

CLEVELAND COMMUNITY HOSPITAL

2800 Westside Drive, NW
Cleveland, TN 37312

DISCHARGE SUMMARY

PATIENT NAME: WALKER, LILLIE	ADMISSION DATE: 10/26/04
PATIENT NUMBER: 146170	DISCHARGE DATE: 10/27/04
DATE OF BIRTH: 01/04/32	

HISTORY OF PRESENT ILLNESS: The patient is a 72-year-old Caucasian female admitted with provisional diagnosis of syncope and laceration of the left knee. For more details, please refer to the history and physical.

HOSPITAL COURSE: The patient was admitted to a telemetry bed. Dr. Beeks, the orthopedist, saw the patient regarding her left knee and sutured the knee. The patient did not have any episodes of dysrhythmia on telemetry. She continued to be alert and oriented without any CNS deficit while she was in the hospital. Upon her discharge, the patient has no complaints. Her vital signs are stable. Lungs are clear. Cardiovascular exam is unremarkable. The left knee wound is healing nicely. The patient is discharged home.

DISCHARGE MEDICATIONS: Augmentin 875 mg b.i.d. for five days and Vicodin, #20. She is to continue her home medications of albuterol, atenolol, Combivent, lisinopril, Protonix, Xanax, and oxygen.

DISCHARGE PLAN: Home health agency is to see the patient and she is to follow up with Dr. Beeks regarding her left knee.

FINAL DIAGNOSIS: Syncope of unknown etiology and laceration of the left knee.

ADDITIONAL DIAGNOSES

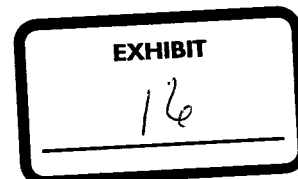
1. History of chronic obstructive pulmonary disease.
2. History of hypertension.
3. History of coronary artery disease.
4. History of pulmonary emboli.
5. History of anxiety and depression.
6. History of gastroesophageal reflux disease.
7. History of chronic back pain.
8. She is status post hysterectomy, cholecystectomy, and appendectomy.


Samir Rahbe, MD

SR/PS/kj/70753

D: 10/27/04 08:40 a.m.

T: 10/27/04 09:27 a.m.



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HISTORY AND PHYSICAL

PATIENT NAME: WALKER, LILLIE	ADMISSION DATE: 10/26/04
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DATE OF BIRTH: 01/04/32	310-A

HISTORY OF PRESENT ILLNESS: The patient is a 72-year-old Caucasian female who presented to the emergency room with a chief complaint of passing out. The patient stated that she was doing very well during the whole day when she went from her kitchen to the living room, was standing up, and all of a sudden she remembered falling down and getting up bleeding. Her daughter was asleep and woke up because of the sound. The daughter walked in and saw the patient lying down and bleeding from her knee. The patient denied any presyncopal symptoms. When she got up, she remembered everything. She did not have any CNS deficit. She was bleeding profusely from her left knee. She was brought to the emergency room. The patient stated that she had one episode several months ago at Maryville and was hospitalized for one day.

PAST MEDICAL HISTORY: The patient has a history of COPD, history of hypertension, history of coronary artery disease, history of pulmonary emboli, history of anxiety and depression, history of osteoarthritis and chronic pain, history of gastroesophageal reflux disease.

PAST SURGICAL HISTORY: She is status post hysterectomy, cholecystectomy, and appendectomy.

MEDICATIONS

1. Albuterol.
2. Atenolol.
3. Combivent.
4. Hydrochlorothiazide.
5. Lisinopril.
6. Oxygen.
7. Protonix.
8. Xanax.

DRUG ALLERGIES: The patient is allergic to codeine, doxycycline, Naprosyn, and Ceclor.

FAMILY HISTORY: Noncontributory.

CONTINUED