KAISER PERMANENTE®

Member name: Ho Cao V
Date of birth: 2/1/1943
Primary care physician: DANNY MAI MD, M.D.
Date printed: Friday, March 14, 2025

Notes

Progress Notes

MARK DREW PELLEGRINO MD at 7/31/2023 11:30 AM

SKILLED NURSING FACILITY FOLLOWUP VISIT:
Ho Cao V is a 80 year old male

Pavilion at Sunny Hills

Chief Complaint: snf

SUBJECTIVE: See below

Review of Systems
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.
Cardiovascular: Normal rate and regular rhythm.
Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. No wheeze. No rales.
Abdominal: Soft. Bowel sounds are normal. No distension. There is no tenderness.
Skin: Not diaphoretic. Tongue is moist, he is responsive and looks well.
Neurologic: Hemiparesis, perhaps with some improvement, awake and oriented x3-did not know what nursing home he was at but knew that he was at a nursing home. 7/20 Was able to give his date of birth, name his children, described his situation in short 1 word statements. He was following 2 stage commands and working with physical therapy actively. He is aware he is had a stroke, he is aware it is a serious situation, I discussed each of his children and he felt that he wanted

to have his son Mark make his medical decisions.

LABS:
Skilled nursing facility labs:
7/27/2023 sodium 138, potassium 3.9, chloride 105, CO2 26, BUN 26 and creatinine 1.8 Addendum 7/28/2023 urinalysis with 0-5 white blood cells and 0-2 red blood cells, white blood cell count 8.6, hemoglobin 14.5, platelet count 356
07/25/2023 sodium 140, potassium 3.6, chloride 107, CO2 24, BUN 32 and creatinine 2.0, sugar 118
7/20/2023 sodium 136, potassium 3.7, chloride 106, CO2 21, glucose 177, BUN 26 and creatinine 1.6
07/18/2023 sodium 138, potassium 3.7, chloride 105, CO2 24, glucose 128, BUN 57 and creatinine 2.9, white blood cell count 10.5, hemoglobin 15.7, platelet count 300

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 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.

7/20/2023: Eating varies, moving his bowels, no complaints, denies headache
7/24/2023
7/26/2023 NOW EATING QUITE WELL AND MOVING HIS BOWELS QUITE WELL, SUGARS 131-230
7/31/2023 eating well, moving bowels well, no complaints

- **Rising BUN and creatinine: Addendum: BUN and creatinine improved with no specific treatment.** White blood cell count normal, urinalysis clean, recheck Monday and if labs are stable and eating reasonably well will discharge soon thereafter.

- 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. No significant improvement, still maximum assistance needed.
- MAJOR VASCULAR NEUROCOGNITIVE DISORDER (VASCULAR DEMENTIA), very recently diagnosed, 02/07/2023, the patient seems to have mild memory deficits but at this time appears to understand his medical issues and the ramifications-I specifically asked him about each of his children and he wished to have his son Mark as power-of-attorney for healthcare issues-though there are some reports that his son Hien claims power of attorney. I will let the family hash this out
- Status post Acute dehydration: Likely from poor oral intake as it responded immediately to IV fluid. Recheck BUN and creatinine tomorrow and Monday and try to push p.o. fluid.. Eating still varies a great deal, he is being brought outside food, follow BUN and creatinine. Left message for son about potential for dehydration if he does not eat well. Labs pending but finally eating well.
- Leukocytosis, resolved-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 sensitivies----- 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. Decrease lisinopril to 5 mg, monitor blood pressure. Gently increase amlodipine.
- 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. Leave glucose control somewhat loose and follow-up as an outpatient-fearing hypoglycemia. Discussed risks and benefits with family and patient.
- Bowel prophylaxis: Start bowel regimen and monitor.
- DVT prophylaxis: On Plavix and aspirin, continue with physical therapy
- Social issue: Family wishes to move patient to Northern California?
- Full code per chart
- Family contact: I have discussed with son Mark and daughter in detail on multiple occasions. 7/24/2023 left message for son with medical details, and daughter in detail 7/27
- Decision making capacity: Patient has capacity to make healthcare decisions at this time.
- The big picture: Continue current level of care. 7/27/2023 spent 30 minutes with daughter discussing expected course and prognosis, she understands

his overall prognosis is poor, but his short-term prognosis is less clear. We discussed the fact that if he does not improve from being mostly bed ridden his prognosis is much worse. It is also likely his dementia is going to progress significantly. His oral intake has been borderline. We discussed hospice and palliative care and how those programs might applied him in the future should they be needed. She is going to discuss this with the family. She says that in the past the patient said that he is ready to die from his multiple illnesses-she did not take care of his diabetes as an outpatient and said he was ready to die. I spoke to the patient today and he said he is willing to continue with a course of treatment as it is and is not ready to give up at this point. I told him that a feeding tube might be necessary if he does not eat and that the risks/benefits ratio is marginal for him-we discussed the risks of aspiration, etcetera. 7/31/2023 spoke to son over the phone to update him.

Chronic/stable medical problems:

DIVERTICULOSIS OF COLON
GERD (GASTROESOPHAGEAL REFLUX DISEASE)

MARK DREW PELLEGRINO MD

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