

Consults

Signed Sep 6, 2026

[Consults by Benjamin Keveson, MD at 9/6/2026 2:02 PM](#)

ICU Daily Progress Note

Hospital Summary

The patient is a pleasant 66-year-old female with past medical history most significant for severe pulmonary hypertension severe tricuspid regurgitation chronic right sided heart failure thought secondary to pickwickian and chronic respiratory failure as per outside notes, atrial fibrillation on Eliquis and type 2 diabetes who is being transferred to the cardiovascular ICU for acute on chronic congestive heart failure and cardiogenic shock. Patient admitted to the hospital yesterday with hypotension and leg swelling with increased weight gain. BNP of 1100, creatinine up to 4.7, platelets 396 white blood cell 4.2 hemoglobin 7.3. Chest x-ray revealed edema. Patient was admitted to the floor and initiated on Lasix but developed hypotension and was transferred to the cardiovascular ICU.

Assessment & Plan

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CHF/RV Failure/Cardiogenic Shock:

- Epi 2, lasix ggt for goal net negative 1-2 liters
- Can add diuril if needed
- TTE pending
- LA pending
- If no significant UOP with epi and lasix would attempt velettri inhaled next

AKI on CKD

- Lasix as per above
- RP q8h
- Foley
- Discussed dialysis with patient and possible ultrafiltration. Patient would like to attempt everything possible to avoid dialysis but if required an eventuality would be willing to complete

FEN:

-Med diet

Ppx:

-Apix

Code:

-Full

Intake/Output for last 24 hours:

Intake/Output Summary (Last 24 hours) at 9/6/2026 1402

Last data filed at 9/6/2026 1355

	Gross per 24 hour
Intake	821.27 ml
Output	620 ml
Net	201.27 ml

Vent settings for last 24 hours:

Vital signs for last 24 hours:

Temp: [97.4 °F (36.3 °C)-97.8 °F (36.6 °C)] 97.7 °F (36.5 °C)

Heart Rate: [72-93] 86

Resp: [12-20] 17

BP: (67-120)/(33-81) 120/43

Physical Exam:

General: alert and oriented

HEENT: pupils symmetrical and reactive

Lungs: clear

Cardiovascular: regular rate and rhythm

Integumentary: anasarctic

Neuro: non focal

Ab: Soft, non tender, non distended

Critical Care Time excluding procedures: 45 minutes