Name: ___ Unit No: ___

Admission Date: ___ Discharge Date: ___

Date of Birth: ___ Sex: M

Service: MEDICINE

Allergies:

No Known Allergies / Adverse Drug Reactions

Attending: ___

Chief Complaint:

fever

Major Surgical or Invasive Procedure:

None

History of Present Illness:

___ year old man with a history of AML from transformation of Polycythemia ___, Hodgkin's Disease in ___, Prostate cancer, and new diagnosis of Stage IIIB lung cancer (Dx. ___ presents to the ER with one day of confusion. The patient has had a persistant cough since his bronchoscopy on ___ with yellow productive sputum. He has no sick contacts or rinorrhea/sore throat. He states that when he awoke the morning of presentation, he was very shakey (rigors) and had to take an ativan. His temperature was 102. His daughters came over, one of whom, ""thought that I was acting a little irrational... like I didn't know what I was talking about."" The patient admits this may have been true. When he arrived to the ER, Vitals in the ER: 99.7 126 124/60 18 91% room air. Pt received Vancomycin 1g IV, Cefepime 2g IV, Levofloxacin 750mg IV, Allopurinol ___ PO. He thinks that his mentation was normal in the ER, but says his daughters did not agree. He states that he has had a few loose stools which are non-bloody but attributes it to a poor diet secondary to no appetite.

REVIEW OF SYSTEMS:

(+) Per HPI; 7 lb weight loss in 2 weeks

(-) Denies night sweats, recent weight loss or gain.

Denies headache, sinus tenderness, rhinorrhea or congestion. Denies wheezing. Denies chest pain, chest pressure, palpitations.

Denies nausea, vomiting, constipation, abdominal pain.

Denies dysuria, frequency, or urgency.

Denies arthralgias or myalgias.

Denies rashes or skin changes.

All other ROS negative

Past Medical History:

ONCOLOGY DIAGNOSIS:

1. Stage IIIB nonsmall cell lung cancer with mediastinal lymph node involvement, squamous cell carcinoma;

2. Possible left side of the base of the tongue tumor (not biopsied for histological confirmation);

2. Acute leukemia (AML) transformation of prior Polycythemia ___ (___) off therapy;

3. Prior treated prostate cancer in ___ (status post hormonal therapy and seed radiation - last PSA 0.1 in ___

4. Prior treated stage IA Hodgkin's lymphoma in ___ (status post definitive inverted Y radiotherapy to 3000cGy).

PAST MEDICAL HISTORY:

1. stage IIIB Nonsmall cell lung cancer

2. Acute leukemia (AML) transformation of prior Polycythemia ___ (___) off therapy;

3. Prior treated prostate cancer in ___ (status post hormonal therapy and seed radiation - last PSA 0.1 in ___

4. Prior treated stage IA Hodgkin's lymphoma in ___ (status post definitive inverted Y radiotherapy to 3000 cGy).

5. Prior cholelithiasis;

6. Hypercholesterolemia;

7. Spinal stenosis;

8. Status post inguinal hernia repair;

Social History:

___

Family History:

Paternal brother and sister with brain and breast cancer, the paternal brother's son had NHL, the patient's sister had breast ca and CLL, and his father's sister had a daughter who died of AML. One of the patient's daughters was seen by ___ at ___ although if testing was done it is unknown.

Physical Exam:

Admission exam:

Vitals: T 98.1 bp 102/64 HR 98 RR 18 SaO2 95 RA

GEN: NAD, awake, alert

HEENT: supple neck, dry mucous membranes, no oropharyngeal lesions

PULM: normal effort, no wheezes, crackles at right base

CV: RRR, no r/m/g/heaves

ABD: soft, NT, ND, bowel sounds present

EXT: normal perfusion

SKIN: warm, dry

NEURO: AOx3, no focal sensory or motor deficits

PSYCH: calm, cooperative, patient cannot spell WORLD backwards, but can so serial 7s from 100 until 63, then looses track

Discharge exam:

Vitals: 97.7, tm 98.5, 140/82, 87, 20, 96% on RA

Tele: HR ___, no RVR. no events.

GEN: NAD, awake, alert

HEENT: supple neck, moist mucous membranes, smooth pink lobular mass left posterior oropharynx.

PULM: normal effort, no wheezes, crackles at right base

CV: reg rate, irregularly irregular, no r/m/g/heaves

ABD: soft, NT, ND, bowel sounds present

EXT: normal perfusion

SKIN: warm, dry

NEURO: AOx3, no focal sensory or motor deficits

PSYCH: calm, cooperative,AOX 3

Pertinent Results:

Admission labs:

___ 07:20PM LACTATE-1.3

___ 07:00PM GLUCOSE-126* UREA N-23* CREAT-1.5* SODIUM-138 POTASSIUM-3.7 CHLORIDE-105 TOTAL CO2-20* ANION GAP-17

___ 07:00PM CALCIUM-8.3* PHOSPHATE-2.4* MAGNESIUM-1.7 URIC ACID-7.6*

___ 07:00PM WBC-32.8* RBC-3.06* HGB-7.0* HCT-23.3* MCV-76* MCH-22.8* MCHC-30.0* RDW-19.5*

___ 07:00PM PLT SMR-LOW PLT COUNT-124*

___ 07:00PM ___ PTT-31.7 ___

___ 11:35AM UREA N-26* CREAT-1.5* SODIUM-141 POTASSIUM-4.2 CHLORIDE-104 TOTAL CO2-25 ANION GAP-16

___ 11:35AM ALT(SGPT)-24 AST(SGOT)-42* LD(LDH)-669* TOT BILI-1.3

___ 11:35AM ALBUMIN-4.1 CALCIUM-9.0 PHOSPHATE-3.3 MAGNESIUM-1.8 URIC ACID-7.1*

___ 11:35AM TSH-1.5

___ 11:35AM WBC-38.4*# RBC-3.57* HGB-8.3* HCT-27.4* MCV-77* MCH-23.2* MCHC-30.2* RDW-19.7*

___ 11:35AM NEUTS-72* BANDS-1 LYMPHS-2* MONOS-6 EOS-0 BASOS-0 ___ METAS-4* MYELOS-0 BLASTS-15* NUC RBCS-3*

___ 11:35AM HYPOCHROM-1+ ANISOCYT-2+ POIKILOCY-2+ MACROCYT-1+ MICROCYT-1+ POLYCHROM-OCCASIONAL TEARDROP-1+ ELLIPTOCY-1+

___ 11:35AM PLT SMR-LOW PLT COUNT-142*

Pertinent micro:

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sputum cultures: unsatisfactory sample x2

blood cultures: pending x2

Pertinent imaging:

CXR: Persistent right hilar mass compatible with known

malignancy with worsening right lower lobe opacification

concerning for postobstructive pneumonia. Small bilateral

pleural effusions. Left basilar atelectasis.

CT Head W/O Contrast: No evidence of acute intracranial process.

Discharge labs:

___ 08:00AM BLOOD WBC-22.7* RBC-3.32* Hgb-7.5* Hct-25.5*

MCV-77* MCH-22.7* MCHC-29.5* RDW-19.0* Plt ___

___ 08:00AM BLOOD Neuts-79* Bands-1 Lymphs-4* Monos-3 Eos-1

Baso-0 ___ Myelos-1* Blasts-11* NRBC-6*

___ 08:00AM BLOOD ___ PTT-36.8* ___

___ 08:00AM BLOOD Glucose-103* UreaN-11 Creat-1.1 Na-147*

K-3.8 Cl-115* HCO3-24 AnGap-12

___ 08:00AM BLOOD ALT-43* AST-62* LD(LDH)-679* AlkPhos-156*

TotBili-0.7

___ 08:00AM BLOOD Calcium-8.0* Phos-3.2 Mg-2.2 UricAcd-4.___ y/o M admitted with fevers and altered mental status found to have post obstructive pneumonia.

#Confusion: likely secondary to infection and metabolic disturbances. Resolved immediately upon treatment of post obstructive pneumonia and AML (see below).

#Cough: Pt found to have post-obstructive pneumonia. He has had recent bronchoscopy and qualifies for HCAP treatment. He was started on vancomycin, Cefepime, and azithromycin. He had no fevers and had overall improvement in his mental status. He was transitioned to oral levaquin and bactrim for discharge, to complete his 10 day course on ___. Recommend repeat CXR in 6 weeks to confirm resolution.

#AML: Newly diagnosed. Thought to be transformation from AML. Patient was noted to have elevated WBC with high blasts and high uric acid. There was concern for tumor lysis syndrome, and the patient was started on IVF and allopurinol with subsequent improvement in his labs. He was noted to be profoundly anemic. Transfusion was delayed until Hct <21 in order to avoid leukostasis. He was given 1 unit pRBCs during this stay. Overall, treatment options are limited given concurrent lung cancer, history of hodgkins lympoma and prostate cancer as well. He is not a good candidate for chemotherapy due to profound anemia and thrombocytpenia as well. He will discuss his treatment options with Dr. ___ outpatient ___, next week.

#Afib with RVR: Patient went into this rhythm, likely instigated by severe anemia. He was given IV and po metoprolol tartrate and 1 unit pRBCs for anemia. He will need to continue metoprolol succinate 37.5mg daily indefinitely. His CHADS score of 1 does not warrant anticoagulation.

#Stage IIIB NSCLC: Dr. ___ has referred the patient to radiation oncology (Dr. ___ for palliative XRT. While hospitalized, he received radiation mapping and will follow up for further radiation treatment.

___: Cr 1.4 - 1.8 on admission with baseline of 1.0 - 1.2 in

___. FeNA suggests prerenal etiology. Resolved with IV fluids.

#Left posterior oral mass: likely SCC has not been biopsied, currently asympyomatic. Should have outpatient ENT consult for laryngoscopy with possible biopsy.

#GERD: stable. Continued home PPI.

#FULL CODE: Discussion was had with him about his ultimate goals, and he stressed a desire for quality time and being able to do the things he enjoys should be paramount. Also discussed with patient that he has many severe illnesses which might necessitate intubation or ACLS, and this would not be in line with such goals. Regardless, he would want to try everything possible.

#Insomnia: continued home ambien.

Transitional issues:

#continue levaquin and bactrim through ___.

#f/u with Dr. ___ AML.

#f/u with Dr. ___ in radiation oncology for treatment of lung cancer.

#continue metoprolol for afib. ___ posterior oral mass by his outpatient oncology team for further workup.

Medications on Admission:

The Preadmission Medication list is accurate and complete.

1. Acetaminophen 650 mg PO Q6H:PRN pain

2. Allopurinol ___ mg PO DAILY

3. Lorazepam 0.5 mg PO Q8H:PRN anxiety

4. Codeine Sulfate ___ mg PO Q6H:PRN cough

5. Omeprazole 20 mg PO DAILY

6. Sodium Chloride Nasal ___ SPRY NU BID:PRN dryness

Discharge Medications:

1. Allopurinol ___ mg PO DAILY

2. Omeprazole 20 mg PO DAILY

3. Sodium Chloride Nasal ___ SPRY NU BID:PRN dryness

4. Levofloxacin 750 mg PO DAILY last day = ___ RX *levofloxacin 750 mg 1 tablet(s) by mouth daily Disp #*5 Tablet Refills:*0

5. Metoprolol Succinate XL 37.5 mg PO DAILY RX *metoprolol succinate 25 mg 1.5 tablet(s) by mouth daily Disp #*45 Tablet Refills:*0

6. Sulfameth/Trimethoprim DS 1 TAB PO BID RX *sulfamethoxazole-trimethoprim 800 mg-160 mg 1 tablet(s) by mouth twice a day Disp #*5 Tablet Refills:*0

7. Acetaminophen 650 mg PO Q6H:PRN pain

8. Codeine Sulfate ___ mg PO Q6H:PRN cough

9. Lorazepam 0.5 mg PO Q8H:PRN anxiety

Discharge Disposition:

Home

Discharge Diagnosis:

Post-obstructive peumonia

Lung cancer

Acute myelogenous leukemia

Atrial fibrillation

Discharge Condition:

Mental Status: Clear and coherent.

Level of Consciousness: Alert and interactive.

Activity Status: Ambulatory - Independent.

Discharge Instructions:

Dear Mr. ___, You were admitted to ___ for cough. You were found to have pneumonia in the section of your lungs near your cancer. In order to treat this, you will need to continue oral antibiotics at home as instructed below, as well as radiation therapy to your lung cancer. While you were here, you received mapping for your upcoming radiation, and will need to follow up with radiology next week. During your hospitalization, you briefly began having a rapid heart rhythm called atrial fibrillation. You were started on a medication called metoprolol (lopressor) to treat this. Your primary care physician, ___ need to manage this disorder when you leave the hospital.