

ORANGE REGIONAL MEDICAL CENTER
 Physician Order Form

DO NOT USE ABBREVIATIONS
 U MS SC QOD QD µg
 IU MSC₄ MgSO₄ SQ SL

Senkerik, Marcia M
 DOB 2/14/1945
 Lidia Koulova, MD
 Patient Label

Date & Time

1/23/20 Admit to Same Day Services
 Administer Neurapain 300mg Subcutaneous
 X 2 DAYS: Sat. 1/25/20 & 1/26/20
 D/C post each visit when VSS

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

Prescriber Signature: L. Koulova Print Name: Lidia Koulova MD Date/Time: 1/23/20 1430
 Nurse Signature: Marianne Wukhro Print Name: Marianne Wukhro Date/Time: 1/23/20 1430
☐ T.O. RBV Fax to Pharmacy ☐ Time Faxed: 1430

Senkerik, Marcia M

MRN: 816001183

Koulova, Lidia, MD
Physician
Hematology

Progress Notes
Signed

Encounter Date: 1/21/2020

HEMATOLOGY/ONCOLOGY Progress Note

Marcia M Senkerik
2/14/1945

Chief complaint:

Chief Complaint

Patient presents with

- Cancer

ftu for colon cancer -receiving adjuvant therapy. Complains of numbness and decreased sensation in fingers and toes. Can write legibly but continues to be very sensitive to cold

Meds:

Current Outpatient Medications

Medication	Sig	Dispense	Refill
* gabapentin (NEURONTIN) 100 mg capsule	100mg x 2 caps at Bedtime Indications: Neuropathic Pain	80 Cap	1
* potassium chloride (K-DUR, KLOR-CON) 20 mEq tablet	Take 1 Tab by mouth daily. Indications: low amount of potassium in the blood	30 Tab	2
* calcium carbonate 500 mg calcium (1,250 mg) capsule	Take 1,250 mg by mouth two (2) times daily (with meals). Indications: low amount of calcium in the blood	80 Cap	2
* cholecalciferol, VITAMIN D3, (VITAMIN D3) 5,000 unit tab tablet	Take 1 Tab by mouth daily. Indications: Prevention of Vitamin D Deficiency	30 Tab	2
* olmesartan-hydroCHLOROthiazide (BENICAR HCT) 40-12.5 mg per tablet	TAKE 1 TABLET BY MOUTH EVERY DAY		3
* ondansetron (ZOFTRAN) 4 mg/2 mL soln			
* multivitamin (ONE DAILY MULTIVITAMIN) tablet	Take 1 Tab by mouth.		
* fluticasone propion-salmeterol (ADVAIR/AXELA) 100-50 mcg/dose diskus Inhaler	Take 1 Puff by Inhalation.		
* 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 (WELCOVORIN) 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 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 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 88 mcg by mouth Daily (before breakfast).		
• montelukast (SINGULAIR) 10 mg tablet	Take 10 mg by mouth daily.		
• albuterol (PROVENTIL HFA) 20 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.		

Current Facility-Administered Medications

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Dose
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• fluorouracil 704 mg IntraVENous ONCE Koulouva, Lidia,
(ADRUCIL) 704 mg MD
in 0.9% sodium
chloride 50 mL
chemo infusion

Objective:

Visit Vitals

BP 136/68
Pulse 89
Temp 98.7 °F (37.1 °C) (Oral)
Ht 5' 3" (1.6 m)
Wt 153 lb 12.8 oz (69.8 kg)
SpO2 100%
BMI 27.24 kg/m²

O2 Sat (%): 100 %

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 palpates, no axillary LNA. 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 01/21/20

AMB POC COMPLETE CBC,AUTOMATED ENTER

Result	Value	Ref Range
WBC (POC)	3.1 (A)	4.5 - 10.5 10 ³ /ul
LYMPHOCYTES (POC)	41.3	20.5 - 51.1 %

MONOCYTES (POC)	13.6 (A)	1.7 - 8.3 %
GRANULOCYTES (POC)	45.1	42.2 - 75.2 %
ABS. LYMPHS (POC)	1.3	1.2 - 3.4 10 ³ /ul
ABS. MONOS (POC)	0.4	0.1 - 0.6 10 ³ /ul
ABS. GRANS (POC)	1.4	1.4 - 6.5 10 ³ /ul
RBC (POC)	2.89 (A)	4 - 6 10 ⁶ /ul
HGB (POC)	10.0 (A)	11 - 18 g/dL
HCT (POC)	29.8 (A)	35 - 60 %
MCV (POC)	99.4	80 - 99.9 fL
MCH (POC)	33.5 (A)	27 - 31 pg
MCHC (POC)	33.7	33 - 37 g/dL
RDW (POC)	15.8 (A)	11.8 - 13.7 %
PLATELET (POC)	88 (A)	150 - 450 10 ³ /ul
MPV (POC)	6.4 (A)	7.8 - 11 fL

Assessment/Plan:

	ICD-10-CM	ICD-9-CM	
1. Chemotherapy follow-up examination	Z08	V67.2	
2. Malignant neoplasm of central portion of left breast in female, estrogen receptor positive (HCC)	C50.112	174.1	
	Z17.0	V86.0	
3. Antineoplastic chemotherapy induced anemia	D64.81	286.3	
	T45.1X5A	E833.1	
4. Menopausal arthritis	M13.80	716.30	
5. Neuropathy due to chemotherapeutic drug (HCC)	G62.0	357.8	
	T45.1X5A	E833.1	
6. Malignant neoplasm of transverse colon (HCC)	C18.4	153.1	CT ABD PELV W CONT
7. Carcinoma of transverse colon (HCC)	C18.4	153.1	
8. Encounter for monitoring adjuvant hormonal therapy	Z51.81	V58.83	
	Z79.899	V58.89	
9. History of breast cancer	Z85.3	V10.3	
10. Uncontrolled hypertension, stage 1	I10	401.9	

Problem List as of 1/21/2020

Date Reviewed: 1/21/2020

	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

	Codes	Class	Noted - Resolved
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		5/9/2016 - Present
Menopausal arthritis	ICD-10-CM: M13.80 ICD-9-CM: 718.30		5/9/2016 - Present
Osteopenia	ICD-10-CM: M85.80 ICD-9-CM: 733.80		3/17/2015 - Present
Encounter for monitoring adjuvant hormonal therapy	ICD-10-CM: Z51.81, Z79.899 ICD-9-CM: V58.83, V58.89		3/17/2015 - Present
Menopausal and perimenopausal disorder	ICD-10-CM: N86.9 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 4:48 PM by Karslf, Karen S., MD papillary carcinoma of the thyroid			
Breast cancer (HCC)	ICD-10-CM: C50.918 ICD-9-CM: 174.9		12/29/2014 - Present
Environmental allergies	ICD-10-CM: Z91.09 ICD-9-CM: V15.09		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 LUQ 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 if 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 6/27/17: 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. Nissirioa: 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

Update 1/21/20: colon cancer - stage IIIA - on adjuvant chemotherapy with FOLFOX4 - receiving today cycle 11.

Moderate anemia with Hg of about 10 g/dl.due to chemotherapy - continue MVI and B12; Peripheral neuropathy grade 2 worsening.-Patient advised to take low-dose of Neurontin at 100 mg at bedtime.

Plan: In view of worsening neuropathy and decreasing quality of life it was suggested that the patient stops chemotherapy finishing cycle 11 of FOLFOX4. Check TSH. Obtain restaging CT scan of abdomen and pelvis for baseline.

Signed:
Lidia Koulova, MD
1/21/2020
11:42 AM

Electronically signed by Koulova, Lidia, MD at 01/21/20 1852

Note Details

Author	Koulova, Lidia, MD	File Time	01/21/20 1852
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Office Visit
on
1/21/2020