

ORANGE REGIONAL MEDICAL CENTER  
Physician Order Form

DO NOT USE ABBREVIATIONS

U MS SC QOD QD µg  
IU MSO<sub>4</sub> MgSO<sub>4</sub> SQ SL

Date & Time

Senkerik, Marcia

DOB: 2-14-45

Dr. Koulouva Patient Label

11-4-19

Leavix 300mcg SQ x 2 days

Thursday 11-7-19 + Friday 11-8-19  
@ 4:30pm  
per Erica

dx. Colon Ca CTX.4  
drug induced neutropenia  
D70.2

"Medications will be dispensed in accordance with the hospital formulary system"

Prescriber Signature: L. Koulouva Print Name: L. Koulouva Date/Time: 11-4-19

Nurse Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
D.T.O. RBV Fax to Pharmacy ☐ Time Faxed: \_\_\_\_\_

Physician Order /

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@ 4:30pm  
per Enca

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per Enca

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D70.2

\*\*Medications will be dispensed in accordance with the hospital formulary system\*\*

Prescriber Signature: \_\_\_\_\_

Print Name: L. Koulova

Date/Time: 11.4.19

Nurse Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date/Time: \_\_\_\_\_

☐ T.O. RBV

Fax to Pharmacy ☐

Time Faxed: \_\_\_\_\_

Physician Orders /

**Senkerik, Marcia M**

MRN: 816001183

Koulova, Lidia, MD  
Physician  
Hematology

Progress Notes  
Signed

Encounter Date: 10/15/2019

**HEMATOLOGY/ONCOLOGY Progress Note**

Marcia M Senkerik  
2/14/1845

**Chief complaint:**

Colon cancer - chemotherapy f/u

**Med:****Current Outpatient Medications**

Medication	Sig	Dispense	Refill
• Olmesartan-amLODIPine-HCTZ 40-5-12.5 mg tab	Take by mouth.		
• amLODIPine (NORVASC) 5 mg tablet	Take 1 Tab by mouth daily.	30 Tab	3
• ondansetron (ZOFran) 2 mg/mL Injection	Administer 16 mg IV on Days 1 and 2 every 14 Days Indications: Prevent Nausea and Vomiting from Cancer Chemotherapy	2 Vial	5
• dexamethasone (DECADRON) 10 mg/mL Injection	Administer 10 mg IV on Days 1 and 2 every 14 Days Indications: Prevent Nausea and Vomiting from Cancer Chemotherapy	4 Vial	5
• filgrastim (NEUPOGEN) 300 mcg/0.5 mL	Administer x 3 days post chemotherapy Q 14 Days Indications: Prevent Decreased White Blood Cell Count from Cancer Chemotherapy	6 Syringe	5
• oxaliplatin (ELOXATIN) 100 mg injection	Administer 150 mg IV on Day 1 every 14 Days Indications: colon and rectal cancer that has spread to another area	4 Each	5
• leucovorin (WELLCOVORIN) 200 mg injection	Administer 352 mg IV on Days 1 and 2 every 14 Days Indications: Added Treatment to Improve 5FU Effectiveness for Colon Cancer	8 Each	5

- |   |  |        |   |
|---|--|--------|---|
| • fluorouracil (ADRUCIL) 1 gram/20 mL soln injection  | Administer 704 mg IV Bolus on Day 1 and 2 every 14 days<br>Indications: cancer of large intestine                              | 4 Vial | 5 |
| • fluorouracil (ADRUCIL) 5 gram/100 mL injection      | Administer 2112 mg IV over 44 hrs via CADD pump by Continuous Infusion every 14 Days<br>Indications: cancer of large intestine | 1 Vial | 5 |
| • escitalopram oxalate (LEXAPRO) 10 mg tablet         | Take 10 mg by mouth daily.   |        |   |
| • ergocalciferol (VITAMIN D2) 50,000 unit capsule     | Take 50,000 Units by mouth every seven (7) days.   |        |   |
| • levothyroxine (SYNTHROID) 25 mcg tablet             | Take 66 mcg by mouth Daily (before breakfast).   |        |   |
| • montelukast (SINGULAIR) 10 mg tablet                | Take 10 mg by mouth daily.   |        |   |
| • albuterol (PROVENTIL HFA) 90 mcg/actuation inhaler  | Take by inhalation.  |        |   |
| • simvastatin (ZOCOR) 40 mg tablet                    | Take by mouth nightly.   |        |   |
| • brinzolamide (AZOPT) 1 % ophthalmic suspension      | Administer 1 Drop to both eyes three (3) times daily.  |        |   |
| • travoprost (TRAVATAN Z) 0.004 % ophthalmic solution | Administer 1 Drop to both eyes every evening.  |        |   |

**Objective:****Visit Vitals**

BP 132/72  
 Ht 5' 3" (1.6 m)  
 Wt 153 lb (69.4 kg)  
 BMI 27.10 kg/m<sup>2</sup>

**Review of Systems -CONSTITUTIONAL:**

no night sweats. no weight gain. no weakness. no fatigue.

**ENT:**

no sneezing. no nasal congestion. no change in voice.

**GASTROENTEROLOGY:**

no frequent bloating. no odynophagia. +occasional mild diarrhea. no jaundice.

**ENDOCRINOLOGY:**

no hot flashes.

**HEMATOLOGY/LYMPH:**

no past transfusion. no petechiae. no thrombocytopenia.

**MUSCULOSKELETAL:**

no neck pain. no suspected foreign body. no shoulder pain.

**ONCOLOGY:**

no Loss of Appetite. no Diarrhoea. Skin rash no.

**Physical exam:** General Appearance: NAD, pleasant, well built and nourished. HEENT: EOMI, PERLA, pharynx and tonsils normal, nose clear, turbinates normal, no thrush, no mucositis. Oral cavity: unremarkable. Neck, Thyroid: supple, no thyromegaly, no lymphadenopathy, JVD flat, no bruit, trachea at midline. Heart: regular rate and rhythm, S1, S2 without murmur, no gallop. Lungs: clear to auscultation, good air entry bilaterally, normal percussion, no accessory muscle use. Chest: no tenderness on chest wall. Breasts: post lumpectomy on L - surgical scar healed, no masses palpated, no axillary LN. Abdomen: soft, NT/ND, BS present, no masses palpated, no hepatosplenomegaly, surgical scar at mid line healed. Extremities: no cyanosis, no clubbing, no edema, normal nails. Peripheral pulses: normal (2+) bilaterally. Neurologic Exam: no focal signs, awake and alert, oriented x 3. Breasts: no lumps felt on either side, no skin changes, no dimpling. Lymph nodes not palpable. Skin: warm, dry, No rash, lesions, ulcers. Back: normal ROM of spines, no evidence of scoliosis. Lymphatics lymphoedema absent

Results for orders placed or performed in visit on 10/14/19

**METABOLIC PANEL, COMPREHENSIVE**

Result	Value	Ref Range
Glucose	109	85 - 139 mg/dL
Sodium	142	135 - 146 mmol/L
Potassium	3.8	3.5 - 5.3 mmol/L
Chloride	106	98 - 110 mmol/L
CO2	27	20 - 32 mmol/L
BUN	15	7 - 25 mg/dL
Creatinine	1.03 (H)	0.80 - 0.93 mg/dL
BUN/Creatinine ratio	15	6 - 22 (calc)
Calcium	8.9	8.6 - 10.4 mg/dL
Protein, total	6.2	6.1 - 8.1 g/dL
Albumin	3.7	3.6 - 5.1 g/dL
Globulin	2.5	1.9 - 3.7 g/dL (calc)
ALB/GLOBRATIO	1.5	1.0 - 2.5 (calc)
Bilirubin, total	0.3	0.2 - 1.2 mg/dL
Alk. phosphatase	90	33 - 130 U/L
AST (SGOT)	29	10 - 35 U/L
ALT (SGPT)	24	6 - 29 U/L
EGFR NON AFR AMERICAN	54 (L)	>=80 mL/min/1.73 m2
GFR est AA	62	>=60 mL/min/1.73 m2

**MAGNESIUM**

Result	Value	Ref Range
Magnesium	2.0	1.8 - 2.6 mg/dL

**AMB POC COMPLETE CBC, AUTOMATED ENTER**

Result	Value	Ref Range
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WBC (POC)	2.5 (A)	4.5 - 10.5 10 <sup>3</sup> /ul
LYMPHOCYTES (POC)	57.6 (A)	20.5 - 51.1 %
MONOCYTES (POC)	13.0 (A)	1.7 - 9.3 %
GRANULOCYTES (POC)	29.6 (A)	42.2 - 75.2 %
ABS. LYMPHS (POC)	1.4	1.2 - 3.4 10 <sup>3</sup> /ul
ABS. MONOS (POC)	0.3	0.1 - 0.8 10 <sup>3</sup> /ul
ABS. GRANS (POC)	0.7 (A)	1.4 - 6.5 10 <sup>3</sup> /ul
RBC (POC)	3.84 (A)	4 - 6 10 <sup>6</sup> /ul
HGB (POC)	10.6 (A)	11 - 18 g/dL
HCT (POC)	33.6 (A)	35 - 60 %
MCV (POC)	82.3	80 - 99.9 fL
MCH (POC)	28.9	27 - 31 pg
MCHC (POC)	31.3 (A)	33 - 37 g/dL
RDW (POC)	17.2 (A)	11.8 - 13.7 %
PLATELET (POC)	182	150 - 450 10 <sup>3</sup> /ul
MPV (POC)	8.5 (A)	7.8 - 11 fL

#### Assessment/Plan:

	ICD-10-CM	ICD-9-CM
1. Neuropathy due to chemotherapeutic drug (HCC)	G62.0	357.6
2. Carcinoma of transverse colon (HCC)	T48.1X5A	E933.1
3. Chemotherapy follow-up examination	Z08	V87.2
4. Encounter for monitoring adjuvant hormonal therapy	Z51.81	V58.83
5. Menopausal arthritis	Z79.899	V58.89
	M13.80	716.30

#### Problem List as of 10/15/2019

Date Reviewed: 10/15/2019

	Codes	Class	Noted - Resolved
Malignant neoplasm of central portion of left female breast (HCC)	ICD-10-CM: C50.112 ICD-9-CM: 174.1		8/27/2017 - Present
Uncontrolled hypertension, stage 1	ICD-10-CM: I10 ICD-9-CM: 401.9		1/16/2017 - Present
Bilateral malignant neoplasm of central portion of breast in female (HCC)	ICD-10-CM: C50.111, C50.112 ICD-9-CM: 174.1		5/9/2018 - Present

	Codes	Class	Noted - Resolved
Menopausal arthritis	ICD-10-CM: M13.80 ICD-9-CM: 716.30		5/9/2016 - Present
Osteopenia	ICD-10-CM: M85.80 ICD-9-CM: 733.90		3/17/2015 - Present
Encounter for monitoring adjuvant hormonal therapy	ICD-10-CM: Z91.81, Z79.899 ICD-9-CM: V58.83, V58.89		3/17/2015 - Present
Menopausal and perimenopausal disorder	ICD-10-CM: N95.9 ICD-9-CM: 627.9		3/17/2015 - Present
Cancer (HCC)	ICD-10-CM: C80.1 ICD-9-CM: 199.1		Unknown - Present
Overview Signed 12/29/2014 4:49 PM by Karait, Karen S., MD papillary carcinoma of the thyroid			
Breast cancer (HCC)	ICD-10-CM: C50.919 ICD-9-CM: 174.9		12/29/2014 - Present
Environmental allergies	ICD-10-CM: Z81.09 ICD-9-CM: V16.09		Unknown - Present
Hypothyroidism	ICD-10-CM: E03.9 ICD-9-CM: 244.9		Unknown - Present
Hypertension	ICD-10-CM: I10 ICD-9-CM: 401.9		Unknown - Present
Hypercholesterolemia	ICD-10-CM: E78.00 ICD-9-CM: 272.0		Unknown - Present
Asthma	ICD-10-CM: J45.909 ICD-9-CM: 493.90		Unknown - Present

71 yr old female with Hx of left breast cancer, invasive adenocarcinoma, moderately differentiated, T1a (T=2 mm), N0, M0, ER+, PR+, Her 2 neu -. The Pt underwent lumpectomy and SL ND. Then she had total breast irradiation for local control. The Pt was switched from Anastrozole to Letrozole with improved tolerance. Continue same. Monitor bone density .2. Numbness and pain in the R arm - peripheral neuropathy most likely due to cervical discopathy. Advised for pain relief and exercise. Continue current therapy. The mammogram showed a density in the LUC of the left breast. The Pt had a Bx that showed fibrous/adipose tissue. The DEXA scan indicates areas of osteopenia - continue vit D and Ca.

3 months ago the patient was found to have a nodule in the thyroid and she underwent thyroidectomy for thyroid cancer (no LN involvement) (Dr. Koyfman). The patient had also 131 iodine ablation.

She is monitored by endocrinologist. The patient needs a complete thyroid function suppression. Update 9/14/16: Pt had a Bx of L breast for suspicious RUQ lesion - the result was a benign reactive tissue, no malignancy.

Update 1/16/17: The patient is in her fifth year post diagnosis and surgery. She takes femara with good tolerance except for grade 1 vasogenic post-menstrual symptoms and arthritis. Into the patient that she is at risk to develop osteoporosis. The patient regularly takes vitamin D and calcium for supplementation. The tumor antigens are normal range.

Elevated blood pressure - patient advised on low sodium diet and recommended to follow with PCP for further management.

Update 8/27/17: The patient presents with chronic complaints due to menopausal disorder and augmented by the treatment with AI. The mammogram from 05/07/18 is in normal range without suspicious masses or calcifications. She also had additional views which confirmed negative findings. Risk for osteoporosis due to the use of AI. The level of vitamin D2 should be rechecked to guide supplementation.

Update 12/11/18: The Pt completed 7 yrs on AI with good tolerance and w/o recurrence of disease - discussed discontinuation of anti-endocrine therapy and continuation with surveillance only.

Update 7/30/19: New onset of colon cancer - well differentiated mucinous adenocarcinoma of transverse colon. The pt is post laparoscopic partial transverse colon resection by Dr Nitzkowski at Vassar Brothers Hospital. The splenic flexure tumor mass was invading the muscularis propria and was 3.9 cm in greatest dimension. No perforation was identified. The surgical stage is pT2, pN1b (2/19LN), stage IIIA. The Pt had intact nuclear expression of MMR proteins and low probability for high MSI. 2nd Gen sequencing revealed a genomic alteration of BRAF pVal600Glu (V600E) which is associated with decreased sensitivity to anti-EGFR Abs. The results were discussed with Pt stating that she needs a adjuvant therapy - suggested FOLFOX 4 for 12 cycles

Hx of breast cancer - post adjuvant anti-endocrine therapy - Pt at risk for accelerated development of osteoporosis - scan is overdue.

Update 8/26/2019: Hypertensive urgency: Patient has uncontrolled blood pressure and is symptomatic with dizziness, headache, and fatigue. The case was discussed with patient's cardiologist Dr. Nissinos: We will increase Norvasc to 10 mg and chlorothiazide to 25 mg in addition to the current antihypertensive medications.

Update 9/17/19: Colon cancer- patient started adjuvant chemotherapy with FOLFOX4 for which is she is tolerating well with grade 1 fatigue and nausea.

Anemia due to chemotherapy - start folic acid, Procrit is not indicated.

Update 10/16/19: Neutropenia due to chemotherapy - Pt received neutropen

Peripheral neuropathy from chemotherapy-grade 1:

Moderate anemia with hemoglobin of 10.8- due to chemotherapy, no need for growth factor support patient was advised to take B12 and folic acid.

Asthenia grade 2

Plan: Continue with chemotherapy FOLFOX for as planned.

Signed:

Lidia Koulova, MD

10/15/2019

10:19 AM

Electronically signed by Koulova, Lidia, MD at 10/15/19 1750



### Note Details

Author	Koulova, Lidia, MD	File Time	10/15/19 1750
Author Type	Physician	Status	Signed
Last Editor	Koulova, Lidia, MD	Specialty	Hematology and Oncology

Office Visit on  
10/15/2019