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01/25/2005 12:00:00 AM

Discharge Summary

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Report Status :

Signed

DISCHARGE SUMMARY NAME :

TIMES , RONDREST N

UNIT NUMBER :

555-59-11

ADMISSION DATE :

01/25/2005

DISCHARGE DATE :

01/27/2005

PRINCIPAL DIAGNOSIS :

Nausea and abdominal pain

PAST MEDICAL HISTORY :

1. Adenocarcinoma of the pancreas , status post Whipple

2. Hypertension

3. Psoriasis

4. History of tubal ligation

HISTORY AND REASON FOR HOSPITALIZATION :

In 2001 , the patient had transient clay-colored stools with abdominal pain .

On 11/4/04 , ERCP :

Malignant stricture of her common bile duct , with CBD and pancreatic ductal dilatation .

Biopsy highly suspicious for malignancy .

11/5/04 , CT of the abdomen and pelvis , pancreatic protocol :

Prominence of pancreatic head ; dilated CBD and pancreatic duct .

CA-19.9 was 237 , CEA 3.9 .

11/24/04 Whipple resection , 3-cm , moderately poorly differentiated adenocarcinoma of the head .

9 of 17 lymph nodes positive for adenocarcinoma , and a " lowest " portal vein LN positive for adenocarcinoma .

All margins free of tumor .

01/02/05 CA-19.9 was 375 , and CEA 3.0 .

01/03 CT of the chest :

Intermittent nodules in the right upper lobe and left lower lobe .

Small sclerotic focus of T2 vertebral body .

Abdominal and pelvic

CT :

Small , sub-cm LNs in peripancreatic and para-aortic region .

1/9 , cycle 1 of ACOSOG Z5031 trial .

01/16 , week 2 , dose 2 of CDDP .

01/23 , week 3 , dose 3 of CDDP .

Adenocarcinoma of the pancreas , stage II-b , status post Whipple 2 months ago , on 13 of 28 radiation treatments , the patient presented with a complaint of abdominal pain x 1 week , which had worsened over the past 3 days .

She describes the pain as constant , dull , and associated with gas and crampy pain .

Not associated with eating .

The pain began in the periumbilical area , spreading to the epigastrium and the right upper quadrant , three days ago .

It initially began with diarrhea one week ago ; now complains of constipation x 2 days .

She also has bilious nausea / vomiting intermittent with burping .

Started Nexium one day ago , with no relief .

She reports poor PO intake overall , but indicates that she is making every effort to maintain adequate hydration .

Diarrhea is negative for blood .

She also denies fever , except in the hours that follow her interferon .

ALLERGIES :

1. IV contrast , hives

2. Compazine

3. Phenergan

FAMILY HISTORY :

Mother , age 73 , uterine cancer at age 32 , status post hysterectomy .

Father died at age 42 of liver cancer with mets to lung and brain .

Maternal grandmother died at age 82 from pancreatic cancer .

SOCIAL HISTORY :

Formerly separated , now living with husband .

Formerly employed by Port Authorities .

Currently unemployed .

PHYSICAL EXAMINATION AT TIME OF ADMISSION :

Temperature 97.5 , blood pressure 159/89 , heart rate 74 , respirations 16 , oxygen saturation 98% on room air .

General :

Well nourished female in mild distress .

HEENT :

Normocephalic , atraumatic , pupils equal , round , and reactive to light , anisocoric , extra-ocular muscles intact .

No nystagmus .

Moist mucous membranes , oropharynx benign .

No thrush .

Neck supple , nontender , full range of motion , no thyromegaly appreciated .

Chest :

Clear to auscultation bilaterally , no crackles , no wheezes , no spinal tenderness .

Cardiovascular :

Regular rate and rhythm , normal S1-S2 , no murmurs , rubs , or gallops appreciated .

JVP 7 cm .

Abdomen soft , faint bowel sounds , healing right upper quadrant scar , nondistended ; tender in epigastrium and bilateral lower quadrants .

No guarding or rebound .

Mild tap tenderness .

Exam was after Dilaudid .

Extremities :

No clubbing , cyanosis , or edema .

Neurologic exam :

Alert and oriented times 3 , MSNL .

Cranial nerves II-XII are intact .

Motor and sensory nonfocal .

LABORATORY DATA ON ADMISSION :

Urinalysis negative .

White blood cells 2.5 , hematocrit 36.9 , hemoglobin 13.4 , platelets 170 .

Eosinophils 11 , ANC 1750 .

Sodium 138 , potassium 3.5 , chloride 98 , CO2 31.7 , calcium 9.2 , phosphorus 3.1 , magnesium 1.3 , BUN 7 , creatinine 0.8 , glucose 130 .

Albumin 3.9 , total bili 0.6 , alkaline phosphatase 70 , transaminase SGPT 39 , SGOT 34 .

HOSPITAL COURSE :

The patient was admitted to Dellslem Hospital and was started on Dilaudid PRN pain and a bowel regimen .

She had immediate relief from her pain with the IV Dilaudid ; and over the course of her hospitalization was able to move her bowels and improve her PO intake .

CT scan of her abdomen was performed , and there was no significant interval change from previous scan on 01/03/05 .

MEDICATIONS ON DISCHARGE :

1. Ambien 10 mg PO at bedtime
2. Zofran 8 mg PO q. 8 hours PRN
3. Reglan 10 mg PO q.i.d. PRN
4. Ativan 0.5 mg PO q. 4 hours PRN nausea
5. Emend 125 mg - 80 mg - 80 mg , trifold pack , one treatment PO x 1 , on Days 2 and 3
6. Nexium 40 mg PO daily
7. Prednisone 50 mg PO as directed
8. Magnesium oxide 400 mg PO daily x 30 days
9. Dilaudid 2 mg PO q. 4 hours PRN pain

ASSESSMENT / PLAN :

Mrs. Times is a lovely 55-year-old female with pancreatic cancer , who was successfully treated for what is now thought to be nausea and GI upset from her radiation therapy .

She will be discharged to home in stable condition , and will return to her former regimen , as well as treatment protocol .

She has follow up appointments already scheduled in the outpatient clinic with Dr. Karaanell Ogh and Seplind Sc , APRN , BC ; and has been instructed to call Dr. Bainski's office prior to her appointment with any questions or concerns .

KINA NOUNCLOZ , N.P.

DICTATING FOR :

Electronically Signed

VINI BAINSKI , M.D. 02/24/2005 13:52

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VINI BAINSKI , M.D.

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01/28/2005 3:03 P 361655

cc :

VINI BAINSKI , M.D.

[ report\_end ]