

Progress Notes by [REDACTED] APRN at 6/16/2016 8:18 AM

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Editor: [REDACTED] APRN (Nurse Practitioner)

Related Notes: Original Note by [REDACTED] APRN (Nurse Practitioner) filed at 6/16/2016 9:05 AM

[REDACTED] Hospital

[REDACTED] Health

Thoracic Interventional Pulmonary Pleural Fluid Analysis Note

[REDACTED] is s/p Left thoracentesis on 6/15/16 with 2000mL drained during the procedure. The fluid was serosanguinous in color. Mr. [REDACTED] tolerated the procedure well.

Pleural Fluid Results

Cell Count w diff:

RBC: 28,000

Nuc: 580

% Gran: 12

% Lymph: 70

% Tissue: 15

Chemistries:

Protein: 2.2

Glucose: 163

LDH: 84

Culture: NGTD

Cyto: Pending

Serum - pending

Total Protein:

LDH:

Assessment:

Left pleural fluid is lymphocyte predominant transudate. Given lymphocyte predominance (long standing inflammation) most likely related to underlying chronic Liver disease (also recent development ESRD on HD) and not infectious etiology. Would continue to follow cyto for ?malignancy. The culture shows NGTD (Gram Stain 1+WBC), and Cytology is pending. If the fluid is recurrent he may require serial thoracentesis if more definitive interventions for his Liver disease are not an option.

Recommendations:

Continue to follow cyto

Continue to follow cxr/clinical symptoms for reaccumulation

Thank you for including us in this patient's care. Please call [REDACTED] with any questions or concerns.

Electronically Signed by [REDACTED] APRN, June 16, 2016

