Consults

Signed Sep 8, 2026

Consults by Karen Payne, NP at 9/8/2026 12:42 PM

Consult Orders

1. Inpatient consult to Palliative Care [1358862995] ordered by Randel Bruney, MD at 09/06/26 0148

Palliative Medicine Initial Consult

Palliative Impression

Carol C Poston is a 66 y.o. female with severe pHTN, severe TR, OHS, OSA, HFpEF, RV failure, morbid obesity, Afib on Eliquis, and DM2, who was admitted 9/6 with volume overload. Patient was started on a lasix gtt but developed hypotension requiring epi for RV support/ cardiogenic shock. Patient is at risk for ongoing decline due to her advanced illness and Palliative was consulted to assist in goals of care discussions.

Palliative Recommendations

Goals of Care: Met with patient and her husband Kenneth at the bedside.

Patient expressed hesitancy in meeting with our team as she did not want to hear anything "negative". She appears to have good disease understanding, but is not ready to accept her prognosis. She reports being functionally independent and her goal is to go fishing at her beach house. We spent time discussing her illness trajectory. Discussed likelihood for ongoing fluid accumulation requiring recurrent hospitalizations. At this time she accepts all offered interventions, recognizing limited options. She reports being told she is not a dialysis candidate. Wants to remain a Full Code. Quantity of life is more important the quality, though she does value her independence. Husband is her surrogate decision maker. She is open to Community Palliative following at discharge and a referral has been placed.

Symptom Management: Management per primary team.

Surrogate Decision Maker: Kenneth (spouse).

Extended Emergency Contact Information
Primary Emergency Contact: Poston,Kenneth
United States of America
Mobile Phone: 704-589-3872
Relation: Spouse
Secondary Emergency Contact: Griffin,Marilynn
Mobile Phone: 704-589-0213
Relation: Daughter

Decision Making Capacity: Retains.

ACP Documents: No documents in chart.

Code Status: Full Code

Hospice Eligibility: Medically eligible, not in line with goals.

Referrals: Community Palliative.

Discussed with: Cardiologist and bedside RN.

Chief Complaint: Fluid overload.

History of Present Illness

Carol C. Poston, a 66-year-old female with CKD stage V, type 2 diabetes, atrial fibrillation, severe tricuspid regurgitation, pulmonary hypertension, and a history of recurrent admissions for fluid overload, presented with anasarca, ambulatory dysfunction, significant weight gain, and evidence of both right and left-sided heart failure. She was previously deemed not a candidate for long-term dialysis or mechanical circulatory support due to severe valvular heart disease and pulmonary hypertension.

On admission, she exhibited severe volume overload, pulmonary edema, microcytic anemia (Hgb 7.9), and marked renal dysfunction (BUN 150, creatinine 4.69), alongside severe hypotension and hyponatremia. IV diuresis with a Lasix drip was attempted but resulted in profound hypotension requiring vasopressor (epinephrine) support and transfer to CVICU for cardiogenic shock. Despite aggressive diuresis and inotropic therapy, she remained oliguric with persistent renal impairment and hypotension.

Repeated goals-of-care discussions confirmed she was not a candidate for dialysis or mechanical circulatory support; temporary dialysis was agreed to only if necessary. Management included rate-controlled atrial fibrillation with ongoing anticoagulation, continued diuretic and inotropic support, fluid restriction, and planned transfusion for worsening anemia. Recent trends showed modest improvement in lactate and fluid balance but persistent renal dysfunction and anemia.

On exam patient is alert and oriented. She denies any pain or shortness of breath. She is up in the chair receiving a blood transfusion. Husband is at bedside.

Problem List:

Patient Active Problem List

Diagnosis	Date Noted
• Type 2 diabetes mellitus with nephropathy (CMD)	05/01/2026
• CKD stage 4 due to type 2 diabetes mellitus (CMD)	05/01/2026
• Obesity, Class III, BMI 40-49.9 (morbid obesity) (CMD)	05/01/2026
• Acute renal failure superimposed on stage 5 chronic kidney disease, not on chronic dialysis (CMD)	09/06/2026
• Volume overload	09/06/2026
• Uremia	09/06/2026
• Hyponatremia	09/06/2026
• Cardiogenic shock (CMD)	09/06/2026
• Cardiac volume overload	09/06/2026
• Lactic acidosis	09/06/2026

• Morbidly obese (CMD)	09/04/2026
• Iron deficiency anemia	06/23/2026
• Microcytic anemia	06/22/2026
• Severe tricuspid regurgitation	04/26/2026
• Obstructive sleep apnea	04/08/2026
• Pulmonary hypertension (CMD)	04/08/2026
• Acute diastolic heart failure (CMD)	04/08/2026
• Acute on chronic heart failure (CMD)	04/07/2026
• Acute on chronic heart failure with preserved ejection fraction (CMD)	04/06/2026
• Acute kidney injury	04/06/2026
• Hyperkalemia	04/06/2026
• UTI (urinary tract infection)	04/06/2026
• Iron deficiency	10/22/2025
• Screening for depression	09/16/2025
• At increased risk for cardiovascular disease	09/16/2025
• Idiopathic chronic gout of multiple sites without tophus	07/31/2025
• Chronic right-sided heart failure (CMD)	03/14/2025
• Pickwickian syndrome (CMD)	03/14/2025
• Medicare annual wellness visit, subsequent	03/14/2025
• Atrial fibrillation (CMD)	08/12/2024
• Mixed hyperlipidemia	03/06/2024
• Type 2 diabetes mellitus with diabetic polyneuropathy, without long-term current use of insulin (CMD)	03/05/2024
• GERD without esophagitis	03/05/2024
• Primary hypertension	03/05/2024
• Morbid obesity (CMD)	03/05/2024
• Longstanding persistent atrial fibrillation (CMD)	03/05/2024
• Vitamin D deficiency	03/05/2024
• Colon polyp	03/05/2024
• Chronic CHF (CMD)	03/05/2024
• Well adult exam	03/04/2024

PHYSICAL EXAM

Vitals:

	09/08/26 1115	09/08/26 1130	09/08/26 1145	09/08/26 1200
BP:	91/68	90/60	106/78	**(!) 81/61**
BP Location:				
Patient Position:				
Pulse:	**(!) 116**	**(!) 116**	**(!) 128**	**(!) 127**
Resp:	17	16	17	16
Temp:				97.5 °F (36.4 °C)
TempSrc:				Oral
SpO2:	100%	100%	**(!) 84%**	100%
Weight:				
Height:				

Physical Exam
General: Chronically ill appearing, No acute distress.
HEENT: Normal hearing.
Respiratory: Respirations are non-labored.
Cardiovascular: Tachycardic.

Integumentary: Warm, Dry, No rash.
Neurologic: Alert, Oriented.
Psychiatric: Appropriate mood & affect.

Review of Systems
Complete review of systems is negative except as noted above.

Laboratory Results:

Results from last 7 days

Lab	Units	09/08/26 0443	09/08/26 0047	09/07/26 0017
WHITE BLOOD CELL COUNT	10*3/uL	--	8.70	6.51
HEMOGLOBIN	g/dL	**6.7***	**6.7***	**7.4***
HEMATOCRIT	%	**22***	**22***	**23***
PLATELET COUNT	10*3/uL	--	369	**471***

Results from last 7 days

Lab	Units	09/08/26 0750	09/08/26 0047
SODIUM	mmol/L	**133***	**132***
POTASSIUM	mmol/L	3.5	3.9
CHLORIDE	mmol/L	**90***	**90***
CO2	mmol/L	27	27
BUN	mg/dL	**119***	**127***
CREATININE	mg/dL	**4.30***	**4.35***
GLUCOSE	mg/dL	**161***	**169***
CALCIUM	mg/dL	9.1	9.3

Results from last 7 days

Lab	Units	09/08/26 0750	09/08/26 0047	09/07/26 1529	09/06/26 2010	09/05/26 2244	09/02/26 1341
AST	U/L	--	23	--	--	26	29
ALT	U/L	--	15	--	--	16	20
BILIRUBIN TOTAL	mg/dL	--	1.0	--	--	**1.4***	**1.3***
TOTAL PROTEIN	g/dL	--	**6.2***	--	--	6.3	6.7
ALBUMIN	g/dL	3.9	3.9	3.8	< >	3.8	3.8
ALP	U/L	--	**137***	--	--	**144***	**146***

< > = values in this interval not displayed.

Diagnostic Results:

XR Chest 1 View
Result Date: 9/7/2026
1. Right PICC line catheter placement as above. 2. Stable pulmonary vascular congestion and interstitial edema. 3. No pneumothorax. THIS IS AN ELECTRONICALLY VERIFIED FINAL REPORT 9/07/2026 5:09 PM - Electronically

signed by Jon Fromke Workstation: CRG-IRAD-72 Atrium Health

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

Patient's records, including outside records, were reviewed and summarized in the HPI.

Past Medical History:
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.

Social History:
Social History

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

Substance Use Topics
- Alcohol use: Not Currently

Tobacco Use: Medium Risk (9/4/2026)
Patient History
- Smoking Tobacco Use: Former
- Smokeless Tobacco Use: Never
- Passive Exposure: Never

Family History:
Family History
Family History

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

Surgical History:
Surgical History
Past Surgical History:

Procedure	Laterality	Date
• CARDIAC CATHETERIZATION	Right	04/09/2026

CV CATHETERIZATION RIGHT HEART performed by Glen Fandetti, MD at PVL Invasive Lab
- CESAREAN SECTION, CLASSICAL *x3*
- COLONOSCOPY
- ESOPHAGOGASTRODUODENOSCOPY
- JOINT REPLACEMENT — Left knee 2007, right knee 2010,2016 revision
- TUBAL LIGATION

ATTESTATION
Reason for Consult: Goals of Care.
Source of History: Medical Record, Patient, Husband.
Present at Bedside: Husband.
History Limitation: None.

Time: 16 minutes spent in advance care planning reviewing patient's values and overall goals for treatment, discussion of surrogate decision makers, care preferences should the patient decline.

Thank you for consulting the Pineville Palliative Care Team. We appreciate the opportunity to work with you, this patient, and the patient's family.

Karen Payne, NP