

ED Notes (continued)**Tobacco Use**

- Smoking status: Former
- Smokeless tobacco: Never
- Tobacco comments:
quit 6 yrs ago

Vaping Use

- Vaping status: Never Used

Substance Use Topics

- Alcohol use: Not Currently
- Drug use: Not Currently

Comment: prescribed medications

Medications

No current facility-administered medications for this encounter.

Current Outpatient Medications:

- Austedo 12 mg tablet, , Disp: , Rfl:
- Austedo 9 mg tablet, , Disp: , Rfl:
- benzotropine (COGENTIN) 1 mg tablet, Take 1 tablet (1 mg total) by mouth 2 (two) times a day if needed., Disp: , Rfl:
- buprenorphine (Butrans) 5 mcg/hour, Place 1 patch on the skin 1 (one) time per week., Disp: 4 patch, Rfl: 0
- buprenorphine-naloxone (SUBOXONE) 8-2 mg per SL tablet, Place 1 tablet under the tongue 1 (one) time each day. 2 mg tablet, Disp: , Rfl:
- cyanocobalamin (VITAMIN B-12) 1,000 mcg tablet, Take 1 tablet by mouth daily, Disp: 30 tablet, Rfl: 11
- diazepam (VALIUM) 2 mg tablet, Take 2.5 mg by mouth every 12 (twelve) hours if needed for anxiety. , Disp: , Rfl:
- divalproex (DEPAKOTE) 500 mg DR tablet, Take 2 tablets (1,000 mg total) by mouth every night at bedtime., Disp: , Rfl:
- HUMIRA PEN 40 mg/0.8 mL pen injector kit, Inject 0.8 mL (40 mg total) under the skin every 14 (fourteen) days., Disp: , Rfl:
- lamoTRigine (LaMICtal) 100 mg tablet, Take 2 tablets (200 mg total) by mouth., Disp: , Rfl:
- MEMANTINE 2.5 MG SPLIT TABLET (NAMENDA), Take 2 tablets (5 mg total) by mouth 2 (two) times a day., Disp: , Rfl:
- mirtazapine (REMERON) 15 mg tablet, , Disp: , Rfl:
- naloxone (NARCAN) 4 mg/0.1 mL nasal spray, Administer 1 spray into one nostril., Disp: , Rfl:
- PARoxetine (PAXIL) 40 mg tablet, Take 1 tablet (40 mg total) by mouth daily., Disp: , Rfl:
- polyethylene glycol (GLYCOLAX) 17 gram packet, Take 1 packet (17 g total) by mouth 1 (one) time each day. (Mixing Instructions: Dissolve and mix each packet/capful of 17 grams in 8 oz. of fluid.) -ok to convert to nearest bottle package size per formulary, Disp: 30 packet, Rfl: 1
- propranolol (INDERAL) 20 mg tablet, , Disp: , Rfl:
- QUetiapine (SEROquel) 100 mg tablet, Take 3 tablets (300 mg total) by mouth every night at bedtime., Disp: , Rfl:
- sennosides-docusate sodium (PERICOLACE) 8.6-50 mg per tablet, Take 2 tablets by mouth 2 (two) times a day., Disp: 6 tablet, Rfl: 0
- sennosides-docusate sodium (PERICOLACE) 8.6-50 mg per tablet, Take 1 tablet by mouth 1 (one) time each day., Disp: 30 tablet, Rfl: 11

Allergies

No Known Allergies

ED Notes (continued)

54 y.o. male past medical history of bipolar disorder, depression, hypertension, documented IBD, presenting to the ED for evaluation of persisting episode of constipation for what is reported to be 2 weeks. Patient reports he was seen at the ED earlier this month for similar symptoms; at that time reported to also have ongoing symptoms for approximately 2 weeks. Reports he has been trying multiple modalities at home to have regular bowel movements including use of PEG, senna, as well as increased hydration, 2 bottles of Mag citrate but has not had any stools. Is now having some nausea, but has no episodes of vomiting. Abdominal surgical history to include appendicitis but no other surgeries. Currently has no significant associated pain. Reports attempting to manually performs disimpaction at home past couple months but is now having trouble. Has no associated rectal bleeding, tenesmus, or intermittent diarrhea with any of the symptoms. Last colonoscopy/EGD in 9/2022 without any significant findings.

Review of Systems**Review of Systems**

HENT: Negative for congestion and sore throat.

Respiratory: Negative for shortness of breath.

Cardiovascular: Negative for chest pain.

Gastrointestinal: Positive for **constipation** and **nausea**. Negative for diarrhea and vomiting.

Genitourinary: Negative for difficulty urinating.

Musculoskeletal: Negative for back pain.

Neurological: Negative for dizziness, weakness and headaches.

Past Medical History**Past Medical History:**

Diagnosis Date

- Bipolar disorder (CMS/HCC)
- Cirrhosis (CMS/HCC)
- Depression
- Fibromyalgia
- History of transfusion
as an infant
- Hypertension
- IBD (inflammatory bowel disease)

Surgical History**Past Surgical History:**

Procedure	Laterality	Date
• APPENDECTOMY		

Family History

No family history on file.

Social History**Social History**



06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)

Patient as-of Visit (continued)

COVID-19	01/23/2022	—
COVID-19 virus infection	01/23/2022	—
Encounter for screening for COVID-19	06/30/2023	—
Fibromyositis	06/11/2013	—
Hypercholesterolemia	10/21/2013	—
Hypotension	01/23/2022	—
IBD (inflammatory bowel disease)	—	—
Iron deficiency	01/30/2022	—
Obstipation	06/30/2023	—
Other constipation	05/13/2021	—
Pain of upper abdomen	05/13/2021	—
Pelvic pain in male	10/04/2019	—
Psoriasis	01/02/2020	—

ED Notes

ED Notes by Echano, Frances Rosanna B, RN at 7/1/2023 0032

- > For admission.
- > with bed assignment, pt is going to room # 3214
- > last set of v/s taken and recorded
- > Called Med Surge to give report and accepted by Hope RN
- > Called transporter-aware.

Echano, Frances Rosanna B, RN

07/01/23 0033

Electronically signed by Echano, Frances Rosanna B, RN at 7/1/2023 12:33 AM

ED Triage Notes by Uy, Ruel, RN at 6/30/2023 1538

Patient stated he has constipation for 2 weeks since he was seen here for the same complaint.

Electronically signed by Uy, Ruel, RN at 6/30/2023 3:39 PM

ED Provider Notes by O'Brien, Hannah J, PA-C at 6/30/2023 1538

Emergency Department Provider Note

Supervising Physician: Edris Afzali, MD

Chief Complaint

Chief Complaint

Patient presents with

- Constipation

History of Present Illness

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W
Reason for Visit

Chief complaint: Constipation

Visit diagnoses:

- **Constipation (primary)**
- Generalized abdominal pain
- Hospital problems:
 - **Intractable constipation (primary)**
 - Mood problem
 - Chronic pain syndrome
 - Encounter for screening for COVID-19
 - Inflammatory bowel disease
 - Pelvic pain in male
 - Psoriasis

Visit Information
Admission Information

Arrival Date/Time:	06/30/2023 1538	Admit Date/Time:	06/30/2023 1631	IP Adm. Date/Time:	06/30/2023 2143
Admission Type:	Emergency	Point of Origin:	Home/non-healthcare Facility	Admit Category:	
Means of Arrival:	Car	Primary Service:	Medicine	Secondary Service:	N/A
Transfer Source:		Service Area:	ALAMEDA HEALTH SYSTEM	Unit:	Alameda Hospital 3W
Admit Provider:	Yong, Benson W, DO	Attending Provider:	Choi, Daniel S, MD	Referring Provider:	

ED Disposition

ED Disposition	Condition	User	Date/Time	Comment
Admit	--	Yong, Benson W, DO	Fri Jun 30, 2023 9:43 PM	Inpatient-only procedure:: No Diagnosis: Obstipation [289943] Admitting Physician: YONG, BENSON W [1000012] Attending Physician: YONG, BENSON W [1000012] Bed request comments: 3W Anticipated Disposition: Home

Discharge Information

Date/Time: 07/03/2023 2117	Disposition: Home/assisted Living/group Home/board And Care	Destination: Home
Provider: Ramirez, Sandy, MD	Unit: Alameda Hospital 3W	

Follow-up Information

Follow up With	Specialties	Details	Why	Contact Info
Raudaskoski, Luke, DO	Internal Medicine			1411 E. 31st Street Oakland CA 94602 510-437-4267

Level of Service

Level of Service
 PR EMERGENCY DEPARTMENT VISIT MODERATE MDM

Patient as-of Visit

Problem List as of 7/3/2023		
Problem	Noted On	Resolved On
Altered mental status	01/02/2020	—
Bipolar 1 disorder (CMS/HCC)	01/02/2020	—
Chronic pain syndrome	09/25/2019	—



ED Notes (continued)

Lungs: Unremarkable (to the extent visualized). No pleural effusion.

Liver: Normal. No focal solid lesion of concern.

Gallbladder and bile ducts: Negative- no biliary distension.

Pancreas: Normal. No duct dilation, mass or inflammation identified.

Spleen: Homogeneous, normal size.

Adrenal glands: Normal. No mass.

Kidneys and ureters: No acute findings- No hydronephrosis, calculus or solid mass.

Stomach and bowel: There is persistent or recurrent prominent distention of the distal ileum which does not involve terminal ileum.

This raises the possibility of stricture of the terminal ileum.

Additionally there is a large amount of stool seen throughout the colon down to the level of the wrist or rectum which is nearly empty.

This is similar appearance to the prior examination. No other GI tract findings of concern.

Appendix: No evidence of appendicitis.

Intraperitoneal space: Unremarkable. No free air or fluid collection.

Vasculature: Unremarkable for this age group.

Lymph nodes: No lymphadenopathy is detected.

Urinary bladder: Unremarkable, considering the degree of filling.

Reproductive: Unremarkable as visualized.

Bones/joints: No acute osseous findings.

Soft tissues: Unremarkable.

IMPRESSION:

1. There are 2 GI tract findings which could indicate stricturing process or lesion. These are both persistent or recurrent findings. First, there is prominent distention of a segment of distal ileum immediately upstream of the terminal ileum which is nondistended. Secondly there is a large amount of stool throughout the colon which does not include the very distal rectum. Workout to exclude distal colonic obstruction is suggested.
2. No other visceral findings of concern.

Medical Decision Making

Differential Diagnosis

Distal colonic obstruction, colonic stricture, bowel obstruction, irritable bowel disease, slow transit constipation, fecal impaction, medication side effect, rectal mass, not limited to these at this time

MDM

Patient is a 54 year old male, past medical history of bipolar disorder, depression, hypertension, documented IBD, presented to the ED for episode of persisting constipation, reports to be between 2-4 weeks in length, generalized abdominal pain refractory to use of at-home PEG, senna, Mag citrate and increase hydration. new nausea over last couple of days, no episodes of vomiting, no fevers, chills, rectal bleeding.

ED Notes (continued)

Physical Exam

Vitals:

06/30/23 1540

BP:	103/70
BP Location:	Right arm
Patient	Sitting
Position:	
Pulse:	90
Resp:	18
Temp:	36.6 °C (97.8 °F)
TempSrc:	Temporal
SpO2:	99%
Weight:	54.4 kg (120 lb)
Height:	1.702 m (5' 7")

Physical Exam

Vitals reviewed, and as above.

GENERAL: The patient is well developed and nontoxic, no acute distress.

HEENT: Nonicteric sclerae, PERRL, EOMI. TMs clear bilaterally. Oropharynx clear without erythema, edema or tonsillar exudates. Uvula midline Moist mucous membranes.

NECK: Supple. FAROM without pain.

CHEST: Chest wall nontender.

HEART: Regular rate and rhythm. No murmurs, gallops, rubs.

LUNGS: Clear to auscultation bilaterally. No wheezes, rhonchi or rales.

ABDOMEN: Soft, normal bowel sounds, mild distention, +moderate epigastric tenderness.

RECTAL : no external hemorrhoid visible. Digital exam without palpable mass or stool ball. Non tender.

GENITAL: Deferred.

EXTREMITIES: No clubbing, cyanosis, or edema. Moving all extremities spontaneously.

NEUROLOGIC: Grossly intact without any gross motor, sensory, or cerebellar deficit.

SKIN: No rash.

PSYCH: Normal mood and affect.

Diagnostic Studies

Labs Reviewed

CBC AND DIFFERENTIAL

COMPREHENSIVE METABOLIC PANEL

LIPASE

Radiologic Studies

CT abdomen pelvis w con:

FINDINGS:

ED Notes (continued)

- VSS, afebrile, nontoxic, well appearing ambulatory to the ED
- abdominal exam overall with out significant distension, peritoneal signs with notable for moderate epigastric tenderness with deep palpation
- workup initiated with labs, CT abdomen pelvis w contrast given prior surgical hx, with recent ED visit and no improvement after use of meds at home
- labs demonstrated unremarkable CBC, CMP lipase; rectal exam also without palpable mass, evidence of bleeding or any evidence of distal fecal impaction
- CT abdomen pelvis demonstrated distension of distal ileum, as well as stool burden throughout colon and not occluded distal rectum with concern for possible distal colonic obstruction
- reviewed CT images, patient presentation with surgery Dr. Cushman; 5th seen in the ED and low overall clinical suspicion for obstruction/surgical process at this time, recommended use of enteric. mineral oil, admission with associated GI consult
- GI at HGH consulted, Dr. Liu; unable to see CT images due to pacs access but results reviewed; fleet enemas appropriate and plan to see patient on admission
- d/w patient findings and plan; admitted to AIM hospitalist Dr Yong

Procedures

None performed at this visit

ED Course and Impression**Medications Administered During Encounter**

Medications - No data to display

ED Course

ED Course as of 06/30/23 2043

Fri Jun 30, 2023

- 1902 Rectal exam performed, with RN chaperone, no distal stool ball present. Non tender, no mass no bleeding concerns. [HO]
- 1918 Spoke with Surgery Dr cushman; advises will come to ED to evaluate patient. Recommends admission, initiating oral mineral oil at 45 cc and IV hydration. Also rec for GI consult, if recommended would initiate fleet enema q6 hr [HO]
- 1956 Spoke with HGH GI Dr. Liu; unable to see CT at this time without access to pacs but results read out; fleet enema appropriate. Advised will be admitted and patient can be seen on Monday [HO]
- 2026 Admitted to AIM Dr. Yong [HO]

ED Course User Index

[HO] O'Brien, Hannah J, PA-C

ED Notes (continued)**Clinical Impressions** as of 06/30/23 2043

Constipation, unspecified constipation type
Generalized abdominal pain

Disposition

Discharged in stable condition.

O'Brien, Hannah J, PA-C

06/30/23 2052

Electronically signed by O'Brien, Hannah J, PA-C at 6/30/2023 8:52 PM
Electronically signed by Afzali, Edris M, MD at 7/1/2023 3:47 PM

ED Notes by Echano, Frances Rosanna B, RN at 6/30/2023 1538

- > transout to MedSurge, accompanied by NST
- > out of ED with condition stable.

Echano, Frances Rosanna B, RN

07/01/23 0034

Electronically signed by Echano, Frances Rosanna B, RN at 7/1/2023 12:34 AM

History and Physical Note

H&P by Yong, Benson W, DO at 6/30/2023 2019

PCP: Raudaskoski, Luke, DO

History Of Present Illness

Vincent Ho is a 54 y.o. male whose PMHx is significant for BiPolar disorder, chronic male pelvic pain syndrome, psoriasis, HTN/HLD, chronic constipation; who was seen by Dr. Benny Liu, GI, 2/1/2023 for constipation:

"...Pt had a completely normal colonoscopy recently. Unclear how the patient got the diagnosis of inflammatory bowel disease in the past. Sounds like IBD is not an issue at this point and mostly constipation. It looks like he was taking Humira also for psoriasis so that makes the history a little unclear. For his constipation, you said in one of your notes Prune juice makes him have diarrhea which resolves his constipation. I would recommend that he continue with that but can titrate it to effect. Can also uptitrate miralax to effect. With miralax, you can not really take too much since if you do it causes diarrhea which then takes care of the constipation. We actually use miralax to prep people for colonoscopy and they drink a whole bottle of it in one go. As for his weight loss do you think it is due to his psych issues? His colon/EGD were normal and also had fairly recent CT that did not show anything concerning. Last TSH 0.5 1/24/22. Maybe worth

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**History and Physical Note (continued)**

checking again. Try the above things and if doesn't work let us know."

Who had normal colonoscopy and EGD 9/16/2022 with Dr. Sarah Rahman:

"... Colonoscopy/EGD shows no significant abnormality. Follow up with MD as scheduled in one month for continued evaluation of weight and constipation."

Mr. Ho reports that he takes one bottle of prune juice daily, Miralax, Senna, Citrate Magnesium, enemas, and one papaya daily. He as doing okay until 4 weeks ago with constipation for two weeks, had one BM that was small. Since then, over the last two weeks, no further BM, had a hard time doing enema as was not able to insert tip without pains. He denied any diarrhea, rectal bleeding nor bloody stools. No urinary issues. No N/V. Passing gas.

ED evaluation show no acute abnormal labs. CT AP as noted questionable distal colon stricture and distal terminal ileum (see report).

Medicine was consulted for further management. General Surgery consulted by ED, no further input other than bowel regimen. GI was consulted by ED and will see after admission, agreeing with bowel regimen.

Past Medical History

He has a past medical history of Bipolar disorder (CMS/HCC), Cirrhosis (CMS/HCC), Depression, Fibromyalgia, History of transfusion, Hypertension, and IBD (inflammatory bowel disease).

He has no past medical history of Arthritis, Asthma, Cancer (CMS/HCC), CHF (congestive heart failure) (CMS/HCC), COPD (chronic obstructive pulmonary disease) (CMS/HCC), Coronary artery disease, Diabetes mellitus (CMS/HCC), Disease of thyroid gland, Pseudocholinesterase deficiency, Spinal headache, or Stroke (CMS/HCC).

Surgical History

He has a past surgical history that includes Appendectomy.

Social History

He reports that he has quit smoking. He has never used smokeless tobacco. He reports that he does not currently use alcohol. He reports that he does not currently use drugs.

Allergies

Patient has no known allergies.

Medications

No current facility-administered medications on file prior to encounter.

Current Outpatient Medications on File Prior to Encounter

Medication	Sig	Dispense	Refill
• Austedo 12 mg tablet			
• Austedo 9 mg tablet			
• benzotropine (COGENTIN) 1 mg tablet	Take 1 tablet (1 mg total) by mouth 2 (two) times a day if needed.		

History and Physical Note (continued)

• buprenorphine (Butrans) 5 mcg/hour	Place 1 patch on the skin 1 (one) time per week.	4 patch	0
• buprenorphine-naloxone (SUBOXONE) 8-2 mg per SL tablet	Place 1 tablet under the tongue 1 (one) time each day. 2 mg tablet		
• cyanocobalamin (VITAMIN B-12) 1,000 mcg tablet	Take 1 tablet by mouth daily	30 tablet	11
• diazepam (VALIUM) 2 mg tablet	Take 2.5 mg by mouth every 12 (twelve) hours if needed for anxiety.		
• divalproex (DEPAKOTE) 500 mg DR tablet	Take 2 tablets (1,000 mg total) by mouth every night at bedtime.		
• HUMIRA PEN 40 mg/0.8 mL pen injector kit	Inject 0.8 mL (40 mg total) under the skin every 14 (fourteen) days.		
• lamotrigine (Lamictal) 100 mg tablet	Take 2 tablets (200 mg total) by mouth. (Patient not taking: Reported on 6/30/2023)		
• MEMANTINE 2.5 MG SPLIT TABLET (NAMENDA)	Take 2 tablets (5 mg total) by mouth 2 (two) times a day.		
• mirtazapine (REMERON) 15 mg tablet	(Patient not taking: Reported on 3/8/2023)		
• naloxone (NARCAN) 4 mg/0.1 mL nasal spray	Administer 1 spray into one nostril.		
• PARoxetine (PAXIL) 40 mg tablet	Take 1 tablet (40 mg total) by mouth daily.		
• polyethylene glycol (GLYCOLAX) 17 gram packet	Take 1 packet (17 g total) by mouth 1 (one) time each day. (Mixing Instructions: Dissolve and mix each packet/capful of 17 grams in 8 oz. of fluid.) -ok to convert to nearest	30 packet	1



History and Physical Note (continued)

• Tdap

01/31/2023

Review of Systems

Constitutional: Negative.

HENT: Negative.

Respiratory: Negative.

Cardiovascular: Negative.

Gastrointestinal: Positive for **constipation**.

Endocrine: Negative.

Genitourinary: Negative.

Musculoskeletal: Negative.

Skin: Negative.

Neurological: Negative.

Hematological: Negative.

Physical Exam

Vitals and nursing note reviewed.

Constitutional:

General: He is not in acute distress.

Appearance: Normal appearance. He is not ill-appearing.

HENT:

Mouth/Throat:

Pharynx: Oropharynx is clear.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Heart sounds: Normal heart sounds.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Abdominal:

General: Bowel sounds are normal.

Tenderness: There is no abdominal tenderness. There is no right CVA tenderness or left CVA tenderness.

Comments: **Firm bowel. Nontender on palpation.**

Musculoskeletal:

General: No swelling or tenderness.

Cervical back: Neck supple.

Right lower leg: No edema.

Left lower leg: No edema.

Skin:

General: Skin is warm and dry.

Neurological:

General: No focal deficit present.

Mental Status: He is oriented to person, place, and time.

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)
History and Physical Note (continued)

- | | |
|---|---|
| | bottle package size
per formulary |
| • propranolol (INDERAL) 20 mg tablet | Take 3 tablets (300 mg total) by mouth every night at bedtime. |
| • sennosides-docusate sodium (PERICOLACE) 8.6-50 mg per tablet | Take 2 tablets by mouth 2 (two) times a day. |
| • sennosides-docusate sodium (PERICOLACE) 8.6-50 mg per tablet | Take 1 tablet by mouth 1 (one) time each day. |
| • [DISCONTINUED] polyethylene glycol (GLYCOLAX) 17 gram packet | Take 1 packet (17 g total) by mouth 1 (one) time each day.
(mixing instructions: dissolve and mix each packet/capful of 17 grams in 8 oz. of fluid.) -ok to convert to nearest bottle package size per formulary |
| • [DISCONTINUED] sennosides-docusate sodium (PERICOLACE) 8.6-50 mg per tablet | Take 1 tablet by mouth 1 (one) time each day. (Patient not taking: Reported on 3/8/2023) |

Immunization History

Administered	Date(s) Administered
• Influenza (IM) Preservative Free, Historic	02/05/2015
• Influenza Split	11/08/2013
• Influenza TIV (IM),Historic	10/23/2012
• Influenza, Quadrivalent, Preservative Free	12/29/2016, 01/05/2020, 10/31/2022
• Influenza, Quadrivalent, with Preservative	11/19/2015
• Influenza, Unspecified	10/23/2012, 11/08/2013
• PFIZER BIVALENT VACCINE	01/31/2023
• Pfizer SARS-COV-2 Tris-Sucrose Vaccination	05/10/2022
• Pfizer SARS-COV-2 Vaccination	04/20/2021, 05/14/2021
• Pneumococcal Polysaccharide	11/08/2013
• Td	04/01/2012
• Td, Unspecified	04/01/2012

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)

History and Physical Note (continued)

Last Recorded Vitals

Blood pressure 150/76, pulse 70, temperature 36.8 °C (98.2 °F), temperature source Oral, resp. rate 18, height 1.702 m (5' 7"), weight 54.4 kg (120 lb), SpO2 100 %.

Vitals:

BP:	06/30/23 1540 103/70	06/30/23 1645	06/30/23 1856 105/77	06/30/23 2050 150/76
BP Location:	Right arm			
Patient Position:	Sitting			
Pulse:	90		88	70
Resp:	18		18	18
Temp:	36.6 °C (97.8 °F)		36.6 °C (97.9 °F)	36.8 °C (98.2 °F)
TempSrc:	Temporal			Oral
SpO2:	99%	100%	97%	100%
Weight:	54.4 kg (120 lb)			
Height:	1.702 m (5' 7")			

Relevant Results

Results from last 7 days

Lab	Units	06/30/23
WBC	10*3/mcl	4.6
HEMOGLOBIN	g/dL	13.4*
HEMATOCRIT	%	41.0
PLATELETS	10*3/mcl	139*
AUTO		
NEUTROS PCT	%	63.4
AUTO		

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**History and Physical Note (continued)****Results from last 7 days**

Lab	Units	06/30/23
		1655
SODIUM	mmol/L	140
POTASSIUM	mmol/L	5.0
CHLORIDE	mmol/L	102
CO2	mmol/L	25
BUN	mg/dL	26*
CREATININE	mg/dL	1.1
CALCIUM	mg/dL	9.4
PROTEIN TOTAL	g/dL	8.7*
BILIRUBIN	mg/dL	0.5
TOTAL		
ALK PHOS	U/L	77
ALT	U/L	18
AST	U/L	29
GLUCOSE	mg/dL	80

Lab Results

Component	Value	Date
TSH	0.50	01/24/2022

	Latest Reference Range & Units	06/30/23 20:46
SARS CoV 2 Ag	Negative	Negative

No results found for this or any previous visit (from the past 4464 hour(s)).

CT Abdo/Pelvic 6/30/2023:**FINDINGS:**

Lungs: Unremarkable (to the extent visualized). No pleural effusion.

Liver: Normal. No focal solid lesion of concern.

Gallbladder and bile ducts: Negative- no biliary distension.

Pancreas: Normal. No duct dilation, mass or inflammation identified.

Spleen: Homogeneous, normal size.

Adrenal glands: Normal. No mass.

Kidneys and ureters: No acute findings- No hydronephrosis, calculus or solid mass.

Stomach and bowel: There is persistent or recurrent prominent distention of the distal ileum which does not involve terminal ileum.

This raise the possibility of strictureing of the terminal ileum.

Additionally there is a large amount of stool seen throughout the colon down to the level of the wrist or rectum which is nearly empty.

This is similar appearance to the prior examination. No other GI

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**History and Physical Note (continued)**

tract findings of concern.

Appendix: No evidence of appendicitis.

Intraperitoneal space: Unremarkable. No free air or fluid collection.

Vasculature: Unremarkable for this age group.

Lymph nodes: No lymphadenopathy is detected.

Urinary bladder: Unremarkable, considering the degree of filling.

Reproductive: Unremarkable as visualized.

Bones/joints: No acute osseus findings.

Soft tissues: Unremarkable.

IMPRESSION:

1. There are 2 GI tract findings which could indicate stricturing process or lesion. These are both persistent or recurrent findings. First, there is prominent distention of a segment of distal ileum immediately upstream of the terminal ileum which is nondistended. Secondly there is a large amount of stool throughout the colon which does not include the very distal rectum. Workout to exclude distal colonic obstruction is suggested.
2. No other visceral findings of concern.

Assessment/Plan**Principal Problem:**

Obstipation

Active Problems:

IBD (inflammatory bowel disease)

Chronic pain syndrome

Pelvic pain in male

Bipolar 1 disorder (CMS/HCC)

Psoriasis

Encounter for screening for COVID-19

Principal Problem:

1. Obstipation - Hx of psych medication associated constipation managed with bowel regimen. No longer effective with clinical obstipation. Hx of normal colonoscopy/EGD 9/2022. Last seen by GI 4 months ago. CT AP with findings suggestive for stricture but surgical review of CT offered bowel regimen for management. Admit to 3W, start warm water enema, Miralax, Lactulose, Pericolace. Add Golytely. Monitor.
2. Cirrhosis (CMS/HCC) - by Epic problem list, LFTs normal, CT imaging showed normal liver. Will delete from problem list.
3. IBD (inflammatory bowel disease) - normal EGD/colonoscopy. No evidence for IBD, maybe IBS? Continue as noted above.
4. Chronic pain syndrome/ Pelvic pain in male - followed by outpt pain clinic. Continue outpt regimen.
5. Bipolar 1 disorder (CMS/HCC) - stable, continue with outpt regimen of Depakote, Paxil, Namenda, Seroquel.

History and Physical Note (continued)

Monitor.

6. Psoriasis - Humira injections every two weeks. Hold for now.
7. Encounter for screening for COVID-19 - Pfizer vaccinated x 4, COVID Ag negative. No isolation warranted.

Full Code: Full treatment

Electronically signed by Yong, Benson W, DO at 6/30/2023 10:40 PM

Consult

Consults by Zahrudidin, Ayesha, MD at 7/3/2023 1027

Consult Orders

1. IP consult to Gastroenterology [62374785] ordered by Yong, Benson W, DO at 06/30/23 2143

HIGHLAND HOSPITAL GI/LIVER CONSULT SERVICE: INITIAL CONSULT NOTE

Patient: Vincent Ho /MRN: 13854146/ DOB: 11/6/1968

Attending Physician Requesting Consult: Ramirez, Sandy, MD

Admit Date: 6/30/2023

Service Requesting GI Consult: Hospitalist

Reason for Consult: Constipation/ abnormal colonoscopy**Our Problem-Based Recommendations Are Summarized As:**

54 y/o man with Bipolar Disorder/ depression, Psoriasis, Chronic constipation with negative endoscopic work up presenting with severe abdominal pain and imaging suggestive of possible rectal fecal impaction improved with tap water enema and aggressive bowel regimen. There was a query whether there is concern for terminal ileum stricture vs. Rectal mass. He has recent egd/colonoscopy which was a good quality study with excellent prep. There is no evidence of colitis, rectal mass, and terminal ileum examined for a short distance without any abnormalities. This was performed by an experienced endoscopist. Given his history and previous imaging, this could all be related to fecal impaction and course markedly improved with measures done inpatient. He is on multiple meds that are exacerbating his constipation including buprenorphine, quetiapine and paroxetine. However, his management of underlying mental health supercedes side effects.

Suggest continued bowel regimen outpatient: Mineral oil enemas PRN, Miralax 17g TID, and Senna 2 tabs qHS. Lactulose 20g BID to TID PRN. Of note, his colonoscopy prep was excellent so miralax taken BID to TID daily should also be very helpful.

Can be followed outpatient for chronic constipation with PCP- can also be referred as an outpatient to GI clinic.

If there is significant concern for small bowel strictures, can plan for MRI enterography outpatient for further evaluation.

Case discussed with primary team.

Consult (continued)

Ayesha Zahiruddin, MD
GI and Hepatology Attending

HPI:

Vincent Ho is a 54 y.o.male. Y/O man with Bipolar Disorder/ Depression, Chronic Constipation since childhood presented for evaluation of severe abdominal pain. Of note, he has had chronic pain specifically at his umbilicus for over 20 years, previously been on buprenorphine for management. He appears to be poor historian- at times tangential and has poor recall. He reports taking Miralax and Prune juice daily and having a bowel movement every 10 days. On admission, he was given a tap water enema with good effect. Since admission, he has taken lactulose 20g TID, Senna 2 tablet oral BID, Miralax 17g daily with multiple bowel movements during this admission and last bowel movement yesterday, small volume. No fevers or chills or weight loss. Limited social support- states that he supporting himself with SDI and has a tenant/ sublet that is giving him additional income. Parents also provide him some financial support. He has had a recent EGD/Colonoscopy for evaluation of iron deficiency which shows a normal EGD and colonoscopy was normal except for internal hemorrhoids. Of note, the terminal ileum was examined and there was no distal stricture or any changes on bidirectional endoscopy to suggest inflammatory bowel disease. CT abdomen and pelvis done on admission shows distended distal ileum and distal rectum was not visualized- concern for distal ileum stricture or rectal obstruction. Both of these findings are not supported by recent EGD/Colonoscopy on 9/16/22.

Prior GI work up:

EGD 9/16/22: normal EGD

Colonoscopy 9/16/22: Internal hemorrhoids.

- The examination was otherwise normal.
- The examined portion of the ileum was normal.

6/30/23: CT abdomen and Pelvis with IV contrast:

IMPRESSION:

1. There are 2 GI tract findings which could indicate stricturing process or lesion. These are both persistent or recurrent findings. First, there is prominent distention of a segment of distal ileum immediately upstream of the terminal ileum which is nondistended. Secondly there is a large amount of stool throughout the colon which does not include the very distal rectum. Workout to exclude distal colonic obstruction is suggested.
2. No other visceral findings of concern.

8/28/22: CT abdomen and Pelvis:

There is fecal impaction within the proximal

Consult (continued)

sigmoid colon measuring up to 6.5 cm. The more distal sigmoid and the rectum are empty. No visible obstructing mass. Small bowel is mildly distended with gas and fluid with air-fluid levels. Bowel measures up to 2.8 cm and is variable in caliber but without a distinct transition zone.

8/20/22: CT abdomen and Pelvis: There is fecal impaction within the proximal sigmoid colon measuring up to 6.5 cm. The more distal sigmoid and the rectum are empty. No visible obstructing mass. Small bowel is mildly distended with gas and fluid with air-fluid levels. Bowel measures up to 2.8 cm and is variable in caliber but without a distinct transition zone.

Physical Exam:**Visit Vitals**

BP **(i) 98/58 (BP Location: Left arm, Patient Position: Lying)** Comment: Report to RN

Pulse 69

Temp 36.3 °C (97.4 °F) (Oral)

Resp 18

Ht 1.702 m (5' 7.01")

Wt 61 kg (134 lb 7.7 oz)

SpO2 96%

BMI 21.06 kg/m²

Smoking Status Former

BSA 1.71 m²

Physical ExamConstitutional:

General: He is not in acute distress.

Eyes:

Comments: **Poor dentition**

Cardiovascular:

Rate and Rhythm: Normal rate.

Pulses: Normal pulses.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Abdominal:

General: Abdomen is flat. Bowel sounds are normal. There is no distension.

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness. There is no guarding.

Musculoskeletal:

General: Normal range of motion.

Consult (continued)Skin:

General: Skin is warm.

Neurological:

Mental Status: He is alert.

Review of Systems:

Review of Systems

Allergies:

No Known Allergies

Hospital Medications:

buprenorphine, 2 mg, sublingual, Daily
cyanocobalamin, 1,000 mcg, oral, Daily
divalproex, 1,000 mg, oral, Nightly
docusate sodium, 100 mg, oral, BID
enoxaparin, 40 mg, subcutaneous, Nightly
lactulose, 20 g, oral, TID
memantine (NAMENDA) tablet, 5 mg, oral, BID
PARoxetine, 40 mg, oral, Nightly
polyethylene glycol, 17 g, oral, Daily
propranolol, 20 mg, oral, BID
QUetiapine, 300 mg, oral, Nightly
senna, 2 tablet, oral, BID
sodium chloride, 10 mL, intravenous, q8h

Social History:**Social History****Tobacco Use**

- Smoking status: Former
- Smokeless tobacco: Never
- Tobacco comments:
quit 6 yrs ago

Vaping Use

- Vaping status: Never Used

Substance Use Topics

- Alcohol use: Not Currently
- Drug use: Not Currently

Comment: prescribed medications

Consult (continued)

Family History:

No family history on file.

Past Medical History:

Past Medical History:

Diagnosis Date

- Bipolar disorder (CMS/HCC)
- Cirrhosis (CMS/HCC)
- Depression
- Fibromyalgia
- History of transfusion
as an infant
- Hypertension
- IBD (inflammatory bowel disease)

Past Surgical History:

Past Surgical History:

Procedure Laterality Date

- APPENDECTOMY

Lab Data:

Results from last 7 days

Lab	Units	07/01/23	06/30/23
WBC	10*3/mcl	4.2*	4.6
HEMOGLOBIN	g/dL	11.3*	13.4*
HEMATOCRIT	%	33.8*	41.0
PLATELETS	10*3/mcl	131*	139*
AUTO			

Consult (continued)

Results from last 7 days

Lab	Units	07/01/23	06/30/23
		0550	1655
POTASSIUM	mmol/L	4.2	5.0
CHLORIDE	mmol/L	106	102
CO2	mmol/L	27	25
BUN	mg/dL	19	26*
CREATININE	mg/dL	0.9	1.1
CALCIUM	mg/dL	8.4	9.4
PROTEIN TOTAL	g/dL	6.4	8.7*
BILIRUBIN TOTAL	mg/dL	0.4	0.5
ALK PHOS	U/L	68	77
ALT	U/L	13	18
AST	U/L	14	29
GLUCOSE	mg/dL	74	80

Lab Results

Component	Value	Date
HEPCAB	Non-reactive	01/01/2020

Electronically signed by Zahiruddin, Ayesha, MD at 7/3/2023 11:56 AM

Consults by Cushman, James G, MD at 6/30/2023 1538

Surgery Consult/History and Physical Note**Chief Complaint/Consult Question: CT findings of small bowel stricture****History Of Present Illness**

Vincent Ho is a 54 y.o. male with hx of bipolar disorder, chronic pelvic pain/prostatitis, chronic constipation, ?IBD who presents with one month of constipation. Reportedly patient has not had a BM for one month. However, after speaking with patient, patient has been having small BMs every few days. He last had a BM yesterday, and passed gas yesterday. He has taken Miralax, senna, mag citrate with some effect. He last had a colonoscopy/EGD on 9/2022 which were otherwise normal. He denies emesis, reports some mild nausea. Some mild central lower abdominal/pelvic pain that has been present for many years (has been evaluated by urology for chronic prostatitis). No known family or personal history of colon cancer of IBD (though his chart mentions some IBD, but per GI note by Dr. Liu, unclear how this diagnosis was made).

Past Medical History**Past Medical History:**

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**Consult (continued)**

Diagnosis _____ Date _____

- Bipolar disorder (CMS/HCC)
- Cirrhosis (CMS/HCC)
- Depression
- Fibromyalgia
- History of transfusion
as an infant
- Hypertension
- IBD (inflammatory bowel disease)

Surgical History**Past Surgical History:**

Procedure	Laterality	Date
• APPENDECTOMY		

Social History**Social History****Tobacco Use**

- | | |
|----------------------|-----------------------|
| • Smoking status: | Former |
| • Smokeless tobacco: | Never |
| • Tobacco comments: | <i>quit 6 yrs ago</i> |

Vaping Use

- | | |
|----------------------|---------------|
| • Vaping status: | Never Used |
| Substance Use Topics | |
| • Alcohol use: | Not Currently |
| • Drug use: | Not Currently |

*Comment: prescribed medications***Family History**

No family history on file.

Allergies

No Known Allergies

Medications**Current Outpatient Medications**

Medication	Instructions
• Austedo 12 mg tablet	No dose, route, or frequency recorded.
• Austedo 9 mg tablet	No dose, route, or frequency recorded.
• buprenorphine (COGENTIN)	1 mg, oral, 2 times daily PRN
• buprenorphine (Butrans) 5 mcg/hour	1 patch, transdermal, Weekly

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)Consult (continued)

- buprenorphine-naloxone (SUBOXONE) 8-2 mg 1 tablet, sublingual, Daily, 2 mg tablet per SL tablet
- cyanocobalamin (VITAMIN B-12) 1,000 mcg tablet Take 1 tablet by mouth daily
- diazepam (VALIUM) 2.5 mg, oral, Every 12 hours PRN
- divalproex (DEPAKOTE) 1,000 mg, oral, Nightly
- Humira Pen 40 mg, subcutaneous, Every 14 days
- lamotrigine (LAMICTAL) 200 mg
- MEMANTINE 2.5 MG SPLIT TABLET (NAMENDA) 5 mg, oral, 2 times daily
- mirtazapine (REMERON) 15 mg tablet No dose, route, or frequency recorded.
- naloxone (NARCAN) 4 mg, nasal
- PARoxetine (PAXIL) 40 mg, oral, Daily
- polyethylene glycol (GLYCOLAX) 17 g, oral, Daily, (Mixing Instructions: Dissolve and mix each packet/capful of 17 grams in 8 oz. of fluid.) -ok to convert to nearest bottle package size per formulary
- propranolol (INDERAL) 20 mg tablet No dose, route, or frequency recorded.
- QUETiapine (SEROQUEL) 300 mg, oral, Nightly
- sennosides-docusate sodium (PERICOLACE) 8.6-50 mg per tablet 2 tablets, oral, 2 times daily
- sennosides-docusate sodium (PERICOLACE) 8.6-50 mg per tablet 1 tablet, oral, Daily

ROS

Pertinent positives noted in HPI

Vital Signs:

Temp: [36.6 °C (97.8 °F)-36.6 °C (97.9 °F)] 36.6 °C (97.9 °F)

Heart Rate: [88-90] 88

Resp: [18] 18

BP: (103-105)/(70-77) 105/77

Physical ExamConstitutional:

Appearance: Normal appearance.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:Comments: **Soft, nondistended, mildly TTP in RLQ, well-healed open appendectomy scar, no rebound or guarding**Genitourinary:Comments: **Normal rectal exam, no masses palpated, normal sphincter tone, no blood**Skin:

General: Skin is warm and dry.

Neurological:

General: No focal deficit present.

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**Consult (continued)**

Mental Status: He is alert.

No intake or output data in the 24 hours ending 06/30/23 2007

Lab Results

Component	Value	Date
WBC	4.6	06/30/2023
HGB	13.4 (L)	06/30/2023
HCT	41.0	06/30/2023
MCV	94.7	06/30/2023
PLT	139 (L)	06/30/2023

Lab Results

Component	Value	Date
GLUCOSE	80	06/30/2023
CALCIUM	9.4	06/30/2023
K	5.0	06/30/2023
CO2	25	06/30/2023
CL	102	06/30/2023
BUN	26 (H)	06/30/2023
CREATININE	1.1	06/30/2023

Lab Results

Component	Value	Date
ALT	18	06/30/2023
AST	29	06/30/2023
ALPHOS	77	06/30/2023
BILTOT	0.5	06/30/2023

Diagnostic Studies Reviewed:**CT abdomen pelvis w IV contrast**

Narrative: Radiation Dose CTDIVOL = 5.07 (mGy): DLP = 269.3 (mGy-cm)

PROCEDURE INFORMATION:

Exam: CT Abdomen And Pelvis With Contrast

Exam date and time: 6/30/2023 5:44 PM

Age: 54 years old

Clinical indication: Other: Bowel obstruction suspected

TECHNIQUE:

Imaging protocol: Computed tomography of the abdomen and pelvis with contrast.

Radiation optimization: All CT scans at this facility use at least one of these dose optimization techniques: automated exposure control; mA and/or kV adjustment per patient size (includes targeted

Consult (continued)

exams where dose is matched to clinical indication); or iterative reconstruction.

Contrast material: OMNIPAQUE 300; Contrast volume: 100 ml; Contrast route: INTRAVENOUS (IV);

REPORTING DATA:

Count of CT and Cardiac NM exams in prior 12 months: This patient has received 4 known CTs and 0 known cardiac nuclear medicine studies in the 12 months prior to the current study.

COMPARISON:

CT ABDOMEN PELVIS W IV CONTRAST 2/28/2023 1:57 AM

RADIATION DOSE METRICS:

CTDI volume (mGy): 5.07

Total DLP (mGy-cm): 269.3

FINDINGS:

Lungs: Unremarkable (to the extent visualized). No pleural effusion.

Liver: Normal. No focal solid lesion of concern.

Gallbladder and bile ducts: Negative-- no biliary distension.

Pancreas: Normal. No duct dilation, mass or inflammation identified.

Spleen: Homogeneous, normal size.

Adrenal glands: Normal. No mass.

Kidneys and ureters: No acute findings-- No hydronephrosis, calculus or solid mass.

Stomach and bowel: There is persistent or recurrent prominent distention of the distal ileum which does not involve terminal ileum.

This raise the possibility of stricturing of the terminal ileum.

Additionally there is a large amount of stool seen throughout the colon down to the level of the wrist or rectum which is nearly empty.

This is similar appearance to the prior examination. No other GI tract findings of concern.

Appendix: No evidence of appendicitis.

Intraperitoneal space: Unremarkable. No free air or fluid collection.

Vasculature: Unremarkable for this age group.

Lymph nodes: No lymphadenopathy is detected.

Urinary bladder: Unremarkable, considering the degree of filling.

Reproductive: Unremarkable as visualized.

Bones/joints: No acute osseus findings.

Soft tissues: Unremarkable.

Impression: 1. There are 2 GI tract findings which could indicate stricturing process or lesion. These are both persistent or recurrent findings.

First, there is prominent distention of a segment of distal ileum

Consult (continued)

immediately upstream of the terminal ileum which is nondistended.

Secondly there is a large amount of stool throughout the colon which does not include the very distal rectum. Workout to exclude distal colonic obstruction is suggested.

2. No other visceral findings of concern.

ELECTRONICALLY SIGNED BY HOWARD MOLTCH, MD ON 06/30/2023 AT 18:33.

Assessment/Plan:

Vincent Ho is a 54 y.o. male with hx of bipolar disorder, chronic pelvic pain/prostatitis, chronic constipation, ?IBD who presents with one month of constipation. Surgery consulted for CT findings of possible stricture in ileum and possible colonic stricture. He is not clinically obstructed and has a history of chronic constipation. There is a question of possible IBD? But no clear chart evidence to confirm this. At this time, no surgical intervention indicated. Recommend bowel reg. GI consult, and psych consult as below.

Recommendations:

- GI consult
- Psych consult for medication management (assess if any meds are causing constipation)
- Aggressive bowel reg: milk of mag, enema

Patient seen with attending.

Emanuel Jaramillo, MD
General Surgery

Surgical Attending: I saw this patient with the surgical resident, including bedside rounds, review of pertinent labs and/or imaging, and discussion with the patient and/or family. I agree with the findings, recommendations and surgical care plans as noted. J Cushman, MD

Electronically signed by Cushman, James G, MD at 7/1/2023 12:58 PM

Progress Notes

Progress Notes by Ramirez, Sandy, MD at 7/2/2023 1407

Internal Medicine Progress Note**Subjective**

No acute overnight events.

No BMs today, ABD does feels softer, asking for GI to seek scope

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**Progress Notes (continued)**

Eating well

Objective**Visit Vitals**BP **(I) 91/51 (BP Location: Left arm, Patient Position: Lying)**

Pulse 63

Temp 35.9 °C (96.7 °F) (Oral)

Resp 18

Ht 1.702 m (5' 7.01")

Wt 61 kg (134 lb 7.7 oz)

SpO2 100%

BMI 21.06 kg/m²

Smoking Status Former

BSA 1.71 m²

Gen: NAD, clear speech

Eyes: PERRL

ENT: NC/AT

CV: RRR, no m/r/r/g

Resp: CTAB, no w/r/r

Abd: SNTND, +BS

Extr: No c/c/e, ambulatory, MAE

Neuropsych: AOX3, nonfocal. Pleasant and appropriate

Skin: birth marks noted left flank (ot noted psoriasis vs eczema)

Assessment & Plan

54 yo M w/ PMHx of bipolar disorder, psoriasis, HTN, HLD, and chronic constipation presented to ER c/o constipation 3-4 weeks. Has tried everything including prune juice, miralax, senna, Mag citrate, enemas, and papaya. CT AP as noted questionable distal colon stricture and distal terminal ileum (see report). Gen Sx evaluated pt and advised no Sx intervention needed.

Has seen GI in Feb 2023 and had normal colonoscopy

Problem list:**Obstipation**

- Hx of psych medication associated constipation managed with bowel regimen. No longer effective with clinical obstipation. Hx of normal colonoscopy/EGD 9/2022. Last seen by GI 4 months ago. CT AP with findings suggestive for stricture but surgical review of CT offered bowel regimen for management.
- s/p warm water enema, Miralax, Lactulose, Pericolace, golytely
- monitor and cont senna, colace, lactulose, and miralax for another 1-2 days
- Gen Sx: no Sx intervention needed
- await GI F/U on monday

Progress Notes (continued)**Hx of IBD (inflammatory bowel disease)**

- normal EGD/colonoscopy previously. No evidence for IBD, maybe IBS?
- Continue as noted above.

Chronic pain syndrome/ Pelvic pain in male

- followed by outpt pain clinic. Continue outpt regimen: subutex 2 mg SL daily

Bipolar 1 disorder

- stable, continue with outpt regimen of Depakote, Paxil, Namenda, Seroquel. Monitor.

Psoriasis

- Humira injections every two weeks. Hold for now.

Encounter for screening for COVID-19

- Pfizer vaccinated x 4, COVID Ag negative. No isolation warranted.

Weight loss

- 20 lbs in past 5 mos per pt

PPx: lovenox **Diet:** dental soft **Code:** full **Dispo:** home 1-2 days

Imaging

CT A/P:

prominent distention of a segment of distal ileum immediately upstream of the terminal ileum which is nondistended. Secondly there is a large amount of stool throughout the colon which does not include the very distal rectum
There is persistent or recurrent prominent distention of the distal ileum which does not involve terminal ileum. This raise the possibility of strictureing of the terminal ileum.

Labs**Results from last 7 days**

Lab	Units	07/01/23
POTASSIUM	mmol/L	4.2
CHLORIDE	mmol/L	106
CO2	mmol/L	27
BUN	mg/dL	19
CREATININE	mg/dL	0.9
GLUCOSE	mg/dL	74
CALCIUM	mg/dL	8.4

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)

Progress Notes (continued)

Results from last 7 days

Lab	Units	07/01/23
WBC	10 ³ /mcl	4.2*
HEMOGLOBIN	g/dL	11.3*
HEMATOCRIT	%	33.8*
PLATELETS	10 ³ /mcl	131*
AUTO		

Current Meds

Current Facility-Administered Medications:

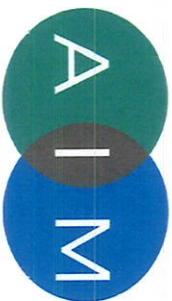
- acetaminophen (TYLENOL) tablet 650 mg, 650 mg, oral, q6h PRN, Yong, Benson W, DO
- benzotropine (COGENTIN) tablet 1 mg, 1 mg, oral, BID PRN, Yong, Benson W, DO
- buprenorphine (SUBUTEX) SL tablet 2 mg, 2 mg, sublingual, Daily, Yong, Benson W, DO, 2 mg at 07/02/23 0908
- cyanocobalamin (VITAMIN B-12) tablet 1,000 mcg, 1,000 mcg, oral, Daily, Yong, Benson W, DO, 1,000 mcg at 07/02/23 0800
- diazepam (VALIUM) tablet 2.5 mg, 2.5 mg, oral, q12h PRN, Yong, Benson W, DO
- divalproex (DEPAKOTE) DR tablet 1,000 mg, 1,000 mg, oral, Nightly, Yong, Benson W, DO, 1,000 mg at 07/01/23 2013
- docusate sodium (COLACE) capsule 100 mg, 100 mg, oral, BID, Yong, Benson W, DO, 100 mg at 07/02/23 0909
- enoxaparin (LOVENOX) syringe 40 mg, 40 mg, subcutaneous, Nightly, Yong, Benson W, DO, 40 mg at 06/30/23 2249
- lactulose (CHRONULAC) 10 gram/15 mL solution 20 g, 20 g, oral, TID, Yong, Benson W, DO, 20 g at 07/02/23 0908
- memantine (NAMENDA) tablet 5 mg, 5 mg, oral, BID, Yong, Benson W, DO, 5 mg at 07/02/23 0908
- PARoxetine (PAXIL) tablet 40 mg, 40 mg, oral, Daily, Yong, Benson W, DO, 40 mg at 07/02/23 0909
- polyethylene glycol (GLYCOLAX) packet 17 g, 17 g, oral, Daily, Yong, Benson W, DO, 17 g at 07/02/23 0908
- promethazine (PHENERGAN) tablet 25 mg, 25 mg, oral, q6h PRN **OR** promethazine (PHENERGAN) suppository 25 mg, 25 mg, rectal, q12h PRN, Yong, Benson W, DO
- propranolol (INDERAL) tablet 20 mg, 20 mg, oral, BID, Yong, Benson W, DO, 20 mg at 07/02/23 0908
- QUetiapine (SEROquel) tablet 300 mg, 300 mg, oral, Nightly, Yong, Benson W, DO, 300 mg at 07/01/23 2014
- senna (SENOKOT) tablet 17.2 mg, 2 tablet, oral, BID, Yong, Benson W, DO, 17.2 mg at 07/02/23 0908
- sodium chloride 0.9% infusion, 50 mL/hr, intravenous, Continuous, Yong, Benson W, DO, Last Rate: 50 mL/hr at 07/02/23 1114, 50 mL/hr at 07/02/23 1114
- [COMPLETED] Insert peripheral IV, , Once **AND** Maintain IV access, , Until discontinued **AND** [COMPLETED]
- Saline lock IV, , Once **AND** sodium chloride flush 10 mL, 10 mL, intravenous, q8h, 10 mL at 07/02/23 1311
- **AND** sodium chloride flush 10 mL, 10 mL, intravenous, q1h PRN, Yong, Benson W, DO

Sandy Ramirez, MD
7/2/2023

Following 2021 Coding Guidelines: A total of 35 minutes was spent in one or more of the following activities: preparing to see the patient, obtaining and/or reviewing history, performing medical exam, counseling and/or educating patient or family, ordering medication, tests or procedures, referring or communicating with other health care professionals, documenting clinical information, independently interpreting results and communication results and/or care

Progress Notes (continued)

coordination.



ALAMEDA INPATIENT MEDICAL
Hospitalist Group  Acute/Post-Acute Care

Electronically signed by Ramirez, Sandy, MD at 7/2/2023 2:08 PM

Progress Notes by Ramirez, Sandy, MD at 7/1/2023 1357

Internal Medicine Progress Note

Subjective

No acute overnight events.
Had BMs yesterday
Feels the bottom of his stomach has emptied but not the top, no n/v
Able to eat
ABD feels softer

Objective

Visit Vitals

BP

(I) 146/98 (BP Location: Left
arm, Patient Position: Sitting)

Pulse

73

Temp

36.5 °C (97.7 °F) (Oral)

Resp

20

Ht

1.702 m (5' 7.01")

Wt

61 kg (134 lb 7.7 oz)

SpO2

100%

BMI

21.06 kg/m²

Smoking Status

Former

BSA

1.71 m²

Gen: NAD, clear speech

Eyes: PERRL

ENT: NC/AT

CV: RRR, no m/r/g

Resp: CTAB, no w/r/r

Abd: SNTND, +BS

Extr: No c/c/e, ambulatory, MAE

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**Progress Notes (continued)**

Neuropsych: AOX3, nonfocal. Pleasant and appropriate

Skin: birth marks noted left flank (ot noted psoriasis vs eczema)

Assessment & Plan

54 yo M w/ PMHx of bipolar disorder, psoriasis, HTN, HLD, and chronic constipation presented to ER c/o constipation 3-4 weeks. Has tried everything including prune juice, miralax, senna, Mag citrate, enemas, and papaya. CT AP as noted questionable distal colon stricture and distal terminal ileum (see report). Gen Sx evaluated pt and advised no Sx intervention needed.

Has seen GI in Feb 2023 and had normal colonoscopy

Problem list:**Obstipation**

- Hx of psych medication associated constipation managed with bowel regimen. No longer effective with clinical obstipation. Hx of normal colonoscopy/EGD 9/2022. Last seen by GI 4 months ago. CT AP with findings suggestive for stricture but surgical review of CT offered bowel regimen for management.
- s/p warm water enema, Miralax, Lactulose, Pericolace, golytely
- monitor and cont senna, colace, lactulose, and miralax for another 1-2 days
- Gen Sx: no Sx intervention needed
- await GI F/U on monday

IBD (inflammatory bowel disease)

- normal EGD/colonoscopy previously. No evidence for IBD, maybe IBS?
- Continue as noted above.

Chronic pain syndrome/ Pelvic pain in male

- followed by outpt pain clinic. Continue outpt regimen: subutex 2 mg SL daily

Bipolar 1 disorder

- stable, continue with outpt regimen of Depakote, Paxil, Namenda, Seroquel. Monitor.

Psoriasis

- Humira injections every two weeks. Hold for now.

Encounter for screening for COVID-19

- Pfizer vaccinated x 4, COVID Ag negative. No isolation warranted.

Weight loss

- 20 lbs in past 5 mos per pt

PPx: lovenox **Diet:** dental soft **Code:** full **Dispo:** home 3-5 days

Imaging

CT A/P:

prominent distention of a segment of distal ileum

Progress Notes (continued)

immediately upstream of the terminal ileum which is nondistended.

Secondly there is a large amount of stool throughout the colon which does not include the very distal rectum

There is persistent or recurrent prominent

distention of the distal ileum which does not involve terminal ileum.

This raise the possibility of stricturing of the terminal ileum.

Labs
Results from last 7 days

Lab	Units	07/01/23
POTASSIUM	mmol/L	0550
CHLORIDE	mmol/L	4.2
CO2	mmol/L	106
BUN	mg/dL	27
CREATININE	mg/dL	19
GLUCOSE	mg/dL	0.9
CALCIUM	mg/dL	74
		8.4

Results from last 7 days

Lab	Units	07/01/23
WBC	10*3/mcl	0550
HEMOGLOBIN	g/dL	4.2*
HEMATOCRIT	%	11.3*
PLATELETS	10*3/mcl	33.8*
AUTO		131*

Current Meds

Current Facility-Administered Medications:

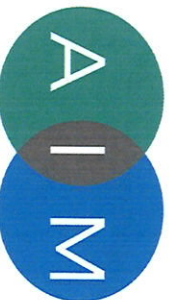
- acetaminophen (TYLENOL) tablet 650 mg, 650 mg, oral, q6h PRN, Yong, Benson W, DO
- benztropine (COGENTIN) tablet 1 mg, 1 mg, oral, BID PRN, Yong, Benson W, DO
- buprenorphine (SUBUTEX) SL tablet 2 mg, 2 mg, sublingual, Daily, Yong, Benson W, DO, 2 mg at 07/01/23 0918
- cyanocobalamin (VITAMIN B-12) tablet 1,000 mcg, 1,000 mcg, oral, Daily, Yong, Benson W, DO, 1,000 mcg at 07/01/23 0916
- diazepam (VALIUM) tablet 2.5 mg, 2.5 mg, oral, q12h PRN, Yong, Benson W, DO
- divalproex (DEPAKOTE) DR tablet 1,000 mg, 1,000 mg, oral, Nightly, Yong, Benson W, DO, 1,000 mg at 06/30/23 2232
- docusate sodium (COLACE) capsule 100 mg, 100 mg, oral, BID, Yong, Benson W, DO, 100 mg at 07/01/23 0919
- enoxaparin (LOVENOX) syringe 40 mg, 40 mg, subcutaneous, Nightly, Yong, Benson W, DO, 40 mg at 06/30/23 2249
- lactulose (CHRONULAC) 10 gram/15 mL solution 20 g, 20 g, oral, TID, Yong, Benson W, DO, 20 g at 07/01/23 0916
- memantine (NAMENDA) tablet 5 mg, 5 mg, oral, BID, Yong, Benson W, DO, 5 mg at 07/01/23 0916

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**Progress Notes (continued)**

- PARoxetine (PAXIL) tablet 40 mg, 40 mg, oral, Daily, Yong, Benson W, DO, 40 mg at 07/01/23 0916
- polyethylene glycol (GLYCOLAX) packet 17 g, 17 g, oral, Daily, Yong, Benson W, DO, 17 g at 07/01/23 0916
- promethazine (PHENERGAN) tablet 25 mg, 25 mg, oral, q6h PRN **OR** promethazine (PHENERGAN) suppository 25 mg, 25 mg, rectal, q12h PRN, Yong, Benson W, DO
- propranolol (INDERAL) tablet 20 mg, 20 mg, oral, BID, Yong, Benson W, DO, 20 mg at 07/01/23 0916
- QUetiapine (SEROquel) tablet 300 mg, 300 mg, oral, Nightly, Yong, Benson W, DO, 150 mg at 06/30/23 2247
- senna (SENOKOT) tablet 17.2 mg, 2 tablet, oral, BID, Yong, Benson W, DO, 17.2 mg at 07/01/23 0917
- sodium chloride 0.9% infusion, 50 mL/hr, intravenous, Continuous, Yong, Benson W, DO, Last Rate: 50 mL/hr at 07/01/23 1316, 50 mL/hr at 07/01/23 1316
- [COMPLETED] Insert peripheral IV,,, Once **AND** Maintain IV access,,, Until discontinued **AND** [COMPLETED] Saline lock IV,,, Once **AND** sodium chloride flush 10 mL, 10 mL, intravenous, q8h, 10 mL at 07/01/23 1252
- **AND** sodium chloride flush 10 mL, 10 mL, intravenous, q1h PRN, Yong, Benson W, DO

Sandy Ramirez, MD**7/1/2023**

Following 2021 Coding Guidelines: A total of 35 minutes was spent in one or more of the following activities: preparing to see the patient, obtaining and/or reviewing history, performing medical exam, counseling and/or educating patient or family, ordering medication, tests or procedures, referring or communicating with other health care professionals, documenting clinical information, independently interpreting results and communication results and/or care coordination.

ALAMEDA INPATIENT MEDICAL
Hospitalist Group  Acute/Post-Acute Care

Electronically signed by Ramirez, Sandy, MD at 7/1/2023 2:12 PM

Progress Notes by Cushman, James G, MD at 7/1/2023 0959**General Surgery Progress Note****Events**

No acute events overnight.

Subjective

Reports feeling better this morning, abdominal pain improved. Reports feels like he 'emptied out from below' but still 'needs to empty out the upper part.' Drank the milk of mag and had a tap water enema, had a BM yesterday and is passing flatus. Tolerating diet without nausea or emesis.

Objective:

Last 24 hour vitals:

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)Progress Notes (continued)

Temp: [36.4 °C (97.6 °F)-36.8 °C (98.2 °F)] 36.6 °C (97.9 °F)

Heart Rate: [60-90] 65

Resp: [17-18] 18

BP: (102-150)/(60-86) 128/86

Intake/Output Summary (Last 24 hours) at 7/1/2023 0959

Last data filed at 7/1/2023 0940

Gross per 24 hour

Intake 896.67 ml

Output —

Net 896.67 ml

Physical ExamConstitutional:

General: He is not in acute distress.

Appearance: He is not ill-appearing.

Cardiovascular:

Rate and Rhythm: Normal rate.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:Comments: **Soft, flat, nondistended, mild TTP in lower abdomen, no rebound or guarding**Skin:

General: Skin is warm and dry.

Neurological:

General: No focal deficit present.

Psychiatric:

Mood and Affect: Mood normal.

Recent labs:

Lab Results

Component	Value	Date
WBC	4.2 (L)	07/01/2023
HGB	11.3 (L)	07/01/2023
HCT	33.8 (L)	07/01/2023
MCV	94.7	07/01/2023
PLT	131 (L)	07/01/2023

Lab Results

Component	Value	Date
GLUCOSE	74	07/01/2023
CALCIUM	8.4	07/01/2023
K	4.2	07/01/2023
CO2	27	07/01/2023

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**Progress Notes (continued)**

CL	106	07/01/2023
BUN	19	07/01/2023
CREATININE	0.9	07/01/2023

Lab Results

Component	Value	Date
ALT	13	07/01/2023
AST	14	07/01/2023
ALPHOS	68	07/01/2023
BILITOT	0.4	07/01/2023

Recent diagnostic imaging:

No new imaging

Assessment/Plan:

Vincent Ho is a 54 y.o. male with hx of bipolar disorder, chronic pelvic pain/prostatitis, chronic constipation, ?IBD who presents with one month of constipation. Surgery consulted for CT findings of possible stricture in ileum. Patient remains hemodynamically normal without leukocytosis, not obstructed based on history and +BM and flatus.

- follow-up GI consult on Monday
- continue aggressive bowel regimen
- add nutritional supplements for weight loss
- surgery to follow peripherally

Patient seen with attending.

Emanuel Jaramillo, MD
General Surgery

Surgical Attending: I saw this patient with the surgical resident, including bedside rounds, review of pertinent labs and/or imaging, and discussion with the patient and/or family. I agree with the findings, recommendations and surgical care plans as noted. J Cushman, MD

Electronically signed by Cushman, James G, MD at 7/1/2023 12:46 PM

Discharge Summary

Discharge Summary by Ramirez, Sandy, MD at 7/3/2023 1249

Discharge Summary by Sandy Ramirez, MD 7/3/2023**DISCHARGE SUMMARY**

LOCATION: ALAMEDA HOSPITAL

PATIENT NAME: Vincent Ho

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**Discharge Summary (continued)****PATIENT DOB:** 11/6/1968**DATE OF ADMISSION:** 6/30/2023**DATE OF DISCHARGE:** 7/3/2023**OUTPATIENT PRIMARY CARE PROVIDER:** Raudaskoski, Luke, DO**CONSULTANTS:**

IP CONSULT TO GASTROENTEROLOGY

General Surgery Dr. Cushman

CODE STATUS:

Full Code: Full treatment

DISCHARGE DIAGNOSIS / HOSPITAL PROBLEMS

Principal Problem:

Obstipation

Active Problems:

IBD (inflammatory bowel disease)

Chronic pain syndrome

Pelvic pain in male

Bipolar 1 disorder (CMS/HCC)

Psoriasis

Encounter for screening for COVID-19

PROCEDURES: none**REASON FOR ADMISSION**

Vincent Ho is a 54 y.o. male c/o constipation.

For more details, please refer to the dictated history and physical done by Dr. Yong.

HOSPITAL COURSE BY PROBLEM LIST

54 yo M w/ PMHx of bipolar disorder, psoriasis, HTN, HLD, and chronic constipation presented to ER c/o constipation 3-4 weeks. Has tried everything including prune juice, miralax, senna, Mag citrate, enemas, and papaya. CT AP as noted questionable distal colon stricture and distal terminal ileum (see report). Gen Sx evaluated pt and advised no Sx intervention needed. GI described the ileum noted normal on previous scopes. Has seen GI in Feb 2023 and had normal colonoscopy. Possibility constipation/obstipation caused by his chronic meds. No urgent need for scoping during admission or further testing. Pt was able to have bowel movements without any n/v. Ambulatory and eating well. Felt medically stable to DC home.

Problem list:

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**Discharge Summary (continued)****Obstipation**

- Hx of psych medication associated constipation managed with bowel regimen. No longer effective with clinical obstipation. Hx of normal colonoscopy/EGD 9/2022. Last seen by GI 4 months ago. CT AP with findings suggestive for stricture but surgical review of CT offered bowel regimen for management.
- s/p warm water enema, Miralax, Lactulose, Pericolace, golytely
- monitor and cont senna, colace, lactulose, and miralax for another 1-2 days
- Gen Sx: no Sx intervention needed
- GI recs: cont bowel regimen, no urgent need to re-scope, no further testing needed while inpt
- discussed w/ pt possibility of chronic medication induced, including psych meds and pain meds

Hx of IBD (inflammatory bowel disease)

- normal EGD/colonoscopy previously. No evidence for IBD, maybe IBS?
- Continue as noted above.

Chronic pain syndrome/ Pelvic pain in male

- followed by outpt pain clinic. Continue outpt regimen: subutex 2 mg SL daily

Bipolar 1 disorder

- stable, continue with outpt regimen of Depakote, Paxil, Namenda, Seroquel. Monitor.

Psoriasis

- Humira injections every two weeks.

Encounter for screening for COVID-19

- Pfizer vaccinated x 4, COVID Ag negative. No isolation warranted.

Weight loss

- 20 lbs in past 5 mos per pt, will defer to O/P PCP

OTHER MEDICAL PROBLEMS/ MEDICAL & SURGICAL HISTORY:**Past Medical History:**

Diagnosis Date

- Bipolar disorder (CMS/HCC)
- Cirrhosis (CMS/HCC)
- Depression
- Fibromyalgia
- History of transfusion
as an infant
- Hypertension
- IBD (inflammatory bowel disease)

Past Surgical History:

Procedure Laterality Date

- APPENDECTOMY

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**Discharge Summary (continued)****DISCHARGE PHYSICAL EXAMINATION****Vital Signs Range:** Temp: [36.3 °C (97.4 °F)-37.3 °C (99.2 °F)] 36.6 °C (97.9 °F)

Heart Rate: [64-84] 71

Resp: [14-18] 18

BP: (92-116)/(53-72) 106/60

Visit Vitals

BP 106/60 (BP Location: Left arm,

Patient Position: Lying)

Pulse 71

Temp 36.6 °C (97.9 °F) (Oral)

Resp 18

Ht 1.702 m (5' 7.01")

Wt 61 kg (134 lb 7.7 oz)

SpO₂ 97%BMI 21.06 kg/m²

Smoking Status Former

BSA 1.71 m²

Gen: NAD, clear speech

Eyes: PERL

ENT: NC/AT

CV: RRR, no m/r/g

Resp: CTAB, no w/r/r

Abd: SNTND, +BS

Extr: No c/c/e, ambulatory, MAE

Neuropsych: AOX₃, nonfocal. Pleasant and appropriate

Skin: birth marks noted left flank (noted psoriasis vs eczema)

DIAGNOSTIC STUDIES: See Below**PENDING DIAGNOSTIC STUDIES:** none**DISPOSITION**

The patient will be discharged Home

ACTIVITY LEVEL: as tolerated**CONDITION AT THE TIME OF DISCHARGE:** stable**DISCHARGE DIET****Dietary Orders** (From admission, onward)

Start	Ordered
07/01/23	07/01/23
1002	1001
06/30/23	06/30/23
Dietary nutrition supplements Ensure plus; T1D; With meal(s)	
Once	
Adult diet Effective now Dental soft; Regular Diet effective now	

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**Discharge Summary (continued)**

Question	Answer	Comment
Supplement type:	Ensure plus	
Frequency:	TID	
Delivery:	With meal(s)	
2144	Question	Answer
	Diet texture:	Dental soft
	Diet type:	Regular
		Comment

ALLERGIES

No Known Allergies

DISCHARGE INSTRUCTIONS

1. PCP F/U within 2 weeks
2. Needs GI follow up as O/P

FOLLOW UP CARE**FOLLOW UP APPOINTMENTS:****Future Appointments**

Date	Time	Provider	Department	Center
8/7/2023	9:30 AM	Lim, Hansel, MD	HGH ADLT MED	OAK
8/11/2023	2:00 PM	HGH ORAL SURGERY	HGH Oral Sur	OAK

DIAGNOSTIC STUDIES**LABORATORY TEST RESULTS:****Results from last 7 days**

Lab	Units	07/01/23 0550	06/30/23 1655
WBC	10*3/mcl	4.2*	4.6
HEMOGLOBIN	g/dL	11.3*	13.4*
HEMATOCRIT	%	33.8*	41.0
PLATELETS	10*3/mcl	131*	139*
AUTO			

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)
Discharge Summary (continued)
Results from last 7 days

Lab	Units	07/01/23	06/30/23
		0550	1655
SODIUM	mmol/L	141	140
POTASSIUM	mmol/L	4.2	5.0
CHLORIDE	mmol/L	106	102
CO2	mmol/L	27	25
BUN	mg/dL	19	26*
CREATININE	mg/dL	0.9	1.1
EGFR	mL/min/1.73m ²	101	80
ANION GAP	mmol/L	8	13
CALCIUM	mg/dL	8.4	9.4
MAGNESIUM	mg/dL	2.48	--

Results from last 7 days

Lab	Units	07/01/23	06/30/23
		0550	1655
ALT	U/L	13	18
AST	U/L	14	29
ALK PHOS	U/L	68	77
PROTEIN TOTAL	g/dL	6.4	8.7*
ALBUMIN	g/dL	3.4*	4.4
BILIRUBIN	mg/dL	0.4	0.5
TOTAL			

Lab Results

Component	Value	Date
TSH	1.72	07/01/2023
FREET4	0.86	01/28/2020

EKG:

No results found for this or any previous visit (from the past 4464 hour(s)).

IMAGING STUDIES:
CT abdomen pelvis w IV contrast

Narrative: Radiation Dose CTDIVOL = 5.07 (mGy): DLP = 269.3 (mGy-cm)

PROCEDURE INFORMATION:

Exam: CT Abdomen And Pelvis With Contrast

Exam date and time: 6/30/2023 5:44 PM

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**Discharge Summary (continued)**

Age: 54 years old

Clinical indication: Other: Bowel obstruction suspected

TECHNIQUE:

Imaging protocol: Computed tomography of the abdomen and pelvis with contrast.

Radiation optimization: All CT scans at this facility use at least one of these dose optimization techniques: automated exposure control; mA and/or kV adjustment per patient size (includes targeted exams where dose is matched to clinical indication); or iterative reconstruction.

Contrast material: OMNIPaque 300; Contrast volume: 100 ml; Contrast route: INTRAVENOUS (IV);

REPORTING DATA:

Count of CT and Cardiac NM exams in prior 12 months: This patient has received 4 known CTs and 0 known cardiac nuclear medicine studies in the 12 months prior to the current study.

COMPARISON:

CT ABDOMEN PELVIS W IV CONTRAST 2/28/2023 1:57 AM

RADIATION DOSE METRICS:

CTDI volume (mGy): 5.07

Total DLP (mGy-cm): 269.3

FINDINGS:

Lungs: Unremarkable (to the extent visualized). No pleural effusion.

Liver: Normal. No focal solid lesion of concern.

Gallbladder and bile ducts: Negative- no biliary distension.

Pancreas: Normal. No duct dilation, mass or inflammation identified.

Spleen: Homogeneous, normal size.

Adrenal glands: Normal. No mass.

Kidneys and ureters: No acute findings- No hydronephrosis, calculus or solid mass.

Stomach and bowel: There is persistent or recurrent prominent distention of the distal ileum which does not involve terminal ileum. This raises the possibility of stricture of the terminal ileum.

Additionally there is a large amount of stool seen throughout the colon down to the level of the wrist or rectum which is nearly empty. This is similar appearance to the prior examination. No other GI tract findings of concern.

Appendix: No evidence of appendicitis.

Intraperitoneal space: Unremarkable. No free air or fluid collection.

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**Discharge Summary (continued)**

Vasculature: Unremarkable for this age group.

Lymph nodes: No lymphadenopathy is detected.

Urinary bladder: Unremarkable, considering the degree of filling.

Reproductive: Unremarkable as visualized.

Bones/joints: No acute osseus findings.

Soft tissues: Unremarkable.

Impression: 1. There are 2 GI tract findings which could indicate stricturing process or lesion. These are both persistent or recurrent findings.

First, there is prominent distention of a segment of distal ileum immediately upstream of the terminal ileum which is nondistended.

Secondly there is a large amount of stool throughout the colon which does not include the very distal rectum. Workout to exclude distal colonic obstruction is suggested.

2. No other visceral findings of concern.

ELECTRONICALLY SIGNED BY HOWARD MOUTCH, MD ON 06/30/2023 AT 18:33.

DISCHARGE MEDICATION LIST**Your medication list****START taking these medications**

	Instructions		Last Dose	Next Dose
			Given	Due

lactulose 10 gram/15 mL solution

Commonly known as: CHRONULAC

Take 30 mL
(20 g total) by
mouth 3
(three) times a
day if needed
(no BM in 5
days).

senna 8.6 mg tablet

Commonly known as: SENOKOT

Take 2 tablets
(17.2 mg total)
by mouth 2
(two) times a
day for 57
doses.

Discharge Summary (continued)

CHANGE how you take these medications

	Last Dose Given	Next Dose Due
--	--------------------	------------------

cyanocobalamin 1,000 mcg tablet	Take 1 tablet	
--	---------------	--

Commonly known as: VITAMIN B-12

by mouth

What changed: **when to take this**

daily

polyethylene glycol 17 gram packet

Commonly known as: GLYCOLAX

What changed: **when to take this**

Take 1 packet (17 g total) by mouth 3 times a day. (Mixing Instructions: Dissolve and mix each packet/capful of 17 grams in 8 oz. of fluid.) -ok to convert to nearest bottle package size per formulary
--

CONTINUE taking these medications

	Last Dose Given	Next Dose Due
--	--------------------	------------------

Austedo 12 mg tablet

Generic drug: deutetrabenazine

benztropine 1 mg tablet

Commonly known as: COGENTIN

buprenorphine 5 mcg/hour

Commonly known as: Butrans

Place 1 patch on the skin 1 (one) time per week.

buprenorphine-naloxone 8-2 mg per SL

tablet

Commonly known as: SUBOXONE

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**Discharge Summary (continued)**

	Last Dose	Next Dose
Instructions	Given	Due

diazepam 5 mg tablet

Commonly known as: VALIUM

divalproex 500 mg DR tablet

Commonly known as: DEPAKOTE

Humira Pen 40 mg/0.8 mL pen injector kit
pen

Generic drug: adalimumab

MEMANTINE 2.5 MG SPLIT TABLET

Commonly known as: NAMENDA

naloxone 4 mg/0.1 mL nasal spray

Commonly known as: NARCAN

PARoxetine 40 mg tablet

Commonly known as: PAXIL

propranolol 20 mg tablet

Commonly known as: Inderal

QUetiapine 100 mg tablet

Commonly known as: SEROquel

sennosides-docusate sodium 8.6-50 mg

per tablet

Commonly known as: PERICOLACE

Take 2 tablets
by mouth 2
(two) times a
day.**Where to Get Your Medications**

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**Discharge Summary (continued)**

These medications were sent to Wellspring Pharmacy - Oakland, CA - 4184C Piedmont Ave	4184C Piedmont Ave, Oakland CA 94611
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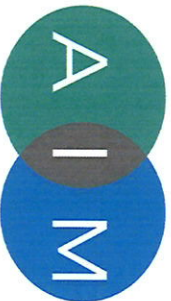
Phone: 510-428-1559

- lactulose 10 gram/15 mL solution
- polyethylene glycol 17 gram packet
- senna 8.6 mg tablet

Discharge Summary by Sandy Ramirez, MD 7/3/2023

TIME: More than 35 minutes were used to facilitate, coordinate, and organize this discharge including evaluation, examination, and addressing discharge needs as well as addressing the discharge related questions the patient/family had.

Thank you for including the Alameda Inpatient Medical (**AIM**) Hospitalists in the care of this patient.

Sandy Ramirez, MD**Internal Medicine / Hospitalist****7/3/2023****ALAMEDA INPATIENT MEDICAL**
Hospitalist Group  Acute/Post-Acute Care

Electronically signed by Ramirez, Sandy, MD at 7/3/2023 2:40 PM

Clinical Notes**Nursing Note****Martin, Anastasia, RN at 6/30/2023 2214**

Patent able to have a very big soft bm following enema. Dr yong advised

Electronically signed by Martin, Anastasia, RN at 6/30/2023 10:14 PM

Martin, Anastasia, RN at 6/30/2023 2158

Tap water enema completed. Patient tolerated well.

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**Clinical Notes (continued)**

Electronically signed by Martin, Anastasia, RN at 6/30/2023 9:58 PM

Martin, Anastasia, RN at 6/30/2023 2112

Patient states he is supposed to start a new dose of paxil next week and that right now the dose is still 40mg a day. Patient poor historian on medications and history of illnesses.

Electronically signed by Martin, Anastasia, RN at 6/30/2023 10:59 PM



06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)

Labs (continued)

Diabetes: > 126 mg/dL

Calcium	8.4	7.3 - 10.5 mg/dL	—	ALHL
AST (SGOT)	14	5 - 34 U/L	—	ALHL
ALT (SGPT)	13	<=55 U/L	—	ALHL
Alkaline Phosphatase	68	38 - 126 U/L	—	ALHL
Total Protein	6.4	6.3 - 8.2 g/dL	—	ALHL
Albumin	3.4	3.5 - 5.7 g/dL	L ^v	ALHL
Bilirubin, Total	0.4	0.2 - 1.2 mg/dL	—	ALHL
eGFR Calculation	101	>=60	—	ALHL
Sodium	141	137 - 145 mmol/L	—	ALHL
Potassium	4.2	3.6 - 5 mmol/L	—	ALHL
Anion Gap	8	6 - 19 mmol/L	—	ALHL
OSMOLALITY, CALCULATED	301	mosm/kg	—	ALHL

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000003 - ALHL	ALH CLINICAL LABORATORY	Valerie L. Ng, PhD, MD	2070 Clinton Avenue Alameda CA 94501	01/23/20 1005 - Present

Magnesium (Final result)

Specimen Information

ID	Type	Source	Collected By
23A-182C0072	Blood	Blood, Venous	Valladares, Dora 07/01/23 0550

Magnesium (Normal)

Resulted: 07/01/23 0716, Result status: Final result

Ordering provider: Yong, Benson W, DO 07/01/23 0400 Order status: Completed
Filed by: Isaac, Michael M. 07/01/23 0716 Collected by: Valladares, Dora 07/01/23 0550
Resulting lab: ALH CLINICAL LABORATORY CLIA number: 05D0597301

Components

Component	Value	Reference Range	Flag	Lab
MAGNESIUM	2.48	1.6 - 2.6 mg/dL	—	ALHL

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000003 - ALHL	ALH CLINICAL LABORATORY	Valerie L. Ng, PhD, MD	2070 Clinton Avenue Alameda CA 94501	01/23/20 1005 - Present

TSH w/Reflex to FT4 if Abnormal (Final result)

Specimen Information

ID	Type	Source	Collected By
23A-182C0072	Blood	Blood, Venous	Valladares, Dora 07/01/23 0550

TSH w/Reflex to FT4 if Abnormal (Normal)

Resulted: 07/01/23 0749, Result status: Final result

Ordering provider: Yong, Benson W, DO 07/01/23 0400 Order status: Completed
Filed by: Isaac, Michael M. 07/01/23 0749 Collected by: Valladares, Dora 07/01/23 0550
Resulting lab: ALH CLINICAL LABORATORY CLIA number: 05D0597301

Labs

CBC (Final result)

Specimen Information

ID	Type	Source	Collected By
23A-182H0025	Blood	Blood, Venous	Valladares, Dora 07/01/23 0550

CBC (Abnormal)

Resulted: 07/01/23 0746, Result status: Final result

Ordering provider: Yong, Benson W, DO 07/01/23 0400 Order status: Completed
 Filed by: Voellm, Cherilyn 07/01/23 0746 Collected by: Valladares, Dora 07/01/23 0550
 Resulting lab: ALH CLINICAL LABORATORY CLIA number: 05D0597301

Components

Component	Value	Reference Range	Flag	Lab
WBC	4.2	4.5 - 11.5 10 ³ /mcl	L▼	ALHL
RBC	3.57	4.60 - 6.00 10 ⁶ /mcl	L▼	ALHL
Comment: Adult Female: 4.00-5.40 10 ⁶ /mcl; Adult Male: 4.60-6.00 10 ⁶ /mcl				
Hemoglobin	11.3	14.0 - 18.0 g/dL	L▼	ALHL
Comment: Adult Female: 12.0-15.0 g/dL; Adult Male: 14.0-18.0 g/dL				
Hematocrit	33.8	40.0 - 54.0 %	L▼	ALHL
Comment: Adult Female: 35.0-49.0 %; Adult Male: 40.0-54.0 %				
MCV	94.7	80.0 - 100.0 fL	—	ALHL
MCH	31.6	26.0 - 32.0 pg	—	ALHL
MCHC	33.4	32.0 - 36.0 g/dL	—	ALHL
RDW	12.8	11.5 - 14.5 %	—	ALHL
Platelet Count	131	150 - 450 10 ³ /mcl	L▼	ALHL
Mean Platelet Volume	9.5	7.4 - 10.4 fL	—	ALHL

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000003 - ALHL	ALH CLINICAL LABORATORY	Valerie L. Ng, PhD, MD	2070 Clinton Avenue Alameda CA 94501	01/23/20 1005 - Present

Comprehensive metabolic panel (Final result)

Specimen Information

ID	Type	Source	Collected By
23A-182C0072	Blood	Blood, Venous	Valladares, Dora 07/01/23 0550

Comprehensive metabolic panel (Abnormal)

Resulted: 07/01/23 0716, Result status: Final result

Ordering provider: Yong, Benson W, DO 07/01/23 0400 Order status: Completed
 Filed by: Isaac, Michael M, 07/01/23 0716 Collected by: Valladares, Dora 07/01/23 0550
 Resulting lab: ALH CLINICAL LABORATORY CLIA number: 05D0597301

Components

Component	Value	Reference Range	Flag	Lab
Chloride	106	98 - 107 mmol/L	—	ALHL
Carbon Dioxide	27	15 - 30 mmol/L	—	ALHL
Urea Nitrogen (BUN)	19	7 - 21 mg/dL	—	ALHL
Creatinine	0.9	0.6 - 1.3 mg/dL	—	ALHL
Glucose	74	70 - 100 mg/dL	—	ALHL
Comment:				
Fasting				
Normal: < 100 mg/dL				
Prediabetes: 100-125 mg/dL				

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)
Labs (continued)

Components				
Component	Value	Reference Range	Flag	Lab
TSH	1.72	0.48 - 5.80	—	ALHL
mIU/mL				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000003 - ALHL	ALH CLINICAL LABORATORY	Valerie L. Ng, PhD, MD	2070 Clinton Avenue Alameda CA 94501	01/23/20 1005 - Present

SLH/ALH Rapid COVID test (Final result)
Specimen Information

ID	Type	Source	Collected By
23A-181C0248	Swab	Nares	Martin, Anastasia, RN 06/30/23 2046

SLH/ALH Rapid COVID test (Normal)

Resulted: 06/30/23 2125, Result status: Final result

 Ordering provider: O'Brien, Hannah J, PA-C 06/30/23 2020
 Filed by: Suwal, Coral 06/30/23 2125
 Resulting lab: ALH CLINICAL LABORATORY

 Order status: Completed
 Collected by: Martin, Anastasia, RN 06/30/23 2046
 CLIA number: 05D0597301

Components

Component	Value	Reference Range	Flag	Lab
SARS CoV 2 Ag	Negative	Negative	—	ALHL

 Comment:
 Negative(Not-detected) results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.

 FDA - Provider Fact Sheet - <https://www.fda.gov/media/141568/download>

 FDA - Patient Fact Sheet - <https://www.fda.gov/media/141569/download>

The Abbott Binax SARS-CoV-2 assay, a lateral flow immunoassay, is only for use under the Food and Drug Administration's Emergency Use Authorization.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000003 - ALHL	ALH CLINICAL LABORATORY	Valerie L. Ng, PhD, MD	2070 Clinton Avenue Alameda CA 94501	01/23/20 1005 - Present

SLH/ALH Standard COVID test (Final result)
Specimen Information

ID	Type	Source	Collected By
23A-181C0249	Swab	Oropharyngeal and Nares Swabs	Martin, Anastasia, RN 06/30/23 2046

SLH/ALH Standard COVID test (Normal)

Resulted: 07/01/23 1445, Result status: Final result

 Ordering provider: O'Brien, Hannah J, PA-C 06/30/23 2020
 Filed by: Lab, Background User 07/01/23 1445
 Resulting lab: ALH CLINICAL LABORATORY

 Order status: Completed
 Collected by: Martin, Anastasia, RN 06/30/23 2046
 CLIA number: 05D0597301

Components

Labs (continued)

Component	Value	Reference Range	Flag	Lab
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SARS CoV 2 RNA

Not Detected Not Detected

— ALHL

Comment:

Negative(Not-detected) results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.

 FDA - Provider Fact Sheet - <https://www.fda.gov/media/137177/download>

 FDA - Patient Fact Sheet - <https://www.fda.gov/media/137180/download>

The Aliplex® SARS-CoV-2 real time PCR assay (Seegene®), a nucleic acid amplification test (NAAT) to detect SARS CoV-2 RNA, is only for use under the Food and Drug Administration's Emergency Use Authorization.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000003 - ALHL	ALH CLINICAL LABORATORY	Valerie L. Ng, PhD, MD	2070 Clinton Avenue Alameda CA 94501	01/23/20 1005 - Present

CBC and Differential (Final result)

Specimen Information

ID	Type	Source	Collected By
23A-181H0067	Blood	Blood, Venous	Martin, Anastasia, RN 06/30/23 1655

CBC and Differential (Abnormal)

 Ordering provider: O'Brien, Hannah J, PA-C 06/30/23 1601
 Filed by: Asgodom, Yonatan F. 06/30/23 1711
 Resulting lab: ALH CLINICAL LABORATORY

 Resulted: 06/30/23 1711, Result status: Final result
 Order status: Completed
 Collected by: Martin, Anastasia, RN 06/30/23 1655
 CLIA number: 05D0597301

Components

Component	Value	Reference Range	Flag	Lab
WBC	4.6	4.5 - 11.5 10 ³ /mcl	—	ALHL
RBC	4.33	4.60 - 6.00 10 ⁶ /mcl	L V	ALHL
Hemoglobin	13.4	14.0 - 18.0 g/dL	L V	ALHL
Comment: Adult Female: 12.0-15.0 g/dL; Adult Male: 14.0-18.0 g/dL				
Hematocrit	41.0	40.0 - 54.0 %	—	ALHL
Comment: Adult Female: 35.0-49.0 %; Adult Male: 40.0-54.0 %				
MCV	94.7	80.0 - 100.0 fL	—	ALHL
MCH	31.0	26.0 - 32.0 pg	—	ALHL
MCHC	32.7	32.0 - 36.0 g/dL	—	ALHL
RDW	12.8	11.5 - 14.5 %	—	ALHL
Platelet Count	139	150 - 450 10 ³ /mcl	L V	ALHL
Mean Platelet Volume	8.6	7.4 - 10.4 fL	—	ALHL
Neutrophil Auto %	63.4	50.0 - 70.0 %	—	ALHL
Lymphocyte Auto %	29.3	18.0 - 42.0 %	—	ALHL
Monocyte Auto %	4.8	2.0 - 11.0 %	—	ALHL
Eosinophil Auto %	1.1	1.0 - 3.0 %	—	ALHL
Basophil Auto %	1.4	0.0 - 2.0 %	—	ALHL
Neutrophil #	2.94	2.30 - 8.10 10 ³ /mcl	—	ALHL
Lymphocyte #	1.36	0.80 - 4.80 10 ³ /mcl	—	ALHL
Monocyte #	0.22	0.50 - 1.30	L V	ALHL



06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)

Labs (continued)

Eosinophil #	0.05	10 ³ /mcl	—	ALHL
		0.00 - 0.45		
		10 ³ /mcl		
basophil #	0.06	0.00 - 0.10	—	ALHL
		10 ³ /mcl		

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000003 - ALHL	ALH CLINICAL LABORATORY	Valerie L. Ng, PhD, MD	2070 Clinton Avenue Alameda CA 94501	01/23/20 1005 - Present

Comprehensive metabolic panel (Final result)

Specimen Information

ID	Type	Source	Collected By
23A-181C0158	Blood	Blood, Venous	Martin, Anastasia, RN 06/30/23 1655

Comprehensive metabolic panel (Abnormal)

Ordering provider: O'Brien, Hannah J, PA-C 06/30/23 1601	Order status: Completed
Filed by: Suwal, Coral 06/30/23 1733	Collected by: Martin, Anastasia, RN 06/30/23 1655
Resulting lab: ALH CLINICAL LABORATORY	CLIA number: 05D0597301

Components

Component	Value	Reference Range	Flag	Lab
Chloride	102	98 - 107 mmol/L	—	ALHL
Carbon Dioxide	25	15 - 30 mmol/L	—	ALHL
Urea Nitrogen (BUN)	26	7 - 21 mg/dL	H^	ALHL
Creatinine	1.1	0.6 - 1.3 mg/dL	—	ALHL
Glucose	80	70 - 100 mg/dL	—	ALHL

Comment:

Fasting
Normal: < 100 mg/dL
Prediabetes: 100-125 mg/dL
Diabetes: > 126 mg/dL

Calcium	9.4	7.3 - 10.5 mg/dL	—	ALHL
AST (SGOT)	29	5 - 34 U/L	—	ALHL
ALT (SGPT)	18	<=55 U/L	—	ALHL
Alkaline Phosphatase	77	38 - 126 U/L	—	ALHL
Total Protein	8.7	6.3 - 8.2 g/dL	H^	ALHL
Albumin	4.4	3.5 - 5.7 g/dL	—	ALHL
Bilirubin, Total	0.5	0.2 - 1.2 mg/dL	—	ALHL
eGFR Calculation	80	>=60 mL/min/1.73m ²	—	ALHL
Sodium	140	137 - 145 mmol/L	—	ALHL
Potassium	5.0	3.6 - 5 mmol/L	—	ALHL
Anion Gap	13	6 - 19 mmol/L	—	ALHL
OSMOLALITY, CALCULATED	304	mosm/kg	—	ALHL

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000003 - ALHL	ALH CLINICAL LABORATORY	Valerie L. Ng, PhD, MD	2070 Clinton Avenue Alameda CA 94501	01/23/20 1005 - Present

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**Labs (continued)****Lipase (Final result)****Specimen Information**

ID	Type	Source	Collected By
23A-181C0158	Blood	Blood, Venous	Martin, Anastasia, RN 06/30/23 1655

Lipase (Normal)

Resulted: 06/30/23 1733, Result status: Final result

Ordering provider: O'Brien, Hannah J, PA-C 06/30/23 1601

Order status: Completed

Filed by: Suwal, Coral 06/30/23 1733

Collected by: Martin, Anastasia, RN 06/30/23 1655

Resulting lab: ALH CLINICAL LABORATORY

CLIA number: 05D0597301

Components

Component	Value	Reference Range	Flag	Lab
Lipase	14	8 - 78 U/L	—	ALHL

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000003 - ALHL	ALH CLINICAL LABORATORY	Valerie L. Ng, PhD, MD	2070 Clinton Avenue Alameda CA 94501	01/23/20 1005 - Present

Imaging**Imaging****CT abdomen pelvis w IV contrast (Final result)****CT abdomen pelvis w IV contrast**

Resulted: 06/30/23 1833, Result status: Final result

Ordering provider: O'Brien, Hannah J, PA-C 06/30/23 1630

Order status: Completed

Resulted by: Molitch, Howard I, MD

Filed by: Interface, Radiology Results In 06/30/23 1834

Performed: 06/30/23 1745 - 06/30/23 1800

Accession number: 21599682

Resulting lab: IMAGING

Narrative:

Radiation Dose CTDIVOL = 5.07 (mGy); DLP = 269.3 (mGy-cm)

PROCEDURE INFORMATION:

Exam: CT Abdomen And Pelvis With Contrast

Exam date and time: 6/30/2023 5:44 PM

Age: 54 years old

Clinical indication: Other: Bowel obstruction suspected

TECHNIQUE:

Imaging protocol: Computed tomography of the abdomen and pelvis with contrast.

Radiation optimization: All CT scans at this facility use at least one of these dose optimization techniques: automated exposure control; mA and/or kV adjustment per patient size (includes targeted exams where dose is matched to clinical indication); or iterative reconstruction.

Contrast material: OMNIPAQUE 300; Contrast volume: 100 ml; Contrast route: INTRAVENOUS (IV);

REPORTING DATA:

Count of CT and Cardiac NM exams in prior 12 months: This patient has received 4 known CTs and 0 known cardiac nuclear medicine studies in the 12 months prior to the current study.

COMPARISON:

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**Imaging (continued)**

CT ABDOMEN PELVIS W IV CONTRAST 2/28/2023 1:57 AM

RADIATION DOSE METRICS:

CTDI volume (mGy): 5.07

Total DLP (mGy-cm): 269.3

FINDINGS:

Lungs: Unremarkable (to the extent visualized). No pleural effusion.

Liver: Normal. No focal solid lesion of concern.

Gallbladder and bile ducts: Negative- no biliary distension.

Pancreas: Normal. No duct dilation, mass or inflammation identified.

Spleen: Homogeneous, normal size.

Adrenal glands: Normal. No mass.

Kidneys and ureters: No acute findings- No hydronephrosis, calculus or solid mass.

Stomach and bowel: There is persistent or recurrent prominent distention of the distal ileum which does not involve terminal ileum.

This raise the possibility of strictureing of the terminal ileum.

Additionally there is a large amount of stool seen throughout the colon down to the level of the wrist or rectum which is nearly empty.

This is similar appearance to the prior examination. No other GI tract findings of concern.

Appendix: No evidence of appendicitis.

Intraperitoneal space: Unremarkable. No free air or fluid collection.

Vasculature: Unremarkable for this age group.

Lymph nodes: No lymphadenopathy is detected.

Urinary bladder: Unremarkable, considering the degree of filling.

Reproductive: Unremarkable as visualized.

Bones/joints: No acute osseous findings.

Soft tissues: Unremarkable.

Impression:

1. There are 2 GI tract findings which could indicate strictureing process or lesion. These are both persistent or recurrent findings. First, there is prominent distention of a segment of distal ileum immediately upstream of the terminal ileum which is nondistended. Secondly there is a large amount of stool throughout the colon which does not include the very distal rectum. Workout to exclude distal colonic obstruction is suggested.
2. No other visceral findings of concern.

ELECTRONICALLY SIGNED BY HOWARD MOLITCH, MD ON 06/30/2023 AT 18:33.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - IMG	IMAGING	Unknown	Unknown	07/16/14 1111 - Present

CT abdomen pelvis w IV contrast

Resulted: 06/30/23 1745, Result status: In process

Ordering provider: O'Brien, Hannah J, PA-C 06/30/23 1630

Resulted by: Molitch, Howard I, MD

Performed: 06/30/23 1745 - 06/30/23 1800

Resulting lab: IMAGING

Order status: Completed
Filed by: Thompson, Stephen 06/30/23 1745
Accession number: 21599682**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - IMG	IMAGING	Unknown	Unknown	07/16/14 1111 - Present

Imaging (continued)

Signed

Electronically signed by Molitch, Howard I, MD on 6/30/23 at 1833 PDT

Medication List

Medication List

① This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

QUetiapine (SEROquel) 100 mg tablet

Instructions: Take 1.5 tablets (150 mg total) by mouth every night at bedtime.
Entered by: Hankton, Jasmine, RN
Entered on: 10/4/2019
Start date: 1/19/2018

divalproex (DEPAKOTE) 500 mg DR tablet

Instructions: Take 2 tablets (1,000 mg total) by mouth every night at bedtime.
Entered by: Hankton, Jasmine, RN
Entered on: 10/4/2019

diazepam (VALIUM) 5 mg tablet

Instructions: Take 0.5 tablets (2.5 mg total) by mouth every 12 (twelve) hours if needed for anxiety.
Entered by: Hankton, Jasmine, RN
Entered on: 10/4/2019

PARoxetine (PAXIL) 40 mg tablet

Instructions: Take 1 tablet (40 mg total) by mouth daily.
Entered by: Hankton, Jasmine, RN
Start date: 7/25/2017
Entered on: 10/4/2019

HUMIRA PEN 40 mg/0.8 mL pen injector kit

Instructions: Inject 0.8 mL (40 mg total) under the skin every 14 (fourteen) days.
Entered by: Zhao, Ludan, MD
Start date: 10/23/2019
Entered on: 11/2/2020

benztropine (COGENTIN) 1 mg tablet

Instructions: Take 1 tablet (1 mg total) by mouth 2 (two) times a day if needed for tremors.
Entered by: Zhao, Ludan, MD
Entered on: 11/2/2020

MEMANTINE 2.5 MG SPLIT TABLET (NAMENDA)

Instructions: Take 2 tablets (5 mg total) by mouth 2 (two) times a day.
Entered by: Zhao, Ludan, MD
Entered on: 11/2/2020

buprenorphine-naloxone (SUBOXONE) 8-2 mg per SL tablet

Instructions: Place 1 tablet under the tongue 1 (one) time each day if needed (For Sx not controlled by PO). 2 mg tablet
Entered by: Run, Charlet B., MA
Entered on: 10/31/2022

cyanocobalamin (VITAMIN B-12) 1,000 mcg tablet

Instructions: Take 1 tablet by mouth daily
Authorized by: Lash, Bhrett A, MD
Start date: 1/26/2023
Quantity: 30 tablet
Ordered on: 1/26/2023
Action: Patient taking differently
Refill: 11 refills by 1/26/2024

Austedo 12 mg tablet

Instructions: Take 12 mg by mouth 2 (two) times a day.
Entered by: Oriedo, Anthony, RN
Start date: 1/12/2023
Entered on: 2/27/2023



06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)

Medication List (continued)

naloxone (NARCAN) 4 mg/0.1 mL nasal spray

Instructions: Administer 1 spray into one nostril.
Entered by: Oriedo, Anthony, RN
Start date: 4/5/2022
Entered on: 2/27/2023

propranolol (INDERAL) 20 mg tablet

Instructions: Take 1 tablet (20 mg total) by mouth 1 (one) time each day.
Entered by: Oriedo, Anthony, RN
Start date: 1/9/2023
Entered on: 2/27/2023

buprenorphine (Butrans) 5 mcg/hour

Instructions: Place 1 patch on the skin 1 (one) time per week.
Authorized by: Beane, Eric, PA-C
Start date: 3/9/2023
Ordered on: 3/9/2023
Quantity: 4 patch
Refill: No refills remaining

semmosides-docusate sodium (PERICOLACE) 8.6-50 mg per tablet

Instructions: Take 2 tablets by mouth 2 (two) times a day.
Authorized by: Afzali, Edris M, MD
Start date: 6/16/2023
Ordered on: 6/16/2023
Quantity: 6 tablet
Refill: No refills remaining

polyethylene glycol (GLYCOLAX) 17 gram packet

Discontinued by: Ramirez, Sandy, MD
Reason for discontinuation: Reorder
Instructions: Take 1 packet (17 g total) by mouth 1 (one) time each day. (Mixing Instructions: Dissolve and mix each packet/cupful of 17 grams in 8 oz. of fluid.) -ok to convert to nearest bottle package size per formulary
Authorized by: Maharjan, Deenu, MD
Start date: 6/26/2023
Ordered on: 6/26/2023
End date: 7/3/2023
Quantity: 30 packet
Refill: 1 refill by 6/25/2024

Discharge Medication List

quetiapine (SEROQUEL) 100 mg tablet

Instructions: Take 1.5 tablets (150 mg total) by mouth every night at bedtime.
Entered by: Hankton, Jasmine, RN
Start date: 1/19/2018
Entered on: 10/4/2019

divalproex (DEPAKOTE) 500 mg DR tablet

Instructions: Take 2 tablets (1,000 mg total) by mouth every night at bedtime.
Entered by: Hankton, Jasmine, RN
Entered on: 10/4/2019

diazepam (VALIUM) 5 mg tablet

Instructions: Take 0.5 tablets (2.5 mg total) by mouth every 12 (twelve) hours if needed for anxiety.
Entered by: Hankton, Jasmine, RN
Entered on: 10/4/2019

paroxetine (PAXIL) 40 mg tablet

Instructions: Take 1 tablet (40 mg total) by mouth daily.
Entered by: Hankton, Jasmine, RN
Start date: 7/25/2017
Entered on: 10/4/2019

HUMIRA PEN 40 mg/0.8 mL pen injector kit

Instructions: Inject 0.8 mL (40 mg total) under the skin every 14 (fourteen) days.
Entered by: Zhao, Lucan, MD
Start date: 10/23/2019
Entered on: 11/2/2020

benztropine (COGENTIN) 1 mg tablet

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**Medication List (continued)**

Instructions: Take 1 tablet (1 mg total) by mouth 2 (two) times a day if needed for tremors.
Entered by: Zhao, Ludan, MD
Entered on: 1/2/2020

MEMANTINE 2.5 MG SPLIT TABLET (NAMENDA)

Instructions: Take 2 tablets (5 mg total) by mouth 2 (two) times a day.
Entered by: Zhao, Ludan, MD
Entered on: 1/2/2020

buprenorphine-naloxone (SUBOXONE) 8-2 mg per SL tablet

Instructions: Place 1 tablet under the tongue 1 (one) time each day if needed (For Sx not controlled by PO). 2 mg tablet
Entered by: Run, Charlet B., MA
Entered on: 10/31/2022

cyanocobalamin (VITAMIN B-12) 1,000 mcg tablet

Instructions: Take 1 tablet by mouth daily
Authorized by: Lash, Bhrett A., MD
Start date: 1/26/2023
Quantity: 30 tablet
Ordered on: 1/26/2023
Action: Patient taking differently
Refill: 11 refills by 1/26/2024

Austedo 12 mg tablet

Instructions: Take 12 mg by mouth 2 (two) times a day.
Entered by: Oriedo, Anthony, RN
Start date: 1/12/2023
Entered on: 2/27/2023

naloxone (NARCAN) 4 mg/0.1 mL nasal spray

Instructions: Administer 1 spray into one nostril.
Entered by: Oriedo, Anthony, RN
Start date: 4/5/2022
Entered on: 2/27/2023

propranolol (INDERAL) 20 mg tablet

Instructions: Take 1 tablet (20 mg total) by mouth 1 (one) time each day.
Entered by: Oriedo, Anthony, RN
Start date: 1/9/2023
Entered on: 2/27/2023

buprenorphine (Butrans) 5 mcg/hour

Instructions: Place 1 patch on the skin 1 (one) time per week.
Authorized by: Beane, Eric, PA-C
Start date: 3/9/2023
Quantity: 4 patch
Refill: No refills remaining

sennosides-docusate sodium (PERICOLACE) 8.6-50 mg per tablet

Instructions: Take 2 tablets by mouth 2 (two) times a day.
Authorized by: Afzali, Edris M., MD
Start date: 6/16/2023
Quantity: 6 tablet
Ordered on: 6/16/2023
Refill: No refills remaining

polyethylene glycol (GLYCOLAX) 17 gram packet

Instructions: Take 1 packet (17 g total) by mouth 3 times a day. (Mixing Instructions: Dissolve and mix each packet/capful of 17 grams in 8 oz. of fluid.) -ok to convert to nearest bottle package size per formulary
Authorized by: Ramirez, Sandy, MD
Start date: 7/3/2023
Quantity: 30 packet
Ordered on: 7/3/2023
Refill: 1 refill by 7/2/2024

lactulose (CHRONULAC) 10 gram/15 mL solution

Instructions: Take 30 mL (20 g total) by mouth 3 (three) times a day if needed (no BM in 5 days).
Authorized by: Ramirez, Sandy, MD
Start date: 7/3/2023
Quantity: 473 mL
Ordered on: 7/3/2023
End date: 8/2/2023
Refill: No refills remaining

senna (SENOKOT) 8.6 mg tablet

Instructions: Take 2 tablets (17.2 mg total) by mouth 2 (two) times a day for 57 doses.



Ho, Vincent
MRN: 13854146, DOB: 11/6/1968, Sex: M
Adm: 6/30/2023, D/C: 7/3/2023

HEALTH SYSTEM
06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)

Medication List (continued)

Authorized by: Ramirez, Sandy, MD	Ordered on: 7/3/2023
Start date: 7/3/2023	End date: 8/1/2023
Quantity: 1 14 tablet	Refill: No refills remaining

Stopped in Visit

None

Medication Comment

Yoo, Tina J., PharmD on 1/3/2020 1422

Home dose VPA DR is 1000mg HQS

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**Patient Education****Title: PT OT SLP Therapies ()****Topic: Physical Therapy (Resolved)****Point: Mobility Training (Resolved)****Description:**

Instruct learner(s) on safety and technique for assisting patient out of bed, chair or wheelchair. Instruct in the proper use of assistive devices, such as walker, crutches, cane or brace.

Patient Friendly Description: It's important to get you on your feet again, but we need to do so in a way that is safe for you. Falling has serious consequences, and your personal safety is the most important thing of all. When it's time to get out of bed, one of us or a family member will sit next to you on the bed to give you support. If your doctor or nurse tells you to use a walker, crutches, a cane, or a brace, be sure you use it every time you get out of bed, even if you think you don't need it.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840

Point: Home Exercise Program (Resolved)**Description:**

Instruct learner(s) on appropriate technique for monitoring, assisting and/or progressing patient with therapeutic exercises and activities.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840

Point: Body Mechanics (Resolved)**Description:**

Instruct learner(s) on proper positioning and spine alignment for patient and/or caregiver during mobility tasks and/or exercises.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840

Point: Precautions (Resolved)**Description:**

Instruct learner(s) on prescribed precautions during mobility and gait tasks

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840

Topic: Occupational Therapy (Resolved)**Point: ADL Training (Resolved)****Description:**

Instruct learner(s) on proper safety adaptation and remediation techniques during self care or transfers. Instruct in proper use of assistive devices.

Patient Education (continued)

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement	by IB at 7/12/2023 0826
	Acceptance, Explanation, Needs Reinforcement	by IB at 7/1/2023 0840

Point: Home Exercise Program (Resolved)

Description:

Instruct learner(s) on appropriate technique for monitoring, assisting and/or progressing therapeutic exercises/activities.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement	by IB at 7/12/2023 0826
	Acceptance, Explanation, Needs Reinforcement	by IB at 7/1/2023 0840

Point: Precautions (Resolved)

Description:

Instruct learner(s) on prescribed precautions during self-care and functional transfers.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement	by IB at 7/12/2023 0826
	Acceptance, Explanation, Needs Reinforcement	by IB at 7/1/2023 0840

Point: Body Mechanics (Resolved)

Description:

Instruct learner(s) on proper positioning and spine alignment during self-care, functional mobility activities and/or exercises.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement	by IB at 7/12/2023 0826
	Acceptance, Explanation, Needs Reinforcement	by IB at 7/1/2023 0840

Title: First-Dose Education ()

Points For This Title

Point: iohexol (Resolved)

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement	by IB at 7/12/2023 0826
	Acceptance, Explanation, Needs Reinforcement	by IB at 7/1/2023 0840

Point: Ringer's solution,lactated (Resolved)

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement	by IB at 7/12/2023 0826
	Acceptance, Explanation, Needs Reinforcement	by IB at 7/1/2023 0840

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**Patient Education (continued)****Point: sennosides (Resolved)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary**Patient**Acceptance, Explanation, **Needs Reinforcement** by IB at 7/2/2023 0826Acceptance, Explanation, **Needs Reinforcement** by IB at 7/1/2023 0840**Point: bisacodyl (Resolved)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary**Patient**Acceptance, Explanation, **Needs Reinforcement** by IB at 7/2/2023 0826Acceptance, Explanation, **Needs Reinforcement** by IB at 7/1/2023 0840**Point: docusate sodium (Resolved)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary**Patient**Acceptance, Explanation, **Needs Reinforcement** by IB at 7/2/2023 0826Acceptance, Explanation, **Needs Reinforcement** by IB at 7/1/2023 0840**Point: acetaminophen (Resolved)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary**Patient**Acceptance, Explanation, **Needs Reinforcement** by IB at 7/2/2023 0826Acceptance, Explanation, **Needs Reinforcement** by IB at 7/1/2023 0840**Point: divalproex sodium (Resolved)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary**Patient**Acceptance, Explanation, **Needs Reinforcement** by IB at 7/2/2023 0826Acceptance, Explanation, **Needs Reinforcement** by IB at 7/1/2023 0840**Point: benztropine mesylate (Resolved)**

Description:

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**Patient Education (continued)****Learning Progress Summary**

Patient	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840

Point: benzonatate (Resolved)**Description:**

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840

Point: propranolol HCl (Resolved)**Description:**

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840

Point: famotidine (Resolved)**Description:**

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840

Point: paroxetine HCl (Resolved)**Description:**

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840

Point: lamotrigine (Resolved)**Description:**

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840

Point: 0.9 % sodium chloride (Resolved)

Patient Education (continued)

Description:
 Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement	by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement	by IB at 7/1/2023 0840

Point: tramadol HCl (Resolved)

Description:
 Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement	by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement	by IB at 7/1/2023 0840

Point: memantine HCl (Resolved)

Description:
 Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement	by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement	by IB at 7/1/2023 0840

Point: quetiapine fumarate (Resolved)

Description:
 Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement	by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement	by IB at 7/1/2023 0840

Point: polyethylene glycol 3350 (Resolved)

Description:
 Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement	by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement	by IB at 7/1/2023 0840

Point: ondansetron HCl/PF (Resolved)

Description:
 Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)**Patient Education (continued)****Learning Progress Summary**

Patient	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840

Point: sodium chloride 0.9 % (flush) (Resolved)**Description:**

Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840

Title: General Patient Education ()**Topic: Pain Management (Resolved)****Point: Encourage Patient to Monitor Own Pain (Resolved)****Description:**

Provide patient with information on the Pain Rating Scale. Explain the rating scale of 0 to 10.

Patient Friendly Description: In order to make sure you're getting the right amount and kind of medicine, we'll be asking you about your pain regularly. We use a scale to track how you're feeling. A "0" means that you aren't in any pain at all, and a "10" is the worst pain you can possibly imagine. Decide how much pain you can bear, and we'll check regularly to make sure your pain stays below that number.

Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding, Needs Reinforcement by LS at 7/3/2023 1318
	Acceptance, Explanation, Verbalizes Understanding, Needs Reinforcement by LS at 7/3/2023 1317
	Acceptance, Explanation, Needs Reinforcement by TA at 7/2/2023 1838
	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Verbalizes Understanding, Needs Reinforcement by AN at 7/2/2023 0027
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement by OO at 7/1/2023 0153

Point: Discuss Significance of VAS Scores (Resolved)**Description:**

Refer to rating score of 0-10.

Patient Friendly Description: In order to make sure you're getting the right amount and kind of medicine, we'll be asking you about your pain regularly. We use a scale to track how you're feeling. A "0" means that you aren't in any pain at all, and a "10" is the worst pain you can possibly imagine. Decide how much pain you can bear, and we'll check regularly to make sure your pain stays below that number.

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)
Patient Education (continued)
Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding, Needs Reinforcement by LS at 7/3/2023 1318
	Acceptance, Explanation, Verbalizes Understanding, Needs Reinforcement by LS at 7/3/2023 1317
	Acceptance, Explanation, Needs Reinforcement by TA at 7/2/2023 1838
	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Verbalizes Understanding, Needs Reinforcement by AN at 7/2/2023 0027
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement by OO at 7/1/2023 0153

Point: Discuss the Use of Pain Control Measures Before Pain Becomes Severe (Resolved)
Description:

Take time to reiterate to patient that he/she should always let staff know if he/she is having difficulty breathing, pain or any discomfort at any time before pain becomes severe.

Patient Friendly Description: We want to keep you comfortable, and that means that we work with you to help BEFORE your pain gets too hard to manage. If you're having difficulty breathing, if you hurt, or if you are uncomfortable, let us know right away. Don't worry - even if you think it isn't a problem, we still want to know.

Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding, Needs Reinforcement by LS at 7/3/2023 1318
	Acceptance, Explanation, Verbalizes Understanding, Needs Reinforcement by LS at 7/3/2023 1317
	Acceptance, Explanation, Needs Reinforcement by TA at 7/2/2023 1838
	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Verbalizes Understanding, Needs Reinforcement by AN at 7/2/2023 0027
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement by OO at 7/1/2023 0153

Topic: Prevention (Resolved)
Point: When to Call the Doctor (Resolved)
Description:

Educate patient/family/caregiver on when to call the doctor.

Patient Friendly Description: Call the doctor right away if

1. Your ankles or legs swell up more.
2. Your shoes or socks get tight suddenly.
3. You can't catch your breath, even when you rest.
4. You gain 2 - 3 pounds in one day.
5. You gain 4 - 5 pounds in five days.
6. You don't have energy to do normal things like making breakfast or going to the grocery store.
7. You get dizzy or feel weak.
8. Your vision gets yellow or blue-green.
9. Your heartbeat changes, or it feels like there's a butterfly in your chest.
10. Your chest hurts.
11. Things look blurry.
12. You pass out or faint.
13. You get a cough that does not go away.

Patient Education (continued)

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by TA at 7/2/2023 1838
	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement by OO at 7/1/2023 0153

Point: Protect Others from Infection (Resolved)

Description:

Educate patient/family/caregiver on respiratory hygiene and cough etiquette. To protect from further infection and to protect others from getting an infection, patient should cover nose and mouth with tissues when coughing. Encourage patient to place used tissues in a plastic bag that will not allow secretions to soak through. Patient should always wash their hands after using or handling used tissues.

Patient Friendly Description: There are simple things you can do to stop from getting other people sick.

1. When you cough, cover both your nose and mouth with tissues.
2. Put your used tissues in a plastic bag and throw them away.
3. Wash your hands.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by TA at 7/2/2023 1838
	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement by OO at 7/1/2023 0153

Point: Protect Yourself from Further Infection (Resolved)

Description:

Educate patient/family/caregiver that because patient is in a weakened condition he/she needs to avoid others who are sick as to not acquire another illness. Family/caregiver should wear gloves, gown and face shield/eye protection.

Patient Friendly Description: Right now, your body is working very hard to get better, but it is still very weak. Stay away from other people who are sick. People who take care of you will need to wear a face protection, gloves, and a gown. This can stop you from getting sick again.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by TA at 7/2/2023 1838
	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement by OO at 7/1/2023 0153

Point: Demonstrate Handwashing (Resolved)

Description:

Educate patient/family/caregiver on how to perform proper hand hygiene. Explain that hand washing is the single most important step in preventing the spread of germs. Have the patient/family/caregiver demonstrate proper hand washing technique using

soap, water, friction, clean nails under running water, and dry hands on clean towel without touching dirty surfaces.

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)
Patient Education (continued)

Patient Friendly Description: Hand washing is important! It's the single most important step in preventing the spread of germs. The best way to wash your hands is to

1. Wet your hands with clean, running water (warm or cold) and apply soap.
2. Rub your hands together to make a lather and scrub them well; be sure to scrub the backs of your hands, between your fingers, and under your nails.
3. Continue rubbing your hands for at least 20 seconds.
4. Rinse your hands well under running water.
5. Dry your hands using a clean towel or air dry them.

Learning Progress Summary

Patient	
	Acceptance, Explanation, Needs Reinforcement by TA at 7/2/2023 1838
	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement by OO at 7/1/2023 0153

Topic: Self Care (Resolved)
Point: General Self Care (Resolved)

Description:

Instruct patient on self care needs. These may include: hygiene, how to take a blood pressure, how to change a dressing, etc.

Patient Friendly Description: We will give you guidance on how you can care for yourself. Let us know if you have questions.

Learning Progress Summary

Patient	
	Acceptance, Explanation, Verbalizes Understanding, Needs Reinforcement by LS at 7/3/2023 1318
	Acceptance, Explanation, Verbalizes Understanding, Needs Reinforcement by LS at 7/3/2023 1317
	Acceptance, Explanation, Needs Reinforcement by TA at 7/2/2023 1838
	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement by OO at 7/1/2023 0153

Point: Demonstrate Handwashing (Resolved)

Description:

Educate patient/family/caregiver on how to perform proper hand hygiene. Explain that hand washing is the single most important step in preventing the spread of germs. Have the patient/family/caregiver demonstrate proper hand washing technique using soap, water, friction, clean nails under running water, and dry hands on clean towel without touching dirty surfaces.

- Patient Friendly Description: Hand washing is important! It's the single most important step in preventing the spread of germs. The best way to wash your hands is to
1. Wet your hands with clean, running water (warm or cold) and apply soap.
 2. Rub your hands together to make a lather and scrub them well; be sure to scrub the backs of your hands, between your fingers, and under your nails.
 3. Continue rubbing your hands for at least 20 seconds.
 4. Rinse your hands well under running water.
 5. Dry your hands using a clean towel or air dry them.

Patient Education (continued)

Learning Progress Summary

Patient	Acceptance, Explanation, Verbalizes Understanding, Needs Reinforcement by LS at 7/3/2023 1318
	Acceptance, Explanation, Verbalizes Understanding, Needs Reinforcement by LS at 7/3/2023 1317
	Acceptance, Explanation, Needs Reinforcement by TA at 7/2/2023 1838
	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement by OO at 7/1/2023 0153

Topic: Medications (Resolved)

Point: Anticoagulant Therapy (Resolved)

Description:

Educate patient/family/caregiver on the Anticoagulant prescribed and provide educational materials. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed. The physician will order blood tests to see how long the blood takes to clot while taking this medication. The dose of this medication may be changed according to the results of these tests.

Patient Friendly Description: Anticoagulants stop your blood cells from sticking together, which can form a "clot" and give you a stroke. Your doctor will use blood tests to make sure you're getting exactly the right amount of this medicine. The amount of medicine you take might change based on the results of this test, so be sure you double-check with your doctor to make sure you're taking exactly the right amount.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by TA at 7/2/2023 1838
	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement by OO at 7/1/2023 0153

Point: Insulin (Resolved)

Description:

Educate patient/family/caregiver on the Insulin prescribed. Explain how insulin works in the body. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed. The physician will order blood tests. The dose of this medication may be changed according to the results of these tests.

Patient Friendly Description: We will give you info on the insulin(s) you will be taking. We will be discussing how insulin works in the body, the reason for taking it, any side effects, signs of allergic reaction, and when your doctor should be called. We will also discuss blood tests that need to be done on a regular basis. The dose of this medication may be changed according to the results of these tests.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by TA at 7/2/2023 1838
	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement by OO at 7/1/2023 0153

Point: Oral Hypoglycemic Agents (Resolved)

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)
Patient Education (continued)
Description:

Educate patient/family/caregiver on the Oral Hypoglycemic prescribed. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called.

Reinforce that this medication should be taken exactly as the physician has prescribed.

Patient Friendly Description: We will be giving you info on the hypoglycemic agents you may be taking. Hypoglycemic agents are medications to raise blood sugar. We will be discussing how hypoglycemic agents work in the body, the reason for taking them, any side effects, signs of allergic reaction, and when your doctor should be called.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by TA at 7/12/2023 1838
	Acceptance, Explanation, Needs Reinforcement by IB at 7/12/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement by OO at 7/1/2023 0153

Point: Non-Steroidal Anti-Inflammatory Drugs (Resolved)
Description:

Educate patient/family/caregiver on the NSAID prescribed and provide educational materials. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed.

Patient Friendly Description: We will be giving you info on the NSAIDs you will be taking. NSAIDs are anti-inflammatory medications. We will be discussing how NSAIDs work in the body, the reason for taking them, any side effects, signs of allergic reaction, and when your doctor should be called.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by TA at 7/12/2023 1838
	Acceptance, Explanation, Needs Reinforcement by IB at 7/12/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement by OO at 7/1/2023 0153

Point: Psychotropic Medications (Resolved)
Description:

Educate patient/family/caregiver on the Psychotropic medication prescribed. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed.

Patient Friendly Description: We will be giving you info on the psychiatric medications you may be taking. Psychiatric medications are medications given to affect mental activity, behavior and emotion. We will be discussing how psychiatric medications work in the body, the reason for taking them, any side effects, signs of allergic reaction, and when your doctor should be called.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by TA at 7/12/2023 1838
	Acceptance, Explanation, Needs Reinforcement by IB at 7/12/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement by OO at 7/1/2023 0153

Point: ACE Inhibitors (Resolved)
Description:

Educate patient/family/caregiver on the ACE Inhibitor prescribed and provide educational materials. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that

Patient Education (continued)

this medication should be taken exactly as the physician has prescribed.

Patient Friendly Description: ACE inhibitors stop your body from making chemicals that cause your arteries to narrow. Instead, your blood vessels relax and your heart doesn't need to work as hard to pump the blood you need. When you take ACE inhibitors, you might have a cough or feel dizzy. Call the doctor if you have a fainting spell, if your lips or tongue swells up, or if you have other unusual symptoms.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by TA at 7/2/2023 1838
	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement by OO at 7/1/2023 0153

Point: Angiotensin II Receptor Blockers (Resolved)**Description:**

Educate patient/family/caregiver on the Angiotensin II Receptor Blockers prescribed and provide educational materials. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called.

Reinforce that this medication should be taken exactly as the physician has prescribed.

Patient Friendly Description: ARB blockers stop your body from making chemicals that cause your arteries to narrow. Instead, your blood vessels relax and your heart doesn't need to work as hard to pump the blood you need. When you take ARB blockers, you might have a headache or feel dizzy. Call the doctor if parts of your body swell up, if you find it hard to breathe or swallow, if your voice is hoarse, or if you use the bathroom less frequently.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by TA at 7/2/2023 1838
	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement by OO at 7/1/2023 0153

Point: Beta Blockers (Resolved)**Description:**

Educate patient/family/caregiver on the Beta Blocker prescribed and provide educational materials. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that

this medication should be taken exactly as the physician has prescribed.

Patient Friendly Description: Beta-blockers can help your heart beat more slowly and reduce the work your heart does as well as the blood that it needs to pump. When you take ACE inhibitors, you might find it hard to sleep or you might be tired and cold. Call the doctor if you have a fainting spell, if your lips or tongue swells up, or if you have other unusual symptoms.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by TA at 7/2/2023 1838
	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement by OO at 7/1/2023 0153

Point: Digoxin (Resolved)

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)
Patient Education (continued)
Description:

Educate patient/family/caregiver on Digoxin and provide educational materials. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed. The physician will order a blood test to monitor the concentration of the drug in the patient's blood. The dose of this medication may be changed according to the results of this test.

Patient Friendly Description: Digoxin causes your heart to beat more strongly, so it can pump more blood with less work. It can increase the flow of blood through your body and stop your hands and ankles from swelling. Some men who take digoxin have trouble having sex or see their breasts get bigger. Call the doctor if you are short of breath or faint, if you are confused or hallucinating, if you are tired, weak, have blurry vision, or lose your appetite.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement	by TA at 7/12/2023 1838
	Acceptance, Explanation, Needs Reinforcement	by IB at 7/12/2023 0826
	Acceptance, Explanation, Needs Reinforcement	by IB at 7/11/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement	by OO at 7/11/2023 0153

Point: Diuretics (Resolved)
Description:

Educate patient/family/caregiver on the Diuretic prescribed and provide educational materials. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed.

Patient Friendly Description: Diuretics can help your body get rid of excess salt and water. This will lower your blood pressure and your heart won't need to pump as hard. When you take diuretics, you will use the bathroom more often. You might have leg cramps or feel weak, but you can eat foods with potassium like white beans, spinach, baked potatoes, or dried apricots to help. Call your doctor if you are dizzy, seeing double, confused, or sweating, or if you have other unusual symptoms.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement	by TA at 7/12/2023 1838
	Acceptance, Explanation, Needs Reinforcement	by IB at 7/12/2023 0826
	Acceptance, Explanation, Needs Reinforcement	by IB at 7/11/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement	by OO at 7/11/2023 0153

Point: Inotropes (Resolved)
Description:

Educate patient/family/caregiver on the Inotropes prescribed and provide educational materials. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed.

Patient Friendly Description: Inotropes affect how strongly your heart beats. Sometimes, making your heart beat more strongly is good, because it will take fewer beats to move more blood. Other times, weakening your heart beat will prevent stress on your heart. Inotropes can do both, and the kind of inotrope you are prescribed will depend on what your heart needs most. Call your doctor if you have blurry vision or light bothers you, if you throw up or don't want to eat, if you are tired, weak, or you faint.

Patient Education (continued)

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement	by TA at 7/2/2023 1838
	Acceptance, Explanation, Needs Reinforcement	by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement	by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement	by OO at 7/1/2023 0153

Point: Vasodilators (Resolved)

Description:

Educate patient/family/caregiver on the Vasodilator prescribed and provide educational materials. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed.

Patient Friendly Description: Blood vessel dilators are also called "vasodilators." They help your blood vessels relax so blood can flow through them more easily. When you take vasodilators, you may have headaches or other aches and pains, but usually this will go away after a few weeks. Be careful getting up too quickly, in case you get dizzy. Call the doctor if you have blurry vision, dry mouth, chest pain, if you faint or feel like you will throw up, or if you get a rash.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement	by TA at 7/2/2023 1838
	Acceptance, Explanation, Needs Reinforcement	by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement	by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement	by OO at 7/1/2023 0153

Point: Antibiotics (Resolved)

Description:

Educate patient/family/caregiver on the Antibiotics prescribed. Explain how antibiotics works in the body. Explain the action of medication, reason for taking, side effects, signs of allergic reaction, and when the physician should be called. Reinforce that this medication should be taken exactly as the physician has prescribed.

Patient Friendly Description: Antibiotics are used to prevent infection by controlling the bacteria growing in your body. You might have diarrhea in response to your antibiotics. Call your doctor if you get a fever or you feel like you need to throw up. And be very careful to take this medicine exactly as your doctor tells you to. We'll review that with you right before you leave.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement	by TA at 7/2/2023 1838
	Acceptance, Explanation, Needs Reinforcement	by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement	by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement	by OO at 7/1/2023 0153

Topic: Psycho/Social/Spiritual (Resolved)

Point: Coping Mechanisms (Resolved)

Description:

Help patient identify healthy coping mechanisms. Refer to Social Service, Case Management, or Spiritual Care, if needed.

Patient Friendly Description: Being in the hospital can be stressful. You might be worried about things at home, your loved ones, or how you'll get back to "normal" again. It's okay to be worried, but you need to deal with your worry in a way that is healthy. We have counselors who know what you're going through. If you'd like, someone can visit you while you're in the hospital to help you work through the things that are worrying you. You don't need to be perfect. Talk to your nurse or doctor to learn more.

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)
Patient Education (continued)
Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by TA at 7/2/2023 1838
	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Verbalizes Understanding, Needs Reinforcement by AN at 7/2/2023 0027
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement by OO at 7/1/2023 0153

Point: Support Systems (Resolved)
Description:

Help patient identify available support systems. Refer to Social Service, Case Management, or Spiritual Care, if needed.

Patient Friendly Description: Spend some time thinking about what kind of support you will need when you leave the hospital, and who can help provide that. You might need emotional support, or you might need someone to help you cook, clean, or drive around. Make a list of your needs and we can help you fill in the list of services that can help. We have people in the hospital who can work with you to make these decisions.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by TA at 7/2/2023 1838
	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Verbalizes Understanding, Needs Reinforcement by AN at 7/2/2023 0027
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement by OO at 7/1/2023 0153

Point: Spiritual/Emotional Needs (Resolved)
Description:

Offer resources to meet spiritual/emotional needs. Refer to Spiritual Care, if needed.

Patient Friendly Description: Sometimes it's hard to deal with being in the hospital. You might be scared or angry. Our support staff are here to listen. We'll sit with you calmly, offer prayers or blessings if you'd like, and have an honest and open conversation about hope, fear, gratitude, loss, and meaning. We can connect you to your faith tradition or just keep you company. Contact your nurse or doctor to learn more.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by TA at 7/2/2023 1838
	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Verbalizes Understanding, Needs Reinforcement by AN at 7/2/2023 0027
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement by OO at 7/1/2023 0153

Point: Stress Management (Resolved)
Description:

Give patient written information about stress. Define stress. Explain how stress effects a person's health. Discuss how stress makes the patient feel. Review tips to cope with stress. Refer to Cardiopulmonary rehabilitation for more information or instructions.

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)
Patient Education (continued)
Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by TA at 7/2/2023 1838
	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Verbalizes Understanding, Needs Reinforcement by AN at 7/2/2023 0027
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement by OO at 7/1/2023 0153

Point: Anxiety Reduction (Resolved)
Description:

Explain the definition of anxiety, signs and symptoms, and examples of ways to reduce anxiety. Inform patient that Spiritual Care and Social Services are available.

Patient Friendly Description: Anxiety refers to the fear, worry, and concern that you or your family might have about your stay in the hospital. Anxiety is completely normal, but it can be very uncomfortable. You may be unable to sleep or to relax, or you might breathe too quickly or feel like your heart is racing. Sometimes, taking slow, deep breaths can help reduce the symptoms of anxiety. In other cases, you might want to talk to someone who is there to listen. Our spiritual care and social services departments are there to help. They can compassionately listen to your concerns and bring you some peace. This is available to everyone, regardless of faith.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by TA at 7/2/2023 1838
	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Verbalizes Understanding, Needs Reinforcement by AN at 7/2/2023 0027
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement by OO at 7/1/2023 0153

Topic: Fall Prevention (Resolved)
Point: Fall Prevention (Resolved)
Description:

Give the patient written information on fall prevention. Explain why there is a higher risk of falls in the hospital. Review ways to reduce the chance of falling. Explain safe room set up.

Patient Friendly Description: We want to make absolutely sure that you're safe here in the hospital, and that includes making sure that you don't fall down. In the hospital, you might be on medications that make it harder for you to keep your balance, even if you normally can. If you feel dizzy or weak, call your nurse before you try to get out of bed.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement by TA at 7/2/2023 1838
	Acceptance, Explanation, Needs Reinforcement by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement by OO at 7/1/2023 0153

Additional Points For This Title
Point: Fall Prevention (Resolved)

06/30/2023 - ED to Hosp-Admission (Discharged) in Alameda Hospital 3W (continued)
Patient Education (continued)
Description:

Give the patient written information on fall prevention. Explain why there is a higher risk of falls in the hospital. Review ways to reduce the chance of falling. Explain safe room set up.

Patient Friendly Description: We want to make absolutely sure that you're safe here in the hospital, and that includes making sure that you don't fall down. In the hospital, you might be on medications that make it harder for you to keep your balance, even if you normally can. If you feel dizzy or weak, call your nurse before you try to get out of bed.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs Reinforcement	by TA at 7/2/2023 1838
	Acceptance, Explanation, Needs Reinforcement	by IB at 7/2/2023 0826
	Acceptance, Explanation, Needs Reinforcement	by IB at 7/1/2023 0840
	Acceptance, Explanation, Demonstration, Verbalizes Understanding, Needs Reinforcement	by OO at 7/1/2023 0153

User Key

Initials	Effective Dates	Name	Provider Type	Discipline
IB	05/02/23 -	Bautista, Irene C, RN	Registered Nurse	Nurse
OO	05/26/21 -	Ogaga, Onome, RN	Registered Nurse	Nurse
LS	01/09/23 -	Simms, Latoya, RN	Registered Nurse	Nurse
TA	04/24/23 -	Adediran, Terry, RN	Registered Nurse	Nurse
AN	03/08/23 -	Nnodim, Amarachi, RN	Registered Nurse	Nurse

06/16/2023 - ED in Alameda Hospital Emergency Department
Reason for Visit

 Chief complaint: Constipation
 Visit diagnosis: Drug-induced constipation

Visit Information

Admission Information			
Arrival Date/Time:	06/16/2023 1910	Admit Date/Time:	06/16/2023 2013
Admission Type:	Emergency	Point of Origin:	Home/non-healthcare Facility
Means of Arrival:	Car	Primary Service:	Emergency Medicine
Transfer Source:		Service Area:	ALAMEDA HEALTH SYSTEM
Admit Provider:		Attending Provider:	Atzali, Edris M, MD
		Referring Provider:	
			Alameda Hospital Emergency Department

ED Disposition

ED Disposition	Condition	User	Date/Time	Comment
Discharge	Stable	Atzali, Edris M, MD	Fri Jun 16, 2023 10:52 PM	--

Discharge Information

Date/Time: 06/16/2023 2351	Disposition: Home/assisted Living/group Home/board And Care	Destination: Home
Provider: Atzali, Edris M, MD	Unit: Alameda Hospital Emergency Department	

Level of Service

 Level of Service
 PR EMERGENCY DEPARTMENT VISIT LOW MDM

Patient as-of Visit
Problem List as of 6/16/2023

Problem	Noted On	Resolved On
Altered mental status	01/02/2020	--
Bipolar 1 disorder (CMS/HCC)	01/02/2020	--
Chronic pain syndrome	09/25/2019	--
Cirrhosis (CMS/HCC)	--	--
COVID-19	01/23/2022	--
COVID-19 virus infection	01/23/2022	--
Fibromyositis	06/11/2013	--
Hypercholesterolemia	10/21/2013	--
Hypotension	01/23/2022	--
IBD (inflammatory bowel disease)	--	--
Iron deficiency	01/30/2022	--
Other constipation	05/13/2021	--
Pain of upper abdomen	05/13/2021	--
Pelvic pain in male	10/04/2019	--
Psoriasis	01/02/2020	--

ED Notes
ED Triage Notes by Uy, Ruel, RN at 6/16/2023 1910

Patient stated he has been constipated for 2 weeks

Electronically signed by Uy, Ruel, RN at 6/16/2023 7:11 PM

06/16/2023 - ED in Alameda Hospital Emergency Department (continued)**ED Notes (continued)**

ED Provider Notes by Afzail, Edris M, MD at 6/16/2023 1910

**Chief Complaint****Chief Complaint**

Patient presents with

- Constipation

History of Present Illness

Patient is 54-year-old male with a history of bipolar disorder, depression, hypertension who comes into the emergency department with a 2 week history of constipation. No abdominal pain, nausea, vomiting. He states his psychiatrist changed his medications recently which tend to have an effect on his bowel habits. He tried at home remedies, over-the-counter medications, but does not recall the names.

Past Medical History**Past Medical History:**

Diagnosis	Date
<ul style="list-style-type: none">• Bipolar disorder (CMS/HCC)• Cirrhosis (CMS/HCC)• Depression• Fibromyalgia• History of transfusion <i>as an infant</i>• Hypertension• IBD (inflammatory bowel disease)	

Patient Active Problem List

Diagnosis	Date Noted
<ul style="list-style-type: none">• COVID-19 virus infection• Hypotension• Iron deficiency• Cirrhosis (CMS/HCC)• IBD (inflammatory bowel disease)• COVID-19	<ul style="list-style-type: none">01/23/202201/23/202201/30/202201/23/2022

06/16/2023 - ED in Alameda Hospital Emergency Department (continued)

Medication List (continued)

Medication Comment

Yoo, Tina J., PharmD on 1/3/2020 1422

Home dose VPA DR is 1000mg HQS



06/16/2023 - ED in Alameda Hospital Emergency Department (continued)

Medication List (continued)

cyanocobalamin (VITAMIN B-12) 1,000 mcg tablet

Instructions: Take 1 tablet by mouth daily
Authorized by: Lash, Bhrett A, MD
Start date: 1/26/2023
Quantity: 30 tablet

Ordered on: 1/26/2023
Action: Patient taking differently
Refill: 11 refills by 1/26/2024

Austedo 12 mg tablet

Instructions: Take 12 mg by mouth 2 (two) times a day.
Entered by: Oriedo, Anthony, RN
Start date: 1/12/2023

Entered on: 2/27/2023

mirtazapine (REMERON) 15 mg tablet

Discontinued by: Hardy, David J, RN
Entered by: Oriedo, Anthony, RN
Start date: 1/9/2023
Action: Patient not taking

Discontinued on: 6/30/2023
Entered on: 2/27/2023
End date: 6/30/2023

naloxone (NARCAN) 4 mg/0.1 mL nasal spray

Instructions: Administer 1 spray into one nostril.
Entered by: Oriedo, Anthony, RN
Start date: 4/5/2022

Entered on: 2/27/2023

propranolol (INDERAL) 20 mg tablet

Instructions: Take 1 tablet (20 mg total) by mouth 1 (one) time each day.
Entered by: Oriedo, Anthony, RN
Start date: 1/9/2023

Entered on: 2/27/2023

Austedo 9 mg tablet

Discontinued by: Hardy, David J, RN
Entered by: Oriedo, Anthony, RN
Start date: 1/20/2023

Discontinued on: 6/30/2023
Entered on: 2/27/2023
End date: 6/30/2023

buprenorphine (Butrans) 5 mcg/hour

Instructions: Place 1 patch on the skin 1 (one) time per week.
Authorized by: Beane, Eric, PA-C
Start date: 3/9/2023
Refill: No refills remaining

Ordered on: 3/9/2023
Quantity: 4 patch

polyethylene glycol (GLYCOLAX) 17 gram packet

Discontinued by: Maharjan, Deenu, MD
Reason for discontinuation: Reorder
Instructions: Take 1 packet (17 g total) by mouth 1 (one) time each day. (mixing instructions: dissolve and mix each packet/capful of 17 grams in 8 oz. of fluid.) -ok to convert to nearest bottle package size per formulary
Authorized by: Lash, Bhrett A, MD
Start date: 6/15/2023
Quantity: 30 packet

Discontinued on: 6/26/2023
Ordered on: 6/15/2023
End date: 6/26/2023
Refill: No refills remaining

senosides-docusate sodium (PERICOLACE) 8.6-50 mg per tablet

Instructions: Take 2 tablets by mouth 2 (two) times a day.
Authorized by: Afzali, Edris M, MD
Start date: 6/16/2023
Refill: No refills remaining

Ordered on: 6/16/2023
Quantity: 6 tablet

Stopped in Visit

None

06/16/2023 - ED in Alameda Hospital Emergency Department (continued)**Medication List (continued)**

Instructions: Place 1 patch on the skin 1 (one) time per week.
Authorized by: Beane, Eric, PA-C
Start date: 3/9/2023
Refill: No refills remaining

Ordered on: 3/9/2023
Quantity: 4 patch

Discharge Medication List**QUETIAPINE (SEROQUEL) 100 mg tablet**

Instructions: Take 1.5 tablets (150 mg total) by mouth every night at bedtime.
Entered by: Hankton, Jasmine, RN
Start date: 1/19/2018
Entered on: 10/4/2019

lamotrigine (Lamictal) 100 mg tablet

Discontinued by: Hardy, David J, RN
Instructions: Take 2 tablets (200 mg total) by mouth.
Entered by: Hankton, Jasmine, RN
Start date: 7/25/2017
Action: Patient not taking
Discontinued on: 6/30/2023
Entered on: 10/4/2019
End date: 6/30/2023

divalproex (DEPAKOTE) 500 mg DR tablet

Instructions: Take 2 tablets (1,000 mg total) by mouth every night at bedtime.
Entered by: Hankton, Jasmine, RN
Entered on: 10/4/2019

diazepam (VALIUM) 5 mg tablet

Instructions: Take 0.5 tablets (2.5 mg total) by mouth every 12 (twelve) hours if needed for anxiety.
Entered by: Hankton, Jasmine, RN
Entered on: 10/4/2019

PARoxetine (PAXIL) 40 mg tablet

Instructions: Take 1 tablet (40 mg total) by mouth daily.
Entered by: Hankton, Jasmine, RN
Start date: 7/25/2017
Entered on: 10/4/2019

HUMIRA PEN 40 mg/0.8 mL pen injector kit

Instructions: Inject 0.8 mL (40 mg total) under the skin every 14 (fourteen) days.
Entered by: Zhao, Ludan, MD
Start date: 10/23/2019
Entered on: 1/12/2020

benztropine (COGENTIN) 1 mg tablet

Instructions: Take 1 tablet (1 mg total) by mouth 2 (two) times a day if needed for tremors.
Entered by: Zhao, Ludan, MD
Entered on: 1/12/2020

MEMANTINE 2.5 MG SPLIT TABLET (NAMENDA)

Instructions: Take 2 tablets (5 mg total) by mouth 2 (two) times a day.
Entered by: Zhao, Ludan, MD
Entered on: 1/12/2020

buprenorphine-naloxone (SUBOXONE) 8-2 mg per SL tablet

Instructions: Place 1 tablet under the tongue 1 (one) time each day if needed (For Sx not controlled by PO). 2 mg tablet
Entered by: Run, Charlet B., MA
Entered on: 10/31/2022

sennosides-docusate sodium (PERICOLACE) 8.6-50 mg per tablet

Discontinued by: Maharjan, Deenu, MD
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth 1 (one) time each day.
Authorized by: Berry, Lyn E., MD
Start date: 10/31/2022
Action: Patient not taking
Refill: 11 refills by 10/31/2023
Discontinued on: 6/26/2023
Ordered on: 10/31/2022
End date: 6/26/2023
Quantity: 30 tablet



Medication List (continued)

quetiapine (SEROQUEL) 100 mg tablet

Instructions: Take 1.5 tablets (150 mg total) by mouth every night at bedtime.
Entered by: Hankton, Jasmine, RN
Entered on: 10/4/2019
Start date: 1/19/2018

divalproex (DEPAKOTE) 500 mg DR tablet

Instructions: Take 2 tablets (1,000 mg total) by mouth every night at bedtime.
Entered by: Hankton, Jasmine, RN
Entered on: 10/4/2019

diazepam (VALIUM) 5 mg tablet

Instructions: Take 0.5 tablets (2.5 mg total) by mouth every 12 (twelve) hours if needed for anxiety.
Entered by: Hankton, Jasmine, RN
Entered on: 10/4/2019

paroxetine (PAXIL) 40 mg tablet

Instructions: Take 1 tablet (40 mg total) by mouth daily.
Entered by: Hankton, Jasmine, RN
Start date: 7/25/2017
Entered on: 10/4/2019

humira pen 40 mg/0.8 mL pen injector kit

Instructions: Inject 0.8 mL (40 mg total) under the skin every 14 (fourteen) days.
Entered by: Zhao, Ludan, MD
Start date: 10/23/2019
Entered on: 1/2/2020

benztropine (COGENTIN) 1 mg tablet

Instructions: Take 1 tablet (1 mg total) by mouth 2 (two) times a day if needed for tremors.
Entered by: Zhao, Ludan, MD
Entered on: 1/2/2020

memantine 2.5 MG SPLIT TABLET (NAMENDA)

Instructions: Take 2 tablets (5 mg total) by mouth 2 (two) times a day.
Entered by: Zhao, Ludan, MD
Entered on: 1/2/2020

buprenorphine-naloxone (SUBOXONE) 8-2 mg per SL tablet

Instructions: Place 1 tablet under the tongue 1 (one) time each day if needed (For Sx not controlled by PO). 2 mg tablet
Entered by: Run, Charlet B., MA
Entered on: 10/31/2022

cyanocobalamin (VITAMIN B-12) 1,000 mcg tablet

Instructions: Take 1 tablet by mouth daily
Authorized by: Lash, Bhrett A, MD
Start date: 1/26/2023
Quantity: 30 tablet
Ordered on: 1/26/2023
Action: Patient taking differently
Refill: 11 refills by 1/26/2024

Austedo 12 mg tablet

Instructions: Take 12 mg by mouth 2 (two) times a day.
Entered by: Oriedo, Anthony, RN
Start date: 1/12/2023
Entered on: 2/27/2023

naloxone (NARCAN) 4 mg/0.1 mL nasal spray

Instructions: Administer 1 spray into one nostril.
Entered by: Oriedo, Anthony, RN
Start date: 4/5/2022
Entered on: 2/27/2023

propranolol (INDERAL) 20 mg tablet

Instructions: Take 1 tablet (20 mg total) by mouth 1 (one) time each day.
Entered by: Oriedo, Anthony, RN
Start date: 1/9/2023
Entered on: 2/27/2023

buprenorphine (Butrans) 5 mcg/hour

Labs

CBC and Differential (Final result)

Specimen Information

ID	Type	Source	Collected By
23A-167H0088	Blood	Blood, Venous	Ascioti, Christina R, RN 06/16/23 2226

CBC and Differential (Abnormal)

Ordering provider: Afzali, Edis M, MD 06/16/23 2151 Order status: Completed
 Filed by: Suwal, Coral 06/16/23 2251 Collected by: Ascioti, Christina R, RN 06/16/23 2226
 Resulting lab: ALH CLINICAL LABORATORY CLIA number: 05D0597301

Resulted: 06/16/23 2251, Result status: Final result

Components	Value	Reference Range	Flag	Lab
WBC	10.0	4.5 - 11.5 10 ³ /mcl	—	ALHL
RBC	4.75	4.60 - 6.00 10 ⁶ /mcl	—	ALHL
Hemoglobin	14.4	14.0 - 18.0 g/dL	—	ALHL
Comment: Adult Female: 12.0-15.0 g/dL; Adult Male: 14.0-18.0 g/dL				
Hematocrit	45.0	40.0 - 54.0 %	—	ALHL
Comment: Adult Female: 35.0-49.0 %; Adult Male: 40.0-54.0 %				
MCV	94.8	80.0 - 100.0 fL	—	ALHL
MCH	30.3	26.0 - 32.0 pg	—	ALHL
MCHC	32.0	32.0 - 36.0 g/dL	—	ALHL
RDW	13.0	11.5 - 14.5 %	—	ALHL
Platelet Count	206	150 - 450 10 ³ /mcl	—	ALHL
Mean Platelet Volume	8.4	7.4 - 10.4 fL	—	ALHL
Neutrophil Auto %	76.4	50.0 - 70.0 %	H^	ALHL
Lymphocyte Auto %	15.2	18.0 - 42.0 %	L^	ALHL
Monocyte Auto %	7.4	2.0 - 11.0 %	—	ALHL
Eosinophil Auto %	0.0	1.0 - 3.0 %	L^	ALHL
Basophil Auto %	0.9	0.0 - 2.0 %	—	ALHL
Neutrophil #	7.63	2.30 - 8.10 10 ³ /mcl	—	ALHL
Lymphocyte #	1.52	0.80 - 4.80 10 ³ /mcl	—	ALHL
Monocyte #	0.74	0.50 - 1.30 10 ³ /mcl	—	ALHL
Eosinophil #	0.00	0.00 - 0.45 10 ³ /mcl	—	ALHL
basophil #	0.09	0.00 - 0.10 10 ³ /mcl	—	ALHL

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1230000003 - ALHL	ALH CLINICAL LABORATORY	Valerie L. Ng, PhD, MD	2070 Clinton Avenue Alameda CA 94501	01/23/20 1005 - Present

Medication List

Medication List

ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

ED Notes (continued)

2324 Pt had BM in ED [EA]

ED Course User Index

[EA] Afzali, Edris M, MD

Clinical Impressions as of 06/16/23 2326

Drug-induced constipation

Procedures

Please note: dictation software was used for the narrative portions of this note. Inadvertent errors are occasionally inserted by this software.

Afzali, Edris M, MD

06/16/23 2254

Electronically signed by Afzali, Edris M, MD at 6/16/2023 10:54 PM

ED Notes (continued)

RDW	13.0
Platelet Count	206
Mean Platelet Volume	8.4
Neutrophil Auto %	76.4 (*)
Lymphocyte Auto %	15.2 (*)
Monocyte Auto %	7.4
Eosinophil Auto %	0.0 (*)
Basophil Auto %	0.9
Neutrophil #	7.63
Lymphocyte #	1.52
Monocyte #	0.74
Eosinophil #	0.00
basophil #	0.09

COMPREHENSIVE METABOLIC PANEL
LIPASE
URINALYSIS REFLEX (ALL CAMPUSES)

LACTIC ACID, PLASMA, AUTOMATIC REPEAT IF
>2.0

POCT URINALYSIS DIPSTICK

No orders to display

ED Course and Decision Making

Medications Ordered and Administered during this encounter (if any):

Medications - No data to display

ED Prescriptions

Medication	Sig	Dispense	Start Date	End Date	Auth. Provider
sennosides-docusate sodium (PERICOLACE) 8.6-50 mg per tablet	Take 2 tablets by mouth 2 (two) times a day.	6 tablet	6/16/202	--	Atfzali, Edris M, MD

ED Course as of 06/16/23 2326

Fri Jun 16, 2023

- 2248 Rectal exam done. Soft stool in vault. Pt had sensation of BM, left to the bathroom and had successful bm. No evidence of obstruction. No vomiting. [EA]
- 2253 Initial bp likely error. With appropriate sized cuff, BP slightly elevated, at baseline. [EA]
- 2253 **WBC: 10.0** [EA]
- 2253 **Hemoglobin: 14.4** [EA]



ED Notes (continued)

Vitals and nursing note reviewed.

Constitutional:

General: He is not in acute distress.

HENT:

Head: Atraumatic.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Pharynx: Oropharynx is clear.

Eyes:

Extraocular Movements: Extraocular movements intact.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Abdominal:

General: There is no distension.

Palpations: Abdomen is soft.

Genitourinary:

Comments: **Soft brown stool in rectal vault; no bleeding**

Musculoskeletal:

General: No deformity. Normal range of motion.

Skin:

General: Skin is warm and dry.

Neurological:

General: No focal deficit present.

Mental Status: He is alert.

Motor: No weakness.

Labs and Imaging

This section contains only pertinent lab and imaging studies that resulted during this encounter. However, not all studies may have resulted or this note may contain only preliminary results. For the most up to date and complete result profile, patients and their authorized providers can obtain copies from Medical Records office or by accessing their chart through the AHS MyHealth Online portal.

Labs Reviewed

CBC AND DIFFERENTIAL - Abnormal

Result	Value
WBC	10.0
RBC	4.75
Hemoglobin	14.4
Hematocrit	45.0
MCV	94.8
MCH	30.3
MCHC	32.0

ED Notes (continued)

- | | |
|--------------------------------|------------|
| • Pain of upper abdomen | 05/13/2021 |
| • Other constipation | 05/13/2021 |
| • Altered mental status | 01/02/2020 |
| • Bipolar 1 disorder (CMS/HCC) | 01/02/2020 |
| • Psoriasis | 01/02/2020 |
| • Pelvic pain in male | 10/04/2019 |
| • Chronic pain syndrome | 09/25/2019 |
| • Hypercholesterolemia | 10/21/2013 |
| • Fibromyositis | 06/11/2013 |

Past Surgical History:

Procedure	Laterality	Date
• APPENDECTOMY		

Social History**Tobacco Use**

- | | |
|----------------------|--------|
| • Smoking status: | Former |
| • Smokeless tobacco: | Never |
| • Tobacco comments: | |

*quit 6 yrs ago***Vaping Use**

- | | |
|------------------|------------|
| • Vaping status: | Never Used |
|------------------|------------|

Substance Use Topics

- | | |
|----------------|---------------|
| • Alcohol use: | Not Currently |
| • Drug use: | Not Currently |

*Comment: prescribed medications***Review of Systems****Review of Systems**

Constitutional: Negative for fever.

Respiratory: Negative for shortness of breath.

Cardiovascular: Negative for chest pain.

Gastrointestinal: Positive for **constipation**. Negative for vomiting.**Physical Exam**

ED Triage Vitals [06/16/23 1912]

Temp	Temp	Heart Rate	BP	Resp	SpO2	FI02 (%)
Source						

36.6 °C	Temporal	(i) 110	(i) 99/63	18	99 %	--
(97.8 °F)						

Physical Exam