Progress Notes

Updated Sep 6, 2026

Progress Notes by Shatima Seward, MD at 9/6/2026 10:59 AM

Atrium Health

HOSPITAL MEDICINE - PROGRESS NOTE

Hospital Day: #0

Admission Date: 9/5/2026

PCP: Matthew M Verrill, MD

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

Hospital Course:
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.

Discharge Readiness:
Anticipated Discharge Date: Sep 9, 2026
Dispo to: Other: TBD
Barriers to Discharge: Volume overload, IV diuresis, palliative consult

Subjective

Patient placed on lasix gtt on admission. Hypotensive this morning
Denies chest pain, sob, abdominal pain, n/v
She says she ate some breakfast
Afebrile
Husband at the bedside and updated on the plan of care

Assessment/Plan

Assessment & Plan

Volume overload
– Due to acute on chronic kidney disease stage V
– Lasix gtt started on admission but currently being held due to severe hypotension this morning ... SBP in 60s
– Strict I&O
– 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
-- patient given 250cc bolus and albumin this morning ... Will monitor BP and resume diuresis when stable

Acute renal failure superimposed on stage 5 chronic kidney disease, not on chronic dialysis (CMD)
Uremia
– Creatinine today is 4.69 on admission previously 4.37 with a GFR of 10; bicarb of 19 and BUN of 150
– Strict I&O
– Needs diuresis
– 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
– Lasix gtt on hold due to severe hypotension

– 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

Hyponatremia
-- The patient has clinically significant hyponatremia with sodium:123* (09/05 2244) (sodium <130). The patient's electrolytes will be monitored closely and appropriately treated.
-- in the setting of volume overload
-- continue diuresis
-- monitor q4 Na labs

Emergently called to bedside for SBP 60s. Patient evaluated...seems a little confused. NS and albumin ordered. Re-evaluated and SBP improved to 80s. On 3rd evaluation while receiving albumin SBP 90. She says she is feeling better. Husband at the bedside and updated on the plan of care. Total critical care time ~35 minutes

ADDENDUM: Patient with recurrent hypotension despite 2nd albumin infusion. Discussed with ICU team. Patient will transfer to CVICU for concern of cardiogenic shock in the severe pulm HTN. Discussed with Dr. Keveson and Dr. Pamulapati.

DVT Prophylaxis: Fully Anticoagulated

Active Medications:
albumin human, 25 g, intravenous, Once
allopurinol, 100 mg, oral, Daily
AMIODarone, 200 mg, oral, Daily
apixaban, 5 mg, oral, BID
ascorbic acid, 500 mg, oral, Daily
cholecalciferol (VITAMIN D3), 1,000 Units, oral, Daily
ferrous sulfate, 325 mg, oral, Daily with breakfast
insulin aspart (NovoLOG)/insulin lispro (HumaLOG) injection, 0-6 Units,

subcutaneous, With meals & at bedtime
metoprolol TARTRATE, 25 mg, oral, Q12H SCH

Infusions:
[Held by provider] furosemide, 10 mg/hr, Last Rate: Stopped (09/06/26 0928)

Objective

Temp: [97.5 °F (36.4 °C)-97.8 °F (36.6 °C)] 97.6 °F (36.4 °C)
Heart Rate: [72-93] 93
Resp: [12-20] 18
BP: (67-107)/(33-81) 85/54

Physical Exam
Constitutional:
General: She is not in acute distress.
Eyes:
Extraocular Movements: Extraocular movements intact.
Cardiovascular:
Rate and Rhythm: Normal rate. Rhythm irregular.
Pulmonary:
Effort: No respiratory distress.
Breath sounds: Normal breath sounds.
Abdominal:
General: There is distension.
Palpations: Abdomen is soft.
Tenderness: There is no abdominal tenderness.
Musculoskeletal:
Right lower leg: Edema present.
Left lower leg: Edema present.
Skin:
General: Skin is warm.
Findings: No rash.
Neurological:
General: No focal deficit present.
Mental Status: She is alert and oriented to person, place, and time.

Labs

Results from last 7 days

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

Imaging

XR Chest 1 View
Final Result by Sunit Peter Harris, MD (09/05 2300)
DATE OF SERVICE:
9/5/2026 10:57 pm

EXAM:
PORTABLE AP CHEST

CLINICAL HISTORY:
Dyspnea

COMPARISON:
XR CHEST 2 VIEWS, ACC 175XR264107814, dated: 20260621;
XR CHEST 1 VIEW, ACC 175XR262755754, dated: 20260409;
XR CHEST 1 VIEW, ACC 175XR263034690, dated: 20260424

TECHNIQUE:
Single portable AP view of the chest

FINDINGS:
Support Apparatus: None.

Mediastinum: Mild cardiomegaly.

Lungs/Pleura: Mild-to-moderate interstitial and alveolar pulmonary edema.
No pneumothorax

Upper Abdomen: Visualized portions are unremarkable.

Bones: Multilevel degenerative changes of the spine.

IMPRESSION:
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

Shatima Seward, MD