**SOAP NOTES**

1. No SOB/CP overnight. 3 pillow orthopnea (improved from 4 at admission). Pt feels swelling in feet has improved but still has to elevate legs frequently. Pt walked halls s difficulty but did not tolerate steps.
2. T98.6 Tm99.3 HR87 RR14 BP114/69-129/78 I/O1800cc/4500cc FSBS 178-223

* GEN – A&O x 3, in NAD
* HEENT – PERRL, EOMI
* CV – RRR, S3 present, no m/r/g, 2+ PE to mild calf
* RESP – CTAB x mild crackles @ bases, breathing symm c normal effort
* ABD – s/nt/nd, NABS, no HSMeg, no palpable masses MS – MAEW, 5/5 strength UE/LE
* NEURO – CN II-XII intact, normal sensation to LT/pressure/temp, two-point discrimination intact, gait normal, patellar and brachioradial DTRs 2/4
* PSYCH – affect, mood congruent and appropriate Labs: CBC, BMP or CMP
* Imaging: XR, CT, Echo, etc.

**A/P:** 68 yo WM c CHF, HTN and DMII admitted for edema and DOE

1. CHF – previously class II but pt now symptomatic c mild exertion; echo scheduled today to eval EF/cardiac fxn; pt on appropriate CHF regimen at home; will continue aggressive diuresis c Lasix and consider addition of Digitalis at this time; cont low Na diet
2. HTN – currently on Lasix, BB and ACEI c good control, cont home meds
3. DMII – on glucophage at home c FSBS in 250-300 range; on SSI c FSBS 178-223 in house; will consult DM Ed to educate pt on diet/exercise as well as recommend more appropriate home regimen; cont Q6H FSBS.