

Result type: SRMC Clinic Note - Primary Care
Result date: August 24, 2017 08:28 MDT
Result status: Auth (Verified)
Result title: HCV Consult
Performed by: Train, MD 1 on August 24, 2017 08:36 MDT
Verified by: Train, MD 1 on August 24, 2017 08:36 MDT
Encounter info: 223016163, SRMC, Outpatient, 8/22/2017 -

Reason for Consultation: Hep C consult

Consult Requestor: Dr. Kevin Henry

History of Present Illness:

Bob Test (DOB 9-26-1965) is here today with his wife, Betty, for a visit regarding his Chronic Hepatitis C. Was diagnosed in the early 1990s. He had a history of sharing needles in prison, prison tattoos. He goes to New Mexico treatment Service for Methadone for 6 years. He feels pretty stable with this. Last use was approx a year ago, after a dosage reduction. He takes 140mg daily.

He has never had any treatment in the past for his chronic hepatitis C.

He does report easy bruising as well as severe fatigue. Both he and his wife report that he sleeps all day and does not have energy for work or for exercise.

He occasionally has GERD symptoms and will take Prilosec over-the-counter. He does not report any hematemesis or melena stools.

Review of Systems: see above. Denies jaundice.

Allergies: No Known Medication Allergies

Medications:

Misc. Medication (Insulin Pen Needles) See Instructions (Use 1 needle to inject Basaglar insulin twice daily)

Supply Misc Supply (Insulin Pen needles) Supply

ergocalciferol (Vitamin D2 50,000 intl units (1.25 mg) oral capsule) 1 cap (50,000 Intl_Unit), By Mouth, 2x/WK

fluticasone nasal (Flonase 50 mcg/inh nasal spray) 1 spray, Nasal, once a day

gabapentin (gabapentin 300 mg oral capsule) 2 cap (600 mg), By Mouth, TID

insulin glargine (Basaglar KwikPen 100 units/mL subcutaneous solution) 42 Units, Subcutaneous, BID

lisinopril (lisinopril 10 mg oral tablet) 1 tab (10 mg), By Mouth, once a day

methadone , By Mouth

polyethylene glycol 3350 with electrolytes (GoLYTELY oral powder for reconstitution) 240 mL, By Mouth, q 10 minutes

Problem List:

Hepatitis C

Tobacco use

Type 2 diabetes mellitus with hemoglobin A1c goal of less than 7.0%

Family History:

Diabetes: Maternal Grandmother, Mother

Hypertension: Maternal Grandmother

Stroke: Mother

Breast Cancer: Mother

Patient is Adopted: No

Social History:

Alcohol: Never

Home/Environment: Lives with Spouse. Living situation: Home/Independent. Is there plumbing in the home? Yes. Is there a telephone in the home? Yes. Is there electricity in the home? Yes.

Substance Abuse: Past, IV drug use: Yes.

Tobacco: Yes, every day smoker, 20 per day. Total pack years: 27.

Physical Exam:

Vitals & Measurements

Temperature: 36.0

Respiration Rate: 16

Heart Rate: 64

Systolic BP Sitting: 139

Diastolic BP Sitting: 85

Oxygen Saturation: 94

Oxygen Therapy Delivery Method: Room air

Dosing Weight: 110.5 kg

Height: 170.0 cm

Body Mass Index: 38.24

Constitutional: pleasant, NAD

Eyes: sclera non-icteric

Skin: multiple tattoos and scars consistent with reported IVUD history

Gastrointestinal: obese abdomen

Psychiatric: oriented to time, place, and self. Appropriate mood/affect.

Assessment/Plan:

1. Hepatitis C

This is a 48-year-old male patient here with history of chronic hepatitis C. He has co-infection with genotype 1B and genotype 2. In order to effectively target both of these genotypes, we will need to treat with Epclusa. He does have some concerning findings with his laboratory studies including significant transaminitis, elevated AFP tumor marker, and low range normal platelets.

I reviewed that his labs show he does have immunity against hepatitis A and hepatitis B.

We will continue to trend his AFP tumor marker throughout treatment.

Discussed he should avoid acid suppressive therapies while taking Epclusa.

Education was provided about risks and benefits of treatment for HCV. Side effects typically are mild, including headache, fatigue, insomnia, possible stomach upset. Advised to avoid acid suppressive therapy. Stressed importance of compliance with medication, and educated that missed doses raise the risk of treatment failure.

Discussed benefits of treatment, including reduction of advancement of liver disease, progression to liver failure, and liver cancer.

The patient will be managed in consultation with the UNM Project ECHO and with treatment guidance from Dr. Sanjeev Arora (Hepatology) and Dr. Karla Thornton (Infectious Disease). Treatment will be planned using the latest guidelines from the American Association of Liver Disease (AASLD).

Discussed with the patient barriers of insurance coverage for therapies and to allow appropriate time for completion of the prior authorization process.

2. Type 2 diabetes mellitus with hemoglobin A1c goal of less than 7.0%

Discussed that treatment of chronic hepatitis C can benefit glucose control.

We will complete a point of care hemoglobin A1c to document his current status of glucose control. He had just seen his PCP on 8/14/2017 regarding his diabetes and reference was made to updating his labs, but this had not been completed yet. We collected a POC A1c in clinic = 14.0.

3. Hypovitaminosis D

I prescribed a prescription vitamin D to help improve this deficiency. This may benefit his fatigue as well as help decrease the rate of his liver fibrosis.

4. Severe obesity (BMI 35.0-39.9)

Discussed that his increased echogenicity and enlarged liver is likely related to fatty liver disease and this could still worsen his liver status and result in liver cirrhosis and liver cancer.

Orders:

Ergocalciferol, 50,000 Intl_Unit = 1 cap, By Mouth, 2x/WK, Take with food., # 18 cap, 0 Refill(s), Pharmacy: FAIRVIEW PHARMACY, 1 cap By Mouth 2x/WK,x60 Day(s),Instr:Take with food.

47 minutes were spent in the care of this patient. More than 50% of the time (37 min) was spent face to face in discussion, counseling, and care coordination.

Results:

WBC 8.2 x10E3/uL 08/18/2017 10:18 MDT

HGB 18.2 g/dL 08/18/2017 10:18 MDT (High)

HCT 51 % 08/18/2017 10:18 MDT

MCHC 36.0 g/dL 08/18/2017 10:18 MDT (High)

Platelet Count 152 x10E3/uL 08/18/2017 10:18 MDT

Iron 80 ug/dL 08/18/2017 10:18 MDT

TIBC 399 ug/dL 08/18/2017 10:18 MDT

% Iron Sat 20 % 08/18/2017 10:18 MDT

Ferritin 275 ng/mL 08/18/2017 10:18 MDT

I.N.Ratio 1.02 ratio 08/14/2017 09:58 MDT

NA 136 mmol/L 08/18/2017 10:18 MDT

K 3.9 mmol/L 08/18/2017 10:18 MDT

BUN 9 mg/dL 08/18/2017 10:18 MDT

CR 0.83 mg/dL 08/18/2017 10:18 MDT

GLU 445 mg/dL 08/18/2017 10:18 MDT (High)

T Protein 8.2 g/dL 08/18/2017 10:18 MDT

AST (SGOT) 122 Unit/L 08/18/2017 10:18 MDT (High)

ALT (SGPT) 128 Unit/L 08/18/2017 10:18 MDT (High)

ALK Phos 267 Unit/L 08/18/2017 10:18 MDT (High)

T Bilirubin 0.6 mg/dL 08/18/2017 10:18 MDT

Est Glomerular Filtration Rate >60 mL/min/1.73m2 08/18/2017 10:18 MDT

HGB A1C 15.1 % 05/15/2017 09:27 MDT (High)

Vitamin D screen 27 ng/mL 08/18/2017 10:18 MDT (Low)

AFP-Tumor 30.7 ng/mL 08/14/2017 09:57 MDT (High)

Hepatitis A total Antibody (IGG/IGM) Reactive Performed at TriCore Reference Laboratory, 1001 Woodward PI NE, Albuquerque, NM 87102 CLIA 32D0534957 08/18/2017 10:18 MDT (Abnormal)

Hepatitis B Surface Antigen Nonreactive Performed at TriCore Reference Laboratory, 1001 Woodward PI NE, Albuquerque, NM 87102. CLIA 32D0534957 08/18/2017 10:18 MDT

Hepatitis B Surface Antibody Titer 91 mIU/mL 08/18/2017 10:18 MDT (High)

Hepatitis B Core IGG Antibody Reactive Performed at TriCore Reference Laboratory, 1001 Woodward PI NE, Albuquerque, NM 87102. CLIA 32D0534957 08/18/2017 10:18 MDT (Abnormal)

Hepatitis C Realtime PCR 15613099 Intl_Unit/mL 08/18/2017 10:18 MDT

Hepatitis C Genotype Interpretation COINFECTION OF GENOTYPES 1B AND 2 Testing performed by Real-Time PCR. Performed at TriCore Reference Laboratory, 1001 Woodward PI NE, Albuquerque, NM 87102. CLIA 32D0534957 08/14/2017 09:58 MDT

FINDINGS:

Abdominal aorta (including the aortic bifurcation) and IVC: Imaged segments are normal in caliber.

Pancreas: Imaged portions are unremarkable.

Liver: Increased in echogenicity and demonstrates normal contours. The right lobe of the liver measures 17.7 cm. No focal masses are noted. There is no intrahepatic biliary dilation.

Doppler evaluation: Patency of the splenic vein, main portal vein and hepatic veins was demonstrated. Normally directed flow in the main portal vein is seen.

Gallbladder: The gallbladder is normal without cholelithiasis, pericholecystic fluid, or gallbladder wall thickening. Biliary: The common duct measures 4 mm.

There is no biliary ductal dilation.

Right kidney: The right kidney measures 10.6 cm. There is normal echogenicity and cortical thickness. There is no hydronephrosis or other abnormality.

Left kidney: The left kidney measures 12.6 cm. There is normal echogenicity and cortical thickness. There is no hydronephrosis or other abnormality.

Spleen: The spleen is normal in size and appearance.. The spleen measures 11.1 cm in length.

No free fluid is identified.

IMPRESSION:

Enlarged, echogenic liver, consistent with known hepatitis. Coexisting steatosis or fibrosis is not excluded. No hepatic masses identified. [1]

[1] DI Abdomen US; Young, Elizabeth Klenda 06/02/2017 09:43 MDT

Signature Line

Train, MD 1

Signed Date: 08/24/17

Signed Date: 08/24/17

Dictate Date: 08/24/17

Completed Action List:

- * Perform by Train, MD 1 on August 24, 2017 08:36 MDT
- * Sign by Train, MD 1 on August 24, 2017 08:36 MDT
- * Verify by Train, MD 1 on August 24, 2017 08:36 MDT

