

# CDI Clinical Scenario 4

**CLINICAL DOCUMENTATION IMPROVEMENT:**

*An Introduction Into The Field of CDI*

**MARSI**  
MEDICAL AUDIT RESOURCE SERVICES, INC.

# CODING HOSPITAL

123 Main Street  
Anywhere, USA

## HISTORY AND PHYSICAL EXAMINATION

ADMITTED:

MEDICAL RECORD NUMBER:

ADMISSION DATE:

DISCHARGE DATE:

### HISTORY IDENTIFICATION:

52 year old Caucasian male who initially appeared in the ER. Informant is patient who seems reliable and hospital records.

CC: Bilateral pedal edema

HPI: Patient appeared in ER complaining of bilateral pedal edema that was increasingly getting worse. Patient states he has a prior history of heart failure and recently discontinued all of his medications on his own. He denies any chest pain or shortness of breath. Denies any upper respiratory symptoms or cough. Patient stated that he lives alone and would be willing to be hospitalized to get the edema under control. His edema does have him concerned.

### PAST MEDICAL HISTORY:

Medications: As stated above patient is presently on no medications. According to medical records he has been on Levothyroxine 0.05 mg q am. Lasix 40 mg po q d, Peri-Colace 1 tablet bid and Darvocet 1-2 tablets po prn q 6 hours.

ALLERGIES: No known medical allergies

### PAST SURGICAL HISTORY:

Bilateral hernia repair done approximately 20 years ago, gall bladder removal 1965, skin graft left and 12/2000.

TRANSFUSIONS: Patient feels he has been transfused before but cannot recall when

CHRONIC ILLNESSES: CHF, Hypothyroidism, Cirrhosis of Liver, Osteomyelitis, PVD, COPD, ETOH abuse

FAMILY HISTORY: Father with CHF

ADMITTED:

MEDICAL RECORD NUMBER:

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SOCIAL HISTORY: Retired radiologist, also Veteran US Navy  
States he quit tobacco products 20 years ago  
Alcohol use is episodic. Does admit to drinking more  
Recently which might contribute to his problems

REVIEW OF SYSTEMS: Patient has dentures, wears glasses with bifocal correlative  
Lenses

PHYSICAL EXAM

GENERAL: Patient pleasant white Caucasian male sitting upright  
Does not appear in any discomfort.  
T 96.3, P 92, R 22, BP 160/83  
O2 sat 97% room air

HEENT: Head normocephalic, Eyes Normal, clear  
Ears, TMs pearly gray with cone of light and landmarks  
Present. Nose symmetrical, sinuses nontender. Nasal  
Mucosa pink and moist. Mucosa pink and moist.

NECK: Good range of motion without tenderness. No masses  
Or lymphadenopathy. Carotids +2 out of 4 bilaterally

CHEST: symmetrical expansion

LUNGS: Lung fields significant for very minimal crackles lower  
Left and right lobe

HEART: Irregular rhythm, regular rate, no murmur, rubs, gallops

ABDOMEN: No tenderness to palpation, no guarding, no rebound

M/S: Good range of motion all joints. No erythema, tenderness,  
Swelling, pedal edema +2 bilaterally

VASCULAR: Radial and dorsalis pedal pulses +2 out of 4 bilaterally

NEURO: Cranial nerves 2-12 intact, motor +4 out of 5

ADMITTED:  
MEDICAL RECORD NUMBER:

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LABORATORY FINDINGS:

TSH elevated at 5.822. Panel 12 within normal limits. CBC within normal limits. Two chest x-rays significant for some cardiomegaly with small amount of fluid lower left lobe.

ASSESSMENT/PLAN:

1. Pedal Edema
2. CHF
3. Hypothyroidism

PLAN:

Patient admitted. Saline locked placed and Lasix 40 mg IV tid ordered. Patient denies knowing he was hypothyroid. Patient is do not resuscitate status.

James Jones, MD

D:

T:

## **PROGRESS NOTE**

Date/Time

### **PROGRESS NOTE**

Patient states feel very weak, denies cough, SOB, N/V/D. Feet are swollen and slightly tender.

BP 163/90, Afebrile

Lungs: Scattered crackles throughout lower 1/3 of lungs

CV: Irregular rhythm, 1+ bipedal edema with decreased pulses K+ 3.3

### **ASSESSMENT/PLAN:**

CHF, Continue IV Lasix, will start potassium replacement and continue to monitor

Patient ID

Admit:

**PROGRESS NOTES**

**Coding Hospital**

## **PROGRESS NOTE**

Date/Time

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Patient states still feeling weak, states breathing is better, ankles are much less edematous  
BP 155/75, T 96.3  
Lungs, bibasilar crackles  
BUN 1.3, Creatinine 1.1, Na+ 136, K= 3.3

### **ASSESSMENT/PLAN:**

CHF improving, will continue current therapies, probably will switch to PO tomorrow

**PROGRESS NOTES**

**Coding Hospital**

## **PROGRESS NOTE**

Date/Time

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Patient states better, breathing improved, ankles much improved

BP 147/73, P 81, R 20, Temp 96.8

Lungs, clear

No pedal edema

Heart, regular, rate and rhythm

### **ASSESSMENT/PLAN:**

CHF, improving, switch to oral Lasix, increase potassium replacement. Continue to monitor on oral diuretics. If stable, discharge to home tomorrow.

James Jones, MD

**PROGRESS NOTES**

Admit:

MR #

**Coding Hospital**

## **PROGRESS NOTE**

Date/Time

08/27/XX

Patient feels good, didn't like saline lock so demanded it be removed.

Vital signs stable

Lungs clear

Heart regular, rate and rhythm

No pedal edema

**ASSESSMENT:**

CHF, tolerating oral meds, will discharge to home today.

James Jones, MD

Patient ID

**PROGRESS NOTES**

Admit:

MR #

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**RADIOLOGY REPORT**

**MR#**

**CLINICAL SUMMARY:**

**PA AND LATERAL CHEST, 08/23/XX**

Chest X-Ray, 08/23/xx

CHEST, 08/23/XX: PA and lateral views of chest compared with 06/23/xxx revealed no significant interval change and no acute process.

Thomas O'Toole, MD  
Ddt/mm

D:  
T:

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**RADIOLOGY REPORT**

**MR#**

**PA AND LATERAL CHEST, 08/25/XX**

CHEST, 08/25/XX: PA and lateral views of chest compared with 08/23/XX revealed a similar appearance between chest x-rays. No evidence of CHF, infiltrate or effusion noted. Findings compatible with COPD are minimal. Aorta is calcified and minimally tortuous. Moderate degenerative changes are noted in the spine. Healed curbstone fractures are noted.

**IMPRESSION:**

No acute process. No significant interval changes.

Dr. Thomas O'Toole

Ddt/mm

D:

T:

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