

Identifying Data

Full Name: PL

Address: Taken but omitted for PHI

Date of Birth: 04/03/1963

Date & Time: 5/31/22@ 11:33am

Location: Amazing Medical Services

Religion: N/A

Source of Information: Self; discharge papers

Reliability: Reliabe

Mode of Transport: unknown

Chief complaint:

HPI: 59yo M with HLD, overweight, urge incontinence seen today for F/U post discharge from hospital on 5/25/22. Pt brought partial discharge papers with diagnosis and labs only. Pt was diagnosed with acute prostatitis, urinary tract infection, and acute kidney injury. Pt had transrectal prostate biopsy done on 5/18/22 due to elevated PSA and family history of prostate cancer. On 5/20/22 two days after prostate biopsy pt developed fever (Tmax: 101 for two days), pt called the urologist on 5/22/22 and was advised to go to emergency room. Pt denied having any urgency, dysuria, hematuria at this time. Pt states that he did have some blood in stool for days after the procedure and in the hospital. However he was told this was normal after the procedure since it is done rectally. Patient was hospitalized at LIJ from 5/22/22 to 5/25/22. Pt was given IV antibiotics inpatient and discharged with prescription of cefpodoxime 100mg BID x 14 days. Last results Last hgb: 12.2 (5/24/22). Pt denies getting any transfusions. Pt has F/U appt with urologist on 6/1/22 to go over biopsy results. Pt denies any discomfort, hematuria, dysuria, urgency, fever, weight loss, chest pain, SOB. Pt does complain of constipation and intermittent headache.

PMH:

- Hypercholesterolemia
- Male erectile dysfunction, unspecified
- Urge incontinence
- Paresthesia of skin (resolved 2/24/2020)

PSHx:

- Cataract sugery (8/2007)

Medications:

- Cefpodoxime Proxetil 100 MG Tablet BID x 14 days stop date 06/7/2022
- Gabapentin 300 MG Capsule once daily
- Rizatriptan Benzoate 10 MG Tablet Orally Once a day
- Atorvastatin Calcium 80 MG Tablet Orally Once a day
- Ezetimibe 10 MG Tablet Orally Once a day

Allergies: NKDA

Social History:

- Marital status: married; sexually active; no protection used; never tested positive for STD
- Denies intimate partner violence, drug/alcohol/tobacco use.
- Denies history mental illness/depression.

Family Hx:

Father: deceased, diagnosed with prostate cancer but COD: trauma/fall

Mother: alive

Siblings: alive; 4 brother(s) , 5 sister(s) - healthy

Spouse: alive

Children: alive; daughter(s) - healthy.

Physical exam:

General Appearance: alert and oriented, well-appearing, well-developed, no acute distress.

HEENT:

Head: normocephalic

Eyes: PERRLA, non-icteric sclera, no nystagmus, conjunctiva clear, Fundi: no gross abnormality noted.

Pharynx: no exudate, no lesion.

Nasal septum: midline

Ear canals: no lesions.

Neck: supple, no thyroid enlargement, no lymphadenopathy, no carotid

Bruit, no JVD, normal ROM

HEART: non-displaced PMI; normal RRR; normal S1S2 no murmurs or clicks

Skin: warm, moist, No rash, No abnormal lesions.

LUNGS: Clear to auscultation bilaterally; no rales, rhonchi

Abdomen: soft, tender, liver nonpalpable

Extremities: no edema; Pulse +2 bilaterally; no clubbing cyanosis or tremors

Neuro: alert and oriented x 3; normal sensation; normal strength bilaterally; normal gait

MENTAL STATUS EXAM: alert and oriented to person, place and time; Pleasant Mood/Affect

MUSCULOSKELETAL: Upper extremity joints, Lower extremity joints, Cervical and lumbar spine unremarkable.

Review of Systems

General/Constitutional: No general no weight loss or gain, good general state of health, no weakness, no fatigue, no fever, good exercise tolerance, able to do usual activities.

Head and Neck: no headache, no dizziness, no lightheadedness.

Eyes: Eyes normal vision, no redness, no blind spots, no floaters.

Ears: no earaches, no fullness, no tinnitus.

Nose and Sinuses: no stuffiness, no discharge, no itching, no nosebleeds.

Mouth and Pharynx: no bleeding gums, no sore throats, no hoarseness.

Neck: no lumps, no goiter, no neck stiffness or pain.

Thorax:

Heart: no chest pain or discomfort, no syncope, no dyspnea on exertion, no orthopnea, no PND, no edema, no cyanosis, no heart murmurs, no palpitations.

Lungs: no pleuritic pain, no SOB, no wheezing, no stridor, no cough, no hemoptysis.

Gastrointestinal: General good appetite, no indigestion, no abdominal pain, no heartburn/reflux, no excessive belching or flatulence, no nausea/vomiting, no hematemesis, no diarrhea, normal bowel movement frequency, normal stools, no rectal bleeding, no hemorrhoids, (+) constipation

Genitourinary: no urgency, no burning or pain on urination, normal caliber of urinary stream, no dysuria, no nocturia, no hematuria, no polyuria, normal urine color, no stones, no incontinence, increased urgency, increased frequency, burning or pain on urination, reduced caliber of urinary stream, hesitancy.

Musculoskeletal: General no muscle or joint pain, no neck/backache/shoulder pain, no swelling or redness in joints, no limitation in motion, no muscle

Skin: no rashes, no lumps, no itching, no pigmentation, no dryness, no changes in hair and nails, no easy bruising.

Neurologic/Psychiatric: no fainting, no seizures, no weakness, no numbness, no tingling, no tremor, good coordination, good memory and speech, (+) intermittent headache; no nervousness, no tension, good mood, no unusual perceptions, no current suicidal ideations.

Hematology: General no anemia, no easy bruising or bleeding.

Allergy/Immunology: General no skin rashes, no trouble breathing.

Men Only: no hernias, no discharge or sores on penis.

Vital signs:

Ht: 5'8" Wt: 180lb BMI: 27.3
BP: 110/77
Pulse: 80
Resp: 16
Temp: 98.1 °F (36.7 °C)
SpO2: 100%

Assessment:

- 59yo M with HLD, ED and elevated PSA for follow-up visit post discharge from hospital for:
 - o Acute prostatitis following transrectal prostate biopsy
 - o Urinary tract infection
 - o Acute Kidney Injury
- Hyperlipidemia
- Constipation
- Urge incontinence

Plan:

1. Prostatitis, acute
 - a. Continue Cefpodoxime 100mg BID x 14 days
 - b. Instructions to return to ER if fever/chills, hematuria, chest pain, SOB occur
 - c. Follow-up to PCP scheduled on 6/7/22
2. Urinary tract infection
 - a. Continue Cefpodoxime 100mg BID x 14 days
 - b. Instructions to return if any symptoms of UTI occur such as dysuria, hematuria, urgency; return to ER if fever/chills, hematuria, chest pain, SOB occur
 - c. Follow-up to PCP scheduled on 6/7/22
3. Hyperlipidemia
 - a. Diet and exercise education given
 - b. Pt compliant with medication; Pt on atorvastatin and ezetimibe
 - c. Fasting lipid panel will be done on F/U visit on 6/7/22
4. Constipation
 - a. Increase water intake
 - b. Docusate Sodium Capsule, 100 MG, 1 capsule as needed Overweight
5. Urge incontinence
 - a. Pt is seen by urology every 3 months