

**Bon Secours
Medical Group**

Westchester Medical Center Health Network

Goshen Medical Associates

70 Hatfield Lane, Suite 101, Goshen, NY 10924

Phone: (845) 294-8888 • Fax: (845) 294-1667

Fax

To: StacyFax: 333-9400Date: 2/6/20RE: AranespSent By: Robyn# of Pages: 10 including cover sheet☐ Urgent☐ For Review☐ Please Comment☐ Please ReplyComments: _____

Confidential Health Information Enclosed. The information contained in this transmission is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. If you are not the intended recipient of this information, do not review, re-transmit, disclose, disseminate, use or take any action in reliance upon, this information. If you received this transmission in error, please contact the sender.



FAX TRANSMISSION

Date <u>2/6/20</u>	Time: <u>1600</u>	From: <u>Rohyn</u>
Receiver's Name: Infusion Inbound Phone Front Desk :845-333-1150 Stacy phone : 845-333-1905 Inbound Fax : 845-333-9400		Department: Hematology/ Oncology Phone: 845-333-3681 Fax : 845-333-3641

Number of pages, including this coversheet:
Information Transmitted:

Appointment Date Needed: 2/11/20 Scheduled

Name of Patient: Morgan, Annette

DOB: 8/20/61

MRN #: _____ (If Applicable)

Diagnosis written on Order: Anemia due to Chronic Kidney Disease
Chronic Kidney Disease, Stage 3

Authorization Number : _____

Thank you

The documents accompanying this transmission contain confidential information belonging to the sender, which is legally privileged. This information is intended only for the use of the individuals or entity named above. The authorized recipient of the information is prohibited from disclosing the information to any other party and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this fax in error please notify us immediately at the telephone number above. Thank You.

ORANGE REGIONAL MEDICAL CENTER
Physician Order Form

Morgan, Annette

8/20/61

Dr. Lidia Koulova

Patient Label

DO NOT USE ABBREVIATIONS

U	MS	SC	QOD	QD	µg
IU	MSO	MSO	SQ	SL	

Date & Time

D 63.1

N 18.3

Anemia due to Chronic Kidney Disease
Chronic Kidney Disease, Stage 3

CBC/diff/BMP/mg Monthly

2/11/20

Asonep 100 mcg Subq Monthly (see attached)

Medications will be dispensed in accordance with the hospital formulary system

Prescriber Signature: *Lidia Koulova*

Print Name: Dr. Lidia Koulova

Date/Time: 2/6/20 0900

Nurse Signature: _____

Print Name: _____

Date/Time: _____

☐ T.O. RBVFax to Pharmacy ☐

Time Faxed: _____

Physician Orders/ 1

GRANDCHER ERYTHROPOIETIN MEDICAL CENTER Physician Order Form		Morgan, Annette 8/20/1961 Dr. Lidia Koulova _____ Patient Label	
DO NOT USE ABBREVIATIONS: U MS MSO ₄ MgSO ₄ QD #8 IU SC SO ₄ SL QOD			
OUTPATIENT DARBEPOETIN (Aranesp®) Erythropoietic Stimulating Agent (ESA) Order Form			
Initial Hemoglobin (Hgb)/Hematocrit (Hct) Date/level: <u>2/25/19 7.0</u> Current Hgb: <u>10.2</u> Hct: <u>31.9</u> — <u>(11/14/20)</u>		Wt: <u>78.9</u> kg	
DIAGNOSIS (Check one): <input type="checkbox"/> Chemotherapy induced anemia Hemoglobin (Hgb)/Hematocrit (Hct) must be < 10 g/dL and < 30% Darbepoetin initial dose ≤ 2.25 mcg/kg/week On week 4 dose may be increased by 25% if Hgb/Hct rise is < 1/3. By week 8 discontinue treatment unless a rise of 1/3 is documented <input checked="" type="checkbox"/> Chronic Kidney Disease (CKD) not on dialysis For chronic kidney disease creatinine ≥ 3 and CrCl < 60 mL/min Monitor to ensure transferrin saturation > 20% and/or serum ferritin > 100 ng/mL <input type="checkbox"/> End Stage Renal Disease (ESRD) on dialysis Monitor to ensure transferrin saturation > 20% and/or serum ferritin > 100 ng/mL <input type="checkbox"/> HIV/AIDS anemia induced by zidovudine or other nucleoside reverse transcriptase inhibitors <input type="checkbox"/> Anemia related to myelodysplastic syndrome (MDS) excluding AML and CML Bone marrow biopsy < 5% blasts Erythropoietin level 100 or less After 2 months of treatment consider discontinuing if there is no significant increase in Hgb/Hct and/or decreased transfusions <input type="checkbox"/> Treatment of anemia of selected chronic diseases (check one below) <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Systemic lupus erythematosus <input type="checkbox"/> Inflammatory bowel disease <input type="checkbox"/> Hepatitis C undergoing treatment			
Initial Hgb/Hct must be < 10 g/dL and < 30%. For all uses other than chemotherapy induced anemia, titrate dose of darbepoetin to maintain a target Hgb of 10-12 g/dL and Hct of 30-36% by appropriate timed dose adjustment.			
Date of last ESA agent: <u>12/10/19</u> Do not give Darbepoetin more frequently than once weekly			
Drug	Dose (mcg)	Route	Frequency
Darbepoetin (Aranesp®)	100 mcg	<input checked="" type="checkbox"/> SubQ <input type="checkbox"/> IV	Monthly
Print Last Name: <u>Koulova</u> Physician Signature: <u>[Signature]</u> Date: <u>2/6/20</u> Time: <u>0900</u>		Print Last Name: _____ Nurse Signature: _____ Date: _____ RBV INIT: _____ Time: _____ Faxed <input type="checkbox"/> Time Faxed: _____	

Morgan, Annette

MRN: 816086555

Koulova, Lidia, MD

Progress Notes

Encounter Date: 12/23/2019

Physician

Signed

Hematology

HEMATOLOGY/ONCOLOGY Progress Note**Annette Morgan**

8/20/1981

Chief complaint:

Chief Complaint

Patient presents with

- Anemia

Follow-up for treatment of anemia due to kidney insufficiency. Feels well, did not have any recent blood transfusion.

Meds:**Current Outpatient Medications**

Medication	Sig	Dispense	Refill
• sodium bicarbonate 650 mg tablet	Take by mouth four (4) times daily.		
• ergocalciferol (VITAMIN D2) 50,000 unit capsule	Take 50,000 Units by mouth.		
• glipizide (GLUCOTROL) 10 mg tablet	Take 5 mg by mouth two (2) times a day.		
• cyanocobalamin (VITAMIN B12) 500 mcg tablet	TAKE 1 TABLET BY MOUTH DAILY	30 Tab	5
• alendronate (FOSAMAX) 70 mg tablet	Take 70 mg by mouth.		
• calcium acetate (PHOSLO) 667 mg cap	2 TABLETS WITH MEALS THREE TIMES A DAY ORALLY 30 DAYS		3
• chlorthalidone (HYGROTEN) 50 mg tablet	Take 50 mg by mouth.		
• prednisone (DELTAONE) 10 mg tablet	TAKE 1 TABLET BY MOUTH DAILY (WITH BREAKFAST).		3
• amlodipine (NORVASC) 5 mg tablet	TAKE 1 TABLET BY MOUTH EVERY DAY		3
• levothyroxine (SYNTHROID) 100 mcg tablet	TAKE 1 TABLET BY MOUTH EVERY DAY BEFORE BREAKFAST	90 Tab	3
• acetaminophen (TYLENOL EXTRA STRENGTH) 500 mg tablet	Take by mouth every six (6) hours as needed for Pain.		
• paricalcitol (ZEMPLAR) 1 mcg capsule			
• simvastatin (ZOCOR) 10 mg tablet	Take 1 Tab by mouth nightly.	90 Tab	3
• magnesium oxide 250 mg magnesium tablet	TAKE 1 TAB BY MOUTH DAILY.	90 Tab	3

Morgan, Annette (MRN 816086555)

• bumetanide (BUMEX) 2 mg tablet	TAKE 1 TABLET BY MOUTH TWICE A DAY	0
• epoetin alfa (PROCRIT) 40,000 unit/mL injection	1 mL by SubCUTaneous route every seven (7) days.	4 Vial 6
• Blood-Glucose Meter (ACCU-CHEK AVIVA PLUS METER) misc	Use as directed - dx: E11.9	1 Each 1
• glucose blood VI test strips (ACCU-CHEK AVIVA PLUS TEST STRP) strip	Test bid and pm - dx:E11.9	100 Strip 11
• lancets misc	Soft click - use bid and pm - dx:E11.9	100 Each 11
• folic acid (FOLVITE) 1 mg tablet	TAKE 1 TAB BY MOUTH DAILY.	90 Tab 3

Objective:**Visit Vitals**

BP 136/72
Pulse 76
Ht 5' 4" (1.626 m)
Wt 174 lb (78.9 kg)
SpO2 96%
BMI 29.87 kg/m²

O2 Sat (%): 96 %

Review of Systems - no ambulation dyspnea. no hemoptysis. no cough. no orthopnea. no wheeze. no sputum production. no fever, sweats, or chills. + unusual fatigue. no loss of appetite. no weight loss more than 5 lbs. no headaches. no ear aches. no eye irritation. no blurred or double vision. no nose or sinus problems, including hay fever. no dry eyes or dry mouth. no snoring. no breast discomfort. no chest pain. no irregular or rapid heart beats. no heartburn or indigestion. no difficulty swallowing or regurgitation. no nausea or vomiting. + abdominal pain. no diarrhea. no constipation. no difficult or painful urination. no frequent urination. +swelling at the ankles. ++ joint pains or muscle aches. no fingers turn white and painful in the cold. + back pain or neck pain

PHYSICAL EXAM:

General Appearance: NAD, pleasant, obese

HEENT: no thrush, no mucositis,

Oral cavity: normal teeth, no lesions.

Neck, Thyroid : supple, no lymphadenopathy, trachea at midline, no thyromegaly, JVP flat.

Heart: regular rate and rhythm, S1, S2 without murmur.

Lungs: clear to auscultation, good air entry bilaterally.

Chest: normal shape and expansion, no use of accessory muscles,

Abdomen: soft, NT/ND, BS present, no masses palpated, no hepatosplenomegaly.

Extremities: no cyanosis, no clubbing, peri-ankle+ edema b/l. Peripheral pulses: normal (2+) bilaterally.

Neurologic Exam: no focal signs, awake and alert, oriented x 3, normal cranial nerves II-XII sensory & motor WNL,

Lymph nodes not palpable.

Skin: warm, dry, normal, no rash, chronic scarring on the pre-tibial surfaces of both legs.

Back: no midline or CVA tenderness.

Morgan, Annette DOB: 06/20/1901

Results for orders placed or performed in visit on 02/25/19

METABOLIC PANEL, COMPREHENSIVE

Result	Value	Ref Range
Glucose	430 (H)	65 - 139 mg/dL
Sodium	143	135 - 146 mmol/L
Potassium	5.3	3.5 - 5.3 mmol/L
Chloride	116 (H)	98 - 110 mmol/L
CO2	18 (L)	20 - 32 mmol/L
BUN	69 (H)	7 - 25 mg/dL
Creatinine	3.70 (H)	0.50 - 1.05 mg/dL
BUN/Creatinine ratio	19	6 - 22 (calc)
Calcium	8.1 (L)	8.6 - 10.4 mg/dL
Protein, total	6.2	6.1 - 8.1 g/dL
Albumin	3.2 (L)	3.6 - 5.1 g/dL
Globulin	3.0	1.9 - 3.7 g/dL (calc)
ALB/GLOBRATIO	1.1	1.0 - 2.5 (calc)
Bilirubin, total	0.2	0.2 - 1.2 mg/dL
Alk. phosphatase	172 (H)	33 - 130 U/L
AST (SGOT)	38 (H)	10 - 35 U/L
ALT (SGPT)	52 (H)	6 - 29 U/L
EGFR NON AFR AMERICAN	13 (L)	>=60 mL/min/1.73 m2
GFR est AA	15 (L)	>=60 mL/min/1.73 m2

MAGNESIUM

Result	Value	Ref Range
Magnesium	1.8	1.5 - 2.5 mg/dL

IRON PROFILE

Result	Value	Ref Range
Iron	31 (L)	45 - 160 mcg/dL
Iron binding capacity	227 (L)	250 - 450 mcg/dL (calc)
% SATURATION	14	11 - 50 %

AMB POC COMPLETE CBC, AUTOMATED ENTER

Result	Value	Ref Range
WBC (POC)	5.2	4.5 - 10.5 10 ³ /ul
LYMPHOCYTES (POC)	26.3	20.5 - 51.1 %

MORGAN, ANNETTE D.D.; 06/20/1901

MONOCYTES (POC)	7.4	1.7 - 9.3 %
GRANULOCYTES (POC)	66.3	42.2 - 75.2 %
ABS. LYMPHS (POC)	1.4	1.2 - 3.4 10 ³ /ul
ABS. MONOS (POC)	0.4	0.1 - 0.6 10 ³ /ul
ABS. GRANS (POC)	3.4	1.4 - 6.5 10 ³ /ul
RBC (POC)	2.36 (A)	4 - 6 10 ⁶ /ul
HGB (POC)	7.0 (A)	11 - 18 g/dL
HCT (POC)	22.3 (A)	35 - 60 %
MCV (POC)	94.6	80 - 99.9 fL
MCH (POC)	29.7	27 - 31 pg
MCHC (POC)	31.4 (A)	33 - 37 g/dL
RDW (POC)	23.9 (A)	11.6 - 13.7 %
PLATELET (POC)	577 (A)	150 - 450 10 ³ /ul
MPV (POC)	7.4 (A)	7.8 - 11 fL

Assessment/Plan:

	ICD-10-CM	ICD-9-CM
1. Anemia associated with chronic renal failure	N18.9	285.21
	D63.1	
2. Low serum erythropoietin level	R79.89	790.99
3. Benign hypertension with chronic kidney disease, stage IV (HCC)	I12.9	403.10
	N18.4	585.4
4. Chronic kidney disease, stage III (moderate) (HCC)	N18.3	585.3

Problem List as of 12/23/2019

Date Reviewed: 12/23/2019

	Codes	Class	Noted - Resolved
Anemia associated with chronic renal failure	ICD-10-CM: N18.9, D63.1 ICD-9-CM: 285.21		2/27/2019 - Present
Renal insufficiency	ICD-10-CM: N28.9 ICD-9-CM: 593.9		2/27/2019 - Present
Severe obesity (BMI 35.0-39.9) with comorbidity (HCC)	ICD-10-CM: E66.01 ICD-9-CM: 278.01		4/10/2018 - Present
Type 2 diabetes with nephropathy (HCC)	ICD-10-CM: E11.21 ICD-9-CM: 250.40, 583.81		1/4/2018 - Present
Rheumatoid arthritis involving both hands with positive rheumatoid factor (HCC)	ICD-10-CM: M05.741, M05.742 ICD-9-CM: 714.0		4/10/2017 - Present

MORGAN, ANNETTE (2019, 08/20/2019)

	Codes	Class	Noted - Resolved
B12 deficiency	ICD-10-CM: E53.8 ICD-9-CM: 266.2		10/17/2016 - Present
High cholesterol	ICD-10-CM: E78.00 ICD-9-CM: 272.0		5/16/2016 - Present
Hypothyroidism due to Hashimoto's thyroiditis	ICD-10-CM: E03.8, E06.3 ICD-9-CM: 244.8, 245.2		5/16/2016 - Present
Hypertension	ICD-10-CM: I10 ICD-9-CM: 401.9		Unknown - Present
RESOLVED: Type 2 diabetes mellitus without complication (HCC)	ICD-10-CM: E11.9 ICD-9-CM: 250.00		5/16/2016 - 3/17/2019
RESOLVED: Rheumatoid arthritis (HCC)	ICD-10-CM: M06.9 ICD-9-CM: 714.0		Unknown - 4/10/2017

57-year-old female with long-standing diabetes mellitus and hypertension, rheumatoid arthritis presents with weekly worsening kidney function due to diabetic nephropathy. She also developed severe normocytic anemia which was felt to be due to hypo-proliferation because of chronic renal disease, chronic inflammation, methotrexate treatment and NSAIDs. Patient had a bone marrow biopsy which indicated trilineage representation with reduced red cell precursors but no signs of myelodysplasia and no evidence of lymphoma, leukemia or multiple myeloma.

The SPEP and immunofixation were negative for monoclonal gammopathy. No deficiencies in iron, B12 and folic acid were found as well. The patient was started on regular supplementation with growth factors such as Procrit or Aranesp. The hemoglobin improved to 8.3 g/dL.

Update 4/29/2019: Hypoproliferative anemia of chronic kidney insufficiency response well to maintenance with growth factor support—hemoglobin improved to 10.9 g/dL with RBC of 3.85. Reactive thrombocytosis of 432 k.

Chronic kidney insufficiency with creatinine of 3.18 due to diabetic nephropathy. The patient is followed by nephrologist who manages also the peripheral edema.

Update 6/24/19: Anemia of CRI has improved after iron infusions and supplementation of Procrit - The improved to 11.4-11.7 g/dl and the Pt is asymptomatic. The Cr remains elevated at 2.99 due to diabetic nephropathy.

Update 12/23/2019: Anemia of chronic renal insufficiency remains mild to moderate after iron infusions and supplementation of Procrit as maintenance. Hemoglobin is mildly decreased from baseline to 9.8 g/dL. In parallel to this the kidney function has worsened with creatinine of 3.14. The Pt is still not a candidate for HD. Previous ferrokinetics did not indicate any iron deficiency.

PLAN

Continue supportive care with regular growth factor Procrit administration for hemoglobin below 11 g/dl and monitor CBC. will re-check ferrokinetics for the need of parenteral iron infusion.

Signed:
Lidia Koulouva, MD
12/23/2019

*No new symptoms
reported as per patient*

L. Koulouva

7:12 PM

Electronically signed by Koulova, Lidia, MD at 12/23/19 1917

Note Details

Author	Koulova, Lidia, MD	File Time	12/23/19 1917
Author Type	Physician	Status	Signed
Last Editor	Koulova, Lidia, MD	Specialty	Hematology and Oncology

Office Visit on
12/23/2019