Alena Rakhman
LTC Rotation 3 H&P 1
Overall structure good. Three most important points:
Need an HPI that gives the whole story starting with status before this more acute event and continuing through till the day you see the pt.
Need more detail on locations of findings – anatomic landmarks and more complete description
Need Assessment of each diagnosis/complaint – then the plan follows from the assessment – e.g. if the BP is well-controlled, then continue same meds, but if the pain is not well-controlled or there are some other things to rule out, then the plan would need to address those issues.

Identifying Data
Full name: A.P.
DOB: 2/25/1947
Date & time: March 20, 2019 11:30AM
Location: Gouverneur Skilled Nursing Facility
Religion: Catholic
Marital status: Single
Source of information: Self/medical records
Source of referral: Reliable patient

CC: decompression s/p sacral wound debridement and flap closure and lumbar soft tissue mass biopsy w/ closure x12 days

HPI: 72 y/o M w/ PMHx of paraplegia s/p spinal cord injury, HTN, hyperthyroidism, osteomyelitis, sacral pressure ulcer, and spinal fusion admitted to Gouverneur Skilled Nursing Facility on 3/19/19 for increasing strengthening, mobility and wound care. Pt was transferred from NYU Langone Hospital where patient was admitted on 3/7/19 for a planned procedure of sacral wound debridement and flap closure after developing a sacral pressure ulcer. On 3/7/19, pt underwent laparoscopic colostomy, which he tolerated well. On 3/11/19, he underwent sacral wound debridement and flap closure as well as a L4-L5 soft tissue mass biopsy w/ closure. Wound cultures were also taken of the sacral ulcer on 3/11/19 and Infectious Disease was consulted for proper abx regimen. PICC line double lumen was placed on 3/18/19 for therapy. Pt is scheduled to f/u w/ wound care center in 10-12 days. Denies CP, SOB, wheezing, palpitations, loss of appetite, fever, chills, HA, dizziness, LOC, syncope or recent travel.
As discussed, this would be strengthened by starting the story where it started – with the baseline condition (and how he was spinal cord injured) of the patient →why admitted to NYU→what was observed/found/done there→why transferred to Gouverneur and what is to be done there. Then go on to update how the patient is feeling/doing when you see him.

ADVANCE DIRECTIVE – discussed with the patient and family: FULL CODE

PMHx/PSHx
- GSW (1/22/1967)
- HTN
- Hyperthyroidism
- Lumbar surgical wound fluid collection
- Osteomyelitis (T11-12)
- Paraplegia following spinal cord injury (1967) **secondary to gunshot wound (would like to include the level of the spinal cord injury)**
- Sacral pressure ulcer
- Spinal fusion (2001) **which segments if known**
- Spine surgery (1967)
- Retained metal fragment **would also want to know where this is if known**
- Wheelchair bound **"wheelchair user"**
- Laparoscopic colostomy (3/7/2019)
- Debridement (3/11/19) **of what?**
- Flap Surgery (3/11/19) **ditto**
- IR abscess drainage deep soft tissue (1/15/19 & 1/16/19)
- IR abscess drainage retroperitoneal (2/28/18)

Childhood illnesses

- Chicken pox at age 5
- Denies other illnesses

Immunizations

- PPD – refused **As discussed, would like to know a little more about his TB exposure – can be in the ROS**
- Influenza – given by PCP on 11/2018
- Pneumococcus – refused
- Tdap - 9/14/2017

Medications

- Heparin 5,000 unit/mL injection (inject 1 ml into the skin q12h) for DVT ppx
- Vancomycin 750 mg in NaCl 0.9 % 250 mL via IVPB (750 mg IV q12h) for osteomyelitis
- Meropenem 1g in NaCl 0.9 % 100 mL via IVPB (1 g IV q8h for 40 days) for osteomyelitis
- Ascorbic acid (vitamin C) 1000 mg tab (1 tab PO QD) for wound healing
- Clotrimazole-betamethasone 1-0.05 % cream for wound care
- Methimazole 5 mg tablet (half a tab QD) for hyperthyroidism
- Methimazole 5 mg tablet (half a tab PO QD for 30 days) for hyperthyroidism **unclear if this is a repeat**
- Amlodipine 2.5 mg tab (1 tab PO QD) for HTN
- Metoprolol 25 mg XL tab (25 mg PO QD) for HTN
- Aspirin 81 mg EC tab (1 tab PO QD) for CAD
- Ferrous sulfate 325 mg (65 mg iron) EC tab (325 mg PO QD) for anemia
- Vitamin B-12 oral (PO) for anemia
- Cholecalciferol 400-unit tab (1 tab PO QD) for dietary supplementation
- Zinc sulfate 220 50 mg capsule (1 cap PO QD) for dietary supplementation

Allergies

- Metamucil – nausea/vomiting **(not an allergy – rather this is a "sensitivity")**
- No environmental or food allergies

Family History

Mother → died from natural causes, 89
Father → died from natural causes, 93
Brother → alive and well, 65
Grandfather (maternal) → pt doesn't know
Grandmother (maternal) → pt doesn't know
Grandfather (paternal) → pt doesn't know
Grandmother (paternal) → pt doesn't know

Social History

- Pt was born in Haiti. He is a single male, lives alone in an elevated apartment building. He has 8 hrs x 7 days of HHA services at home. He is Catholic and is sometimes actively involved with religious activities.
- Occupation – is currently employed as a producer/musician.
- Habits – has hx of smoking (cannot recall for how long or how many cigarettes/day), denies hx of drug or alcohol abuse.
- Education – self-taught.
- Diet – Claims to follow a healthy diet consisting of fruits and vegetables, and which is also low in fiber.
- Exercise – upper body weight lifting exercises.
- Safety measures – admits to wearing a seatbelt.
- Sexual hx – denies current sexual activity of hx of STIs.

ROS

General

- denies recent weight loss or gain, loss of appetite, generalized weakness/fatigue, fever or chills, or night sweats

Skin, hair and nails
- denies change in texture, excessive dryness or sweating, discolorations, pigmentations, moles/rashes, pruritus, or changes in hair distribution

Head
- denies HA, vertigo, or head trauma

Eyes
- denies visual disturbance, lacrimation, photophobia, pruritus, glasses/contact use

Ears
- denies deafness, pain, discharge, tinnitus, or use of hearing aids

Nose/Sinuses
- denies congestion, rhinorrhea, epistaxis or obstruction

Mouth and throat
- denies bleeding gums, sore tongue, sore throat, mouth ulcers, or voice changes; **wears upper and lower dentures**

Neck
- denies localized swelling/lumps, or stiffness/decreased range of motion

Breast
- denies lumps or pain

Pulmonary System
- denies SOB, DOE, orthopnea, cough, wheezing, hemoptysis, cyanosis, or PND

Cardiovascular System
- denies CP, palpitations, HTN, irregular heartbeat, edema/swelling of ankles or feet, syncope or known heart murmur

Gastrointestinal System
- denies change in appetite, intolerance to specific foods, nausea, vomiting, dysphagia, pyrosis, flatulence, eructations, abdominal pain, abdominal distention constipation, diarrhea, change in bowel habit, hemorrhoids, or melena

Genitourinary System
- **incontinent of bladder due to paraplegia would like to know how this is managed (catheter, condom cath, etc.)**

Nervous System
- denies HA, seizures, loss of consciousness, sensory disturbances, ataxia, loss of strength, change in cognition/mental status/memory, or weakness

Musculoskeletal System
- denies deformity/swelling, redness, or arthritis

Peripheral Vascular System
- denies intermittent claudication, coldness or trophic changes, varicose veins, peripheral edema, or color change

Hematologic System
- denies easy bruising or bleeding, hx of blood transfusions, lymph node enlargement, or history of DVT/PE

Endocrine System
- denies polyuria/polydipsia/polyphagia, heat or cold intolerance, goiter, excessive sweating, or hirsutism

Psychiatric
- denies anxiety, depression/sadness, obsessive/compulsive disorder, or seeing a mental health professional

Physical Exam

Pt is AOx3, his decisional making capacity appears to be independent, can make his needs known and establish his plan of care. Looks stated age, appears malnourished w/ appropriate hygiene. He is cooperative, presents with appropriate mood and affect and is cooperative. Does not appear to be currently in distress.

Vitals

BP → 143/73
HR → 90 beats/min, regular
RR → 20 breaths/min, unlabored
Temp → 97.8 F (oral)
SpO2 → 100% (room air)
Height → 5'8 feet
Weight → 112.2 lbs
BMI → 17.1

HEENT

Skin

- warm and dry, nonicteric, moderate turgor
- **R UE double lumen PICC (no s/sx of bleeding/infection)** **where more precisely**
- **Bruising on UE b/l** **location**
- **Healed puncture wound on R lower chest w/ sterile strips and mid abd** **location more precisely**
- **Healed surgical site on mid upper back** **same comment**
- **Soft tissue bump w/ staples on mid lower back** **Did you mean to say bump or lump? What's the medical term for this?**
- **Lower back w/ extension to sacral and anal area surgical site w/ staples** **landmarks**
- **Surgical wound w/ stitches around anal area (w/ serous scant amount of sanguineous drainage)**
- **JP drain on R hip** **same**
- **Discoloration on LE b/l** **same**

Hair

average quantity and distribution

Nails

no clubbing, capillary refill <2 sec throughout

Head

normocephalic, atraumatic, non-tender to palpation throughout

Eyes

symmetrical OU, no evidence of strabismus/exophthalmos/ptosis, sclera white, **conjunctiva & cornea slightly cloudy**, visual fields full OU, PERRL, EOMs full with no nystagmus **How can you distinguish between corneal and conjunctival cloudiness?**

Ears

symmetrical and normal size, no evidence of lesions/masses/trauma on external ears, no discharge/foreign bodies in external auditory canals AU, TM's pearly white/intact with light reflex in normal position AU

Nose

symmetrical, no obvious masses/lesions/deformities/trauma/discharge, nares patent bilaterally/nasal mucosa pink & well hydrated, no discharge noted on anterior rhinoscopy, septum midline without lesions/deformities/injection/perforation, no evidence of foreign bodies

Sinuses

non-tender to palpation and percussion over bilateral frontal, ethmoid and maxillary sinuses

Lips

pink, moist, no evidence of cyanosis/lesions, non-tender to palpation

Mucosa

pink, well hydrated, no masses/lesions noted, non-tender to palpation, no evidence of leukoplakia

Palate

pink, well hydrated, palate intact with no lesions/masses/scars, non-tender to palpation

Teeth

Wears upper and lower dentures **Can combine lips, mucosa, palate, gingivae, tongue, oropharynx, teeth into one topic – comment only once on the mucosa and hydration, will want to note lesions and teeth specifically**

Gingivae

pink, moist, no evidence of hyperplasia/masses/lesions/erythema or discharge, non-tender to palpation

Tongue

pink, well papillated, no masses/lesions/deviation noted, non-tender to palpation

Oropharynx

well hydrated, no evidence of exudate/masses/lesions/foreign bodies, tonsils present with no evidence of injection or exudate, uvula pink, no edema/lesions

Neck

trachea midline, no masses/lesions/scars/pulsations noted, supple, non-tender to palpation, full ROM, no stridor noted, 2+ carotid pulses, no thrills/bruits noted bilaterally, no palpable adenopathy noted

Thyroid

non-tender, no palpable masses, no thyromegaly

Chest

symmetrical, no deformities/evidence of trauma, respirations unlabored/no paradoxic respirations or use of accessory muscles noted, Lat to AP diameter 2:1, non-tender to palpation

Lungs

clear to auscultation and percussion bilaterally, chest expansion and diaphragmatic excursion symmetrical, tactile fremitus intact throughout, no adventitious sounds

Heart

JVP is <3cm above the sternal angle with the head of the bed at 30°, PMI in 5th ICS in mid-clavicular line, carotid pulses are 2+ bilaterally without bruits, S1/S2 are normal, no murmurs/extra heart sounds

Abdomen

Colostomy on LLQ (site clean & free of infection); flat, symmetrical, no evidence of striae/caput medusae/abnormal pulsations/masses/scars, BS present in all 4 quadrants, no bruits noted over aortic/renal/iliac/femoral arteries, no evidence of organomegaly, no evidence of guarding/rebound/CVA tenderness

Peripheral Vascular

Skin normal in color and warm to touch upper and lower extremities bilaterally. No cyanosis, clubbing/edema noted bilaterally. **Pt is paraplegic and is wheelchair bound.**

Mental Status

Alert and oriented to person, place and time. Memory and attention intact. Receptive and expressive abilities intact. Thought coherent. No dysarthria, dysphonia or aphasia noted.

Cranial Nerves

I - Intact no anosmia.

II- VA 20/20 bilaterally. Visual fields by confrontation full. Fundoscopic + red light reflex OS/OD, discs yellow with sharp margins. No AV nicking, hemorrhages or papilledema noted.

III-IV-VI- PERRL, EOM intact without nystagmus.

V- Facial sensation intact, strength good. Corneal reflex intact bilaterally. **As noted, this last is usually only done to confirm death.**

VII- Facial movements symmetrical and without weakness.

VIII- Hearing grossly intact to whispered voice bilaterally. Weber midline. Rinne AC>BC.

IX-X-XII- Swallowing and gag reflex intact. Uvula elevates midline. Tongue movement intact.

XI- Shoulder shrug intact. Sternocleidomastoid and trapezius muscles strong.

Motor/Cerebellar

Full active/passive ROM of UE without rigidity or spasticity b/l. **Pt is paraplegic and is wheelchair bound – gate (gait) not assessed. Normal muscle bulk and tone of UE b/l, atrophy of LE b/l.** No tics, tremors or fasciculations. No Pronator Drift.

Sensory

Intact to light touch, sharp/dull, vibratory, proprioception, point localization, extinction, stereognosis and graphesthesia testing bilaterally to UE and above the waist.

Reflexes	R	L		R	L
Brachioradialis	2+	2+	Patellar	not performed	
Triceps	2+	2+	Achilles	not performed	
Biceps	2+	2+	Babinskineg	not performed	
Abdominal	unable to elicit		Clonus	not performed	

Need more detail here – this is an area of principle concern so need to know about reflexes, strength, Babinski, Clonus. This is how you would clinically determine the level of the lesion and has consequences for rehab planning.

Meningeal Signs

No nuchal rigidity noted. Brudzinski's and Kernig's signs negative. **Wouldn't normally include these in an afebrile adult. Relevant again when you get to peds and have a febrile patient.**

Musculoskeletal system

UE - No soft tissue swelling, erythema, ecchymosis, atrophy, or deformities, non-tender to palpation, no crepitus, FROM

LE – atrophy b/l

<u>Pertinent Diagnostic Studies (laboratory, imaging)</u>

3/19/19

- CBC w/ differential

- WBC count (10.2 ↑) **As mentioned, it's good to frame it as high/low, but also give the value for abnormals**
- RBC count (3.45 ↓)
- Hemoglobin (8.3 ↓)
- Hematocrit (26.8 ↓)
- MVC (77.7↓)
- MCHC (31.0 ↓)
- RDW-CV (25.9 ↑)
- RDW-SD (71.1 ↑)
- Lymphocytes % (14 ↓)

- Monocytes % (14 ↑) **This is pretty far out of range. Not sure it's significant, but worth thinking about**
- Granulocytes (2 ↑) **I suspect a typo here – should be higher and total doesn't equal 100**
- Absolute monocytes (1.4 ↑)
- Immature granulocytes (0.2 ↑)

- BMP
  - BUN (31 ↑) **Need creatinine and sodium to assess the meaning of this (ask me about this if it's not clear why)**
  - Glucose (188 ↑)
- CRP (53.4 ↑)
- Hepatic panel
  - Total protein (6.4 ↓)
  - Albumin (2.4 ↓)
- Sacral bone culture
  - Rare Pseudomonas aeruginosa
  - Rare Staphylococcus epidermidis
  - Rare Enterococcus faecalis Group D

Assessment/Plan

Patient is a 72 y/o M w/ PMHx of paraplegia s/p spinal cord injury, HTN, hyperthyroidism, osteomyelitis, sacral pressure ulcer, and spinal fusion admitted to Gouverneur Skilled Nursing Facility s/p sacral wound debridement and flap closure as well as lumbar soft tissue mass biopsy w/ closure. Pt presents with significant functional limitations of ADLs, mobility, ambulation and endurance and is admitted to Gouverneur SNF to best restore functional status and independence.

1. Fall and Safety precaution in places
   - Bed exit and personal arm in place

2. Continue Daily Multidisciplinary rehabilitation
   - Monitor pt, V/S, assist with ADLs, and ambulation
   - Pressure ulcer prevention: pressure reducing device for chair and bed; turning/repositioning program
   - Fall precaution
   - Aspiration precaution
   - Use Bell for safety and help when needed - keep within reach
   - Bed at lowest position
   - Anticipate and meet pt needs
   - As per surgeon's directions, pt is to stay in bed for 3 weeks from day of surgery; can roll side to side to avoid pressure on tenuous closure area adjacent to his anus

3. DVT prophylaxis
   - Continue stable supportive management
   - Continue heparin as above

4. Wound care
   - Clean w/ betadine, cover with Xeroform and then Telfa dressing
   - Change QD and prn
   - Monitor for healing/infection/dehiscence

5. Osteomyelitis
   - Continue meropenem, vancomycin and clotrimazole-betamethasone cream
   - Check CRP, ESR and alkaline phosphatase weekly

6. Malnutrition
   - Ensure Enlive 240 mL daily
   - Pro-Stat 30 mL PO BID

7. PICC line precautions
   - Flush PICC line w/ 10 mL saline flush before and after each medication administration

8. HTN
   - continue amlodipine and metoprolol with periodic BP measurements

9. Hyperthyroidism
   - continue methimazole as above
   - check TSH levels weekly
   - Order U/S every 6 months

As discussed, need more actual assessment – how is he doing in each of these areas above? What else, if anything, remains to be determined/ruled out?

Patient Education/Follow-up care

These are your follow up appointments:

Neurosurgery, Spine (to schedule)
Donato Pacione, MD
530 1st Ave, Suite 8R
New York, NY 10016
212-263-5525

Plastic Surgery, General
Ernest S Chiu, MD
240 East 38th St, 13th Floor
New York, NY 10016
212-598-6500

Would also be important to include any wound care or other self-care procedures that would be required at home (might be done by someone else and the patient ed part might be done by the nursing team – but you would want to note that it will be/has been done)

We will help you schedule any appointments that are not yet scheduled and will arrange for proper transportation.

As per your surgeon, you should stay in bed for 3 weeks from day of surgery. However, you can roll side to side.

Continue your medications as directed for your ongoing medical problems such as hypertension and hyperthyroidism.

You were also prescribed new medications for a bone infection known as osteomyelitis.

Additionally, we are starting you on some nutritional supplementation because according to your body mass index you are underweight.