vein, proximal femoral vein, mid femoral vein, and distal femoral vein
- Aspirin, plavix, and eliquis continue for treatment.

DM- Kept on low dose insulin sliding scale. Sugars remained well controlled. Last A1c 7.5

HLD-Continued home atorvastatin

Follow-Up Instructions and Recommendations

Corpore Sano Home Health Care - Plymouth
39475 Ann Arbor Rd E
Plymouth Michigan 48170-4524
734-454-3488

Michael A Amlog, MD
2755 Carpenter Rd
Ste 1S
Ann Arbor MI 48108-1171
734-975-5000

Schedule an appointment as soon as possible for a visit in 2 day(s)
Regarding this hospitalization.

Michael Hoff, DO
25500 Meadowbrook Rd
Ste 225
Novi MI 48375
248-426-1300

Schedule an appointment as soon as possible for a visit in 2 week(s)
Regarding this hospitalization.

Jacob Roberts, DO
36622 Five Mile Road

Ste 202
Livonia MI 48154
734-655-2692

Schedule an appointment as soon as possible for a visit in 2 week(s)
Regarding this hospitalization.

Alan Putrus, MD
14555 Levan Rd.
Ste 314
Livonia MI 48154
734-418-0204

Schedule an appointment as soon as possible for a visit in 2 week(s)
Regarding this hospitalization.

Trinity Health Palliative Care - Livonia Hospital
36475 Five Mile Rd
Livonia Michigan 48154-1971
734-655-4800

Schedule an appointment as soon as possible for a visit in 2 week(s)
Regarding this hospitalization.

Michelle M Dismundy, DO
14555 Levan Rd.
Ste 116
Livonia MI 48154
734-712-1400

Schedule an appointment as soon as possible for a visit in 2 week(s)
Regarding this hospitalization.

William Cardasis, MD
37595 7 Mile Rd
Ste 230
Livonia MI 48152-1003
734-743-4540

Call in 2 week(s)
Regarding this hospitalization.

Pending Labs at Discharge:
Pending Biopsy Results:

Discharge Procedure Orders

Hospital bed

Order Comments:

Height: 1.829 m (72.01")
Weight: 84.2 kg (185 lb 10 oz)

<i>Order Specific Question</i>	<i>Answer</i>	<i>Comments</i>
Face to face evaluation was performed on	7/19/2023	

Wheelchair

Order Comments:

Height: 1.829 m (72.01")
Weight: 84.2 kg (185 lb 10 oz)

<i>Order Specific Question</i>	<i>Answer</i>	<i>Comments</i>
Further DME Specification:	High back tilt space wheel chair	
Face to face evaluation was performed on	7/19/2023	

General supply request

Order Comments:

Height: 1.829 m (72.01")
Weight: 84.2 kg (185 lb 10 oz)

<i>Order Specific Question</i>	<i>Answer</i>	<i>Comments</i>
Details for supply request:	Hoyer lift	
Face to face evaluation was performed on	7/19/2023	

Enteral nutrition equipment

Order Comments:

Height: 1.829 m (72.01")
Weight: 84.2 kg (185 lb 10 oz)

<i>Order Specific Question</i>	<i>Answer</i>	<i>Comments</i>
Further DME Specification:	tube feeding Glucerna 1.2 at 75mL/continuously	
Face to face evaluation was performed on	7/19/2023	

Gel overlay mattress

Order Comments:

Height: 1.829 m (72.01")
Weight: 84.2 kg (185 lb 10 oz)

<i>Order Specific Question</i>	<i>Answer</i>	<i>Comments</i>
Further DME Specification:	due to partial immobility, fecal incontinent, impaired nutritional status	
Face to face evaluation was performed on	7/26/2023	

No restrictions, resume your usual activities

There are no outpatient Patient Instructions on file for this admission.

Discharge Medications

Your medication list

START taking these medications

	Instructions	Last Dose Given	Next Dose Due
ascorbic acid 250 mg tablet Commonly known as: VITAMIN C	Take 1 tablet (250 mg total) via g-tube 1 (one) time each day.		
HYDROcodone-acetaminophen 5-325 mg per tablet Commonly known as: NORCO	Take 1 tablet via g-tube 3 (three) times a day for 7 days. Max Daily Amount: 3 tablets		
insulin lispro 100 unit/mL injection Commonly known as: HumaLOG	Inject 1-6 Units under the skin 4 (four) times a day (with meals and nightly). - Administer within 15 minutes of a meal		
LORazepam 2 mg/mL concentrated solution Commonly known as: ATIVAN INTENSOL Replaces: LORazepam 0.5 mg tablet	Take 0.5 mL (1 mg total) by mouth every 6 (six) hours if needed for anxiety. Max Daily Amount: 4 mg		
nicotine 14 mg/24 hr Commonly known as: NICODERM CQ	Place 1 patch on the skin 1 (one) time each day.		
polyethylene glycol 17 gram packet Commonly known as: MIRALAX	Take 17 g via g-tube 1 (one) time each day for 3 days.		
valproate 50 mg/mL syrup Commonly known as: DEPAKENE	Take 20 mL (1,000 mg total) via g-tube 2 (two) times a day.		

	Instructions	Last Dose Given	Next Dose Due
valproate 50 mg/mL syrup Commonly known as: DEPAKENE	Take 10 mL (500 mg total) via g-tube 1 (one) time each day.		

CHANGE how you take these medications

	Instructions	Last Dose Given	Next Dose Due
acetaminophen 325 mg tablet Commonly known as: TYLENOL What changed: how to take this	Take 2 tablets (650 mg total) via g-tube every 4 (four) hours if needed for mild pain.		

amiodarone 200 mg tablet Commonly known as: PACERONE What changed: how to take this	Take 1 tablet (200 mg total) via g-tube 1 (one) time each day.		
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atorvastatin 40 mg tablet Commonly known as: LIPITOR What changed: how to take this	Take 1 tablet (40 mg total) via g-tube at bedtime.		
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clopidogrel 75 mg tablet Commonly known as: PLAVIX What changed: when to take this	Take 1 tablet (75 mg total) by mouth 1 (one) time each day.		
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metoprolol tartrate 25 mg tablet Commonly known as: LOPRESSOR What changed: <ul style="list-style-type: none"> • medication strength • how much to take • how to take this • additional instructions 	Take 1 tablet (25 mg total) via g-tube 2 (two) times a day.		
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	Instructions	Last Dose Given	Next Dose Due
OLANzapine 10 mg tablet Commonly known as: ZyPREXA What changed: <ul style="list-style-type: none"> • medication strength • how much to take • how to take this 	Take 1 tablet (10 mg total) via g-tube 2 (two) times a day.		

CONTINUE taking these medications

	Instructions	Last Dose Given	Next Dose Due
apixaban 5 mg tablet Commonly known as: ELIQUIS	Take 1 tablet (5 mg total) by mouth 2 (two) times a day.		
tamsulosin 0.4 mg 24 hr capsule Commonly known as: FLOMAX	Take 1 capsule (0.4 mg total) by mouth 1 (one) time each day. Capsules should be taken 30 minutes following the same meal each day.		

STOP taking these medications

insulin glargine 100 unit/mL injection
 Commonly known as: LANTUS

lansoprazole 30 mg dispersible tablet
 Commonly known as: PREVACID SOLUTAB

LORazepam 0.5 mg tablet
 Commonly known as: ATIVAN
 Replaced by: **LORazepam 2 mg/mL concentrated solution**

Where to Get Your Medications

These medications were sent to **FARMINGTON DRUGS & MEDICAL SUPPLIES - Livonia, MI - 20434**

20434 Farmington Rd., Livonia MI 48152

Farmington Rd.

Phone: 248-478-3922

- acetaminophen 325 mg tablet
- amiodarone 200 mg tablet
- ascorbic acid 250 mg tablet
- atorvastatin 40 mg tablet
- clopidogrel 75 mg tablet
- insulin lispro 100 unit/mL injection
- metoprolol tartrate 25 mg tablet
- nicotine 14 mg/24 hr
- OLANzapine 10 mg tablet
- polyethylene glycol 17 gram packet
- tamsulosin 0.4 mg 24 hr capsule
- valproate 50 mg/mL syrup
- valproate 50 mg/mL syrup

**These medications were sent to Trinity Health
Pharmacy-Livonia**36475 FIVE MILE RD ROOM 21520,
LIVONIA MI 48154Hours: MON-FRI 8:30 AM-6:00 PM, SAT 10:00 AM-2:00 PM, SUN CLOSED
Phone: 734-655-2325

- HYDROcodone-acetaminophen 5-325 mg per tablet

You can get these medications from any pharmacy**Bring a paper prescription for each of these medications**

- LORazepam 2 mg/mL concentrated solution

Physical Exam at time of Discharge

Physical ExamConstitutional:

General: He is not in acute distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes:

Extraocular Movements: Extraocular movements intact.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Comments: **PEG in place**Genitourinary:Comments: **Foley catheter in place**Musculoskeletal:

General: Normal range of motion.

Cervical back: Normal range of motion.

Right lower leg: No edema.

Left lower leg: No edema.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert. Mental status is at baseline.

Psychiatric:

Attention and Perception: He is inattentive.

Behavior: Behavior is agitated and aggressive.

Cognition and Memory: Cognition is impaired.

<i>Vitals</i>	
Visit Vitals	
BP	129/84 (BP Location: Left arm, Patient Position: Lying)
Pulse	101
Temp	36.2 °C (97.2 °F) (Temporal)
Resp	18
Temp (24hrs), Avg:36.3 °C (97.3 °F), Min:36.2 °C (97.2 °F), Max:36.3 °C (97.3 °F)	
Body mass index is 25.17 kg/m ² .	
No results found for: "PTWT", "PTHT"	

Discharge planning was discussed with Dr. Maan