**Identifying Data:**

Full Name: H.R.

Sex: Male

DOB: XX/XX/1948

Race/Nationality: Hispanic

Primary Language: English

Address: New York, NY

Date & Time: 02:00PM 01/13/22

Location: Metropolitan Geriatric Clinic

Source of Information: Patient, wife, and medical records

Reliability: reliable

Source of Referral: N/A

**Chief Complaint:** “He has been nauseous lately and projectile vomiting” x4 days - wife

**HPI:**

HR is a 73 y/o male with a PMHx of Metastatic Prostate Cancer (Dx 2007 - Currently on ADT & PORTER trial, s/p Brachytherapy/EBRT), drug-induced anemia, drug-induced hypothyroidism, sarcopenia, DM2, & CAD that presents to the clinic post hospital D/C after COVID-19 admission from 12/22/21-01/04/22. During admission, he developed bilateral leg edema and progressing scrotal lymphedema. He also has a bilateral pleural effusion noted on CXR 1/2/22. The 3rd round of chemotherapy was administered 12/01/2021 and anemia is continually progressing. His main complaint today is N/V, generalized weakness, decreased appetitive, and scrotal/leg edema. He reports the N/V began 4 days prior and is slowly improving – it is no longer projectile as of today. Admits to constipation and occasional abdominal bloating w/ “mild” pain. The scrotal/leg edema is unchanged since the onset 1 week prior. Pt is mostly independent in ADLs & IADLs but recently has required assistance with bathing, grooming, dressing, transportation, and taking medications in the context of generalized weakness from his Prostate Cancer. Pt denies night sweats, fever, chest pain, SOB, palpitations, diarrhea, cough, headache.

Prostate Cancer prognosis and end of life care was discussed with patient and family during encounter. Pt states he wants to continue with oncology treatments but agrees to referral for palliative care consultation.

**Geriatric Assessment:**

* ADLs: Mostly independent. Recently has needs assistance with dressing, bathing, and grooming due to generalized weakness
* IADLs: Mostly independent. Recently has needed assistance with transportation and taking medications.
* Home health aide: No, wife and daughter provide assistance
* Social support: Reports large support network of friends and family
* Visual impairment: Glaucoma (bilateral). Not wearing glasses during encounter.
* Hearing impairment: Mild bilateral sensorineural hearing loss. Not using hearing aids.
* Dental: Missing multiple teeth with several dental caries. Not using dentures.
* Falls: No falls reported
* Assistive devices: None
* Gait impairment. Yes, antalgic gait
* Nutritional concerns: Decreased appetite with protein-calorie malnutrition. No difficulty with swallowing but recent N/V also affecting oral intake.
* Urinary incontinence: None
* Fecal incontinence: None
* Osteoporosis: Drug-induced osteopenia
* Depression: Pt denies feeling depressed but expresses feeling upset about cancer prognosis. Prior PHQ9 score 0 from records.
* Home Safety issues: None reported
* Health care proxy: Wife. MOLST form completed
* Advanced directives: Full code

**Past Medical History:**

*Present Illnesses:*

* Prostate Cancer – Disseminated Metastatic (Dx in 2007, remission until 2018 when recurrence discovered)
* Chemotherapy induced anemia
* Drug induced osteopenia
* Drug induced hypothyroidism
* Cancer-associated pain
* Severe protein-calorie malnutrition
* Insomnia
* Sarcopenia
* Constipation
* Coronary Artery Disease
* Hypertension
* Hyperlipidemia
* Diabetes Mellitus, Type 2
* Peripheral vascular disease
* Glaucoma
* Dry eye

*Past illnesses:*

* NSTEMI with Complete heart block (2/X/21)
* Right inguinal mass (8/21) – Dx as disseminated Prostate Ca
* Covid-19 (12/X/21)
* Pleural effusion (1/X/22)
* Childhood illnesses: Unable to recall

*Immunizations*

* Missing Shingrix vaccination
* All other immunizations up to date
  + COVID-19 + booster (Pfizer for all 3 doses) – X/X/21, X/X/21, X/X/21
  + Influenza – X/X/2021
  + Prevnar 13 – 2017
  + Pneumovax 23 – 2014 & 2021
  + Tdap - 2014

**Past Surgical History:**

* Brachytherapy placement in prostate - 2007
* Cardiovascular stent placement 5/2021

**Past Oncology Hx:**

* mCRPC Gleason 7 Prostate Cancer Dx in 2007, found in 2018 to have multiple soft tissue metastasis but no bone involvement
* Brachytherapy w/ External Beam Radiation – 2007
* PRINT Trial – 2018 - 2019
* PORTER Trial 2019 - 2019
* Currently on Leuprorelin Therapy, Enzalutamide & restarted on PORTER trial 2021

**Current Medications:**

* ASA 81mg PO 1x/daily – Began 9/2021
* Clopidogrel 75mg PO 1x/daily – Began 9/2021
* Simvastatin 40mg 1x/daily – Began 9/2021
* Furosemide 20mg PO 1x/daily – Began 12/2021
* Repaglinide 0.5mg PO 3x/daily before meals – Began 9/2021
* Metformin 1000mg PO 1x/daily – Began 8/2019
* Levothyroxine 112 mcg PO 1x/daily – Began 7/2020
* Mirtazapine 15mg PO 1x/daily – Began 9//21
* Morphine ER 15mg PO 1x/daily – Began 2/2021
* Narcan 4mg/0.1mL nasal spray PRN – Began 2/2021
* MiraLAX 17g packet PRN – Began 5/2021
* Sennoside 8.6mg PO PRN – Began 9/2021
* Tamsulosin 0.4mg 1x/daily – Began 9/2021
* Multivitamin OTC PO 1x/daily – Began 12/2021
* Liquifilm Lens Ophthalmic Solution 1.4% PRN – Began 8/2021
* Leuprorelin Therapy, Enzalutamide, & PORTER trial (Managed by Oncologist).

**Allergies:**

* NKDA
* No known food or environmental allergies

**Family History:**

* Mother – unknown
* Father – unknown
* Maternal Grandmother – unknown
* Maternal Grandfather – unknown
* Paternal Grandmother – unknown
* Paternal Grandfather – unknown
* Brother – Deceased of cancer (unknown cancer type or age of death)
* Children – Daughter, living & healthy

**Social History:**

* HR is a married male who lives in an elevator apartment building with his wife
* Habits – Occasional alcohol use. Every day smoker ½ PPD for >50 years. Denies ever using illicit drugs.
* Travel – Denies recent travel
* Occupation – Retired. Prior occupation unknown.
* Marital History – Married, monogamous with wife.
* Diet – Eats regular American diet supplemented with protein shakes.
* Has difficulty falling asleep and staying asleep that is improved with Mirtazapine. Takes nap during the day. Getting 7-9 hours total now.
* Exercise – Able to walk around home but not doing any other exercise.
* Sexual History – Iatrogenic impotence. Long-term monogamous relationship with wife. Sexual Hx with women.

**Review of Systems:**

* General
  + **Admits to generalized weakness/fatigue, weight loss, loss of appetite.** Denies fever/chills/night sweats
* Skin, hair, nails
  + Denies rash, pruritis, excessive sweating, pigmentations, moles, change in hair distribution.
* Head
  + Denies headache, vertigo, or new head trauma
* Eyes
  + **Admits to dry eyes. Hx of Glaucoma.** Denies visual disturbances or photophobia. Last eye exam 5 months prior.
* Ears
  + **Hearing loss (both ears)**. Denies, pain, discharge, tinnitus, hearing aids, or feeling of fullness
* Nose/Sinuses
  + Denies epistaxis, congestion, or discharge
* Mouth and Throat
  + Denies bleeding gums, sore tongue/throat, mouth ulcers, voice changes, or dentures. Last dental exam unknown
* Neck
  + Denies swelling/lumps, stiffness, or decreased ROM
* Pulmonary System
  + **Admits to dyspnea on exertion.** Denies cough, wheezing, hemoptysis, cyanosis, orthopnea, or PND
* Cardiovascular System
  + **Admits to leg edema (both legs).** Denies chest pain, known murmur, HTN, palpitations, irregular heartbeat, or syncope
* Gastrointestinal System
  + **Admits to decreased appetite, intolerance to specific foods, N/V, & constipation (worsening), mild abdominal pain.** Denies diarrhea, dysphagia, pyrosis, flatulence, jaundice, changes in bowel habits, hemorrhoids, rectal bleeding/blood in stool.
* Genitourinary System
  + **Admits to hesitancy/dribbling (chronic) & new onset scrotal swelling (bilateral R > L)**
  + Denies incontinence, changes in frequency, nocturia, oliguria, polyuria, abnormal color of urine, flank plain, or dysuria
  + Sexual History – refer to Social Hx
* Nervous System
  + **Admits to generalized weakness w/ loss of strength**
  + Denies changes in cognition/mental status/memory, seizures, headache, loss of consciousness, & ataxia
* Musculoskeletal System
  + **Admits to lower back pain and pain w/ walking (antalgic gait).**
  + Denies deformity, swelling, redness
* Peripheral Vascular System
  + **Admits to bilateral lower extremity edema (new onset) & varicose veins**
  + Denies intermittent claudication, coldness/trophic changes, varicose, or color change
* Hematologic System
  + **Admits to Hx of anemia, easy bruising, and lymph node enlargement.**
  + No Hx of DVT/PE
* Endocrine System
  + Denies polyuria/polydipsia/polyphagia, heat/cold intolerance, goiter, excessive sweating, or hirsutism
* Psychiatric
  + **Admits to insomnia & anxiety related to Prostate Cancer Dx (Taking Mirtazapine to Tx)**
  + Denies depression/sadness, or obsessive/compulsive disorder. Never seen a mental health professional.

**PHYSICAL EXAM**

Vital Signs:

BP: 117/68mmHg – sitting & supine, R arm RR: 18 breaths/min, unlabored

Pulse: 85 bpm, regular T: 97.2F (oral) O2 SAT: 97% on room air

Height: 5’6 inches Weight: 135 lbs BMI: 21.80 kg/m2

General Appearance: alert & oriented x3, no acute distress**. Sarcopenic, malnourished, and ill-appearing.** Not diaphoretic. Appropriate posture, appears stated age, & well groomed.

Head: normocephalic, atraumatic. **Bilateral temporal wasting**

Eyes: Symmetrical OU. No strabismus/exophthalmos/ptosis. Sclera white, cornea clear, **conjunctiva pale**. No erythema of lacrimal sack. PERRLA. EOM intact with no nystagmus.

Ear: Appropriate in size. Ear and tragus nontender AU. No lesions/masses/trauma visualized on external ear. No discharge/foreign bodies in external auditory canals AU. TM pearly white/intact with cone of light in appropriate position AU. Non-obstructing cerumen bilaterally.

Nose: Symmetrical, no masses/lesions/deformities/trauma/discharge.

Mouth & Throat:

Lips: Pink, **dry & cracked**. No cyanosis, lesions, or ulcerations

Oral Mucosa: **Light Pink , mildly pale.** Moist. No masses/lesions noted. No leukoplakia.

Palate: Pink. No visible lesions/masses/scars.

Teeth: Majority of teeth retained with some missing. Several visible dental caries. All teeth have appropriate shape.

Gingivae: No hypertrophy or recession. Unremarkable

Tongue: pink, well papillated. Frenulum intact. No masses/lesions/deviation.

Oropharynx: Hydrated, no exudate/masses/lesions/erythema/postnasal drip/foreign bodies noted. Grade 1 tonsils. Uvula pink, midline with no lesions or edema.

Neck: Trachea midline. No masses/lesions/pulsations noted. Neck supple, non-tender to palpation. Free range of motion. No stridor noted. No cervical adenopathy. No carotid pulses/thrills/bruits heard on auscultation. Thyroid is non-palpable, unremarkable. No goiter

Lymph nodes: **Palpable inguinal lymph nodes bilaterally (R > L) Approximately 3-5cm.** Preauricular, postauricular, submandibular, posterior cervical chain, anterior cervical chain, supraclavicular, and infraclavicular lymph nodes non-palpable.

Cardiovascular: PMI located at the 5th ICS in midclavicular line. Carotid pulses are 2+ bilaterally without bruits. RRR. Systolic ejection murmur grade 2/6. No splitting of S2 or friction rubs appreciated.

Chest: Symmetrical with no deformities or trauma. No tenderness on palpation. Respirations unlabored, no paradoxical respirations or use of accessory muscles. Lat/AP diameter 2:1.

Lungs: **Rales heard at bases of lungs bilaterally (R > L). Rhonchi present. Chest** expansion/diaphragmatic excursion symmetrical.

Abdomen: Abdomen symmetric and **mildly distended.** No scars, striae, or pulsations noted. Bowel sounds are normoactive in all 4 quadrants. No aortic/renal/iliac/femoral bruits heard. **Tenderness to palpation in lower quadrants.** No guarding or rebound tenderness. No hepatosplenomegaly to palpation. No CVA tenderness appreciated.

Skin: Pale with generalized xerosis. Warm. Non-icteric. No tattoos noted. No moles.

Hair: Average quantity and distribution. No seborrhea/lice/dandruff noted

Nails: Capillary refill <2 seconds in bilateral upper and left lower extremities. Appropriate color, shape, and thickness.

Musculoskeletal: **Diffuse muscle atrophy.** No erythema / ecchymosis / or deformities in bilateral upper and lower extremities. Non-tender to palpation.

Peripheral Vascular: **2+ pitting edema of the lower extremities bilaterally (R > L). Upper and lower extremities have general pallor.** Warm to touch bilaterally. 2+ pulses throughout. No ulcerations. No calf tenderness bilaterally, equal in circumference. No palpable cords bilaterally. No palpable epitrochlear adenopathy.

Neurological: Peripheral sensations intact on feet bilaterally. A&O x person/place/time. Able to follow commands. **Antalgic gait.**

Psychiatric: Appropriate appearance, speech/language, mood, thought process/content.

Foot exam: **Skin over the bilateral foot has generalized xerosis with mild cracking over the calcaneus bilaterally.** **Toenails appear thin & brittle.** Toenails clipped and well kept. No ulcerations or macerated noted. No temperature or color changes.

Genitourinary: Uncircumcised, prepuce mobile & retractable. No penile discharge, lesions, or ulcerations noted. Testes with bilateral prosthetic. No inguinal or femoral hernias noted. **Swelling over the inguinal region (R > L). Penile & scrotum lymphedema w/ positive transillumination. Pain & tenderness on palpation. No increased warmth or erythema.**

**Labs:**

Completed 1/13/22

**Phosphorus, Serum**

7.0 (high)

**Magnesium, Serum**

2.2

**CMP**

Na 132 (low) K 5.4 (high) Cl 90 (low) CO2 25.0 BUN 57.0 (high) Creatinine 2.1 (high) Glucose 162 (high) Ca 9.5 Anion gap 17

Osmolality 293 Albumin 4.1 Total protein 6.2 (low) total bili (0.4) Alk phos 67 ALT 8 AST 24 eGFR 30.3 (low)

**CBC w/ differential**

WBC 5.43 RBC 3.24 (low) HGB 10.6 (low) HCT 31.6 (Low) MCV 97.5 MCH 32.7 MCHC 33.5 RDW 16.0 Lymph % 3.5 (low) Mono% 19.3 (high) Eosinophil % 0.9 Basophil % 0.0 Neutrophil Abs 4.09 Lymph Abs 0.19 (low) Mono Abs 1.05 (high) Eosinophil Abs 0.05 Basophil Abs 0.00

**TSH**

43.8 (HIGH)

**Free T4**

1.1

**Differential Diagnosis:**

1. Nausea with projectile vomiting
   1. Complication of prostate cancer / treatment
      1. Patient is with progressing castration resistant stage 4B prostate cancer resistant to treatment. Disseminated disease and current treatment regimen can both cause N/V
   2. Viral illness
      1. Patient recently recovered from Covid-19 - Tested negative as of today. Patient denies fever, runny nose, sore throat, cough. No other household members report constitutional symptoms.
   3. Food poisoning
      1. No other household members are sick. Patient denies diarrhea or change in color/texture of stool. Patient denies eating at any new places or eating new foods
2. Anemia
   1. Chemotherapy induced Anemia
      1. Patient has known chemotherapy induced anemia; however, the last course of treatment was delivered ~1.5 months prior and anemia is still progressing
   2. Bone marrow metastasis
      1. Patient has progressing metastatic prostate cancer and is high risk for bone marrow involvement given current progression of anemia and cancer stage.
   3. Blood loss
      1. Patient denies blood in vomit, stool, or urine
3. Scrotal lymphedema & leg edema
   1. Prostate Cancer Metastasis
      1. Patient has known metastasis which is likely progressing causing blockage of lymph creating edema in these regions.
   2. Infection
      1. Area is without increased warmth, erythema, or visible skin color/overlying textural changes

**Assessment:**

HR is a 73 y/o male with a PMHx of Disseminated Prostate Cancer (Currently on Docetaxel w/ Androgen Deprivation Therapy, s/p bilateral orchiectomy), drug-induced anemia, sarcopenia, DM2, CAD, HTN, & HLD that presents to the clinic after a recent hospitalization for Covid-19. His chief complaint today is nausea with projectile vomiting x4 days, generalized weakness, decreased appetite, and scrotal/leg edema. Pt also has progressing anemia and bilateral pleural effusion. Findings consistent with progression of metastatic prostate cancer with possible bone marrow involvement.

**Plan:**

* Nausea with projectile vomiting
  + Begin Ondansetron 4mg PO q8h PRN
* Prostate Cancer
  + Referral to palliative care to discuss end of life goals of care & comfort management
  + Advised patient to speak with oncologist about prognosis & end of life goals
  + Ordered CBC w/ differential, CMP, Serum Magnesium & Serum Phosphorus labs
  + Continue Tamsulosin 0.4mg 1x/daily
* Chemotherapy Induced Anemia
  + Continue following up with Hem-Oncologist for management
  + Will discuss with Hem-Onc about ordering skeletal scintigraphy to r/o bone marrow involvement
* Cancer associated Pain
  + Morphine ER 15mg PO 1x/daily
  + Narcan 4mg/0.1mL nasal spray PRN
* Insomnia
  + Continue Mirtazapine 15mg PO 1x/daily
* Constipation
  + Continue MiraLAX 17g packet daily PO PRN
  + Continue Sennoside 8.6mg PO PRN
* Pleural effusion / Scrotal lymphedema / Edema of Lower extremities
  + Increase Furosemide from 20mg to 40mg PO 1x/daily
* Severe protein-calorie malnutrition / Sarcopenia / Cachexia
  + Referral to palliative care
  + Continue oral intake and supplementation with nutrition shakes as tolerable/desired
* Peripheral vascular disease
  + Advised to wear compression stockings
  + Low-salt diet not recommended at this time because goal is comfort
* Coronary artery disease
  + Continue ASA 81mg PO 1x/daily
  + Continue Clopidogrel 75mg PO 1x/daily
  + Continue Simvastatin 40mg PO 1x/daily
* Hypothyroidism, Drug induced
  + Ordered TSH & Free T4 Labs to monitor
  + Continue Levothyroxine 112 mcg PO 1x/daily
* Iatrogenic osteopenia
  + Fall risk assessed
  + Continue daily multivitamin
* Hypertension
  + Currently managed without medications
  + Blood pressure today was 117/68 mmHg
* Hyperlipidemia
  + Continue Simvastatin 40mg 1x/daily
* Diabetes Mellitus, Type 2
  + Continue taking Repaglinide 0.5mg PO 3x/daily before meals
  + Continue taking Metformin 1000mg PO 1x/daily
* Glaucoma
  + Continue routine f/u with ophthalmologist
* Dry eye
  + Continue Liquifilm Lens Ophthalmic Solution 1.4% PRN