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Office Visit Note

ElationEMR

Patient Name: Tom J. Rubens

D.O.B.: 01/03/1942; 72 yrs, 5 mo at the time of visit
Seen by Jane Hightower, M.D.

Date of Encounter: 06/11/2014

Exam Reason (CC): Office Visit: f/u hospitalization. Accompanied by Laura Brockwehl, DPA

Subjective

1. A 72-year-old gentleman who I have been seeing since 2008. He comes to me after having a rather recent unfortunately adventuresome medical history. Please see below
2. Patient has no complaints at this time
3. His state appointed trustee and durable power of attorney Laura Brockwehl is in attendance.

Allergy: No Known Drug Allergy

PMH:

- Adrenal adenoma. Followed by Dr. Karen Earle two to three times per year. At this time they are only watching for growth or activity through laboratory tests and ultrasounds
- Real insufficiency. This is greatly improved since earlier this year. In September had normal function
- Hemoglobin A-1 C's have been mildly elevated, but less than six
- Dysesthesias with water
- Vitamin D3 levels have been okay
- Chronic fatigue
- Alternative care with Dr. Cantwell
- Hypercholesterolemia
- Heart scan negative in 2007
- Dermatology is with Dr. Reese
- Chronic tremor
- Sleep study 2013 negative for apnea
- H/H as outpatient on 3/17/14 8.4 and 27.1.
- March 2013 prostate biopsies at UCSF under Dr Katsuto Shinohara showed atypical cells. Re-biopsy February 2014 showed several specimens to contain a high-grade prostatic intraepithelia neoplasia. He is currently being followed with PSA's.
- 5/30/14 upper endoscopy by Dr Lauren Gerson revealed a 4 cm distal esophageal mass, a 5 cm hiatal hernia, and 6mm bulbar ulceration.
- February 25, 2014 hospitalized at UCSF after sustaining loss of consciousness. The patient was found to have altered mental status, severe hypernatremia of 152, and sacral cellulitis. The patient's Hct went from 9.9 to 7.7 with a Hct of 23 during the hospital stay. A serum Fe was low at 33. Ultrasound of abd, CT head, chest X-ray, lumbar puncture were performed. Internal bleeding did not appear to be entertained when evaluating the records sent to me from UCSF. Curiously, he had symmetric wounds on his knees, tops of his feet, and large toes that looked like scrapes. Discharge Hct was 26.3.
- 3/19/14. Admit, CPMC for presyncope. The caregiver said the patient was crawling on the carpeted floor on his knees, unable to stand. The patient acutely decompensated in the emergency room, necessitating intubation. He suffered hemmorrhagic shock. Emergency upper endo revealed a duodenal ulcer eroding into the gastroduodenal artery. He subsequently underwent duodenal artery Embolization/IR coil. He required multiple endoscopies to stop further bleeding, and 12 units of PRBC's. Gastrin levels were normal. No history of NSAID use.

- Psychiatry is with Dr. Andrew Klompus. Patient has a long history of depression requiring many meds, ECT.
- Colonoscopy 2011 with Dr. Watts. He has a history of polyps and was told to get colonoscopy every two years
- Bone density 2014 osteopenia, -1.3.

PSH:
- Left hip fracture September 2013 from trauma. He was told to take antibiotics with any dentistry or chance of infection
- Tonsillectomy

FH:
- Mother 93. Alive and well and still tries her car in Illinois
- Father deceased 73 bladder cancer. He had an infant apparel business
- Brother 68 alive and well

SH:
- The patient is originally from Willamette Illinois. He's been in the bay area since 1970. He lives by his self and only live with a roommate for one year. He prefers to be alone. He's had intermittent relationships with women early in his 20s but has been leading a very quiet life since. Three years he has been unable to walk more than a half mile per day due to weakness. He went to college for one years studied at the Illinois Institute of technology then went to New York University for night school. He does have a stockbroker license in 1965 but did not work in the field. He is currently a webmaster for his neighborhood association. His hobbies are dancing and computers.
- Currently has been living in a physical rehab center and was appointed a trustee/DPA, Laura Brockwehl. He was deemed not competent to care for self during his last hospital admission.

Meds:
- *Doc'd New* Pantoprazole Sodium 40 mg Tab 1 tablet orally daily
- *Doc'd New* Brintellix 10 mg Tab 1 tablet orally daily
- *Doc'd New* Latuda 40 mg Tab 1 tablet orally daily with food
- *Doc'd New* Adrenogen Suppositories 3 tabs in a.m. and one tab at 12 noon
- *Doc'd New* Acetyl glutathione 100 mg One PO QD
- *Doc'd New* Ziprasidone 80 mg Cap One PO QD
- *Doc'd New* Terazosin 2 mg Cap 1 capsule orally daily
- *Doc'd New* TYLENOL 500 MG One PO QHS
- *Doc'd New* Natural calm magnesium citrate 1 teaspoon and water b.i.d.
- *Doc'd New* Lactulose 1 tablespoon b.i.d.
- *Doc'd New* Ferrous Sulfate 325 (65 Fe) MG Tab 1 tablet orally daily
- Acetyl glutathione 100 mg sig: One PO QD
- Adrenogen Suppositories sig: 3 tabs in a.m. and one tab at 12 noon
- Brintellix 10 mg Tab sig: 1 tablet orally daily
- Latuda 40 mg Tab sig: 1 tablet orally daily with food
- Pantoprazole Sodium 40 mg Tab sig: 1 tablet orally daily
- Terazosin 2 mg Cap sig: 1 capsule orally daily
- Ziprasidone 80 mg Cap sig: One PO QD
- Ferrous Sulfate 325 (65 Fe) MG Tab sig: 1 tablet orally daily
- Lactulose sig: 1 tablespoon b.i.d.
- Natural calm magnesium citrate sig: 1 teaspoon and water b.i.d.
- TYLENOL 500 MG sig: One PO QHS

ROS: GENERAL: The patient denies fever chills or night sweats. There's been no recent weight loss. Appetite and

energy are unremarkable.

DIET: The diet is healthy well-balanced

EYES: There is no diplopia or visual disturbances.

HENT: No difficulties with hearing. No sore throat or nasal complaints.

RESP: No shortness of breath, wheezing, or cough. There is no chest discomfort

CVS: There is no chest pain, palpitations, or leg edema. There is no claudication.

GI: There is no significant indigestion or heartburn. Bowels are regular. There is no rectal bleeding or melena.

GU: Occasional nocturia. There is no pain with urination. There is no hematuria.

MSS: There is no focal joint pain. There is no joint swelling or erythema. No back complaints.

NS: The patient denies weakness, numbness, or lack of coordination. No paresthesias.

SKIN: Without rashes or unusual moles.

HEMO: There is no significant bleeding or bruising.

ENDOC: Without polydipsia or polyuria. Temperature tolerance is normal.

PSYCH: Mood, attitude and sleep patterns are unremarkable

Objective

BP: 112/64 HR: 87 RR: 16 Wt: 154 lbs. [Was 142 lbs on 03/17/2014] BMI: 21.78 [Was 20.09 on 03/17/2014] O_2: 98

PE: flat affect

GENERAL: The patient is well-developed and in no acute distress. Behavior and mentation are appropriate.

EYES: Vision is grossly intact. The pupils are equal and reactive to light. Eyes move conjugately.

HENT: Normocephalic. Hearing was grossly intact. Tympanic membranes are clear. Mouth and throat reveal no abnormalities.

NECK: Supple without nodes or enlarged thyroid

RESP: Clear to auscultation and percussion

CVS: Regular rate and rhythm without murmur or gallop. There is no neck vein distention. Distal pulses are adequate. No carotid bruits.

ABDOM: Bowel sounds are present. There is no palpable mass, tenderness, or organomegaly.

GU: deferred

MSS: There are no joint deformities. Range of motion is grossly within normal limits. There is no edema. Back flexion is adequate.

NS: Motor exam reveals symmetrical strength. There are no sensory abnormalities. Gait is normal. There is a fine tremor, without change.

SKIN: There are no suspicious lesions, rashes, or bruises.

LYMPH: No enlarged lymph nodes or splenomegaly.

PSYCH: No evidence of disordered thought process. Memory seems appropriate.

RECTAL: Per GI

Data:
- TdaP 2010
- Pneumovax 2006
- Hepatitis A vaccine 1998
- Hepatitis B vaccine 1998
- Polio vaccine 1997

- Shingles vaccine 2011

Assessment

1. Esophageal tumor

   The patient will be having surgery soon for removal. His was not told which surgeon to see. He is awaiting Dr. Gerson's referral

2. Prostate cancer

   Currently being followed at UCSF

3. G.I. bleed

   Laboratory tests today to assess stability

4. EKG today
5. His EKG and laughs are within normal limits he may proceed to surgery
6. The patient is also followed by Dr. Andrew Klompus for psychiatry.

Electronically signed by Jane Hightower, M.D. on 06/11/2014 2:36 pm in ElationEMR.