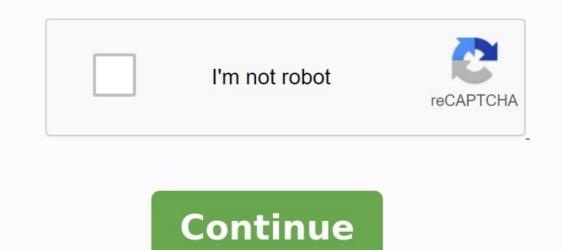
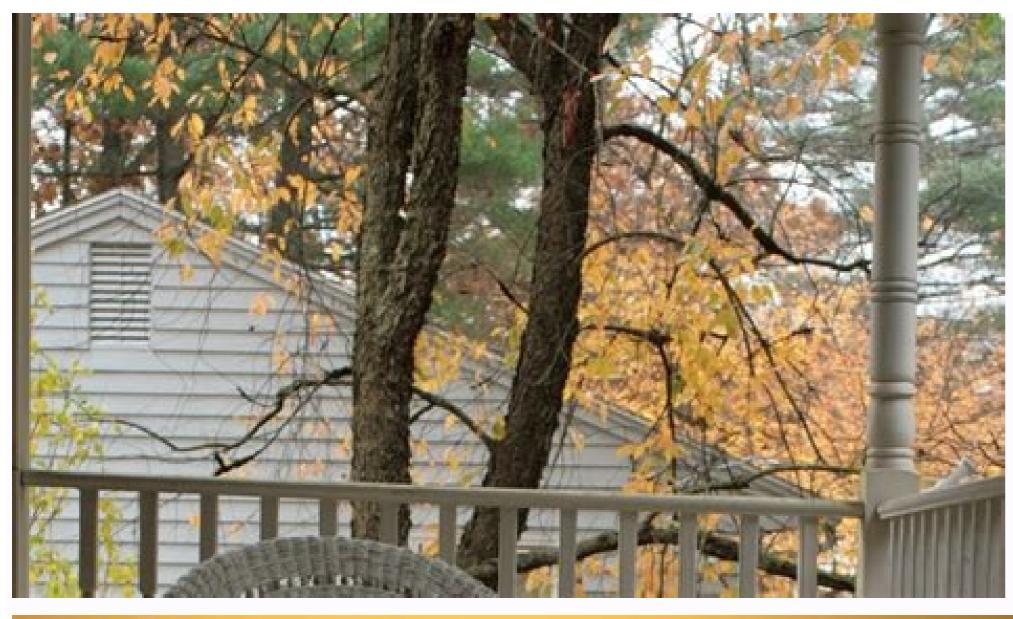
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West Penn Allegheny Health System	CONLEY, RITA J	MRN: 001985454
Allegheny General Hospital	DOB: 11/13/1957	Account No:150052631994
Medical Record - Documents Dictated	Admit Date : 02/01/2011	Discharge Date: 04/09/2011

02/01/2011 00:01	AGH History and Physical	Menon, Zubin (MD-Resident)	[Entered: 02/03/2011 10:34 Interfaced from, MedQuist	**Revised/Signed
			(Other)]	Final

 GDD.
GDD.
Mpsertension.
Ristory of mistance abuse, quit 15 years apo (IV drug abuse).
Ristory of mistance abuse, quit 15 years apo (IV drug abuse).
Chronic methadoms therapy.
Chronic methadoms therapy.
Atrial fibrillation with rapid ventricular response resulting in pulmomary edems. ALLENGIES: INCLUSE PERICILLIN, WHICH CADDES & RADE. BACTRIM AND SULFA DEDOS CADDE HALLOCIMATIONS.

MEDICATIONS: The family is unable to provide a medication list. However, as per prior education, the patient is on emalapril 20 mg b.i.d., methadome 60 mg p.e. daily, and ramitidize 20 mg p.e. daily. The miss was on metoprolol as per the patient's husband.

DOCIAL HISTORY: The patient works at a deli. She has a remote history of substance abuse, guit shout 13 years ago, when she used to use pain killers and IV suphetmaines. She has a 35+ pack year history of smoking.

REVIEW OF SYSTEMS: As per RFL.

PWYSICAL ECARINATION: PWYSICAL ECARINATION: VITAL SUGN: Elocal pressure 142/90, pulse 109, MAF of 116. Traperature is pending. Respiratory zets of 10. RESERVI: The pupils are equal and reactive to light. Foor dentition is moted. RENT: The pupils are equal and reactive to light. Foor dentition is moted. RENT: 51 and 52. Reputer tate and thyriam. No surgers, rube, or gallope. PULMUMERT: Bilateral curkles in all fields. RECOMPTINE Bondistended. Obser. Sovel sounds are positive. ECTRENTIES: Bo symmetic, edeam, of errithera. RENT: The basks or collulitie changes are moted.

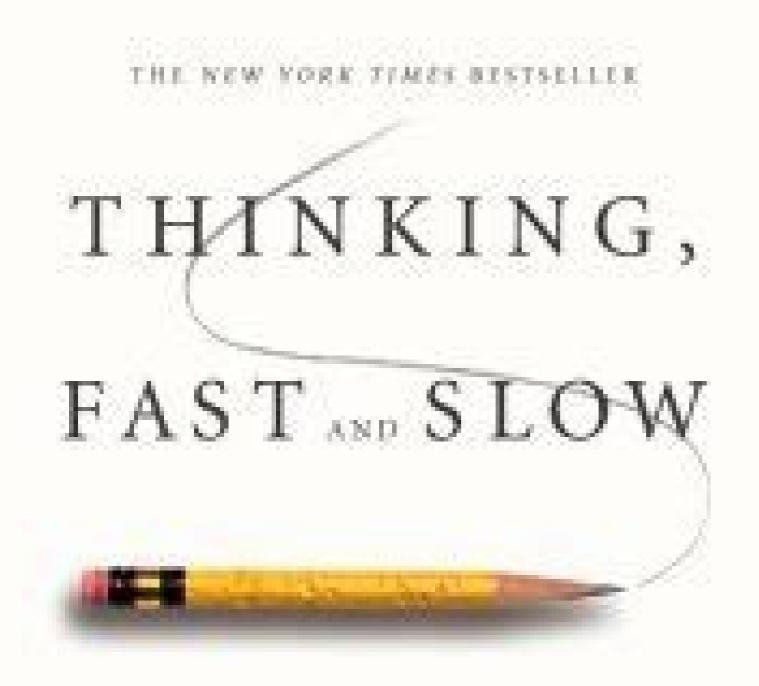
LABORATURT DATA: Blood glucose of 243, 80W of 23, creatining of 1.12, sodium of 137, potassium of 3.1, chloride of 103, C02 of 16, beta hydroxyburyrate less tham 0.00, FT of 14.9, ISR of 1.2, white count of 10.3, hemogloban 13.1, platelet count of 321. Dilantim level of less tham 0.0. The patient's wrine tax is positive for benicdiazepines and opintes. CT head is negative for any acute disease.

ASSESSMENT: This is a 53-year-old lady with a part acdical history of scute conset pulmonary edems secondary to atrial fibrillation with rapid ventricular response, how presenting again with source shortness of breach resulting in ventilator-dependent respinatory failure. She appears to have pulmonary edems and metabolic acidosis and experienced myoclonic jerks in the emergency room.

PLAN: 1. Cardiovasculat. The first set of cardiac empyses are negative. We will obtain further sets. The patient is in the ICD. We will repeat an echo and compare it her January 15 echo. We will consider a cardiology consult pending tersuits of the echo. We will provide pressoc support as required and UV fluids as needed. The patient is nursently in normal sinus thythm. 2. Pulaemary. The patient is currently on AC, rate of 16, whome of 500 cc, FTO2 1000, with a FEEF of 5 saturating at 1000. The mast recent ADG reveals continued metabolic atidoxis with a pH of 7.33, PaCO2 of 35, pU2 of 181, and an MCO3 of 18.1. This is an improvement over

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## DANIEL KAHNEMAN

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방법은 가격을 가장하는 것을 알려야 한 것을 가지 않는 것을 것을 위해 가격을 가장하는 것을 가지 않는 것을 했다.

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Mar Barth

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