

H 4 P

Jan 30th, 2018 9:00 AM ✓

Internal Medicine

Identification:

Name: N. C

Sex: M

Race: white

Age: 32

Marital status: Single

Religion: Catholic

Informant:

Self, reliable

Referral Source:

Hematology oncologist, Dr. Fillos

CC:

"I come here for chemotherapy for lymphoma." x 6 months ✓

HPI:

32 y/o male with ^{as pathx of} Stage 3 Burkitt's lymphoma (right chest chemo port and ommaya reservoir) was admitted to the hospital one week ago for the 5th cycle of chemotherapy. He was diagnosed with lymphoma 6 months ago. He completed cycle 4 of chem 4 weeks ago. He also complains of intermittent right lateral foot pain and chronic numbness, and also has continuous fatigue from the chemo. The right foot pain was 10/10 before the chemo, and relieved to 3/10 after the chemo. Taking morphine tablet 30mg also helps to alleviate his chronic right foot pain, and stretching helps with right foot numbness. He admits night sweats, weakness, loss of appetite, and recent weight loss of 20 lbs. He denies fever, chills, anemia, easy bruising/bleeding, lymph node enlargement, history of DVT/PE.

Past Medical History:

Seizure, 4-years-old
Complete childhood immunization ✓
Denies ^{last} flu shot and last pneumonia shot

Past Surgical Procedure:

Ommaya reservoir, 9/2017
Right chest chemo port, 9/2017
Blood transfusion, 2017 ✓
Pelate transfusion, 2017 ✓

Medication

Nystatin Oral Susp 5mL Oral q4h ✓
Valacyclovir Oral 500mL Daily
Gabapentin Cap 900mg Oral bedtime
Gabapentin Tab 600mg Oral q12h
heparin Inj 5000 unit Subcutaneous bid
Cytarabine Inj Intrathecal 70mg - once
Tbo-Filgrastim Inj 480 microgram Subcutaneous Bedtime 9pm
Vincristine Inj 2mg IV Piggyback q7 days
Famotidine Oral 20mg bid
Chlorhexidine Gluconate Oral Soln 15mL Gargle bid
Sulfamethoxazole / Trimethoprim DS 1 tablet Oral Daily
Acetaminophen Tab 650mg Oral q4h
Alprazolam Oral 0.5mg Oral q12h
diphenhydramine Inj 50mg IV push q4h
Morphine Sulfate Immed Release Tab 30mg Oral q6h.
Prochlorperazine Inj 10mg IV q6h

Allergy:

Pollen: sneezing, runny nose, watery eye, coughing ✓
Denies food / drug allergy.

Family History:

M. grandmother: died, age unknown, stroke
M. grandfather: died, age unknown, diabetes
P. grandmother: died, age and cause unknown.
P. grandfather: died, age and cause unknown ✓
Father: 77, alive and healthy
Mother: 67, alive, arthritis
Older sister: 42, alive and healthy
Son: 12, alive and healthy

Social History

Patient denies past and present use of alcohol, smoking, and drug.
He drinks coffee occasionally. He is a student, and lives with his family. He denies recent traveling. He has a regular daily diet which contains milk, egg, chicken, and vegetable.
He has 6 hours of sleep every day. He tries to exercise, but has limitation due to illness. ✓

ROS:

General:

^{lymph} denies see HPI

Skin, hair, nails:

denies changes in texture, excessive dryness/sweating, discoloration, pigmentation, moles/rashes, pruritus
admit changes in hair distribution (loss of hair) ✓

Head

denies headache, vertigo, head trauma, unconsciousness, coma, fracture

Eyes

denies contacts, glasses, visual disturbance, fatigue, lachrimation, photophobia, pruritus, last eye exam. normal?

Ears

denies deafness, pain, discharge, tinnitus, hearing aids ^{use of}

Nose/Sinuses

denies discharge, epistaxis, obstruction

Mouth/Throat

admits sore throat

denies bleeding gum, sore tongue, mouth ulcers, voice changes, dentures, last dental exam ^{was?}

Neck

denies localized swelling/lumps, stiffness/decreased range of motion

Pulmonary

denies dyspnea, SOB, cough, wheezing, hemoptysis, cyanosis,

Orthopnea, PND

Cardiovascular System

denies chest pain, HTN, palpitations, irregular heartbeat, edema/swelling of ankles or feet, syncope, known heart murmur

GI:

admits loss of appetite, nausea and vomiting

denies intolerance to specific food, dysphagia, pyrosis, flatulence, eructation, abdominal pain, diarrhea, jaundice, change in bowel habits, hemorrhoids, constipation, rectal bleeding, blood in stool, stool guaiac/ colonoscopy/ sigmoidoscopy, pain in flank.

Genitourinary

admits frequency 4x per day, color of urine (yellow),

denies incontinence, dysuria, nocturia, urgency, oliguria, polyuria,

Last prostate exam/PSA, hesitancy, dribbling,

Sexual history : admits sexually active with women

denies impotence, anorgasmia, STIs, contraceptives.

Musculoskeletal System

admits muscle/joint pain

denies deformity/swelling, redness, arthritis

Peripheral Vascular System

denies intermittent claudication, coldness of trophic changes, varicose veins, peripheral edema, color change

Hematological System

See HPI

Endocrine:

denies polyuria, polydipsia, polyphagia, heat/cold intolerance, gaster, hirsutism

* Green is assumed to be normal

Nervous System:

admits numbness of right foot, weakness
denies seizure, loss consciousness, Pa^{LM} ataxia, loss of strength,
change in cognition/mental status/memory

Psychiatric:

admits depression/sadness ✓
denies feeling^{cum} of lack of interest in usual activities,
suicidal ideation, anxiety, OCD, seeing a mental health
professional, medications.

General Survey

32 y/o female, A/O x 3, medium build, good posture,
wellness and groom, looks like his stated age,
does not appeared to be distressed.

vital signs

BP: 100/56, ^{need 2} undrained? position? Weight: 160 lb
RR: 16 breaths per min, ^{unlab} based Height: 5' 7"
HR: 78 bpm, RRR BMI: 25.1
T: 98.06 ^F oral
O₂: 97% room air?

Skin: warm, moist, good turgor, nonicteric, no lesions/scars/tattoos. ✓

Hair: bald, with ommaya reservoir implanted under scalp.

Nails: no clubbing, capillary C 2 throughout

Head: N/A/T, non tender to palpate throughout, ommaya
reservoir at right parietal.

Eyes: symmetrical OU | no strabismus, exophthalmus or
ptosis | sclera, white conjunctiva and cornea clear. ✓
visual acuity (uncorrected - 20/20 OS, 20/20 OD, 20/20 OU)
visual fields full OU. PERRLA. EOMs full with no nystagmus
Fundoscopy - Red reflex intact OU. Cup: Disk < 1:2 OU |
no AV nicking | Papilledema | hemorrhage | exudate | cotton wool spots |
neovascularization OU.

Ears: Symmetrical and normal size. No lesions/masses/trauma on external ears. No discharge/foreign bodies in external auditory canals AU. TM's pearly white/intact w/ light reflex in normal position AU. Auditory acuity intact to whispered voice AU. Weber midline / Rinne reveals AC/BC AU.

Nose: Symmetrical/no 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 foreign bodies.

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

Lips: pink, moist, no cyanosis/lesions. Non-tender to palpation.

Mucosa: pink, well-hydrated. no masses/lesions. non-tender to palpate. no leukoplakia

Palate: pink, well-hydrated. Palate intact with no lesions/masses/scars. Non-tender to palpation. ~~continuity~~ intact.

Teeth: Good dentition/ no dental caries noted.

Gingival: pink, moist. No hyperplasia/masses/lesions/erythema/discharge. Non-tender to palpation

Tongue: pink, well-pinked. no mass, lesions, deviations noted. Non-tender to palpation.

Oropharynx: well hydrated. No injection/exudate/masses/lesions/foreign bodies. Tonsils present with no injection or exudate. Uvula pink, no edema/lesions

Neck: trachea midline. No masses/lesions/scars/pulsations. Supple, non-tender to palpation. No stridor noted.

2+ carotid pulse, no thrills. No palpable adenopathy noted

Thyroid: non-tender/no palpable masses/no thyromegaly. No bruits noted.

Chest: Symmetrical/no deformities/no trauma. Chemo port at right chest

Port?

Respirations unlabored / no paradoxical respirations or use of accessory muscle. LAT to AP diameter 2:1. non tender to palpation

Lung - clear to auscultation and percussion bilaterally. Chest expansion and diaphragmatic excursion symmetrical. Tracheal fremitus intact throughout. No adventitious sounds

Heart: JVP 2.5 cm above sternal angle with head of bed at 30°. PMI in 5th ICS in mid clavicular line. Carotid pulses 2+ bilaterally without bruits. S1 and S2 are normal. There are no murmurs or extra heart sounds.

Abdomen: Flat / symmetrical / no evidence of scar, striae, caput medusae or abnormal pulsation. BS present in all 4 quadrants. No bruits noted over aortic / renal / iliac / femoral arteries. Tympany to percussion throughout. Non-tender to percussion or to light / deep palpation. No evidence of organomegaly. No masses noted. No evidence of guarding or rebound tenderness. NO CVAT noted bilaterally.

✓

Assessment:

32 y/o male with stage 3 Burkitt's lymphoma was admitted for 5th cycle of chemo. He presents with fatigue/weakness, chronic right foot pain/numbness, night sweats, loss of appetite, and weight loss. Denies fever, chills, ~~anemia~~^{lym} anemia, easy bruising/bleeding, lymph node enlargement, history of DVT/PE. c/w complications of lymphoma?

Plan:

- ① Right foot pain/numbness: continue with morphine
- ② Lymphoma: 5th cycle of chemo, follow-up with uric acid level, monitor daily CBC
- ③ Fatigue/night sweats/loss of appetite and weight: continue with IV fluid, check vital sign q8h.

Differential Diagnosis

- 1 Acute Lymphoblastic Leukemia
- 2 Follicular Lymphoma
- 3 Diffuse Large cell Lymphoma
- 4 Mantle cell lymphoma
- 5 Wilms Tumor

97.50

②