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20 Nov. 5. 20192: 7:21AM Infusion 2948411 >> Created with a trial version of Syncfusion Essential PDF DQUTISTA, Maria

<sup>20</sup> Nov. 5. 2019<sup>3</sup>: 7:22AM Infusion 2948411 >> No. 4773 Bautista, Maria ORANGE REGIONAL CHEMOTHERAPY **ORDERS** TO BE COMPLETED BY PHYBICIAN: Patient Name BAUTISTA MARIBOD: 5-17-156 Date Written: 10 - 29+ Date of Administration THM Stage: Allergies: MIKDA Colader 3.62 Suba Cycle | of Day Venous Access: O Peripheral Height Actual Body Surface Emetic Level Ideal 72.3 kg Area (m²) Adjuste Dasing Adjusted Minimal Moderate Leb Ontere: XICBC/DIFF High Magnesium Hold Parameters: ÙΑ ANC less than: WBC less than: Non-chemotherapy arders: PLT lags than: High/Hot less than: SCr greater than; IV Fluids: NS @ KVO (20 mL/hr) RPh initials / Nurse initials Solution, volume and infusion rate are par manufacturer/hospital guidelines unless otherwise specified. Chemotherapeutic agents will be rounded down to nearest vial size if within 5% of calculated dose, Biological agents will be rounded down to the nestest visit size if within 10% of calculated dose, Please administer champines any in sequence listed below. Doza per Chemotherapy Reduction\* Dispensed Unit Calculated (m<sup>2</sup>, kg, ALIC) RPh / (mg/m² (Rounding to influeion Dogo Route Nurse Mg/kg, AUC) Pinker. be completed ichitime DY RETII 'if using a dose reduction, please provide rationale: MD Name (Print) LES /ey STEA) Lisley Attend mo Decerring 10/30/49 11:12 orn MD Signature\_

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# Bautista, Maria

MRN: 816005051

Steed, Lesley A, MD	Progress Nates	Encounter Date: 9/25/2019
Physician	Signed	- 1 to the contract of the and the state of the
Hematology 10/8/2019	· · · · · · · · · · · · · · · · · · ·	The state of the s

Maria Bautista 816005051 5/17/1967

HISTORY OF PRESENT ILLNESS: 52 y.o. female with h/o stage IIB R breast cancer here for follow up. Mammogram/US 11/4/13 revealed a spiculated mass in the R breast at 12 o'clock and fine pleomorphic calcifications with a clustered distribution in the right breast at nine o'clock. She underwent ultrasound-guided biopsy of the R breast mass at 12 o'clock which revealed invesive poorly differentiated ductal carcinoma with suspicion for lymphovascular invasion and stereotactic needle biopsy the cluster of calcifications which was benign. On 1/7/14, she underwent bilateral mastectomy/SLNB and limited R ax LN dissection. Path report revealed stage IIB T2N1a moderately differentiated IDC, 2.3 cm, grade 6/9. One sentinel node was positive for metastatic well-differentiated adenocardinoma as multiple separated glands - greater than 200 tumor calls, Negative for LVI or extranodal extension. Negative surgical margins, ER/PR+/HER2 neg. Ki-67 5% positive.

She has now completed 4 cycles of adjuvant chemory with TC and is on Tamoxifen.

LMP Feb 18, 2014.

Reports chronic bone pain and mysigias due to Tamoxifen. Takes Tylenol and ibuprofen for the pain.

Myriad myRisk genetic testing was negative.

Cio chills. Blister broke out on her lip.

Seen in ED 9/12/19 with c/o abd bloating, R sided abd pain, N/V. CT a/p with IV contrast was performed and showed incidental finding of 4.1 cm AAA. No acute process.

#### Past Medical History:

Past Medical Matory:	
Diagnosis	Date
BRCA negative	
* Breget carroer (HCC)	7/7/2014
Depression	1 ( ) +2-74 1-4
Diabetes (HCC)	
Hyperlipidemia	9/24/2014
Hypertension	0070 (F/LD) 1-4
· Loss of appetite	
* Muconits	9/24/2014
• Thrush	9/24/2014
URI (upper respiratory Infection)	9/24/2014
* Weight loss	0144EU }*

2000

## Past Surgical History:

Past Surgical History:

Procedure	Laterality	P <sup>hi</sup> telicher.
· BREAST SURGERY PROCEDURE UNLISTED	) Bilateral	Date 1 <b>993</b>
TDE for bloody discharge		
· HX BREAST BIOPSY	Right	11/4/13
stereotactic at Orange		
HX CESAREAN SECTION		2000
· HX CHOLECYSTECTOMY		11/14
· HX GI		11/20/14
cholecystectomy		1 (4 C PA ) A
HX OTHER SURGICAL		1993
TDE for blood discharge		(640

### **FAMILY HISTORY:**

HX TUBAL LIGATION

**Family History** 

Problem Relation Age of Onset

\* Breast Cancer Slater 36

mestectomy, chemo and radiation

\* Headache Sister

Uterine Cancer
 Ovarian Cancer
 Paternal Grandmother
 Neg Hx

#### SOCIAL HISTORY:

## Social History

Socioeconomic History

Marital status: MARRIED Spouse Not on file

name: Number of

 Number of Not on file children;

 Years of Not on file education;

\*Highest Not on file education

level: Tobacco Use

\*Smoking Former Smoker

status:

Packs/day: 0.14 Years: 3.00 Pack years: 0.42

Last attempt 11/20/2011

to quit:

Years since 7.5

quitting;

Smokeless Never Used tobacco:

Substance and Sexual Activity

· Alcohol use: No

Alcohol/week: 0.0 standard drinks

\*Drug use: No

Social History Narrative
\*\* Margad History Encounter \*\*

#### **CURRENT MEDICATIONS:**

Current Outpatient Medications			
Medication	Sig	Dispense	Refil
<ul> <li>insulin determir U-100 (LEVEMIR FLEXTOUCH) 100 uniVmL (3 mL) inpn</li> </ul>	by SubCUTAneous route.	- 11-	
<ul> <li>tamoxifen (NOLVADEX) 20 mg tablet</li> </ul>	TAKE ONE TABLET BY MOUTH EVERY DAY	daT 08	ጘ
<ul> <li>insulin determir (LEVEMIR FLEXPEN) 100 unit/mL (3 mL) inpn</li> </ul>	by SubCUTAneous route.		
vaginal lubricant (REPLENS) gel	Insert 1 Dose into vegins Every Mon, Wed and Set.	1 Tubs	3
<ul> <li>cholecalciferol (VITAMIN D3)</li> <li>1,000 unit tablet</li> </ul>	Take by mouth daily.		
· enalaprii (VASOTEC) 5 mg tablet	Take 1 Tab by mouth daily.	30 Teb	Ü
<ul> <li>omeprázole (PRILOSEG) 20 mg capsule</li> </ul>	Teke 20 mg by mouth daily.		
<ul> <li>venlefaxine-SR (EFFEXOR-XR)</li> <li>75 mg capsule</li> </ul>	Take 1 Cap by mouth daily.	30 Cap	3
SUMAtriptan (IMITREX) 60 mg tablet	Take 1 Tab by mouth once as needed for Migraine. If a satisfactory response has not been obtained at 2 hours, a second dose may be administered.	30 Tab	Ö
<ul> <li>glipizide (GLUCOTROL) 10 mg tablet</li> <li>metFORMIN (GLUCOPHAGE) 1,000 mg tablet</li> </ul>	Take 10 mg by mouth two (2) times a day. Take 1,000 mg by mouth two (2) times daily (with meets).		

ALLERGIES: Patient has no known allergies.

REVIEW OF SYSTEMS: A detailed 10 organ review of systems is obtained with pertinent positives as listed in the History of Present Illness and Past Medical History. All others are negative.

#### PHYSICAL EXAM:

height is 5' (1.524 m) and weight is 153 lb (69.4 kg). Her blood pressure is 124/72 and her pulse is 77. Her oxygen asturation is 98%.

No acute distress.

HEENT: NC/AT, PERRLA, oropharynx clear

Neck: supple, no lymphadenopathy, no JVD, nontender, no thyromegaty

Lungs: CTA bilaterally, no rhonchi, no wheezes, no rales

CV: RRR, no murmurs, rubs or gallops

Abd: soft, nontender, nondistended, normoactive bowel sounds, no masses, no

hepatosplenomegaly

Ext: no cyanosis, clubbing or edema

Breasts: e/p bilateral mastectomy, no masses or axillary lymphadenopathy bilaterally, flaps of redundant fatty tissue laterally

#### LABS:

Results for orders placed or performed during the hospital ancounter of 06/30/15

distribution of the think to		
METABOLIC PANEL, CO	MPREHENSIVE	
Fire suit	Value	Ref Range
Sodium	135 (L)	136 - 145
	• •	mmol/L
Potassium	3.7	3.5 - 5.1
	-,,	mmol/L
Chloride	95 (L)	98 - 107
_ , <b>, , ,</b> _	24/71	mmol/L
CO2	29	21 - 32
- · · · ·		mmol/L
Anion gap	12	6 - 20
· · · · · · · · · · · · · · · · · · ·	1.6-	mmol/L
Glucose	387 (H)	74 - 106
-,	wor (ri)	
BUN	8	mg/dL
Creatinine	0.8	7 - 18 mg/dL 0.6 - 1.3
AND COLORS HAVE	0.0	
GFR est AA	>60	mg/dL >60
ALL GREAT	~00	
		mi/min/1.73
GFR est non-AA	>60	m2
OLU GRI UDU-YOU	>00	>60
		ml/min/1.73
Celcium	0.0	m2
Cerciniti	9,0	8.5 - 10.1
Bilirubin, total	0.5	mg/dL
Dilli apiti, totai	0.3	0.2 - 1.0
ATT (CONTY	70	mg/dL
ALT (SGPT)	72 72 4 1	12 - 78 U/L
AST (SGOT)	73 (H)	15 - 37 U/L
Alk. phosphatase	264 (H)	48 - 116 U/L
Protein, total	8,5 (H)	8.4 - 8.2 g/dL
Albumin	3.7	3.4 - 5.0 g/dL
Globulin	4.8	2.5 - 5.0 g/dL
A-G Ratio	0.8 (L)	1.0 - 1.5

### ASSESSMENT AND PLAN:

Stage IIB T2N1a ER+/PR+/Her2 1+ by IHC R breast ca s/p bilateral mastectomy/limited R ax LN dissection. S/p adjuvent TC x 4 cycles. Cont hormonal therapy with Tamoxifen. Will cont to monitor CBC diff, CMP, CEA, CA 15-3, CA 27,29.

Obsteopenia - cont calcium and Vit D supplementation.

Myalgais - likely secondary to tamoxifen. Cont NSAIDs PRN for pain. Referred to rheumatology.

## Abd pain/chilis - r/o UTI

AAA - referred to Dr. Gorti. Needs surveillance.

## Orders Placed This Encounter

- · CULTURE, URINE
- · URINALYSIS WIMICROSCOPIC

1.	Malignant neopiesm of right breast in female, estrogen receptor positive, unspecified site of breast (HCC)	100-10-0M 050.911	ICD-9-CM 174.9	
		<b>217.0</b>	V86.0	
2.	Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)	£11.9	250.00	
3.	Hyperlipidemia, unspecified hyperlipidemia type	E78.5	272.4	
4.	Osteopenia, unspecified location	M85.80	733,90	
5.	Myalgia	M79.10	729.1	
€.	Gross hematuria		599.71	URINALYSIS W/MICROSCOPIC CULTURE, URINE

# Lesley A Stead, MD

Electronically signed by Stead, Lesley A, MD at 10/06/19 2204

# **Note Details**

Author	Stead, Lesley A, MD	File Time	10/06/19 2204
Author Type	Physician	Status	Signed
Last Editor	Stead, Leslay A, MD	Specialty	Medical Oncology

Office Visit on 9/25/2019