



**Nevada Senior Services, Inc.**  
**Hospital 2 Home**  
 901 N. Jones Blvd. Las Vegas, NV 89108  
 (702) 333-1539  
[NSSadmissions@NevadaSeniorServices.Org](mailto:NSSadmissions@NevadaSeniorServices.Org)



## HOSPITAL 2 HOME REFERRAL FORM

Date: 9/11/25

Referral by: Maclovia K.

Phone #: 702-937-2074

Name of Agency: UMC

Email: Maclovia.kramer@umcsn.com

### Participant Information

Participant Name: Norma Cuevas Phone #: \_\_\_\_\_  Check if primary contact  
 Hospital: UMC Room Number: MICU 25 Age: 55  
 Diagnosis: Altered mental status Reasons for Admission: Hyperglycemia

### Caregiver Information

Caregiver Name/Relationship: Mauro Beltranbahena/spouse  Check if primary contact  
 Contact Phone #: 702-764-0805 Email: \_\_\_\_\_

### Eligibility: Adults 18+

#### 1. Patient is 18+ with a need for assistance:

- Does the patient live alone?  Yes  No
- Does the patient have mild, moderate or severe dementia?  Yes  No
- Is the patient living with an intellectual disability or at high risk for dementia?  Yes  No
- Does the patient have symptoms of cognitive impairment that are concerning?  Yes  No
- Does the patient or caregiver need assistance with behavioral symptoms?  Yes  No
- Is the patient unhoused/homeless?  Yes  No
- Has the patient or caregiver had COVID-19, been exposed to it, or is socially isolated?  Yes  No

#### 2. Home Address (or destination after hospitalization):

2513 E TONOPAH AVE NORTH LAS VEGAS NV 89030

#### 3. Briefly explain or list below the current diagnosis, symptoms, and situation being experienced:

Medicaid Pending. Recent stroke 1 month ago. Pt and spouse Mauro moved in with pt's daughter Adriana to assist with pt's care. Pt is total care. Pt has PEG, DME - WC and hooyer lift. Pt's spouse speakes Spanish, daughter Adriana 702-970-1075 speaks English.

**\*\*H2H evaluates referrals during regular business hours. H2H is not an emergency response program\*\***

Please email or fax this form to: **Nevada Senior Services - Hospital 2 Home**  
**Email:** [NSSadmissions@NevadaSeniorServices.Org](mailto:NSSadmissions@NevadaSeniorServices.Org) **Fax:** (702) 648-1408 **Web:** [Hospital2Home.Org](http://Hospital2Home.Org)

<b>UMC Hospital</b>	<b>Patient:</b> Cuevas, Norma
	HAR: 18014890420
	MRN: 0001552371
	CSN #: 100058960093
	ED/Arrival: 9/9/2025 0002
	OBS Date/Time:
APGARS: /	IP Date/Time: 9/9/25 5:29 AM
Weight: oz	
Length:	
Height: 167.6 cm (5' 6"), 91.3 kg (201 lb 4.5 oz)	
MCRE Days:	

**ENCOUNTER**

Patient Class: Inpatient	Unit: MICU
Hospital Service: Medical ICU	Bed: MICU 25/01
Admitting Provider: Jill Sharma, MD	Referring Physician:
Attending Provider: Melissa M Rosas, MD	Adm Diagnosis: Hyponatremia [E87.0]

**PATIENT**

Name: Norma Cuevas	DOB: 6/12/1970 (55 yrs)			
Address: 2513 E TONOPAH AVE	Sex: Female			
City: NORTH LAS VEGAS NV 89030*	Pref Lang: Spanish			
Primary Care Provider:	Primary Phone: 702-488-0942			
	Email: No e-mail address on record			
<b>EMERGENCY CONTACT</b>				
<u>Contact Name</u>	<u>Legal Guardian?</u>	<u>Relationship to Patient</u>	<u>Home Phone</u>	<u>Mobile Phone</u>
1. Rodriguez,Adriana	No	Daughter		702-970-1075
2. beltranbahena,mauro	No	Spouse		702-764-0805

**GUARANTOR**

Guarantor: CUEVAS,NORMA	DOB: 6/12/1970
Address: 2513 E TONOPAH AVE	Sex: Female
NORTH LAS VEGAS,NV 89030-7349	
Relation to Patient: Self	Home Phone: 702-488-0942
Guarantor ID: 3608978	Work Phone:
	Mobile Phone: 702-488-0942
<b>GUARANTOR EMPLOYER</b>	
Employer:	Status: Not Employed

**COVERAGE**

<b>PRIMARY INSURANCE</b>	
Payor: MEDICAID PENDING	Plan: MEDICAID PENDING
Group Number:	
Subscriber Name: CUEVAS,NORMA	Medicaid FFS#:
Subscriber ID: 00000291401	Subscriber DOB: 6/12/1970
Pat. Rel. to Subscriber: Self	Cvg Dates: 9/1/2025 TO
<b>SECONDARY INSURANCE</b>	
Payor: FINANCIAL RELIEF PR*	Plan: PENDING FINANCIAL RELIEF*
Group Number:	
Subscriber Name: CUEVAS,NORMA	Medicaid FFS#:
Subscriber ID: 11111111	Subscriber DOB: 6/12/1970

# Cuevas, Norma

MRN: 0001552371

**Dhruv Reddy, MD**  
Physician  
Internal Medicine

H&P    
Addendum

Date of Service: 9/9/2025 5:29 AM



## Hospitalist History & Physical

**Date of Admission:** 9/9/2025

**Date of Service:** Pt seen/examined on 09/09/25

**Chief Complaint:** altered mental status

### History Of Present Illness:

The patient is a 55 y.o. female who presents to University Medical Center with altered mental status. No family at bedside at the time my evaluation the patient can not give history herself. EMS reports patient was AAO times 0 found lying in the bed. Family noted that she would altered mental status since 0800 hours yesterday. They had also noted that she was hyperventilating. Patient has a past medical history significant for CVA with residual left-sided deficits about 1 month ago. She has a PEG tube in place. In the emergency department patient was found to be hyperglycemia with blood glucose greater than 700 also found to have a sodium of 151. Patient admitted to the ICU due to hypernatremia as well as HHS. Patient was seen and examined at bedside she appears chronically ill, AAO times 0.

### REVIEW OF SYSTEMS:

Unable to assess due to mental status

### Past Medical History:

#### Past Medical History:

#### Diagnosis

- Diabetes mellitus (CMS/HCC)
- Hypertension
- Stroke (CMS/HCC)

Date

### Past Surgical History:

**Past Surgical History:**

Procedure	Laterality	Date
• APPENDECTOMY		
• CESAREAN SECTION		
• CHOLECYSTECTOMY		

**Medications Prior to Admission:**

**Prior to Admission medications**

Medication	Sig	Start Date	End Date	Taken as Authorized?	Authorizing Provider
insulin glargine (LANTUS/SEMGLEE) 100 unit/mL injection	Inject nightly under the skin				

**Allergies:**

Patient has no known allergies.

**Social History:**

**TOBACCO: Tobacco Use History**

**Social History**

Tobacco Use	Smoking Status	Smokeless Tobacco
	Never	Never

**ETOH:**

**Social History**

**Substance and Sexual Activity**

Alcohol Use
Not Currently

**Family History:**

History reviewed. No pertinent family history.

**PHYSICAL EXAM:**

BP 118/76 | Pulse (!) 111 | Temp 37.2 °C (99 °F) (Axillary) | Resp 12 | Ht 167.6 cm (5' 6") | Wt 113 kg (250 lb) | SpO2 100% | BMI 40.35 kg/m<sup>2</sup>

Temp (24hrs), Avg:37.2 °C (99 °F), Min:37.2 °C (98.9 °F), Max:37.2 °C (99 °F)

General: AAO times 0, obese body habitus

HEENT: Normocephalic atraumatic, PERRLA, EOMI, trachea midline, dry mucous membrane

Respiratory: Lungs clear to auscultation bilaterally, symmetric expansion, no wheezing no rales no rhonchi

Cardiovascular: tachycardic, normal S1-S2, no murmurs rubs or gallops, peripheral pulses equal bilaterally

Gastrointestinal: Normoactive bowel sounds, nontender, nondistended, no hepatosplenomegaly, peg tube

Musculoskeletal: no gross abnormality

Extremities: no peripheral edema

Integumentary: skin dry, warm. No rashes, normal color, normal skin temperature

Neurological: AAO x0, 0/5 throughout left upper left lower extremity, 3/5 strength right upper right lower extremity

Psych: unable to assess

**EKG:** I have reviewed the EKG with the following interpretation: sinus tachycardia

## ASSESSMENT/PLAN:

### Active Hospital Problems

Diagnosis	Date Noted
• Hyperosmolar hyperglycemic state (HHS) (CMS/HCC) [E11.00] <i>Priority: High</i>	09/09/2025
• Hyponatremia [E87.0] <i>Priority: High</i>	09/09/2025
• SIRS (systemic inflammatory response syndrome) (CMS/HCC) [R65.10] <i>Priority: Medium</i>	09/09/2025
• Lactic acidosis [E87.20] <i>Priority: Medium</i>	09/09/2025
• Acute kidney injury (CMS/HCC) [N17.9] <i>Priority: Medium</i>	09/09/2025
• Acute metabolic encephalopathy [G93.41] <i>Priority: Medium</i>	09/09/2025
• History of CVA (cerebrovascular accident) [Z86.73] <i>Priority: Low</i>	09/09/2025

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Cuevas, Norma (MRN 0001552371) Encounter Date: 09/08/2025

- S/P percutaneous endoscopic gastrostomy (PEG) tube placement (CMS/HCC) [Z93.1] 09/09/2025  
*Priority: Low*
- Altered mental status, unspecified altered mental status type [R41.82] 09/09/2025

### Resolved Hospital Problems

No resolved problems to display.

#### \* Hyperosmolar hyperglycemic state (HHS) (CMS/HCC)

##### *Assessment & Plan*

- Insulin drip
- Fluid resuscitation
- Monitor electrolytes

#### Hypernatremia

##### *Assessment & Plan*

- Nephrology consulted
- We will need to resuscitate with IV fluids prior to correcting free water deficit
- Monitor sodium

#### Acute metabolic encephalopathy

##### *Assessment & Plan*

- In the setting of HHS it was well as hypernatremia
- Correct underlying hypernatremia as well as elevated glucose

#### Acute kidney injury (CMS/HCC)

##### *Assessment & Plan*

- IV fluids
- Bladder scan
- Monitor renal function
- Intake and output
- UA

#### Lactic acidosis

##### *Assessment & Plan*

- Aggressive fluid resuscitation
- Trend lactic acid

#### SIRS (systemic inflammatory response syndrome) (CMS/HCC)

##### *Assessment & Plan*

- Tachycardic and leukocytosis
- Aggressive fluid resuscitation
- Trend lactic acid
- Monitor vitals

**S/P percutaneous endoscopic gastrostomy (PEG) tube placement (CMS/HCC)***Assessment & Plan*

- Routine PEG tube care

**History of CVA (cerebrovascular accident)***Assessment & Plan*

- Residual left-sided deficits
- Patient on aspirin and statin

- I have discussed this admission with the emergency department physician and agreed that Norma Cuevas would benefit from further workup and management in the inpatient setting due to hypernatremia, hyperosmolar hyperglycemic state
- I have personally reviewed the following labs: CBC CMP serum osmolality
- I have reviewed the previous documents including the emergency department physician's note and MDM
- I have collected collateral information from patient's primary RN as well as ED physician, ICU resident

DVT Prophylaxis: heparin

Diet: Adult NPO Diet

Code Status: Category I

Dispo - admit to ICU

Dhruv Reddy, MD

CT Head without contrast

Result Date: 9/9/2025

Narrative: EXAM: CT HEAD WO CONTRAST CLINICAL HISTORY: R41.82 - Altered mental status, unspecified TECHNIQUE: Axial computed tomography images of the head/brain without intravenous contrast. Sagittal and coronal reformatted images were created and reviewed. This CT exam was performed using one or more of the following

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Cuevas, Norma (MRN 0001552371) Encounter Date: 09/08/2025

dose reduction techniques: automated exposure control, adjustment of the mA and/or kV according to patient size, and/or use of iterative reconstruction technique. COMPARISON: CT Head dated 12/13/2022 FINDINGS: BRAIN AND EXTRA-AXIAL SPACES: Small amount of hyperdensity along the margins of the right parietotemporal lobe infarct. No midline shift or herniation. Chronic right MCA territory and left parietal lobe infarcts. Moderate burden of scattered hypodensities in the periventricular and subcortical white matter likely chronic microvascular ischemic changes. BONES/JOINTS: No acute findings. No acute fracture. SOFT TISSUES: No acute findings. SINUSES: Normal where visualized. No acute sinusitis. MASTOID AIR CELLS: Normal where visualized. No mastoid effusion.

Impression: IMPRESSION: Small amount of hyperdensity along the margins of the right parietotemporal lobe infarct. No midline shift or herniation. Findings likely represent cortical laminar necrosis, although, acute blood products could have a similar appearance. I communicated these findings to Dr. Yang at 9/9/2025 5:22 am EST. Electronically signed by: Abhimanyu Aggarwal, MD Date: 9/9/2025 2:23 AM WorkstationID:AGGARWAL

XR Chest 1 view portable

Result Date: 9/9/2025

Narrative: EXAM: XR CHEST 1 VIEW PORTABLE E3436387 IMG1260 INDICATION: R41.82 - Altered mental status, unspecified COMPARISON: None TECHNIQUE: Chest one view FINDINGS: Pulmonary: Small basilar opacities most likely atelectasis (versus developing pneumonia). No large effusion or pneumothorax. Heart: Heart size normal. No vascular congestion. Mediastinum accentuated by patient rotation. Other: The visualized portions of the upper abdomen demonstrate no acute change

Impression: IMPRESSION: 1. Prominent appearance of the mediastinum accentuated by patient rotation. 2. Very small basilar pulmonary opacities most likely representing atelectasis (versus developing pneumonia). Electronically signed by: Baljit Deol, MD Date: 9/9/2025 12:55 AM WorkstationID:WRAD32

### Results from last 7 days

Lab	Units	09/09/25 0057	09/09/25 0025
WBC	K/MM3	--	12.52*
HGB	G/DL	--	13.5
HEMOGLO BIN BG	g/dL	13.2*	--
HCT	%	--	44.6*
PLT	K/MM3	--	160

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Cuevas, Norma (MRN 0001552371) Encounter Date: 09/08/2025

**Results from last 7 days**

Lab	Units	09/09/25 0419	09/09/25 0057	09/09/25 0025
NA	MMOL/L	159*	--	155*
K	MMOL/L	--	--	4.7
POTASSIU M BLD	mmol/l	--	4.5	--
CL	MMOL/L	--	--	114*
CO2	MMOL/L	--	--	26
BUN	MG/DL	--	--	80*
CREAT	MG/DL	--	--	1.42*
CA	MG/DL	--	--	9.3
ALB	G/DL	--	--	4.2
TP	G/DL	--	--	7.7
TBIL	MG/DL	--	--	1.2
ALK	U/L	--	--	167*
ALT	U/L	--	--	21
AST	IU/L	--	--	13
GLU	MG/DL	--	--	780*
AGAP	MMOL/L	--	--	15
MG	MG/DL	3.87*	--	--

No results for input(s): "APTT", "INR", "PROTIME" in the last 168 hours.

**Results from last 7 days**

Lab	Units	09/09/25 0419	09/09/25 0025
TNIHS	NG/L	8	8

U/A: No results found for: "NITRITE", "COLORU", "MUCUS", "CLARITYU", "SPECGRAV", "LEUKOCYTESUR", "BLOODU", "GLUCOSEU", "KETONESU"

ABG

**Lab Results**

Component	Value	Date
HCO3ART	27.8 (H)	09/09/2025
BEART	3.9 (H)	09/09/2025
PHART	7.467 (H)	09/09/2025
PCO2ART	38.5	09/09/2025
PO2ART	95.3	09/09/2025

Electronically signed by Dhruv Reddy, MD at 9/9/2025 5:39 AM

Electronically signed by Dhruv Reddy, MD at 9/9/2025 6:00 AM

ED to Hosp-Admission (Current) on 9/9/2025 *Note shared with patient*

## Care Timeline

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09/09 0931 Admitted to Umc Micu from ED 0931