

**Cao, Ho V**

MRN: 000016614366

Wang, Diana Ting-Sui (M.D.), M.D.  
Physician  
Internal Medicine

Discharge Summary  
Addendum

Date of Service: 7/13/2023 1:15 PM

**KAISER PERMANENTE--ORANGE COUNTY  
INTERNAL MEDICINE POST ACUTE CARE FACILITY (PACF)  
TRANSFER/ DISCHARGE SUMMARY  
& PHYSICIAN ADMISSION ORDERS**

**PATIENT NAME:** Ho Cao V  
**KAISER NUMBER:** 000016614366

**DATE OF HOSPITAL ADMISSION:** 7/12/2023

**DATE OF HOSPITAL DISCHARGE:** 7/13/2023 7/14/2023 (waiting for Skilled Nursing Facility bed)

**PRINCIPAL DISCHARGE DIAGNOSIS WITH BRIEF SUMMARY (SEE HOSPITAL COURSE BELOW FOR DETAILS):**

Ho Cao V is a 80 year old male with h/o diabetes mellitus, hypertension, CKd3, dementia who was admitted on 7/12/2023 for acute stroke. Following admission, the patient has persisted right side paralysis and slurred speech. Patient seen by neurology, had negative CT head for acute intracranial bleeding, cTA shows diffuse intracranial atherosclerosis, no large vessel occlusions, and CT perfusion negative. However, 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, to continue with ASA and clopidogrel (plavix) for total of 21 days, and then ASA q daily indefinitely. May continue PHYSICAL THERAPY/OT at Skilled Nursing Facility. Son lives in Northern California planning to move patient to Northern California after completion of Skilled Nursing Facility treatment.

**REASONS FOR CHANGED OR NEW OR HELD MEDICATIONS:**

See list below

**TEST RESULTS PENDING AT TIME OF DISCHARGE:**

**Unresulted Labs (In-Process and Collected)**

None

**Rad (In Process) (Last 50 days)**

None

**PATHOLOGY/BIOPSY/OTHER PENDING RESULTS NOT DISPLAYED ABOVE:**

none

**OTHER FINDINGS REQUIRING FOLLOWUP OR FURTHER WORKUP AS OUTPATIENT:**

none

**OUTPATIENT TESTS/REFERRALS ORDERED PRIOR TO DISCHARGE:**

zio patch x 2 weeks

**DME EQUIPMENT (INCLUDING OXYGEN):**

none

**Code Status**

Status

Date

Full Code

Wed Jul 12, 2023 5:10 AM

**Readmission Score (LACE)**

**Readmission Score (LACE) Total: 10**

**L-LENGTH OF STAY SCORE: 1**

**A-EMERGENT ADMISSION SCORE: 3**

**C-CHARLSON COMORBIDITY SCORE: 5**

**E-NUMBER OF ED VISITS SCORE: 1**

PRIMARY CARE PHYSICIAN: Mai, Danny (M.D.)

**HOSPITAL DISCHARGE DIAGNOSES:** (Principal marked with asterisk)

Active Hospital Problems

ACUTE LACUNAR STROKE, UNSPECIFIED TYPE AND ARTERY

DYSARTHRIA, LATE EFFECT OF ISCHEMIC STROKE

PARALYSIS

MAJOR VASCULAR NEUROCOGNITIVE DISORDER (VASCULAR DEMENTIA)

GERD (GASTROESOPHAGEAL REFLUX DISEASE)

DIVERTICULOSIS OF COLON

DM 2 W DYSLIPIDEMIA

ESSENTIAL HTN

Resolved Hospital Problems

No resolved problems to display.

**HOSPITAL PROCEDURES/ OPERATIONS (with dates):**

none

**CONSULTS:**

INPATIENT INTERNAL MEDICINE CONSULT  
INPATIENT PHYSICAL THERAPY CONSULT  
INPATIENT SPEECH THERAPY CONSULT  
INPATIENT NEUROLOGY CONSULT  
INPATIENT SOCIAL SERVICES CONSULT  
INPATIENT SOCIAL SERVICES CONSULT  
INPATIENT OCCUPATIONAL THERAPY CONSULT

**REASON FOR HOSPITALIZATION:**

Ho Cao V is a 80 year old male who presented to EMERGENCY ROOM first with stroke sx. See H&P for details.

**SUMMARY OF HOSPITAL COURSE:**

80yo with h/o hypertension, diabetes mellitus, hyperlipidemia, CKD3, dementia who presented to EMERGENCY ROOM with slurred speech, gait imbalance and right sided incoordination, had negative CT head, CTA shows diffuse intracranial atherosclerosis, no large vessel occlusions, CT perfusion negative, given ASA 300mg PR x1 at EMERGENCY ROOM before admission for stroke. Overnight reported to have worsening speech disturbance and right side paralysis, follow up MRI shows acute left basal ganglia ischemic stroke, and repeat head CT negative for hemorrhage x2. Patient seen by tel-neurology and not a candidate for thrombolytic tx. Subsequently also seen by neurology Dr Razmara who felt patient had acute ischemic stroke due to small vessel disease and has completed the stroke, recommended ASA and clopidogrel(plavix) for 21 days after loading dose, continue with high intensity statin. Had negative Echocardiogram for thrombosis, no arrhythmias on telemetry, no atrial fibrillation on telemetry. May d/c to Skilled Nursing Facility per neurology. We also advice son not to travel to Northern California at this time until completion of Skilled Nursing Facility treatment for PHYSICAL THERAPY/OT and then he could reassess the timing of moving the patient up to Northern California with him. Son with work with Skilled Nursing Facility rounder regarding safe transfer.

**Active Problems:**

ESSENTIAL HYPERTENSION-has Chronic Kidney Disease, will reduce lisinopril dose and add amlodipine. Skilled Nursing Facility rounder to titrate up blood pressure med slowly the next few days as per neurology.

DM 2 W DYSLIPIDEMIA-HGBA1C 9.7 (H) 06/29/2023

-to d/c metformin due to Chronic Kidney Disease, resume glipizide. Skilled Nursing Facility rounder to adjust med. To cover with sliding scale for now

DIVERTICULOSIS OF COLON

GERD (GASTROESOPHAGEAL REFLUX DISEASE)

ACUTE LACUNAR STROKE, UNSPECIFIED TYPE AND ARTERY

DYSARTHRIA, LATE EFFECT OF ISCHEMIC STROKE

PARALYSIS

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  
Hypokalemia-supplement given

**SIGNIFICANT FINDINGS:**

**Recent Labs**

	07/14/23 0623	07/13/23 0632	07/12/23 0621	07/12/23 0247
WBC	14.9*	8.3	9.7	13.1*
HGB	16.2	14.9	14.3	14.9
HCT	47.5	43.1	42.0	43.6
PLT	250	233	239	264
NA	133*	139	138	136
K	3.3*	3.4*	3.2*	3.6
CL	103	108	105	104
CO2	21	25	25	26
BUN	19*	18	24*	26*
CR	1.65*	1.60*	1.47*	1.55*
GFR	42*	43*	48*	45*
RBS	--	--	--	207*
ANIONGAP3	9	6	8	6

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

**Imaging Studies:**

See above

**CONDITION AT TIME OF HOSPITAL DISCHARGE:** Stable.

Stroke sx is unchanged

**LTC PHYSICIAN / PRIMARY CARE PHYSICIAN TO FOLLOW-UP THESE STUDIES:**

**Unresulted Labs (In-Process and Collected)**

None

**Rad (In Process) (Last 50 days)**

None

**POST ACUTE CARE FACILITY PHYSICIAN ADMISSION ORDERS**

**REFERRAL SOURCE (KPMC ANA or IMC):** KPMC IMC

**REASON FOR SNF TRANSFER/ ADMISSION:** physical therapy, occupational therapy, speech therapy and medical management

**LEVEL OF CARE:** Skilled

**ADVANCED DIRECTIVES:**

**Code Status**

Status

Date

Full Code

Wed Jul 12, 2023 5:10 AM

**INTENSITY OF CARE:** full care

**IS PATIENT AND/OR RESPONSIBLE PARTY AWARE OF DIAGNOSIS:** Yes

**DURABLE POWER OF ATTORNEY FOR PATIENT/EMERGENCY CONTACTS:**

Extended Emergency Contact Information

Primary Emergency Contact: Hanh

UNITED STATES

Work Phone: 510-331-7454

Mobile Phone: 510-881-1656

Relation: Daughter

Secondary Emergency Contact: Huy "Mark" Ho

Mobile Phone: 408-668-4440

Relation: Son

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

**SNF MEDICATIONS:** I have reviewed the prior to admission medications and reconciled them with the current inpatient medications and the following list is the result of that reconciliation.

Patient was evaluated for need for treatment with psychotropic medications. The benefits from therapy outweigh the potential risks associated with continued use. Informed consent was obtained from the patient and/or available surrogate for the psychotropic medications ordered for the skilled nursing facility.

**Current Discharge Medication List**

**STOP taking these medications**



**Atorvastatin 40 mg Tab**

Commonly known as: LIPITOR








**metFORMIN 500 mg Tab**


Commonly known as: GLUCOPHAGE

**START taking these medications**

	Morni	Aftern	Eveni	Bedti	As
	ng	oon	ng	me	Need
					ed

	Morni ng	Aftern oon	Eveni ng	Bedti me	As Need ed
 <b>amlODIPine 5 mg Tab</b> Commonly known as: NORVASC Last time this was given: July 14, 2023 9:46 AM Take 1 tablet by mouth daily					
 <b>Aspirin 81 mg Chew tab</b> Last time this was given: July 14, 2023 9:46 AM Chew and swallow 1 tablet by mouth daily					
 <b>Cephalexin 500 mg Cap</b> Commonly known as: KEFLEX Take 1 capsule by mouth 3 times a day for 5 days					
 <b>Clopidogrel 75 mg Tab</b> Commonly known as: PLAVIX Last time this was given: July 14, 2023 9:46 AM Take 1 tablet by mouth daily					
 <b>Rosuvastatin 40 mg Tab</b> Commonly known as: CRESTOR Last time this was given: July 14, 2023 9:46 AM Take 1 tablet by mouth daily					

**CHANGE how you take these medications**

	Morni ng	Aftern oon	Eveni ng	Bedti me	As Need ed
 <b>Lisinopril 20 mg Tab</b> Commonly known as: PRINIVIL/ZESTRIL Last time this was given: July 14, 2023 9:46 AM Take 0.5 tablets by mouth daily What changed: <b>how much to take</b>					

**CONTINUE taking these medications**

	Morni ng	Aftern oon	Eveni ng	Bedti me	As Need ed
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	Morni ng	Aftern oon	Eveni ng	Bedti me	As Need ed
<b>glipiZIDE 5 mg Tab</b> Commonly known as: <b>GLUCOTROL</b> Take 1 tablet by mouth daily 30 minutes before your largest meal to control blood sugar					

**HOLD these med which were taken at home but are not ready to be resumed at time of transfer to Skilled Nursing Facility: none**

**SNF 'PRN' MEDICATIONS:**

- Bisacodyl (Dulcolax) suppository 1 per rectum every 2 days AS NEEDED constipation
- Acetaminophen 325 milligrams ONE tablet by mouth every 4 hrs AS NEEDED mild pain
- Acetaminophen 325 milligrams TWO tablets by mouth every 4 hrs AS NEEDED moderate pain or temp above 100.5
- Docusate Sodium 100 milligrams by mouth TWO TIMES A DAY AS NEEDED constipation, hold for loose stools
- Mylanta 30 MI by mouth before meals and at bedtime AS NEEDED heartburn
- Multivitamin 1 tab by mouth daily
- Calcium 500 milligrams with 400 INTERNATIONAL UNIT Vit. D, 1 tab by mouth twice a day

**DVT PROPHYLAXIS:** to work with PHYSICAL THERAPY 3 times a day

**If patient is on COUMADIN,** check PATIENT/INR tomorrow morning  
Call anticoagulation pharmacy with results.

**If patient is Diabetic:**

Check Fingerstick blood sugars AC and HS.

**Follow Insulin Sliding Scale Coverage:**

If blood glucose:

70-120: No action

121-150: 1 units

151-200: 2 units

201-250: 3 units

251-300: 4 units

301-350: 6 units

351-400: 8 units

>400 Call physician

**IV ACCESS DEVICE:** none

**TYPE OF NUTRITION / DIET:** pureed  
And mildly thick liquid

**ASPIRATION PRECAUTIONS:** yes

**RESPIRATORY THERAPY/ CARE:**

**SUCTION:** Per facility protocol unless otherwise specified

**NURSING TREATMENT/ CARE:**

FALL RISK PRECAUTIONS: yes

Routine skin care for prevention of skin breakdown per protocol

If Foley catheter, then care per facility protocol

If Ileostomy / Colostomy, then care per protocol

PPD 2-stepor chest xray per facility protocol

**ISOLATION:** no

**WOUND CARE:** not applicable

**EVALUATIONS/ TREATMENTS:** PT evaluation (additional orders per SNF MD), OT evaluation, Decubitus care as per protocol, Glucose POCT before meal(s) and qhs and Other skilled needs: rounder to adjust blood pressure med and diabetes mellitus med

Weight Bearing Status: Weight Bearing As Tolerated (WBAT)

**SPEECH THERAPY:** Swallowing

**LABS/ IMAGING (to be done at SNF):** defer to Skilled Nursing Facility rounder

**FOLLOW UP APPOINTMENTS:**

PRIMARY CARE PROVIDER: Dr. Mai, Danny (M.D.) In 5-7 days after acute skilled nursing home discharge.

**PATIENT/FAMILY EDUCATION & INFORMED CONSENT:**

I have educated the patient and/or available/appropriate family/surrogate regarding the patient's diagnoses/disease process, prognoses, plan of care, as well as risks, benefits & alternatives of the treatments including any psychotropic medications as applicable.

I certify that the above services are required and authorized by me. This patient is under my care and either requires 24 hour skilled nursing care or custodial care.

**TIME (IN MINUTES) SPENT ON DISCHARGE PROCESS :**

The entire discharge process for this patient took MORE THAN 30 minutes

Electronically signed by:

DIANA TING-SUI WANG MD

7/13/2023

1:15 PM

Department of Internal Medicine

Kaiser Orange County

~~~~~ CORE MEASURES INSTRUCTIONS ~~~~~



This patient does NOT have AMI - No further patient instructions/education needed.

**This patient had a Stroke during this hospital admission.**

- Stroke Type: Ischemic
- Was this patient assessed for rehabilitation service by physical, occupational, or speech therapy? Yes.
- Does this patient have atrial flutter or atrial fibrillation? No.
- Antiplatelet is prescribed.(ASA and clopidogrel(plavix))
- Statin is prescribed.



# ADMISSION REPORT CHECKLIST

## PAVILION AT SUNNY HILLS

Date: 7/14/23 Time: 3:58 Hospital Referring From: Kaiser - JAVIN  
 Name of Resident: CHO, HO (SAM) Age: 80 (M) Code Status: FULL DNR  
 Name of Nurse Giving Report: HONG Contact No: (916) 972-6050  
 Admitting Diagnosis (PT/OT/ST): ACUTE STROKE, IMPAIRED COORDINATION, IMBALANCE, REFLEXES  
HTN, DM II.  
OUT OF HOSPITAL

Cognition Status/Behavior: A&Ox 5-4, SURE  
 Allergies: NO ALLERGIES, LOXAPROPRIDE  
 Diet: POURD DIET Texture: POURD DIET Enteral Feeding: NO  
 Antibiotic Therapy: IV/PO NO  
 IV Type: NO Infections: NO Isolation: NO  
 Oxygen Inhalation (continuous / PRN) Rate: NO  
 Skin Integrity: Intact

Bladder Status: ( Incontinent / Continent ) Suprapubic / Foley Catheter Dx: 16F;  
 Bowel Status: (Incontinent / Continent / Ileostomy / Colostomy) LBM: 7/14/23  
 Weight Bearing Status: Ambulatory / with Assist / FWW / NWB to EDB Activities  
 Device Needed: CPM / Wound VAC / CPAP / BiPAP / others \_\_\_\_\_  
 Pneumo Vac Date Given: \_\_\_\_\_ Flu Vac Date Given: \_\_\_\_\_ TB hx: (+) or (-)  
 Anti-coagulant Therapy: \_\_\_\_\_ Pacemaker: NO  
 Dialysis Schedule: \_\_\_\_\_ Dialysis access site: NO  
 Follow-Up Appointment: \_\_\_\_\_  
 Last Vital Signs: BP 149/82 Pulse 66 Temp 98 RR 18 O2 Sat 98% RA  
 Pain Regimen: NO

Additional Comments/ Information:

5:30 PM liberty

P/U @ 4PM

