

**Inpatient ENT Surgical Patient Case Summary**

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| **Name**: Ansh Kumar **Age**: 51  **DOB**: 3/28/1970  **Heigh**t: 5’ 8’’  **Weight:** 151  **BMI:** 23  **Blood Pressure**: 137/85  **Pulse**: 85  **Healthcare Proxy: none**  **Referral:** Oral Surgeon or ENT | **Demographics**  **Gender Identity:** Male **Religion:** Hinduism **Household members: 1**  **Occupation**: House painter, uber driver  **Marital status:** Divorced  **Race Ethnicity:** Asian  **Language:** English/ Hindi  **Postal Code:** 10460  **Other:** Lives alone | **Allergies:** None  **Current Medications:**  Metformin 500 mg twice a day by mouth with meals (Type II Diabetes).  Atorvastatin 10 mg once a day by mouth (Hyperlipidemia)  Lisinopril 10 mg once a day by mouth (Hypertension) |
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| **HISTORY OF PRESENT ILLNESS:**  Ansh is a 51-year old Asian male who came to the Dental Health Clinic six weeks ago because of discoloration on his teeth and need for dental cleaning. His primary complaint was to have the stains removed from his teeth. He states his last dental exam and cleaning was about 7 years ago. During a routine dental head and neck exam, a suspicious oral lesion on the palate and left pharynx was detected (see photos). Patient was asymptomatic and unaware of the lesion. Patient did state he chews Betel nut quid mixed with tobacco 4 to 5 times/day  An oral surgeon was recommended; however, the patient only had medical coverage and received all his medical care from hospital-based outpatient clinics. Therefore, he was referred to the ENT clinic to see a surgeon. The surgeon did a fine needle biopsy was taken which revealed squamous cell carcinoma. The surgeon ordered a CT scan that showed some enlarged lymph nodes on his neck on the left. A PET scan showed increased enhancement in the pharynx and neck area. Ansh will need selective neck dissection and surgical reconstruction~~.~~ An endoscopy has also been ordered to assess for secondary cancer prior to the surgery. The surgeon has informed Ansh about his diagnosis and plan of treatment. After surgery, Ansh will see oncology and radiation oncology for further targeted treatment. Anish is very overwhelmed as he has no insurance coverage for this surgery, no available caregiver to help him and urgently needs to return back to work as he has missed several days because of his multiple clinic appointments.  The hospital attending has brought Ansh’s case for review to a hospital interprofessional meeting to develop a plan of care for Ansh’s pre-operative teaching and post-operative healthcare needs. The Dental Health practitioner from the outpatient clinic has also been invited.  **Past Medical History:**  Well controlled Type II diabetes/ Hyperlipidemia/ Hypertension  **Social History:**  Lives alone/drinks alcohol infrequently only at a social occasion. Chews Betel nut quid mixed with tobacco 4 to 5 times/day. Only has medical coverage. | | |
| **Dental Clinical Progress Report**: 51- year old Asian male well controlled Type II diabetes/Hyperlipidemia/Hypertension. During standard head/Neck examination, an oral lesion 10 mm in length and 12 mm width located on the left soft palate and left pharynx. Color: white center with a red border. The hard palate and left buccal mucosa are hyperkeratotic. Immediate Referral was made to ENT. ENT performed biopsy which revealed squamous cell carcinoma. Patient referred to head and neck surgeon who is now ordering selective neck dissection and surgical reconstruction and chemoradiation. | | |
| **Preop Medicine Note**  **CC Preop clearance**  HPI Mr. Kumar is a 51 year old man with a history ofwell controlled Type II diabetes/ Hyperlipidemia/ Hypertension and a long history of chewing tobacco with betel nuts presents for clearance for radical neck dissection after squamous cell carcinoma was found by dentist. Patient did not notice the lesion and denies any dysphagia or odynophagia. He denies any shortness of breath or chest pain. He can carry a bag of groceries up a flight of stairs.  PMHx Type II diabetes/ Hyperlipidemia/ Hypertension  PSHx none  Med- Metformin 500 mg twice a day by mouth with meals (Type II Diabetes).  Atorvastatin 10 mg once a day by mouth (Hyperlipidemia)  Lisinopril 10 mg once a day by mouth (Hypertension)    All- None  Social history-Lives alone; House painter; No alcohol; Tobacco and betel nuts used daily; Not sexually active; Walks 2 miles per day for exercise  ROS  General-Feeling well; Lost 10 lbs. over the past year without trying; No fevers or chills  HEENT as per HPI  Cardiac-No chest pain; No palpitations  Lungs-no wheezing, no shortness of breath, no sputum  Abd-no nausea, vomiting, constipation  GU-no urinary symptoms  Neuro-no headache or blurry vision, or weakness or numbness  Phys exam  BP=130/70, heart rate=80 and regular. Temp 98.6  Patient looks well and is no distress  HEENT- PERRLA EOMI  Ear normal canal and TM  Neck biopsy site clean and healing well  Firm lymph node ant cervical chain on left  Corr S1S2 no murmurs gallops or rubs  Chest clear to A and P no wheezes, rhonchi or rales  Abd Normal BS, soft NT/ND liver span 15cm by percussion, edge feels smooth  Ext no clubbing, cyanosis or edema  EKG NSR, Nl axis, nl intervals, No ST or T wave changes.  A/P  Patient with newly diagnosed with head and neck cancer. He is able to complete four METS of exercise without chest pain or shortness of breath. Patient has no risk factors for cardiac complications and is undergoing an intermediate risk procedure. He can go for surgery without further cardiac work up.  He should hold his metformin on the morning of surgery. He can take his lisinopril.  Incentive spirometry should be done post op. | | |
| **Speech & Language Therapy Clinical Progress Report**  **S:** 51-year old male referred to SLP for assessment prior to head/neck surgery to remove late-stage squamous cell carcinoma on left soft palate and left pharynx. Patient denies changes in language/speech/cognition. He reported he eats regular foods and drinks without difficulty.  **O:** Patient was alert and oriented x3. He followed directions and answered all questions appropriately throughout the exam. His verbal output was fluent and appropriate with no evidence of impaired syntax, semantics or word-finding skills. He expressed novel ideas in conversation without difficulty.  Oral motor exam – Oral structures were grossly symmetrical at rest. No overt weakness or incoordination noted during oral motor exam. Adequate ROM for all structures. Lesion with white center and red border observed on soft palate. Poor oral hygiene.  Motor speech – Mild hypernasality noted. However, Speech production was 100% intelligible to an unfamiliar listener.  Voice – Hoarse, slightly breathy vocal quality. Patient reported changes in voice within the last 3 months.  Swallow – SLP administered 3oz water swallow screen. Patient exhibited no overt signs or symptoms of aspiration with clear vocal quality. He appears safe to continue on current diet at this time.  **A:** Patient presented with hoarse, breathy vocal quality and hypernasality during speech production. Speech/language/cognition and swallowing appear within functional limits at this time. Patient noted concerns regarding change in vocal quality over past three months and also reported he has not aware of changes in speech/swallowing function that may occur during or after head/neck cancer treatment.  **P:** To be discussed in interprofessional meeting.   * Pre-surgery counseling regarding possible changes in communication/speech and swallow during and following surgery and chemoradiation * Consider the necessity for the development of personalized exercise-based intervention plan to minimize long-term effects of cancer and treatments * Consider development of a nutrition plan for during treatment, insertion of PEG prophylactically, as needed.   Educate on oral hygiene/care in relation to swallow and aspiration risk as needed | | |
| Social Work Assessment Social Worker reviewed the electronic medical record prior to meeting with Ansh.  Ansh is a 51-year-old male, who works as a house painter and lives alone in a 2nd floor apartment. He stated that he has approximately 6 steps to enter with a right-sided rail. He does not use alcohol, but uses tobacco and betel nuts daily. He confirmed that he walks 2 miles per day for exercise.  We discussed his concerns about his upcoming surgery. Ansh indicated that he has a very limited support network. Since his divorce he has become increasingly isolated. He is not currently in a relationship and is not sexually active. Ansh is concerned about how the surgery will impact his appearance. Ansh stated that he is overwhelmed and exhibited body language consistent with anxiety. Social work provided emotional support throughout the meeting and discussed the possibility for ongoing therapy for him post-surgery. Ansh also seemed open to hearing more about participating in a support group.  Ansh’s religious affiliation is Hinduism, but that he has not been to Temple in a long time. While he has not been to Temple in a while, he shared that he prays daily. He seems open to attending Temple again. Ansh seemed to have insight into how the surgery might affect his nutrition, appearance, and might limit his ability to deal with some of his ADLs and other household responsibilities. He knows that it will impact his ability to paint houses. We briefly discussed ACCESS-VR. He stated that he would like to continue his current work, but is open to a referral.  Social work helped Anish complete an online application for Medicaid via the ACCESS HRA website. Social Work also discussed the possibility of him apply for Cash Assistance and SSDI. Social Work printed out information on both. At present both have online application options that social work can assist the client with. Depending on the outcome of the Interprofessional Team meeting, social work can assist Anish with the application for SSDI ahead of the surgery as it takes a number of weeks for a determination. This seemed to help decrease his anxiety considerably.  Ansh reiterated his concern about his upcoming surgery and how he will work and care for himself. He asked for additional information about his anticipated wound care needs. Social work will see if some supplies can be given to patient before he is discharged. In the meantime, social work to also reach out to DME/Medical Supply company about possibility of access equipment and supplies prior to activation of insurance and to bill retroactively once Medicaid is activated. Social work discussed his support network and started to help him come up with a plan for who he can call if he needs assistance. He indicated there are some neighbors and possibly his ex-wife. We briefly discussed home health care.  Social work will continue to work with Ansh to provide ongoing emotional support and resources and to make referrals as needed, such as, in-home services, financial resources, ongoing supportive counseling, transportation, nutrition and grocery shopping. Ansh would benefit from continued teaching about his health issues, diagnosis and prognosis. Social work to print out resources some information for Ansh and will follow up with additional referrals after meeting with the Interprofessional Team and Ansh. | | |
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| **Nutrition Assessment**  51 year-old Asian male discussed for impending oral surgery for squamous cell carcinoma. Pt identifies as following Hinduism. Pt is divorced, lives alone. No information on diet history. According to written report, pt denies difficulty chewing or swallowing. Noted reported Hindu religion. No record of weight change, no record of food allergies. No information regarding patient’s current actual diet. Pt may qualify for referral to RD for T2DM diagnosis.  Dx: Stage III oral squamous cell; planned surgery to be followed by chemotherapy and radiation therapy;  PMH: T2DM, hyperlipidemia, HTN.  Anthropometrics: Ht 5’8”, Wt 150# per report, now history available, BMI: 23.0 (overweight: Asian)  NFPA: no anomalies reported; pt not available for NFPE  Labs: No labs available.  Rx: Metformin, Atorvastatin, Lisinopril.  Estimated requirements: 1372-1716kcal/d based on 20-25kcal/d, 55-69g protein/d based on 0.8-1.0g/kg, 2059-2402ml fluid/d based on 30-35 ml/kg.  Nutrition Dx.: Expected inadequate oral intake r/t oral surgery AEB planned surgery per record.  Intervention:  ·     Collaboration and Referral of Nutrition Care: Collaboration with other providers to develop nutrition components of plan of care. ERAS protocol recommended: carbohydrate loading prior to surgery via carbohydrate-containing (e.g. 12.5% maltodextrins in 400ml) during 2 hrs prior to surgery, and early enteral feeding within 12hrs, titrating to goal rate within 24 hours.  ·     Refer to RD for post-surgical MNT or when pt screening shows nutrition risk prior to surgery.  ·     Nutrition Education on ways to address expected challenges with head & neck surgery, chemotherapy and radiation therapy, on the background of recommended carbohydrate consistent, heart-healthy diet.  ·     Request A1C, lipid profile prior to surgery (likely part of pre-surgical testing)  Goals: Maintain well-nourished state. Pt will follow carbohydrate-consistent, heart-healthy diet. Nutrition-related labs WNL.  Monitoring/Evaluation:  ·         Evaluate labs when available.  ·         Reassess when admitted for surgery.  Points to discuss:  Benefits of a therapeutic diet for this patient irrespective of the tumor – T2DM does justify a referral to an RD.  Pre- and peri-surgical infusion of dextrose to prevent/reduce post-surgical insulin resistance and improve recovery (ERAS)  Placement of PEG or NGT intra-surgically depending on expected length of impaired/no po intake  Provision of information on support groups for post-surgical care and throughout cancer therapy, recovery, and for survivors | | |
| **Nursing Clinical Progress Report**  **Situation:**  Patient with pre- and post-op needs due to planned ***head/neck*** surgery with follow-up cancer therapy needs  **Background:**  Lives alone. Only has medical coverage. Recently diagnosed with squamous cell carcinoma (to be staged post-surgery) History of Type II diabetes, HTN, Hyperlipidemia. Patient anxious and overwhelmed with recent diagnosis. History of chewing tobacco several times a day. See medication list and patient summary.  **Assessment:**  Most recent vital signs BP=130/70, heart rate=80 and regular. Temp 98.6. Fasting blood sugar ranges 110-132. Lung sounds are clear. Patient denies dysphagia or pain. | | |
| **Physician Assistant Assessment** | | |