LTC – H&P #3 [Admission]

Chief Complaint: admission to SAR s/p symptomatic orthostatic hypotension

HPI

85 y/o M w/ PMHx Hypothyroidism, HTN, Glaucoma, BPH, and Depression presented to ED with lightheadedness/presyncope. Pt stated that he felt like he was going to pass out while standing up and improved when he sat down. Pt states that he has not felt that way before and denied any vision changes. Pt was brought to the ED by his daughter. In the ED, the patient was hemodynamically stable. Workup was notable for a urinary tract infection with urine culture growing Klebsiella oxytoca, and he was started on IV ceftriaxone. During hospitalization, his symptoms improved with IV fluids and holding home olmesartan. He was transitioned to amoxicillin-clavulanate to complete a 7-day course and started on fludrocortisone for suspected orthostatic hypotension. Physical exam raised concern for possible underlying Parkinsonian features. Pt was evaluated by PT and was recommended to SAR. Today, the patient reports no acute complaints and states that he feels much better after the hospitalization. Pt denies any fever/chills, headaches, dizziness, chest pain, SOB, palpitations, abdominal pain, N/V/D, and dysuria. He is tolerating oral intake without nausea or vomiting. He denies any falls since hospitalization.

PMHx
- Hypothyroidism
- HTN
- Glaucoma
- BPH
- Depression

PSHx
- No known surgical history

Medications
- Carboxymethylcellulose Sodium (Refresh Tears) for Dry Eye
- Dorzolamide HCl-Timolol Eye Drops for Glaucoma
- Tamsulosin 0.4mg for BPH
- Rosuvastatin 5mg for HLD
- Fludrocortisone Acetate 0.1mg for Orthostatic Hypotension
- Cholecalciferol 50 mcg for Vitamin D Deficiency
- Folic Acid 1mg for Folate Deficiency
- Levothyroxine 50mcg for Hypothyroidism

Allergies
- No known drug, environmental, or food allergies

FHx
- Paternal/Maternal Grandparents → unknown medical history.
- Mother → Ovarian CA
- Father → Liver Disease

SHx

- Habits → no past alcohol, tobacco smoking, or illicit drug use.
- Diet → poor oral intake reported
- Exercise → sedentary due to weakness
- Baseline Functional Status → ambulates independently without an assistive device, lives with daughter, son-in-law, granddaughter at home, requires assistance with some ADLs/IADLs at baseline

ROS

General – Denies fever, chills, and night sweats.

Skin – Denies any new lesions or wounds.

HEENT – Denies headaches, epistaxis, or sore throat.

Neck – Denies any neck pain or stiffness.

Chest/Cardiovascular – Denies any chest pain or palpitations.

Pulmonary – Denies shortness of breath, cough, or hemoptysis.

Gastrointestinal – Denies abdominal pain, nausea/vomiting/diarrhea, or constipation.

Neurologic – Admits to chronic right-sided lower face twitching. Denies numbness or tingling of the upper and lower extremities, headaches, or dizziness

Musculoskeletal – Denies extremity pain

Peripheral Vascular – Denies lower extremity swelling

Vital Signs (05/05/2026 11:26 AM)
BP: Seated 96/61 mmHg

HR: 73 bpm

RR: 18 breaths/min, unlabored breathing with no accessory muscle use

T (oral): 97.6 °F

O2 Sat: 97% on room air

Height: 67 in | **Weight:** 96.2 lbs | **BMI:** 15.1

Physical Exam

General: Thin, cachectic, frail-looking with temporal muscle wasting in NAD laying in bed.

Skin: No signs of diaphoresis, cyanosis, or pallor. No signs of active/new wounds, pressure ulcers. Warm and dry to palpation throughout

HEENT: PERRL bilaterally, sclera is white, conjunctiva is pink. Arcus senilis of the eyes seen b/l. Chalazion seen on left upper eyelid. Upper and lower dentures are in place without lesions seen in mucous membranes. No erythema/exudates seen in the oropharynx.

Cardiac: S1/S2, RRR, II/VI diastolic murmur noted loudest at the apex.

Lungs: Able to speak in full sentences without accessory muscle use. CTAB without adventitious lung sounds.

Abdomen: soft, NTND, NTTP throughout, normoactive bowel sounds in all quadrants

Neurologic: AxO3 (person, place, time), right lower facial twitching noted. Mild cogwheeling present on b/l upper extremities. No resting tremors. Chronic right lower facial twitching per patient, unchanged from baseline. Patellar reflexes 2+ bilaterally. No focal neurologic deficits seen.

Psychiatric: flat affect, masked facies noted

MSK: slow & full active ROM seen in upper extremities.

Peripheral Vascular: cap refill <2 in upper + lower extremities without clubbing/cyanosis/edema. Dorsalis pedis and posterior tibial pulses 2+ bilaterally.

<u>Assessment</u>

85-year-old male with PMHx of hypothyroidism, HTN, glaucoma, BPH, and depression admitted to SAR s/p hospitalization for symptomatic orthostatic hypotension and presyncope likely multifactorial in the setting of dehydration, urinary tract infection, antihypertensive use, and possible autonomic dysfunction. Hospital course was notable for Klebsiella oxytoca UTI treated with IV ceftriaxone and transitioned to amoxicillin-clavulanate with improvement in symptoms after IV fluids and discontinuation of his home Olmesartan. Exam notable for cachexia with severe frailty (BMI 15.1), masked facies, bilateral upper extremity cogwheel rigidity, slow movements, and flat affect concerning for underlying Parkinsonism. Currently stable with borderline low blood pressure (96/61) without dizziness, falls, urinary symptoms, or other acute complaints. Admitted to SAR for rehab with PT/OT.

<u>Problem Lists & Plan</u>

#Presyncope/Orthostatic Hypotension

- PT/OT evaluation
- Encourage oral hydration
- Continue Fludrocortisone 0.1mg QD
- Consider d/c Tamsulosin, hold for now due to orthostasis risk and soft BP
- Monitor vital signs and orthostatics
- Compression Stockings
- Fall Precautions

#Recent Klebsiella oxytoca UTI

- Continue Augmentin to complete 7-day antibiotic course
- Monitor for recurrent urinary symptoms or fever

#Right-Sided Facial Twitching

#Exam Findings Concerning for Parkinsonism

- Exam notable for masked facies, flat affect, slow movements, and mild bilateral cogwheel rigidity
- Outpatient neurology follow-up after d/c from SAR

- Fall Precautions

#Cachexia/Malnutrition/Frailty, BMI 15.1
- Dietary consult, nutritional supplementation as tolerated
- Monitor daily weights
- Monitor meal intake

#Normocytic Anemia

#Low Folate of 3.4
- Continue Folic Acid 1mg

#Hypothyroidism
- Continue Synthroid 50mcg QD

#HLD
- Continue Rosuvastatin 5mg QD

#Depression
- Psychiatry/Psychology Consult
- Monitor mood, appetite, and sleep

#Glaucoma
- Continue Dorzolamide HCl-Timolol Eye Drops
- Continue Refresh Tears

#BPH
- Hold Tamsulosin due to orthostasis risk and borderline hypotension
- Monitor for urinary symptoms/retention

#Patient Education
- Slow positional changes when getting up from sitting or lying positions
- Encourage increased liquid hydration to help with blood pressure
- Fall Prevention Strategies (asking for assistance before ambulation/transfers, getting up slowly)

Code Status: Full Code/CPR