H&P

Signed Sep 6, 2026

H&P by Randel Bruney, MD at 9/6/2026 2:31 AM

Atrium Health

HOSPITAL MEDICINE - ADMISSION NOTE

Primary Care Physician
Matthew M Verrill, MD

Primary Contact
Extended Emergency Contact Information
Primary Emergency Contact: Poston,Kenneth
Mobile Phone: 704-589-3872
Relation: Spouse

Chief Complaint
Leg swelling and confusion with weakness

History of Present Illness

Carol C Poston is a 66 y.o. female with history of CKD stage V, type 2 diabetes mellitus, atrial fibrillation, pulmonary hypertension, severe tricuspid regurgitation, prior admission for fluid overload, presented to EMS 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 dialysis candidate given her underlying heart condition. She was successfully diuresed and discharged home. Here in the ED case was discussed with nephrology who recommended referral to palliative care. Patient was referred to CHG for admission.

Review of Systems
I have performed a Review of Systems
10 point review of negative unless noted in HPI

PMFSH and Home Medications

Past Medical History
Medical History
Past Medical History:

Diagnosis	Date
• 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
• Visual impairment	

Surgical History
Surgical History
Past Surgical History:

Procedure	Laterality	Date
• CARDIAC CATHETERIZATION *CV CATHETERIZATION RIGHT HEART performed by Glen Fandetti, MD at PVL Invasive Lab*	Right	04/09/2026
• CESAREAN SECTION, CLASSICAL *x3*		
• COLONOSCOPY		
• ESOPHAGOGASTRODUODENOSCOPY		
• JOINT REPLACEMENT		Left knee 2007, right

	knee 2010,2016 revision

- TUBAL LIGATION

Family History

Family History

Family History

Problem	Relation	Name	Age of Onset
• Emphysema	Mother		
• Emphysema	Brother		
• Emphysema	Brother		

Social History

Social History

Social History

Socioeconomic History

- Marital status: Married

Tobacco Use

- Smoking status: Former
  - Types: Cigarettes
  - Passive exposure: Never
- Smokeless tobacco: Never
- Tobacco comments:
  - *Quit over 15 yrs ago*

Vaping Use

- Vaping status: Never Used

Substance and Sexual Activity

- Alcohol use: Not Currently
- Drug use: Never
- Sexual activity: Not Currently
  - Partners: Male
  - Birth control/protection: Post-menopausal

Social Drivers of Health

Living Situation: Low Risk (6/22/2026)

Living Situation

- What is your living situation today?: I have a steady place to live
- Think about the place you live. Do you have problems with any of the following? Choose all that apply:: None/None on this list

Recent Concern: Living Situation - Medium Risk (4/6/2026)

Living Situation

- What is your living situation today?: I have a place to live today, but I am worried about losing it in the future
- Think about the place you live. Do you have problems with any of the following? Choose all that apply:: None/None on this list

Food Insecurity: Low Risk (6/22/2026)

Food vital sign

- Within the past 12 months, you worried that your food would run out before you got money to buy more: Never true
- Within the past 12 months, the food you bought just didn't last and you didn't have money to get more: Never true

Transportation Needs: No Transportation Needs (6/22/2026)

Transportation

- In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? : No

Utilities: Low Risk (6/22/2026)

Utilities

- In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home? : No

Safety: Low Risk (6/22/2026)

Safety

- How often does anyone, including family and friends, physically hurt you?: Never
- How often does anyone, including family and friends, insult or talk down to you?: Never
- How often does anyone, including family and friends, threaten you with harm?: Never
- How often does anyone, including family and friends, scream or curse at you?: Never

Alcohol Screening: Not At Risk (6/22/2026)

Alcohol

- Audit C Alcohol risk score: 1

Tobacco Use: Medium Risk (9/4/2026)

Patient History

- Smoking Tobacco Use: Former
- Smokeless Tobacco Use: Never
- Passive Exposure: Never

Depression: Not At Risk (9/2/2026)

PHQ-2

- PHQ-2 Score: 0

Social Connections: Unknown (6/22/2026)

Social Connection and Isolation Panel

- Frequency of Communication with Friends and Family: More than three times a week

Financial Resource Strain: Low Risk (6/22/2026)
Overall Financial Resource Strain (CARDIA)
• Difficulty of Paying Living Expenses: Not hard at all

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

Medications
Prescriptions Prior to Admission
(Not in a hospital admission)

Objective

Temp: [97.5 °F (36.4 °C)-97.8 °F (36.6 °C)] 97.8 °F (36.6 °C)
Heart Rate: [73-83] 74
Resp: [13-20] 16
BP: (93-107)/(57-81) 96/62

I have performed a Physical Exam
Physical Exam
General: Adult female alert and awake, oriented x 3. She does not appear to be in distress. No use of accessory muscles and she is not requiring supplemental O2 at this time.
Skin: Warm, dry
Head: Normocephalic, atraumatic
Neck: Trachea midline, supple
Eye: Normal conjunctiva, extraocular motion intact, conjunctiva pink, anicteric sclera, oropharynx clear, moist mucosa
Cardiovascular: Regular rate, normal rhythm, murmur present, no gallop, no rub, normal peripheral perfusion
Respiratory: Entry noted bilaterally with crackles at the bases, no wheezing
Chest wall: No deformity
Abdomen: Soft, benign, nondistended, nontender, no mass
Extremities: Anasarca involving bilateral lower extremity extending to the thighs and abdomen, no erythema or rubor
Neurologic: Awake, alert, and oriented x3, cranial nerves II through XII are intact, moves all 4 extremities equally, normal speech, normal gait
Psychiatric: Cooperative, appropriate affect

Results from last 7 days

Lab	Units	09/05/26 2245	09/02/26 1341
WHITE BLOOD CELL	10*3/uL	5.27	6.16

COUNT			
HEMOGLOBIN	g/dL	**7.9***	**8.1***
HEMATOCRIT	%	**26***	**26***
PLATELET COUNT	10*3/uL	**475***	**419***

Results from last 7 days

Lab	Units	09/05/26 2244	09/04/26 1448
SODIUM	mmol/L	**123***	**121***
POTASSIUM	mmol/L	4.8	**5.4***
CHLORIDE	mmol/L	**81***	**80***
CO2	mmol/L	**19***	**17***
BUN	mg/dL	**150***	**157***
CREATININE	mg/dL	**4.69***	**4.37***
GLUCOSE	mg/dL	109	**130***
CALCIUM	mg/dL	9.4	9.5

Results from last 7 days

Lab	Units	09/05/26 2244
MAGNESIUM	mg/dL	**2.6***

No results found for this visit on 09/05/26 (from the past week).

XR Chest 1 View
Result Date: 9/5/2026
Mild-to-moderate interstitial and alveolar pulmonary edema. Mild cardiomegaly. THIS IS AN ELECTRONICALLY VERIFIED FINAL REPORT 9/05/2026 11:00 PM - Electronically signed by Sunit Harris Workstation: CRG-IRAD-113 Atrium Health

ECG 12 lead
Result Date: 9/5/2026
Atrium Health Pineville ED
Test Date 2026-09-05 Pat Name CAROL POSTON Department PINEED Patient ID 0002986410 Room Gender Female Technician Aw DOB 1960-07-09 Requested By GINA DIMARTINO Order Number 1358777366 Reading MD
Measurements Intervals Axis Rate 80

P PR QRS 115 QRSD 114
T 71 QT 409 QTc 445
Interpretive Statements ATRIAL FIBRILLATION INCOMPLETE RIGHT BUNDLE BRANCH BLOCK POSSIBLE RIGHT VENTRICULAR HYPERTROPHY MINIMAL ST DEPRESSION

Assessment and Plan

Admit patient to PCU and she will remain in hospital Iseman secondary to his severe volume overload requiring a Lasix drip as well as nephrology consultation.

Assessment & Plan

Volume overload
– Due to acute on chronic kidney disease stage V
– Will start patient on Lasix drip
– Strict I&O
– Fluid restriction
– Daily weight
– Catheter placed for close monitoring of urine output
– Nephrology consulted
– Patient has peripheral edema on exam characterized by anasarca with pulmonary edema on chest x-ray

Acute renal failure superimposed on stage 5 chronic kidney disease, not on chronic dialysis (CMD)
Uremia
– Creatinine today is 4.69 previously 4.37 with a GFR of 10; bicarb of 19 and BUN of 150
– Strict I&O
– Being diuresed as above
– Discussed with nephrology and patient is not a candidate for dialysis given underlying valvular heart disease and severe pulmonary hypertension
– Consult palliative care to discuss goals of care

Acute on chronic heart failure with preserved ejection fraction (CMD)
– Her last echocardiogram was done 4/26/2026 revealing EF of 50% with inconclusive diastolic function
– BNP was 1086 with a troponin of 20
– Evidence of pulmonary edema and peripheral edema on exam
– Being diuresed with Lasix drip as above
– Strict I&O
– Daily weight

Microcytic anemia
– Likely related to ESRD

– Patient does have iron deficiency as well and is on iron supplementation
– Hemoglobin is 7.9

Type 2 diabetes mellitus with diabetic polyneuropathy, without long-term current use of insulin (CMD)
–Insulin sliding scale

Pulmonary hypertension (CMD)
–Contributing to right-sided heart failure

Longstanding persistent atrial fibrillation (CMD)
–Continue anticoagulation

I discussed the plan of care with patient and all questions were addressed, time spent 60 minutes.

DVT Prophylaxis: Fully Anticoagulated

CODE STATUS: Full Code. Information obtained from patient

Could Carol C Poston be considered for Hospital at Home in the next 24 hours? No

Anticipate > 2 midnight stay, patient will be admitted as inpatient for Volume overloadEstimated date of discharge Sep 10, 2026

Randel Bruney, MD