Labs: Electrolytes today are normal. Tennocytes are 3,982.

*Laboratory DATA: White count 15,000. Hematocrit is 35. Platelet count is 269, differential 79% eos, 10%

*Examination: There is no peripheral edema. Pupils are intact. I do not see any skin rash.

*Abdomen: Very large, soft, non-tender, gas, peristalsis tube in place. He has a Foley catheter in place.

*Heart: Regular rate and rhythm. Tachycardia at 130.

*Breath sounds are symmetric and equal. He is not in any respiratory distress with subtle in the sigh of the lungs. The trachea is midline. The site is clean. He has a gastrostomy tube in place. He has a Foley catheter.

*General: He is awake and alert. He moans words but does not speak. He will follow commands.

*Heart: His pupils are equal.

*Breathing: and tells me that he always forgets his CPAP. The pressure on his face made him choke.

*Currently, he is on the back collar. He is tolerating that without difficulty. Nurse report less agitation. His voice at 45 now.

*The remainder of his vitals were reviewed.

*Current temperature is 39.2. Heart rate 102. Blood pressure has been better controlled. He is not nearly as short of breath as he was yesterday. He is doing well.

*Hospitalized for a prolonged period of time with multiple recurrent infections. His initial event was evaluated.

*SUBJECTIVE: I have evaluated.

*Objective: Tranquil and have seen him on rounds. He has been

*Final Report

DATE: 09/13/2014 14:23:06

Progress Note Transcribed (verified)
3. PNEUMONIA

- Received broad-spectrum antibiotics for 3 days as well as steroids until 09/20/14, now he is on Solumedrol 20 mg once a day.
- Was prior to hospitalization as well as withdrawal. He was on Solumedrol, which has also been held.
- Only new medication that the patient knows of is diclofenac and tramadol for back pain. Started a few weeks prior to hospitalization.

- History of episodes of shortness of breath in the setting of ACE inhibitor use, which was discontinued and did not recur.
- Face, neck, and tongue swelling on admission.

2. ANGIODEMA OF UNCLEAR ETIOLOGY.

- He is tolerating tracheal intubation now without difficulty and is not requiring near the sedation used to earlier.
- Tach and PEG on 09/19/2014.
- Tach and PEG on 09/22/2014.
- Sectioned syndrome with zyvox and his antihistamines.
- Vancocycin changed to Zyrtec 30/09/2014. Rechallenged back to vancomycin 09/12/2014 due to possible endocardial tube endocarditis change 09/05/2014 with diffuse erythema and purpura of the endocardial tube.
- Bronchoscopy 08/31. Moderate sepsis.
- Current treatment secondary to bilateralatelectasis, which with bubble study negative for intracardiac shunt.
- Report left history of asthma, chest pain and dyspnea have also been tried. None of it has been remarkably effective.
- Revised protocol and levaquin have also been tried. None of it has been remarkably effective.
- Protocols and levaquin have also been tried. None of it has been remarkably effective.
- Probable septic shock with hypotension.

ASSessment:

- Protocol for acute respiratory failure, multifactorial.
- Chest x-ray showed bilateral bilateralatelectasis.
- Abnormal 12-lead ECG.
- Initial injury with upper airway obstruction secondary to angioedema of uncertain etiology.
- Current MEDICATIONS: Revelewad. He is on tamofox, propranolol, vancomycin, solu-medrol 20 mg daily, Reglan 5 mg.