

**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

FaxTo: ORMC Infusion

Fax:

Date: 1-2-20

RE:

Sent By: R. R. Steward# of Pages: 10

including cover sheet

☐ Urgent☐ For Review☐ Please Comment☐ Please ReplyComments: ORDER to D/C CAMPUMP1-4-20 (12:30 PM)

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ORANGE REGIONAL MEDICAL CENTER
Physician Order FormMARTUCCI, John
3-15-1982
DR LESLEY STEAN
Patient Label

DO NOT USE ABBREVIATIONS

U MS SC QOD QD µg
IU MSO MgSO₄ SQ SL

Date & Time

COLON CA Mets Liver C18.9
Allergy: NARCOSEN, Shellfish11/4/20 DIC CA pump per Protocol
11/4/20 FLUSH med. port per Protocol
11/4/20 MAY GIVE PATIENT pump to return to
CRASH INFUSION

Medications will be dispensed in accordance with the hospital formulary system

Prescriber Signature: _____ Print Name: Lesley STEAN Date/Time: 1-2-20
Nurse Signature: _____ Print Name: _____ Date/Time: _____
☐ T.O. RBV Fax to Pharmacy ☐ Time Faxed: _____

Martucci, John

MRN: S16019780

Office Visit 11/6/2019

GOSHEN MEDICAL

HEMATOLOGY ONCOLOGY

Provider: Stead, Lesley A, MD (Hematology)

Primary diagnosis: Colon cancer metastasized to liver (HCC)

Reason for Visit: Other

Progress Notes

11/9/2019

Stead, Lesley A, MD (Physician) • Hematology

John Martucci

818019780

3/16/1952

CHIEF COMPLAINT: colon cancer

HISTORY OF PRESENT ILLNESS: 87 y.o. male with PMH as below including history of unprovoked extensive right lower extremity DVT with chronic nonocclusive thrombus of the right superficial femoral vein on long-term Coumadin, admitted on 5/15/18 to Orange Regional Medical Center with supratherapeutic INR, abdominal distention, belching, constipation. CT of the abdomen and pelvis showed an area of focal thickening in the region of the proximal/mid descending colon, air and fluid-filled distention of the small bowel, considerable amount of retained fecal matter. CT of the chest showed multiple bilateral subcentimeter lung nodules, a 4.3 x 3.8 cm left hepatic lesion and a fat-containing lesion in the region of the dome of the liver, markedly distended large bowel. He reported that he was eating smaller meals at home recently due to his GI symptoms.

He was found to have a bowel obstruction and underwent exlap, resection of transverse colon with right hepatic flexure colostomy RUQ. Pathology report confirmed invasive adenocarcinoma of the colon, KRAS+, BRAF neg, NRAS neg. He was underwent MRI of the abdomen for further evaluation of the left hepatic lesion, new since 2015, but it was a markedly limited examination due to motion/artifact. He was started on Loxvex 1 mg/kg subcu twice daily postoperatively. He developed a postoperative wound infection and was started on Zosyn. He was discharged to complete a course of Augmentin.

Outpatient PET/CT was arranged and was performed on June 6. Previously seen left liver lesion was visualized and was found to be intensely FDG avid. Additionally seen were findings suspicious for metastasis to L1 vertebral body and bilateral lung nodules with increased uptake in a right lower lobe lung nodule.

Started treatment with XELOX/Avastin. C1D1 8/7/18. Developed hand-foot syndrome. swollen, red, dry, cracked fingers/palms and soles of feet. Hands worse than feet. Improved since holding xeloda for a few weeks. Xeloda was subsequently resumed with a 25% dose reduction. He developed progression of disease and treatment was switched to FOLFIRI and Avastin.

On 4/9/19 he developed sudden loss of vision in the right. He was advised to go to the ER at Orange Regional Medical Center where he was thought to have suffered a retinal detachment. He was referred to a retinal specialist Dr. Pomykala and it was determined that he actually had a right retinal artery occlusion. Seen by Dr. Kolouva and started on aspirin 81 mg, referred to cardiology and Avastin was held. He is on long-term Eliquis already. Carotid Dopplers were negative. Vision has improved. Says ophthalmologist told him 70% of the blood flow has returned.

Back pain improved since completing palliative RT. CEA still rising.

Past Medical History:

Past Medical History:

Diagnosis

- Annual physical exam
unknown
- Asthma
- Bradycardia
- DVT (deep venous thrombosis) (HCC)
right leg
- Hypertension
- OSA on CPAP
cpap at 10

Date

July 2015

Past Surgical History:

Past Surgical History:

Procedure

- HX HERNIA REPAIR
- HX OTHER SURGICAL
finger
- LARYNGOSCOPY, DIR, OP, EXC TUMR, LCL FLAP

Laterality

Date

FAMILY HISTORY: History reviewed. No pertinent family history.

SOCIAL HISTORY:

Social History

Socioeconomic History

- Marital status: MARRIED
Spouse Not on file
name:
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Tobacco Use

- Smoking status: Former Smoker
Packs/day: 0.25
Years: 25.00
Pack years: 5.25
Types: Cigarettes
Last attempt to quit: 3/12/2012
Years since quitting: 7.6
- Smokeless tobacco: Never Used

• Tobacco comment: occasional

Substance and Sexual Activity

- Alcohol use: Yes

Alcohol/week: 5.0 standard drinks
 Types: 6 Shots of liquor per week
 Drug use: No

CURRENT MEDICATIONS:

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• oxycodone IR (ROXICODONE) 10 mg tab immediate release tablet	Take 1 Tab by mouth every six (6) hours as needed for Pain for up to 30 days. Max Daily Amount: 40 mg.	120 Tab	0
• ALPRAZolam (XANAX) 0.5 mg tablet	Take 1 Tab by mouth two (2) times daily as needed for Anxiety. Max Daily Amount: 1 mg.	45 Tab	0
• ELIQUIS 5 mg tablet	take 1 tablet by mouth twice a day	60 Tab	3
• potassium chloride (KAON 20%) 40 mEq/15 mL liq	Take 3.75 mL by mouth every other day.	480 mL	3
• fluocinolone (SYNALAR) 0.01 % cream	Apply to affected area two (2) times a day.	15 g	0
• fluocinonide (VANOS) 0.1 % topical cream	Apply to skin on face bid	30 g	0
• potassium chloride (KLOR-CON) 20 mEq pack	1/2 packet (10 meq) every other day	15 Packet	2
• gabapentin (NEURONTIN) 100 mg capsule	Take 1 Cap by mouth three (3) times daily.	90 Cap	3
• gabapentin (NEURONTIN) 100 mg capsule	Take 1 Cap by mouth three (3) times daily.	90 Cap	2
• pantoprazole (PROTONIX) 40 mg tablet	take 1 tablet by mouth once daily	30 Tab	3
• silver sulfADIAZINE (SILVADENE) 1 % topical cream	Apply to affected area two (2) times a day.	50 g	1
• potassium chloride SR (KLOR-CON 10) 10 mEq tablet	take 1 tablet by mouth every other day - NEED 90 DAYS AS PER INSURANCE	45 Tab	5
• potassium chloride (KLOR-CON) 10 mEq tablet	take 1 tablet by mouth every other day	20 Tab	5
• capecitabine (XELODA) 500 mg tablet	1500mg PO BID x 14 days on 7 days off every 21 days	84 Tab	5
• capecitabine (XELODA) 500 mg tablet	Use as directed by physician. Take 4 tablets (2000 mg) by mouth every AM and 4 tablets (2000 mg) by mouth every PM. Start tablets with Dinner	112 Tab	5
• urea (CARMOL) 10 % topical cream	Apply to affected area three (3) times daily.	85 g	1
• lidocaine-prilocaine (EMLA) topical cream	Apply to affected area as needed for Pain (30 MIN BEFORE PORT ACCESS).	30 g	2

• ondansetron hcl (ZOFTRAN) 8 mg tablet	Take 1 Tab by mouth every eight (8) hours as needed for Nausea for up to 60 doses. Indications: CANCER CHEMOTHERAPY-INDUCED NAUSEA AND VOMITING	60 Tab	2
• hydroCHLORothiazide (HYDRODIURIL) 25 mg tablet	take 1 tablet by mouth once daily		0
• ondansetron (ZOFTRAN) 2 mg/mL injection	Administer 16 mg IV every 21 Days Indications: PREVENTION OF CHEMOTHERAPY-INDUCED NAUSEA AND VOMITING	1 Vial	6
• dexamethasone (DECADRON) 10 mg/mL injection	Administer 10 mg IV every 21 Days Indications: PREVENTION OF CHEMOTHERAPY-INDUCED NAUSEA AND VOMITING	1 Vial	6
• filgrastim (NEUPOGEN) 480 mcg/0.8 mL syrg injection	Administer 480 mcg Subq x 4 days, 24 hrs after each chemotherapy every 21 days Indications: PREVENTION OF NEUTROPENIA FROM CANCER CHEMOTHERAPY	4 Syringe	6
• oxaliplatin (ELOXATIN) 100 mg injection	Administer 316 mg IV every 21 Days Indications: metastatic colorectal cancer	3 Each	6
• bevacizumab (AVASTIN) 25 mg/mL injection	Administer 1200 mg IV every 14 Days Indications: metastatic colorectal cancer	48 mL	6
• hydroCHLORothiazide (HYDRODIURIL) 12.5 mg tablet	Take 1 Tab by mouth every other day, PT TO TAKE 12.5 mg every other day	45 Tab	3
• ergocalciferol (VITAMIN D2) 50,000 unit capsule	Take 1 Cap by mouth every seven (7) days.	4 Cap	5
• Comp Stocking, Thigh, Reg, X-Lrg misc	2 pairs of thigh high compression stockings, extra large size, 20-30 mm Hg	2 Each	1
• albuterol (PROVENTIL HFA, VENTOLIN HFA, PROAIR HFA) 90 mcg/actuation inhaler	Take 2 Puffs by inhalation every four (4) hours as needed for Wheezing or Shortness of Breath.	1 Inhaler	5

• albuterol (PROVENTIL VENTOLIN) 2.5 mg /3 mL (0.083 %) nebulizer solution	3 mL by Nebulization route every four (4) hours as needed for Wheezing.	100 Vial	5
• omeprazole (PRILOSEC) 10 mg capsule	Take 1 capsule by mouth daily. (Patient taking differently: Take 10 mg by mouth as needed.)	30 capsule	4
• cpap machine kit	by Does Not Apply route. At 10		

ALLERGIES: Naproxen and Shellfish derived

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 EXAMINATION:

Visit Vitals

BP 113/64
Pulse (I) 60
Temp 97.7 °F (36.5 °C) (Oral)
Ht 5' 8" (1.727 m)
Wt 261 lb (118.4 kg)
SpO2 98%
BMI 39.66 kg/m²

No acute distress.

HEENT: NC/AT, PERRLA, oropharynx clear

Neck: supple, no lymphadenopathy, no JVD

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

CV: RRR, no murmurs, rubs or gallops

Abd: obese, soft, nontender, nondistended, normoactive bowel sounds, no masses, no hepatosplenomegaly, + colostomy with brown liquid stool, + ventral hernia

Ext: 1+ lower ext edema bilaterally.

LABS:

Results for orders placed or performed in visit on 11/06/19

METABOLIC PANEL, COMPREHENSIVE

Result	Value	Ref Range
Glucose	90	65 - 139 mg/dL
Sodium	137	135 - 148 mmol/L
Potassium	4.4	3.5 - 5.3 mmol/L
Chloride	104	98 - 110 mmol/L
CO2	28	20 - 32 mmol/L
BUN	21	7 - 25 mg/dL