Explore topics, care, coverage

Search

Appointments

Viewing information for:

Ho Cao

Date printed: Friday, March 14, 2025
Kaiser Permanente Member name: Ho Cao
Date of birth: 2/1/1943
MRN: 110014033096

Progress Notes by JOHNSON CHAN MD at 6/29/2024 10:43 AM

HBS PROGRESS NOTE
Hospital Day(s): 3
Events: None
Admission date/time: 6/26/2024 12:26 PM

Subjective:
In bed. Sleeping; arousable, but sleepy

Objective: Temp (24hrs), Avg:98.4 °F (36.9 °C), Min:97.9 °F (36.6 °C), Max:98.8 °F (37.1 °C)

Patient Vitals for the past 24 hrs:

	Temp	Temp Source	Pulse	BP	Resp	SpO2	O2 Delivery
06/29/24 1000	98.4 °F (36.9 °C)	Temporal Artery Scan	92	122/68	20	97 %	—
06/29/24 0434	98.4 °F (36.9 °C)	Axillary	75	100/48	20	97 %	RA
06/28/24 2314	98.8 °F (37.1 °C)	Axillary	62	123/63	17	99 %	—
06/28/24 1525	97.9 °F (36.6 °C)	Oral	53	97/60	17	99 %	—

Stool output:
Patient Vitals for the past 72 hrs:

	Stool Characteristics	Unmeasured Stool (#)
06/28/24 1957	Brown;Soft;Small	—
06/28/24 1525	Brown;Medium;Soft	—
06/28/24 1445	Brown;Medium;Soft	1
06/28/24 1021	Brown;Formed;Soft	1
06/28/24 0626	Brown;Formed;Soft	1
06/27/24 2000	Brown;Liquid;Medium	1
06/27/24 1700	Brown;Liquid;Large	1
06/27/24 1246	Brown;Yellow;Liquid;Medium	1
06/27/24 1020	Brown;Loose;Medium	1
06/27/24 0637	Brown;Loose;Medium	1

Date	06/28/24 0700 - 06/29/24 0659				06/29/24 0700 - 06/30/24 0659			
Shift	0700-1459	1500-2259	2300-0659	24 Hour Total	0700-1459	1500-2259	2300-0659	24 Hour Total
INTAKE								
P.O.		120		120				

P.O.		120		120				
Shift Total(mL/kg)		120(2.9)		120(2.9)				
OUTPUT								
Urine	800	400		1200				
Urine	800	400		1200				
Other								
Unmeasured Stool (#)	2 x			2 x				
Shift Total(mL/kg)	800(19)	400(9.5)		1200(28.6)				
NET	-800	-280		-1080				
Weight (kg)	42	42	42	42	42	42	42	42

Physical Exam General appearance - chronically ill appearing and no acute distress.
Mental status - sleeping
Chest - clear to auscultation, no wheezes, rales or rhonchi, symmetric air entry
Heart - normal rate, regular rhythm, normal S1, S2, no murmurs, rubs, clicks or gallops
Abdomen - soft, nontender, nondistended, no masses or organomegaly
Extremities - peripheral pulses normal, no pedal edema, no clubbing or cyanosis

Selected Results:

Recent Results (from the past 24 hour(s))

GLUCOSE, RANDOM, BLOOD, GLUCOMETER, FDA APPROVED

Collection Time: 06/28/24 11:40 AM

Result	Value	Ref Range
GLUCOSE, BLOOD, GLUCOMETER POCT CLIA	152 SEE COMMENT	60 - 159 mg/dL

Fingerstick Blood Glucose (48 hours):

Device Integrated Values (if any)

GLUCOSE, BLOOD, GLUCOMETER

Date/Time	Value	Ref Range	Status
06/28/2024 1140	152	60 - 159 mg/dL	Final
06/27/2024 2121	201 (H)	60 - 159 mg/dL	Final
06/27/2024 1637	159	60 - 159 mg/dL	Final
06/27/2024 1116	153	60 - 159 mg/dL	Final

Assessment and Plan:

Active Hospital Problems

Diagnosis

- (Principal) HYPERNATREMIA
- COMFORT CARE ONLY
  Cerebrovascular infarct with vascular dementia
- PRESSURE ULCER OF RIGHT BUTTOCK STAGE 3 (FULL THICKNESS SKIN LOSS)
- DELIRIUM DUE TO METABOLIC ENCEPHALOPATHY
- HEMIPLEGIA & HEMIPARESIS, RIGHT DOMINANT SIDE, LATE EFFECT OF ISCHEMIC STROKE
  7/12/2023 stroke
- HTN (HYPERTENSION)

- HYPERLIPIDEMIA
- DM 2 W CKD STAGE 3B (GFR 30-44)
- MAJOR VASCULAR NEUROCOGNITIVE DISORDER (VASCULAR DEMENTIA)

Mentation: Seen in Memory Center on 2/7/2023 with SLUMS 13/30.
Medical decisional capacity: Patient does not have capacity to make health care and Financial decisions.
Medications: Trial of: NA
Medical Issues r/t Cognition: Other sundowning
Mobility:cane
What Matters Most: Living well at home

Future follow-ups of this patient by Mary Cochran Abraham, NP
Contact Memory Center: 925-313-4577 for ED/hospitalization follow-up.
Alzheimer's Direct---no

Resolved Hospital Problems
No resolved problems to display.

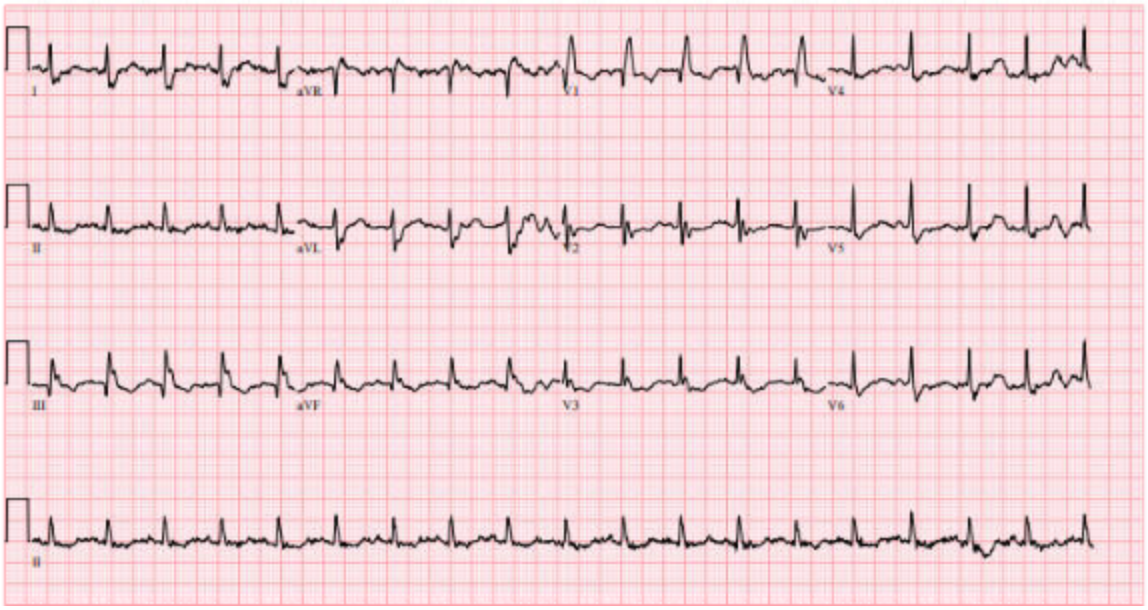
Procedures performed previous to hospitalization:

1. **Colonoscopy 5/3/2010**: PREOPERATIVE DIAGNOSIS: This is a 67-year old male with heme-positive stool, asymptomatic, had a colonoscopy over 10 years ago at an outside facility which was apparently normal. Family history is negative for colon cancer. POSTOPERATIVE DIAGNOSES:1. Multiple colon polyps. 2. Single diverticulum. 3. Small internal hemorrhoids.
2. **Lexiscan regadenoson/adenosine sestamibi myocardial perfusion study 11/4/2011**: IMPRESSION: Normal myocardial perfusion study. Normal gated study. Gated images shows normal wall motion and wall thickening. The ejection fraction is at 53 %.
3. **Esophagogastroduodenoscopy 11/4/2011**: Indications: Ho V Cao is a 68 year old male with current admission for chest pain and vomiting with possible hematemesis. Take daily aspirin. Denies preceding gastrointestinal symptoms. No pyrosis, dysphagia. Denies a history of peptic ulcer disease. No melena. Findings: normal esophagus. 4 cm hiatal hernia. Stomach and duodenum are normal. There is no active bleeding. Unplanned Events: There were no unplanned events. Estimated blood loss: none. Summary: Small hiatal hernia. No active bleeding. Recommendations: advance diet. Watch for gastrointestinal bleeding.
4. **Colonoscopy 6/5/2013**: Indications: Screening for personal history of polyps. Findings: There was evidence of mild diverticulosis in the entire colon. Small internal hemorrhoids were found. Estimated Blood Loss: None. Unplanned Events: There were no unplanned events. Summary: Mild diverticulosis found in the entire colon. Internal hemorrhoids found. Colonoscopy recommended in 5 years.
5. **Brain CT 7/12/2023**: No large acute territorial infarct. 3 mm focus of asymmetric hyperdensity about the right basal ganglia--punctate subacute microhemorrhage, versus calcification with adjacent gliosis. Chronic lacunar infarct right corona radiata. Moderate generalized involutional change, nonspecific chronic microvascular ischemic changes/gliosis within the periventricular and subcortical white matter.
6. **Head/neck CT angiogram 7/12/2023**: Moderate diffuse atherosclerotic vascular disease, as detailed above, without proximal large vessel occlusion. Areas of moderate to high-grade stenosis noted at the left M1, proximal posterior cerebral arteries, distal right vertebral artery. Multilevel moderate degenerative cervical spondylosis. Longus colli calcific tendinitis.
7. **Brain MRI 7/12/2023:** Small focal restricted diffusion in the left corona radiata. Moderate chronic small vessel ischemic changes and age-related volume loss.
8. **Brain CT 7/12/2023:** No acute intracranial bleeding or mass effect. Patient's known acute left basal ganglia infarct is not as well visualized. Moderate cortical volume loss and chronic microvascular ischemic changes.

9. **Brain CT 7/12/2023**: 1. Stable exam. No evidence for acute intracranial pathology. Patient's left-sided infarct is not well seen **on CT. 2. Stable involutional changes with extensive microangiopathic gliosis**
10. **Echocardiogram 7/13/2023**:
    - Left Ventricle: Not well visualized. Left ventricle size is normal. Normal wall thickness. Normal systolic function with an estimated EF of 55 - 60%.
    - Right Ventricle: Right ventricle size is normal. Normal systolic function.
    - No significant valvular abnormalities.
    - The RVSP is estimated to be 27 mmHg which is normal.
11. **Chest x-ray 7/14/2023**: The lungs are clear. No pleural effusions are seen. The cardiomediastinal silhouette is normal.

Procedures performed during this hospitalization:

1. **Brain CT 6/26/2024**: No CT evidence of acute intracranial pathology.
2. **Abdominopelvic CT 6/26/2024**: Evaluation of the solid organs is limited by lack of IV contrast. Large stool ball in the rectum with rectal wall thickening. Although the groundglass opacification at the left lung base may be related to atelectasis, infection is not excluded.
3. **Electrocardiogram 6/26/2024**: sinus tachycardia, 111.



4. **Chest x-ray 6/26/2024**: Low lung volumes. Bibasilar opacities favored to represent atelectasis.
5. **Abdominal x-ray 6/28/2024**: Nonspecific nonobstructive bowel gas pattern. However there are several mildly prominent gas-filled small bowel loops in the left abdomen which may represent focal ileus. Moderate colonic stool burden present, with stool seen in both the left and right abdomen.

Consults:

1. **Palliative Care Consult**.
2. **Swallow therapy**: Recommended diet texture: NPO vs comfort feeding of puree and mildly-thick liquid via teaspoon. Recommend medications: crushed in puree

Telephone/curbside Consults:

1. **None**

Assessment:

Estimated body mass index is 16.4 kg/m² as calculated from the following:

Height as of 1/19/23: 5' 3".
Weight as of this encounter: 42 kg (92 lb 9.5 oz).

81 year-old man whose past medical history is significant for hypertension, dyslipidemia, diabetes mellitus Type II with stage IIIB chronic kidney disease and peripheral neuropathy, history of cerebrovascular infarct with right hemiparesis, dysarthria and vascular dementia (bed bound), anxiety/depression, atherosclerotic aortic disease

He was brought in by family to the emergency department 6/26/2024 for DIARRHEA (Hx of stroke with R sided deficit, Diarrhea x 3 days. Started as intermt, increase in episodes. No N/V. Son states patient have been having difficulty with swallowing since last stroke in July, but having more difficulty with swallowing in the last 1 week. Increase in generalized weakness. ESI 3. H. Truong)

According to Dr Maxine Ho: ***HISTORY OF PRESENT ILLNESS***: Ho Cao is a 81 Y male with a history of DM 2, CKD stage 3b, hyperlipidemia, HTN, ischemic stroke with right side hemiplegia, dementia, who presents with dysphagia and diarrhea.

History obtained from patient['s son and and wife.
Patient at baseline is A x O x 2, and normally able to communicate some needs. He is bed bound. A few days ago, he started to have difficulty with PO intake, drooling and not appeared able to swallow. He also had diarrhea nad appeared to have abdominal discomfort. He did not have any fever, cough, vomiting and did not appeared SOB.

In the ED, patient noted to have sodium of 159, creatinine 2.25, glucose 459, AG 13, lactate 3.8, WBC 21.1, hgb 12.5

CT of of abd/pelvis
"Evaluation of the solid organs is limited by lack of IV contrast.

Large stool ball in the rectum with rectal wall thickening. "

1. **Failure to thrive: Diarrhea with hypernatremia; likely stercoral constipation/colitis; rule out infection**. He presented with dysphagia and diarrhea. While in the emergency department, he was afebrile, he had transient tachycardia (101); mostly 76-92. No tachypnea, hypotension or hypoxia on room air. He had hypernatremia (159), hyperchloremia (120). Serum creatinine was 2.25 (was 1.61 1/20/2023; baseline 1.6-2). He had leukocytosis (21,100), but no left shift; serum lactate 3.8. Urinalysis showed no evidence of urinary tract infection. Nasopharyngeal swab for coronavirus negative. Blood cultures collected and he was started on empiric Ceftriaxone + Flagyl due to leukocytosis and elevated serum lactate; no clear evidence of infectious source. Suspect leukocytosis and lactic acidosis are due to severe volume depletion. Hr had no improvements with hydration and intravenous fluid hydration. Family members decided to pursue Comfort Care and Home Hospice.
2. **Hypernatremia; likely volume depletion and free water depletion**. Admission serum sodium