Gagandeep Munday H&P#2 Long Term Care

Identifying Data:

Full Name: EC
Address: Flushing, NY
Date of Birth: X/XX/1946
Date & Time: 7/14/2021 at 10:30 AM
Location: NYHQ IM 6N, Queens, NY

Religion: Non-religious
Source of Information: Self
Reliability: Reliable
Source of Referral: Self
Mode of Transport: Walked in

Chief Complaint: Fever, abdominal pain, and blood in urine. Admission to New York Presbyterian Queens 6-North.

HPI: EC is a 75-year-old english speaking Asian Female living at home with family, independent in bathing, dressing, transferring, toileting, eating, ambulatory with PMH of DM1, renal stones, h/o TURBT, alert and oriented x3. She was brought in by family to New York Presbyterian Queens ED on 7/12/21 out of concern for fever, chills, and abdominal pain for 2 days. On arrival to ED, EC was febrile at 101.5F and was noted to have hematuria. Patient endorsed having hematuria for 9 days prior to arrival to ED which worsened with blood clots in urine as of 6 days ago.

Initial ED labs and diagnostics revealed that her hgb was 6.4, CT of abdomen revealed irregular colonic wall thickening and possible bladder mass, UA showed hematuria and presence of leukocytes and UC indicated extended spectrum beta lactamase E. Coli. Was admitted for UTI and anemia secondary to hematuria. Was started on meropenem 1g IV and given 1 unit PRBC. O2 was 92% upon ED arrival, patient was started on 3L/min O2 via NC, went up to 96%.

Patient currently endorses hematuria with clots and loss of appetite. As per nurse, the patient has not been enjoying the food that is being served to her during her stay. Patient denies abdominal pain, nausea, vomiting, diarrhea, constipation, flatulence, eructations, dysuria, incontinence, urinary frequency, urinary urgency, flank pain, oliguria, polyuria, chills, fever, fatigue, dizziness, chest pain, shortness of breath, trauma, or recent falls.

PMH: DM1, renal stones
PSH: Trans urethral resection of bladder tumour Feb 2019 in China, does not recall hospital.
Denies h/o any other surgeries.

Medications:

- Insulin lispro, 1-4 units, subcutaneous, TID, WC for DM1

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Allergies: No known drug allergies, environmental allergies, or food allergies

Social History:
EC lives in a house with her husband, daughter, son, son-in-law and her grandchildren. She is able to ambulate and transfer on her own, however sometimes she requires the help of her aide and family members if she feels unsteady. She does not have guardrails on her bed at home. Patient's daughter states that her mother is able to take care of and feed herself. Patient is still willing to help cook in the kitchen. Daughter is a homemaker and is able to keep an eye out on her mother. She does not wish to place her in a nursing home.

ADLs: independent in all
IADLS: independent in all

Visual Impairment: None
Hearing impairment: None
Falls in the past year: None
Assistive devices used: None
Gait Impairment: None
Urinary incontinence: None
Fecal incontinence: None
Osteoporosis: None
Cognitive Impairment: None

Depression: None
Home safety issues: None
Health Care Proxy: Yes – daughter
Advance directives: full code

Denies current or past smoking history. Denies EtOH use. Denies illicit drug use. Denies any history of STDs.

Family History:
Mother, Deceased, Unknown PMH
Father, Deceased, Unknown PMH
Daughter, Alive 42, DM1, HTN

Review of Systems

General: **Endorses loss of appetite, fever, and chills**. Denies increased weakness, night sweats, noticeable change in fatigue, weight loss.

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Skin, Hair, Nails: Denies change in texture, excessive dryness or sweating, discolorations, pigmentations, moles, rashes, pruritus, change in hair distribution.
Head: Denies headache, trauma, unconsciousness, coma, fracture, vertigo.
Eyes: Denies corrective lenses, visual disturbances, fatigue, photophobia, pruritus, lacrimation, Last Eye Exam: patient unable to recall.
Ears: Denies deafness, pain, discharge, tinnitus, hearing aids
Nose/Sinuses: Denies discharge, epistaxis, obstruction, rhinorrhea
Mouth/Throat: Denies bleeding gums, sore tongue, sore throat, mouth ulcers, voice changes, dentures, Last Dental Exam: patient unable to recall
Neck: Denies lumps, swelling, stiffness, decreased range of motion
Breast : Denies lumps, nipple discharge, pain, last mammogram: patient unable to recall
Respiratory: Denies wheezing, hemoptysis, cyanosis, dyspnea, shortness of breath, cough, paroxysmal nocturnal dyspnea
Cardiovascular: Denies palpitations, chest pain, irregular heartbeat, edema, syncope, known heart murmur
Gastrointestinal: **Admits to abdominal pain**. Denies change in appetite, intolerance to specific foods, nausea, vomiting, dysphagia, pyrosis, flatulence, eructations, diarrhea, hemorrhoids, constipation, change in stool caliber, blood in stool
Genitourinary: **Admits to hematuria**. Denies change in frequency, urgency, nocturia, polyuria, oliguria, dysuria, change in urine color, incontinence, flank pain
Musculoskeletal: Denies deformity, pain, weakness, redness.
Peripheral Vascular: Denies intermittent claudication, coldness or trophic changes, varicose veins, peripheral edema, color change.
Hematologic: Denies anemia, easy bruising/bleeding, lymph node enlargement, history of DVT/PE.
Endocrine: Denies polyuria, polydipsia, polyphagia, heat or cold intolerance, goiter, hirsutism.
Neurologic: Denies seizures, loss of consciousness, sensory disturbances, paresthesia, dysesthesia, hyperesthesia, ataxia, loss of strength, change in mental status, memory loss, asymmetric weakness.
Psychiatric: Denies feelings of helplessness, feelings of hopelessness, lack of interest in usual activities, suicidal ideation, anxiety.

Physical Exam

Vital Signs :
T 37.0C || BP 118/65 || P 78bpm || RR 16 breaths/min || SpO2 96% on 3L/min NC || BMI 21.5

General: 75yo female, appears younger than stated age, A/O x3. Resting comfortably in semi fowlers position in hospital bed in no acute distress. Non-toxic appearing

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Skin: Warm and moist, good turgor. Nonicteric. No lesions, no tattoos.

Head: Normocephalic, atraumatic. Nontender to palpation throughout.

Eyes: PERRL. No conjunctival injection, pallor, or scleral icterus. EOMS full.

Neck: Trachea midline. No masses, lesions, scars. Supple, nontender to palpation. Full range of motion. No palpable lymphadenopathy.

Chest: Symmetrical. No deformities. No paradoxical respirations or accessory muscle use. Respirations unlabored. LAT to AP diameter 2:1. Nontender to palpation.

Lungs: Resonant to percussion throughout. Clear to auscultation bilaterally. No wheezing, rhonchi, or rales.

Cardiovascular: S1 and S2 normal. Regular rate and rhythm. No S3, S4, splitting of heart sounds, murmurs, rubs.

Abdomen: No surgical scars. Non-distended. No striae, caput medusa, or abdominal pulsations. Bowel sounds present in all four quadrants. No bruits over aortic/renal/iliac/femoral arteries. Tympanic throughout. ***Tenderness to palpation in suprapubic region, otherwise non tender in other areas*.** No masses, no guarding or rebound tenderness noted, no CVA tenderness appreciated. No hepatosplenomegaly. Negative Murphy's sign.

Extremities/Peripheral Vascular: Bilateral upper and lower extremities symmetric in color, size, and temperature. Radial and brachial pulses are 2+ bilaterally in upper extremities. DP/PT +2 bilaterally. No clubbing, cyanosis, stasis changes or ulcerations in bilateral upper and lower extremities. No edema, warmth, or purulent drainage. Negative homans sign.

Neurologic: Patellar and Achilles reflexes 2+ in bilateral lower extremities. Light touch, deep touch, pain, temperature sensation equivalent in bilateral upper/lower extremities. Strength 4/5 in bilateral upper/lower extremities.

MSK: Full passive and active range of motion in shoulders, elbows, wrists, hips, knees, and ankles. Patient was able to stand and ambulate without any noticeable gait abnormality.

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Rectal: No masses, tenderness, external hemorrhoids, skin tags, ulcers, sinus tracts, anal fissures, inflammation or excoriations. Good anal sphincter tone. Rectovaginal wall intact. Trace brown stool present in vault. FOB negative.

GU: Patient declined.

Labs, Imaging, Diagnostics

Labs:

- CBC: WBC/Hgb/Hct/Plts = 10.74/**7.2**/**24.5**/183
- Na - 139
- K - 3.9
- Cl - 107
- CO2/HCO3 - 23
- BUN - 17.4
- Cr - 1.18
- Glucose - **199**
- AST/ALT <5/7

I/O: In: 0, Out: 2800 mL
UA: hematuria and presence of leukocytes
UC: extended spectrum beta lactamase E. Coli
FOBT: Negative
CT ABD/PELVIS:

- Exophytic enhancing matter bladder mass along the posterior left bladder wall measuring 4.3 cm x 3.8 cm x 4.8 cm.
- Irregular colonic wall thickening noted within the proximal transverse colon

Assessment:

EC is a 75-year-old english speaking Asian Female with PMH of DM1, renal stones, s/p TURBT Feb 2019, alert and oriented x3, independent in ADLs and IADLs. She was brought in by family to New York Presbyterian Queens ED on 7/12/21 out of concern for fever, chills, and abdominal pain for 2 days. On arrival to ED, EC was febrile at 101.5F and was noted to have hematuria with clots. Was admitted after diagnostics revealed that the patient had a bladder mass on CT, was anemic, and also with a UTI 2/2 ESBL E. Coli. Patient currently endorses hematuria with clots and loss of appetite. Patient denies abdominal pain and fever at this time. Current labs indicate anemia. FOBT was negative. CT abdomen and pelvis indicated possible bladder mass and irregular colonic wall thickening. Likely cystitis and anemia secondary to hematuria, with possible bladder neoplasm and possible colon neoplasm.

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DDx for hematuria:

- Transitional cell carcinoma
- Vascular lesions or malformations
- Urethral stricture

DDx for irregular colonic wall thickening

- Likely neoplasm
- Granulomatous disease

DDx for bladder mass

- NMBIC
- MBIC

#Cystitis

- Suprapublic abdominal tenderness at presentation, no abdominal pain at this time
- UA showed hematuria and presence of leukocytes
- UC indicating growth of ESBL E. Coli
- Consulted ID
    - Continue with meropenem 1g IV, Q12 hrs for 7-10 days
    - Monitor urine cultures
    - Blood cultures x2 for possible septicemia

#Anemia 2/2 hematuria

- Hgb 6.4, after 1 unit PRBC, Hgb was 7.2
- CT abd/pelvis indicates bladder mass, and irregular colonic wall thickening
- Hold anticoagulant
- Consult urology regarding bladder mass
    - Recommended
        - S/P TURBT
        - Recommend cystoscopy/TURBT and CBI
- Consult GI for colonic wall thickening
    - Recommended possible colonoscopy, place patient pantoprazole 40 mg IV daily for now
    - Recommended getting iron profile
    - FOBT negative

#DM1

- Insulin lispro, 1-4 units, Subcutaneous, TID WC

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#Lack of appetite

- Speak with patient and daughter about food options that she might enjoy
- Consult nutrition about better food options

Nutrition: low carb diet, 60 gm/meal

Code Status: Full

Disposition: Patient will require further evaluation of possible bladder neoplasm, discuss possibility of colonoscopy to investigate possible colon cancer. Biopsies would be needed. As per ID, the patient needs to complete 7-10 days of meropenem.