

**Identifying Data:**

Name: J.J.

Sex: Male

DOB: xx/xx/1957

Race/Nationality: Chinese

Primary Language: Mandarin/ English

Address: Queens, NY

Date and Time: 9/14/2022; 3 p.m.

Location: NYPQH

Source of Information: Self, chart review

Reliability: Reliable

Source of Referral: Dr. Wang

**Chief Complaint:** “ It felt like I had a fever for 3 days and my doctor told me to come here to make sure everything was ok”

**HPI:**

64 year old male with PMH of HTN and Malignant tumor of right ureter who is s/p robotic right distal ureterectomy, partial cystectomy, reimplantation of ureter with right psoas hitch and right ureteral stent placement (8/31/2022) presents to the ED complaining of a fever and lower abdominal pain. Patient admits to a fever tmax 100.4 F (home reading, taken orally) x 3 days, chills, dysuria, abdominal pain which he describes as mild, non-radiating and constant. Endorses low blood pressure for the past 3 days with systolic as low as 95 (home monitor reading), with his baseline systolic in the 150s. States that he has been taking Tylenol to treat his symptoms and his fever has slowly been improving. He called his doctor to let him know what was going on, and the doctor recommended he return to the hospital for assessment, since his surgery was within the last 30 days.

Per chart review, the patient was discharged with an indwelling catheter s/p surgery (9/01/2022), but currently does not have a foley inserted. States that he currently urinates 10-12 times a day and that the frequency of his urination correlates with the amount of water he drinks in a day. Describes his urine as dark, tea-colored. Has no other complaints.

Denies denies flank pain, hematuria, polyuria, suprapubic pain, burning sensation, urinary frequency, urinary incontinence, n/v/d, cough, shortness of breath, chest pain, recent weight loss, night sweats or recent travel.

**Past Medical History**

Hypertension- Diagnosed 2010

Malignant tumor of right ureter- Diagnosed 2022

**Past Surgical History**

Robotic right distal ureterectomy, partial cystectomy, reimplantation of ureter with right psoas hitch and right ureteral stent placement- for tumor found in right ureter (8/31/2022)

### **Immunizations**

Up to date with childhood vaccinations

COVID- 2nd booster 12/2019

Influenza vaccine due- 10/2022

PPSV23 vaccine- overdue

### **Current Medications:**

Losartan 50 mg PO qd for HTN

### **Family Hx**

No family hx of bladder cancer or other malignancy

Other family hx non-contributory

### **Social Hx:**

Habits- Former 20 pack year smoker- quit 25 years ago; drinks 1-2 beers socially on weekends; no illicit drug use

Travel- denies recent travel

Occupation- Moving company (driver)

Marital History and Social support- married to wife with two sons

Diet- Chinese cuisine

Exercise- independent in all ADLs and IADLs. At baseline he does not need assistance.

Sexual History: sexually active; heterosexual

### **Preventative Screening**

Due for colonoscopy- never received one

Recommended annual low dose CT to screen for lung cancer- patient is a former smoker

Screen for PSA

### **Allergies:**

No known drug, food, or environmental allergies

### **Review of Systems:**

- **General**

- ***Admits to recent fever/chills with improvement***
- Denies weight loss, loss of appetite, night sweats
- Not in acute distress

- **Skin, hair, nails**

- Denies rash, pruritus, excessive sweating, pigmentations, moles, change in hair distribution, skin breakdown, ulcers etc

- **Head**
  - Denies headache, vertigo, or new head trauma
- **Eyes**
  - Denies wearing glasses- last eye exam 2 years ago
  - Denies visual disturbances or photophobia
- **Ears**
  - Denies hearing loss, pain, discharge, tinnitus, 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**
  - Denies shortness of breath, cough, wheezing, hemoptysis, cyanosis, orthopnea, or PND
- **Cardiovascular System**
  - Denies chest pain, known murmur, palpitations, irregular heartbeat, or syncope
- **GI System**
  - *Admits to mild lower abdominal pain. Is able to have bowel movements and pass gas. Denies changes in diet. Denies constipation, diarrhea, nausea, dysphagia, flatulence, jaundice, changes in bowel habits, hemorrhoids, rectal bleeding/blood in stool*
- **GU system**
  - *As above*
- **Nervous system**
  - Denies loss of strength, changes in cognition/mental status
  - Denies changes in memory, seizures, headache, loss of consciousness, & ataxia
- **Musculoskeletal System**
  - Denies muscular pain/ joint pain, swelling, deformities, redness or arthritis
- **Peripheral Vascular System**
  - Denies intermittent claudication, coldness/ trophic changes, varicose, or color change
- **Hematologic System**
  - No hx of DVT/PE, anemia, or lymph node enlargement
- **Endocrine System**
  - Denies polydipsia/polyphagia/ polyuria, cold intolerance, excessive sweating or hirsutism
- **Psychiatric**
  - Denies hx of anxiety, depression, OCD, or other psych illnesses

## **Physical Exam**

Vital Signs

BP: 116/69

T: 37.4 C

H: 5'7"

W: 156

RR: 18

P: 103 (qualifier for SIRS criteria)

O2 sat: 97% on RA

General Appearance: Awake, oriented to person and place. No acute distress. Not diaphoretic. Appears reported age and well groomed.

Head: normocephalic, atraumatic

Eyes: PERRLA. No strabismus/ exophthalmos. Sclera white, cornea clear, conjunctiva pink. No erythema of lacrimal sac. EOM intact with no nystagmus. Not wearing glasses.

Ear: Appropriate in size. No lesions/ masses/ trauma visualized on external ear

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

Mouth & Throat:

Lips- pink and moist. No cyanosis, lesions, or ulcerations

Oral mucosa- pink & moist. No masses/ lesions noted. No leukoplakia

Palate- pink. No visible lesions/ masses/ scars

Teeth- teeth mostly intact with multiple visible dental carries. All teeth have appropriate shape

Gingiva- no hypertrophy or recession. Unremarkable

Tongue- pink, frenulum intact

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 lesions/ pulsations noted. No stridor noted. No cervical adenopathy. No carotid adenopathy. No carotid pulses/ thrills/ bruits heard on auscultation

Cardiovascular: PMI located at the 5th ICS in the midclavicular line. Carotid pulses are 2+ bilaterally without bruits. Regular rate and rhythm. No murmurs. Normal S1 and S2. No splitting of S2 or friction rubs appreciated

Pulmonary: Chest symmetrical with no deformities or trauma. AP/Lat diameter 2:1. Normal chest expansion and diaphragmatic excursion. Normal vesicular breath sounds, rhonchi/wheezing present.

**GU: Patient is voiding freely with no foley; no hematuria, penile bleeding, paraphimosis or phimosis, masses, or lesions on penis or scrotum**

**Abdomen: Abdomen symmetric throughout. Bowel sounds present in all 4 quadrants. 5 surgical scars from recent procedures- all healing appropriately with no signs of infection. No pulsations noted. No distention, no guarding, no rebound. Rectal exam deferred**

**Skin: warm and dry. Non-icteric. No tattoos noted. No visible moles.**

**Hair: Average distribution. No seborrhea/ lice/ dandruff noted**

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

**Musculoskeletal: no erythema/ ecchymosis/ atrophy or deformities in bilateral upper and lower extremities**

**Peripheral Vascular: Warm to touch bilaterally. 2+ pulses throughout. No edema or ulcerations. Calves equal in circumference. No palpable cords bilaterally. No palpable epitrochlear adenopathy.**

**Neurological: peripheral sensations intact on feet bilaterally. A&O x 3. Able to follow commands. DTR 2+ throughout**

**Labs:**

**COVID (-)**

**(9/13/22)**

|             |               |
|-------------|---------------|
| <b>HgB</b>  | <b>13.9</b>   |
| <b>CRIT</b> | <b>40.6</b>   |
| <b>PLT</b>  | <b>130*</b>   |
| <b>WBC</b>  | <b>15.32*</b> |

**(9/13/22)**

|           |            |
|-----------|------------|
| <b>Na</b> | <b>136</b> |
|-----------|------------|

|            |       |
|------------|-------|
| K          | 4.3   |
| Cl         | 100   |
| TP         | 7.1   |
| ALB        | 4.1   |
| SGOT       | 25    |
| CO2        | 23    |
| BUN        | 33.4* |
| Creatinine | 1.65* |
| Glucose    | 131*  |
| Anion gap  | 13    |
| Ca         | 8.3*  |

Urinalysis (9/12/22)

|                    |          |
|--------------------|----------|
| COLOR              | YELLOW   |
| APPEARANCE         | TURBID*  |
| UROBILINOGEN       | 1.0      |
| NIUR               | NEG      |
| LEUKOCYTE ESTERASE | LARGE    |
| SQUAMOUS           | 3        |
| SGUR               | 1.020    |
| PHUR               | 5.5      |
| PROTEIN            | 300*     |
| GLUCOSE            | NEGATIVE |
| KETONES            | NEGATIVE |
| BILI               | NEGATIVE |
| BLOOD              | LARGE*   |

|          |           |
|----------|-----------|
| WBC      | >100*     |
| RBC      | >100*     |
| BACTERIA | POSITIVE* |

**URINE CULTURE: positive for klebsiella pneumoniae**

**BLOOD CULTURE: possible for klebsiella pneumoniae and enterobacter cloacae complex**

**Urine output:**

I&O not recorded on 9/14/22

**Differential Diagnosis:**

- Sepsis
  - Secondary to bacteremia: patient has blood culture positive for klebsiella and enterobacter
- UTI
  - As per chart review (from previous visits), patient had indwelling catheter post-op- most likely the reason since UTIs are fairly uncommon among men

**Assessment:**

64 year old male with PMH of HTN and Malignant tumor of right ureter who is s/p robotic right distal ureterectomy, partial cystectomy, reimplantation of ureter with right psoas hitch and right ureteral stent placement (8/31/2022) consulted for Sepsis secondary to bacteremia. Patient fulfills 2/4 SIRS criteria because he had a WBC of 15.32, and has HR >90. Sign of infection is evident with blood and urine culture both being positive for Klebsiella. Patient currently feels okay with mild dysuria, but no other urinary or systemic complaints.

Would say sepsis secondary to UTI

**Plan:**

**Sepsis and UTI**

- Monitor U/A, CBC, CMP, Blood Culture, Urine Culture and repeat in 12 hours
- Order serum lactate- good risk stratifier for sepsis
- Administer IL fluid via 2 large bore IVs per hour
- Administer Ertapenem 1 g in sodium chloride 0.9% 50 mL (broad spectrum antibiotic) via IV- to fight infection
- Reassess vitals every hour to ensure treatment is working
- Monitor Is & Os to assess kidney function

- Trend vitals and labs (looking for WBC, Creatinine, Bacteria, Protein)
- Ensure hydration with 1L NaCl 0.9% via 2 large bore IVs at calculated rate
- Reassess patient daily for any adverse symptoms (i.e. burning, dysuria, hematuria, flank pain, suprapubic pain, frequency, urgency, incontinence)

***Malignant tumor of right ureter***

- Refer to urologist to schedule follow ups to monitor recurrence of malignancy

***Hypertension***

- Continue Losartan 50 mg PO qd

***DVT Prophylaxis***

- Enoxaparin 40 mg SQ qd

**Code status: full code**

**DISPO:** Patient is stable and will be transferred to ETAP to start SEPSIS and UTI treatment until bed is ready for him on the medical floor.