

Cao, Ho V (MRN 000016614366)

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Visit and Patient Information**Contact Information**

	Provider	Location	Encounter#
7/17/2023	MARK DREW PELLEGRINO MD, M.D.	XKP LTC OC NON-KP FACILITIES-OCAH	919895591

Patient Information

Patient Name	Legal Sex	DOB
Cao, Ho V (000016614366)	Male	2/1/1943

Progress Notes**Pellegrino, Mark Drew (M.D.), M.D. at 7/17/2023 9:48 AM**

Status: Signed

LTC SKILLED ADMISSION HISTORY & PHYSICAL

Pavilion at Sunny Hills

Chief Complaint: SNF

HPI:

Ho Cao Vis a 80 year old male admitted for followup care.

Source of History: Medical Chart

MEDICAL HISTORY:

	ICD-10-
1. ACUTE STROKE DUE TO ISCHEMIA, UNSPECIFIED TYPE AND ARTERY	CM
2. ESSENTIAL HTN	I63.9
3. DM 2 W MICROALBUMINURIA	I10
	E11.29
	R80.9
4. CKD STAGE 3B (GFR 30-44)	N18.32

Allergies:

~~Allergies~~~~Allergen~~

Reactions

- Nsaids, Non-Selective [Non-Steroidal Anti-Inflammatory Agents]

"SURENET744 Kidney Disease. Exception to this NSAID intolerance is aspirin 81-325mg daily and topical or ophthalmic NSAIDs"

- Lovastatin.

Skin Rash and/or Hives

Social History:~~Social History~~~~Tobacco Use~~

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Progress Notes (continued)**Pellegrino, Mark Drew (M.D.), M.D. at 7/17/2023 9:48 AM (continued)**

- Smoking status: Never
- Smokeless tobacco: Never
- Vaping Use
- Vaping Use: Never used
- Substance Use Topics
- Alcohol use: No
- Drug use: No

No outpatient medications have been marked as taking for the 7/17/23 encounter (Nursing Facility) with Pellegrino, Mark Drew (M.D.), M.D..

Review of Systems unclear how reliable review of systems is, patient denied the following
Constitutional: Negative for chills and fever.
Respiratory: Negative for shortness of breath.
Gastrointestinal: Negative for abdominal pain, constipation, diarrhea, nausea and vomiting.
Genitourinary: Negative for dysuria.

Physical Exam

Constitutional: No distress. Obvious hemiparesis, right facial, right arm right leg, could not move on command. Able to answer questions but unclear of reliability
Cardiovascular: Normal rate and regular rhythm.
Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. No wheeze, rales.
Abdominal: Soft. Bowel sounds are normal. No distension. There is no tenderness.
Skin: Not diaphoretic.
Foley in place, no edema

LABS:

WBC'S AUTO 14.9 (H) 07/14/2023
HGB 16.2 07/14/2023
HCT AUTO 47.5 07/14/2023
PLT'S AUTO 250 07/14/2023
K 3.3 (L) 07/14/2023
NA 133 (L) 07/14/2023
CL 103 07/14/2023
CO2 21 07/14/2023
BUN 19 (H) 07/14/2023
CREAT 1.65 (H) 07/14/2023

IMPRESSION/PLAN:

80 year old male with h/o diabetes mellitus, hypertension, CKd3, dementia who was admitted on 7/12/2023--7/14/23 for acute stroke. Following admission, the patient has persisted right side paralysis and slurred speech. Seen by neurology, had negative CT head for acute intracranial bleeding, cTA showed diffuse intracranial atherosclerosis, no large vessel occlusions, and CT perfusion negative. MRI brain showed acute left basal ganglia ischemic stroke, repeat head CT

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Progress Notes (continued)**Pellegrino, Mark Drew (M.D.), M.D. at 7/17/2023 9:48 AM (continued)**

negative for hemorrhage. Patient given ASA and clopidogrel(plavix), tolerated well. Per Dr Razmara of neurology, plan to continue with ASA and clopidogrel(plavix) for total of 21 days, and then ASA q daily indefinitely. Transferred here for physical therapy and follow-up care. Son lives in Northern California planning to move patient to Northern California after completion of Skilled Nursing Facility treatment. Hospital stay complicated by urine retention/urinary tract infection, leukocytosis and hypokalemia.

- ACUTE LACUNAR STROKE, UNSPECIFIED TYPE AND ARTERY/DYSARTHRIA, LATE EFFECT OF ISCHEMIC STROKE/PARALYSIS: 3 weeks of Plavix followed by aspirin indefinitely, continue trial of rehab. Continue with statin. Echocardiogram negative for thrombus, no arrhythmia on telemetry.
- MAJOR VASCULAR NEUROCOGNITIVE DISORDER (VASCULAR DEMENTIA)
- Leukocytosis-chest clear, but found urinary retention, postvoid residual 395ml per nursing staff, suspect UTI due to urinary retention, will insert foley and tx with empirical antibiotics x 5 days. Skilled Nursing Facility rounder to follow up on the final urine culture and sensitivities-----urinalysis only shows a few white blood cells, and culture shows less than 10,000 colonies. Try to remove Foley, allow Keflex course to complete.
- Hypokalemia-supplement given, magnesium on the low side, 1.8, will add magnesium supplement and follow.
- Chronic kidney disease: Baseline creatinine 1.5-1.7, most recent creatinine 1.65, baseline BUN 18-26.
- ESSENTIAL HYPERTENSION-has Chronic Kidney Disease, hospital physician reduced lisinopril dose and added amlodipine. Plan is to titrate as needed, current blood pressures are excellent. Currently on amlodipine 5 mg, and lisinopril decreased to 10 mg.
- DM 2 W DYSLIPIDEMIA-HGBA1C 9.7 (H) 06/29/2023 metformin held during hospital stay because of chronic kidney disease, resumed glipizide. Adjust as necessary. Initial blood sugars at nursing facility modestly elevated but now all below 200. Currently on glipizide 5 mg daily.
- Bowel prophylaxis: Start bowel regimen
- DVT prophylaxis: On Plavix and aspirin, continue with physical therapy
- Social issue: Family wishes to move patient to Northern California
- Full code per chart

Chronic/stable medical problems:

DIVERTICULOSIS OF COLON

GERD (GASTROESOPHAGEAL REFLUX DISEASE)

	ICD-10-
	CM
1. ACUTE STROKE DUE TO ISCHEMIA, UNSPECIFIED TYPE AND ARTERY	I63.9
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Life Care Planning

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Progress Notes (continued)

Pellegrino, Mark Drew (M.D.), M.D. at 7/17/2023 9:48 AM (continued)

7/17/2023

Surrogacy

Discussed with:

Select all topics that were covered:

☐ **Understanding:** *"What questions do you have about your illness and how it may progress over time?"*

☐ **Past Experiences:** *"Do you know anyone who has gone through something like this? What did you learn?"*

☐ **Elicited Values:** *"If your health condition gets worse, what's most important to you?" "What does quality of life mean to you?"*

☐ **Recommendations made:** *"Based on what we know about your health condition, and what I heard, you say is important, I have some recommendations"*

Discussion Summary:

Treatment Goals:

Updated code status order and/or ePOLST, as indicated.

Life Care Planning

Capacity to understand and make decisions: no

PLAN:

1. Admit for skilled care
2. Disposition to be reviewed
3. See SNF orders

MARK DREW PELLEGRINO MD

**** The above transcription has been provided by voice recognition software. ****