Identifying Data
Full Name: KM
MRN: omitted
Room: omitted
Address:
Date of Birth: 4/11/30
Date & Time: July 18, 2022
Source of Information: son
Reliability: variable reliability

HPI: 91yo male admitted to long-term care floor in 2019, requires assistance with all functional mobility and all ADLs, non-verbal and unable to make needs known, suprapubic catheter in place. Pt with CVA c/b quadriplegia with PEG (2017), Renal cell carcinoma (RCC), bladder cancer, HTN, CKD IV, chronic foley 2/2 neurogenic bladder, Sacral Osteomyelitis and anemia. Pt was recently hospitalized due to anemia last Hgb 5.7 on 6/8/22. Pt was DNH however upon finding anemia, pt son retracted DNH for blood transfusion. Procrit/Epogen also discontinued after hospitalization for transfusion. Hospital states that the reason for anemia is not bone marrow related or CKD related but will likely continue given difficult source control in untreated GU malignancy, however family would like to continue lab monitoring/transfusions at this time. Pt was also found to be hyperkalemia and hyponatremia in hospital. Pt seen today for monthly assessment and to discuss pt with son. Pt son requests monthly labs to monitor anemia

PMH:
- CVA c/b quadriplegia with PEG, 2017
- Renal cell carcinoma (RCC), 2013
- bladder cancer, 2013
- HTN, unable to determine
- CKD IV, 2012
- Neurogenic bladder, 2014
- Osteomyelitis, 2021
- Anemia, 2015

Immunizations:
- Pfizer x 4, 2022
- Pneumococcal vaccine, 2021

PSHx:
- PEG placement, 2017
- Suprapubic catheter placement, 2017

Medications:
- Ferrous sulfate 220mg/5ml; 7.5ml TID

- Sodium bicarbonate given TID
- Metronidazole 500 MG TID
- Doxyclycline 100mg given

Diet: Nepro 1000 mL at 65 ml/hr feeding, tolerated well
Supplements: prostat once daily and juven BID
Allergies: No allergies noted
Family Hx: Per son; his grandfather also had HTN and cancer, he is not sure what kind. His dad is one of 8 and he is the youngest with no other siblings alive. He himself has HTN.
Social History:
Occupation: Pt was a eye doctor
Education: College educated
Relationship: Married for 53 years, his wife passed away 15 years ago
Smoking: He did not smoke per son
Alcohol: He did drink, but not a lot per son
Drugs: He did not do drug, but not a lot per son
Sex: unable to assess
Exercise: He was active per son.
Diet: He had a normal Chinese diet, his wife cooked at home but after her death he did eat out a lot

Review of systems:
General : Tachypneic, fever.
Skin, hair, nails: CRNA deny any changes in texture of skin/hair, change in pigmentation or any rash.
Head: Unable to assess.
Eyes: Deny any lacrimation
Ear: Unable to assess
Nose: Denies any epitaxsis, obstruction and discharge
Mouth/throat: Deny any bleeding from gums
Neck: Deny any localized swelling/lumps
Pulmonary system: Dyspnea and tachypnea noted; CRNA states this is normal for him. Deny cough, wheezing, hemoptysis
Cardiovascular system: unable to assess
Gastrointestinal: No abdominal bloating, change in bowel, constipation, rectal bleeding, blood in stool per CRNA

Genitourinary system: CRNA and son state urine is frequent red, blood tinged. Catheter draining well, no issues
Nervous: CRNA and son deny any seizures or loss consciousness noted. No change in sensory disturbances, loss of strength, change in cognition/mental status
Musculoskeletal system: CRNA and son deny any new deformity or swelling, redness
Peripheral vascular system: Slightly edematous limbs but no putting edema. Son denies any any color change in limbs

Hematological system: anemia present in hx; pt son would like to know labs
Endocrine system: unable to asses
Psychiatric: unable to asses

Physical

General: Slightly overweight, edematous and pale male laying supine in bed with a suprapubic catheter, PEG tube and a trach supplied via flow mask. Tachypnea noted.
Vital signs:
BP: 108/74, sitting R
R:22 P: 73bpm, regular O2: 98% on 2L/min oxygen
T: 98.6F
Height: 6'4" weight: 174lb

Skin: cold & slightly edematous and clammy. Pale skin with adequate skin turgor. Skin around PEG and suprabublic catheter noted not to be erythematous or show skins of infection. The following skin lesions are present: Stage 4 sacral pressure ulcer, stage 2 Left lateral malleolus, with 64% closure, unstageable on L trochanter, unstageable on Left buttock, Stage 2 on Right knee, and R lateral calf skin tear.
Hair: Shaved head with mostly bald areas; No masses, lesion, scars, contusions, discolorations
Nails: No abnormal coloring or markings; clubbing, Prolonged capillary refill >2 seconds in upper and lower extremities
Head: normocephalic, atraumatic
Eyes: Unable to assess visual acuity. No corrective lenses worn. Pale Conjunctivae noted. No hemorrhage, or abnormal sclera color. Extraocular movement intact. PERRLA. No nystagmus, swelling or lesions on eyelids
Nose: Nasal mucosa is pink and moist. The nasal septum is midline. Nares are patent bilaterally.
Ears: Symmetrical in size, no lesions/masses / trauma on external ears.
Sinuses: Unable to assess tenderness due to pt non-verbal but no wincing or signs of pain upon palpation of sinuses
Throat: Oral mucosa pale; moist, limited view of dentition; missing teeth and multiple dental caries, Unable to assess tongue symmetry.
Neck: No palpation of lymph nodes; Trach present and attached to wall oxygen, limited assess to palpate thyroid due to trach attached to wall via mask.
Cardiovascular: No lifts, heaves, or thrills noted. PMI palpated in 5th intercostal space at the midclavicular line. Heart rate and rhythm are normal. No murmurs, gallops, rubs or abnormal sound auscultated. S1 and S2 are heard.
Chest/Lungs: Pt is tachypneic; No chest wall symmetry/deformity, signs of trauma/tenderness. Rhonchi heard in anterior upper lung fields; no rales or crackles heard on posterior or lower anterior lung fields.
Abdominal: soft to palpation, symmetrical, no tenderness/distention noted. PEG in-place with no surrounding erythema

Genito Urinary/ rectal: No swelling or masses noted on penis or scrotum; Suprapublic catheter draining 500cc of blood tinged urine
Musculoskeletal: Upper and lower extremities appearance slightly edematous, no tenderness noted; Muscle strength unable to be tested due to pt unresponsive to verbal stimuli. No contractures noted in hips, knees, elbows however not specifically measured. Prolonged capillary refill (a refill time >3 seconds) in all extremities. Pulses palpability in all extremities.
Neurological: Pt is awake and alert, follows people/movement with his eyes but it non-verbal. Unable to assess orientation to person, place or time. Muscle strength bilaterally to upper and lower extremities and sensation unable to be assessed due to pt non-verbal. Unable position pt in proper positions to test reflexes.

Pertinent Diagnostic Tests:
Na 118
K 5.8
Cl 102
Co2 18
BUN 38
Cr 5.4
Ca 6.7
Mg 1.4
Phos 6.2
PTT 26.7
WBC 9.9

Hgb 5.8
Hct 17.4
Plt 310

Assessment

1. Anemia
    a. Tachypneic
    b. Last Hgb 5.7 on 6/8/22 prior to hospitalization
    c. Son asking for Hgb level
    d. Foley in place patent draining reddish urine 550cc
    e. CKD IV status
    f. Procrit/Epogen discontinued after hospitalization for transfusion
    g. Ferrous sulfate 220mg/5ml; 7.5ml given TID
    h. As per hospital anemia will likely continue given difficult source control in untreated GU malignancy, however family would like to continue lab monitoring/transfusions at this time
2. Renal cell carcincoma (RCC) and bladder cancer
    a. noted ~4 years ago per son, was told patient was not a candidate for treatment given co-morbidities

3. CKD
    a. Sodium bicarbonate given 650mg TID
    b. Foley catheter and urine output monitored every shift
4. HTN
    a. Previously on amlodipine 10 mg and terazosin 1mg discontinued due to hypotension
5. CVA c/b quadriplegia
    a. Pt with trach on 2L/min O2 and PEG feeds
6. Sacral Osteomyelitis (E.coli)
    a. stage 4 sacral pressure ulcer present on admission with Aquacel Ag applied after each dressing change
    b. Metronidazole 500 MG TID via peg tube given 6/6/22 to 7/18/22
    c. Doxyclycline 100mg given BID 6/6/22 to 7/18/22
7. Multiple pressure ulcers
    a. Left lateral malleolus, stage 2 with 64% closure
    b. L trochanter, unstageable PU with Santyl Ointment 250 UNIT/GM (Collagenase)
    c. Left buttock, unstageable with Santyl Ointment 250 UNIT/GM (Collagenase)
    d. Sacrum stage 4 with Santyl Ointment 250 UNIT/GM (Collagenase)
    d. Right knee, stage 2, Aquacel Ag applied after each dressing change
    e. R lateral calf skin tear with SSD Cream 1 % (Silver sulfADIAZINE) every day

Plan

2. Anemia
    a. Multidisciplinary meeting to be scheduled to discuss pt prognosis, lab orders and DNH status for transfusion to be outlined and agreed upon
3. CKD
    a. Sodium bicarbonate given 650mg TID
    b. Foley catheter and urine output monitored every shift
4. CVA c/b quadriplegia
    f. Continue Pt with trach on 2L/min O2 and PEG feeds
    g. Electrolytes to be monitored due to hyperkalemia and hyponatremia in hospital if son would like labs again discuss in multidisciplinary meeting
5. Sacral Osteomyelitis (E.coli)
    a. Continue wound care regimens above
    b. Metronidazole 500 MG TID via peg tube given 6/6/22 to 7/18/22
    c. Doxyclycline 100mg given BID 6/6/22 to 7/18/22
    d. Pt continues on Nepro 1000 mL at 65 ml/hr feeding, tolerated well with prostat once daily and juven BID