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 2:58 PM

SKILLED NURSING FACILITY DISCHARGE SUMMARY

SNF Facility: Pavilion at Sunny Hills

SNF Admission Date: 07/14/2023

SNF Discharge Date: 8/01/2023

SNF Providers: MARK DREW PELLEGRINO MD

Tests Results Pending At Time of Discharge: None

Outpatient Tests/Referrals Pending: None

Findings Requiring Follow-up or Further Workup as Outpatient: Blood sugars, creatinine, blood pressures

Significant medication changes: On Plavix and aspirin. Lisinopril decreased to 5 mg day, Norvasc increased to 5 mg twice a day, glipizide adjusted to 5 mg in the morning and 2.5 in the afternoon

SUMMARY OF COURSE IN FACILITY

LABS:
Skilled nursing facility labs:
7/31/2023 BUN 21 and creatinine 1.7, sodium 141, potassium 4.0, chloride 106, CO2 27
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 1
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 anc 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 ha persisted right side paralysis and slurred speech. Seen by neurology, had negative C head for acute intracranial bleeding, cTA showed diffuse intracranial atherosclerosis, large vessel occlusions, and CT perfusion negative. MRI brain showed acute left basa 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 Skilled Nursing Facility treatment. Hospital stay complicated by urine retention/urina tract infection, leukocytosis and hypokalemia.

- **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. Improved markedly toward the end of his nursing home stay-see lab above, new baseline BUN creatinine appeared to be around 21 and 1.7, perhaps this will even improve with time.
- ACUTE LACUNAR STROKE, UNSPECIFIED TYPE AND ARTERY/DYSARTHRIA, LATE EFFECT OF ISCHEMIC STROKE/PARALYSIS: 3 weeks of Plavix followed aspirin indefinitely, continue trial of rehab. Continue with statin. Echocardiogra negative for thrombus, no arrhythmia on telemetry. No significant improvemer still maximum assistance needed. Still dense hemiparesis
- 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 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 ha 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 ar try to push p.o. fluid.. Eating still varies a great deal, he is being brought outsid 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 residu 395ml per nursing staff, suspect UTI due to urinary retention, will insert foley ar tx with empirical antibiotics x 5 days. Skilled Nursing Facility rounder to follow 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 durin 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 an 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 multi occasions. 7/24/2023 left message for son with medical details, and daughter i 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 wit daughter discussing expected course and prognosis, she understands his overa 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. S is going to discuss this with the family. She says that in the past the patient sai 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 an 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)

Active Problems:

Encounter Diagnoses

Code	Name	Primar
• I63.9	ACUTE STROKE DUE TO ISCHEMIA, UNSPECIFIED TYPE AND ARTERY	
• E11.29, R80.9	DM 2 W MICROALBUMINURIA	
• N18.32	CKD STAGE 3B (GFR 30-44)	
• I10	ESSENTIAL HTN	
• G45.9	TRANSIENT CEREBRAL ISCHEMIA	
• N39.0	UTI (URINARY TRACT INFECTION)	
• E11.69, E78.5	DM 2 W LOW HDL AND HIGH TRIGLYCERIDE DUE TO DM (DIABETIC DYSLIPIDEMIA)	
• Z87.448	HX OF ACUTE KIDNEY INJURY	

Discharge Plan:

Destination:

Home Health: PT

Medications:

The medications have been reconciled. These are the only medications the patient wa instructed to take on discharge from the facility.

Outpatient Medications Marked as Taking for the 7/31/23 encounter (Nursing Facility) with Pellegrino, Mark Drew (M.D.), M.D.

Medication	Sig
• amLODIPine (NORVASC) 5 mg Oral Tab	1 tablet orally every morning and 1/2 tablet orally every afternoon on a twice a day schedule
• glipiZIDE (GLUCOTROL) 5 mg Oral Tab	Take 1 tablet by mouth daily 30 minutes before yo largest meal to control blood sugar
• Calcium Carbonate-Vit D3 (CALCIUM 600 + D) 600 mg-10 mcg (400 unit) Oral Tab	Take 1 tablet by mouth 2 times a day with meals
• Acetaminophen (TYLENOL) 325 mg Oral Tab	Take 2 tablets by mouth every 6 hours as needed for pain or fever . Do not exceed 8 tablets in 24 hours
• Docusate Sodium (COLACE) 250 mg Oral Cap	Take 1 capsule by mouth daily to prevent constipation. Stop taking if loose bowel movemer or no longer needed.
• Magnesium Oxide (MAGOX) 400 mg (241.3 mg magnesium) Oral Tab	Take 1 tablet by mouth daily
• Sennosides (SENOKOT) 8.6 mg	Two tablets orally q.h.s. to prevent constipation.

Oral Tab	May increase up to 4 tablets 2 times a day as needed for severe constipation. Do not exceed 8 tablets in 24 hours. Stop taking if loose bowel movements or no longer needed.
• Lactulose 10 gram/15 mL Oral Soln	Take 30 mL by mouth 2 times a day as needed for constipation
• Multivitamin-Minerals Oral Tab	Take 1 tablet by mouth daily
• Aspirin 81 mg Oral Chew Tab	Chew and swallow 1 tablet by mouth daily
• Clopidogrel (PLAVIX) 75 mg Oral Tab	Take 1 tablet by mouth daily until 08/03/2023, then stop
• Rosuvastatin (CRESTOR) 40 mg Oral Tab	Take 1 tablet by mouth daily

- Please note: You are on Plavix and aspirin to prevent future strokes. The Plavix will stop on 08/03/2023 and aspirin will continue indefinitely.
- Your dose of lisinopril has been decreased to 5 mg per day, your dose of Norvasc has increase to 5 mg twice a day. Your kidneys will tolerate Norvasc better than lisinopril at this time. Your blood pressure medications will likely have to be readjusted as an outpatient.

You are on glipizide 5 mg in the morning and 2.5 mg in the afternoon, you may need better diabetes control as an outpatient but only certain medications are tolerated when you have weak kidneys, your primary physician will have to work on this. For now I am hoping for loose control with blood sugars in the range of 100-250, your primary physician will adjust as an outpatient. A prescription has been sent to the pharmacy a glucometer and supplies, please check blood sugar before breakfast and before dinner and write down for your physician. Call for blood sugars consistently greater than 250 or less than 100

DIET: Continue current diet

DME:

Weight bearing status: not applicable; lower extremity not involved

WOUND/TREATMENT PLANS: NA

Follow Up Appointments:

Future Appointments

Date	Time	Provider	Department	Center
8/31/2023	2:50 PM	Scorza, Angelica L (L.V.N.), L.V.N.	HMPCF1	HBMU

Follow-up with primary physician within a week

FUNCTIONAL LEVEL AT DISCHARGE

Final FIM score: .

<53: Maximum Assist	**54-71:** Moderate Assist	**72-90:** Minimum Assist

Transfer:

Ambulation: . Distance: .
Assistive device:

PERTINENT PHYSICAL EXAM AND LABORATORY FINDINGS

Still marked hemiparesis, awake and oriented x4 -- not good with details

Patient's condition at time of discharge: medically stable.

Discharge Plans discussed with family and plan of care was accepted.

ADVANCE DIRECTIVES/POLST:

TIME SPENT ON DISCHARGE PLAN: 30 Total

Electronically signed by:
MARK DREW PELLEGRINO MD
7/31/2023
3:04 PM

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(SNF RN: please provide informations below to the patient or family at the time of discharge)

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---------- DISCHARGE INSTRUCTIONS ----------

Ho Cao V
000016614366

7/31/2023

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- A prescription for a glucometer and supplies has been sent to the pharmacy,

please check blood sugar daily before breakfast and dinner and report sugars t your primary physician in a week or 2. Call for blood sugars consistently less th 100 or greater than 250.

*Please bring an UPDATED MEDICATION LIST with you to all appointments.

If you are unable to make your appointment, please call 1-888-988-2800 to cancel/ reschedule in advance.

DIET: Continue current diet

Weight bearing status: Continue current weight-bearing status

FOLLOW UP APPOINTMENT:

Future Appointments

Date	Time	Provider	Department	Center
8/31/2023	2:50 PM	Scorza, Angelica L (L.V.N.), L.V.N.	HMPCF1	HBMU

Follow-up with primary care physician, Mai, Danny (M.D.), in 5-7 days.

ED PRECAUTIONS: seek medical attention immediately if you develop worsening symptoms, chest pain, shortness of breath, fever and chills, nausea, vomitting, diarrhe new numbness or weakness of extremities, blood sugars less than 100 or greater thar 250 consistently.

QUESTIONS OR CONCERNS AFTER DISCHARGE
If you have medical problems or concerns after you go home, and before you see you primary care physician, please call the Kaiser Permanente discharge nurse advice service at **855-300-KPDC (5732)**. You may call **714-734-5500 Mon-Friday 8:30am- 5p** to leave a message for your nursing facility doctor. PLEASE CALL 911 IF IT IS A MEDICAL EMERGENCY.

MARK DREW PELLEGRINO MD
Dept. of Continuing Care
Orange County Kaiser Permanente