Cao, Ho V

MRN: 000016614366

Yu, Esther Jihye (M.D.), M.D.	H&P	Date of Service: 7/12/2023 5:10 AM
Physician	Signed	
Internal Medicine		

Internal Medicine H&P
Date of Admission: 7/12/2023
PCP: Mai, Danny (M.D.)

CC: Slurred speech, imbalance

HPI: Ho Cao V is a 80 year old male

Patient with hypertension, hyperlipidemia, chronic kidney disease stage 3, diabetes mellitus 2 HGBA1C 9.7 (H) 06/29/2023, mild dementia.

History per son at bedside.

Patient currently resting/ sleeping , easily arousable, has slurred speech, he knows his name, that he's in kaiser (didn't know the city), knew the year but not the month (son says patient would typically know the month), history from patient limited.

Patient was last seen normal at noon by girlfriend and roommate.
He went out and came back at 5pm and girlfriend noted that patient had difficulty walking with imbalance. (Son states that patient with " asymmetric " gait for a few years, he says one leg is turned out and perhaps longer than the other, he's not entirely clear, but today's gait issue is different and new) .
Girlfriend called son at the time and son spoke with patient on the phone and he also noted patient with slurred speech.
Son drove down from san jose and when he arrived at the house at 1245am (today) , h e found patient on the ground on his back, awake. Patient was not able to say if he had fallen or had loss of consciousness. Son says patient's thinking" seemed more simplistic." He had some" sensation" in the back of his head, but not a significant headache. Son thinks patient hit his head on something left. He says when patient was walking, patient seemed to be dragging the right leg.

On review of systems:
No fevers/chills.
No nausea/vomiting.
No vision changes, lightheadedness, dizziness.
No obvious facial droop.
No chest pain, shortness of breath, cough or sputum.
No abdominal pain, diarrhea, dysuria.
No numbness/tingling.
+ drooling.

At baseline, patient does not use a cane or walker.

No smoking or alcohol.

Son says patient doesn't always take his medications regularly.
Patient says he does not take an aspirin at home.

Currently son says patient's slurred speech is the same as when it first started.

ER course:
Patient Vitals for the past 24 hrs:

BP	Temp	Pulse	Resp	SpO2	Height	Weight

07/12/23 0446	(!) **205/119**	—	68	—	—	—	—
07/12/23 0400	(!) **206/96**	—	70	15	98%	—	—
07/12/23 0350	(!) **198/100**	—	68	17	99%	—	—
07/12/23 0345	(!) **194/95**	—	63	18	98%	—	—
07/12/23 0305	(!) **167/126**	—	—	—	—	—	—
07/12/23 0250	(!) **174/110**	—	64	16	97 %	—	—
07/12/23 0216	(!) **193/112**	98.9 °F (37.2 °C)	85	18	99 %	1.626 m (5' 4")	59.6 kg (131 lb 6.3 oz)

No data found.

Recent Labs

	07/12/23 0247
WBC	**13.1***
HGB	14.9
HCT	43.6
PLT	264

Mild new leukocytosis

Recent Labs

	07/12/23 0247
NEUT	82.2
LYMPH	10.2|1.34
MONO	0.70|5.3
BASOPC	0.5
EOS	1.3|0.17
ANC	**10.78***
BASO	0.06

Recent Labs

	07/12/23 0247
NA	136
K	3.6
CL	104
CO2	26
BUN	**26***
CR	**1.55***
GFR	**45***
RBS	**207***

Creatinine baseline

No results for input(s): LACTATE in the last 72 hours.

Recent Labs

	07/12/23 0247
TROP	18

No results for input(s): DDIMER in the last 72 hours.

No results for input(s): TBILI, ALKP, ALT, AST, AMYL, LIPASE in the last 72 hours.

Recent Labs

	07/12/23 0358
USG	1.024
ULEUKESTER	Negative
UNITRITE	Negative
UPROTEIN	**100 (2+)***

Recent Labs

	07/12/23 0358
UAGLU	**150 (2+)***
UKET	**5 (TRACE)***
UROBILINOGEN	Negative
UABILI	Negative

Recent Labs

	07/12/23 0358
UAHGB	**0.03 (1+)***
UWBC	0-2
URBC	0-3
UEPITH	None
UBACT	None
UPH	7.0

TSH 0.98 06/29/2023

CHOL 293 (H) 06/29/2023
TRIG 212 (H) 06/29/2023
HDL 40 06/29/2023
LDL CALC 211(H) 06/29/2023
LDL 85 02/21/2021
CHOL/HDL 7.3 (H) 06/29/2023
TRIGLYCERIDE, NONFASTING 223 (H) 02/21/2021

HGBA1C 9.7 (H) 06/29/2023

No results found for this basename: IRON, IBC, FESAT, FERRITIN

No results found for this basename: Ferritin

VIT B12 743 05/20/2016

No results found for this basename: Folate

No results found for this basename: COVID19:*, COVID19AG:*

No results for input(s): PH, PCO2, PO2, HCO3, BE, O2SAT, HGBPC, HGBMETH in the last 72 hours.

Wt Readings from Last 10 Encounters:

07/12/23	59.6 kg (131 lb 6.3 oz)
06/29/23	63.4 kg (139 lb 12.4 oz)
05/08/23	63.1 kg (139 lb 1.8 oz)
05/06/23	54.5 kg (120 lb 2.4 oz)
07/11/22	62.8 kg (138 lb 7.2 oz)
01/13/21	59 kg (130 lb 1.1 oz)
11/25/20	59 kg (130 lb 1.1 oz)
09/17/19	57.6 kg (126 lb 15.8 oz)
10/11/18	62.6 kg (138 lb 0.1 oz)
04/27/18	63 kg (138 lb 14.2 oz)

MUSE LINK

Ekg normal sinus rhythm heart rate 65 right bundle branch block, biphasic t waves 3, avf, all seen previously

Ct head, ct angiography brain/ neck, ct perfusion

Wet Read

From the Telerad Application:

Radiologist's Findings: No intracranial hemorrhage or mass. Diffuse atrophy and chronic small vessel ischemic disease.

Radiologist: Abdel-sayed, Peter

Wet Read

From the Telerad Application:

Radiologist's Findings: Mild atherosclerotic calcifications. No stenosis or large vessel occlusion.

Radiologist: Abdel-sayed, Peter

Wet Read

From the Telerad Application:

Radiologist's Findings: Cortical blood volume was 30% was 0 mL. Tmax greater than 6 seconds was also 0 mL. No mismatch volume.

Radiologist: Cord, Jason

Code 24 called .

Patient received the following medications:

- Iohexol Inj 100 mL (OMNIPAQUE 350)
- Iohexol Inj 40 mL (OMNIPAQUE 350)
- Labetalol IV Syg 10 mg

Internal medicine was consulted.

PMH:

Patient Active Problem List:

UNSPECIFIED ANXIETY DISORDER
ESSENTIAL HTN
DM 2 W DYSLIPIDEMIA
OCCULT BLOOD IN STOOL

TRIGGER FINGER.
DM 2 W CKD STAGE 2 (GFR 60-89 W OTHER KIDNEY DAMAGE MARKER)
GI HEMORRHAGE
ATYPICAL CHEST PAIN
HYPOGLYCEMIA
COLONOSCOPY
HX OF COLONIC POLYP
DIVERTICULOSIS OF COLON
INTERNAL HEMORRHOID
DM 2 W NEUROLOGICAL MANIFESTATION
POLYNEUROPATHY, DIABETIC.
DM 2 W PERIPHERAL NEUROPATHY
DM 2 w mild nonproliferative diabetic retinopathy.
DM 2 W UNSPECIFIED RETINOPATHY
DM 2 W CKD STAGE 3 (GFR 30-59), UNSPECIFIED.
GERD (GASTROESOPHAGEAL REFLUX DISEASE)
MULTINODULAR THYROID GOITER
DM 2 W CKD STAGE 3B (GFR 30-44)
LEFT BUNION
OSTEOARTHRITIS OF BILAT KNEES
VASCULAR DEMENTIA, UNSPECIFIED SEVERITY, WOTHER BEHAVIORAL DISTURBANCE.

PSH:

Past Surgical History:

Procedure	Laterality	Date
• TRANSORAL EGD, FLEXIBLE, DIAGNOSTIC		11/4/2011
• PAST SURGICAL HISTORY, OTHER *bladder surgery*		

Meds:

Outpatient Medications Marked as Taking for the 7/12/23 encounter (Hospital Encounter)

Medication	Sig
• glipiZIDE (GLUCOTROL) 5 mg Oral Tab	Take 1 tablet by mouth daily 30 minutes before your largest meal to control blood sugar
• Atorvastatin (LIPITOR) 40 mg Oral Tab	Take 1 tablet by mouth daily to reduce risk of heart attacks and strokes
• metFORMIN (GLUCOPHAGE) 500 mg Oral Tab	Take 2 tablets by mouth 2 times a day with meals
• Lisinopril (PRINIVIL/ZESTRIL) 20 mg Oral Tab	Take 2 tablets by mouth daily

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 ophthalmic NSAIDs"'*	
• Lovastatin.	Skin Rash and/or Hives

Social History

Socioeconomic History

- Marital status: Divorced
  Spouse name: No social history on file

- Number of children: No social his on file
- Years of education: No social history on file
- Highest education level: No social history on file

Occupational History
- No social history on file

Tobacco Use
- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity
- Alcohol use: No
- Drug use: No
- Sexual activity: Not Currently

Other Topics | Concern
- No social history on file

Social History Narrative
Updated on 11/3/2011 during admission:
Lives alone at 16272 Chipper Ln
Huntington Beach CA 92649-2752.
Has family in Northern CA.
Exercises daily at gym.
No chest pain or shortness of breath with exercise.

Family History

Problem	Relation	Age of Onset
Hypertension	Brother	

ROS: all other systems reviewed and negative unless mentioned in history of present illness

PE: BP(!) 205/119 (BP Location: LA-LEFT ARM) | Pulse 68 | Temp 98.9 °F (37.2 °C) | Resp 15 | Ht 1.626 m (5'4") | Wt 59.6 kg (131 lb 6.3 oz) | SpO2 98% | BMI 22.55 kg/m²
GEN: no acute distress, well developed
PSYCH: alert and oriented (see history of present illness for orientation), mood is normal
EYES: eyelids normal, conjunctiva clear
ENT: moist mucous membranes, oropharynx clear , extraocular movements intact
NECK: supple
CV: s1s2, regular rate and rhythm, no murmurs
RESP: clear to auscultation anteriorly
GI: soft, nontender, nondistended. +bowel sounds.
LE: no edema
SKIN: clear, no rash
NEURO: + dysarthria, with smiling, left side overall lower than right side but unclear if this is his facial anatomy, able to stick out tongue, able to lift up bilateral arms (left arm higher than right arm) , bilateral arm strength 5/5 (although right side overall slower compared to left arm) , able to lift up bilateral legs off bed but slower on the right leg compared to left leg, able to plantarflex/ dorsiflex at ankles, sensation to light touch intact

A/P: Ho Cao V is a 80 year old male with a history as below who presents with below.

SLURRED SPEECH/ IMBALANCE, ct head/ ct angiography brain/ neck/ ct perfusion negative, see teleneurology recommendations
- teleneurology recommended dual antiplatelet therapy, patient failed nurse bedside swallow evaluation , hence plavix 300 mg po x 1 not given by nurse, aspirin 300 rectal daily for now, primary team to order once speech therapy consult done
- mri brain noncontrast
- echocardiogram
- neuro check q4h
- physical therapy consult
- speech therapy consult
- neurology consult

HYPERTENSION , allow permissive hypertension
- hold lisinopril 40 mg po daily

HYPERLIPIDEMIA
- rosuvastatin 40 mg po daily
- lipid panel

CHRONIC KIDNEY DISEASE STAGE 3 , creatinine stable

DIABETES MELLITUS 2,HGBA1C 9.7 (H) 06/29/2023
- hold glipizide 5 mg po daily
- hold metformin 1000 mg po bid
- sliding scale insulin low

DEMENTIA

FEN
- npo strict
- normal saline 75 cc/hr x 1L

PROPHY
- sequential compression devices bilateral

FULL CODE

Patient/Family Plan of Care

Life Care Planning Physician Wellness

Patient informed "We ask all adults about life care planning. This is where you choose an advocate for health decisions and think through future scenarios. You can do this online, watch a video or attend a workshop through our Center for Healthy Living".

"If you were in a situation where you could not speak for yourself who would you want to be your back-up person? This person should be someone who knows you well, you trust to honor your wishes and values, able to make decisions in stressful times and agrees to be your decision maker. Do you know who this person would be for you?"

Healthcare Decision Maker Status: son / daughter

Physician life care planning serious illness treatment goals

Surrogacy
The patient has decision making capacity.

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"*

Treatment Goals:

I have educated the patient and/or available/appropriate family/surrogate regarding their diagnoses, disease process, prognoses, and plan of care. Patient appeared to understand and communicated agreement with the

plan of care.

Electronically signed by:
ESTHER JIHYE YU
7/12/2023