

HOLY CROSS HOSPITAL

PATIENT: Neustadter, Israel
ACCOUNT #: 0306900162
CONSULTANT: Milton J Koch, MD
ATTENDING: Ahmed Nawaz, MD

MR #: 00815510
PT TYPE: I/P
ROOM: ICUICU 07
DISCH DATE:

CONSULTATION REPORT/GI

DATE OF ADMISSION: 03/10/2003

DATE OF CONSULTATION: 03/14/2003

REASON FOR CONSULTATION: Evaluation for nutritional support in this intubated, sedated, 91-year-old gentleman.

The history is obtained from the record as well as discussions with Dr. Nawaz, the house staff, and the patient's son at the bedside since the patient is on a propofol drip.

The patient was admitted on 3/10/03 following significant volume depletion because of labile responses to antihypertensive medications which resulted in a fall and an injury. He was fluid resuscitated and over the next several days in the hospital was noted to have a probable pneumonic process and was given intravenous antibiotics with oxygen support but he became progressively and acutely hypoxic requiring intubation. In addition he was quite agitated when attempting to insert a central line through the femoral which was therefore not done.

Of significance in terms of any nutritional evaluation is the fact that the son states that he has a long history of Zenker's diverticulum which was recognized many years ago. Reportedly an esophagogram was done within the last several years but the patient's son does not remember where other than confirming the Zenker's. In addition, Dr. Barry Rubin reportedly endoscoped him for a possible GI bleed about four years ago and prior to the endoscopy was not aware of the Zenker's according to the son and Dr. Rubin admitted that the endoscopy was quite difficult. Thereafter he was told of the Zenker's and understood why. The patient was started on a proton pump inhibitor in the last couple of years and some of his swallowing difficulties improved but were still transiently problematic with liquid regurgitation spontaneously in the midst of a meal on occasions.

PAST MEDICAL HISTORY: Mild dementia, but he was going to synagogue daily and was able to be independent otherwise. Pacemaker placement.

MEDICATIONS: Medications have included Dyazide which resulted in hyponatremia, Vasotec which resulted in an allergic reaction, Cardura which he was using for BPH.

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ALLERGIES: Sulfa drugs.

SOCIAL HISTORY: Nonsmoker, nondrinker, living with his son.

REVIEW OF SYSTEMS: Not available whatsoever.

PHYSICAL EXAMINATION: The patient is an intubated gentleman on a Diprivan drip with vital signs stable and no other significant findings.

LABORATORY DATA: White blood cell count elevated to 40,000 initially, has come down to about 20,000. Chest x-ray has shown abnormalities with infiltrates. Electrolytes are remarkable for hyponatremia corrected. Electrocardiogram showed pacemaker artifact controlling his rhythm.

IMPRESSION:

1. Aspiration pneumonia – intubated on Diprivan.
2. History of Zenker's diverticulum, resulting in increased risk of #1.
3. History of dementia.
4. Recent volume depletion.
5. Electrolyte abnormality.
6. Pacemaker insertion.
7. Prostatism.

PLAN:

1. At the bedside I had a very lengthy discussion with the patient's son regarding his nutritional status which was the main reason for my consultation.
2. I explained to the son that for the short term, nutritional compromise is not relevant but not knowing how long the patient would be intubated. an intermediary step would be appropriate.
3. Although I explained to the son that using the GI tract was the primary goal in all patients who have a functioning gut, given the difficulty with the Zenker's tube (and the failed attempt by nurses on a couple of occasions yesterday to place an NG tube – understandably so), no reasonable attempt should be made by me. The patient questioned why I could not do it and I explained to him that with the presence of known Zenker's and the attendant cricopharyngeal achalasia, my expertise would not improve any possibility of passing this tube safely. **The only recommended approach would be to have the patient go to X-Ray and have a guidewire-assisted passage. I felt that this was**

March 14, Friday morning

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This nutrition was not delivered for 2½ more days. My father's prealbumin sank to 3.8 mg/dl, indicative of starvation.

Was it *really* a fair compromise?

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grossly inappropriate given the fact that this would be an "elective" procedure in a patient who is intubated on a Diprivan drip to require sedation for adequate ventilator support.

4. I did not think that TPN was reasonable at this early stage of his hospitalization given its need to closely monitor electrolytes and its expense.
5. I thought a fair compromise, if he was to have a central line, was to use Procalamine and Intralipid – this was discussed with the house officer as well. Therefore, this is my recommendation.

We will continue to monitor with you for support and further decisions as appropriate.

Thank you once again.

Milton J Koch, MD

D: 03/14/2003

T: 03/15/2003 7:36 A

MJK/mkn

Doc #: 337661

cc: Alan S Chanales, MD
Milton J Koch, MD
Ahmed Nawaz, MD
Jay H Weiner, MD