Points to Ponder

- ☐ **1.** Will you approve an INPT stay for this patient with a Dx of UTI? For which DRG?
- ☐ **2.** Was there support for a diagnosis of Malnutrition or not?
- **3.** If denied , would you perform a Peer to Peer, accept observation or appeal if necessary?
- ☐ **4.** What will you do differently if this is a payor that follows
  - ☐ a. Medicare Guidelines = the 2MN Rule?
  - ☐ b. Managed Medicare Guidelines = Requiring a CC44 to accept OBS?
  - ☐ c. Commercial Payor = Criteria application MCG/ IQ/ or a variation of one or both?

Documentation Available *(redacted from 432 pgs)*

Admission Date: 10/05/XX

History & Physical

Date/Time: 10/06/XX 0821

Reason for Visit: UTI/ BLADDER MASS

Ms. XXXXX is a 90 year old female who does not see a physician regularly but does have a history of both glaucoma currently on no medications as well as cataracts denies any other medical problems presents with weakness, recent fall, and weight loss. Patient was treated for urinary tract infection in late August with Keflex however culture failed to show any definitive infection. Patient tells me that she has lost probably 20 lb over the last couple of months because she is not hungry she says when she is not feeling well she will not eat. She denies any abdominal pain she says in August she did have pain when she urinated but she denies that now. She came to the emergency room and apparently had gross pyuria very thick urine with tremendous amount of mucus which was grossly positive for infection was started on IV Rocephin. Patient then had a CT scan of the abdomen and pelvis preliminary reading is that of a 5 cm homogeneous bladder mass. When I saw the patient this morning she is a continuous

bladder irrigation going the CT scan did not suggest hydronephrosis nor does she have gross hematuria. I think is reasonable. The CBI and continue the Foley catheter for the time being. Dr. xxxxx of Urology is on optional call this weekend will try to get in touch with him later today I think would be reasonable to cool down the urinary tract infection as she does have white count 24,000 with IV antibiotics and await culture results. Then she will likely need a cystoscopy to address the possible bladder mass. It is important note the patient has been seeing a naturalist for her medical care and she is a Jehovah Witness and would refuse blood transfusions if needed. Patient denies any recent fevers or chills as weaker than normal in continued weight loss. Family is currently not in the room.

Reviewed old & current records

Allergies

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
No Known Drug Allergies	Allergy			Verified	08/18/XX 13:56

Home Medications

Medication	Instructions	Recorded	Confirmed
Cephalexin [Keflex 500 MG]	500 mg PO TID #21 cap	08/18/XX	

Past Medical History

No Pertinent Medical History

EENT: Cataracts, Glaucoma

No Pertinent Surgical History

- Family History

** Mother

deceased (Mother died at 94 of old age)

Reproductive: Denies: Breast Cancer

** Father

Home Medications

Instructions Recorded

500 mg PO TID #21 cap 08/18/XX

deceased (Father died in his 40s of some type of cardiac event per patient)

Social History

Lives With: alone

Marital Status: Widowed

- **Smoking History**

Smoking Status: Former Smoker

Smoked in Past 30 Days: No

- **Alcohol Use History**

Use: None

- **Drug Use History**

Use: None

ROS

Constitutional: fatigue, malaise. Denies: chills, fever

Eyes: other (Patient generally has poor vision)

ENT: Denies: throat pain

Confirmed

Endocrine: decreased appetite, unexplained weight loss. Denies: polydipsia, polyuria

Respiratory: SOB with exertion. Denies: cough, sputum production, SOB at rest

Cardiovascular: Denies: chest pain, palpitations

Gastrointestinal: Denies: abdominal pain, nausea, vomiting, diarrhea, constipation, hematemesis,

melena, hematochezia

Genitourinary: frequency. Denies: dysuria

Musculoskeletal: weakness

Integumentary: Denies: rash, lesions, abrasion

Neurological: Denies: headache, numbness, paresthesias, confusion, vertigo, seizure

Psychiatric: Denies: anxiety, depression

Exam

Height: 5 ft

Weight: 31.751 kg

BMI: 13.6

Vital Signs (ED)

Temp	Pulse	Resp	BP	Pulse Ox
98.4 F	51 L	16	159/58 H	93
10/05/XX 16:26	10/05/XX 16:26	10/05/XX 16:26	10/05/XX 16:26	10/05XX 16:26

Vital Signs (Last Values)

Temp	Pulse	Resp	BP	Pulse Ox
97.7 F	41 L	16	143/65 H	92
10/06/XX 08:00	10/06/XX 08:00	10/06/XX 08:00	10/06/XX 08:00	10/06/XX 08:00

Reviewed: vital signs reviewed

- **General**

Limitations: no limitations

General appearance: alert, cachectic

- **HEENT**

Head exam: atraumatic, normocephalic

Eye exam: normal appearance, No scleral icterus

Mouth exam: mucous membranes dry

Throat exam: normal inspection

- **Neck**

Neck exam: normal inspection, No JVD, No carotid bruit, No lymphadenopathy

- **Chest**

Chest exam: normal inspection

- **Respiratory**

Respiratory Exam: clear to auscultation bil aterally, normal effort, No wheezes, No rales, No rhonchi

Oxygen: no oxygen requirements

- **Cardiovascular**

Cardiovascular exam: bradycardia, other (Few ectopics)

Telemetry: sinus bradycardia

Peripheral pulses: 1+: carotid (R), carotid (L), posterior tibialis (R), posterior tibialis **(L),** dorsalis pedis (R), dorsalis pedis (L)

- **GI/Abdominal**

GI/Abdomen exam: soft, non-tender, active bowel sounds, other (No palpable masses, very thin)

- **GU**

GU exam: foley catheter (Three way Foley with a CBI going clear urine there is some tissue debris in the Foley catheter tubing)

- **Extremities**

Extremity exam: other (Scoliosis), No edema, No clubbing, No cyanosis

- **Skin**

Skin exam: warm, No normal turgor (Poor skin turgor)

- **Neurological**

Neurological exam: alert

Oriented to: person, place. Not: time

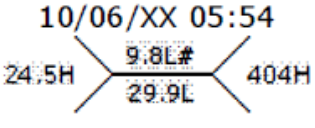
Speech: clear

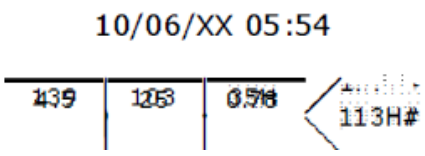
- **Psychiatric**

Psychiatric exam: normal mood

Results

Laboratory results reviewed, Radiology results reviewed (CT the abdomen pelvis shows possible 5 cm homogeneous mass in the bladder, chest x-ray shows changes of COPD no mass seen), ECG results reviewed (August EKG shows right bundle branch block, left anterior fascicular block, P VCs)





Laboratory Results

	10/06/XX 05:54	10/06/XX 05:54	10/05/XX 22:31	Range/Units
WBC		24.5 H		(4.8-10.8) 10^3/cmm
RBC		3.30 L		(4.20-5.40) 10^6/cmm
Hgb		9.8 L D		(12.0-16.4) g/dL
Hct		29.9 L		(38.0-47.0) %
MCV		90.6		(80.0-96.0) fL
MCH		29.9		(27.0-31.0) pg
MCHC		32.9		(32.0-36.0) g/dL
RDW		13.9		(11.5-14.5)
Plt Count		404 H		(130-400) 10^3/cmm
Total Counted		100		
Neutrophils % (Manual)		96 H		(50-70) %
Lymphocytes % (Manual)		1 L		(20-44) %
Monocytes % (Manual)		3		(2-9) %
Neutrophils # (Manual)		23520 H		(2400-7560) /cmm
Lymphocytes # (Manual)		245 L		(960-4752) /cmm
Monocytes # (Manual)		735		(96-972) /cmm
Platelet Estimate		Normal		
Normocytic RBCs		Yes		
Normochromic RBCs		Yes		
Sodium	139			(136-145) mmol/L
Potassium	4.5			(3.5-5.1) mmol/L
Chloride	103			(98-107) mmol/L
Carbon Dioxide	25			(22-29) mmol/L
Anion Gap	16			(9-18)
BUN	35 H			(8-23) mg/dL
Creatinine	0.78			(0.50-0.90) mg/dL
GFR Calculation	89			(>60 mL/min) /1.73 m2
BUN/Creatinine Ratio	44.9			
Glucose	113 H D			(74-109) mg/dL
Lactic Acid			1.5	(0.5-2.2) mmol/L
Calcium	8.3 L			(8.8-10.2) mg/dL

Assessment & Plan

(1) UTI (urinary tract infection) with pyuria

Plan: 90-year-old lady presents with what seems like a recurrent urinary tract infection that failed treatment from August, verses recurrent infection. Patient's white count is in 20,000 range and she has had significant decreased appetite and weight loss. Patient has been placed on IV Rocephin will await culture identification and sensitivities. At this point due to her weight loss, elevated white count, and malaise I do believe she needs an inpatient stay as she was certainly will not improve within the next 2 midnights.

(2) Bladder mass

Plan: Patient was found have a 5 cm homogeneous mass in the bladder she does not have gross hematuria with CBI so I think that can be stopped would continue Foley for the time being as apparently she had very thick pyuria. Will discuss with Dr. XXXXX this weekend if possible to see if possible cystoscopy could be done Monday if patient and family willing to proceed with evaluation.

(3) Protein-calorie malnutrition, moderate

Plan: Patient is had significant weight loss is unclear over what time frame will try to verify with family however BMI is currently 13.7 likely due to caloric deficit. Interestingly in her albumin is within normal limits however she is somewhat dehydrated. Will have dietary see the patient and encourage p.o. intake, obviously weight loss could be due to possible underlying malignancy.

(4) Glaucoma

Plan: Patient says no recent change in her vision has had elevated interocular pressures in the past she tells me she has an appointment with a ophthalmologist in the near future.

(5) Dehydration

Plan: Patient presented with moderate dehydration will down dose IV fluids today. Dehydration secondary to decreased oral intake. Patient BUN and creatinine ratio of over 40.

(6) Anemia

Plan: Patient had hemoglobin of 11.3 in August now down to 9.8 with normal MCV. Will check iron studies, B12, folic acid, heme stool. Important note the patient is a Jehovah Witness and would refuse blood transfusions if clinically needed.

Plan: admit as inpatient

Hospitalist Progress Note

Date/Time: 10/07/XX 0901

General Info

Date Seen: 10/07 /XX
Time Seen: 09:01
Seen By: XXXXXXXXXXXXXX

Reason for Visit/Complaint: UTI/BLADDER MASS

Patient says she feels subjectively better today. Denies any lower abdominal pain or cramping. Really no issues with the Foley catheter. Denies any chest pain, palpitations, shortness of breath, or cough. Denies any fevers or chills.

- Reviewed
laboratory results (White count down to 16.8, hemoglobin 9.2, folic acid level low at 2.5, iron studies suggest anemia of chronic disease. MCV 90, urine culture gram-negative rods)

ROS

Constitutional: fatigue

Respiratory: SOB with exertion (Chronic). Denies: cough, SOB at rest

Cardiovascular: Denies: chest pain, palpitations

Gastrointestinal: Denies: abdominal pain, nausea, vomiting

Genitourinary: Denies: dysuria (Denied dysuria on presentation did have dysuria couple months ago with UTI)

Neurological: Denies: headache, confusion (Not confused but does not remember why she is here)

Psychiatric: no symptoms reported

Exam

Height: 5 ft

Weight: 31.751 kg

BMI: 13.6

Vital Signs (ED)

Temp	Pulse	Resp	BP	Pulse Ox
98.4 F	51 L	16	159/58 H	93
10/05/XX 16:26	10/05/XX 16:26	10/05/XX 16:26	10/05/XX 16:26	10/05/XX 16:26

Vital Signs (Last Values)

Temp	Pulse	Resp	BP	Pulse Ox
98.6 F	42 L	16	149/69 H	92
10/07/XX 07:35	10/07/XX 07:35	10/07/XX 07:35	10/07/XX 07:35	10/07/XX 07:35

- General

Limitations: no limitations

General appearance: alert, in no apparent distress, appears chronically **ill,** cachectic

- HEENT

Mouth exam: mucous membranes moist (Obvious saliva on the tongue today much better than yesterday)

Throat exam: normal inspection

- Neck

Neck exam: normal inspection, No JVD

- Respiratory

Respiratory Exam: clear to auscultation bilaterally, normal effort, No rales

Oxygen: no oxygen requirements

- Cardiovascular

Cardiovascular exam: regular rate, regular rhythm, +51, +52, other (Soft systolic murmur at the apex)

Peripheral pulses: 1 +: posterior tibial is (R), posterior tibialis (L), dorsalis pedis (R), dorsal is pedis (L)

- GI/Abdominal

GI/Abdomen exam: soft, non-tender, active bowel sounds, No palpable mass, No tenderness

- GU

GU exam: foley catheter (Cream milky colored urine with flecks of tissue in the Foley catheter tubing)

- Extremities

Extremity exam: normal inspection, other (Very long thickened toenails), No edema, No clubbing, No cyanosis

- Skin

Skin exam: warm

- Neurological

Neurological exam: alert

Oriented to: person, place. Not: time

Speech: clear

- Psychiatric

Psychiatric exam: normal mood

Assessment and Plan

- Assessment/Plan

Discussed Case With: Nurse

- Problems

(1) UTI (urinary tract infection) with pyuria

Status: Stable

Plan: Patient is growing out gram-negative rods in her urine. Urine is very thick and milky and consistently with flecks of tissue in the Foley catheter tubing. CT scan of the abdomen pelvis suggest a homogeneous mass 5 cm in the bladder. I discussed case Dr. XXXXX yesterday and he will see her in consultation on Monday morning, will make her NPO after midnight in case cystoscopy is warranted. No gross hematuria. Due to her presentation with weight loss and anemia patient may have malignancy.

(2) Bladder mass

Status: Stable

Plan: Patient was found have a 5 cm homogeneous mass. Plan is to have Dr. XXXXX see her on Monday will likely need cystoscopy. I did not see the family yesterday the nurse will call me today upon their arrival discuss options and treatment planning.

(3) Protein-calorie malnutrition, moderate

Status: Stable

Plan: Patient is had significant weight loss is unclear over what time frame will try to verify with family however BMI is currently 13. 7 likely due to caloric deficit. Interestingly in her albumin is within normal limits however she is somewhat dehydrated. Will have dietary see the patient and encourage p.a. intake, obviously weight loss could be due to possible underlying malignancy.

(4) Glaucoma

Status: Stable

Plan: Patient says no recent change in her vision has had elevated interocular pressures in the past she tells me she has an appointment with a ophthalmologist in the near future.

(5) Dehydration

Status: Slight Improved

Plan: Clinically dehydration has improved will hep well IV. Encourage p.o.intake.

(6) Anemia

Status: Stable

Plan: Patient hemoglobin in the 9 range. MCV 90, folic acid low will need to be replaced, iron studies suggest anemia of chronic disease.

(7) Folic acid deficiency

Plan: Patient is anemic with normal MCV, likely has multifactorial anemia however folic acid is low at 2.2 will start folic acid 1 mg p.a. daily.

Hospitalist Progress Note

Date/Time: 10/08/ XX 0904

General Info

Date Seen: 10/08/XX
Time Seen: 09:04
Seen By: XXXXXXXXXXXXXX

Reason for Visit/Complaint: UTI/BLADDER MASS

Portions of this record were completed using voice recognition software. There may be errors/omissions secondary to voice recognition mistakes.

Patient denies chest pain or shortness of breath. Denies abdominal pain.
Images of CT scan were personally reviewed. Showed stones in the bladder. Mass in the bladder.

Patient is very thin. Frail appearing.
She is only 70 lb.
care assumed, reviewed case in detail

- Reviewed

laboratory results, radiology results, radiology image review

Exam

Height: 5 ft
Weight: 31.751 kg
BMI: 13.6

Vital Signs (ED)

Temp	Pulse	Resp	BP	Pulse Ox
98.4 F	51 L	16	159/58 H	93
10/05/XX 16:26	10/05/XX 16:26	10/05/XX 16:26	10/05/XX 16:26	10/05/XX 16:26

Vital Signs (Last Values)

Temp	Pulse	Resp	BP	Pulse Ox
99.3 F	49 L	22	158/70 H	92
10/08/XX 08:25	10/08/XX 08:25	10/08/XX 08:25	10/08/XX 08:25	10/08/XX 08:25

Reviewed: vital signs reviewed

Physical Assessment:

General: No acute distress. Thin, elderly, frail-appearing.

Eyes: Extraocular movements intact.

ENT: Neck is supple.

Cardio: Heart regular rhythm.

Lungs: Relaxed respirations. Clear posteriorly.

Abdomen: Soft, nondistended, nontender.

GU: No supra pubic tenderness.

Extremities: No edema. Diffuse muscle wasting.

Neuro: Alert. No gross focal deficits.

Skin: No rashes appreciated.

Assessment and Plan

(1) UTI (urinary tract infection) with pyuria

Urine culture 10/05/XXXX grew out E coli. Urine is very thick and milky and consistently with flecks of tissue in the Foley catheter tubing. CT scan of the abdomen pelvis suggest a homogeneous mass 5 cm in the bladder. Will continue treatment with Rocephin IV. Transition to Keflex on discharge.

(**2)** Bladder **mass**

Status: Stable

Plan: Patient was found have a 5 cm homogeneous mass. Dr. XXXXX evaluated the patient on 10/08/XXXX. Plan is outpatient flexible cystoscopy to evaluate bladder mass. Will DC Foley catheter.

(3) Protein-calorie malnutrition, moderate

Status: Stable

Plan: Patient is had significant weight loss is unclear over what time frame will try to verify with family however BMI is currently 13. 7 likely due to caloric deficit. Interestingly in her albumin is within normal limits however she is somewhat dehydrated. Will have dietary see the patient and encourage p.o. intake, obviously weight loss could be due to possible underlying malignancy.

(4) Glaucoma

Status: Stable

Plan: Patient says no recent change in her vision has had elevated interocular

pressures in the past she tells me she has an appointment with a ophthalmologist in the near future.

(5) Anemia

Status: Stable

Plan: Patient hemoglobin in the 9 range. MCV 90, folic acid low will need to be replaced, iron studies suggest anemia of chronic disease.

(6) Folic acid deficiency

Plan: Patient is anemic with normal MCV, likely has multifactorial anemia however folic acid is low at 2.2 will start folic acid 1 mg p.a. daily.

Plan discharge to skilled nursing facility once arrangements can be made.

Hospitalist Progress Note

Date/Time: 10/09/ XX 0951

General Info

Date Seen: 10/09/X
Time Seen: 09:51
Seen By: XXXXXXXX

Reason for Visit/Complaint: UTI/BLADDER MASS

Patient denies chest pain or shortness of breath.

Exam

Height: 5 ft
Weight: 34.496 kg
BMI: 14.8

Vital Signs (ED)

Temp	Pulse	Resp	BP	Pulse Ox
98.4 F	51 L	16	159/58 H	93
10/05/X 16:26	10/05/XX 16:26	10/05/XX 16:26	10/05/XX 16:26	10/05/XX 16:26

Vital Signs (Last Values)

Temp	Pulse	Resp	BP	Pulse Ox
98.0 F	48 L	20	173/75 H	95
10/09/XX 07:31	10/09/XX 07:31	10/09/XX 07:31	10/09/XX 07:31	10/09/XX 07:31

Reviewed: vital signs reviewed

Physical Assessment:

General: No acute distress. Thin, frail, chronically ill-appearing.

Eyes: Extraocular movements intact.

ENT: Neck is supple.

Cardio: Heart regular rhythm.

Lungs: Relaxed respirations. Clear posteriorly.

Abdomen: Soft, nondistended, nontender.

GU: No supra pubic tenderness.

Extremities: No edema.

Neuro: Alert. No gross focal deficits.

Skin: No rashes appreciated.

Assessment and Plan

(1) UTI (urinary tract infection) with pyuria

Urine culture 10/05/XXXX grew out E coli. Pansensitive. Urine is very thick and milky and consistently with flecks of tissue in the Foley catheter tubing. CT scan of the abdomen pelvis suggest a homogeneous mass 5 cm in the bladder. Will continue treatment with Rocephin IV. Transition to Keflex on discharge.

(2) Bladder **mass**

Status: Stable

Plan: Patient was found have a 5 cm homogeneous mass. Dr. XXXXX evaluated the patient on 10/08/XXXX. Plan is outpatient flexible cystoscopy to evaluate bladder mass. Patient not particularly interested in invasive therapy.

(3) Protein-calorie malnutrition, moderate

Status: Stable
Plan: Patient is had significant weight loss is unclear over what time frame will try to verify with family however BMI is currently 13. 7 likely due to caloric deficit. Interestingly in her albumin is within normal limits however she is somewhat dehydrated. Dietitian consulted.

(4) Glaucoma

Status: Stable **Plan:** Patient says no recent change in her vision has had elevated interocular pressures in the past she tells me she has an appointment with a ophthalmologist in the near future.

(5) Anemia

Status: Stable
Plan: Patient hemoglobin in the 9 range. MCV 90, folic acid low will need to be replaced, iron studies suggest anemia of chronic disease.

(6) Folic acid deficiency

Plan: Patient is anemic with normal MCV, likely has multifactorial anemia however folic acid is low at 2.2 will start folic acid 1 mg p.o. daily.

DNR cc arrest per discussion with the patient on 10/08/XXX.

Plan discharge to skilled nursing facility

Admission Date: 10/05/XX

Discharge Summary

Date/Time: 10/09/XX 0954

Date Seen: 10/09/XX
Time Seen: 09:54
Seen By: XXXXXXXXXXXXXXX

Discharge Date: 10/09/XX

Time Spent on Discharge: > 30 Minutes

Condition: Fair

Prognosis: Poor

Health Concerns:

Bladder mass

Prescriptions/Home Medications:

New

Folic Acid [Folic Acid=] 1 mg PO DAILY tablet

Continue

Cephalexin [Keflex 500 MG] 500 mg PO TID #21 cap

Diet: Regular

Activity: Up with assist as tolerated

Follow Up Test: CYSTOSCOPY WITH DR XXXXX 10/16/XX 9AM IN OFFICE

Follow-Up Appointment/Referrals:

XXXXXXXXXX, DO [ACTIVE PHYSICIAN] - 10/16/XX 9 :00 am

(Cysto will be done in office.)

Doctor,No [Primary Care Provider] –

Disposition: ECF/SNF

Ms. XXXXX is a 90 year old female who does not see a physician regularly but does have a history of both glaucoma currently on no medications as well as cataracts denies any other medical problems presents with weakness, recent fall, and weight loss. Patient was treated for urinary tract infection in late August with Keflex however culture failed to show any definitive infection. Patient tells me that she has lost probably 20 lb over the last couple of months because she is not hungry she says when she is not feeling well she will not eat. She denies any abdominal pain she says in August she did have pain when she urinated but she denies that now. She came to the emergency room and apparently had gross pyuria very thick urine with tremendous amount of mucus which was grossly positive for infection was started on IV Rocephin. Patient then had a CT scan of the abdomen and pelvis preliminary reading is that of a 5 cm homogeneous bladder mass.

(1) UTI (urinary tract infection) with pyuria

Urine culture 10/05/XXXX grew out E coli. Pansensitive. Urine is very thick and milky and consistently with flecks of tissue in the Foley catheter tubing. CT scan of the abdomen pelvis suggest a homogeneous mass 5 cm in the bladder. Will continue treatment with Rocephin IV. Transition to Keflex on discharge.

(2) Bladder **mass**

Status: Stable
Plan: Patient was found have a 5 cm homogeneous mass. Dr. XXXXX evaluated the patient on 10/08/XXXX. Plan is outpatient flexible cystoscopy to evaluate bladder mass. Patient not particularly interested in invasive therapy.

(3) Protein-calorie malnutrition, moderate

Status: Stable
Plan: Patient is had significant weight loss is unclear over what time frame will try to verify with family however BMI is currently 13. 7 likely due to caloric deficit. Interestingly in her albumin is within normal limits however she is somewhat dehydrated. Dietitian consulted.

(4) Glaucoma

Status: Stable
Plan: Patient says no recent change in her vision has had elevated interocular pressures in the past she tells me she has an appointment with a ophthalmologist in the near future.

(5) Anemia

Patient hemoglobin in the 9 range. MCV 90, folic acid low will need to be replaced, iron studies suggest anemia of chronic disease. Suspect related to underlying bladder mass. Patient is a Jehovah's Witness.

(6) Folic acid deficiency

Plan: Patient is anemic with normal MCV, likely has multifactorial anemia however folic acid is low at 2.2 will start folic acid 1 mg p.a. daily.

DNR cc arrest per discussion with the patient on 10/08/XXXX.
Jehovah's Witness: By history.

Laboratory Results - Last 24 hr

	10/08/XX 05:42	Range/Units
Total Counted	100	
Neutrophils % (Manual)	88 H	(50-70) %
Lymphocytes % (Manual)	3 L	(20-44) %
Monocytes % (Manual)	9	(2-9) %
Neutrophils # (Manual)	13024 H	(2400-7560) /cmm
Lymphocytes # (Manual)	444 L	(960-4752) /cmm
Monocytes # (Manual)	1332 H	(96-972) /cmm
Platelet Estimate	Normal	
Normocytic RBCs	Yes	
Normochromic RBCs	Yes	

Diagnoses this Admission and Hospital Course

☐ URINARY TRACT INFECTION with pyuria – with or without one or more CC/MCC?