H&P

Signed Sep 6, 2026

H&P by Hema Pamulapati, MD at 9/6/2026 1:38 PM

SANGER HEART & VASCULAR INSTITUTE

Primary Cardiologist: Santhosh Reddy Devarapally, MD

Assessment/Plan

1. Cardiogenic shock in the setting of severe RV failure and severe tricuspid regurgitation
2. Acute on chronic right-sided heart failure and left-sided heart failure with preserved ejection fraction
3. Severe tricuspid regurgitation
4. Paroxysmal atrial fibrillation
5. Morbid obesity
6. AKI on CKD stage IV-currently oliguric
7. Lactic acidosis in the setting of cardiogenic shock and severe RV failure

Plan

- We have started her on epinephrine gtt. at 2 mcg/min and she remained hypotensive. We have uptitrated epinephrine gtt. to 5 mcg/min.
- MAP goal greater than 70.
- Plan for bolus dosing furosemide 120 mg IV x 1, followed by Lasix gtt. at 20 mg/h. She is grossly volume overloaded on exam.
- She is not a good candidate for T MCS. I am not sure if she is a good candidate for long-term dialysis per admission note. She is agreeable to temporary dialysis at this time.
- She has been in and out of atrial fibrillation. Continue anticoagulation with Eliquis 5 mg twice daily.
- Her renal function continues to worsen and she remains oliguric. We will try inotropic support
- Trend lactate every 4 hours.
-If she does not respond well to diuretic regimen, we will discuss with nephrology about dialysis options.

CODE STATUS: Full code. If she continues to decline, we will proceed with goals of care discussion.

CC time: 60 minutes

Cardiovascular Problem List Overview

RHF / PH / OSA / BMI 49
-Echo 9/2024: LVEF 65%. Mild-mod RVE, mild-mod RVSD. IVS flattened. Mod-sev TR. PASP 88 mmHg
Severe pulmonary hypertension
COPD - Home O2
Chronic kidney disease
Persistent AFIB
-DCCV 2022, not durable
Obstructive sleep apnea
Paroxysmal ATACH
Chronic iron deficiency anemia
Morbidly obese, BMI 48.8

History Of Present Illness

Carol C Poston is a 66 y.o. female presenting with history of CKD stage V, type 2 diabetes mellitus, atrial fibrillation, pulmonary hypertension, severe tricuspid regurgitation, prior admission for fluid overload, presented to emergency department with complaints of worsening leg swelling and ambulatory dysfunction related to leg swelling. Patient states that she has been having increasing leg swelling for the past week. Patient describes weight gain of 18 pounds over the last 3 to 4 days. She has mild shortness of breath. She describes increased itching and fatigue as well as drowsiness. She presented to the emergency department here for evaluation. Here in the ED patient was noted to be volume overloaded on exam. She had a BNP of 1086. Troponin was 28. She was anemic with evidence of worsening renal failure with a BUN of 150 and creatinine of 4.69. She had a bicarb of 19. Per patient she was admitted in the past for similar complaints and was advised that she is not a long-term dialysis candidate given her underlying heart condition. She was successfully diuresed and discharged home. It appears that the case was discussed with nephrology from the emergency department and they have recommended palliative care consultation. She was admitted to the hospitalist service and had significant hypotension this afternoon with rising lactate to 5.3 range and she is moved to CVICU for further evaluation and management.

She appears volume overloaded on exam. She notes that she has been retaining fluid since Monday and has also been feeling short of breath and presented to the emergency department. Today, she noted that she would be interested in short-term dialysis, if it improves her condition. She denies any chest pain, complains of shortness of breath. She denies any lightheadedness, dizziness, palpitations. She tells me that she has significant difficulty laying on her back and prefers to sleep on her side.

Past Medical History
She has a past medical history of ADHD (attention deficit hyperactivity disorder) (2012), Anemia, CHF (congestive heart failure) (CMD), Chronic kidney disease, Diabetes mellitus (CMD), Eczema, HL (hearing loss) (2000), Hypertension, Obesity, Sleep apnea, Urinary tract infection (04/08/2026), and Visual impairment.

Surgical History
She has a past surgical history that includes Cardiac catheterization (Right, 04/09/2026); Esophagogastroduodenoscopy; Colonoscopy; Tubal ligation; Joint replacement (Left knee 2007, right knee 2010,2016 revision); and Cesarean section, classic.

Social History
She reports that she has quit smoking. Her smoking use included cigarettes. She has never been exposed to tobacco smoke. She has never used smokeless tobacco. She reports that she does not currently use alcohol. She reports that she does not use drugs.

Family History
Her family history includes Emphysema in her brother, brother, and mother.

Allergies
Flecainide, Iodinated contrast media, Latex, Nsaids (non-steroidal anti-inflammatory drug), and Spironolactone

Medications
Prescriptions Prior to Admission

Medications Prior to Admission

Medication	Sig
• allopurinol (ZYLOPRIM) 100 mg tablet	Take 1 tablet (100 mg total) by mouth daily. (Patient taking differently: Take 200 mg by mouth at bedtime.)
• AMIODarone (PACERONE) 200 mg tablet	Take 1 tablet (200 mg total) by mouth daily. **MUST KEEP FOLLOW UP APPOINTMENT 9-4-26 FOR ANY FURTHER REFILLS**
• apixaban (Eliquis) 5 mg tab	Take 1 tablet (5 mg total) by mouth 2 (two) times a day.
• ascorbic acid (VITAMIN C) 500 mg tablet	Take 500 mg by mouth daily.
• cholecalciferol (VITAMIN D3) 1,000 unit (25 mcg) tablet	Take 1,000 Units by mouth daily.
• coenzyme Q-10 10 mg capsule	Take 100 mg by mouth daily.

• cyanocobalamin-cobamamide 5,000-100 mcg subl	Take 1 tablet by mouth daily.
• ferrous gluconate 324 mg (38 mg iron) tablet	Take 37.5 mg of iron by mouth daily.
• gabapentin (NEURONTIN) 300 mg capsule	Take 1 capsule (300 mg total) by mouth at bedtime. As needed (Patient taking differently: Take 300 mg by mouth continuous as needed. As needed)
• krill-om-3-dha-epa-phospho-ast 1,000-170-50-80 mg cap	Take 1 each by mouth daily.
• magnesium oxide 400 mg tab tablet	Take 400 mg by mouth nightly.
• metFORMIN (GLUCOPHAGE) 500 mg tablet	Take 2 tablets (1,000 mg total) by mouth in the morning and 2 tablets (1,000 mg total) in the evening. Take with meals.
• metoprolol TARTRATE (LOPRESSOR) 25 mg tablet	Take 1 tablet (25 mg total) by mouth every 12 (twelve) hours. **Please attend appt 9/4/26 for further refills**
• potassium CHLORIDE (KLOR-CON) 10 mEq ER tablet	Take 20 mEq by mouth 2 (two) times a day.
• pramoxine HCl (CERAVE ITCH RELIEF TOP)	Apply 1 Application topically as needed (itching).
• torsemide (DEMADEX) 20 mg tablet	Take 4 tablets (80 mg total) by mouth daily. Start this dosing (8-29) after holding Torsemide for 48 hours
• VITAMIN K2 ORAL	Take 1 each by mouth daily.

Review of Systems
All other systems reviewed and are negative.

Physical Exam
Ill-appearing
HEENT is normal.
Skin exam is normal.
There is elevated jugular venous distention.
Bilateral crackles noted
Regular rate and rhythm. There is no obvious
The abdomen is soft, distended
Extremities are warm with 1+ edema
Neuro: Alert and oriented x3 with normal affect and normal neurologic exam.

Last Recorded Vitals
Blood pressure **(!) 85/54**, pulse 93, temperature 97.4 °F (36.3 °C),

temperature source Oral, resp. rate 18, height 1.575 m (5' 2"), weight 109 kg (239 lb 10.2 oz), SpO2 93%.

Labs

Results from last 7 days

Lab	Units	09/06/26 1254	09/05/26 2245	09/05/26 2244	09/04/26 1448	09/02/26 1341
WHITE BLOOD CELL COUNT	10*3/uL	4.20	5.27	--	--	6.16
HEMOGLOBIN	g/dL	**7.3***	**7.9***	--	--	**8.1***
HEMATOCRIT	%	**24***	**26***	--	--	**26***
PLATELET COUNT	10*3/uL	396	**475***	--	--	**419***
SODIUM	mmol/L	--	--	**123***	**121***	**123***
POTASSIUM	mmol/L	--	--	4.8	**5.4***	4.3
CHLORIDE	mmol/L	--	--	**81***	**80***	**81***
CO2	mmol/L	--	--	**19***	**17***	**18***
ANION GAP	mmol/L	--	--	**23***	**24***	**24***
GLUCOSE	mg/dL	--	--	109	**130***	94
BUN	mg/dL	--	--	**150***	**157***	**145***
EGFR	mL/min/1.73m2	--	--	**10***	**11***	**12***
CALCIUM	mg/dL	--	--	9.4	9.5	9.2
BNP	pg/mL	--	**1,086***	--	--	--
HDL	mg/dL	--	--	--	--	**23***
TRIGLYCERIDES	mg/dL	--	--	--	--	67
CHOLESTEROL	mg/dL	--	--	--	--	106
HEMOGLOBIN A1C	%	--	--	--	--	**6.2***
TROPONIN HS	ng/L	--	**20***	--	--	--

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